
Third Edition

Medical Fitness Association's Standards & Guidelines for Medical Fitness Center Facilities



Editor

Alan Loyd, MBA, FMFA, FACHE, CMFFD, ACSM-CPT

Executive Director, Beacon Health & Fitness,
Beacon Health System South Bend, IN



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Healthy Learning
P.O. Box 1828
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www.healthylearning.com

Foreword

In 2006, the Medical Fitness Association (MFA) published the first edition of *MFA's Standards & Guidelines for Medical Fitness Center Facilities*. A long and impressive list of national industry professionals was assembled to develop and write these guidelines, led by editor and former MFA chair Brad Roy. The original purpose of the publication was to define what is meant by the medical fitness difference, provide a resource to facility managers/directors, and establish standards for facility program recognition.

From that publication, MFA developed a Facility Certification program that includes onsite examination and documented evidence of compliance, for which nearly 100 facilities have gone through that rigorous process. This set of standards and guidelines has assisted those certified facilities and many other facilities on their journey to implement the medical fitness model, which provides the means to demonstrate their commitment to delivering the highest quality programs and services to the thousands of members in their communities.

I personally used these standards and guidelines as a roadmap to attain Facility Certification multiple times during my 20 plus years managing medical fitness centers. That led to our health and wellness centers becoming an integrated component of the hospital system, offering seamless transitions from clinical healthcare services into medical fitness programming and ongoing prevention and wellness activities. I have also conducted numerous site visits as a lead examiner for Facility Certification, as well as serving on the MFA Certification Committee, thereby seeing firsthand how impactful the standards and guidelines have been across the country and beyond.

In my current role as President and CEO of MFA, I interact daily with leaders of certified facilities and those who desire to attain this gold standard, all in an effort to provide world class experiences that serve to improve the health of so many individuals. Every facility that has been certified using these standards and guidelines has expressed that they have experienced many benefits, from differentiation in their market, to increasing the confidence among healthcare providers making referrals, to creating a safe and comfortable environment for all individuals, regardless of health status and ability.

We are excited to present the third edition of *MFA's Standards & Guidelines for Medical Fitness Center Facilities*. The updates contained in this edition have been derived from years of feedback from our examiners, certified facilities, and the top leaders in our industry. We have aimed to further clarify standards, eliminate redundancy among sections, and add content and examples to enhance the execution from theory to real world practices.

The standards and guidelines represent a set of principles of the medical fitness model applicable to the design and operation of a medical fitness facility. Many factors distinguish the medical fitness model from traditional commercial fitness center operations, including but not limited to, active and regular medical oversight, qualified and credentialed staff, disease management programming, clinical integration, individualized exercise prescription, safety, cleanliness, and a focus on improving the health of communities and populations.

The standards and guidelines are not intended to be a legal requirement, nor are they intended to present basic exercise guidelines, which are widely available in the published literature through other professional organizations, such as the American College of Sports Medicine (ACSM), the American Heart Association (AHA), and the American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR). Rather, the intention is to provide basic parameters for the sensible operation of a medically integrated center. We also recognize that special circumstances and governing conditions throughout the world may, at times, necessitate deviations from the standards and guidelines presented and that the ultimate responsibility for implementing prudent policies and practices lies with each individual facility.

The standards and guidelines address two specific goals of the Medical Fitness Association: First, to assist facilities in providing their members with a safe and medically sound experience that focuses on the improvement of their health and well-being; and second, to further develop collaborative relationships with other professional organizations such as ACSM, ACE, AHA, ACLM, AACVPR, and AKTA, in order to work together to develop standards that are complementary and consistent with each other. To this extent, we encourage you to review documents published through and by these organizations to identify those policies and procedures that are most appropriate to your organization, community, and the needs of the individuals in your facility.

Lastly, we believe that providing these standards and guidelines raises the bar for the industry. The continued growth of facilities utilizing and implementing the medical fitness model will ultimately have a major impact on the health and well-being of the communities we serve.

Sincerely,



David Flench, MBA, FMFA, FACHE, ACSM-EP
President & CEO
Medical Fitness Association

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Editors and Writers

Editor

Alan Loyd, MBA, FMFA, FACHE, CMFFD, ACSM-CPT, Executive Director, Beacon Health & Fitness, Beacon Health System, South Bend, IN

Associate Editors

David Flench, MBA, FMFA, FACHE, ACSM-EP, President & CEO, Medical Fitness Association, Pinehurst, NC

Sue Boreskie, Chief Executive Officer, Reh-Fit Centre, Winnipeg, Manitoba, Canada

Daniel J. Lynch, MS, FAWHP, FIM, FMFA, President, VisionBridge

Graham Melstrand, Executive Vice President, American Council on Exercise, San Diego, CA

Philip Raper, MSHA, FMFA, System Director of Wellness, North Mississippi Medical Center, Tupelo, MS

Deb Riggs, MEd, FMFA, Director [ret.], TriHealth Fitness in Health Pavilion, TriHealth, Cincinnati, OH

Writers

Bob Brown, MPH, MBA, FMFA, FAACVPR, Administrative Director Heart and Vascular, Advent Health Sebring, Sebring, FL

Stephanie Howie, MS, CMFFD, CMES, Fitness Director, The Center for Health Improvement, Hays, KS

Jeffrey Jeran, MS, CSCS, CPO, FMFA, Corporate Director, Valley Health Wellness and Fitness Center, Winchester, VA

John Jacobs, MBA, CMFFD, EIM, Director of Ambulatory Support Services and Fitness & Health Pavilion, TriHealth, Cincinnati, OH

Wesley G. King, FMFA, Owner & Founder, Wesley King Consulting, LLC

Sue Parker, FMFA, Aquatic Manager [ret.], Cleveland Clinic/Akron General LifeStyles, Akron, OH

Timothy S. Petsch, Co-Founder & Director, TMI Sustainable Aquatics

Jonathon Unger, Director, ECU Health Wellness Centers, Ahoskie & Washington, NC

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The Medical Fitness Association (MFA) has developed this book to help integrated medical fitness centers to be better prepared to fulfill their unique and special mission. The standards and guidelines presented in this book are designed to serve primarily as an educational resource to assist medical fitness centers in their efforts to provide quality services and programs. Adherence to these standards and guidelines does not necessarily ensure a successful medical fitness center or client outcome. These standards and guidelines should not be considered inclusive of all proper policies, procedures, and/or protocols and should not be a substitute for the medical fitness practitioner's own professional judgment to a specific client, or to a clinical or institutional circumstance.

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Introduction

The medical fitness industry continues to expand its reach, as hospitals and healthcare systems see the value a medical fitness facility can bring to a community. Academic programs now exist that teach medical fitness. And the legacy that the founders of this industry left remains profound.

At the same time, the next generation of leaders is emerging with new ideas and expectations about medical fitness, about healthcare, and about fitness itself. They are shaping the future of the industry, for the better.

❑ MEDICAL FITNESS & A GLOBAL PANDEMIC

It is difficult to imagine any industry or corner of life not profoundly impacted by the throes of the COVID-19 global pandemic. Medical fitness is no exception.

We saw firsthand how healthcare workers responded so heroically. And we also saw how medical fitness adapted, as so many parts of society were forced to do, to meet the crisis at hand. In countless examples, our medical fitness colleagues joined arm-in-arm with the clinical teams and support staff at hospitals around the world, providing assistance. We redeployed associates and turned our member babysitting services into places clinicians could drop their children off, while they went off to save lives. We checked in patients in emergency rooms, performed critical housekeeping duties, and staffed testing centers. In other words, in every feasible instance, we rolled our sleeves up to help.

With medical advisory committees and medical directors already built into the infrastructure of the normal operations of most medical fitness facilities, we were able to lean decisively into the evolving science on this dreaded disease. Medical fitness asserted its voice, not coincidentally, in the timeless adage from medicine “to do no harm.” With the safety of our members and staff as our guiding principle, we found ways to keep people safer while still acknowledging and celebrating the transformational benefits of exercise, even during a global pandemic.

One byproduct of all of this was the shrinking of the gap between healthcare, medical fitness, and the broader health/wellness industry. Thought leaders in each of these industries have long understood our commonalities and the roles we each can play in improving the lives of people everywhere. The pandemic reinforced these beliefs. The Medical Fitness Association welcomed literally hundreds of contacts, introductions, and new members during the pandemic as a result.

❑ RENEWED COMMITMENT

As medical fitness continues to evolve and redefine the definitions of what it means to be a patient and/or a member, the Medical Fitness Association leads the way in establishing and verifying standards of excellence in medical fitness facilities around the world. Through its robust facility certification process, detailed in this third edition of the *MFA's Standards & Guidelines for Medical Fitness Center Facilities*, key stakeholders know with certainty that a facility that has completed this rigorous process is one that demonstrates the highest degrees of safety and quality. The general public, club members, fitness enthusiasts, physicians and other healthcare providers, regulators, hospitals and health systems all look to medical fitness facilities broadly—and most especially, those certified by the Medical Fitness Association—as leaders of the future not in just health/fitness clubs, but in healthcare.

Chapter 1

Medical Oversight

Medical oversight involves a process designed to help ensure that the programs and services provided in a medical fitness facility are both safe and effective, with an emphasis on the overall healthcare delivery system's continuum of care. The individual and/or group of healthcare professionals assigned responsibility for medical oversight must make certain that whoever is involved with developing the center's programming is able to integrate knowledge of the special needs of each user of a facility with appropriate assessment procedures and exercise techniques.

The medical director and/or medical advisory committee assists the center in developing guidelines and processes for members and patients to the Medical Fitness Center facility via an integrated delivery system that allows for multiple healthcare professionals and health/wellness staff to assess the member/patient needs and make recommendations accordingly. The result is that all programs and services offered should effectively meet those needs without exposing participants to unnecessary risks.

Medical Oversight Standard 1: *A Medical Fitness Center must have medical oversight. A medical director, a physician advisory committee, and/or a physician advisor must be in place to provide medical oversight for the facility's programming to maximize the safety of all participants and ensure medically and scientifically sound programs and services.*

Medical Oversight Guideline 1: The facility leadership and the medical director/ advisory committee should meet a minimum of four times per year:

- It is recommended that the medical advisory committee be composed of a cross section of physicians and healthcare professionals from different disciplines (e.g., orthopedics, internal medicine, cardiology, oncology, etc.) to provide a valuable cross section of medical expertise for members/patients integrating into the fitness center with varying health status.

Medical Oversight Guideline 2: The medical director/advisory committee should provide oversight for, but not restricted to:

- Emergency-response/code policy and procedure review
- The AED program of the facility
- Staff emergency response training
- Periodic review of emergency/code response outcomes and identification of opportunities for improvement

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- Periodic review of clinical programs, policies, and clinical outcomes
 - Periodic review of all screening processes/protocols, associated outcomes, and appropriateness of follow-up
 - Review of the facility's continuum-of-care processes with regard to the appropriateness of referrals, communication, and necessary follow-up
 - Development of clinical program content, appropriate programming and safety considerations for special populations

Medical Oversight Guideline 3: The agenda for medical advisory meetings should include a review/discussion of emergency response incidents during the prior quarter and any recommendations for improvement should be documented.

Medical Oversight Standard 2: *The clinical services offered within a Medical Fitness Center must comply with current national, regional, and local laws and regulations. For example, facilities in the United States must meet the requirements of the Centers for Medicare and Medicaid Services (CMS) for programs such as cardiac rehabilitation phase II, physical and occupational therapy, speech therapy, diabetes education, and other billed clinical services, including, but not limited to the requirements for physician referral, supervision, communication, documentation/charting, and patient safety. Facilities outside the U.S. must meet similar standards that apply to their clinical services.*

Medical Oversight Guideline 4: National, regional, and local requirements (such as those of CMS), should be reviewed periodically and applied to all clinical and program services (e.g., physical therapy, cardiac rehab, etc.) by management of the center and the medical director/advisory committee. The results of the review should be recorded and evaluated to determine whether a need for subsequent action exists.

Medical Oversight Standard 3: *A Medical Fitness Center must demonstrate a direct and valid relationship with its community healthcare system/local continuum of care. There must be evidence of a systematic process that allows for the alignment of the healthcare system with the local continuum of care. The results of this alignment must be clearly demonstrated via well-defined and viable documented interactions with a hospital and/or health system, multiple hospitals and/or a physician group/clinic.*

Medical Oversight Guideline 5: The mission statement of the center should include a commitment by the facility to participate in the local continuum of care and individual/community health improvement.

Medical Oversight Guideline 6: The facility should maintain documentation that demonstrates active participation in the local continuum of care for a minimum of one year. Documentation may include, but is not limited to:

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- Demonstration of an active relationship with any of the following: a hospital, health system, or physician group/clinic. Referral patterns from and to physician and physician extenders for clinical services provided by the facility. Each facility should create, record, and maintain documentation of these referrals in accordance with local healthcare regulations.
 - Records of hosted community and professional education programs/ seminars covering a variety of health-related topics, held on at least a quarterly basis.
 - Participant attendance at the seminars/professional education programs, health-related screenings, and associated results.
 - Follow-up efforts for individuals with results that are outside of the normal and/or expected range.

Chapter 2

Quality Management

Quality management involves developing and adhering to a set of policies and procedures designed to determine whether a particular program, service, or outcome is meeting a defined set of expectations. Quality management is used by Medical Fitness Centers to ensure that their programs and services are of the highest quality. Medical Fitness Centers should utilize both individual and aggregate outcomes data on an appropriate schedule to measure the effectiveness of these programs and services provided to their members and patients.

Quality Management Standard 1: *A Medical Fitness Center must have a systematic process in place to continuously assess and improve all aspects of health and fitness delivery, including, but not limited to, individual user outcomes, clinical and non-clinical programs/services, and operational/business processes.*

Quality Management Guideline 1: The center should have written policies (guiding principles) and procedures (specific steps to demonstrate compliance with policy) in place for ensuring all activities involving programs/services/processes are effective and efficient with respect to the facility's mission, goals, and objectives. (Refer to Appendix Form B-5a.)

Quality Management Guideline 2: A center's quality management program should provide coordination, integration, and support for performance-improvement activities relating to clinical programs and processes and ensure participation by all appropriate departments and services to help accomplish the following:

- Achieve a collaborative process in the design of new services, programs, or processes (refer to Appendix Form B-5c)
- Identify and utilize key findings to improve processes and outcomes (using both internal and external benchmarks if available and appropriate)
- Identify and utilize key findings to improve the members'/users' overall experience (e.g., member satisfaction survey results)
- Identify and utilize key findings to improve member/user safety while participating in programs and activities (e.g., mock drill results, safety inspections, etc.)

Quality Management Guideline 3: A center's quality management program should use standardized processes for regular reporting of key information and outcomes related to a member's individual fitness/wellness program(s), and as a result, determine whether to continue, modify, or terminate such programs as identified and related to:

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- Performance measures and improvement strategies (e.g., strength, endurance, flexibility, speed)
 - Program outcomes (e.g., personal training, weight loss, other)

A PAR-Q type instrument can be used as an initial screen, followed by a health risk assessment (HRA), with a medical fitness assessment that may include biometric markers and physiologic measurements. Any determination of health-risk-related factors can be followed by general fitness testing, and such efforts might include cardiovascular and muscular strength and endurance testing, exercise-risk evaluation, depression and pain inventories, nutrition consultation, and assessment of other lifestyle-related issues that might need to be addressed for a successful lifestyle intervention to occur. The results of these investigative efforts provide the baseline from which future evaluations are measured, which may then reveal individual outcomes and help members to effectively manage their health and lifestyle.

Quality Management Guideline 4: The center should have a standardized process for measuring and evaluating the outcomes of programs and provide a basis for modification or termination of each program, based on available data sources and benchmarks. Facility goals and objectives, as well as data resources that are available from local, regional, and/or national/international data (such as data available from the Medical Fitness Association or other similar bodies), should be utilized as benchmarks during the process.

Quality Management Guideline 5: Performance improvement/outcomes should be data measured, evaluated, acted upon, and documented in the following areas:

- Safety/emergency-response
- Individual member/user outcomes, from sources such as referrals to and from physicians and healthcare providers; pre-activity screenings; expanded health-risk appraisals; health and fitness testing/evaluations (e.g., blood pressure, blood glucose, weight/BMI/body composition, lipids, exercise tests, etc.); exercise programming; and other lifestyle modification programming
- Facility programs, such as clinical and non-clinical programs/services; health-related seminars/classes/programs; health-related screenings (e.g., blood pressure, glucose, cholesterol, prostate cancer, skin cancer, etc.)
- Surveys, to measure such things as member/patient satisfaction, seminar/class/program, employee satisfaction
- Business processes and performance, including annual budget and associated performance
- Comparative industry benchmarks/standards of performance for organizational operations, as indicators of efficiency and sustainability, such as:
 - ✓ Operating margin
 - ✓ Labor expense as a percentage of revenue

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- ✓ Staffing levels as full-time equivalents (FTEs)
 - ✓ FTE and/or labor expense per unit (visit, etc.)
 - ✓ Total expense per unit (visit, etc.)
 - ✓ Supply expense per unit
 - ✓ Revenue per unit
 - ✓ Revenue per square foot
 - ✓ Non-dues revenue as a percentage of total revenue
 - ✓ Earnings before interest taxes depreciation and amortization (EBITDA)
 - Goals/objectives and key strategies
 - Human resource-related factors, such as:
 - ✓ Turnover rates
 - ✓ Productivity
 - ✓ Absenteeism
 - ✓ Average length of service
 - ✓ Employee satisfaction

Chapter 3

Pre-Participation Screening

Pre-participation screening involves gathering pertinent information concerning whether individuals have an increased risk of experiencing an exercise-related cardiovascular incident while engaged in physical activity. Such information can be extremely useful to Medical Fitness Centers in at least two ways. First, it can identify those individuals who are at risk and should be referred for medical clearance before they are permitted to participate in the program offerings of the facility. Second, it can help provide a basis for discerning the most appropriate exercise prescription for a particular person.

Pre-Participation Screening Standard 1: *A Medical Fitness Center must offer each participant an appropriate pre-participation screening process, and refer identified at-risk individuals to a physician, or qualified healthcare provider, for medical clearance prior to participation in any type of physical exercise, recreation, sports activity, or program affiliated with the center.*

Pre-Participation Screening Guideline 1: The facility should have a systematic process of screening for chronic diseases, associated risk classification, and the participant's potential for exercise-related illness or injury. The results of that process should be reviewed and approved by the medical advisory committee or medical director.

Pre-Participation Screening Guideline 2: All facility users, including non-member/guest users, should be offered a pre-participation screening prior to their participation in physical activities at the center. If a user should decline the pre-participation screening, each facility should have a policy/procedure in place that is consistent with all applicable regulations and is approved by the medical advisory committee or medical director that allows the person to participate in the programs of the center by signing a waiver for the screening or that excludes them from participation.

The pre-participation screening process is an important process for ensuring the safe participation of members and guests in exercise related activities at medical fitness centers. The purpose of these guidelines is to ensure there is a process for identifying risk classification and that all facility users are offered a screening.

Pre-Participation Screening Guideline 3: The waiver for individuals who refuse to participate in the pre-participation screening should clearly delineate that the person has been offered a pre-participation screening; has been informed of the basic risks involved in participating; has chosen

not to follow the guidance provided by the center's staff; has assumed responsibility for their own actions; and has released the center from any legal responsibility from claims or lawsuits arising from their participation in the center's programs.

In many situations, the pre-participation screening process is completed in the moment that a participant has entered a facility with the intent to exercise. For that reason, it is important that the pre-participation process be efficient to avoid delays to participant access and minimize the time spent administering the per-participation process. In some cases, a participant may wish to decline the recommended physician clearance or the per-participation screening altogether. If the medical advisory committee/director and/or state regulations allows, a waiver can be made available to bypass this process. To the extent permitted by law, such users who refuse to sign the waiver should be precluded from participating in the program activities of the facility.

Pre-Participation Screening Standard 2: *If the pre-participation screening identifies a potential user as having a known cardiovascular, metabolic, renal, or pulmonary disease and/or is identified as a high-risk individual, the user should be advised, in writing, to consult with a physician and/or a qualified healthcare provider and provide documentation of such consult to the facility prior to participating in physical activity at the facility.*

Pre-Participation Screening Guideline 4: Each facility should have a written policy/procedure consistent with local/state regulations that is approved by its medical advisory committee or medical director regarding facility users who are identified as having risk factors that necessitate referral for medical consultation and who fail to obtain such consultation (e.g., these users would be governed by a policy that either permits them to sign a waiver that allows them to participate in the program offerings of the facility or that excludes them from participation).

Pre-Participation Screening Guideline 5: If a participant identified through the pre-participation screening as needing physician clearance refused to obtain the clearance, as well as has refused to sign a waiver accepting the risk of their participation, these individuals should be allowed access, if permitted by law.

Pre-Participation Screening Standard 3: *The pre-participation screening, established in consultation with and approved by the medical advisory committee/director, should be reviewed and interpreted by qualified staff and the results documented, including referral to a qualified healthcare provider and the outcome of such consultation.*

Pre-Participation Screening Guideline 6: The results of the pre-participation screening should be utilized to identify and make appropriate decisions about what constitutes safe activity levels and modalities for that particular person. Facilities should maintain clear documentation in each member's electronic and/or paper file.

Pre-participation screenings may be administered by a variety of staff including exercise professionals, membership sales staff, and front desk attendants. It is important that the staff who administer pre-participation screenings are trained to administer the process, including how to determine risk classification, recommendation to obtain physician clearance, and how to document the screening. Decisions on safe activity levels, programs and modalities should be provided by properly degreed and certified exercise professionals (see Chapter 8).

Pre-Participation Screening Guideline 7: Consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), or similar privacy regulations in areas outside the U.S., a form that details a user's health information and offers a means for explicitly recording medical clearance (if given by an appropriate medical professional) should be provided by the facility to the individual to provide to a physician.

Each medical fitness center should utilize a form that allows the participant to consent to allowing the facility and physician to share protected health information (PHI) pertaining to the medical clearance and prescribed exercise activities.

Pre-Participation Screening Standard 4: *A Medical Fitness Center must have a system in place for helping ensure that every user has the opportunity to achieve the maximum benefits of their individual exercise and program participation efforts.*

Pre-Participation Screening Guideline 8: The facility should employ accepted methods to assess functional capacity, body composition, muscular strength and endurance, flexibility, balance, and other components of physical fitness. The facility should offer fitness testing for health assessments, as well as for exercise prescription purposes. All fitness testing should be conducted and interpreted by qualified staff, according to industry accepted methods/protocols.

Pre-Participation Screening Guideline 9: The facility should use the results of a user's fitness testing as a starting point for developing an appropriate exercise prescription for that individual and as a basis for monitoring progress in the program.

Pre-Participation Screening Guideline 10: All facility users should be offered an initial orientation to the facility, the facility's equipment, basic program concepts, and emergency/safety guidelines.

A defining characteristic of medical fitness centers is its professional exercise team and its capability to provide thorough assessments and orientations to members and program participants. These services should be a consultative approach to provide the participant information and improve their opportunity to successfully achieve their goals. Fitness testing and orientation services should be provided by qualified exercise professionals (see chapter 8) who are trained to provide such services.



Chapter 4

Risk Management and Emergency Response

Risk management and emergency response are critical areas of focus for every medical fitness facility. *Risk management* refers to the practices and systems that organizations put in place to help reduce and eliminate their exposure to liability and financial loss. In Medical Fitness Centers, risk management involves the policies, practices, and procedures by which a facility reduces its risk of an employee, contractor, or user experiencing an event that could result in harm to either the individual or the facility itself.

Emergency response encompasses policies and practices that are an integral part of a sound risk management system. Collectively, they are designed to help ensure that a Medical Fitness Center's ability to respond to events provides the maximum reasonable level of safety for users and staff. Well-established risk management and emergency policies are why medical fitness facilities attract medically focused members and program participants. When a facility operates with high reliability and credibility, providers will drive referrals to the facility.

Medical Fitness Centers can reduce their level of business risk and create a safer physical activity environment for their users by developing and posting appropriate signage in identified locations of the facility that involve a potential risk to an individual's health and safety. This signage clearly communicates potential risks to the users of those areas. Detailed information on developing proper signage for exercise-related facilities is available from the American Society for Testing and Materials (<https://www.astm.org/>), the American National Standards Institute (<https://www.ansi.org/>), and the book *ACSM's Health/Fitness Facility Standards and Guidelines, 5th Edition*.

Risk Management and Emergency Response-Policies Standard 1: *A Medical Fitness Center must have a written emergency-response plan that enables a timely and appropriate response to any emergency event that threatens the health and safety of facility users and/or staff.*

Risk Management and Emergency Response Guideline 1: The emergency-response plan should specify the most likely emergency situations that could occur and how each circumstance will be handled, including the specific responsibilities of the first, second, and third responders to a particular emergency.

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- The facility should have defined plans for various emergencies utilizing Basic Life-Saving (BLS) and First Aid standardization.
 - See Appendix A-2 for examples.

Risk Management and Emergency Response Guideline 2: The emergency-response plan should be fully detailed in writing and maintained in an area easily accessed by facility staff. A digital copy is acceptable, but an additional paper hardcopy is important as well in case electronic devices and computers are inaccessible in an emergency (power outages, for example).

- Procedures for documenting that all staff review the material on a regular basis are advised.

Risk Management and Emergency Response Guideline 3: A facility should have a visibly posted, direct link to the “911” emergency-response center. All staff members should be made aware of the locations for all emergency equipment, including the facility’s telephones.

- All emergency phones and/or emergency call buttons should be clearly marked.

Risk Management and Emergency Response Guideline 4: A facility should have an adequate amount of emergency equipment, as determined by the facility and/or local ordinances, including documentation that all equipment and contents of each kit are checked periodically for functionality and expiration dates.

- At a minimum, a first aid kit should be positioned in the childcare center, aquatic area, fitness floor, and front desk.
- See Appendix A-5 for an example of a safety inspection program.

Risk Management and Emergency Response Guideline 5: All contents and expiration dates of the first aid kits should be checked on a regular basis and replaced at regular intervals prior to their expiration.

- The medical director or medical advisory committee can be used to advise upon the appropriate contents of the first aid kits.
- See Appendix A-4 for typical first aid supplies found in these areas.

Risk Management and Emergency Response Guideline 6: A facility should conduct regular emergency drills, at least quarterly at various days/times/shifts during workdays, and associated documentation should be maintained that demonstrates the competencies of staff to respond to emergency situations (some of which include the use of AED equipment).

- Drills should be documented and reviewed by the facility’s medical director or medical advisory committee. Any process improvement based on this review should be noted and followed up with an action plan.
- Recording the emergency drills as a learning tool for those individuals not in attendance should be considered.

Risk Management and Emergency Response Guideline 7: A facility should have a formal incident reporting process and follow up management reporting program in place.

- All incidents, even seemingly minor ones, should be documented. Incident reporting should include summary information that is shared regularly with the medical director or medical oversight committee.
- See Appendix B-2 for an example of an incident form.

Risk Management and Emergency Response Guideline 8: The emergency-response plan should be developed in concert with the local emergency medical services (EMS) provider in the area of the facility, the medical director/advisory board, and/or the organization's emergency/safety response team (if applicable).

Risk Management and Emergency Response Guideline 9: The emergency plan should consider emergencies that may occur on the facility's grounds, including inside and outside of the facility.

- Plans for all areas of a facility should have both a policy and drills associated with them.

Risk Management and Emergency Response Standard 2: *With physician oversight in place, a Medical Fitness Center must have an appropriate number of automated external defibrillators (AEDs) that are easily accessible for use.*

Risk Management and Emergency Response Guideline 10: The number of AEDs and the placement of the AEDs in a facility should be appropriate for the response time/distance (i.e., within a 1.5-minute walk) to any potential location in the facility where it could be needed.

- AEDs should be clearly marked to further speed up a responder's time in reaching them.

Risk Management and Emergency Response Guideline 11: All full- and part-time employees and contractors of the center who regularly provide programs and services to members and guests should have current CPR/AED training.

- At least one staff member with current CPR/AED training should be on duty during all operating hours of the facility. This factor does not apply to individuals employed by a third-party service company over which the facility has no control (e.g., facility maintenance and housekeeping services).
- A system should be created for maintaining records to ensure all CPR/AED training is up-to-date and includes a method for providing employees and contractors with sufficient notice of an expiring certification.
- See Appendix A-3 for additional information.

Risk Management and Emergency Response Guideline 12: Each AED should be maintained according to the manufacturer's guidelines, and maintenance and monitoring documentation should be kept current.

- Manufacturer guidelines can differ; accordingly, the recommended guidelines should be adhered to and accurate records kept, showing all maintenance and monitoring related to the unit.

