

# IREP International Standard for Health/Fitness Facilities



## HEALTH/FITNESS FACILITIES

### 1 General

#### 1.1 Scope

This Standard covers health/fitness facilities that offer activity-based health and fitness programs/services or that promote recreational physical activity. It also covers written emergency policies and procedures for health/fitness facilities. Health/fitness facilities are defined as commercial (for profit), community (not for profit), corporate, and clinical (medical fitness).

This Standard contains requirements related to pre-activity screening; orientation, education, and supervision; risk management and emergency policies; professional staff and independent contractors; compliance with federal and state regulations; operating practices; federal and state regulations and signage for health/fitness user and/or facilities. It is intended to assist in providing a safe environment for those who engage in the activities and programs offered by health/fitness facilities.

#### 1.2 Normative references

The following documents contain foundational source material that constitute requirements of this Standard. At the time of publication, the indicated editions were valid. All standards are subject to revision.

#### 1.3 Definitions

**1.3.1 Accredited certifying organization:** a certifying organization that has received third-party approval of its certification procedures and practices from an appropriate agency.

**1.3.2 Aquatics Director:** A professional responsible for the operation of the facility's aquatic environments

**1.3.3 Automated external defibrillator (AED):** an electronic device that can detect certain life threatening cardiac arrhythmias and then administer an electrical shock that can restore the normal sinus rhythm.

**1.3.4 Barrier protection apparel:** Gowns, protective clothing, gloves, masks, and eye shields worn to help protect the staff person from bodily fluids and chemicals.

**1.3.5 Clinical Fitness Director:** A professional who oversees the fitness operations, programming and staffing of a facility that serves a clinical client base (e.g., high risk clients, those with known disease, etc.).

**1.3.6 Fitness Director:** A professional who is accountable for the fitness operations, programming and staff at a health/fitness facility

**1.3.7 Group Exercise Instructor:** A professional who designs group exercise classes as well as leading and instructing group exercise in a health/fitness setting.

**1.3.8 Group Exercise Director:** A professional who oversees all aspects of group exercise programming, including staff.

**1.3.9 Health/fitness facility:** a facility that offers exercise-based health and fitness programs/services or that promotes physical activity and has exercise spaces.

**1.3.10 Health/fitness facility member:** A health/fitness facility user who pays for the privilege of engaging in the activities, programs, and services of the facility.

**1.3.11 Health/fitness facility user:** an individual who accesses a facility on one or more than one occasion without purchasing a membership to the facility.

**1.3.12 Health history questionnaire (HHQ):** a pre-activity screening tool that reflects an individual's health history

**1.3.13 Health risk appraisal (HRA):** a pre-activity screening tool designed to give members an indication of their overall health status

**1.3.14 Lifestyle Counsellor:** A professional who provides lifestyle or wellness counselling.

**1.3.15 Material safety data sheet (MSDS):** Documentation that contains information such as physical data (melting point, boiling point, flash point, etc.), toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, and spill/leak procedures for handling or working with a particular substance.

**1.3.16 New member:** an individual who has joined the facility during the previous 90-days.

**1.3.17 Personal Trainer or Fitness Instructor:** A professional who designs individual exercise programs as well as supervising, coaching and instructing exercise in a health/fitness setting

**1.3.18 Physical activity readiness questionnaire (PAR-Q):** A general self-administrator, screening pre-activity tool that asks questions that allow an individual to easily identify major health conditions.

**1.3.19 Public Access Defibrillator (PAD) program:** a program for responding to cardiac arrest using automated external defibrillators

**1.3.20 Staffed (facility):** Any facility with one or more persons on duty during the facilities operating hours.

## **2 Pre-activity screening**

### **2.1**

All facilities shall offer a general pre-activity screening (e.g., Par-Q) and/or specific pre-activity screening tool (e.g., health risk appraisal (HRA), health history questionnaire (HHQ), etc.) to all new members and prospective users.

