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NSF 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 moderate- to vigorous-intensity 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; facility design and construction; equipment; operating practices; 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 provisions 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, and parties are encouraged to investigate the possibility of applying the recent editions of the standards indicated below.

ACSM's Health/Fitness Facility Standards and Guidelines were used as the basis of this guideline Standard. For further detail on the documentation on the requirements herein, consult ACSM's Health/Fitness Facility Standards and Guidelines.

ACSM¹ Health/Fitness Facility Standards and Guidelines, 3rd edition

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Occupational Safety and Health Standards 29 CFR 1910.1200 *Hazard Communication*

Occupational Safety and Health Standards 29 CFR 1910.1030 *Bloodborne pathogens*

21 CFR 801.109 Prescription devices

ASTM F1749-02 Standard specification for fitness equipment and fitness facility safety signage and labels

¹ American College of Sports Medicine (ACSM), 401 West Michigan Street, Indianapolis, Indiana 46202-3233.

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, such as the National Commission for Certifying Agencies (NCCA).

1.3.2 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

1.3.3 barrier protection apparel: Gowns, preventive clothing, gloves, masks, and eye shields worn to help protect the staff person from bodily fluids and chemicals.

1.3.4 BCLS (Basic Cardiac Life Support): Includes recognition of signs of sudden cardiac arrest (SCA), myocardial infarction (MI) or heart attack, stroke, and foreign body airway obstruction; performance of cardiopulmonary resuscitation (CPR); and performance of defibrillation with an AED, all in accordance with current guidelines of the American Heart Association.

1.3.5 health/fitness facility: a facility that offers exercise-based health and fitness programs/services or that promotes moderate- to vigorous-intensity physical activity and has supervised exercise spaces.

1.3.6 Health/fitness facility member: ~~an individual~~ A health/fitness facility user who pays either monthly dues or annual dues for the privilege of engaging in the activities, programs, and services of the facility.

1.3.7 Health/fitness facility user: an individual who accesses a facility on one ~~and possibly~~ or more than one occasion without purchasing a membership to the facility.

1.3.8 health history questionnaire (HHQ): a pre-activity screening tool that reflects a member's health history

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

1.3.10 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.

1.3.11 physical activity readiness questionnaire (PAR-Q): a simple one-page questionnaire that asks questions that allow the user or a facilitator easily to identify major health conditions: signs or symptoms suggestive of coronary heart disease; risk factors for cardiovascular disease; medications; or other major medical conditions that may elevate the participant's risk of medical complications during exercise.

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

1.3.13 staffed (facility): Any facility with one or more persons on duty during ~~any part~~ at least 67% of the facilities operating hours.

2 Pre-activity screening

2.1 All health/fitness facilities offering exercise equipment and/or staffed services shall offer a general pre-activity ~~cardiovascular~~ risk screening, e. g., Physical Activity Readiness Questionnaire (PAR-Q)

and/or a specific pre-activity screening tool, e. g., health risk appraisal (HRA), or health risk questionnaire (HRQ) to all new members and prospective users:

- a general pre-activity cardiovascular risk screening questionnaire, e. g., Physical Activity Readiness Questionnaire (PAR-Q); and/or All 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.
- a specific pre-activity screening tool, e. g., health risk appraisal (HRA) or health history questionnaire American Heart Association / American College of Sports Medicine Health/Fitness Facility Pre-participation Screening Questionnaire (HHQ). Prospective health/fitness facility members and/or health/fitness facility users who fail to complete the pre-activity screening procedures on request should be permitted to 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.

Members and Users shall be offered the pre-activity screening prior to their participation. If a member or user declines the pre-activity screening, s/he shall sign a waiver for the screening.

The pre-activity screening may should be repeated at appropriate on annual intervals and may should be either general (e. g., a Physical Activity Readiness Questionnaire [PAR-Q]), or specific (e. g., a health risk appraisal [HRA] or health history questionnaire [HHQ]). Screenings may be either self-administered, or conducted by a fitness or healthcare professional.