Risk Management and Emergency Response Standard 3: *A Medical Fitness Center must conspicuously post the appropriate signage indicating the following: caution, danger, warning, required disability access requirements, building regulation signage, and all signage involving fire and related emergency situations, as required by regulations and codes of appropriate governing bodies (e.g., ADA and OSHA for facilities in the United States) in locations that warrant such signage.*

Risk Management and Emergency Response Guideline 13: There should be appropriate signage posted that alerts users that a specific activity may expose them to an increased level of risk in every activity area, where appropriate. Examples of signage for key areas include the following:

- Sauna, steam room, and whirlpool: temperature range, increased risk for special populations, such as high blood pressure, and guidelines on safe time limits
- Aquatics areas: facility operators should be familiar with the regulations of the appropriate governing bodies to ensure that this area is in full compliance
- Enclosed racquet courts: appropriate eye protection
- Fitness areas: a spotter for free weights, and perceived exertion charts or target heart rate charts for monitoring levels of exertion while exercising
- Hazardous conditions: out of order equipment, wet/slippery floors, areas under construction or repair
- Where to take shelter during inclement weather
- See Appendix A-7 for examples of area-specific guidelines and policies.

Risk Management and Emergency Response Guideline 14: All signage should have the required signal icon, text, color, and layout, as specified by the American National Standards Institute (ANSI) or similar international organization for facilities outside the United States.

Risk Management and Emergency Response Guideline 15: A facility should provide signage that indicates access points for individuals with physical challenges.

Risk Management and Emergency Response Guideline 16: A facility should provide signage that can be discerned by individuals with visual impairment.

Risk Management and Emergency Response Guideline 17: A facility should provide signage that informs individuals of the possible exposure to hazardous chemicals and blood-borne chemicals, where applicable.

Risk Management and Emergency Response Guideline 18: A facility should post emergency exit signage.

Risk Management and Emergency Response Guideline 19: A facility should post signage indicating the location of emergency phone(s), fire extinguisher(s), AED units, and first-aid equipment.

Risk Management and Emergency Response Guideline 20: A facility should work closely with its local fire department and/or local officials to ensure that it is in compliance with the regulatory requirements for fire and emergency situation signage.

Chapter 5

Programs and Services

Medically integrated health and fitness centers are making their mark in the healthcare continuum by providing professional programs and services to their members and community. Within a Medical Fitness Center, programming generally ranges from formal intervention/rehabilitation programs (e.g., cardiac rehabilitation, physical therapy, occupational therapy) to developmental activities that either serve as a transition between clinical interventions/rehabilitation and fitness programming (according to generally accepted prescription guidelines), as well as those that address prevention, health-risk reduction, and therapeutic lifestyle factors. The growing trend of individuals who join Medical Fitness Centers (without being directed to do so by a physician) because of the innumerable benefits such facilities offer, indicates that programming also involves engaging users in the center's experience and creating opportunities for members to become actively involved in the facility.

As such, programming can create connections between users, establish training partnerships, offer competitive challenges for most individuals (within themselves and against others), and provide an entertaining experience for the users. All factors considered, programming is the facility's most viable option for meeting and exceeding the expectations that most individuals have about being a member of a Medical Fitness Center. Furthermore, effective clinical and non-clinical programming is also one of the best strategies a facility has for differentiating itself from its competitors, for example, a "traditional" health/fitness club. Such a contrast underscores the "medical fitness difference."

Programs and Services Standard 1: *A Medical Fitness Center must have programs and services that address the needs and interests of its users.*

Programs and Services Guideline 1: The facility should have clinical exercise programs for persons with chronic medical conditions, such as heart disease (CAD, CHF), pulmonary disease, cancer, chronic pain, orthopedic and/or neurologic problems (e.g., arthritis, fibromyalgia, osteoporosis, MS), cerebrovascular disease (stroke), sports injury prevention and rehabilitation, nutritional counseling, etc.

The key to any program or service is that its attendant prevention or lifestyle modification decreases the likelihood of or prevents disease. Two chronic diseases (cardiovascular disease and cancer) account for two-thirds of all deaths among Americans, with the roots of chronic disease grounded in a number of lifestyle-related, damaging behaviors practiced by people every day for much of their lives. These behaviors include:

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- Lack of physical activity
 - Poor nutrition
 - Tobacco use
 - Under-use of known prevention strategies, such as breast, cervical, and colorectal cancer screenings

A medical fitness facility provides lifestyle programs that provide information and other guidance, such as coaching services and/or group classes and workshops. Evidence in support of prevention is compelling, and programs for chronic disease prevention and management are a vital part of those efforts.

❑ PROGRAM PLANNING

Medical Fitness Centers offer programs that address health concerns, including specific medical conditions, whose purpose is to decrease the likelihood or prevent disease. Programs should create a seamless continuum in the overall care of patients/members with chronic diseases and/or multiple risk factors, as well as complements other clinical services. Further considerations, such as the following, can also be utilized:

- Provide population-based programs to which healthcare providers can refer patients, when a condition is detected.
- Offer outreach strategies for older adults to access programs with measurable outcomes.
- Develop and implement community-based smoking/tobacco cessation strategies.

❑ TYPES OF MEDICAL EXERCISE PROGRAMS

It is reported that over half of the adult population in the United States has a diagnosed chronic condition. In most cases, lifestyle factors contribute to illness and chronic disease, which illustrates the value of programs that encourage physical activity and healthy nutrition. Exercise programs designed for prevention or to help individuals manage chronic conditions or recover from temporary injury are key differentiators of medical fitness facilities. While it is challenging to have a program for every condition, it is imperative that medical fitness professionals obtain expertise and certifications to provide them with the skills and knowledge to serve these special populations.

Individuals often present to a facility for guidance and a personalized exercise plan for their special condition. It is crucial that fitness professionals utilize all resources available to them in understanding the needs and limitations of these individuals. Medical fitness professionals normally have the resources of a medical director, physicians from the healthcare system, healthcare professionals, nurses, disease specific charitable organizations, and medical advisory committees available when questions arise. Knowing one's professional limitations and when to refer someone elsewhere is a sign of a true professional.

Examples of conditions addressed through programming and services provided by medical fitness facilities include the following, and the fitness professional should have an understanding of these conditions and the professionals involved in delivering them:

- Cardiovascular disease
- Pulmonary diseases
- Metabolic diseases
- Immunological and hematological disorders
- Orthopedic diseases and disabilities
- Neuromuscular disorders
- Cognitive, psychological and sensory disorders
- Children's and adolescent physical activity programming
- Older adult health
- Women's health

Programs and Services Guideline 2: A Medical Fitness Center should be operating a minimum of three clinical exercise programs to address the needs of their members, patients, and the community. These programs should adhere to nationally accepted guidelines and have appropriate inclusion and exclusion criteria for operating the program. Each participant should have appropriate screening criteria, based on the type of program it is and the referring physician (if any) should be kept in the communication loop regarding the participant's progress in the program. Space permitting, providing access to any family members of the participant to help support their effort and success in the program may improve compliance and success. When necessary, the program should offer mental health assistance in achieving the overall goals of the program. The program should have all the necessary protection to maintain the confidentiality of the participants and any of their personal clinical data that has been collected.

A list of common disease-management programs that are offered at Medical Fitness Centers includes the following:

- Arthritis
- Cancer survival
- Chronic pain management
- Diabetes education and management
- Heart disease
- Hypertension control
- Lipid management
- Lower back pain
- Osteoporosis/osteopenia
- Parkinson's disease
- Pulmonary disease
- Weight management

❑ NATIONALLY ACCEPTED GUIDELINES

It is recommended that Medical Fitness Centers adhere to standards that have been established for programs and/or services that deal with any special population group. These standards should come from reputable agencies and organizations, such as the American College of Sports Medicine (ACSM) and/or the American Council on Exercise (ACE), among others. Requiring a set of standards demonstrates that the facility is following the evidence-based recommendations of a well-established and credentialed organization.

These standards safeguard the community and acknowledge that a medically integrated fitness facility will ensure that each special population group is being treated with the same program, no matter who is in the facility and leading the group. Standards should state frequency, intensity, time, type, and what organization has provided the standard. These standards also help physicians and other healthcare providers feel confident in the ability of the facility to provide meaningful and safe programming.

The lack of health/fitness industry requirements, as it relates to required education, certification, and licensure, can contribute to concern within the medical community about the qualifications of program leaders, which can result in hesitancy to refer people into these programs. Demonstrating that standards exist and are in place can reduce this concern. Abiding by nationally accepted standards also aids medical fitness facilities by helping them to provide a safe and appropriate environment, while elevating the level of care provided. The standards provided should include several disciplines of study, for example, the academic, medical, and health/fitness fields.

❑ PROGRAM INCLUSION AND EXCLUSION CRITERIA

Programming should provide inclusion and exclusion criteria to allow for the separation of certain special populations and to support the variations in fitness levels that will likely be present. Co-locating services, such as phases 2 and 3 of cardiac rehab and physical therapy, on the general fitness floor can foster social connections, as well as provide a sense of security and acceptance among participants.

❑ ASSESSMENT AND FOLLOW-UP

Whether a complimentary screening is offered to participants or a fee is charged, personalized feedback and education should be provided. When individuals fall outside normal ranges, they should be encouraged to visit their physician, or if they do not have one, assistance should be provided in finding a physician.

Sample health screenings include but are not limited to blood lipids, blood pressure, physiological measures (strength, flexibility, cardiovascular endurance), balance, functional movement, derma scan, body composition (BMI, % body fat), digital imaging, and virtual planners.

With referred patients, providing the physician with follow-up information about the patient outcomes from the individual's participation in a program is extremely valuable. Doing so will develop deeper confidence in the program and its providers, making future referrals more likely. This feedback also enhances the reputation of the medically integrated fitness facility as a provider of expert programs that understand the needs, limitations, and support of their patient. This level of connection also helps to integrate the Center into the healthcare system.

❑ NUTRITIONAL COUNSELING

Various forms of nutritional counseling can occur, including one-on-one counseling, small-group counseling, or large-group lectures, for those in need of nutritional counseling. Those choosing to participate in nutritional counseling generally achieve better outcomes, specifically those concerning weight management, and are more likely to be successful in achieving their goals with the guidance of a qualified nutrition specialist. It is critical for medical fitness facilities to employ, or contract with, nutrition counselors who are degreed and certified.

❑ MENTAL HEALTH COUNSELING

Offering programming to help members learn to manage the various stressors in life can be very meaningful to participants. Stress-management programs, including mindfulness, meditation, yoga, tai chi, and guided imagery, are worth planning and developing for members. As with all medical fitness programming, finding qualified and certified instructors is paramount to delivering excellent programs.

Various mental health issues can arise among members, and even with employees, that may require attention. As such, it is important that each facility has a plan to address mental health issues that might arise. Examples include the threat of suicide, bipolar issues, depression, various stages of Alzheimer's disease, personal safety concerns, or a sudden mental breakdown. Emergency manuals should include a number for emergency hotlines, psychiatric emergency services, and mental health access points. An employee assistance program (EAP) is often available for employees.

❑ EDUCATIONAL WORKSHOPS/CLASSES

Offering a health or wellness fair is an excellent way to bring family members and community attention to your facility and to the services and programs of not only your facility but also those of your healthcare organization. This is an excellent opportunity to provide physician presentations and/or offer community screenings. Offering healthy activities for children, as well, can draw families into an event. When themed correctly, your facility may benefit from earned media coverage by local television, radio, or even local news media.

A number of medical exercise facilities often provide medically themed programming events, like doc talk, ask a doc, dinner lectures, lunch and

learns, healthy cooking classes, lectures by healthcare professionals, themed displays, and bulletin boards featuring specific medical conditions. By bringing in physicians and healthcare professionals who may also benefit from the event, you can strengthen integration with these individuals or groups. Once you get successful programs off the ground, it is not unusual for physicians, medical departments, and various healthcare professionals to start reaching out to participate in future events.

Not only do these events provide a needed community service, as well as integrating with other professionals and medical departments and providing a comfortable environment to educate the public, they also can drive traffic to your facility while further enhancing the reputation of the Center as a medical fitness expert in your community.

COMMUNICATION WITH REFERRING PROVIDERS

Staff should maintain an open line of communication with referring physicians and other healthcare providers to provide members with optimal care and programming.

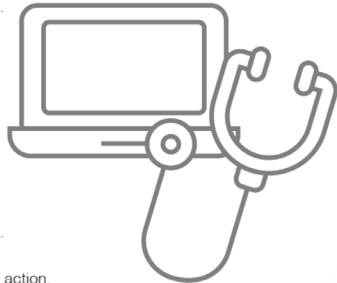
PRIVACY AND CONFIDENTIALITY

The facility should have policies and procedures in place that protect the confidentiality of all patients/clients and comply with privacy regulations. For example, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Personal Health Information Act (PHIA) are two pieces of legislation in the United States that must be followed. The HIPAA Security Rule contains the standards that must be applied in order to safeguard and protect electronically created, accessed, processed, or stored Personal Health Information (PHI) when at rest and in transit. The rule applies to anybody or any system that has access to confidential patient data. In this case, "access" is interpreted as having the means necessary to read, write, modify, or communicate PHI or any personal identifiers that could reveal the identity of an individual.

For more information, visit: <https://www.cdc.gov/phlp/publications/topic/hipaa.html>

Checklist for Successful HIPAA Compliance

- Implement written policies, procedures and standards of conduct.
- Designate a compliance officer and committee.
- Conduct effective training and education.
- Develop effective lines of communication.
- Conduct internal monitoring and auditing.
- Enforce standards through well-publicized disciplinary guidelines.
- Respond promptly to detected offenses and undertake corrective action.



Programs and Services Standard 2: *A Medical Fitness Center must offer preventative/lifestyle modification programs for members and the community at large.*

Programs and Services Guideline 3: The facility should provide educational workshops/classes for the members and the community at large that utilize local healthcare professionals, as well as staff expertise, and, when available, regional or national presenters on a regular basis.

Programs are offered for the purpose of gaining support in the community while also educating and engaging current members. Programs also offer a sense of affinity in the community. This is accomplished by having the community involved with the Center's programming even before hospital services are needed. It allows the community to become a part of the organization and to develop trust in the facility's services.

Programs and Services Guideline 4: The facility should have lifestyle modification programs that are available for members and the community at large that include such activities as wellness coaching services, group classes/workshops, and other programs and individualized services that provide participants with information and the guidance.

Programs are offered to help primary, secondary, and tertiary prevention. At the primary level, programs should target prevention through lifestyle modification. Medical Fitness Centers have the expertise to offer programs, such as nutritional classes or services, personalized wellness plans, and simple interventions, such as health risk appraisals that signal early risk factors.

Programs and Services Guideline 5: The facility should offer health-related classes, such as, but not limited to, CPR, AED, and/or first aid courses. These programs can be educational, recreational, or safety-related and should follow the same integrative approach as the medical fitness clinical program by utilizing the expertise of in-house or community professionals to provide such classes as:

- CPR/AED/first aid classes or swim lessons taught by the Red Cross or other nationally recognized organizations
- Recreation programs, such as sports leagues, lessons or clinics
- Spa-type programs or services for relaxation and stress-reduction



Chapter 6

Children and Youth

Keeping children safe is one of the highest priorities for any Medical Fitness Center that provides programs and services for youth. Centers should refer to local, state, and national childcare agencies for guidance on licensure requirements. Those that are not required to be licensed may wish to strive to adopt or adapt policies and procedures from those licensing agencies that might apply to their centers in order to provide the highest quality of care.

Operational policies and procedures should address such items as hours of operation, fees, rules and regulations, behavioral expectations, bathroom/diapering and food policies, sanitation, and disinfection.

Emergency policies pertinent to any children's programs and services should be written and approved by the medical advisory committee and/or medical director and should include, at a minimum: evacuation procedures for fire, tornado, or other emergencies likely to occur; child abuse or missing child protocols; infant and child CPR/AED/first aid training; and drill schedules for most common scenarios, such as an infant or child not breathing, choking, scrapes, and bone injury.

Some resources that may be helpful for determining licensing requirements and addressing special needs can be found in Appendix E "Suggested References."

Children and Youth Standard 1: *A Medical Fitness Center with youth/children's programming/services must have a written policy/procedure for collecting and documenting pre-participation information about the youth/children participants.*

Children and Youth Guideline 1: A Medical Fitness Center should have a written policy and procedures that are approved by the Medical Advisory Committee or Medical Director for established children's programs/services that include, but are not limited to:

- Operational procedures specific to the program/service
- Emergency procedures specific to the program/service

Children and Youth Guideline 2: Pre-participation information (enrollment or registration forms) should include, but is not limited to:

- Parent(s)/guardian contact information
- Emergency contact information (including other than parent or guardian)
- A list of individuals who have (and do not have) permission to pick up the child

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- Unique or special needs of the child that would affect the child's participation
 - Drop-off (sign in) and pick-up (sign out) procedures to ensure the safety and security of the child

(See sample pre-participation forms in the appendices.)

Chapter 7

Aquatics

Lap pools, leisure pools, therapy pools, and whirlpools offer numerous benefits to participants in the Medical Fitness Center. Not only do they attract and retain members, they are also useful for exercise, rehabilitation, recreation, and relaxation. Pools vary in size, shape, and water temperature and can have a meaningful impact on membership enhancement and community outreach levels. Aquatics programs can be either complimentary to add membership value or fee-based to help defray pool operating costs.

While aquatic areas can be a Medical Fitness Center's greatest asset, they may also represent the greatest risk to user safety and potential liability to the center. The underlying basis for such risk emanates not only from the water depth, but also from the high temperatures and humidity that are often generated in these areas, as well as the chemicals that are frequently used, and the potential for participant slips, trips and falls.

Medical Fitness Centers with an aquatics program should hire or contract with aquatic professionals to help reduce risk and liability while maximizing the benefits the pools provide. There are several professionals whose job responsibilities include monitoring the aquatic areas during all hours of operations and even after hours, if necessary, to ensure that the pool is ready to open, appropriately supervised, and properly maintained throughout the day. Some of these professionals, including certified pool operators, certified lifeguards, and certified instructors, may be required by state law in your area or governed by aquatic organizations in order to use their programs. It is important that Center management fully understands the applicable codes and laws in their particular region to ensure full compliance with them. See Appendix C for a list of resources.

A list of examples of aquatics professionals, with their typical responsibilities, include the following:

- ❑ AQUATICS DIRECTOR/MANAGER/SUPERVISOR
 - Daily monitoring of pool chemistry, water clarity, and pool and air temperatures and humidity
 - Creating, posting, and enforcing pool rules
 - Developing an emergency action plan (EAP). See appendices for a sample.
 - Hiring and training of aquatic staff for programs and emergencies
 - Setting a schedule for drill practice and competency checks that address the most likely as well as worst-case emergency scenarios. See appendices for sample skill drills and competency checklist.

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- Water safety education
 - Generating a pool program schedule

❑ CERTIFIED POOL OPERATOR

- Resolve any chemical imbalances before the water becomes unsafe for the bather
- Inspect, maintain, and replace the pool equipment, as needed
- Store chemicals properly and safely

❑ CERTIFIED AND FACILITY-TRAINED LIFEGUARDS

- Provide preventative surveillance to minimize risk of injury and drowning incidents
- React immediately to an aquatic incident by performing in-water saves, removing victims from the water, activating the emergency action plan, and beginning first aid and/or CPR/AED, as necessary
- Assist in monitoring pool chemistry, water clarity, air and water temperature and humidity
- Identify, fix, cordon off, and/or communicate with users any deck or pool hazards, risky user behavior, etc.

Centers may also utilize qualified/certified/licensed instructors and/or therapists for all pool programs, including those for exercise, rehabilitation, water safety, and/or recreation. Whether or not the aforementioned professionals are required by law, a support team of employees can be created to assist with all aspects of monitoring the pool areas and respond to emergencies to ensure the best outcomes. This support team may include, but is not limited to:

- The aquatics director/manager/supervisor
- Certified pool operators
- Certified and facility trained lifeguards
- Swim instructors, aquatics group exercise instructors, therapists, coaches
- Fitness specialists, locker room attendants, others who work close to the pool
- Maintenance staff who maintain and repair the pool equipment
- Front desk employees who may be the link between the pool emergency and EMS personnel
- Other members of the management team

Additional training opportunities may be appropriate for this support team, such as:

- Water rescue support that does not exceed their level of ability to learn how to appropriately assist with an aquatic emergency. (See Resources/American Red Cross)
- CPR/first aid/AED

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- Visible, auditory, and olfactory signs that the pool is not running properly and may need maintenance or even require closure, including fecal or vomiting accidents
 - Bather behavior that could lead to a more serious incidents, such as diving in inappropriate areas, playing around drainage/suction grates, excessive breath-holding, rough-housing, etc.

Programs that can be offered complimentary or fee-based to help defray some of the costs of operating pools can include:

- Group exercise classes
- Swim lessons and other water-safety programs or presentations, such as boating safety, home pool safety, etc.
- Certification courses, such as lifeguard training, water safety instructor training, first aid/CPR classes
- Competitive teams or motivational fitness exercise workouts
- Water polo and water volleyball games or teams
- Open recreational swims
- Pool parties or “dive-in movies”
- Courses on activities, such as snorkeling, SCUBA diving, or canoeing

Aquatics Standard 1: *A Medical Fitness Center with aquatics facilities must have written policies and procedures specific to the programs and services that are to be offered in each aquatics area.*

Aquatics Guideline 1: Policies and procedures for a facility’s aquatics areas should include, but are not limited to, basic rules/regulations for pool use; emergency procedures; and pool and program/class supervision guidelines.

Aquatics Standard 2: *A Medical Fitness Center with aquatics areas must have specific written emergency plans for each aquatic area and appropriate rescue equipment (e.g., life hooks, life rings, safety ropes, emergency shut-off switch, lifeguard chair(s), etc.) that is easily accessible and kept in good condition.*

Aquatics Guideline 2: Written policies and procedures should be developed that specify the responsibilities of staff for handling emergencies in each of the aquatics areas of the facility, including the role of first, second, and third responder.

Aquatics Guideline 3: Staff responsible for responding to an emergency in the aquatic area should be provided regular training opportunities for water-related emergencies, with associated documentation that demonstrates the competencies of staff to respond in an appropriate manner to aquatic-emergency situations.

Aquatics Guideline 4: The facility should take appropriate actions to minimize the risk of potential entrapments and entanglements in the aquatics areas (e.g., compliance with the Virginia Graeme Baker Pool and Spa Safety Act).

Aquatics Guideline 5: The facility should develop and implement specific policies that guarantee adequate supervision of children while they are in aquatics areas.

Aquatics Guideline 6: The facility should develop a policy and procedure for handling fecal accidents in aquatics areas.

Aquatics Standard 3: *A Medical Fitness Center with aquatics facilities must comply with all laws/regulations regarding pool chemistry, chemical storage, pool supervision, signage, etc., as required by appropriate governing bodies.*

Aquatics Guideline 7: Facilities should employ or contract with at least one staff person who is a certified pool operator (CPO).

Aquatics Guideline 8: Based on applicable state or local laws or regulations, facilities should schedule lifeguards appropriately to supervise pool activities.

Aquatics Guideline 9: Pool chemistry should be checked on a regular basis, as required by appropriate governing bodies and associated regulations. Documentation should be recorded and maintained for review by appropriate agencies.

Aquatics Guideline 10: Pool chemistry monitoring equipment should be periodically checked for appropriate calibrations/operations, with appropriate documentation.

Aquatics Guideline 11: The facility should post appropriate signage to warn users of actions that pose potential risks to their health and safety, including head-first entry, breath-holding, and underwater swimming.

Aquatics Guideline 12: Signs should be posted in easily viewed areas and include pool user rules/regulations, appropriate warnings, and emergency procedures, as well as educate users regarding the importance of following pool hygiene rules.

Aquatics Guideline 13: Chemicals should be stored in appropriately secured locations and in a manner consistent with the requirements of appropriate governing bodies.

Aquatics Guideline 14: Safety data sheets (SDS) or their equivalent should be posted and/or available in the aquatics chemical storage area, and be readily obtainable by all staff members.

Chapter 8

Professional Staffing

A diverse array of talent is necessary to deliver the results and experiences that Medical Fitness Center members desire, expect, need, and deserve. Employees must have an appropriate blend of education, credentialing in the form of certification or licensure for the specific job roles, and hands-on work experience. Without exception, all professional staff members must have the ability and competencies to perform the role and responsibilities assigned to them.

Because the programming that facilities provide covers such a broad spectrum of experiences, a vast pool of talent with expertise in a broad range of services is often required. Among the key differentiators that are required for professional staff members of Medical Fitness Centers (depending upon their position) is having a relevant degree and, when appropriate, a certification that has been earned from an organization that has achieved third-party accreditation of its certification process and exam (e.g., a personal trainer certification from a program accredited by the NCCA or ISO).

□ CERTIFICATION ACCREDITATION

Currently, numerous “certification” opportunities exist for non-licensed health/fitness professionals. With the ever-expanding aging population and the rapid increase in the number of people with chronic disease that are referred to, and utilize, Medical Fitness Center facilities, it is important to note that *MFA’s Standards & Guidelines for Medical Fitness Center Facilities* recommends certifications from programs that have successfully completed a rigorous third-party accreditation process.

The meticulous evaluation of the certification process is essential in assisting professionals and medical fitness consumers in differentiating between the large numbers of certification programs currently available. In that regard, the Medical Fitness Association recognizes accreditation programs that focus on the certification processes and systems that delineate professional roles, scope of practice, exam content, and administration/scoring to ensure that:

- The examination process is fair and unbiased
- The examination accurately measures the minimal competence of the candidate for the professional job role
- The public is protected from unqualified or ineffective practitioners
- The organization has the means to support its certified professionals

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- The credentialing program requires ongoing professional development to maintain and enhance current competence
 - The credentialing program has a disciplinary process for professionals who act outside of their scope of work or professional code of conduct

The National Commission for Certifying Agencies (NCCA), a division of the National Organization for Competency Assurance (NOCA), and the International Organization for Standardization (ISO), have been identified as accrediting organizations that provide rigorous evaluation processes for accreditation of professional personnel certification programs including many licensed health occupations including dietetics, athletic training and occupational therapy that utilize certification as the cornerstone of the licensure requirements. By earning a certification from an NCCA- or ISO-accredited certification program, health and fitness professionals demonstrate that they are qualified to participate as part of the healthcare continuum, based on what is usual and customary for other healthcare professionals.

Professional Staffing Standard 1: *A Medical Fitness Center must employ professional(s) who hold degree(s), certification(s), and/or license(s) appropriate to each program offered and the populations served.*

Staffing medical fitness facilities with highly qualified staff is a cornerstone of the medical fitness difference. Employing exercise professionals who are educated and credentialed on par with the adjacent health occupations on the care continuum is key to earning the confidence of referring health and medical professionals who entrust their patients to facilities for physical activity programs and interventions across the health, fitness, and performance continuum.

Professional Staffing Guideline 1: The fitness director, manager, or supervisor should hold the following minimum qualifications:

- Education: Bachelor's degree or higher in exercise science, kinesiology, or related field
- Certification: Current personal trainer, registered kinesiologist, or a higher certification that is accredited by the NCCA, ISO 17204, or a similar approved accrediting body

Fitness department leadership are typically responsible for staffing and the management and oversight of the programs and services delivered within medical fitness facilities. By necessity, that requires department leadership to be at least as highly educated and credentialed as those delivering the programs and services to members and guests. Fitness department leadership that have the knowledge and skills to develop scalable outcomes-based programs based on member needs and interests, and can train and upskill their staff, are critical to member acquisition, engagement, and retention.

Professional Staffing Guideline 2: Professional fitness floor staff should hold the following minimum qualifications:

-
- Education: College certificate or associate's degree in exercise science, kinesiology, or related field
 - Certification: Current personal trainer, kinesiologist, or its equivalent that is accredited by the NCCA, ISO 17024, or a similar approved accrediting body

Professional Staffing Guideline 3: Personal training staff hold the following minimum requirements:

- Education: College certificate or associate's degree in exercise science, kinesiology, or related field
- Certification: Current personal trainer certification, or its equivalent, that is accredited by the NCCA, ISO, or a similar approved accrediting body

Professional Staffing Guideline 4: Clinical fitness staff providing programming for individuals with health conditions and/or special populations should hold the following additional qualifications:

- Degree appropriate to the clinical services/program provided
- Certification/licensure appropriate for services/programs provided, as defined by national, state, and local governing associations, and organizational scope of practice
- Additional experience/training and/or credential specific to the target population

The professionals delivering exercise programs and interventions should also be highly qualified, with current professional credentials that are appropriate and relevant for the programs they are delivering and the members for whom they are providing services.

Professional Staffing Guideline 5: Group-exercise instructors should hold the following minimum qualifications:

- Certification: Group-exercise instructor or leader certification that is accredited by the NCCA, ISO, or a similar approved accrediting body
- Certificate of completion or specialty certificates from a reputable organization for each specialized group modality that the instructor teaches (e.g., spinning/group cycling)

Group-exercise programming is increasingly diverse, and instructors often specialize in a single modality, which can make it challenging to find career instructors who are degreed, hold primary certification and additional training for multiple modalities. As a result, many facilities seek to hire individuals with modality training and a current primary certification for their group-exercise programs. Alternately, facilities are often successful in developing hybrid professionals—personal trainers or other health/wellness professionals who are interested in teaching group-exercise programs as a supplement to their primary responsibilities. Leveraging hybrid professionals to deliver group-exercise programs may yield additional benefits, including increased participation in group exercise programs and a sales funnel for other fee-for-service programs that drive revenue and member engagement.