– All pre-activity screening procedures should be quick, simple, and easy to perform; the process should encourage acceptance of the opportunity to participate in the pre-activity screening.

– Prospective health/fitness facility members and/or prospective health/fitness facility users who fail to complete the pre-activity screening procedures on request should sign a waiver or release that allows them to participate in the program offerings of the facility. In those instances where such members and/or users refuse to sign a release or waiver, they should be excluded from participation to the extent permitted by law.

### **2.2**

All general pre-activity screening tools (e.g., Par-Q, etc.) shall provide a means for the new member and/or prospective user to clearly determine their level of risk (e.g., low, moderate and high), and also provide the necessary written advice for the new member/prospective user to seek appropriate consultation from a qualified healthcare professional prior to engaging in a program of physical activity.

### **2.3**

All specific pre-activity screening tools (e.g., HRA, HHQ) shall be reviewed and interpreted by qualified staff and the results of the review and interpretation shall be retained on file by the facility for a period of at least one year.

### **2.4**

If a facility becomes aware that a member or user has a known cardiovascular, metabolic, or pulmonary disease, or two or more major cardiovascular disease risk factors, or any other self-disclosed medical concern, that new member/prospective user shall be advised to consult with a qualified healthcare provider before beginning a physical activity program.

– All members or users who have been identified (either through pre-activity screening or by self-disclosure) as having cardiovascular, metabolic, or pulmonary disease or symptoms or any other potentially serious medical concern (e.g., orthopaedic problems) and who subsequently fail to consult with a qualified healthcare professional, should be permitted to sign a waiver or release that allows them to participate in a facility's program offerings. In those situations where such members or users refuse to sign a waiver or release, they should be excluded from participation to the extent permitted by law.

### **2.5**

Facilities shall provide a means for communicating to existing members (e.g., members who have been members for greater than 90-days) the value of completing a general and/or specific pre-activity screening tool on a regular basis (e.g., preferably once annually) during the course of their membership.

Such communication can be done through a variety of mechanisms, including but not limited to, a statement incorporated into the facilities membership agreement, a statement on the new member reactivity screening form, a statement on the web site, etc.

## **3 Orientation, education, and supervision**

Once a new member and/or prospective user has completed a pre-activity screening process, facilities shall then offer the new member/prospective user a general orientation to the facility, which would include, but not be limited to the following:

– An overview, either electronically, in writing, or verbally, of the resources available within the facility to help the new member/prospective user with developing and embarking on a suitable physical activity program for their personal needs (e.g., personal training services, fitness classes, on-line personal training, etc.);

– Basic instructions, either electronically, in writing, or in person concerning the use of the various pieces of exercise equipment available in the facility for use in the new member/prospective users physical activity program; and

– Introduction to a general physical activity regimen, electronically, in writing, or in person, that the new member/prospective user can initially engage in.

### **3.2**

Facilities shall provide a means by which members/users who are engaged in a physical activity program within the facility can obtain assistance and/or guidance with their physical activity program. Such assistance and/or guidance may include, but not be limited to the following:

– A qualified fitness professional that is on-duty to provide assistance and guidance for members/users if requested.

– Basic information, either electronically or in writing, which the member/user can access if required for assistance and guidance.

## **4 Risk management and emergency policy standards**

### **4.1 Emergency response policy**

#### **4.1.1**

Facilities shall have written emergency response policies and procedures, which shall be reviewed regularly and rehearsed quarterly. These policies shall enable staff to respond to basic first-aid situations and emergency events.

NOTE – If facilities need assistance beyond the requirements in this section in matters of preparing emergency policies, procedures, and practices relevant to their setting, they can contact IREP for assistance.