2.2 All specific pre-activity screening tools (e. g., HRA, HHQ) shall be interpreted by qualified staff (see 5), and the results of the screening shall should be documented. Information should be collected on whether participation in physical activity presents a heightened cardiovascular and/or medical risk for a prospective member or user of a health/fitness facility; this information should include known cardiovascular risk factors as set forth by the American Heart Association and/or ACSM such as including blood pressure, resting heart rate hypertension, family history of heart disease, age, gender, cigarette smoking, dyslipidemia, pre-diabetes, physical inactivity and body mass index as enumerated within the current edition of *ACSM's Guidelines for Exercise Testing and Prescription*. In the event a risk factor is unknown or if there is no answer to a question on the PAR-Q or HHQ, the response shall be treated as though it was an affirmative answer (for example, if the cholesterol is unknown, it is treated as though the cholesterol was > 200 mg/dL). A user's health information shall be kept in accordance with current standard practices outlined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Public Law 104-191, enacted on August 21, 1996).

2.3 If, as a result of pre-activity screening, a health/fitness facility becomes aware that a health/fitness facility member or health/fitness facility user has a known cardiovascular, metabolic, or pulmonary disease, or two or more major cardiovascular risk factors, or any other major self-disclosed medical concern; two or more major cardiovascular risk factors; or any other major self-disclosed medical concern, as a result of a pre-activity screening, then that health/fitness facility member or health/fitness facility user shall be advised in writing to consult with a qualified healthcare provider such as a physician before beginning a physical activity program.

The American College of Sports Medicine (ACSM) has developed a practical approach to risk stratification that can be used to classify individuals as low, moderate, or high risk (see *ACSM's Guidelines for Exercise Testing and Prescription*). Based on this classification, the facility shall recommend that a high-risk members or users identified as such by the facility administered pre-activity screening protocol see a qualified healthcare provider. ACSM's stratification can be subsequently used to provide recommendations for receiving further evaluation.

~~If a user needs to receive medical clearance before participating in a particular activity program, the facility shall provide the appropriate forms to the user to take to a qualified health care professional such as a physician.~~

~~– All health/fitness facility members and health/fitness facility users who are identified as having cardiovascular or medical risk factors that merit medical consultation should be provided with appropriate information concerning the importance of obtaining such consultation from a qualified healthcare provider before beginning an exercise program.~~

~~– All health/fitness facility members or health/fitness facility 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., orthopedic problems) and who subsequently fail to get consultation 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 health/fitness facility members or health/fitness facility users refuse to sign a waiver or release, they should be excluded from participation to the extent permitted by law.~~

3 Orientation, education, and supervision

Once a new ~~member user~~ health/fitness facility member or health/fitness facility user has completed a pre-activity screening process, all staffed facilities shall offer the ~~member user~~ health/fitness facility member or health/fitness facility user a general orientation to the facility, covering topics that may include, but are not limited to:

- ~~– basic instructions concerning use of the various pieces of physical activity equipment available in the facility;~~
- ~~– resources available within the facility to help with developing suitable physical activity programs (e. g., personal training services, special fitness classes, fitness media library, online personal training experts); and~~
- ~~– introduction to a general physical activity regimen that ~~members and users~~ member user health/fitness facility member or health/fitness facility user can follow.~~

4 Risk management and emergency policy standards

~~NOTE – Records shall be maintained for the policies and procedures describe in 4. For examples of documentation see Annex A.~~

4.1 Emergency response policy

4.1.1 Facilities shall have written emergency response system policies and procedures, which shall be reviewed regularly and rehearsed quarterly. These policies shall enable staff to ~~handle~~ respond to basic first-aid situations and emergency ~~cardiac~~ 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 will find the contents of the 1998 and 2002 ACSM/AHA publications to be helpful resources.~~