Professional Staffing Guideline 6: The aquatics director/supervisor (or the manager responsible for oversight of the aquatics area) should hold the following minimum qualifications:

- Education: College certificate or associate's degree in fitness/exercise science or related field
- Certification: Achieving at least one of the following: (a) current Red Cross, or other nationally recognized aquatics safety certification; (b) certification as an aquatics facility operator; (c) certification as a pool operator, advanced life-saving certification, or water safety instructor certification

Professional Staffing Guideline 7: Aquatics staff should hold the following minimum qualifications:

- Certification: Appropriate aquatics certification or specialty training certificate for the position/responsibilities as defined by national, state, and local governing associations (e.g., lifeguard, swim instructor, WSI, aquatics exercise instructor, etc.)

Aside from staff working in licensed health occupations, aquatics is the area that will be most likely to be subject to local or state requirements or regulation. Well-developed job descriptions, policies, and procedures are critical to ensure ongoing compliance with those requirements.

Professional Staffing Guideline 8: Staff providing youth/children programs and services should have background checks performed upon hiring, and current CPR/AED certification, including the child and youth requirements.

Professional Staffing Guideline 9: Facilities should have a process in place to ensure that all staff credentials are current.

Facilities should develop a process to ensure that professional credentials and other required training and education that have expiration dates are current with adequate lead times to ensure that no credentials lapse. Third-party verification tools and resources, like professional registers that provide APIs that allow verification of multiple employment candidates or employees, can help reduce the workload for organizations.

To maintain certification or licensure, health and exercise professionals have continuing education requirements that are intended to promote current competence and to assist the professional upskill to meet the current or future needs of their patient or client and/or develop an area of specialization. Employers often provide continuing education opportunities or a reimbursement program as part of their strategy to attract and retain qualified professionals.

Typically, employers approach continuing education from one of two perspectives: either as a benefit of employment or alternately as a strategic investment in staff development that develops the competence and confidence of the staff that are closest to the member and that prepares the staff and facility to offer new programs and services that are

of interest to the members and participants. Both approaches have merit, the second requires more active department leadership to work collaboratively with employees to initiate a personal professional development plan that balances the interests of the professional with the needs of the facility that yield the best return on investment.

Professional Staffing Guideline 10: All staff employed by the Medical Fitness Center should participate in annual universal precautions training and maintain documentation of such training.

Professional Staffing Guideline 11: Facilities should provide professional liability insurance for staff and/or encourage staff to maintain individual policies.

Professional Staffing Standard 2: *A Medical Fitness Center must provide a variety of training/continuing education opportunities for staff, utilizing relationships with and the expertise of physicians, other community healthcare professionals and/or experts, conferences, and distance learning programs that are approved for CECs.*

Professional Staffing Guideline 12: A facility should provide one or more of the following for each professional staff member:

- Periodic travel/educational opportunities for staff to attend conferences, observe seminars, make site visits, etc.
- Facility-sponsored workshops, seminars, conferences for staff and other health professionals
- Current literature resources/medical library access
- Web-based/online training opportunities

For facilities that are looking to establish a policy for employer-supported professional education, there are a number of examples that are considered best practice, including considerations as follows:

- Who should be eligible?
 - ✓ Most, if not all, staff should be eligible for training related to their specific job.
- How much continuing education and training do professionals need?
 - ✓ To recertify, because professionals have to earn an average of 10 CEC/CEUs per year, so establishing a policy that reimburses for some or all of this continuing education requirement per year for full-time employees is an appropriate benchmark.
- When should employees be eligible for employer-sponsored CECs?
 - ✓ At their point of hire, all employees should develop a professional development plan in collaboration with their supervisor for their first year. To maximize return on investment and employee retention, implementing an accrual system that allows the employee to earn their CEC reimbursement over the course of the year redeemable on, or after, their hire anniversary date should be adopted. For example, if a facility offers a \$300 annual professional development allowance for full-time employees, the employee would accrue \$25/month redeemable after their anniversary.

-
- What courseware, education or training should be eligible for reimbursement?
 - ✓ Ideally, professional development that will be reimbursed by the employer would be part of every employee's professional development plan. This plan would be collaboratively developed by the employee and their supervisor, as a by-product of a regularly scheduled review that considers what the employees personal and professional interests are and what the employer needs them to be better at, or prepared to deliver, as part of their job.
 - Considerations for reimbursement could include:
 - ✓ Personal and professional interests of the employee
 - ✓ What the facility needs them to be better at
 - ✓ What new programs or services the facility intends to introduce
 - ✓ What the current and future needs and interests of the membership are

Chapter 9

Facility Operations

Effective facility operations policies, guidelines, and practices should enable and empower employees to deliver the Medical Fitness Center's products and services to all users of the facility in a consistent, prudent, and safe manner. Operating practices range from the policies governing the safety of the facility, to the scheduling of appointments, to new user orientations, and so much more. Formalizing these operating practices makes it easier to consistently deliver the products and services of the center.

The most successful facility operators typically divide operations into two basic components: base parameters and systems. The operating bases parameters are the minimum expectations that a facility has for the delivery of a practice. This includes compliance with laws, regulations, and codes, advocated by appropriate governing bodies. These expectations provide a basic framework for staff. The systems, then, are the tools that the facility's staff deploy to meet the established parameters or expectations.

Facility Operations Standard 1: *A Medical Fitness Center must have a system in place that accurately documents who has entered the facility during operating hours.*

Facility Operations Guideline 1: A facility should have a system in place to track every user entering the facility with appropriate access privileges to match the requirement of their visit.

Facility Operations Guideline 2: All guests and visitors should be required to check in at the relevant service delivery point within the facility.

Facility Operations Guideline 3: The number of staff scheduled to work in the facility should adjusted, as appropriate, in response to usage rate data.

Facility Operations Standard 2: *A Medical Fitness Center must comply with all required laws, regulations, and codes governing the operation of the facility.*

Facility Operations Guideline 4: A facility should have an appropriate amount of space between each piece of exercise equipment, as recommended by the manufacturer, as well as between equipment and activity areas.

Facility Operations Guideline 5: A facility should have wall and floor surfaces in its activity areas that minimize the risk of injury to participants.

Facility Operations Guideline 6: A facility should conduct preventive maintenance on all of its exercise equipment according to guidelines provided by the equipment's manufacturer and should maintain a written record of all the maintenance inspections and follow-up for at least one year.

Facility Operations Guideline 7: The children/youth facilities should provide a safe and secure environment for children (i.e., eliminating electrical hazards and access to hazardous chemicals; having appropriate toys, furniture, flooring, outdoor equipment, etc.).

Facility Operations Standard 3: *A Medical Fitness Center must be accessible to individuals with disabilities and other special populations that it serves.*

Facility Operations Guideline 8: The facility should conduct an annual assessment surveying people with disabilities and other special populations it serves, and document efforts to improve accessibility for those individuals.

Facility Operations Guideline 9: Exercise equipment should be easily accessible and inclusive so that it allows the majority of individuals with disabilities and other special populations to participate in a full-body workout.

Facility Operations Guideline 10: Staff should be provided training to augment their understandings of the needs of the various special populations who may access the facility.

Facility Operations Standard 4: *A Medical Fitness Center must meet all current regulations of potentially hazardous materials, as required by appropriate governing bodies.*

Facility Operations Guideline 11: Safety data sheets, or their equivalent, for each potentially hazardous material should be maintained and readily available to all staff members.

- Electronically-stored SDS sheets are acceptable. It is also recommended that a paper hardcopy be readily available because in an emergency situation, e.g., given that power outages, Internet/intranet connections may be faulty, and hard copies may be faster to compile than having to log on to a computer, etc.

Facility Operations Guideline 12: Staff should receive annual training/reviews in handling potentially hazardous materials specific to the work area.

Facility Operations Guideline 13: The facility should provide and document staff training regarding the appropriate handling of body fluids and cleaning of contaminated surfaces.

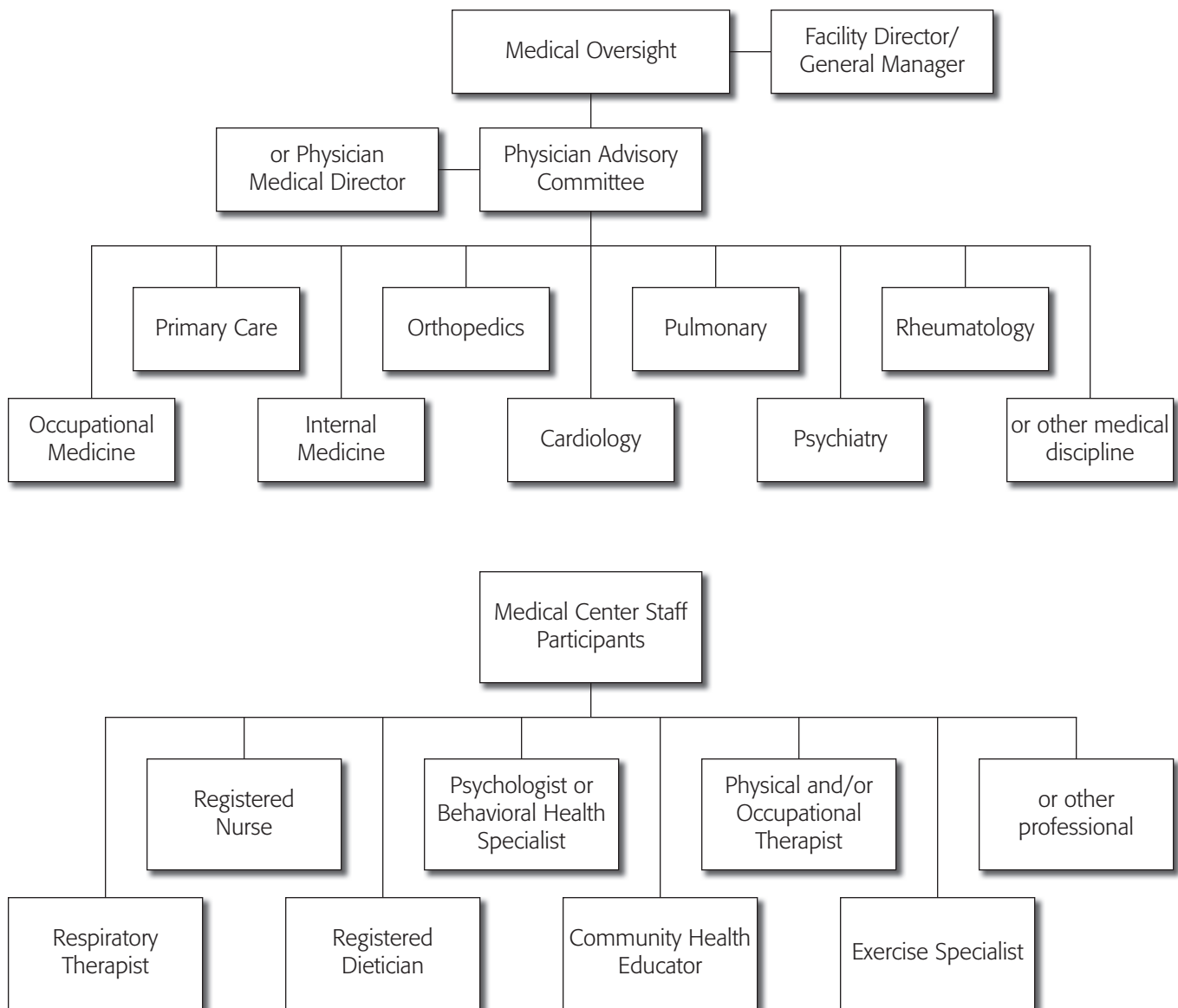
Appendix A

Supplements

- A-1. Sample Medical Oversight Committee Structure
- A-2. Sample Medical Emergency Policies and Procedures
 - Code Blue
 - Code Yellow
 - Code Red
 - Code Strong
 - Code Black
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- A-3. AED & CPR Training Plan
- A-4. Supplies in a Typical First Aid Kit
- A-5. Sample Safety-Inspection Program
- A-6. Sample Job Descriptions
 - Facility Director/General Manager
 - Medical Director
 - Fitness Manager/Director/Supervisor
 - Fitness Instructor
 - Personal Trainer
 - Aquatics Director
 - Aquatics Staff (Lifeguard)
 - Group-Exercise Coordinator/Director
 - Group-Exercise Instructor
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 - Supervisor on Duty (SOD)
- A-7. Sample Area-Specific Usage Guidelines and Policies
 - Cardiovascular Fitness Area Usage Guidelines and Policies
 - Strength Fitness Area Usage Guidelines and Policies
 - Group-Exercise Studio Area Usage Guidelines and Policies
 - Aquatics and Pool Area Usage Guidelines and Policies
 - Locker Room Usage Guidelines and Policies

Appendix A-1

Sample Medical Oversight Committee Structure



Appendix A-2

Sample Medical Emergency Policies and Procedures

- Code Blue
- Code Yellow
- Code Red
- Code Strong
- Code Black
- Code Purple

A-2a. Code Blue (Unresponsive Victim)

(Facility Name)

POLICY AND PROCEDURE:MANUALS: (FACILITY NAME) **POLICY NO.:** _____

Safety Manual (Facility Name) Policy & Procedures Manual		
EFFECTIVE:	SUBJECT: Code Blue (Unresponsive Victim)	
REVIEWED:	DIVISION: (Facility Name)	
REVISED:	ISSUING DEPT.:	DISTRIBUTION:
APPROVED DIRECTOR:	APPROVED DEPT. MANAGER:	All _____ Departments
DATE:	DATE:	

PURPOSE:

1. To respond appropriately to unresponsive victims
2. To identify the skills and roles pertinent to a resuscitative response
3. To provide for documentation of resuscitation events
4. To promote continuous improvement in resuscitation services

POLICY:

1. All (Facility Name) staff will be familiar with Basic Life Support procedures and shall be currently trained in Heartsaver AED or higher level. All staff not trained in the use of the AED shall receive such training at the time of the next renewal period.
2. Any staff person who observes an individual in cardiac arrest shall initiate Code Blue procedure as described below.
3. Code Blue events shall be documented per (Facility Name) incident reporting policy, and shall be reviewed as soon after the event as possible with all involved parties.

PROCEDURE:

1. Confirm unresponsiveness of the victim.
2. Initiate Code Blue protocol:
 - A. Call or have someone else call 9-9-1-1.
 - B. Send someone to the front desk to report Code Blue.

-
- C. Send someone to retrieve the oxygen and the AED from (*specific location*).
 - D. Use universal precautions/body substance isolation technique and begin resuscitation.
 - E. Begin AED protocol upon arrival of the AED at the scene.
 - F. Continue resuscitation efforts until relieved by EMS personnel.
3. Upon receiving a report of Code Blue, the front desk will page "Code Blue to location" three times, using the overhead emergency paging system.
 4. The on-call supervisor (MOD) will take charge of the scene and direct the actions of responders.
 5. The Patient Care Action Log will be maintained until the patient is transported by EMS personnel.
 6. AED and BLS supplies used in the resuscitation will be checked and restocked as necessary by the on-call supervisor
 7. The patient care action log will be delivered to (*Facility Name*) administration for director/manager review.

PERFORMANCE IMPROVEMENT:

1. Code events will be evaluated by the response team and the (*Facility Name*) manager/director.
2. The entire process will be evaluated for timeliness, appropriateness, efficiency, and outcome.
3. Deficiencies will be noted, and methods for improvement implemented.
4. All code events will be reported to and reviewed by the physician advisory committee.

A-2b. Code Yellow (Medical Emergency, Non-Code Blue)

(Facility Name)

POLICY AND PROCEDURE:

MANUALS: (Facility Name) Safety Manual (Facility Name) Policy & Procedures Manual	POLICY NO.: _____	
EFFECTIVE:	SUBJECT: Code Yellow (Medical Emergency, Non-Code Blue)	
REVIEWED:	DIVISION: (Facility Name)	
REVISED:	ISSUING DEPT.:	DISTRIBUTION: All _____ Departments
APPROVED DIRECTOR:	APPROVED DEPT. MANAGER:	
DATE:	DATE:	

PURPOSE:

To insure that all patrons and/or staff who become injured or suddenly ill are given appropriate medical attention or are instructed how/where/when to receive such care prior to leaving _____ (Facility Name) property

POLICY:

1. All (Facility Name) staff shall be familiar with basic life support and Code Yellow procedures.
2. All (Facility Name) staff shall assist patrons or other staff members who become injured or ill to the extent of their level of training as necessary.
3. (Facility Name) staff shall initiate "Code Yellow" response when indicated and will not attempt to care for injured/ill persons single-handedly.
4. All persons, patrons, or staff who become injured or suddenly ill shall be the subject of a "Code Yellow" response. "Silent codes" shall not be used.
5. A "Code Yellow" shall exist when a person or persons are injured, or become suddenly ill, and require immediate first aid. Such person/s are breathing and have obvious signs of circulation but may not necessarily be conscious.

PROCEDURE:

1. One person from each department shall respond to all Code Yellow pages, unless doing so will leave a high-risk patient/patron unattended.
2. Staff persons shall insure personal safety and that of any and all bystanders.

-
3. Staff shall arrive at the scene with vinyl gloves on hands and a pocket mask extended with the one-way valve in place.
 4. Call 9-9-1-1 if the injured/ill person is unconscious, short of breath, complains of chest discomfort, is dizzy, is in pain, or is actively bleeding, or anytime there is any doubt.
 5. Summon the AED and the oxygen.
 6. Provide first aid care as needed.
 7. Remain at the scene until excused by the supervisor on call.
 8. Offer to help even if not asked.
 9. Complete a Patient Care Action Log.
 10. Remove and dispose of contaminants properly.
 11. Complete an Incident Report Form.

PERFORMANCE IMPROVEMENT:

1. Code events will be evaluated by the response team and the (*Facility Name*) manager/director.
2. The entire process will be evaluated for timeliness, appropriateness, efficiency, and outcome.
3. Deficiencies will be noted, and methods for improvement implemented.
4. All code events will be reported to and reviewed by the physician advisory committee.

A-2c. Code Red (Fire)

(Facility Name)

POLICY AND PROCEDURE:

MANUALS: (Facility Name) Safety Manual (Facility Name) Policy & Procedures Manual	POLICY NO.: _____	
EFFECTIVE:	SUBJECT: CodeRed (Fire)	
REVIEWED:	DIVISION: (Facility Name)	
REVISED:	ISSUING DEPT.:	DISTRIBUTION: All _____ Departments
APPROVED DIRECTOR:	APPROVED DEPT. MANAGER:	
DATE:	DATE:	

PURPOSE:

To assure safe and expedient evacuation of clients, patients, and staff in the event of a fire

POLICY:

Clarify staff responses and maximize safety to persons and property during a fire emergency.

PROCEDURE:

1. When a fire is discovered:
 - A. Rescue client(s) from immediate danger.
 - B. Alarm – activate fire alarm at a pull station (dial 4100 or 0 and notify the front desk of exact location of the fire, i.e., laundry room behind the dryer).
 - C. Confine the fire by closing the door.
 - D. Extinguish only if possible to do so without danger to yourself or the client. (Evacuate if necessary.)
 - E. Use stairs, not elevators.
 - F. Close doors, and windows, and turn off fans in the area.
 - G. Know where the fire is.
 - H. A safe area is where you have at least one set of fire doors between fire and you.

-
- I. When a call is made to the front desk, the front desk staff will:
 - Announce “CODE Red” over the emergency paging system, and give the location 3x.
 - Call 9-9-1-1 and let the operator know that an alarm has sounded at *(Facility Name)* and the location of the alarm.
 - J. One representative from each area will respond with a fire extinguisher.
 - K. The on-call supervisor (MOD) will immediately respond to the scene and take charge of the situation.
 - L. If evacuation of the building is necessary, follow the evacuation procedure until an “all clear” is given.
2. If alarm sounds with no call to the front desk:
 - A. Front desk personnel will immediately check the fire alarm panel behind the front desk.
 - B. Once the area has been determined on the panel, announce “CODE RED” and the location over the emergency paging system 3x. Continue on with the regular procedure for fire. Go back to the START of procedure.

PERFORMANCE IMPROVEMENT:

1. Code events will be evaluated by the response team and the *(Facility Name)* manager/director.
2. The entire process will be evaluated for timeliness, appropriateness, efficiency, and outcome.
3. Deficiencies will be noted, and methods for improvement implemented.
4. All code events will be reported to and reviewed by the physician advisory committee.

A-2d. Code Strong (Out of Control Client/Patient)

(Facility Name)

POLICY AND PROCEDURE:

MANUALS: (Facility Name) Safety Manual (Facility Name) Policy & Procedures Manual	POLICY NO.: _____	
EFFECTIVE:	SUBJECT: Code Strong (Out of Control Client/Patient)	
REVIEWED:	DIVISION: (Facility Name)	
REVISED:	ISSUING DEPT.:	DISTRIBUTION: All _____ Departments
APPROVED DIRECTOR:	APPROVED DEPT. MANAGER:	
DATE:	DATE:	

PURPOSE:

To provide an organized approach when a Code Strong is initiated in response to an individual (patient, member, visitor, staff) demonstrating uncontrolled, unanticipated, severely aggressive, or violent behavior which presents an imminent danger to that individual, or others

POLICY:

The (Facility Name) goal is to utilize the least restrictive method of managing a Code Strong situation while respecting the individual's rights and promoting safety. Code Strong is initiated by any employee when an individual poses a threat or becomes a danger to self or others.

PROCEDURE:

1. Initiating the Response:
 - A. A call is made to the (Facility Name) front desk by dialing _____ and requesting Code Strong to a specific location. The operator notifies the on-call supervisor by overhead page.
 - B. The on-call supervisor will make Code Strong the highest priority and immediately respond to the location. The shift supervisor will summon other team members as needed.
 - C. The team leader will be identified out of the responders:
 - The team leader will obtain a history and make an assessment of the situation.

-
- The team leader will determine the initial approach to managing the situation and make appropriate assignments to the other team members.
 - The team leader will be the only one to communicate with the individual.
 - The team leader will direct the actions of the team.
- D. If/when law enforcement support is considered necessary, the on-call supervisor will designate someone to call the phone operator who, in turn, will notify the _____ Police Department to respond to the Code Strong location.
2. De-escalation (least restrictive):
- A. Any adverse stimulant to the situation will be removed and other environmental alterations made as necessary.
 - B. Verbal expression by the individual will be allowed/encouraged.
 - C. Limits will be set on any behaviors which may jeopardize the safety of the individual or others.
 - D. Talk-down techniques, such as reflective listening, bargaining, and diversion, will be implemented by the team leader to redirect emotion.
 - E. The individual will be redirected to a safer, more appropriate environment if indicated.
 - F. Standard self-defense maneuvers, such as deflection of physical contact, will be employed, as necessary, to manage physical contact by the individual involved in the Code Strong.
 - G. Alternative interventions (comfort, environmental, and social measures) will be offered as appropriate.
 - H. Staff/individual ratio should be 2:1 until the individual is stable or 911 assistance arrives.
 - I. The immediate environment is quieted and darkened as needed.
 - J. The staff/patient ratio should be 1:1 until the patient is stable.
 - K. Physician evaluation of the individual is performed within one hour of the onset of a behavioral health-management situation.
 - L. The behavioral health-management flow sheet is used for documentation, as long as the situation is identified as a behavioral-health scenario.

REPORT AND PERFORMANCE IMPROVEMENT:

1. The on-call supervisor is responsible for ensuring that the post-Code Strong evaluation is completed.
2. The form will be submitted to quality management services for review of appropriateness of response and opportunities for improvement.
3. If an employee sustains an injury, an employee Injury Report form is completed.
4. If a member or visitor sustains an injury, an Event Report is completed.
5. Critical incident stress debriefing (CISD) will be arranged as needed for the team members.
6. Performance improvement, using the Focus PDCA process, will be conducted on an ongoing basis. Improvement processes will seek to identify opportunities to reduce risks associated with behavior management.

TEAM TRAINING:

Designated team members are required to complete a comprehensive training to prepare for the specific roles and techniques utilized in a Code Strong response (all team members may potentially fill any role, including team leader). Participation in practice and updates will occur periodically thereafter.

A-2e. Code Black (Bomb Threat)

(Facility Name)

POLICY AND PROCEDURE:

MANUALS: (Facility Name) Safety Manual (Facility Name) Policy & Procedures Manual	POLICY NO.: _____	
EFFECTIVE:	SUBJECT: Code Black (Bomb Threat)	
REVIEWED:	DIVISION: (Facility Name)	
REVISED:	ISSUING DEPT.:	DISTRIBUTION: All _____ Departments
APPROVED DIRECTOR:	APPROVED DEPT. MANAGER:	
DATE:	DATE:	

PURPOSE:

To respond to a bomb threat

POLICY:

All staff will be familiar with Code Black procedure to ensure safe and expedient evacuation of patrons, patients and staff, and to assist with the location of the explosive device(s) when directed by the on-call supervisor.

PROCEDURE:

1. Person receiving the call/threat: Any (Facility Name) employee who receives a threat of an explosive device, either in person or over the telephone will observe the following procedure:
 - A. Remain calm and attempt to keep the person on the line or at the (Facility Name) without coercion.
 - B. Immediately notify nearby staff and note the exact time the call or threat is received.
 - C. Attempt to determine the location, description, and detonation time for the device from the perpetrator. Prolong the conversation, if possible, while evaluating the caller's voice and any background noises.

-
2. Nearby staff:
 - A. Pull, or have another employee, pull the nearest fire alarm.
 - B. Call, or have another employee immediately call the fire department (9-1-1-1) to report a bomb threat, NOT a fire.
 - C. Advise the dispatcher of the nature of the call and request law enforcement at the *(Facility Name)*.
 - D. Have the front desk page "Code Black" three times over the emergency paging system. Speak clearly and slowly so that the words may be easily understood. The front desk should ask the on-call supervisor to verify that all departments in the *(Facility Name)* have heard the page.
 - E. The on-call supervisor shall notify the _____ administrator on duty by calling _____ and having that individual paged. The on-call supervisor shall also immediately notify the *(Facility Name)* director.
 3. Other *(Facility Name)* staff:
 - A. Upon hearing a "Code Black" overhead page, all *(Facility Name)* staff will prepare to begin an immediate, but orderly evacuation of all patrons/patients.
 - B. *(Facility Name)* staff shall also evacuate as directed by the on-call staff.
 4. Evacuation:
 - A. Staff will instruct all patrons to leave the building in an orderly fashion through the exit(s), as advised by the on-call staff. Staff should not allow patrons/patients to return to locker rooms to gather personal belongings, but should evacuate with the expectation that they may not be returning.
 - B. Patrons/patients will be escorted by one or more staff designees to one of the following locations as determined by the on-call staff:
 - Northwest corner of the *(Facility Name)* north (main) parking lot. Those persons with car keys in possession may leave the premises.
 - _____
 - _____
 - *(Facility Name)* staff will relocate all children to _____, where they may be released to parents/guardians possessing proper identification.
 - Staff shall calmly and professionally reassure patrons/patients that the situation is under control.
 5. Bomb search procedure:
 - A. The on-call supervisor will assign persons, as needed, to conduct the search.
 - B. The _____ administrator and/or the *(Facility Name)* director, or in their absence, the on-call supervisor, shall assign staff and law enforcement personnel to begin the search operation. Search leaders should be designated, and persons with familiarity with specific areas should be assigned to search those areas. If the perpetrator has designated a particular location, that location should be placed under tight security until a thorough search of it has been made.
 - C. The search will include, but not be limited to areas such as trash cans, closet drawers, lockers, cabinets, and conspicuous areas. Staff should be particularly aware of suspicious objects such as boxes, backpacks, canisters, etc. that appear to be unattended.

-
- D. Suspicious objects shall be reported to the administrator, the (*Facility Name*) director, and/or the on-call supervisor who will then advise the commanding officer of the responding safety agency; police, fire, etc.
- E. If a suspicious object is found it shall not be touched or moved.
- F. Search leaders shall report the results of their search to the on-call supervisor.
6. Evaluating the caller:
- A. Ask the caller the following questions:
- When is the bomb set to explode?
 - Where did you place the bomb?
 - What does it look like?
 - What kind of bomb is it?
 - Why did you plant the bomb?
- B. Describe the caller's voice:
- Male___ Female___ Young___ Middle-Aged___ Elderly___
Excited___ Calm___ Accent___ Is the voice familiar? _____

PERFORMANCE IMPROVEMENT:

1. Code events will be evaluated by the response team and the (*Facility Name*) manager/director.
2. The entire process will be evaluated for timeliness, appropriateness, efficiency, and outcome.
3. Deficiencies will be noted, and methods for improvement implemented.
4. All code events will be reported to and reviewed by the physician advisory committee.