Aspects of a facility's emergency response policies and procedures shall include, but are not limited to, the following:

- Addressing the major emergency situations that might occur. Among the situations are medical emergencies that are reasonably foreseeable with participation in moderate or more intense exercise, such as hypoglycaemia, sudden cardiac arrest, heart attack, stroke, heat illness, and injuries that are orthopaedic in nature;
- Addressing other foreseeable emergencies not necessarily associated with physical activity, such as weather, fires, natural disasters, hostage situations or chemical accidents;
- Explicit steps or instructions on how each emergency situation will be handled and the roles that should be played by first, second, and third responders to an emergency. In addition, the emergency response policies and procedures shall provide locations for all emergency equipment (e. g., contact information for emergency lines in Lagos 767 or 112);
- Full documentation of the policies and procedures that address staff training and emergency instructions, kept in an area that can be easily accessed by the facility staff. In addition, the emergency response policies and procedures shall be reviewed with each staff member on a regular basis;
- Physical rehearsal, at least quarterly (4 times per year), of a cardiac emergency event with notations maintained in a log book that indicate when the rehearsals were performed and who participated and the results and recommendations as may be available;
- First-aid kits;
- Automated external defibrillator(s) (AED);
- An on-site coordinator (i.e., a staff member who is responsible for a facility's overall level of emergency readiness).

NOTE – Facilities should use local healthcare or medical personnel to help them develop their emergency response programs.

#### **4.1.2**

Facilities should have a safety audit that routinely inspects all areas of the facility to reduce or eliminate unsafe hazards that may cause injury to employees and health/fitness facility members or health/fitness facility users.

### **4.2 Handling of potentially hazardous materials**

Facilities shall have a written system for sharing information with users and employees or independent contractors regarding the handling of potentially hazardous materials, including the handling of bodily fluids by the facility staff in accordance with the guidelines of the Occupational Safety and Health Administration (OSHA). [<http://www.oshatrain.org/pages/providers.html#nigeria>]

To comply with OSHA guidelines and reduce the risk to users and staff, facilities shall perform the following actions:

- Maintain a current material safety data sheet (MSDS) document (e.g., written and/or electronic) that is readily available to all staff members;

- Provide, at a minimum, an annual MSDS review for all staff and specific training for workers in the handling of chemicals and agents, and maintain documentation for each staff member;
- Store all chemicals and agents in properly locked locations off limits to health/fitness facility members or health/fitness facility users and ensure that chemicals and agents are stored off the floor;
- Provide proper safety equipment to prevent and address accidents;
- Post the appropriate signage to warn users that they may be exposed to hazardous agents;
- Provide training and maintain documentation for staff regarding how to properly handle bodily fluids, including preventative measures for handling towels, bar soap, razors and other potential hazards; and
- Follow a documented system for cleaning contaminated surfaces and disposing of items containing bodily fluids.

### **4.3 Public access defibrillation (PAD) program**

In addition to complying with all applicable federal and state requirements relating to AEDs, each facility, staffed facilities shall have as part of their written emergency response policies and procedures a PAD program in accordance with this section.

#### **4.3.1**

AEDs in a facility shall be located within a 3-minute response time to any potential collapse site within the facility.

NOTE – The intent of this requirement is to encourage facilities to achieve a response time from collapse caused by cardiac arrest from defibrillation to four minutes or less.

#### **4.3.2**

A skills review, practice sessions, and a practice drill with the AED shall be held a minimum of every six months.

#### **4.3.3**

Each facility shall have an AED program coordinator who is responsible for all aspects of the emergency plan and the use of the AED.

#### **4.3.4**

The program coordinator shall monitor and maintain the AED according to the manufacturer's specifications. Records relating to the monitoring and maintenance of the AED shall be maintained as part of the facility's emergency response records.

#### **4.3.5**

The facility shall record all incidents involving the administration of an AED and report them to the physician or authorized medical authority (consistent with legal requirements of the jurisdiction) that is providing oversight within 24 h after the incident.

**4.3.6** The location of each AED shall have the following characteristics:

- easily accessible (e.g. placed at a height so those shorter individuals can reach and remove, unobstructed access, etc.);
- secure, likely to prevent or minimize the potential for tampering, theft, and/or misuse, and precluding access by unauthorized users;
- well marked, publicized, and known among trained staff; and
- near a communication line (telephone, radio, etc.) that may be used to call emergency lines 767 or 112.