Aspects of a facility's emergency response system 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 the onset of moderate or more intense~~

exercise, such as hypoglycemia, sudden cardiac arrest, heart attack, stroke, heat illness, and injuries that are orthopedic 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 system policies and procedures shall provide locations for all emergency equipment (e. g., contact information for EMS, the most favorable access ways for the EMS personnel, as well as the steps necessary for contacting the local EMS; and signage required in 11a);
- full documentation of the system policies and procedures via staff training and emergency instructions, kept in an area that can be easily accessed by the facility staff. In addition, the emergency response system policies and procedures shall be reviewed with each staff member on a regular basis;
- physical rehearsal, at least two 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;
- an automated external defibrillator (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 shall should have a written self-inspection (safety audit) that routinely inspects all areas of the facility to reduce or eliminate unsafe hazards that may cause injury to employees and users health/fitness facility members or health/fitness facility users.

NOTE - The likelihood of a severe injury or the probability minor injury with a high frequency of an occurrence shall require a higher frequency of inspections.

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).

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

- ~~Make sure that the~~ Maintain a current material safety data sheet (MSDS) for every chemical and agent used in the facility is posted in a location for all workers to see binder document (e.g., written and/or electronic) that is readily available to all staff members;
- Provide, at a minimum, an annual MSDS binder that each staff member shall review for all staff and specific training for workers in the handling of chemicals and agents, and maintain a signed record of that review documentation for each staff member;

NOTE – MSDS training shall be provided for new hires during orientation.

- 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;
- Ensure that chemicals and agents are stored off the floor and in an area that is off limits to users and has locks to prevent accidental or inappropriate entry. Provide proper safety equipment to prevent and address accidents; e.g., eye wash stations; (an approved eye wash station shall have a minimum 7.0.4 GPM flow rate and a 15 min water supply flow);
- Provide regular training to workers in the handling of chemicals and agents;
- Post the appropriate signage to warn users that they may be exposed to hazardous agents (see 11a);
- Provide training for staff regarding how to handle bodily fluids;

NOTE – OSHA provides training materials, as do other organizations.

- Provide literature that each staff member shall review on the proper handling of bodily fluids, and maintain a signed record of that review for each staff member;
- Make sure that the staff members who are handling towels, bar soap, or razors; cleaning or picking up papers; or cleaning exercise equipment wear surgical-style gloves;
- 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.

If blood is visible on a surface, it shall be cleaned off immediately with bleach or a similar agent by a staff member wearing barrier protection apparel (e. g., impermeable gloves, protective facewear). All cleaning materials and all fluids shall be disposed of in biowaste containers.

4.3 Public access defibrillation (PAD) program

In addition to complying with all applicable federal, state, and local requirements relating to AEDs, each facility, staffed facilities shall have as part of their written emergency response system policies and procedures a public access defibrillation (PAD) program (see annex B) in accordance with this section.

4.3.1 AEDs in a facility should be located within a 1.5-minute walk of any potential collapse site.

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, and practice sessions, and a practice drill with the AED shall be held a minimum of every six months, as recommended by the AHA's Emergency Cardiac Care Committee and a number of international experts. The sessions shall cover special types of cardiac emergencies including, but not limited to, those involving water; children; transdermal medication; and implanted pacemakers or implanted cardioverter defibrillators (ICDs). AED practice drills every six months are recommended for health/fitness facilities.

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, and maintenance records. Records relating to the monitoring and maintenance of the AED shall be maintained as part of the facility's emergency response system records.

4.3.5 The facility shall record all incidents involving the administration of an AED and report them to the physician who is providing oversight as soon as possible, no more than one day within 24 h after the incident.

~~4.3.6 All fitness staff and support staff members who are likely to be put in a situation where they may have to administer an AED shall should be appropriately trained and certified in a course that incorporates the administration of the AED from an accredited training organization. Records of training and retraining shall be maintained in staff personnel records or as part of the documentation of the facility's emergency response system.~~

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 telephone that may be used to call backup, security, EMS, or 911.

4.3.7 Facility staff requirements

4.3.7.1 A staffed facility shall have assign at least one staff member to be on duty during all facility operating times hours who is currently trained and certified in Basic Cardiac Life Support (BCLS) and administration of an AED.