A-2f. Code Purple (Missing Infant/Child)

(Facility Name)

POLICY AND PROCEDURE:

MANUALS: (Facility Name) Safety Manual (Facility Name) Policy & Procedures Manual	POLICY NO.: _____	
EFFECTIVE:	SUBJECT: Code Purple (Missing Infant/Child)	
REVIEWED:	DIVISION: (Facility Name)	
REVISED:	ISSUING DEPT.:	DISTRIBUTION: All _____ Departments
APPROVED DIRECTOR:	APPROVED DEPT. MANAGER:	
DATE:	DATE:	

PURPOSE:

To provide a consistent procedure in the event of a missing infant/child

POLICY:

To attempt to protect infants/children who may be in imminent danger of abduction and to locate and protect those who may have become lost while on (Facility Name) property. The determination of a "CODE PURPLE" will be made by the (Facility Name) director or the on-call supervisor at the time of the incident. DEFINITION: A "CODE PURPLE" may exist when an infant/child is physically removed or is suspected of having been physically removed from the building by someone other than his/her legal guardian or when a child has become separated from his/her legal guardian and cannot be located by said guardian by reasonable search, of common areas, and has not responded to overhead paging.

PROCEDURE:

1. In the event of the determination, by a (Facility Name) staff person, of a missing infant/child, or the suspicion thereof:
 - A. The on-call supervisor will be notified immediately by the staff person or a designee that a "CODE PURPLE" may exist. The on-call supervisor will then respond immediately to the front desk, recognizing that TIME IS OF THE ESSENCE!
 - B. The front desk will page once on the general overhead and once on the emergency paging system for the missing child, (when age appropriate)

to report to the front desk. If no response occurs, the front desk will then, at the discretion of the On Call Supervisor:

- Call 911, staying on the line to provide pertinent information.
 - The on-call supervisor will direct the front desk to page "Code Purple," using the emergency paging system. The page will be announced three times, followed by a description of the missing child, including name, age, gender, and clothing description.
 - The on-call supervisor will notify the (*Facility Name*) director that a "CODE PURPLE" exists.
- C. Staff members will close all exits to the building. No children fitting the description of the "CODE PURPLE" in question, and no adult/s accompanied by children of said description will be allowed to leave the building until satisfactory identification has been obtained. Any discrepancies will be referred to the on-call supervisor. Staff members will attempt, using body positioning and/or dialogue to prevent the child in question or an adult accompanied by a child meeting the description of the "CODE PURPLE" from leaving the building. Staff members are to avoid injury to themselves or others at all costs.
- D. The on-call supervisor will act as contact person for law enforcement. The on-call supervisor will coordinate the search, when indicated, from the front desk.
- E. Other staff will search the building for the missing child, beginning in their respective departments, including, but not limited to, all rooms, laundry and utility rooms, washers and dryers, second floor rooms, patio, garbage cans, cupboards, and refrigerators.
- F. Each department will notify the on-call supervisor of the results of the search in the respective department.
- G. The on-call supervisor will contact social services/pastoral care to provide support for the parents.
- H. The front desk will announce "Code Purple all clear" over the emergency paging system at the appropriate time.
2. Staff response in other departments:
- A. Appropriate departments will secure entrances/exits/stairwells.
 - B. See step (E) above.
 - C. Pool staff will clear pools of all occupants and gather them in the area adjacent to the towel and blanket storage cabinet at the south exit until the announcement "Code Purple all clear" is given.
 - D. All staff will challenge/detain all persons with infants/children. See paragraph 2.F. Proof of identity will be required, and no one will be allowed to leave the building with an infant/child until proper identification is produced.
 - E. Staff will request to check backpacks, shopping bags, or other possible areas of concealment for persons exiting the building.
 - F. Security of exits will be maintained until "Code Purple all clear" is announced overhead.

-
3. If this is a witnessed abduction, the witness/staff person will:
 - A. Follow steps described in paragraphs 1. A through C.
 - B. Attempt to retrieve the infant/child from the abductor and return him/her to the front desk. Do not endanger yourself or the child in doing so. If the abductor leaves the facility, and staff is available, one staff person should follow the abductor at a safe distance and speed. Before doing so, the staff member must notify another staff member of his/her departure from the building. Take a cellular phone or two-way radio if available. Get a description of the abductor and the vehicle. Note the direction the vehicle's description, direction of travel, and license plate number if possible. Telephone the on-call supervisor with this information.

PERFORMANCE IMPROVEMENT:

1. Code events will be evaluated by the response team and the (*Facility Name*) manager/director.
2. The entire process will be evaluated for timeliness, appropriateness, efficiency, and outcome.
3. Deficiencies will be noted, and methods for improvement implemented.
4. All code events will be reported to and reviewed by the physician advisory committee.

Appendix A-3

AED & CPR Training Plan

AEDs and rescue equipment are only as effective as the people trained to use them. Quality training and continued responder practice are essential to AED and emergency response program success.

At a minimum, an AED program training plan should address the following:

- Selection of responders
- Initial training
- Recurring training

SELECTION OF RESPONDERS:

AED program responders come from all walks of life, and do not necessarily require any particular background. At a minimum, responders should have a desire to help others. Responders should be able-bodied, and capable of physically performing the skills of CPR and AED.

Carefully consider your Site Survey and select individuals who are likely to be regularly present and able to respond when an emergency arises. Consider all hours of operation of your organization, and different “shifts” of people that may be present. Some organizations require multiple groups of responders to be trained. Others require that all staff undergo CPR and AED training.

INITIAL TRAINING:

Most organizations conduct a training program for AED responders that teaches cardiopulmonary resuscitation (CPR) and AED use (e.g. Heartsaver AED or higher level). Additional modules, such as infant/child CPR, and first aid may be considered, depending on your organization’s needs. Completion of most training programs results in a #1 or #2 certification for responders. Some states require current certification as a condition of AED use.

There are a variety of training options for AED program responders, from a variety of sources. Most training courses are traditional instructor-led classes that are conducted at your organization. Where this is not practical, some self-guided

training programs may be used. Whenever possible, responders should have the opportunity to practice the use of the exact AED model owned by their organization.

Although a variety of organizations purport to offer CPR and AED training programs, American Heart Association training programs are widely regarded at the “gold standard” of emergency-care training. The American Heart Association is the scientific body that routinely reviews the science of resuscitation and sets the generally accepted professional standards for emergency cardiovascular care in the United States. Its training programs closely follow these guidelines and reflect the latest in resuscitation science.

RECURRING TRAINING:

Studies have shown that resuscitation skills decline precipitously in as little as six months. As with any skill, practice makes perfect. It is essential that responders practice skills regularly to remain proficient and confident in their skills. At a minimum, responders should repeat (or re-certify) their training every one to two years, as recommended by the training organization. Additionally, periodic skill refreshers, or response “drills”, are an effective way to keep responder skills sharp.

TRACKING & MAINTENANCE:

Most modern AEDs do not require frequent routine maintenance. Because care requirements can vary significantly from model to model, you should be sure to familiarize yourself with the manufacturer’s recommendations for the AED that you own, or intend to own.

PADS & BATTERIES:

Fortunately, most AEDs found in AED programs are not frequently used. Typically, an AED that is not regularly used will require replacement of its batteries and pads every few years. Defibrillator pads contain a water-based gel that will dry out over time, and render the pads unusable. Most pads have expiration dates indicated on them.

SELF-TESTING:

Most AEDs employ some degree of self-testing to regularly check the AED and detect common problems, such as a low battery. The AED may notify you to a problem with either audible or visual indicators.

TRACKING:

It is essential that items such as pads and batteries are kept current to ensure that the AED is ready for use. Some method of tracking the location of AEDs, the accessories with them, and the expiration of pads and batteries is essential. This may be accomplished in conjunction with a medical oversight program.

REGULAR INSPECTIONS:

Although most AEDs do not require much routine maintenance, a schedule of routine inspections should be conducted to ensure that the AED is present, in working order, pads and batteries are unexpired, and all accessories are present. Recommendations for inspection intervals vary by AED and by type of organization, but many AED programs inspect equipment on a monthly basis.

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Appendix A-4

Supplies in a Typical First Aid Kit

A typical Red Cross first aid kit for general business would include at least the following items:

- Visible blue bandages, 1" x 3" (25)
- Knuckle visible blue bandages, metal detectable (20)
- Fingertip visible blue bandages, metal detectable (20)
- Triangular sling/bandage, 40" x 40" x 56" (1)
- Conforming gauze roll, 2" (1)
- Gauze dressing pads, 3" x 3" (10)
- Trauma pad, 5" x 9" (1)
- Cloth first aid tape roll, 1 inch x 5 yards (1)
- Antiseptic cleansing wipes, sting-free (10)
- Burn relief packs, 3.5 g each (6)
- First aid burn cream packs, 0.9 g each (10)
- Scissors (1 pair)
- Stainless steel tweezers (1 pair)
- Latex-free vinyl gloves (1 pair)
- American Red Cross Emergency First Aid Guide



Appendix A-5

Sample Safety-Inspection Program

Formal periodic standardized safety inspections are an important part of an accident-prevention program. Safety inspections are a formal review of the work environment, conducted to identify physical conditions or employee actions that may result in employee or member injuries. The desired result is to make changes in the work environment or employee behavior prior to an accident occurring.

The inspection process provides a means to review the work process performed by the employees to determine if the workers are effectively following the safety requirements of their work. Inspections are performed to assist in the effective control of loss producing activity. The more likelihood of a severe injury occurring or probability of a high frequency of minor injuries occurring would require a higher frequency of inspection. When the inspection process identifies substandard items, corrective action must be forthcoming, or the credibility of the safety effort may come into question.

Inspections allow for the general review of operations to determine the effectiveness of the overall safety program. High numbers of substandard conditions or practices may be symptomatic of the need for management action.

FREQUENCY:

1. Department inspections will be performed on a monthly basis in each department, location. These inspections will be documented using the attached inspection report. All monthly inspections must be completed and returned to the operations manager by the 15th of each month.
2. Facility inspections will be performed on a quarterly basis by the operations manager. These inspections will be documented using the attached inspection report.

COMPLIANCE:

1. It is the responsibility of the facility staff to submit work order requests. Copies of the request are to be maintained by the operations manager.
2. Any repeated non-compliance safety issue will be addressed by the operations manager for methods to make the facility compliant.
3. The goal of the inspection and audit process is to provide a safe environment while administrating accountability.

Center Manager's Monthly Safety Inspection

Location: _____

Month: _____ Date Submitted: _____

Have all employees received their safety orientation?	Yes	No	n/a
Did all new employees receive a safety orientation as part of the new hire process?	Yes	No	n/a
Were all daily safety audits completed?	Yes	No	n/a
Were all unsafe conditions corrected at the time?	Yes	No	n/a
Were all weekly safety audits completed?	Yes	No	n/a
Were all unsafe conditions corrected at the time?	Yes	No	n/a
Were there any member injuries this month?	Yes	No	n/a
If yes, were the event-report forms completed?	Yes	No	n/a
Are code drills preformed monthly?	Yes	No	n/a

How many employees did you personally speak to this month regarding safety issues? _____

Please list their names below:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Monthly Facility Safety Inspection

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

General Safety

Have all employees received general safety training
(fire, earthquake, VDT's, lifting, emergency evacuation, etc)?

Yes	No	n/a
-----	----	-----

Are all employees familiar with the use of the MSDS?

Yes	No	n/a
-----	----	-----

Have all employees received proper training in how to operate the
equipment they are required to use?

Yes	No	n/a
-----	----	-----

Have all employees been trained in how to protect themselves from the hazards
identified in their work area?

Yes	No	n/a
-----	----	-----

Are the OSHA information poster, the workmen's compensation bulletin, and
other mandated signs posted?

Yes	No	n/a
-----	----	-----

Are glass doors and partitions marked at eye level and in good condition?

Yes	No	n/a
-----	----	-----

Are alarm systems working properly and is access restricted?

Yes	No	n/a
-----	----	-----

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

Fitness Area

Are stairs, ramps, floors, and aisles clean and free of obstructions?	Yes	No	n/a
Are floors free of defects and other tripping hazards?	Yes	No	n/a
Are equipment and materials placed in racks or otherwise stored safely?	Yes	No	n/a
Is supervision present when necessary and is properly trained?	Yes	No	n/a
Are the floors free from loose threshold plates, loose tiles, open carpet seams, buckles, and other tripping hazards?	Yes	No	n/a
Is equipment inspected to assure it remains in good condition free from metal fatigue, fabric damage or breaks and similar defects that may compromise equipment?	Yes	No	n/a
Are weights stacked appropriately?	Yes	No	n/a
Are mirrors clean & free of cracks?	Yes	No	n/a
Is an emergency light source provided?	Yes	No	n/a
Is the AED in good working order?	Yes	No	n/a

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

Building & Grounds

Are exterior walkways and parking lots are free of tripping hazards?	Yes	No	n/a
Are stairways, parking areas, sidewalks, and yards well lit and free of obstructions?	Yes	No	n/a
Are curb edges clearly identified by means of contrasting colors?	Yes	No	n/a
Are grounds free of debris and litter?	Yes	No	n/a
Are the sprinkler heads positioned so that they do not present a tripping hazard?	Yes	No	n/a
Are hazardous areas properly posted?	Yes	No	n/a
Are trees and shrubs properly trimmed?	Yes	No	n/a
Is the fencing in good repair with no sharp projections?	Yes	No	n/a
Are entrances—all doors, steps, carpets/mats, & runners—in good condition?	Yes	No	n/a
Are electrical outlets & fuse boxes properly secured, labeled & grounded?	Yes	No	n/a
Are all emergence lights in good working order tested monthly?	Yes	No	n/a
Are all exterior lights in good working order?	Yes	No	n/a

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

Office & Break Rooms

Are floors free of defects and other tripping hazards?	Yes	No	n/a
Are chairs, equipment and materials placed/stored in racks or otherwise stored safely?	Yes	No	n/a
Is lost property in a secure location?	Yes	No	n/a
Are memorandums and bulletins posted and available to staff?	Yes	No	n/a
Is the area clean and properly maintained?	Yes	No	n/a
Are appliances operational and free of water and other hazards?	Yes	No	n/a
Is the doorway free of clutter?	Yes	No	n/a
Is material stored properly?	Yes	No	n/a
Is the entrance signed for staff use only?	Yes	No	n/a
Is an emergency light source provided?	Yes	No	n/a

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

Locker Rooms

Are floor mats free of defects and other tripping hazards?	Yes	No	n/a
Are floors in good repair and not slippery?	Yes	No	n/a
Are mirrors & tiles clean and free of chips & cracks?	Yes	No	n/a
Is the locker room clean and orderly?	Yes	No	n/a
Are benches & lockers clean and free of hazards?	Yes	No	n/a
Are toilets & showers clean and free of hazards?	Yes	No	n/a
Is an emergency light source provided?	Yes	No	n/a

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

Steam/Sauna Rooms

Are floors free of defects and other tripping hazards?	Yes	No	n/a
Are floors in good repair and not slippery?	Yes	No	n/a
Are tiles clean and free of chips & cracks?	Yes	No	n/a
Are temperature standards being followed?	Yes	No	n/a
Are benches secure and free of hazards?	Yes	No	n/a
Are heat elements labeled as high temperature?	Yes	No	n/a
Are signs dictating rules of use posted?	Yes	No	n/a
Are all lights in working?	Yes	No	n/a
Is an emergency light source provided?	Yes	No	n/a

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

Aquatics/Pool Area

Is the area properly signed?	Yes	No	n/a
Are aquatics rescue equipment and materials placed in racks or otherwise stored safely and readily available in emergency?	Yes	No	n/a
Is supervision properly trained and present when necessary?	Yes	No	n/a
Are pool decks in good repair, free of hazards, clean, and with no standing water?	Yes	No	n/a
Is furniture clean, free of damage, and stored properly?	Yes	No	n/a
Are water quality tests performed?	Yes	No	n/a
Are pool chemical areas properly ventilated & secure?	Yes	No	n/a
Are chemical areas equipped with eyewash stations and properly maintained?	Yes	No	n/a
Are emergency exits "entrance-secured" and operational?	Yes	No	n/a
Is an emergency light source provided?	Yes	No	n/a

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

Basketball/Racquetball Courts & Studios

Are floors free of defects and other tripping hazards?	Yes	No	n/a
Are materials and equipment placed in or on racks or otherwise stored safely?	Yes	No	n/a
Are exit routes clearly identified, marked and illuminated by a reliable light source?	Yes	No	n/a
Is the area properly supervised during programs and activity times?	Yes	No	n/a
Is an emergency light source provided?	Yes	No	n/a
Are storage rooms closed and locked?	Yes	No	n/a
Are all safety nets in good condition?	Yes	No	n/a

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

Conference Rooms

Are floors free of defects and other tripping hazards?	Yes	No	n/a
Are chairs, equipment, and materials placed in racks or otherwise stored safely?	Yes	No	n/a
Are tables and chairs and in good condition?	Yes	No	n/a
Are exit routes clearly identified, marked, and illuminated by a reliable light source?	Yes	No	n/a
Are appropriate set-up procedures posted?	Yes	No	n/a
Is an emergency light source provided?	Yes	No	n/a

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

Climbing Structure

Are harnesses properly maintained?	Yes	No	n/a
Are shoes properly maintained?	Yes	No	n/a
Do carabineers lock properly?	Yes	No	n/a
Are all Grigri's in good working condition?	Yes	No	n/a
Are space requirements being maintained in the "fall area"?	Yes	No	n/a
Are holds and the wall clean and secure?	Yes	No	n/a
Are storage cabinets closed and locked?	Yes	No	n/a
Are staff able to observe the wall during their performance of duties?	Yes	No	n/a
Are members being trained on safety and proper use of the wall and equipment?	Yes	No	n/a
Are liability waivers being filed prior to use?	Yes	No	n/a
Are staff trained to inspect equipment and use of the wall?	Yes	No	n/a

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

Tyke Town

Do staff verify parents and children during check-in & out and are the child sign-in logs accurate & properly maintained? Yes No n/a

Do all electrical outlets have protective coverings? Yes No n/a

Are surface (floors, walls, tables etc.) areas and rooms clean and free of hazards (scissors, sharp objects, cords etc.)? Yes No n/a

Are all activity areas and bathrooms orderly, well lit, and clean? Yes No n/a

Are fire panic alarms secured with safety covers? Yes No n/a

Are all trash and/or diaper receptacles emptied regularly? Yes No n/a

Are children constantly monitor/supervised in a manageable ratio? Yes No n/a

Are both indoor and outdoor play structures sturdy, in proper working order, and properly maintained? Yes No n/a

Are toys stored safely off the floor and properly kept clean and in good condition? Yes No n/a

Are entrance/exit doors secure, properly alarmed and tested? Yes No n/a

Is an emergency light source provided? Yes No n/a

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

S.P.A.R.K. Zone

Do staff verify children during check-in & out and are the child sign-in logs accurate & properly maintained? Yes No n/a

Are surface (floors, walls, tables etc.) areas and rooms clean and free of hazards (scissors, sharp objects, cords etc.)? Yes No n/a

Are all activity areas and bathrooms orderly, well lit, and clean? Yes No n/a

Are all trash receptacles emptied regularly? Yes No n/a

Are children constantly monitor/supervised in a manageable ratio? Yes No n/a

Are toys and games stored safely off the floor and properly kept clean and in good condition? Yes No n/a

Is an emergency light source provided? Yes No n/a

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

Tennis Courts

Are courts free of defects and other tripping hazards?	Yes	No	n/a
Are courts clean and well lit?	Yes	No	n/a
Are all trash receptacles emptied regularly?	Yes	No	n/a
Are tennis nets in good condition?	Yes	No	n/a
Are court divider nets in good condition?	Yes	No	n/a
Are tables and chairs and in good condition?	Yes	No	n/a
Is an emergency light source provided?	Yes	No	n/a
Is equipment stored safely off the floor and properly kept clean and in good condition?	Yes	No	n/a
Is the ball machine in good working condition?	Yes	No	n/a
Are all backstop nets in good condition?	Yes	No	n/a

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

Hazardous Materials & Chemical Storage

Are all chemicals used in the area stored in safe containers, inaccessible to members?	Yes	No	n/a
Are chemical storage areas secure and well lit?	Yes	No	n/a
Are chemical containers clearly and accurately labeled?	Yes	No	n/a
Are chemical disposal procedures being followed and enforced?	Yes	No	n/a
Are MSDS information sheets current?	Yes	No	n/a
Is hazardous material information/MSDS readily available?	Yes	No	n/a
Are staff being trained on and properly understand MSDS content sheets?	Yes	No	n/a

Score = Number of YES Responses x 1

Monthly Facility Safety Inspection *continued*

Facility: _____

Date: _____ Time: _____

Auditor: _____ Title: _____ Score: _____

Emergency & Fire Safety

Are exit routes clearly identified, marked, and illuminated by a reliable light source?	Yes	No	n/a
Are emergency exit signs lit and tested monthly?	Yes	No	n/a
Are there at least two exits provided from building interiors?	Yes	No	n/a
Do the exit doors swing in the direction of exit travel?	Yes	No	n/a
Is an emergency light source provided and tested monthly?	Yes	No	n/a
Are ceilings and wall surfaces on escape routes kept free from combustible, decorative, or functional materials?	Yes	No	n/a
Are fire extinguishers present, readily accessible, and operational (properly serviced & tagged) checked monthly?	Yes	No	n/a
Are fire extinguishers properly secured & mounted?	Yes	No	n/a
Are fire extinguishers mounted in such a manner that the top of the extinguisher is not more than 5' above the floor?	Yes	No	n/a
Are first-aid kits adequate for facility and properly maintained with supplies?	Yes	No	n/a
Are first-aid kits readily available?	Yes	No	n/a
Are fire-exit alarms operational?	Yes	No	n/a

Score = Number of YES Responses x 1

Monthly Safety Inspection Recap

Facility: _____

Month: _____

Section	Description	Score
1	General Safety	_____
2	Fitness Area	_____
3	Building & Grounds	_____
4	Office & Break Rooms	_____
5	Locker Rooms	_____
6	Steam/Sauna Rooms	_____
7	Aquatics/Pool Area	_____
8	Basketball/Racquet Ball Courts & Studios	_____
9	Conference Rooms	_____
10	Climbing Structure	_____
11	Tyke Town	_____
12	S.P.A.R.K. Zone	_____
13	Tennis	_____
14	Hazardous Materials & Chemical Storage	_____
15	Emergency & Fire Safety	_____

Total Monthly Audit Score: _____ *Total possible 136*

Deficiencies and Corrective Action

List any problems found and corrective action taken:

Appendix A-6

Sample Job Descriptions

- Facility Director/General Manager
- Medical Director
- Fitness Manager/Director/Supervisor
- Fitness Instructor
- Personal Trainer
- Aquatics Director
- Aquatics Staff (Lifeguard)
- Group-Exercise Coordinator/Director
- Group-Exercise Instructor
- Front-Desk Receptionist
- Supervisor on Duty (SOD)

A-6a. Position Title: Facility Director/General Manager

Position Summary:

The general manager is accountable for the overall financial and operational success of the facility. The general manager is responsible for the recruitment, selection, and development of the employee team, and the leadership of that team in a manner that will drive achievement of the facility's annual business plan and budgetary goals.

Essential Accountabilities & Functions:

- To be accountable for the development of the facility's annual business plan and budget (operational and capital), along with monitoring actual performance to ensure achievement of the business plan and budget targets
- To be accountable for the selection and development of the facility's employee team and providing an environment that ensures that the employees work as a team in achieving the facility's goals
- To be accountable for fostering an environment that embraces the culture of the facility and creates personalized experiences for each user
- To be accountable for overseeing the daily operations of the facility
- To be accountable for the facility's quality-management program

Specific Job Accountabilities:

- Develop the annual business plan and associated capital and operational budgets.
- Oversee the financial activities of the facility in a manner that will bring about achievement of the facility's financial goals, including driving revenues, managing expenses, and achieving bottom-line performance numbers.
- Recruit, select, develop, educate, and lead the employee team, including conducting regular meetings for the staff and performing regular (e.g., annual) performance reviews on all direct reports, per organizational policy.
- Serve as the facility's public-relations voice by getting involved in the local community, including serving on local boards and committees, speaking to community groups, and supporting community-based healthcare activities.
- Oversee the day-to-day operations of the facility, including opening and closing of the facility, as may be needed.
- Maximize the safety of all facility users by overseeing the facility's safety and emergency-response programs. Ensure that all staff maintain current training for safety and emergency response.
- Oversee all activities of the facility's quality-management and performance-improvement programs.
- Serve as a role model for the employees, including performing any necessary job responsibilities, as may be required to ensure that the facility delivers upon its MFA commitment to excellence.

Reporting Relationships:

- Reports to: Owner or corporate administrator
- Directly supervises: All department heads
- Indirectly supervises: All frontline staff

Work Experience:

- Minimum of three year's experience in a supervisory role within the medical fitness or health/wellness industry
- Minimum of one year's experience as a fitness center or medical fitness center manager

Education:

- College degree in health/wellness, fitness, or a related field, or an MBA

Certification/License:

- Certification from a NCCA-accredited health/fitness certification organization preferred, but not required
- AED/CPR certification

*Adapted from Stephen J. Tharrett and James A. Peterson. *Fitness Management* (3rd Edition). Monterey, CA: Healthy Learning; 2012.

A-6b. Position Title: Medical Director

Position Summary:

The medical director is responsible for providing medical guidance to the facility and its associated departments and program offerings.

Essential Accountabilities & Functions:

- To provide medical guidance for the facility and associated departments and programs
- To be responsible for reviewing and approving patient-care policies, procedures, and patient-care standards and all emergency-response policies and procedures
- To serve as a physician leader in assuring high clinical standards in facility departments and/or programs through participation in standard-of-care reviews and process-improvement activities
- To chair the physician (or medical) advisory committee

Specific Job Accountabilities:

- Provide guidance and direction to the facility to foster stronger relations with the community, including recommending patient and client satisfaction measurements in the delivery of clinical services and programs.
- Cooperate with the facility in the effective management of the facility.
- Serve as a liaison between the facility and the medical staff of the hospital(s) with which the facility has a cooperative relationship.
- Participate in the development of the facility's strategic plan and associated operating and capital budgets.
- Assist in preparing for and responding to surveys, inspections, and reviews by accrediting, licensing, and regulatory entities.
- Serve as an educational resource within the facility by participating in lectures, presentations, recommending guest speakers, and conducting staff training on specific topics.

Reporting Relationships:

- Reports to: The director/general manager of the facility
- Indirectly reports to: N/A
- Directly supervises: N/A
- Indirectly supervises: N/A

Work Experience:

- Minimum of two years post-residency experience in a hospital or clinical setting

Education:

- Medical degree from an accredited program

Certification/License:

- Licensure by state medical board

*Adapted from Stephen J. Tharrett and James A. Peterson. *Fitness Management* (3rd Edition). Monterey, CA: Healthy Learning; 2012.

A-6c. Position Title: Fitness Manager/Director/Supervisor

Position Summary:

The fitness manager/director is accountable for the facility's fitness and group exercise programs and, in particular, for achieving the budgeted financial performance of the fitness department.

Essential Accountabilities & Functions:

- To oversee the development of the annual business plan and financial targets for the fitness department, along with monitoring actual financial performance of key revenue and expense areas to help ensure achievement of the business plan and financial-plan targets
- To be accountable for the recruitment, selection, and development of the facility's fitness and group-exercise staff and for insuring that the employees work as a team in achieving the department's and facility's goals
- To be accountable for ensuring scientifically and medically sound fitness programming
- To be accountable for providing a safe environment for all facility users and staff
- To respond to all emergency situations per facility policy and procedures
- To be accountable for fostering a fitness environment that leads to user satisfaction
- To be accountable for making sure that every user who is on the fitness floor is served in a manner that ensures them of a memorable experience in the facility
- To be accountable for the overall condition and cleanliness of the fitness and exercise equipment and areas in the facility

Specific Job Accountabilities:

- Develop the department's annual business plan and financial targets.
- Manage the daily, weekly, and monthly revenue activities of the department, so as to enable the facility to achieve its fitness-revenue target objectives.
- Oversee the financial activities of the department in a manner that will bring about achievement of the department's financial goals, including driving revenues and managing department expenses.
- Oversee and monitor new user screenings and orientations and directing users into activities that will engage them in a long-term fitness program. This step includes daily, weekly, monthly, and YTD monitoring.
- Recruit, select, develop, educate, and lead the fitness and group-exercise team, including conducting regular meetings, providing continuing-education activities, and performing regular (e.g., annual) performance reviews on all direct reports.
- Establish relationships with the users by engaging these individuals with a service attitude while they are on the fitness floor.

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- Oversee the care of the fitness areas, including inspecting the equipment, making sure the proper preventative maintenance for equipment is addressed, replacing and updating equipment, as needed, and otherwise ensuring that the fitness area is clean, well-maintained, and safe for the users.
 - Oversee the day-to-day operations of the department, including completing all necessary administrative functions required by the facility.
 - Serve as a role model for the fitness staff, including performing any necessary job responsibilities as may be required to ensure that the facility delivers upon its MFA commitment to excellence.