#### **4.3.7**

A facility shall assign at least one staff member to be on duty during all facility operating hours who is currently trained and certified in the delivery of cardiopulmonary resuscitation and administration of an AED.

## **5 Professional staff and independent contractors**

### **5.1**

The health/fitness professionals who have supervisory responsibility for the physical activity programs (i.e., who supervise and oversee members and users, staff, and independent contractors) of the facility shall have an appropriate level of professional education, work experience, and/or certification.

Examples of health/fitness professionals who serve in a supervisory role include the fitness director, group exercise director, aquatics director, and program director.

### **Recommended competency criteria for program supervisors in the health and fitness industry**

An aquatics director shall be compliant with the requirements mandated by state jurisdiction (if any) and at least one of the following:

- Advanced Life Saving (ALS), Water Safety Instructor (WSI) certification, or pool operator certification (CPO) from either a national organization such as the Institute of Registered Exercise Professionals (IREP) or local organization or government agency; or
- Minimum of 3 years' experience as a lifeguard, water safety instructor, or swim instructor.

A fitness director shall have at least one of the following:

- Fitness Instructor or Personal Trainer certification, or its equivalent, from a nationally accredited certifying organization;
- 4-year degree from an accredited school or university in fitness, exercise science, or related field; or
- Minimum of 3 years' experience as a fitness professional in a health/fitness facility.

A clinical fitness director shall have at least one of the following:

- Professional certification or license, or its equivalent, from a nationally accredited certifying organization; or
- 4-year degree from an accredited school or university in fitness, exercise science, or related field, **and** have a minimum of 3 years' experience as a clinical fitness professional in a health and/or medical fitness facility

A group exercise director shall have at least one of the following:

- Group Exercise Instructor certification from a nationally accredited certifying organization; or
- Minimum of 3 years' experience as a group exercise instructor working in the fitness and health industry in a health/fitness facility.

A program director shall have at least one of the following:

- A certification in fitness, group exercise, or related recreational field from a nationally accredited certifying organization; or

– Minimum of 3 years’ experience working as an instructor or supervisor of physical activity or recreation programs.

## **5.2**

The health/fitness professionals who serve in counselling, instructional, and physical activity supervision and instruction roles for the facility shall have an appropriate level of professional education, work experience, and/or certification.

The primary professional staff and independent contractors who serve in these roles are fitness instructors, group exercise instructors, lifestyle counsellors, and personal trainers.

### **Recommended competency criteria for instructors, counsellors, and personal trainers in the health and fitness industry**

A Personal Trainer or Fitness instructor shall have a Fitness Instructor, or Personal Trainer certification, or its equivalent, from a nationally accredited certifying organization; or

A group exercise instructor shall have a Group Exercise Instructor certification from a nationally accredited certifying organization

A Lifestyle counsellor shall have at least one of the following:

– Certification from a nationally accredited certification organization in lifestyle management, behavioural change, health coaching, or similar area; or

– Minimum of one years’ experience working as a fitness instructor or personal trainer, with *at least* 100 hours’ experience in lifestyle counselling.

## **5.3**

Health/fitness professionals engaged in pre-activity screening or prescribing, instructing, monitoring, or supervising of physical activity programs for facility members and users shall have current automated external defibrillation and cardiopulmonary resuscitation (AED and CPR) certification from an organization qualified to provide such certification. A certification should include a practical examination.

## **6 Compliance with federal and state regulations**

### **6.1 Building design and construction**

Facilities shall demonstrate compliance with all federal and state building codes via a Certificate of Occupancy or other state documentation.

### **6.2 Equipment**

Each aquatic or pool facility shall demonstrate compliance with all equipment, signage, and other safety requirements mandated by state and local codes and regulations.

## **7 Facility operating practices**

### **7.1**

Facilities shall have an operational system in place that monitors, either manually or technologically, the presence and identity of all individuals (e.g., members and users) who enter into and exit from the facility.