~~4.3.7.2 A partially staffed facility shall assign at least one staff member to be on duty, during staffed operating times who is currently trained and certified in BCLS 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.

The Examples of health/fitness professionals who serve in a supervisory role are include the fitness director, group exercise director, aquatics director, and program director. Table 5.2 provides examples of what might be considered an appropriate blend of professional education, certification, and work experience for some of the primary supervisory positions within the health and fitness industry.

Table 5.2 Recommended competency criteria for program supervisors in the health and fitness industry

Professional position	Professional education	Professional certification	Professional experience
Aquatics director	4-year degree in fitness,	Certification in	Minimum of 3 years'

Professional position	Professional education	Professional certification	Professional experience
	exercise science, or related field from an accredited college or university is recommended, but not required.	advanced lifesaving and water safety from a nationally recognized organization is recommended. Certification as a pool operator from either a national (NSPI) or local organization or governmental agency is recommended.	experience as a lifeguard, water safety instructor, or swim instructor is recommended.
Fitness director	4-year degree in fitness or health related field from an accredited college or university.	Fitness instructor or personal trainer certification from nationally recognized and accredited certifying organization.	Minimum of 3 years' experience as a fitness professional working in the fitness and health industry in a health/fitness facility is recommended.
Group exercise director	2 years post-high school education in fitness, health, recreation, or related field from an accredited college or university is recommended but not required.	Group exercise instructor certification from a nationally recognized and accredited certifying organization.	Minimum of 3 years' experience as a group exercise instructor working in the fitness and health industry in a health/fitness facility is recommended.
Program director	4-year degree in fitness, exercise science, or related field is recommended but not required.	Certification in fitness, group exercise, or related recreational field from a nationally recognized and accredited certifying organization is recommended.	Minimum of 3 years' experience working as an instructor or supervisor of physical activity or recreation programs is recommended.

An aquatics director ~~Must~~ shall be compliant with the requirements mandated by local jurisdiction and at least one of the following:

- ~~– either~~ Advanced Life Saving (ALS), Water Safety Instructor (WSI) certification, or pool operator certification (CPO) from either a national organization such as the National Spa and Pool Institute (NSPI) or local organization or government agency; or
- ~~– have a~~ minimum of 3 years' experience as a lifeguard, water safety instructor, or swim instructor. (Note ~~– Will also be in compliance with requirements mandated by local government~~).

A fitness director ~~Must hold either~~ shall have at least one of the following:

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

A clinical fitness director ~~—Must hold either~~ shall have at least one of the following:

- ~~– a professional certification or license, or its equivalent, from a nationally accredited certifying organization; or~~
- ~~– a 4-year degree from an accredited college 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 ~~—Must hold either~~ shall have at least one of the following:

- ~~– Group Exercise Instructor certification from a nationally accredited certifying organization; or~~
- ~~– have a 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 ~~—Must hold either~~ 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~~
- ~~– have a 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 counseling, 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 counselors, and personal trainers. ~~Table 5.3 details examples of what might be considered the appropriate blend of professional education, certification, and work experience for some of the relevant positions in the health and fitness industry.~~

Table 5.3 ~~—Recommended competency criteria for instructors, counselors, and personal trainers in the health and fitness industry~~

Professional position	Professional education	Professional certification	Professional experience
Fitness instructor	4-year degree in fitness, exercise science, or related field recommended; with two years of college education in the field as a recommended minimum.	Fitness instructor or personal trainer certification from a nationally recognized and accredited certifying organization.	Minimum of six months' experience working as a fitness instructor or personal trainer preferred.
Group exercise instructor	High school education required and two years of college education in fitness, exercise science, dance, or related field recommended but not	Group exercise instructor or leader certification from a nationally recognized and accredited certifying organization.	Minimum of 100 hours' experience observing and teaching group exercise or fitness classes preferred.