Reporting Relationships:

- Reports to: Facility's director/general manager
- Indirectly reports to: N/A
- Directly supervises: Fitness instructors, personal trainers, and group-exercise staff
- Indirectly supervises: Housecleaning staff

Work Experience:

- Minimum of one year's experience in a supervisory role within the fitness industry
- Minimum of three year's experience as a personal trainer or fitness instructor

Education:

- Bachelor's degree in exercise science, fitness, health, kinesiology, or recreation
- Master's degree/graduate work in fitness or a related field preferred

Certification/License:

- Certification as a personal trainer, fitness instructor, or conditioning specialist from a NCCA-accredited certification organization (e.g., ACE, ACSM, NASM, NSCA)
- Secondary certification in a fitness specialty area preferred, but not required
- AED/CPR certification

*Adapted from Stephen J. Tharrett and James A. Peterson. *Fitness Management* (3rd Edition). Monterey, CA: Healthy Learning; 2012.

A-6d. Position Title: Fitness Instructor

Position Summary:

The position of fitness instructor is responsible for providing a safe and effective exercise environment for facility users by supervising individual exercise programs, educating the individuals who are exercising, and establishing a personalized program of exercise for each user.

Essential Accountabilities & Functions:

- To provide supervision of the exercise and fitness areas of the facility, including assisting users with their exercise and fitness program
- To evaluate each user's fitness needs and provide the appropriate exercise program for meeting those needs, including providing personal instruction if necessary
- To connect users to other users through ongoing contact with the individuals and the promotion of the facility's activities

Specific Job Accountabilities:

- Conduct new user fitness assessments and/or orientations in accordance with facility standards.
- Provide fitness floor supervision, including connecting with each user on the fitness floor.
- Create personalized exercise/fitness programs for users, including providing personal coaching and education of each individual.
- Ensure that all exercise areas and equipment are in safe and effective working condition, including a level of cleanliness that is maintained to facility standards.
- Assist with any required job activity of the department, as may be needed, so as to ensure users are always served in accordance with the facility's overall service philosophy.
- Conduct oneself at all times in a manner of professionalism that aligns with the values, philosophies, and standards of the facility.
- Attend all scheduled employee meetings.
- Respond to all emergency situations according to facility policy and procedures.

Reporting Relationships:

- Reports to: Fitness director
- Directly supervises: N/A
- Indirectly supervises: N/A

Work Experience:

- Minimum of one year's experience in the medical fitness or health/wellness industry preferred

Education:

- College certificate or associate's degree in exercise science, health/wellness, fitness, recreation, or a related field; bachelor's degree preferred

Certification/License:

- Certification from a NCCA-accredited fitness organization, such as ACSM, ACE, NSCA, NASM, etc.
- Certification in AED/CPR

*Adapted from Stephen J. Tharrett and James A. Peterson. *Fitness Management* (3rd Edition). Monterey, CA: Healthy Learning; 2012.

A-6e. Position Title: Personal Trainer

Position Summary:

The personal trainer is responsible for providing users of the facility with a personalized fitness and healthy lifestyle program, which includes assessment of their fitness needs and then prescribing an exercise/lifestyle plan that will assist the users in achieving their goals.

Essential Accountabilities & Functions:

- To greet each user and guest who enters the fitness floor with an engaging and enthusiastic attitude and ensure that they get to know that individual by name
- To provide users with a personalized fitness program, including the development of the fitness program, instruction in the execution of the program, and supporting the users in adhering to the prescribed program
- To achieve monthly personal training and related revenue program targets, as established by the facility
- To provide support in properly maintaining and cleaning the fitness equipment and fitness floor
- To maximize the safety of each user by assisting in appropriate fitness area/equipment instruction/supervision and appropriate exercise program development, based on each individual's health and fitness condition

Specific Job Accountabilities:

- Greet each user and guest by name when they are on the fitness floor, including establishing a relationship with each individual you greeted.
- Conduct new user assessments and orientations.
- Promote the facility's personal training and related fitness services to users and guests.
- Provide personal training and any related personal instruction for users and guests appropriate to each individual's health and fitness status.
- Assist in facilitating personal contact between users when they are on the exercise floor.
- Assist with the preventative maintenance and cleaning of the fitness equipment.
- Assist with the cleaning and care of the fitness area.
- Willingly step in and assist with other facility service responsibilities, including teaching group-fitness classes, as may be required to ensure that the facility delivers upon its MFA commitment to excellence.

Reporting Relationships:

- Reports to: Personal-training supervisor and/or fitness manager/ director
- Indirectly reports to: Fitness director

Work Experience:

- Minimum of one year's experience as a personal trainer and/or fitness instructor preferred.

Education:

- College certificate or associate's degree; bachelor's degree in exercise science or related field preferred.

Certification/License:

- Certification as a fitness instructor and/or personal trainer from a NCAA-accredited organization, such as ACE, ACSM, NASM, NSCA, etc.
- Successful completion of the facility's internal training requirements within 90 days of employment
- Level-two personal trainers must show evidence of having earned a second nationally accredited fitness certification
- AED/CPR certification

*Adapted from Stephen J. Tharrett and James A. Peterson. *Fitness Management* (3rd Edition). Monterey, CA: Healthy Learning; 2012.

A-6f. Position Title: Aquatics Director

Position Summary:

The aquatics director is accountable for the programs and activities conducted in the facility's aquatics and pool areas and, also, for helping ensure that the budgeted financial performance of the aquatics department is achieved.

Essential Accountabilities & Functions:

- To oversee the development of the annual business plan and financial targets for the aquatics department, along with monitoring actual financial performance of key revenue and expense areas to ensure achievement of the business plan and financial-plan targets
- To be accountable for the recruitment, selection, and development of the aquatics and pool area staff and for insuring that the employees work as a team in achieving the department's and facility's goals
- To oversees departmental staff scheduling
- To be accountable for fostering an aquatics environment that maximizes safety and leads to user satisfaction
- To be accountable for making sure that every user who is in the aquatics and pool areas is served in a manner that ensures that individual of having a memorable experience in the facility
- To be accountable for the overall condition and cleanliness of the aquatics and pool equipment and areas in the facility

Specific Job Accountabilities:

- Develop the department's annual business plan and financial targets.
- Manage the daily, weekly, and monthly revenue and operational activities of the department, so as to enable the facility to achieve its aquatics performance and revenue targets.
- Maintain written policy/procedure manual for the aquatics area(s).
- Recruit, select, develop, educate, and lead the team of aquatics and pool employees, including conducting regular meetings, providing continuing education activities, and performing regular (e.g., annual) performance reviews on all direct reports.
- Ensure that all aquatics staff are appropriately trained and provided with regular practice for responding to water-related emergencies according to facility policy and procedures.
- Establish relationships with users by engaging them with a service attitude while they are in the aquatics and pool areas.
- Oversee proper maintenance and monitoring of the pool environment to ensure that it meets all required local health codes and user needs, a factor that includes monitoring and balancing water chemistry, monitoring and maintaining pool temperature, and monitoring and maintaining the cleanliness of the pool.

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- Oversee the care of the aquatics areas, including inspecting the equipment, making sure the proper preventative maintenance for equipment is addressed, replacing and updating equipment, as needed, and otherwise ensuring that the aquatics and pool areas are clean, well-maintained, and safe for the users, including filter-room equipment, heaters, and pool surfaces.
 - Oversee the day-to-day operations of the department, including completing all necessary administrative functions required by the facility.
 - Serve as a role model for the aquatics and pool staff, including performing any necessary job responsibilities as may be required to ensure that the facility delivers upon its MFA commitment to excellence.

Reporting Relationships:

- Reports to: The director/general manager of the facility
- Indirectly reports to: Fitness director
- Directly supervises: Aquatics instructors, lifeguards, and pool-related, group-exercise staff
- Indirectly supervises: N/A

Work Experience:

- Minimum of one year's experience in a supervisory role within the health/fitness or aquatics industry
- Minimum of three year's experience as a lifeguard or WSI instructor preferred

Education:

- College certificate or associate's degree in exercise science, aquatics, health, kinesiology, or recreation; bachelor's or higher degree preferred

Certification/License:

- Current YMCA, Red Cross, or other nationally recognized aquatics certification, certification as an aquatics facility operator, and/or water safety instructor
- Certified pool operator (CPO)
- Advanced life-saving and/or Red Cross lifeguard certification
- AED/CPR certification

*Adapted from Stephen J. Tharrett and James A. Peterson. *Fitness Management* (3rd Edition). Monterey, CA: Healthy Learning; 2012.

A-6g. Position Title: Aquatics Staff (Lifeguard)

Position Summary:

The position of lifeguard exists to provide users and guests with a safe and enjoyable aquatics environment.

Essential Accountabilities & Functions:

- To provide a clean, well-maintained, and safe aquatics environment in compliance with both facility and local public health department standards
- To provide users with a safe and enjoyable experience within the context of the aquatics environment
- To help connect users to other users through ongoing contact with the users and the promotion of facility activities

Specific Job Accountabilities:

- Provide a welcoming greeting to users/guests when they enter the aquatics area.
- Monitor user activity within the aquatics environment to ensure a safe aquatics environment at all times.
- Assists supervisor with monitoring the pool environment to ensure that it meets all required local health codes and user needs, a responsibility that may include monitoring and balancing water chemistry, monitoring and maintaining pool temperature, and monitoring and maintaining the cleanliness of the pool.
- Assist with the maintenance of a clean and safe pool environment through proper cleaning and preventative maintenance of aquatics equipment, filter room equipment, heaters, and pool surfaces per organizational policy/procedures.
- Administer aquatics services, as set forth by the facility, including teaching swim lessons, supervising group-swim activities, and helping with other aquatics program activities.
- Assist with any required job activity of the department, as may be needed, so as to ensure users are always served in accordance with the facility's overall service philosophy.
- Behave at all times in a manner of professionalism that aligns with the values, philosophies, and standards of the facility.
- Attend all scheduled employee meetings.
- Perform other facility -related duties, as may be needed to ensure the satisfaction and enjoyment of the users.

Reporting Relationships:

- Reports to: Aquatics director/supervisor
- Directly supervises: N/A
- Indirectly supervises: N/A

Work Experience:

- Minimum of three month's work experience as a lifeguard preferred

Education:

- High school diploma or equivalent preferred, but not required

Certification/License:

- Certification in life saving and/or water safety from the American Red Cross or other recognized agency
- Certification in AED/CPR

*Adapted from Stephen J. Tharrett and James A. Peterson. *Fitness Management* (3rd Edition). Monterey, CA: Healthy Learning; 2012.

A-6h. Position Title: Group-Exercise Coordinator/Director

Position Summary:

The group-exercise coordinator is responsible for supervising the facility's group-exercise program, including leading and instructing the various group-exercise classes offered to the users and guests of the facility.

Essential Accountabilities & Functions:

- To ensure that the facility offers a dynamic, state-of-the-art group-exercise program that attracts high user participation
- To select, develop, and supervise the group-exercise staff, with input from facility management
- To ensure that classes are well received by the user of the facility
- To ensure that each user and guest who enters the group-exercise studio is greeted with a positive attitude and that group-exercise instructors get to know each individual by name
- To provide users with an entertaining, effective, and safe group-exercise experience whenever they participate in a class
- To provide support in properly maintaining the group-exercise studio

Specific Job Accountabilities:

- Oversee the development of the facility's group-exercise program, including developing the class schedule and format, monitoring class attendance, and recommending programs that will enhance the overall experience of individuals in the group-exercise program.
- Recruit, develop, and supervise the group-exercise staff, including overseeing all new instructor orientations, performing regular (e.g., annual) performance assessments, and making sure all classes have an instructor.
- Greet each user and guest by name when they enter and leave the group-exercise classroom.
- Come to the class at least 10 minutes in advance, prepared to provide an entertaining, effective, and safe group-exercise program for the participants.
- Promote the facility's services to users and guests.
- Assist in facilitating personal contact between users when they are in the classroom.
- Assist with the organization and preventative maintenance of the group-exercise equipment and the classroom.
- Willingly step in and assist with other facility service responsibilities, as may be required to ensure that the facility delivers upon its MFA commitment to excellence.

Reporting Relationships:

- Reports to: Fitness supervisor/director and/or facility director/ general manager
- Indirectly reports to: Facility director/general manager

Work Experience:

- Minimum of three year's experience as a group-exercise instructor preferred
- Minimum of one year's experience in developing or overseeing a group-exercise program
- Teaching experience, which should include classes similar to those to be instructed at the facility

Education:

- College certificate or associate's degree in fitness/exercise science or related field; bachelor's degree preferred

Certification/License:

- Current NCCA-accredited certification as a group-exercise instructor or leader
- If instructing classes in yoga, Pilates, spinning, or related specialty class, must have either a nationally recognized certification in that specialty area or evidence of training in that specialty area
- AED/CPR certification

*Adapted from Stephen J. Tharrett and James A. Peterson. *Fitness Management* (3rd Edition). Monterey, CA: Healthy Learning; 2012.

A-6i. Position Title: Group-Exercise Instructor

Position Summary:

The group-fitness instructor is responsible for leading and instructing the various group-exercise classes offered to the users and guests of the facility.

Essential Accountabilities & Functions:

- To greet each user and guest who enters the group-exercise area with an enthusiastic attitude and ensure that they get to know that individual by name
- To provide users with an entertaining, effective, and safe group-exercise experience whenever they participate in a class
- To provide support in properly maintaining the group-exercise classroom

Specific Job Accountabilities:

- Greet each user and guest by name when they enter and leave the group-exercise classroom.
- Come to the class at least 10 minutes in advance, prepared to provide an entertaining, effective, and safe group-exercise program for the participants.
- Promote the facility's services to users and guests.
- Assist in facilitating personal contact between users when they are in the classroom.
- Assist with the organization and preventative maintenance of the group-exercise equipment and studio.
- Willingly step in and assist with other facility service responsibilities, as may be required to ensure that the facility delivers upon its MFA commitment to excellence.

Reporting Relationships:

- Reports to: Group-exercise coordinator/director
- Indirectly reports to: Fitness supervisor/director

Work Experience:

- Minimum of one year's experience or 200 hours as a group-exercise instructor preferred
- Teaching experience must include classes similar to those to be instructed at the facility

Education:

- Minimum of a high school education, with an undergraduate degree in fitness, kinesiology, or a related field preferred

Certification/License:

- Current NCCA-accredited certification as a group-exercise instructor or leader
- If instructing classes in yoga, Pilates, spinning, or related specialty class, must have either a nationally recognized certification in that specialty or evidence of training in that specialty
- AED/CPR certification

*Adapted from Stephen J. Tharrett and James A. Peterson. *Fitness Management* (3rd Edition). Monterey, CA: Healthy Learning; 2012.

A-6j. Position Title: Front-Desk Receptionist

Position Summary:

The front-desk receptionist is responsible for insuring that users and guests receive a warm welcome each time they visit or call the facility. In addition, this individual is responsible for making sure that only authorized users and guests are allowed access to the facility.

Essential Accountabilities & Functions:

- To greet each user and guest with a positive attitude when they enter and leave the facility and make sure their first and last impressions of the facility are very positive
- To answer all incoming phone calls to the facility with an upbeat service attitude and to make sure that the calls are handled in a manner that addresses the needs of the caller
- To provide friendly service support in addressing the needs of the users and guests, including scheduling appointments, taking messages, answering questions from users and guests, etc.

Specific Job Accountabilities:

- Greet each user and guest by name when they enter and depart the facility.
- Check-in all users and guests when they arrive, including recording their attendance via the facility's approved systems.
- Answer the phones and handle each call so that the caller's needs are addressed.
- Perform basic operational responsibilities, such as scheduling appointments for personal training, cleaning, folding, and distributing towels, answering general questions from users and guests, handing out headphones and locks, etc.
- Appropriately process all point-of-sale transactions and member payments, according to facility policy and procedures.
- Oversee/maintain the cleanliness of the reception area of the facility.
- Willingly step in and assist with other facility service responsibilities as may be required to insure that the facility delivers upon its MFA commitment to excellence.

Reporting Relationships:

- Reports to: Member services supervisor/manager or facility director/general manager
- Indirectly reports to: N/A

Work Experience:

- Minimum of one year's experience as a receptionist or similar position involving greeting customers and answering phones
- Previous work experience answering phones desirable
- Previous experience with computers, particularly with Microsoft® Office applications, desirable
- Previous experience with cash and credit card transactions/point-of-sale

Education:

- Minimum of a high school education, with some undergraduate education desirable

Certification/License:

- AED/CPR certification

*Adapted from Stephen J. Tharrett and James A. Peterson. *Fitness Management* (3rd Edition). Monterey, CA: Healthy Learning; 2012.

A-6k. Position Title: Supervisor on Duty (SOD)

Position Summary:

The SOD has primary responsibility within the facility for handling emergencies, maintenance, safety, and security. The SOD serves as the first-responder to all incidents and accidents. The SOD is also responsible for ensuring that all access points to the facility are secured at the appropriate times, identifying and attending to maintenance issues, and checking up on basic safety factors (e.g., that no fire hazards exist).

Essential Accountabilities & Functions:

- To serve as the first-responder to all incidents and accidents
- To provide as much first aid as is appropriate to the level of training the SOD possesses
- To administer or oversee the administration of CPR and AED intervention, as needed
- To conduct a walk-through routine upon the start of the daily shift
- To periodically walk-through the facility during the shift, checking for maintenance, hazardous conditions, and safety factors that need attention
- To write-out a work order for all maintenance issues unless they require immediate attention
- To undertake a closing walk-through routine that includes performing security-related closing duties

Specific Job Accountabilities:

- Oversee the execution of the facility's emergency-response plan.
- Serve as a point-of-contact for issues that arise during the shift involving maintenance, security, and safety.
- Monitor the various areas of the facility, as needed.
- Be engaged in the facility's procedures for accounting for and securing cash on hand in the facility at the end of the day.
- Oversee the efforts to ensure that the facility is secure, that no undue hazards or safety issues exist within the facility, and that all equipment is properly maintained.
- Make sure that the facility is properly secured before closing.

Reporting Relationships:

- Reports to: General manager
- Indirectly reports to: All department heads
- Directly supervises: Frontline staff
- Indirectly supervises: N/A

Education:

- College certificate or associate's degree in exercise science, health/wellness, fitness, recreation, or a related field; bachelor's degree preferred

Certification/License:

- Certification from a NCCA-accredited fitness organization, such as ACSM, ACE, NSCA, NASM, etc.
- Certification in AED/CPR

Appendix A-7

Sample Area-Specific Usage Guidelines and Policies

- Cardiovascular Fitness Area Usage Guidelines and Policies
- Strength Fitness Area Usage Guidelines and Policies
- Group-Exercise Studio Area Usage Guidelines and Policies
- Aquatics and Pool Area Usage Guidelines and Policies
- Locker Room Usage Guidelines and Policies
- Sample Childcare Checklist

A-7a. Cardiovascular Fitness Area Usage Guidelines and Policies

(Name of Center)

Cardiovascular Fitness Area Usage Guidelines and Policies

1. Engaging in any form of physical activity carries an increased risk of experiencing an event such as rapid heartbeat, dizziness, orthopedic injury, and in rare instances, stroke, sudden cardiac event, or even death. To minimize these risks, we encourage you to meet with one of the Center's fitness professionals and receive the proper screening and orientation prior to engaging in any exercise.
2. If you have any health condition that would compromise your ability to participate in exercise, please see a fitness professional before participating.
3. A target heart rate chart and chart of perceived exertion is available in the cardiovascular fitness area to assist you with monitoring the intensity of your training.
4. General guidelines for engaging in cardiovascular training are as follows:
 - a. Choose a mode of activity that is comfortable and enjoyable.
 - b. Activities such as walking, jogging, biking, and elliptical training are all good modes for cardiovascular training.
 - c. Warm up for several minutes before actively starting your cardiovascular training.
 - d. The recommended time duration for cardiovascular training is between 20 and 60 minutes of continuous or intermittent training (bouts as short as 10 minutes).
 - e. The recommended intensity for cardiovascular training is between 40 and 85% of heart-rate reserve, with the recommendation for beginners being between 40 and 60%.
 - f. The recommended frequency for cardiovascular conditioning is 3-to-5 times per week, with the recommendation for beginners being a minimum of two times per week.
5. The cardiovascular area is supervised by a fitness professional during all peak usage periods. During all other times, a member of the fitness staff makes regular rounds through the area.
6. In the event you need assistance, please talk to one of our fitness professionals. If one is not available, contact the front desk for assistance.
7. In the event that you witness and/or experience an event that places you or another user in harm's way, please initiate the facility's emergency response system by using the nearest phone and dialing _____.
8. In the event of a sudden cardiac event, the Center has an AED located at _____.
9. No food and drink other than water or sports performance drinks in plastic containers are allowed in this area.
10. Please respect your fellow users by wiping down the equipment when you have finished using it.
11. During periods of peak usage, please limit yourself to a maximum of 30 minutes on any one piece of equipment. If you need to perform more than 30 minutes of exercise, please make use of other equipment so that everyone is given an equal opportunity to pursue their fitness program.
12. Cell phones must be turned off or put on vibrate.

A-7b. Strength Fitness Area Usage Guidelines and Policies

(Name of Center)

Strength Fitness Area Usage Guidelines and Policies

1. Engaging in any form of physical activity carries an increased risk of experiencing an event such as rapid heartbeat, dizziness, orthopedic injury, and in rare instances, stroke, sudden cardiac event, or even death. To minimize these risks, we encourage you to meet with one of the Center's fitness professionals and receive the proper screening and orientation prior to engaging in any exercise.
2. If you have any health condition that would compromise your ability to participate in exercise, please see a fitness professional before participating.
3. General guidelines for engaging in the resistance and/or free-weight training are as follows:
 - a. Choose a mode of movement that is comfortable.
 - b. Perform movements for all the major muscle groups of the body. This will normally involve 8 to 10 separate exercises that work the hips, buttocks, thighs, legs, back, chest, shoulders, arms, and abdomen.
 - c. Perform 1 set of each exercise to the point of volitional fatigue. Recommendations are to perform between 3 and 20 repetitions, depending on the results you desire.
 - d. Resistance and/or free-weight exercises should be performed 2 to 3 days a week, with at least one day's rest between workouts.
4. The resistance area is supervised by a fitness professional during all peak usage periods. During all other times, a member of the fitness staff makes regular rounds through the area.
5. In the event you need assistance, please talk to one of the Center's fitness professionals and if one is not available, contact the front desk for assistance.
6. We encourage the use of a spotter whenever you are performing a movement that involves exposing yourself to the possibility of a weight device falling on you.
7. In the event that you witness and/or experience an event that places you or another user in harm's way, please initiate the facility's emergency response system by using the nearest phone and dialing _____.
8. In the event of a sudden cardiac event, the Center has an AED located at _____.
9. No food and drink other than water or sports performance drinks in plastic containers are allowed in this area.
10. Please respect your fellow members by wiping down the equipment when you have finished using it.
11. During peak usage periods, please limit yourself to a maximum of two sets per piece of equipment. If you need to perform more than two sets, please share the equipment with other users in a manner that allows everyone an equal opportunity to pursue their fitness program.
12. Cell phones must be turned off or put on vibrate.

A-7c. Group-Exercise Studio Area Usage Guidelines and Policies

(Name of Center)

Group-Exercise Studio Area Usage Guidelines and Policies

1. Engaging in any form of physical activity carries an increased risk of experiencing an event such as rapid heartbeat, dizziness, orthopedic injury, and in rare instances, stroke, sudden cardiac event, or even death. To minimize these risks, we encourage you to meet with one of the Center's fitness professionals and receive the proper screening and orientation prior to engaging in any exercise.
2. If you have any health condition that would compromise your ability to participate in exercise, please see a fitness professional before participating.
3. We ask that all participants attending group-exercise classes be in the classroom and in position to begin the class at the starting time identified on the group-exercise schedule. Participants who are late to class should warm up prior to entering the class, and when entering the classroom, move to the back of the class so as not to disturb the other participants.
4. The instructor is there to provide instruction, motivation, and most importantly, to provide a safe environment for exercising. We ask that during class, you listen to the instructor and abide by the instructions and counsel given.
5. If, for any reason, you experience difficulty during class, such as dizziness, shortness of breath, experience an injury, feel faint, etc., please cease exercising and let the instructor know of your difficulties. That individual will assist you in receiving the appropriate attention, including, if necessary, initiating the facility's emergency response system by using the nearest phone and dialing _____.
6. In the event of a sudden cardiac event, the Center has an AED located at _____.
7. The club reserves the right to cancel any classes that average less than _____ participants on a daily basis for a period of 30 days.
8. Cell phones are not allowed in the classroom.

A-7d. Aquatics and Pool Area Usage Guidelines and Policies

(Name of Center)

Aquatics and Pool Area Usage Guidelines and Policies

1. There is no lifeguard on duty. The Center does monitor the pool on a regular basis using _____, (e.g., surveillance cameras, periodic walk-throughs) but there is no assurance that a staff person will be available to assist you at any given moment. As a result, you are using the pool at your own risk, fully aware that there is no lifeguard on duty at the pool.
2. Please shower before entering the pool.
3. Please do not enter the pool if you have an open wound or other similar condition that might expose bodily fluid to the water.
4. No running or playing around on the pool deck.
5. The pool deck may be slippery due to standing water, so please use caution when walking and moving around on the deck.
6. No diving into the pool.
7. If you experience an emergency and/or witness an emergency, please activate the Center's emergency response system by using the phone located in the pool area and dialing _____. The following equipment _____, _____, _____, is located in the pool area to assist with an emergency prior to the arrival of those responding to the activation of the emergency response system.
8. Please avoid using any electrical equipment around the pool.
9. No food or drink is allowed in the pool area other than those items indicated below:

10. Children under the age of 18 who wish to use the pool must be accompanied by a parent or legal guardian at all times.
11. In the event of a sudden cardiac event, the Center has an AED located at _____.

A-7e. Locker Room Usage Guidelines and Policies

(Name of Center)

Locker Room Usage Guidelines and Policies

1. Center policy limits children over the age of ____ from entering or using the locker room of the opposite gender. For example, a boy over the age of ____ cannot enter the women's locker room and a girl over the age of ____ cannot enter the men's locker room.
2. Camera phones or any other photography equipment are not allowed in the locker room.
3. The Center is not responsible for personal items left in the locker rooms, including items left in personal lockers.
4. Please be considerate of your fellow members and place all soiled and/or used towels in the designated towel drops.
5. Please be considerate of your fellow members and place all garbage and other used paper products in the designated waste receptacles.
6. Please be aware that the wet areas of the locker room (e.g., showers, rest rooms) present an increased risk of experiencing a slip-and-fall incident due to the presence of water. As a result, caution should be taken when walking in these areas.
7. In the event of a sudden cardiac event, the Center has an AED located at _____ .
8. No food and drink other than water or sports performance drinks in plastic containers are allowed in this area.

A-8f. Sample Childcare Checklist

Top 7 Every 60

Date: ___ / ___ / ___

	Engage with every child, by name	Check for any choking hazards	Do a headcount	Review the adult picking up every child	Deconstruct any opportunities for a child to climb	Re-install play areas to be enticing again	Conduct a full sweep of the entire room
7:30am							
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							



Appendix B

Forms

- B-1. Sample Pre-Activity Screening Forms
 - Pre-Activity Screening Form
 - Cardiovascular Health Pre-Activity Screening Form
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 - Activity Release and Indemnity Agreement—Adult Form
 - Waiver and Release—Adult Form
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 - Employee Development Plan Form
 - Employee Performance Objectives—Semi-Annual Form
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 - Compensation Agreement (Salaried Employee)
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- B-4. Sample Operational Policies and Procedures Forms
 - Equipment Maintenance Log Sheet
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Appendix B-1

Sample Pre-Activity Screening Forms

- Pre-Activity Screening Form
- Cardiovascular Health Pre-Activity Screening Form
- Health History Inventory Form
- Physical Fitness Profile Form

B-1 a. Pre-Activity Screening Form

(Name of Center)

Pre-Activity Screening

Name: _____ Member/Client Number: _____

Address: _____

Telephone (W): _____ Telephone (H): _____

Fax: _____ E-mail: _____

Gender: _____ Birth Date: _____

Regular physical activity is enjoyable, safe, and healthy for most people. However, some individuals may have health-related risks that might be aggravated by participation in a physical-activity program, and, as a result, might require them to check with their physician prior to embarking on a physical-activity program. To help determine if there is a need for you to see your physician before beginning an exercise program, please answer the following questions carefully. All information will be kept strictly confidential.

PRE-ACTIVITY SCREENING QUESTIONS

Yes No

- Has your physician ever told you that you have a heart condition?
- 2. Do you experience pain in your chest when you are physically active?
- 3. In the past month, have you experienced chest pain when not performing physical activity?
- 4. Do you lose balance because of dizziness or do you ever lose consciousness?
- 5. Do you have a bone or joint problem that could be aggravated by a change in your level of physical activity?
- 6. Is your physician currently prescribing medications for your blood pressure or a heart condition?
- 7. Do you know of any other reason why you should not participate in a physical-activity program?