### **7.2**

Facilities that offer a sauna or steam room shall have a technical monitoring system in place to ensure that these areas are maintained at the proper temperature and humidity level that the appropriate warning systems/signage are in place to notify members and users of any risks related to the use of these areas, including subsequent unsafe changes in temperature and humidity.

### **7.3**

Facilities that offer members and users access to a pool shall provide evidence that they comply with all water-chemistry, safety requirements mandated by state regulations.

### **7.4**

A facility that offers youth services or programs shall provide evidence that it complies with all applicable state laws and regulations pertaining to their supervision.

#### **7.4.1 Medical history**

When a child is under direct supervision of a facility, as a participant in either an organized activity or in an on-going facility program or is just under the temporary supervision of the facility while the parent/legal guardian is using the facility, the facility shall obtain the child's basic medical information and make it available to the staff person in the facility who is responsible for supervising the child.

#### **7.4.2 Waiver and release**

The facility shall require that parents or guardians of all children left in the facility's care complete a waiver, authorization for emergency medical care and release for the children whom they leave under the temporary care of the facility.

#### **7.4.3 Sign-in and sign-out**

The facility shall require that parents/guardians provide the facility with names of persons who are authorized by the parent/legal guardian to pick up each child. The facility shall not release children to any unauthorized person, and furthermore, the facility shall maintain records of the date and time each checked-out and dropped-off and the name of the person to whom the child was released.

#### **7.4.4 Policies and rules**

Facilities shall have written policies regarding children's issues such as age limits, restroom practices, food, and parental presence on site. Facilities shall inform parents/guardians of these policies and require that parents/guardians sign a form that acknowledges that they have received the policies, understand the policies, and will abide by the policies.

#### **7.4.5 Background checks**

The facility shall either perform or have performed a criminal-background check for any employee or independent contractor who is placed in charge of supervising the activities of children while the children are in the facility.

## **8 Signage**

### **8.1**

Facilities shall post caution, danger, and warning signage in conspicuous locations where existing conditions and situations warrant such signage.

#### **8.1.1 Cautionary signage**

In those instances where cautionary signage is warranted, such as state regulations, or when conditions exist that pose an imminent risk to the /facility user, that cautionary signage must provide the proper cautionary statement, as well as a concrete list of actions that are appropriate to avoid the risk indicated in the cautionary statement.

#### **8.1.2 Danger signage**



In those instances where danger signage is warranted, such as by state regulations, or when conditions exist that threaten the immediate safety of a member/facility user, that danger signage shall provide the proper indication of the applicable danger, as well as a list of what step should to be taken to avoid that danger or risk.

### **8.1.3 Warning signage**

In those instances where warning signage is applicable, such as by state, or when conditions exists that pose a potential risk to the member/facility user, that cautionary signage shall provide the proper statement that warns individuals of the potential risks that apply to a particular situation, as well as the measures that could be taken to minimize the risks

## **8.2**

Facilities shall post the appropriate emergency and safety signage pertaining to fire and related emergency situations, as required by federal or state regulations. The following signage is required:

### **8.2.1 Emergency exit signage.**

Emergency-exit signage shall show the locations of all emergency exits in the facility and provide directions concerning how to proceed to these exits.

### **8.2.2 Emergency phone and fire extinguisher location signage.**

Emergency phone and fire extinguisher location signage shall identify the locations of telephones and fire extinguishers in the facility and provide instructions concerning their use.

### **8.2.3 AED and first-aid location signage.**

AED and first-aid location signage shall identify the locations of all AED units and first-aid kits in the facility and provide directions on how to get to these locations.

## **8.3**

All cautionary, danger, and warning signage shall have the required signal icon, signal word, signal colour, and layout.

## **8 Signage**

### **8.1**

Facilities shall post caution, danger, and warning signage in conspicuous locations where existing conditions and situations warrant such signage.