If you answered yes to any of the questions above, it is recommended that you consult with your physician, by phone or in person, before having a fitness test or participating in a physical-activity program.

B-1b. Cardiovascular Health Pre-Activity Screening Form

(Name of Center)

Cardiovascular Health Pre-Activity Screening

For each of the following questions, please place a check mark by each item that directly applies to you.

1. Age: Men >45 Women >55
2. Family history: myocardial infarction or sudden death before 55 years of age for father, other first degree male relative, or 65 years of age for mother or female first-degree relative
3. Cigarette smoker: (Current or quit in the past six months)
4. Hypercholesterolemia:
Total cholesterol >200 mg/dL
LDL cholesterol >130 mg/dL
HDL <40 mg/dL
5. Hypertension: Blood pressure—Systolic BP greater than or equal to 140 mmHg or diastolic BP greater than or equal to 90 mmHg, or on antihypertensive medications
6. Impaired fasting glucose: Fasting blood glucose greater than or equal to 100 mg/dL
7. Obesity: Body Mass Index >30 or waist circumference >40 (men) and >35 (women)
8. Sedentary lifestyle: Not meeting the minimum physical activity guidelines of the U.S. Surgeon General's Report (30 minutes of moderate physical activity most days of the week)

Place a check in the line below that applies to the member.

- Apparently healthy:
Individuals who are asymptomatic and apparently healthy with no more than one major coronary risk factor.
Risk factors: _____

- Moderate risk:
Individuals who have signs or symptoms of possible cardiopulmonary or metabolic disease and/or two or more major coronary risk factors. Physician's note needed.
Risk factors: _____

- High risk/known disease:
Individuals with known cardiac, pulmonary, or metabolic disease. Physician's note needed.
Risk factors: _____

B-1c. Health History Inventory Form

(Name of Center)

Health History Inventory (Long Version)

Please answer each of the questions in this inventory to the best of your ability. For each question, please mark the best choice, unless otherwise indicated. In some instances, you will need to write out your response. If you need assistance with answering any of these questions, please request assistance from a fitness professional. All of your responses will be treated in a confidential manner.

GENERAL INFORMATION

Name: _____

Gender: Male Female Birth Date: _____

Height: _____ ft. _____ inches Weight: _____ pounds

Address: _____

City: _____ State: _____ ZIP: _____

Phone (office): _____ Phone (cell): _____

Phone (home): _____ E-mail: _____

Marital Status: _____ Highest Level of Education Attained: _____

Occupation: _____

Primary Care Physician: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (office): _____

Program Goals (i.e., your training objectives): _____

PART I: PAST MEDICAL HISTORY

1. Have you ever been told by a doctor that you have or had heart problems, an abnormal EKG, or had a heart attack or stroke? Yes No
2. Have you ever had coronary by-pass surgery, angioplasty, or any other type of heart surgery? Yes No
3. Have you ever had difficulty breathing or become short of breath with mild or light exertion? Yes No
4. Do you have a history of diabetes or thyroid, kidney, or liver disease? Yes No
5. Have you ever experienced irregular heartbeat (arrhythmia) or been diagnosed with a heart condition or disease? Yes No
6. If you answered YES to any of the above questions, please provide additional information below:

B-1c. Health History Inventory Form *continued*

PART II: CURRENT MEDICAL HISTORY

7. Do you currently experience or have any of the following:
- a. Pain or discomfort in the chest or surrounding areas that occurs when you engage in exercise or physical activity? Yes No
 - b. Shortness of breath with activity or at rest? Yes No
 - c. Unexplained dizziness or fainting? Yes No
 - d. Difficulty breathing at night, except in an upright position? Yes No
 - e. Swelling in the ankles or lower extremities (other than due to an injury)? Yes No
 - f. Heart palpitations (rapid or irregular heart beat of the heart)? Yes No
 - g. Pain in the legs that may cause you to stop walking? Yes No
 - h. Known heart murmur? Yes No
8. Are you pregnant or is it likely that you may become pregnant at this time? Yes No
If you are pregnant, what is your expected due date? _____
9. Have you had surgery, or been diagnosed with any disease in the past three months? Yes No
If you answered yes to question 9, please list the date _____
And nature of the surgery/disease: _____
10. In the past 12 months, have you been told by a healthcare professional that you have an elevated cholesterol level or abnormal lipid profile, or are you on any medications to control your blood lipids? Yes No
11. Do you currently smoke cigarettes, or have you quit within the past six months? Yes No
12. Have your father or brother(s) had heart disease prior to the age of 55 or mother or sister(s) had heart disease prior to age 65? Yes No
13. Within the past 12 months, has a healthcare professional told you that you have high blood pressure? (systolic >140 mmHg, diastolic >90 mmHg) Yes No
14. Do you currently have high blood pressure, or are you taking medication(s) to manage high blood pressure? Yes No
15. Within the past 12 months, have you been told by a healthcare professional that you have an elevated fasting blood glucose level? (>100 mg/dl) Yes No
16. Are you currently under the care of a healthcare professional for blood clots or other circulatory problems? Yes No
17. Do you currently experience problems or pain in your bones, joints, or muscles that may be aggravated with exercise? Yes No
18. Do you currently experience any back and/or neck discomfort or problems? Yes No
19. Are you currently under the care of a healthcare professional for any other health/medical problems? Yes No

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B-1c. Health History Inventory Form *continued*

20. If you have answered YES to any of the questions in part II (questions 7–19), please provide additional information below:

21. Please list below all prescription and over-the-counter medications you are currently taking?

Medicine	Dosage	Frequency
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

22. Are there any medications that your physician and/or healthcare professional have prescribed for you in the past 12 months that you are currently not taking? Yes No
If you answered yes, please list the medications?

PART III: PHYSICAL ACTIVITY/EXERCISE HISTORY

23. Please list any favorite activities you would like to include in your exercise plan.

24. Please list any activities you dislike or do not want to include in your exercise plan.

25. Please list any fitness activities (e.g., jogging, cycling, strength training) that you participate in regularly (include how often, how hard, and how long).

26. Please list any recreational activities (e.g., golf, tennis) that you participate in regularly (include how often).

27. Where do you plan to exercise (e.g., club, home, outdoors)?

28. If you plan to exercise at home, list all available equipment.

29. Have you been told by a healthcare professional that you should not exercise? Yes No

B-1c. Health History Inventory Form *continued*

30. If you answered YES to question #29 in Part III, please describe below:

PART IV: WEIGHT HISTORY

31. What do you consider to be your ideal body weight? _____
32. What has been your lowest body weight as an adult (list how old you were)? _____
33. What has been your highest body weight as an adult (list how old you were)? _____
34. What is your current weight? _____
35. What was your weight one year ago? _____

PART V: DIET/NUTRITION HISTORY

36. How many meals do you typically eat per day? _____
37. Do you eat a variety of foods from each of the food groups? Yes No
38. Do you try to limit the amount of fat you eat to <30% of your total daily caloric intake? Yes No
39. Do you use sugar sparingly by adding little or none to the foods you eat and by limiting your intake of desserts, candy, and soft drinks? Yes No
40. Do you limit your alcohol consumption to 1–2 drinks or fewer per day? Yes No
41. If you answered NO to any of the questions in part V (questions 37–40), please describe below:

I have answered the questions in this Health History Inventory to the best of my ability, and as accurately and completely as possible. I understand that this information is kept strictly confidential and is used only for the purpose of helping the health/fitness professional make the most appropriate recommendations and design a safe and effective physical-activity program to meet my unique needs. Furthermore, I understand that this information cannot be released to any other party without my prior written approval in accordance with the Health Insurance Portability and Accountability Act of 1996. I understand that my failure to disclose health, medical, or related information that might affect my participation in physical activity may limit the ability of the health/fitness professional to provide the safest possible physical-activity program. Finally, I understand that the information collected in this Health History Inventory has been designed using the recommendations provided by the American College of Sports Medicine for risk stratification as described in the publication, *ACSM's Guidelines for Exercise Testing and Prescription, 7th edition (2006)*.

Client/member signature: _____ Date: _____
Staff/trainer signature: _____ Date: _____

B-1c. Health History Inventory Form *continued*

For Use by a Qualified Fitness Professional—Health History Inventory II

1. Check off the major coronary risk factors as described by the American College of Sports Medicine in their publication, ACSM's Guidelines for Exercise Testing and Prescription, 7th edition (2006).
 - Dyslipidemia (total cholesterol over 200 mg/dL, LDL over 130 mg/dL, HDL less than 40 mg/dL, or on lipid medication)
 - Hypertension (systolic BP >140 mmHg, diastolic BP >90 mmHg as confirmed by two measurements)
 - Cigarette smoking (current smoker or stopped within the past 6 months)
 - Impaired fasting glucose (fasting level >100 mg/dL)
 - Obesity (body mass index >30; waist/hip ratio greater than 0.95 for men and 0.86 for women)
 - Sedentary lifestyle (person does not participate in a regular exercise program)
 - Family history (history of heart attack or heart surgery before age 55 on the male side of the family and before age 65 on the female side of the family)
2. Risk Stratification
 - Low Risk (men < age 45 or women < age 55 who are asymptomatic and have no more than one risk factor) No physician clearance required for this person to engage in a program of moderate physical activity.
 - Moderate Risk (men > age 45 and women > age 55, or those who have two or more risk factors at any age)
Physician/medical clearance required before this person can engage in a program of moderate physical activity.
 - High Risk (individuals having one or more signs or symptoms, or having known cardiovascular, pulmonary, or metabolic disease)
Physician/medical clearance required before this person can engage in a program of moderate physical activity.

Additional Comments:

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B-1d. Physical Fitness Profile Form

Date of Profile Administration: _____
 Name: _____
 Birth Date: _____ Gender: Male Female
 Height: _____ ft. _____ inches Weight: _____ pounds _____ kilograms
 Supine Resting HR: _____ Seated/Standing RHR: _____
 Supine Resting BP: _____ Seated/Standing RBP: _____

CARDIOVASCULAR ASSESSMENT PROFILE

Estimated Maximum HR: _____ Estimated 85% of Maximum HR: _____
 Rockport Walk Test: _____ min _____ sec HR: _____ RPE: _____
 3-Minute Step Test: _____ min _____ sec HR: _____ RPE: _____
 YMCA Bike Test Stage 1 _____ HR _____ KPM RPE: _____
 Stage 2 _____ HR _____ KPM RPE: _____
 Stage 3 _____ HR _____ KPM RPE: _____
 Stage 4 _____ HR _____ KPM RPE: _____
 Estimated Maximum VO₂ (mL/kg/min): _____

BODY COMPOSITION PROFILE

a. Girth Measurements

Arm _____ inches _____ cm
 Chest _____ inches _____ cm
 Umbilical _____ inches _____ cm
 Hips _____ inches _____ cm
 Thigh _____ inches _____ cm
 Calf _____ inches _____ cm
 Waist/hip ratio: _____
 Estimated % Bodyfat: _____

b. Skinfold Measurements

Pectoral _____ mm
 Tricep _____ mm
 Scapula _____ mm
 Axilla _____ mm
 Abdomen _____ mm
 Ilium _____ mm
 Thigh _____ mm
 Sum Skinfolds _____ mm

FLEXIBILITY PROFILE

a. Shoulder Girdle

Flexion _____ degrees
 Extension _____ degrees
 Horizontal Abduction _____ degrees
 Horizontal Adduction _____ degrees

b. Trunk/Core

Flexion _____ degrees
 Extension _____ degrees
 Lateral Flexion _____ degrees
 Rotation _____ degrees

c. Hips

Flexion _____ degrees
 Extension _____ degrees
 Abduction _____ degrees
 Adduction _____ degrees

MUSCULAR STRENGTH AND ENDURANCE PROFILE

a. Muscular Strength

Bench Press (1 RM) _____ lbs
 Leg Press (1 RM) _____ lbs

b. Muscular Endurance

Push-ups _____ reps
 Curl-up _____ reps
 YMCA Bench _____ reps

The benchmarks and protocols for each of the assessment measurements on this form are based on the recommendations of the American College of Sports Medicine as highlighted in the publication, *ACSM's Guidelines for Exercise Testing and Prescription, 7th edition (2006)*.



Appendix B-2

Selected Risk-Management Forms*

- Authorization for Release of Protected Health Information Form
- Emergency Medical Authorization Form
- Activity Release and Indemnity Agreement—Adult Form
- Waiver and Release—Adult Form
- Incident Report Form

*Because the selected risk management forms in this appendix can represent a form of legal document, before using them, corporate risk manager and/or legal counsel should review them concerning their application to state and local laws, which can vary from location to location.

B-2a. Authorization for Release of Protected Health Information Form

(Name of Center)

Authorization for Release of Protected Health Information

I, _____, hereby authorize _____

to release the following health information:

and forward it to the following person/facility:

Name or person or facility: _____

Address (street, city, state and zip code):

Phone #: _____ Email: _____

This information is for the purpose of:

This authorization is in effect until _____, when it expires.

I understand that by signing this authorization:

- • I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that authorization is voluntary.
- • I understand the notice of Privacy Practices provides instructions should I choose to revoke my authorization.
- • I understand that if the organization I have authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.
- • I understand that I have the right to receive a copy of this authorization.
- • I understand that I am signing this authorization voluntarily and that treatment, payment, or eligibility for my benefits will not be affected if I do not sign this authorization.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE: _____ **DATE:** _____

B-2b. Emergency Medical Authorization Form

(Name of Center)

Emergency Medical Authorization—Adult

I hereby give consent, in the event I am incapacitated and unable to provide such consent and approval for a situation requiring medical attention and action for the administration of any treatment or care deemed necessary, and my designated representative, _____ can not be reached in a reasonable period of time to extend such consent and approval on my behalf for attention and action for the administration of any treatment and/or care deemed necessary for the listed above by Dr. _____, or any of his/her associates, the preferred physician, or Dr. _____, or any of his/her associates, the preferred dentist, or in the event the appropriate preferred physician, dentist or other identified healthcare professional is not available, by another qualified physician, dentist or healthcare professional; and the transfer of myself to _____ hospital, the preferred hospital, or any hospital reasonably accessible.

This authorization does not cover non-emergency medical situations or non-emergency major surgery unless the opinions of at least two other licensed physicians, dentists or healthcare professionals concurring in the necessity of such emergency medical action are obtained prior to the performance of such emergency medical action/surgery and unless all reasonable attempts to obtain my approval and in the event I am incapable of providing such approval then efforts to contact my designated representative have been exhausted, defining such period for non-emergency medical action/surgery as 24 hours.

The following information is being released by me in the event that the physician, dentist, healthcare professional, or hospital is unable to access my medical history:

Allergies:

Medications:

Physical limitations/restrictions:

(Other critical information (e.g. blood type, health conditions, etc.):

Insurance coverage:

Insurance provider		Policy number	
--------------------	--	---------------	--

B-2b. Emergency Medical Authorization Form *continued*

I the undersigned, hereby agree appoint and constitute the center, and its duly authorized representative(s), namely _____, for the period of _____, 20 _____, through and including _____, 20 _____, and do hereby authorize them to obtain any x-ray examination, anesthesia, medical or surgical diagnosis or treatment, and hospital care to be provided for me in the event I am unable to provide approval and my designated representative can not be reached for approval in a reasonable period of time, under the general and special supervision, and on the advice of a licensed physician, dentist, or other qualified healthcare professional acting under their supervision.

Signature: _____

Name (print): _____

Center's representative (witness) signature: _____

Center's representative name (print): _____

Date: _____ State of _____

Country of _____

B-2c. Activity Release and Indemnity Agreement—Adult Form

(Name of Center)

Activity Release and Indemnity Agreement—Adult

THIS RELEASE AND INDEMNITY AGREEMENT (“Release”) is made by the undersigned adult (the “Participant”), to release and indemnify _____, a _____ corporation, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, and assigns (collectively, the “Center”), as set forth below.

1. **Activity.** Participant, on Participant’s own behalf and on behalf of the other members of Participant’s family, including Participant’s spouse, parents, children, heirs, and assigns, (singularly and collectively referred to as “Participant”) hereby grants to the Center this full release and indemnification as consideration in exchange for permitting Participant to participate in the following athletic or physical activity which may utilize Center premises and/or equipment (the “Activity”) _____.

Participant is entering into this Release after (i) having viewed or having had the opportunity to view Center premises and/or equipment; (ii) if there is an instructor, having reviewed or having had the opportunity to review the instructor’s qualifications; (iii) having had the scope of the services and/or the associated risks explained to Participant; and/or (iv) having had an opportunity to ask questions regarding the services and/or the risks associated with the Activity.

2. **Release and Indemnity.**

- PARTICIPANT IS VOLUNTARILY PARTICIPATING IN THE ACTIVITY WITH FULL KNOWLEDGE, UNDERSTANDING AND APPRECIATION OF THE RISKS OF INJURY INHERENT IN ANY PHYSICAL EXERCISE, MASSAGE OR THERAPY PROGRAM, PHYSICAL ACTIVITY OR ATHLETIC ACTIVITY AND EXPRESSLY ASSUMES ALL RISKS OF INJURY AND EVEN DEATH WHICH COULD OCCUR BY REASON OF PARTICIPANT’S PARTICIPATION.
- PARTICIPANT RELEASES CENTER FROM ANY LIABILITY AND AGREES NOT TO SUE CENTER WITH RESPECT TO ANY CAUSE OF ACTION FOR BODILY INJURY, PROPERTY DAMAGE, OR DEATH OCCURRING TO PARTICIPANT AS A RESULT OF PARTICIPATING IN THE ACTIVITY.
- PARTICIPANT HEREBY ASSUMES FULL RESPONSIBILITY FOR RISKS OF BODILY INJURY, PROPERTY DAMAGE OR DEATH TO PARTICIPANT DUE TO THE ORDINARY NEGLIGENCE OR GROSS NEGLIGENCE OF THE CENTER AND THE ORDINARY NEGLIGENCE, GROSS NEGLIGENCE, OR WILLFUL MISCONDUCT OF ANY THIRD PARTY INCLUDING OTHERS PARTICIPATING IN THE ACTIVITY.
- PARTICIPANT AGREES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS, AT PARTICIPANT’S SOLE COST, THE CENTER FROM ANY AND ALL CLAIMS ARISING OUT OF PARTICIPANT’S PARTICIPATION IN THE ACTIVITY.
- ALL PERSONAL PROPERTY BROUGHT TO THE ACTIVITY, IS BROUGHT AT THE SOLE RISK OF PARTICIPANT AS TO ITS THEFT, DAMAGE, OR LOSS.

B-2c. Activity Release and Indemnity Agreement—Adult Form *continued*

3. **Medical.** Participant consents to emergency medical care and transportation in order to obtain treatment in the event of injury to Participant as the Center may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency.

4. **Severability.** Participant expressly agrees that the terms of release and indemnity contained herein are intended to be as broad and inclusive as is permitted by the laws of the state in which Center operates its business. Any provision or portion of this Release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The offending provision or portion shall be construed to the maximum extent possible to confer upon the parties the benefits intended thereby. Said provision or portion, as well as the remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

PARTICIPANT HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND INDEMNITY AGREEMENT.

PARTICIPANT:

Signature

Printed Name

Date

B-2d. Waiver and Release—Adult Form

(Name of Center)

Waiver and Release—Adult

I agree to abide by the rules of the Center, including the completion of a pre-activity screening questionnaire and/or health/medical information questionnaire prior to participation in any physical activities at the Center. I further agree that all use of the Center's facilities, programs, and services shall be undertaken at my sole risk and that the Center shall not be liable for any injuries, accidents, or death occurring to me, including those resulting from the Center's negligence, arising either directly or indirectly out of my participation in, or use of, the Center's facilities, programs, and services. I, for myself and on behalf of my executors, administrators, heirs, and assigns, do hereby expressly release, discharge, waive, relinquish, and covenant not to sue the Center, its affiliates, officers, directors, agents, or employees for all such claims, demands, injuries, damages, or causes of action, including those resulting from the Center's negligence, arising either directly or indirectly out of my participation in, or use of, the Center's facilities, programs, and services.

I declare that I have completed the Center's pre-activity screening questionnaire and/or health/medical information questionnaire and that I am physically able to participate in physical activity. Furthermore, I acknowledge that the Center has advised me to obtain a physician's clearance in the event the answers on either the pre-activity screening questionnaire and/or health/medical information questionnaire indicates that I should not participate in a program of physical activity without a physician's clearance, or if the Center is unsure of my physical health, yet I maintain that I am physically capable of pursuing physical activity in the Center without such steps being taken or has done so.

Individual's signature: _____ Date: _____

Staff witness signature: _____ Date: _____

B-2e. Incident Report Form

(Name of Center)
Incident Report Form

I. General Incident Information

Month	Day	Year	Time of Incident		Center Member	Center Name	
				A.M. P.M.	_____ Yes _____ No	Center Location	
Name of Injured Person:		First	M.I.	Last	Hospital/EMS or physician notified? _____ Yes _____ No		
Street Address:						Name of caller: _____	
State/City/Zip:						Time of initial call: _____	
Phone #'s:						Time of any follow-up calls: 1. _____ 2. _____ 3. _____	
Email Address:						Time of EMS arrival: _____ Time of EMD departure: _____	
						Hospital taken to: _____ Name of EMS contact: _____	

II. General Description of the Incident

Description of incident:

Bleeding-related injury? _____ Yes _____ No

Visible injury? _____ Yes _____ No

Not outwardly noticeable injury, but person expressed pain? _____ Yes _____ No

If an eye injury, was eyewear/protection being worn? _____ Yes _____ No

B-2e. Incident Report Form *continued*

III. Incident Details, Including Center's Response to the Incident

Description of the injury/injuries:	Description of center's response/first aid:
-------------------------------------	---

IV. Responder, Supervisor, and Witness Information

First responder (name): Responders position/title: CPR certified? ___ Yes ___ No AED certified? ___ Yes ___ No First-aid certified? ___ Yes ___ No Signature:
Manager on duty (name): Manager on duty position/title: CPR certified? ___ Yes ___ No AED certified? ___ Yes ___ No First-aid certified? ___ Yes ___ No Signature:
Witness (name): Witness address: _____ Witness phone: (B) _____ (H) _____ (C) _____ Witness email: _____ Signature: _____
Witness (name): Witness address: _____ Witness phone: (B) _____ (H) _____ (C) _____ Witness email: _____ Signature: _____

Appendix B-3

Sample Professional Staffing Forms

- Employee Development Plan Form
- Employee Performance Objectives—Semi-Annual Form
- New Employee Orientation Checklist
- Compensation Agreement (Salaried Employee)
- Compensation Agreement (Hourly and/or Commission Employee)

The forms in this section are adapted and used with permission from Stephen J. Tharrett and James A. Peterson, *Fitness Management* (3rd Edition).
Monterey, CA: Healthy Learning; 2012.

B-3a. Employee Development Plan Form

(Name of Center)

Employee Development Plan Form

This form is designed to provide both management and individual employees with a tool for outlining the annual professional development process for each employee. The objective of incorporating this tool into each employee's overall work experience is to help ensure a structured process of developing each employee's talents for the benefit of the individual employee and the Center.

Employee name: _____

Current position/title: _____ Tenure at current position: _____

Previous position, if applicable: _____ Time in previous position: _____

Employee's long-term professional goals:

1. _____

2. _____

3. _____

Employee's professional development goals and action plan for the year: _____

Development Goal	Action Step	Target Date

Employee signature: _____

Supervisor signature: _____

Date agreed to: _____

B-3b. Employee Performance Objectives—Semi-Annual Form

(Name of Center)

Employee Performance Objectives—Semi-Annual Form

Employee: _____

Club: _____

Position: _____

Department: _____

Timeframe: _____

The employee and that person's supervisor are to reach agreement on specific performance objectives tied to the employee's job model, which, if achieved, will support the Center's overall business plan objectives. These objectives will then become the framework for conducting the employee's performance evaluation.

#	Performance Objective	Weighting (Percent of Total Job Accountability)	Highest Possible Score
1			
2			
3			
4			
5			

Agreed to by:

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

B-3c. New Employee Orientation Checklist

(Name of Center)

New Employee Orientation Checklist

Employee Name: _____ Date Hired: _____

Employee's Job Title: _____ Date Training Begun: _____

Center Mentor: _____ Center Supervisor: _____

Step	Training Activity	Date Completed	Supervisor/ Mentor Initials
1	Go over the employee's job description and compensation agreement with them. Have them sign both. Assign the new employee a mentor.		
2	Review with the employee the Center's Employee Handbook. Have the employee sign the sheet at the end of the handbook when you have finished the review.		
3	Give the new employee a tour of the Center and introduce them to each employee. Make sure to provide the new employee with a list of all employees and their job roles.		
4	Conduct a new user orientation with the employee.		
5	Have the new employee spend time with the sales staff and receive an overview of: <ul style="list-style-type: none"> • The membership categories and pricing • The Center's process for generating leads • How the Center is different than the competitors Provide the new employee with a new user package.		
6	Have the new employee spend time with the fitness director and receive an overview of: <ul style="list-style-type: none"> • The Center's personal-training packages and pricing • The Center's philosophy about personal training • Have them observe a trainer working with a member 		
7	Have the new employee spend time with the front-desk staff and receive an overview of: <ul style="list-style-type: none"> • The process for checking in users and guests • The process for scheduling appointments • The other general responsibilities of the front-desk receptionist 		
8	Have the new employee receive a personal training session.		
9	Have the new employee take a group-exercise class.		
10	Have the new employee spend time with the housecleaning staff and receive an overview of: <ul style="list-style-type: none"> • The Center's basic cleaning practices • Each employee's role in keeping the Center clean 		
11	Complete a 90-day performance plan with the employee and detail specific objectives for them over the first 90 days.		
12	Have the new employee attend the center's new employee orientation class sometime during their first two weeks of work.		
13	Make sure that the new employee is paired with a mentor and receives position-specific training.		
14	Have the new employee complete at least two days of training in the individual's new job, working alongside that person's mentor or another department employee.		

B-3d. Compensation Agreement (Salaried Employee)

(Name of Center)

Compensation Agreement (Salaried Employee)

The undersigned ("You") agree to be employed in the position of _____ by _____ ("the Center"), effective _____, 20 ____, and to continue such employment for so long as You and the Center both agree. The purpose of this Agreement is to set forth the Performance Objectives and compensation for this position.

This Agreement is not a contract for employment for a fixed term; instead it describes the terms upon which your compensation is to be based. By signing this Agreement You acknowledge your understanding that either party may terminate the employment relationship at any time, for any reason, with or without cause. The employment-at-will nature of this relationship cannot be altered by any statements, oral or written, made by anyone. Your signature also acknowledges your understanding that compensation does not accrue to You after employment terminates.

1. **Base Fixed Compensation (Salary):** The potential base fixed compensation that can be earned by You on an annualized basis, and the manner and timing of that base fixed compensation, are set forth in Exhibit "A."
2. **Variable Compensation:** The potential variable compensation (e.g. commissions, bonuses) that can be earned by You on an annualized basis, and the manner and timing of that compensation, are set forth in Exhibit "A."
3. **Exempt Position:** Your position as _____ is an exempt position under the minimum wage and overtime provisions of the Fair Labor Standards Act and You are not entitled to overtime compensation. The compensation provided to You shall constitute full payment for services rendered by You to the Center. You shall not receive additional compensation for any services performed unless such services and payment thereof, prior to rendition, are authorized in writing by, or on behalf of, the Center.
4. **Benefits:** Your general benefits are described in the Center's Employee Handbook and any additional benefits for which You may be eligible for are set forth in Exhibit "A."
5. **Duties:** Your duties shall include, but not be limited to, those described in the job description to You and, if applicable, the annual performance goals You receive.
6. **Entire Agreement:** This embodies the entire agreement and understanding of You and the Center relating to your employment and supersedes all prior representations, agreements, and understandings, oral or written, relating to your employment.

Your name: _____ Center representative: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

B-3d. Compensation Agreement (Salaried Employee) *continued*

Exhibit "A"

1. Base Fixed Compensation:

- a. Compensation period: _____
- b. Compensation amount: _____
- c. Annualized compensation potential: _____

2. Variable Compensation:

- a. Your annual variable compensation potential will be equal to: _____
- b. Your variable compensation structure (e.g., amount of, method of achievement, and timing of) is as described below:

- ✓ _____
- ✓ _____
- ✓ _____

3. Benefits:

In addition to the employee benefits described in the Employee Handbook, you are eligible for the following additional benefits:

- a. _____
- b. _____
- c. _____
- d. _____

B-3e. Compensation Agreement (Hourly and/or Commission Employee)

(Name of Center)

Compensation Agreement (Hourly and/or Commission Employee)

The undersigned ("You") agree to be employed in the position of _____ by _____ ("the Center"), effective _____, 20 ____, and shall continue for so long as You and the Center both agree. The purpose of this Agreement is to set forth the Performance Objectives and compensation for this position.

This Agreement is not a contract for employment for a fixed term; instead it describes the terms upon which your compensation is to be based. By signing this Agreement You acknowledge your understanding that either party may terminate the employment relationship at any time, for any reason, with or without cause. The employment-at-will nature of this relationship cannot be altered by any statements, oral or written, made by anyone. You further understand that compensation does not accrue to You after employment terminates.

1. **Hourly Wage:** The hourly wage to be paid to You for fulfilling the accountabilities of your position will be \$_____ per hour for every hour worked to be paid every _____.
2. **Commission:** You will receive a commission on each class/lesson/session instructed equal to _____ percent (%) of the revenue generated by each class/lesson/session instructed to be paid every _____.
3. **Duties:** Your duties shall include, but not be limited to, those described in your job description and, if applicable, your annual performance goals.
4. **Benefits:** Your general benefits are described in the Center's Employee Handbook.
5. **Entire Agreement:** This embodies the entire agreement and understanding of You and the Center relating to your employment and supersedes all prior representations, agreements, and understandings, oral or written, relating to your employment.

Your name: _____ Center representative: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Appendix B-4

Sample Operational Policies and Procedures Forms

- Equipment Maintenance Log Sheet
- Maintenance and Repair Service Request Form
- Opening Report Form

The forms in this section are adapted and used with permission from Stephen J. Tharrett and James A. Peterson, *Fitness Management* (3rd Edition).
Monterey, CA: Healthy Learning; 2012.

B-4a. Equipment Maintenance Log Sheet

(Name of Center)

Equipment Maintenance Log Sheet

Basic Information

Name of the piece of equipment:	
Manufacturer of the equipment:	
Serial number:	
Date that installation inspection occurred:	
Date equipment was placed in use:	
Owner's manual check off:	
Location of the owner's manual:	

Service Record

Date of service request	Description of service needed	Staff person taking care of the service	Date service completed	Date equipment placed back in use	Staff name and initials

B-4b. Maintenance and Repair Service Request Form

(Name of Center)

Maintenance and Repair Service Request Form

Service order request number: _____ Date of request: _____

Staff person requesting service: _____ Position/title: _____

Signature of staff person requesting service: _____

I. Description of Service Being Requested (completed by person requesting service):

1. Area of the facility:	
2. Piece of equipment (if applicable):	
3. Description of repair/service/work needed:	
4. When repair/service/work needs to be completed:	Day: _____ Date: _____ Time: _____

II. Results of Request (completed by staff person completing the repair/service/work):

1. Name of staff person completing work:	
2. Day, date, and time work completed:	
3. Signature of staff person completing work:	
4. The quality of the work was:	

After the work is completed, place the form in the appropriate file, and return a copy to the staff person who originally requested the work.

B-4c. Opening Report Form

(Name of Center)

Opening Report

Employee Name: _____ Date: _____

- _____ Turn on lights
- _____ Turn on radio; adjust volume; set television on desired channel
- _____ Turn on computer in the fitness testing room and front desk; type in the Center's ID, date, and day of the week
- _____ Set up control desk:
 - _____ Pull out appointment book and turn to correct date
 - _____ Check on message from previous night
 - _____ Sharpen pencils if needed
 - _____ Rip day off of small calendar
- _____ Check out locker rooms and make sure they are clean, and supplies are replenished; roll out shower mats
- _____ Check out the fitness floor and make sure all equipment is turned on and ready to go
- _____ Put away uniform bags
- _____ Fold towels
- _____ Put load in dryer
- _____ Read MOD log
- _____ Unlock concessions case
- _____ Check tires on Velodyne
- _____ Check all offices, aerobic room, and both locker rooms
- _____ Check strength fitness area for footprints and note in MOD book
- _____ Call and check on the specific time before opening
- _____ Check all clocks before opening
- _____ Check temperature throughout club (thermostats on 68 degrees)
- _____ Make sure no light bulbs are burned out
- _____ Check ceiling tiles for leaks
- _____ Walk entire perimeter of the Center
- _____ Check schedule and note activities, special events, and massage appointments
- _____ Turn on copier
- _____ Write cleaning inspection notes in log book

Appendix B-5

Sample Quality Management Forms

- Strategic Planning Worksheet
- Strategic Plan Action Worksheet
- Program Best Practices Benchmark Form
- User Feedback Form
- Tracking Operating Performance Form

The forms in this section are adapted and used with permission from Stephen J. Tharrett and James A. Peterson, *Fitness Management* (3rd Edition). Monterey, CA: Healthy Learning; 2012.

B-5a. Strategic Planning Worksheet

(Name of Center)

Strategic Planning Worksheet

I. Mission (whom do you serve, what is the Center's product, how do you deliver it and its value)

II. Vision (what is it that you want the Center to be in 3-5 years)

III. Promise (what is it that you want the user and/or employee to always experience)

B-5a. Strategic Planning Worksheet *continued*

IV. Core Values (the roots for every decision and action you take)

1	
2	
3	
4	
5	

V. Objectives & Goals (what is it you want the Center to achieve and target)

Audience/Target	Objectives

B-5c. Program Best Practices Benchmark Form

(Name of Center)

Program Best Practices Benchmark Form

Center Name: _____ Contact Name: _____

Telephone: _____ Fax: _____

Email: _____

I. Program Title:

II. Program Overview (limit one paragraph):

III. Program Specifics:

A. Program Goals

B. Equipment/Facility Needs

C. Number of Members/Guests Participating (if personal training list # sessions weekly and % of total membership)

B-5c. Program Best Practices Benchmark Form *continued*

D. Marketing/Promotion Actions (list specific actions you took to market the program and sign-up of participants)

1	
2	
3	
4	
5	

E. Number of Staff Involved

--

IV. Participant Feedback and Opportunities for Improvement:

--

V. Revenue & Expense = Profitability:

Revenues		Expenses & Net	
# Participants		Payroll	
Fee Charged		Commissions	
Revenue from Fees		Other Expenses	
Other Revenue (sponsor)		Total Expenses	
Total Revenue		Program Net	

VI. The Five Keys That MADE IT WORK:

1	
2	
3	
4	
5	

Please attach any marketing materials or related materials used in delivering and marketing your program.

B-5d. User Feedback Form

(Name of Center)

Share Your Experience

Member & Guest Comment Card

Date: _____ Time: _____

Experiences you would like to share:

Overall, how did you feel about your experience in the Center today? Please indicate by checking the appropriate response:

- Unsatisfactory (did not meet my expectations)
- Satisfactory (met my expectations and needs)
- Delighted (exceeded my expectations, wow)

Would you like us to follow up with you directly? Yes No

If yes, please provide your name and contact information.

Name (optional): _____

Contact phone #: _____ Contact e-mail: _____

Thank you for sharing your feelings about your experience today.

B-5e. Tracking Operating Performance Form

(Name of Center)

Tracking Operating Performance

Using industry benchmarks to compare a medical fitness center's performance against others in the industry can be an important way to measure and identify potential opportunities to improve operational performance. However, it is important to note that benchmark data represent averages for centers, not just the best performing facilities. The goals, objectives, and performance of centers may vary significantly due to the need to focus on different populations and member mix (employees, seniors, families, and those with special health needs), varying levels of comprehensiveness (types of facility amenities and variety of programming), size, and affluence of the market, among other factors.

While benchmarking can be helpful, it is more important for an organization to track its own experience over time, and with specific goals and objectives in mind than to track its performance against the average facility. The following list details several important variables to track internally, as well as measure against industry benchmarks. Ideally, all data should be captured and monitored on a monthly basis to identify trends before they become problematic and to recognize opportunities and challenges that need to be addressed.

Scorecard: Tracking Operating Performance

A. USER DATA

Forecast Actual

- | | | |
|-------|-------|--|
| _____ | _____ | • Total number of members (individuals) |
| _____ | _____ | • Total membership accounts by type of membership (e.g., individual, couple, family, employee, senior, corporate) |
| _____ | _____ | • Square feet/member |
| _____ | _____ | • Number of prospective members who visited the facility |
| _____ | _____ | • New members enrolled |
| _____ | _____ | • Sales conversion % (percent of prospects who become members) |
| _____ | _____ | • Member terminations |
| _____ | _____ | • Member attrition % (terminations as percent of beginning number of members) |
| _____ | _____ | • Net membership growth rate |
| _____ | _____ | • Medical referrals in (members referred from clinical services or physicians) |
| _____ | _____ | • Medical referrals out (members referred to clinical services or physicians) |
| _____ | _____ | • Total member visits/week |
| _____ | _____ | • Total member visits/week/sq ft |
| _____ | _____ | • Percentage of active members to total members (active defined as using the center an average of 4 times per month) |
| _____ | _____ | • Total number of participants by type of program (e.g., exercise classes, personal training, wellness education, camps, etc.) |

B-5e. Tracking Operating Performance Form *continued*

B. REVENUE/EXPENSE DATA

Budgeted Actual

_____	_____	• Total revenues
_____	_____	• Dues revenue % of total revenues
_____	_____	• Non-dues revenue % of total revenues
_____	_____	• Revenue/square foot
_____	_____	• Revenue/member
_____	_____	• Revenue/FTE
_____	_____	• Total expenses
_____	_____	• Payroll & benefits
_____	_____	• Personnel costs % of total revenues
_____	_____	• Number of FTEs
_____	_____	• Number of employees (full-time, part-time, contract if assigned hours)
_____	_____	• Members/FTE
_____	_____	• Marketing costs
_____	_____	• Marketing cost per new member
_____	_____	• Net operating margin (total revenues less total expenses)
_____	_____	• Operating margin % of total revenues
_____	_____	• Bad debts % of total revenues

Appendix C

Additional Aquatics Resources

- Local Health Department or Public Health District
- Model Aquatic Health Code (MAHC—CDD.gov)
- Pool & Hot Tub Alliance (www.phta.org)
- American College of Sports Medicine (www.acsm.org)
- The American Red Cross (www.redcross.org)
- Water Therapy Organizations
- Sample Emergency Action Plan (EAP)

This appendix provides a list of frequently used resources that can be beneficial to Medical Fitness Center pool owners, managers, and operators. It is not a comprehensive list. There are numerous other qualified organizations and written materials that can be helpful as well.

❑ LOCAL HEALTH DEPARTMENT OR PUBLIC HEALTH DISTRICT

All pools are required to follow local health department rules and regulations and may be monitored by that organization on a regular basis to ensure compliance.

❑ MODEL AQUATIC HEALTH CODE (MAHC—CDC.gov)

Public health departments have varying rules and regulations. A comprehensive set of rules and regulations can be found on the CDC website under MAHC.

❑ POOL & HOT TUB ALLIANCE (www.phta.org)

An advocate for pool and hot tub professionals, this organization offers instructional courses for nationally certified pool operators, as well as produces the Pool and Spa Operator® Handbook, an exceptional resource that provides information and guidelines for the operation of spas and swimming pools used by the public. The reference section in this handy book features a number of practical items, including:

- Aquatic incident report forms
- Maintenance check lists
- Chemical adjustment guidelines and worksheets
- Information on Virginia Graeme Baker Act (governing pool grates) and the Americans With Disabilities Act (governing pool lifts)

In addition, the book includes special sections that address the following topics:

- Rules and regulations
- Fecal and vomiting incidents
- Spa and therapy operations

❑ AMERICAN COLLEGE OF SPORTS MEDICINE (www.acsm.org)

One of the most respected sports medicine and exercise science organizations in the world, ACSM engages in numerous activities that are designed to enhance the safety and effectiveness of physical activity conducted in health/fitness facilities, including pool and aquatics areas. In that regard, one of ACSM's primary efforts is to produce a book, ACSM's Health/Fitness Facility Standards and Guidelines, that details the base-level and suggested recommendations for offering quality pool and aquatics programming.

❑ AMERICAN RED CROSS (www.redcross.org)

An international organization that has developed a well-reputed swim lesson program, as well as lifeguard and swim instructor certifications—primarily for water safety and recreational swimming—the Red Cross has developed several resources that are designed to help facilities that offer pool and aquatics programming, including programs for competitive swimming and swimming with disabilities, as

well as courses in first aid/CPR/AED and emergency response. The Red Cross also has developed a 4-hour basic water safety course for staff who are not qualified lifeguards, but who may be available to assist in an aquatic emergency.

❑ WATER THERAPY ORGANIZATIONS

Among the organizations that certify and/or provide programming for water therapy are the following:

- American Sports and Fitness Association (www.americansportandfitness.com)
- Aquatic Exercise Association (www.aeawave.org)
- Arthritis Foundation Aquatic Program—CDC (www.cdc.gov)
- Athletics and Fitness Association of America (www.afa.com)
- National Multiple Sclerosis Society (www.nationalmssociety.org)
- World Aquatic Bodywork Association (www.waba.pro)

❑ SAMPLE EMERGENCY ACTION PLAN (EAP)

This sample EAP addresses the role of the first, second, and third responders, as well as the role of other staff who may be on the premises. Each Medical Fitness Center will have different responses and roles, based on their relationship and proximity to the healthcare system and input from their local emergency responders. Some facilities will call 911 directly, while others may have these calls placed through their own security departments. Medical Fitness Center professionals should check with their organization for clarification.

For the purpose of facility certification, an additional EAP is required for the aquatics area, addressing the specific scenarios likely to occur in the pool area, including the role of the lifeguard(s), if any, and the aquatics team in making in-water rescues, removing victims from the water, calling for help, getting patrons out of the water, and initiating first aid or CPR, as necessary.

EMERGENCY ACTION PROCEDURES—MEDICAL EMERGENCY--OVERVIEW

DATE ISSUED: _____	DATE ISSUED: _____	DATE ISSUED: _____
-----------------------	-----------------------	-----------------------

Purpose:

To develop emergency procedures for any number of potential medical emergencies

Policy:

All available employees will assist in the coordination and implementation of the emergency action plan (EAP), when it's activated.

Procedures:

A medical emergency is any emergency that threatens the life or limb of any person in [Center Name: _____] and any emergency that requires a call to the emergency medical system (EMS). Examples of such conditions include the following:

- Unconsciousness/unresponsiveness
- Altered consciousness
- Respiratory or cardiac crises
- Severe choking
- Heart attack symptoms
- Signs of shock
- Signs of stroke
- Severe diabetic emergency
- Severe bleeding
- Severe deformity
- Head, neck, spine injuries
- Drowning or near drowning incident

Code Blue or Medical Emergency Response Sequence:

1. Emergency is detected.
2. First responder yells for help.
3. Front desk is notified.
4. Front desk sends help to the scene:
 - ✓ Alert other responders by all available means of communication.
 - ✓ Calls 9-1-1.
 - ✓ Calls security.
 - ✓ Calls nurses station in ED.
 - ✓ Notifies center director.
5. Responders bring an AED and first aid kit to scene.
6. Care is given until EMS arrives.
7. A follow-up and debrief is undertaken promptly after the event.

Department Specific Responsibilities:

FRONT DESK STAFF:

- Answer the emergency phone.
- Get help to the scene with the walkie.
- Use the walkie to alert the fitness desk, MOD, etc.
- Call 9-1-1 on the non-emergency phone.
- See emergency questions and checklist.
- Call security.
- Verbally state: "CODE BLUE and Location, 9-1-1 has been called."

-
- Remain in communication with EMS and area of incident, as necessary, to relay information between incident and EMS.
 - Ensure MOD is notified, if they have not responded via walkie.
 - Call the director, as soon as possible, via the office or cell phone.

EXERCISE SPECIALIST:

- Assumes leadership role for patient care.
- Go to the site of the emergency.
- Excuse themselves from members/clients/etc.
- Take or direct someone to get the AED and the first aid kit.
- Take over emergency care.
- Check A, B, Cs and provide care, as needed.
- Remain with the victim until EMS has released or transported the patient.
- Assist in the completion of the incident report before leaving the facility.
- Re-stock first aid kit (post-incident).

MOD and MANAGEMENT STAFF:

- Assumes leadership role of the scene.
- Ensure 9-1-1, security, and ER are called.
- Ensure emergency supplies are available (AED, gloves, etc.).
- Ensure unobstructed path to the incident and provide crowd control; unlock any doors and move equipment, if necessary.
- Direct someone to get member medical records.
- Direct someone to meet EMS.
- Call family members. Let them know an incident has occurred and the current status of the situation (e.g., EMS is on scene, victim has been transported, etc.).
- Fill out an incident report before leaving the facility.
- Ensure directors/supervisors are called as soon as possible.
- Hold debriefing for staff (post-incident).

CHILDCARE/AQUATICS/GROUP EX STAFF:

- Continue supervising their area, if the incident did not happen in their area.
- Get coverage for their area, if they must help with the incident.
- Clear the pool and lock the doors.
- Contact parents of the childcare children, if needed.

LOCKER ROOM STAFF:

- If an emergency occurs in locker room, clear the locker room and let members know men/women will be entering due to an emergency, and retrieve the member's belongings from locker room (same gender of victim).
- Cover front desk duties (opposite gender of victim).

-
- Help with crowd control, and direct EMS to the scene.
 - Communicate with members, but discourage discussion/questions about the emergency.

Sample Skill Drill Checklist and Competency Review

Date: _____

Primary responder: _____

- Describes situations that may occur. Knows what to look for.
- Activates EAP.
- Rolls victim to a face-up position, if needed.
- Calls or directs someone to call the emergency line.
- Requests the backboard, if needed.
- Assists with back boarding the victim.
- Performs CPR or other first aid, if needed.

Secondary Responder: _____

- Clears the pool.
- Brings backboard, if needed.
- Takes over any in-water rescue, if qualified and needed.
- Directs back-boarding and removal, if needed.
- Supports CPR or other first aid.

Third Responder: _____

- Brings an AED.
- Ensures 9-1-1 has been called.
- Stays on the walkie or phone to answer front desk questions.
- Gets other emergency equipment (e.g., gloves, face shields, etc.), if needed.
- Meets EMS and assists with crowd control.

SKILL DRILL SCENARIOS:

- Reaching and throwing assists
- Drowning emergencies
- Slips and falls
- Heat emergencies
- Back-boarding removals
- Chemical spills

Sample Pool Rules

Check with the public health system for more rules and specific wording appropriate for the pool and community.

LAP POOL RULES:

- Keep the pool temperature between 80 and 82 degrees fahrenheit.
- Obey the lifeguard at all times.
- Please shower before entering the pool.
- Proper swim attire is required.
- Individuals with open wounds or sores should not enter the pool.
- Individuals with recent diarrhea or fever should not enter the pool.
- No running or horseplay in the pool area; no horseplay in the pool.
- No food, beverages, or glass containers allowed in the pool area (except water in non-breakable containers).
- Standing dives from the pool deck permitted ONLY at the 9-foot depth or deeper. The diving blocks are for program use ONLY.
- No disposable diapers allowed in pool. Children who are not potty-trained should wear approved swim diapers or swim diapers with plastic pants.
- All children under the age of 6 and under 48" tall must be accompanied in the water by a responsible, attentive adult at all times.
- Non-swimming children with flotation devices must be accompanied by a responsible adult in the water, who is no more than one arm's length away. Inflatables, swim belts, and noodles are not appropriate flotation devices for non-swimming children or adults. Coast Guard-approved lifejackets are available from the lifeguard on duty.
- Children under the age of 13 must be accompanied by an adult who remains in the pool area, unless that child is participating in a supervised program or with permission from the lifeguard.
- Any swimmer who wishes to swim in water deeper than the swimmer's chest may be asked to take a swim test prior to entering the deep water. The test consists of a 25-yard swim, treading water, and floating on the back for a specified length of time.
- Extended breath holding is prohibited and should never be attempted. It can cause shallow water blackout and may lead to serious injury or death.
- Caution: the floor in the pool area is slippery when wet.
- The emergency phone is located on the pool deck.

WHIRLPOOL (SPA) RULES:

- The whirlpool temperature is kept between 100 and 104 degrees fahrenheit. Do not use spa at water temperature greater than 104 degrees fahrenheit.
- The lifeguard must be obeyed at all times.
- Observe reasonable time limits (10-15 minutes), then leave the water and cool down before returning for another brief stay, if desired. Long exposure may result in nausea, dizziness, or fainting.
- After exercising, cool down for at least five minutes before entering the spa.
- No food or beverage inside the whirlpool except for water in non-breakable containers.
- Please shower before entering the spa.

-
- Individuals with open wounds or sores should not enter the spa.
 - Do not use the spa while under the influence of alcohol, tranquilizers, or other drugs that cause drowsiness or that can raise or lower a person's blood pressure.
 - Do not use alone.
 - Unsupervised use by children is prohibited. Children aged 15 and under must be supervised by a responsible adult while in the spa.
 - Pregnant women, elderly persons, and individuals suffering from heart disease, diabetes, or high or low blood pressure should not enter the spa without prior medical consultation and permission from their doctor.
 - Infants and young children who are in diapers or not yet potty-trained are prohibited from using the spa.
 - Keep the head above water at all times.
 - Caution: the floor is slippery when wet.
 - Swimming alone is not recommended. Members/guests swim at their own risk.
 - Proper swim attire is required.
 - Individuals with recent diarrhea or fever should not enter the spa.

Appendix D

Trade and Professional Associations Involved in Medical Fitness, Health, and Related Wellness Concerns

Aerobics and Fitness Association of America

15250 Ventura Boulevard, Suite 200
Sherman Oaks, CA 91403
877-968-7263
www.afa.com

American Academy of Physical Medicine and Rehabilitation

9700 West Bryn Mawr Avenue, Suite 200
Rosemont, IL 60018-5701
847-737-6000
www.aapmr.org

American Alliance for Health, Physical Education, Recreation and Dance

1900 Association Drive
Reston, VA 20191-1598
800-213-7193
www.aahperd.org

American Association of Cardiovascular and Pulmonary Rehabilitation

401 North Michigan Avenue, Suite 2200
Chicago, IL 60611
312-321-5146
www.aacvpr.org

American College of Lifestyle Medicine

P.O. Box 6432
Chesterfield, MO 63006
www.lifestylemedicine.org

American College of Sports Medicine

401 West Michigan Street
P.O. Box 1440
Indianapolis, IN 46202-3233
317-637-9200
www.acsm.org

American Council on Exercise

4851 Paramount Drive
San Diego, CA 92123
888-825-3636
www.acefitness.org

American Heart Association

7272 Greenville Avenue
Dallas, TX 75231
800-242-8721
www.heart.org

American Kinesiotherapy Association

118 College Drive, #5142
Hattiesburg, MS 39406
800-296-2582
akta.org

American Massage Therapy Association

500 Davis Street, Suite 900
Evanston, IL 60201-4444
877-905-2700
www.amta-wa.org

American Society for Testing and Materials International

100 Barr Harbor Drive
P.O. Box C700
West Conshohocken, PA 19428-2959
www.astm.org

Barrier Free Environments, Inc.

P.O. Box 30634
Highway 70 West-Watergarden
Raleigh, NC 27622
919-782-7823

Centers for Medicare and Medicaid Services

7500 Security Boulevard
Baltimore, MD, 21244
www.cms.gov

The Cooper Institute

12330 Preston Road
Dallas, TX 75230
800-635-7050
www.cooperinstitute.org

IDEA Health & Fitness Association

10455 Pacific Center Court
San Diego, CA 92121
800-999-4332, ext. 7
www.idealife.com

Institute for Credentialing Excellence

2025 M Street Northwest, Suite 800
Washington, DC 20036
202-367-1165
www.credentialingexcellence.org

International Fitness Professionals Association

14509 University Point Place
Tampa, FL 33613
800-785-1924
www.ifpa-fitness.com

International Health, Racquet and Sportsclub Association

70 Fargo Street
Boston, MA 02210
800-228-4772
www.ihrsa.org

National Academy of Sports Medicine

1750 East Northrop Boulevard, Suite 200
Chandler, AZ 85286-1744
800-460-6276
www.nasm.org

National Athletic Trainers Association

2952 Stemmons Freeway, #200
Dallas, TX 75247
214-637-6282
www.nata.org

National Center on Healthy, Physical Activity, and Disability

1640 W. Roosevelt Road
Chicago, IL 60608-6904
800-900-8086
www.ncpad.org

National Diabetes Education Program

One Diabetes Way
Bethesda, MD 20814-9692
301-496-3583
www.ndep.nih.gov

National Institute for Occupational Safety and Health

1600 Clifton Road
Atlanta, GA 30333
800-232-4636
www.cdc.gov/niosh

National Strength and Conditioning Association

1885 Bob Johnson Drive
Colorado Springs, CO 80906
800-815-6826
www.nsca-lift.org

National Swimming Pool Foundation

4775 Granby Circle
Colorado Springs, CO 80919
719-540-9119
www.nspf.org

National Wellness Institute

P.O. Box 827
1300 College Court
Stevens Point, WI 54481
715-342-2969
www.nationalwellness.org

President's Council on Fitness, Sports & Nutrition

1101 Wootton Parkway, Suite 560
Rockville, MD 20852
240-276-9567
www.fitness.gov

Wellness Council of America

002 Marcy Street, Suite 140
Omaha, NE 68118
402-827-3590
www.welcoa.org

Appendix E

Suggested References

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Appendix F

MFA Facility Certification Compliance Checklist

For the most up-to-date version of the MFA Facility Certification Scoring Checklist, please visit MFA's website at www.medicalfitness.org/certifications.

I. Medical Oversight

Medical Oversight Standard 1: A Medical Fitness Center must have medical oversight. A medical director, a physician advisory committee, and/or a physician advisor must be in place to provide medical oversight for the facility's programming in order to maximize the safety of all participants and ensure medically and scientifically sound programs and services.

Chapter/ Standard/ Guideline		Yes	No
1.1.1	<i>Does the facility leadership and the medical director/advisory committee meet at least four times a year?</i>		
	a. does the advisory committee provide a cross section of medical expertise?		
	b. does the center document at least one year's minutes?		
1.1.2	Does the medical director and/or advisory committee provide oversight at least four times per year for, but not restricted to:		
	a. facility's emergency-response/code policy and procedure review?		
	b. facility's AED program		
	c. staff emergency-response program and associated training?		
	d. emergency/code response outcomes, identification of opportunities for improvement and improvement outcomes noted?		
	e. review of clinical programs, policies, and clinical outcomes.		
	f. review of all screening processes/protocols, associated outcomes, and appropriateness of follow-up?		
	g. review of the facility's continuum-of-care processes with regard to the appropriateness of referrals, communication, and necessary follow-up?		
	h. development of clinical program content, appropriate programming and safety considerations for special populations?		
1.1.3	Does the facility conduct a review/discussion of emergency response incidents during the prior quarter and document any recommendations for improvement?		

Medical Oversight Standard 2: The clinical services offered within a Medical Fitness Center must comply with current national, regional, and local laws and regulations. For example, facilities in the United States must meet the programs such as cardiac rehabilitation phase II, physical and occupational therapy, speech therapy, diabetes education, and other billed clinical services, including, but not limited to the requirements for physician referral, supervision, communication, documentation/charting, and patient safety. Facilities outside the U.S. must meet similar standards that apply to their clinical services.

**Chapter/
Standard/
Guideline**

		Yes	No
1.2.4	<i>Are the national, regional, state, and local requirements reviewed periodically and applied to all clinical programs and services (physical therapy, cardiac rehab, etc.) by facility management and the medical advisory committee/director?</i>		
	a. are the results of the review recorded and evaluated to determine whether a need for subsequent action exists?		
	b. does a facility in the United States meet the requirements of the Centers for Medicare and Medicaid Services (CMS) for programs such as cardiac rehabilitation phase II, physical and occupational therapy, speech therapy, diabetes education, and other billed clinical services, including, but not limited to the requirements for physician referral, supervision, communication, documentation/charting, and patient safety?		
	c. does a facility outside the United States meet similar standards that apply to their clinical services?		

Medical Oversight Standard 3: A Medical Fitness Center must demonstrate a direct and valid relationship with its community healthcare system/local continuum of healthcare. There must be evidence of a systematic process that allows for the alignment of the healthcare system with the local continuum of care. The results of this alignment must be clearly demonstrated via well-defined and viable documented interactions with a hospital and/or health system, multiple hospitals, and/or a physician group/clinic.

**Chapter/
Standard/
Guideline**

		Yes	No
1.3.5	Does the facility's mission statement include a commitment by the facility to participate in the local continuum of care and individual/community health improvement?		
1.3.6	Does the facility document active participation in the local continuum of care and have supportive documentation of such participation for a minimum of one year, to include but not limited to:		
	a. <i>documentation of an active relationship with a licensed healthcare provider organization (e.g., health system, hospital, physician group) with referrals coming from, and to, physicians or physician extenders?</i>		

**Chapter/
Standard/
Guideline**

		Yes	No
	b. records of hosted community and professional education programs/ seminars covering a variety of health-related topics held on at least a quarterly basis?		
	c. documentation of participant attendance at the seminars, professional education programs, and health-related screenings that are offered?		
	d. follow-up efforts for individuals with results that are outside of the normal and/or expected results?		

II. Quality Management

Quality Management Standard 1: A Medical Fitness Center must have a systematic process in place to continuously assess and improve all aspects of health and fitness delivery, including, but not limited to, individual user outcomes, clinical and non-clinical programs/services, and operational/business processes.