## **9 Exercise Equipment's**

A fitness facility equipment placement is essential, not just for customer ease and aesthetics, but also for safety. The facility may include cardio equipment, circuit machines, free weights, plate-loaded machines, squat racks and lifting platforms, etc.

### **9.1**

Facilities gym equipment setups shall have proper spacing, adequate traffic flow and consideration for those with disabilities.

#### **9.1.1 Tall Machines**

The tallest machines in the gym should be placed on the perimeter of the building along the walls. These machines include squat racks, power racks, Smith machines and assisted pull-ups.

– All tall machines should be bolted to the floor for extra stability.

### **9.1.2 Dumbbells, Barbells and Racks**

- Dumbbell racks shall be placed along a wall, or in front of a mirror if available.
- Barbells shall be positioned so that there is at least 36 inches of space between the ends of the barbells.
- Weight trees and racks should have 36 inches of clearance and be placed near plate loaded equipment, such as bench press, squat racks, and Hammer Strength equipment.

### **9.1.3 Treadmill**

- Treadmills shall be have at least 72 inches behind them.
- All treadmill users must be taught on how to get on and off the treadmills
- Commercial, community and company treadmills must be industrial (3HP and above)

### **9.1.4 Other Equipment**

- Olympic platforms need to have three to four feet of clearance on all sides to account for dropped weights and room for spotters.
- Circuit training machines or machines that use an adjustable weight stack shall have at least 24 inches of clearance with an optimal clearance of 36 inches.

### **9.1.5 Mirrors**

- All equipment shall be placed at least six inches away from mirrors.
- Mirrors shall be placed at least 20 inches above the floor.

### **9.2 Traffic Flow**

Pathways shall be at least 36 inches wide along the perimeter of designated exercise areas.

Gymnasiums or cardio rooms, circulation hallways shall be at least 60 inches wide to account for high volume traffic and transportation of gym equipment.

## **10. Nigerian Disability Guidelines – To be included**

**Annex A  
(informative)**

**Example of self-inspection (safety audit)**

**Monthly Safety Audit**

Location:			
Month:		Date Submitted:	

Have all employees received their safety orientation?

Y  N

1. Did all new employees receive a safety orientation as part of the new hire process?

Y  N

2. Was a monthly safety meeting for all employees conducted?

Y  N

If no, why not? \_\_\_\_\_

3. Did all Managers' assist in employee training, hazard ID and correction, and behaviour reinforcement?

Y  N

4. Were all Daily Safety Audits completed and turned in?

Y  N

- Were all unsafe conditions corrected at the time?

Y  N

5. Were all Weekly Safety Audits completed and turned in?

Y  N

- Were all unsafe conditions corrected at the time?

Y  N

6. Which Safety Audits did you check during the month? Include comments on findings.

<u>Name and Date of Original Audit</u>	<u>Comments/Corrective Action Taken</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Were there any Member injuries this month? If yes, include copy of accident report/follow up.

Y  N

8. Were there any Workmen's Compensation cases this month? Include follow up documentation.

Y  N

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

Please list their names below:

1.	4.
2.	5.
3.	6.

Ongoing issues which need to be communicated to Club Owners?

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## **PRE- ACCREDITATION SELF AUDIT FORMS**

- Facility Safety Audit
- General Safety
- Fitness Area
- Building & Grounds
- Office & Break-rooms
- Locker Rooms
- Sauna: Steam / Dry
- Aquatics / Pool Area
- Basketball / Racquet Ball Courts & Aerobics
- Climbing Structure
- Child Care
- Kids Club
- Hazardous Materials & Chemical Storage
- Emergency & Fire Safety
- Audit Recap
- Infection Control Form
- Locker Room Checklist Form

*Request for forms as it applies to your facility. Forms are free and would be sent via email or post.*

### **Reference**

*IREP Facilitators*

*Department of Human Kinetics & Health Education, University of Lagos.*

*ACSM's Health/Fitness Facility Standards and Guidelines.*

### **Contact**

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