**Chapter/
Standard/
Guideline**

		Yes	No
2.1.1	Does the facility have written policies (guiding principles) and procedures (specific steps to demonstrate compliance with policy) in place for ensuring all activities involving programs/services/processes are effective and efficient with respect to the facility's mission, goals, and objectives?		
2.1.2	Does the facility's quality management program provide coordination, integration and support for performance improvement activities relating to clinical programs and processes and ensure participation by all appropriate departments and services to help accomplish the following:		
	a. a collaborative process in the design of new services, programs, or processes?		
	b. <i>identify and utilize key findings to improve the member's/user's overall experience, and to improve processes and outcomes (using external benchmarks if available and appropriate)?</i>		
	c. identify and utilize key findings to improve a members'/users' safety while participating in programs and activities?		
2.1.3	Does the facility' quality management program use standardized processes for regular reporting of key information and outcomes related to a member's individual fitness/wellness program(s), and as a result, determine whether to continue, modify, or terminate such programs as identified and related to:		
	a. performance measures and improvement strategies (e.g., strength, endurance, flexibility, speed)?		
	b. program outcomes (e.g., personal training, weight loss, other)?		
2.1.4	Does the center have a standardized process for measuring and evaluating the outcomes of center programs and provide the basis for modification or termination of each program, based on available data sources and benchmarks?		

Chapter/ Standard/ Guideline		Yes	No
2.1.5	Are performance improvement/outcomes data measured, evaluated, acted upon, and documented in the following areas:		
	<i>a. safety/emergency response?</i>		
	<i>b. individual member/user outcomes?</i>		
	c. facility programs?		
	d. surveys?		
	<i>e. business processes, including annual budget and associated performance?</i>		
	f. comparative industry benchmarks/standards of performance for organizational operations, as indicators of efficiency and sustainability (including financial ratios, such as Rev/SF, Members/FTE, Sal Exp/Tot Rev, etc.)?		
	g. goals/objectives and key strategies with assigned accountabilities?		
	h. human resource-related factors (such as turnover rates, productivity, absenteeism, average length of service of employees, employee satisfaction, etc.)?		

III. Pre-Participation Screening

Pre-Participation Screening Standard 1: A Medical Fitness Center must offer each participant an appropriate pre-participation screening process, and refer identified at-risk individuals to a physician, or qualified healthcare provider, for medical clearance prior to participation in any type of physical exercise, recreation, sports activity, or program affiliated with the center.

Chapter/ Standard/ Guideline		Yes	No
3.1.1	<i>Does the center have a systematic process of screening each participant for chronic diseases, associated risk classification, and the potential for exercise related illness or injury?</i>		
	a. are the results of that process reviewed and approved by the medical advisory committee or medical director?		
3.1.2	<i>Are all participants, including non-members and guests, offered a pre-participation screening prior to their participation in physical activities offered by the center? If a participant should decline the pre-participation screening, does the center have a policy/procedure that allows the participant to participate in programs and activities if the participant signs a waiver releasing the center from any liability?</i>		
3.1.3	Does the waiver (referred to in Guideline 2) clearly delineate in writing that the participant has been offered a pre-participation screening, has been informed of the basic health risks associated with participating in physical activities, has chosen not to follow the recommendation to participate in the pre-participation screening, is assuming personal responsibility for their own actions, and has released the facility from any legal responsibility from claims or suits arising from their participation in the facility's programs?		

Pre-Participation Screening Standard 2: If the pre-participation screening identifies a potential participant as having known cardiovascular, metabolic, renal, or pulmonary disease and/or is identified as a high-risk individual who is not currently exercising or physically active, the participant should be advised, in writing, to consult with a physician and/or qualified healthcare provider, and provide documentation of such consult back to the center prior to participating in physical activity at the center.

**Chapter/
Standard/
Guideline**

		Yes	No
3.2.4	Does the facility have a written policy/procedure consistent with local/state regulations that is approved by its medical advisory committee/director regarding participants who are identified as having risk factors that necessitate referral for medical consultation and who fail to obtain such consultation?		
3.2.5	<i>Does the facility have a policy by which participants who are identified during pre-participation screening as having known cardiovascular, metabolic, renal, or pulmonary disease and/or identified as a high-risk individual, and who are not currently exercising or physically active, advised in writing to consult with a physician and/or qualified healthcare provider and provide documentation of such consult to the center prior to participating in physical activity at the center?</i>		

Pre-Participation Screening Standard 3: The pre-participation screening, established in consultation with and approved by the medical advisory committee/director, should be reviewed and interpreted by qualified staff and the results documented, including referral to a qualified healthcare provider and the outcome of such consultation.

**Chapter/
Standard/
Guideline**

		Yes	No
3.3.6	<i>Are the results of the pre-participation screening reviewed by qualified staff and documented and utilized to identify and make appropriate decisions about what constitutes safe activity levels and modalities for that particular person?</i>		
	a. is clear documentation of such screening maintained in each member's electronic and/or paper file?		
3.3.7	Does the facility, consistent with privacy regulations, utilize a form that details a participant's health information and offers a means for explicitly recording medical clearance (if given by appropriate medical professional), provided by the center to the individual to take to a physician?		
	a. does the facility use a form that allows the participant to consent to allowing the facility and physician to share protected health information (PHI) pertaining to the medical clearance and prescribed exercise activities?		

Pre-Participation Screening Standard 4: A Medical Fitness Center must have a system in place for helping ensure that every member has the opportunity to achieve the maximum benefits of their individual exercise and program participation efforts.

Chapter/ Standard/ Guideline		Yes	No
3.4.8	<i>Does the facility employ accepted methods to assess functional capacity, body composition, muscular fitness, flexibility, balance, and other components of physical and motor fitness?</i>		
	<i>a. does the facility offer exercise testing for fitness assessments, as well as for exercise prescription purposes?</i>		
	<i>b. is all fitness testing conducted and interpreted by qualified staff, according to industry accepted methods/protocols?</i>		
3.4.9	<i>Are fitness testing results used as a starting point for developing an appropriate exercise prescription and as a basis for monitoring that individual's program?</i>		
3.4.10	<i>Are all facility members offered an initial orientation to the center, the exercise equipment, basic program concepts and emergency/safety guidelines?</i>		

IV. Risk Management & Emergency-Response Policies

Risk Management & Emergency-Response Policies Standard 1: The Medical Fitness Center must have a written emergency-response plan that enables a timely and appropriate response to any emergency that threatens the health and safety of facility users and/or staff.

Chapter/ Standard/ Guideline		Yes	No
4.1.1	<i>Does the emergency-response plan specify the most likely emergency situations that could occur and how each circumstance will be handled, including the precise responsibilities of the first, second, and third responders to a particular emergency?</i>		
	<i>a. does the facility have defined plans for various emergencies utilizing Basic Life Saving (BLS) and First Aid standardization?</i>		
4.1.2	<i>Is the emergency-response plan fully detailed in writing and maintained in an area easily accessed by facility staff, and includes procedures for documenting that all staff review the material on an annual basis?</i>		
	<i>a. do procedures exist for documenting that all staff review the material on a regular basis?</i>		

**Chapter/
Standard/
Guideline**

		Yes	No
4.1.3	Does the facility have a prompt and direct link to the "911" emergency-response center, which is visibly posted, and are all staff members made aware of the locations for all emergency equipment, including the facility's telephones?		
	a. are all emergency phones and/or emergency call buttons clearly marked?		
	a. at a minimum, is there a first aid kit positioned in the childcare center, the aquatic center, at the front deck, and on the fitness floor?		
4.1.5	Are all contents and expiration dates of the first aid kits checked on a regular basis and replaced at regular intervals prior to their expiration?		
	a. is the medical director and/or medical advisory committee used to advise upon the appropriate contents of the first aid kits?		
4.1.6	Does the facility conduct regular emergency drills at least quarterly at a variety of days/times/shifts during workdays and maintain associated documentation that demonstrates the competencies of staff to respond to emergency situations (some of which to include use of AED equipment)?		
	a. does the medical director or medical advisory committee of the facility document and review the drills?		
	b. based on this review, are any improvements to the process noted and followed up on with an action plan?		
	c. does the facility consider recording the drills as a learning tool for more individuals not in attendance?		
4.1.7	Does the facility have a formal incident reporting process and follow up management reporting program in place?		
	a. are all incidents, even seemingly minor ones, documented, and include summary information that is shared regularly with the medical director or medical oversight committee?		
4.1.8	Was the emergency-response plan developed in concert with the local emergency medical services (EMS) provider in the area of the facility as well as the medical director/advisory board and the hospital response team (if applicable)?		
4.1.9	Does the emergency plan take into consideration emergencies that may occur on the grounds of the facility including inside and outside of the facility?		
	a. do plans for all areas of a facility have both a policy and drills associated with them?		

Risk Management & Emergency-Response Policies Standard 2: With physician oversight in place, a Medical Fitness Center must have an appropriate number of automatic external defibrillators (AEDs) that are easily accessible for use.

**Chapter/
Standard/
Guideline**

		Yes	No
4.2.10	Are the number of AEDs and the placement of the AEDs in a facility appropriate for the response time/distance (within 1.5 minute walk) to any potential location in the facility that it could be needed?		
	a. are the AEDs clearly marked to further speed up a responder's time in reaching them?		
4.2.11	Do all full-time employees, part-time employees and contractors of the center who regularly provide programs and services to members and guests on a routine basis, have current CPR/AED training?		
	a. is at least one staff member with current CPR/AED training on duty during all operating hours of the facility? This factor does not apply to individuals employed by a third-party service company over which the facility has no control (e.g., facility maintenance services, housekeeping services, etc.).		
	b. is a system in place for maintaining records to ensure that all CPR/AED training is up-to-date—one that includes a method for providing employees and contractors of an expiring certification?		
4.2.12	Is each AED maintained according to the manufacturer's guidelines and is maintenance and monitoring documentation kept current?		

Risk Management & Emergency-Response Policies Standard 3: A Medical Fitness Center must conspicuously post the appropriate signage, indicating the following: caution, danger, warning, required disability access requirements, building regulation signage and all signage involving fire and related emergency situations, as required by regulations and codes of appropriate governing bodies (e.g., ADA and OSHA for centers in the United States) in those locations that warrant such signage.

**Chapter/
Standard/
Guideline**

		Yes	No
4.3.13	<i>Is there appropriate signage posted that alerts users that a specific activity may expose them to an increased level of risk in every activity area where appropriate (such as sauna, steam room, whirlpool, aquatics area, racquet courts, fitness areas [using RPE or THR charts], hazardous conditions, shelter for inclement weather, equipment out of order)?</i>		
4.3.14	Does such signage have the required signal icon, signal word, signal color, and layout, as specified by the American National Standards Institute (ANSI) or similar international organization for facilities outside the United States?		
4.3.15	Does the facility provide signage that indicates access points for individuals with physical challenges?		
4.3.16	Does the facility provide signage that can be discerned by those individuals who have visual impairment?		
4.3.17	Does the facility provide signage that informs individuals of the possible exposure to hazardous chemicals and blood-borne chemicals, where applicable?		
4.3.18	Does the facility post emergency exit signage?		

**Chapter/
Standard/
Guideline**

		Yes	No
4.3.19	Does the facility post signage indicating the location of emergency phone(s), fire extinguisher(s), AED units, and first-aid equipment?		
4.3.20	Does the facility work closely with its local fire department and local officials to ensure that it is in compliance with the regulatory requirements for fire and emergency situation signage?		

V. Programs and Services

Programs and Services Standard 1: A Medical Fitness Center must have programs and services that address the needs and interests of its users.

**Chapter/
Standard/
Guideline**

		Yes	No
5.1.1	<i>Does the facility have clinical exercise programs for persons with chronic medical conditions, such as heart disease (CAD, CHF), pulmonary disease, cancer, chronic pain, orthopedic and/or neurologic problems (e.g., arthritis, fibromyalgia, osteoporosis, MS) cerebrovascular disease (stroke), sports injury prevention and rehabilitation, nutritional counseling, etc.</i>		
5.1.2	Does the facility operate a minimum of three clinical exercise programs to address the needs of their members, patients, and the community? Do each of the three programs satisfy the following:		
	a. are all treatments/interventions for program participants based on and adhere to nationally accepted guidelines?		
	b. does each program have appropriate inclusion and exclusion criteria?		
	c. do participants undergo a documented initial assessment with follow-up reporting to the referring physician and/or healthcare provider?		
	d. do programs provide nutritional counseling by qualified staff, when appropriate?		
	e. is appropriate mental-health counseling available to clinical program participants as necessary, either provided by the facility through the participants primary care physician, and/or by referral to a mental-health provider?		
	f. does the program offer educational component(s) for program participants and, when appropriate, family members?		
	g. does staff maintain an open line of communication with referring physicians and other healthcare providers to provide members with optimal care and programming?		
	h. does the facility have policies and procedures in place that protect the confidentiality of all patients/clients and comply with privacy regulations (for example Health Insurance Portability and Accountability Act of 1996 [HIPAA] and the Personal Health Information Act [PHIA])?		

Programs and Services Standard 2: A Medical Fitness Center must offer preventive/lifestyle modification programs for members and the community at large.

Chapter/ Standard/ Guideline		Yes	No
5.2.3	<i>Does the facility provide educational workshops/classes for the members and the community at large that utilize local healthcare professionals, as well as staff expertise and, when available, regional or national presenters on a regular basis?</i>		
5.2.4	Does the facility offer lifestyle modification programs that are available for members and the community at large, that include such activities as wellness coaching services, group classes/workshops, and other programs and individualized services that provide participants with information and other guidance?		
5.2.5	Does the facility offer health-related classes, such as, but not limited to, CPR, AED, first aid, etc.?		

VI. Children and Youth

Children and Youth Standard 1: A Medical Fitness Center with youth/children’s programming/services must have a written policy/procedure for collecting and documenting pre-participation information on the youth/children participants.

Chapter/ Standard/ Guideline		Yes	No
6.1.1	<i>Does the Medical Fitness Center have a written policy that is approved by the Medical Advisory Committee or Medical Director for established children’s programs/services, including but not limited to operational procedures to the program/service and emergency procedures specific to the program/service.</i>		
6.1.2	Does pre-participation information (i.e., enrollment or registration forms) on youth/children include, but not limited to:		
	a. parent(s)/guardian contact information?		
	b. emergency contact information (including other than parent or guardian)?		
	c. list of individuals who have (and do not have) permission to pick up the child?		
	d. unique or special needs of the child that would affect the child’s participation?		
	e. drop-off (sign in) and pick-up (sign out) procedures to insure the safety and security of the child?		
6.1.3	Does the Medical Fitness Center have written procedures, approved by the Medical Advisory Committee or Medical Director for established children’s programs/services that include, but are not limited to:		
	a. operational procedures specific to the program/service?		
	b. emergency procedures specific to the children’s program/service(s)?		

VII. Aquatics

Aquatics Standard 1: A Medical Fitness Center with aquatics facilities must have written policies and procedures specific to the programs and services that are to be offered in each aquatics area.

Chapter/ Standard/ Guideline		Yes	No
7.1.1	<i>Are there written policies and procedures for the facility's aquatics areas and do they include, but are not limited to, basic rules/regulations for pool use and program/class supervision guidelines, including written policies that stipulate adequate supervision of children while they are in aquatics areas?</i>		

Aquatics Standard 2: A Medical Fitness Center with aquatics areas must have specific written emergency plans for each aquatic area and appropriate rescue equipment that is easily accessible and kept in good condition.

Chapter/ Standard/ Guideline		Yes	No
7.2.2	<i>Are there written policies and procedures that specify the responsibilities of staff handling emergencies in each of the aquatics areas of the facility, including the role of first, second, and third responder?</i>		
	a. are there documented periodic reviews of the emergency response plans for responding to emergencies in each aquatics area to ensure that the policies and procedures are appropriate and fully understood by staff?		
7.2.3	Are all staff responsible for responding to an emergency in the aquatic areas provided with suitable training opportunities on a regular basis for water-related emergencies, with associated documentation that demonstrates the competencies of those staff members to respond in an appropriate manner to aquatic-emergency situations?		
7.2.4	Does the facility take appropriate actions to minimize the risk of potential entrapments and entanglements in the aquatics areas (e.g., compliance with the Virginia Graeme Baker Pool and Spa Safety Act)?		
7.2.5	Does the facility develop and implement specific policies that guarantee adequate supervision of children while they are in aquatics areas?		
7.2.6	Does the facility develop a policy and procedure for handling fecal incidents in aquatic areas?		

Aquatics Standard 3: A Medical Fitness Center with aquatics facilities must comply with all laws/regulations regarding pool chemistry, chemical storage, pool supervision, signage, etc., as required by appropriate governing bodies.

Chapter/ Standard/ Guideline		Yes	No
7.3.7	Does the facility employ or contract with at least one staff person who is a certified pool operator (CPO)?		
7.3.8	<i>Based on applicable state or local laws or regulations, are the aquatic facilities required to have lifeguards and if so, are they scheduled appropriately to supervise pool activities?</i>		
7.3.9	<i>Is pool chemistry checked on a regular interval, as required by appropriate governing bodies and associated regulations, with documentation recorded and maintained for review by appropriate agencies?</i>		
7.3.10	Is the pool chemistry monitoring equipment periodically checked for appropriate calibrations/operations with appropriate documentation?		
7.3.11	Does the facility take documented steps to post appropriate signage to warn users of actions that pose potential risks to their health and safety, including head-first entry, breath-holding, and underwater swimming?		
7.3.12	<i>Are signs posted in easily viewed areas and include pool user rules/regulations, appropriate warnings, and emergency procedures, as well as educate users regarding the importance of following pool hygiene rules?</i>		
7.3.13	<i>Are chemicals stored in appropriately secured locations and in a manner consistent with the requirements of appropriate governing bodies?</i>		
7.3.14	Are material safety data sheets, or their equivalent, visible and available in the aquatics chemical storage area, or easily and readily obtainable by all staff via computer in the event of chemical emergency, if such documentation is stored electronically?		

VIII. Professional Staffing

Professional Staffing Standard 1: A Medical Fitness Center must employ professional(s) who hold degree(s), certification(s) and/or license(s) appropriate to each program offered and the populations served.

Chapter/ Standard/ Guideline		Yes	No
8.1.1	Does the fitness director, manager, or supervisor hold the following minimum qualifications?		
	<i>a. education: bachelor's degree or higher in exercise science, kinesiology, or related field.</i>		
	<i>b. certification: current personal trainer, registered kinesiologist or higher certification that is accredited by the NCCA, ISO 17024 or a similar approved accrediting body.</i>		
8.1.2	Do all professional fitness floor staff hold the following minimum qualifications?		
	a. education: college certificate or associate's degree in exercise science or kinesiology, or related field.		
	b. certification: current personal trainer, kinesiologist or its equivalent that is accredited by the NCCA, ISO 17024 or a similar approved accrediting body.		

**Chapter/
Standard/
Guideline**

		Yes	No
8.1.3	Do all of the personal training staff hold the following minimum requirements?		
	a. education: college certificate or associate's degree in exercise science or kinesiology, or related field.		
	b. <i>certification: current personal trainer, kinesiologist or its equivalent that is accredited by the NCCA, ISO 17024, or a similar approved accrediting body.</i>		
8.1.4	Do all staff responsible for program development, supervision, implementation, and assigning exercise and nutrition recommendations for individuals with health conditions and/or special populations, hold the following qualifications?		
	a. <i>degree appropriate to the clinical/fitness program provided (e.g., exercise science/physiology, kinesiology, kinesiotherapy, physical therapy, nutrition, nursing, etc.).</i>		
	b. <i>current certification/licensure appropriate for services/programs provided, as defined by national, state, and local governing associations, organizational scope of practices and accredited by the NCCA, ISO 17024, or a similar approved accrediting body.</i>		
	c. <i>additional experience/training and/or credential specific to the target population.</i>		
8.1.5	Do all the group exercise instructors hold the following minimum qualifications?		
	a. certification: current group exercise instructor or leader certification that is accredited by the NCCA, ISO 17024, or a similar approved accrediting body.		
	b. <i>certificate of completion or specialty certificates from a reputable organization for each specialized group modality that the instructor teaches.</i>		
8.1.6	Does the aquatics director/supervisor (or responsible manager) hold the following minimum requirements?		
	a. education: college certificate or associate's degree in fitness/exercise science or related field.		
	b. <i>certification: achieving at least one of the following: (a) current Red Cross, or other nationally recognized aquatics safety certification; (b) certification as an aquatics facility operator; (c) certification as a pool operator, advanced life-saving certification, or water safety instructor certification.</i>		
8.1.7	Do all of the aquatics staff hold the following minimum requirements?		
	a. <i>certification: appropriate aquatics certification or specialty training certificate for the position/responsibilities as defined by national, state, and local governing associations.</i>		
8.1.8	Do all staff providing youth/children programs and services have the following:		
	a. background checks?		
	b. <i>CPR/AED, including child and youth requirements?</i>		
8.1.9	Does the facility have a process in place to ensure that all staff credentials are current?		
8.1.10	Do all employed medical fitness center staff participate in Annual Universal Precautions Training and is such training documented?		
8.1.11	Does the facility provide professional liability insurance for all medical fitness center staff or encourage staff to maintain individual policies?		

Professional Staffing Standard 2: A Medical Fitness Center must provide a variety of training/continuing education opportunities for staff, utilizing relationships with and expertise of physicians, other community healthcare professionals and/or experts, conferences, and distance learning programs that are approved for CECs.

Chapter/ Standard/ Guideline		Yes	No
8.2.12	<i>Does the facility provide one or more of the following for each professional staff member: periodic travel/educational opportunities for staff to attend conferences, observe seminars, make site visits; facility-sponsored workshops, seminars, conferences for staff and other health professionals; access to current literature resources/medical library; web-based/online training opportunities?</i>		

IX. Facility Operations

Facility Operations Standard 1: A Medical Fitness Center must have a system in place that accurately monitors who has entered and remains in the facility during operating hours.

Chapter/ Standard/ Guideline		Yes	No
9.1.1	<i>Is there a system in place to ensure that every individual entering the facility has appropriate access privileges to match the requirements of their visit?</i>		
9.1.2	Are all guests and visitors required to check-in at the relevant service-delivery point within the facility?		
9.1.3	Are the number of staff scheduled to be present in the facility adjusted, as appropriate, in response to usage rate data?		

Facility Operations Standard 2: A Medical Fitness Center must comply with all required laws, regulations, and codes governing the operation of the facility.

Chapter/ Standard/ Guideline		Yes	No
9.2.4	Does the facility have an appropriate amount of space between each piece of exercise equipment, as recommended by the manufacturer, as well as between equipment and activity areas?		
9.2.5	Does the facility have wall and floor surfaces in its activity areas that minimize the risk of injury to participants?		
9.2.6	Does the facility conduct preventive maintenance on all of its exercise equipment, according to guidelines provided by the equipment's manufacturer, and maintain a written record of all the maintenance inspection and follow-up kept for at least a year?		
9.2.7	Does the children/youth facility(ies) provide a safe and secure environment (i.e., electrical hazards, toys, secured furniture, flooring, outdoor equipment and enclosures, hazardous chemical, etc.) for children/youth ?		

Facility Operations Standard 3: A Medical Fitness Center must be accessible to individuals with disabilities and other special populations that it serves.

Chapter/ Standard/ Guideline		Yes	No
9.3.8	Does the facility annually conduct an accessibility survey, utilizing individuals with disabilities and other special populations it serves and document efforts to enhance facility accessibility?		
9.3.9	<i>Is exercise equipment inclusive to allow the majority of individuals with disabilities and other special populations access to a full-body workout?</i>		
9.3.10	Are staff provided training to augment their understandings of the needs of the various special populations who may access the facility?		

Facility Operations Standard 4: A Medical Fitness Center must meet all current regulations for potentially hazardous materials, including handling of bodily fluids, as required by appropriate governing bodies.

Chapter/ Standard/ Guideline		Yes	No
9.4.11	<i>Are material safety data sheets, or their equivalent, for each potentially hazardous material maintained and readily available to all staff members (either electronic or hard copy)?</i>		
9.4.12	Do staff receive regular training/review in handling potentially hazardous materials specific to the work area, at least annually?		
9.4.13	Does the facility provide and document staff training regarding the appropriate handling of bodily fluids and cleaning of contaminated surfaces?		

COMMENTS:

- Minimum score of 90% and compliance with all pass/fail guidelines is required to pass the examination. Pass/fail guidelines are noted in italics.
- Facilities not located in the United States must meet the “intent” represented in a guideline when evidence of compliance is dependent upon U.S.-based laws, regulations, certifications, etc. (e.g., HIPAA, OSHA, ADA, NCCA, etc.). Scoring these guidelines as “N/A” is not appropriate.
- Scoring a guideline as “N/A” should only be used when the facility does not have the capability of compliance due to facility limitations (e.g., no pools) or has a policy or procedure that is “greater” than represented by the guidelines. An explanation for NAs on Form G is required for all items scored NA.

Appendix G

About the Medical Fitness Association

Mission Statement

The Medical Fitness Association (MFA) is a member-driven, non-profit organization. Our mission is to foster opportunities for the development and operational success of medically integrated fitness centers. MFA provides industry standards, educational programs, benchmarks, outcome measurements, professional development, and networking opportunities for the medical fitness industry.

Vision Statement

To lead a global network of medically integrated centers and programs in the pursuit of well-being

Code of Ethics

As leaders in the field of medical fitness, MFA professionals pledge to:

- Uphold the ethics and mission of the medical fitness profession.
- Set up the standard of excellence in the operation of fitness and wellness programs, facilities, and services.
- Operate their programs, services, and facilities in a fair, honest, and ethical manner.
- Treat all clients/patients with dignity and respect.
- Ensure that all programs and information delivered to clients/patients are safe, effective, and based on up-to-date research.
- Develop and implement programs and services that improve the quality of life and health of the population they are committed to serve.
- Share best practice strategies with the medical fitness industry.
- Avoid the exploitation of professional relationships for personal gain.

Defining the Future

Medically integrated health and fitness centers are defining the future of professionally administered programs and services to an aging population and are

improving outcomes for clients/patients with chronic diseases and multiple risk factors. These centers have proven they can provide a continuum of care, fulfill the mission of their sponsoring institution, and be financially viable in a variety of communities. The pioneers in the medical fitness industry believe the future of hospitals and other wellness/fitness organizations is in improving the health status of the communities they serve. Preventing disease is the key to creating a sustainable healthcare system in the future.

Notable growth and success throughout the medical fitness industry is becoming more prevalent each year. Based on information obtained through industry surveys and other sources, the number of centers has grown from 79 centers in 1985 to 1,400 in 2018.

The Medical Fitness Association, a non-profit organization, was formed in 1991 to assist medically integrated health and fitness centers achieve their full potential. The Association is a professional membership organization whose mission is to ascertain and respond to the needs of medically integrated centers throughout the world. As a resource to the medical fitness industry, the Medical Fitness Association is 100% focused on medical fitness and is the first association to have focused on hospital fitness and wellness.

Benefits of MFA Membership

❑ PROFESSIONAL DEVELOPMENT

Medical Fitness Association-sponsored *conferences and educational programs* provide exceptional learning and networking opportunities. MFA offers the only business training seminar for up and coming medical fitness facility leaders with the *Medical Fitness Leadership Institute*. To further the careers of medical fitness professionals, MFA offers a *Medical Fitness Facility Director Certification*. This Certification ensures that fitness facility directors and aspiring fitness facility directors possess the core knowledge and skills to manage their centers safely and efficiently. The *MFA "Fellow" designation* honors members who have demonstrated exceptional service to the Medical Fitness Association, medical fitness industry, and to their local community. Fellowship provides a means to recognize excellence, innovation and significant contributions to the medical fitness industry, and leadership in the Medical Fitness Association.

❑ MEDICAL FITNESS FACILITY CERTIFICATION

With our health care system continuing to be stressed and the incidence of disease on the rise, the need for more medically supervised, outcomes, and accountability-based delivered fitness was never more relevant in our industry than today. The Medical Fitness Facility Certification gives you the mark of excellence to let your community know you meet the highest standards. More and more people are looking for safe and effective health and fitness programs at facilities they know they can trust. Get certified and you'll be the one they turn to, and the one physicians can trust for patient referrals.

❑ NETWORKING

Being a member of MFA opens up a wide community of medical fitness professionals. As a member, you have the opportunity to talk to others about best practices, challenges, and ideas. MFA can survey other members for you or connect you to another member who has “been there, done that.” You don’t have to go it alone...become a part of the medical fitness community!

❑ BENCHMARKS FOR SUCCESS

Medical Fitness Association membership gives you access to in-depth research on the latest industry trends. We report on programs, practices, operations and more. What works. What doesn’t. By sharing vital data, we help members formulate standards and protocols that foster excellence and optimize success.

❑ PROMOTING THE MEDICAL FITNESS DIFFERENCE

As a medically integrated health and fitness center, the services you offer your community are exceptional and unique. And it’s important that the public understands the added value your facility offers over other health/fitness facilities. Your active membership in Medical Fitness Association helps identify your organization as a leader in proactive healthcare.

To join the Medical Fitness Association or to learn about MFA’s Facility Certification, Director Certification, Fellowship program and more, please visit MFA’s website at www.medicalfitness.org.