Professional position	Professional education	Professional certification	Professional experience
	required.		
Lifestyle counselor	4-year degree in fitness, health, or related field.	Fitness instructor or personal trainer certification from a nationally recognized and accredited certifying agency required. Additional certification from such organizations in lifestyle management, behavior change, or similar area recommended.	Minimum of one year's experience working as a fitness instructor or personal trainer, with at least 100 hours' experience in lifestyle counseling recommended but not required.
Personal trainer	4-year degree in fitness, exercise science, or related field recommended; two years of college education in the field recommended but not required.	Fitness instructor or personal trainer certification from a nationally recognized and accredited certifying organization required.	Minimum of six months' experience working as a fitness instructor or personal trainer preferred.

A Personal Trainer or Fitness instructor – Must hold ~~either~~ shall have at least one of the following:

- Fitness Instructor, or Personal Trainer certification, or its equivalent, from a nationally accredited certifying organization; or
- a 4-year degree from an accredited college or university in fitness, exercise science, or sports medicine.

A group exercise instructor – Must hold ~~either~~ shall have at least one of the following:

- a Group Exercise Instructor certification from a nationally accredited certifying organization; or
- a 4-year degree from an accredited college or university in fitness, exercise science, or sports from an accredited college or university.

A Lifestyle counselor – Must hold ~~either~~ shall have at least one of the following:

- a 4-year degree from an accredited college or university in health promotion, counseling, or related field; or
- certification from a nationally accredited certification organization in lifestyle management, behavioral change, health coaching, or similar area; or
- have a minimum of one years' experience working as a fitness instructor or personal trainer, with *at least* 100 hours' experience in lifestyle counseling.

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 local regulations

6.1 Building design and construction

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

NOTE – While federal requirements are consistent from one municipality to another, local building codes can vary drastically. It is recommended that facility operators be aware of the building codes in their community.

6.2 Equipment

Each aquatic venue of an aquatic or pool facility shall provide the safety equipment and signage required by state and local codes and regulations.

7 Facility operating practices

7.1 Facilities shall have a system in operation that monitors the entry to and exit from the facility by all persons.

7.2 Facilities that offer a sauna, steam room, or whirlpool shall have a monitoring system in place to ensure that these areas are maintained at the proper temperature and that the appropriate warning systems are in place to notify members and users of any risks and changes in temperature. Table 7.2 provides an overview of the recommended temperature ranges and precautions in saunas, steam rooms, and whirlpool areas.

Table 7.2 Recommended Temperatures and Precautions for Saunas, Steam Rooms, and Whirlpools

Wet area	Temperature range recommendations	Precautions
Sauna	160-170 °F (71-77 °C)	<ul style="list-style-type: none">• Limit use to 10 minutes at one time.• Wait at least 10 minutes after exercise before entering.• If you are pregnant or have heart disease, kidney disease, and/or other medical conditions that might be adversely affected by high heat, do not use.
Steam room	100-110 °F (38-43 °C)	<ul style="list-style-type: none">• Limit use to 10 minutes at one time.• Wait at least 10 minutes after exercise before entering.• If you are pregnant or have heart disease, kidney disease, and/or other medical conditions that might be adversely affected by high heat, do not use.
Whirlpool	102-105 °F (39-41 °C)	<ul style="list-style-type: none">• Limit use to 10 minutes at one time.• Wait at least 10 minutes after exercise before entering.• If you are pregnant or have heart disease, kidney disease, and/or other medical conditions that might be adversely affected by high heat, do not use.

7.3 Facilities that offer members and users access to a pool or whirlpool shall ensure that the pool or whirlpool water chemistry is maintained in accordance with state and local codes.

NOTE – Facility operators may refer to the National Spa and Pool Institute (NSPI) for more thorough information on the proper water chemistry for pools and whirlpools (spas.)

7.4 A facility that offers youth services or programs shall provide supervision as required by the applicable state and local regulations.

7.4.1 Medical history

When a child is ~~in the exclusive control~~ under direct supervision of a 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 the child. This action requires that the facility staff work with the parent or guardian to collect relevant information including, but not limited to, allergies, illnesses, and any other special medical conditions of that the child may have.

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/or release for the children whom they leave in the facility's care.

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 to pick up each child. The facility shall not release children to any unauthorized person, and it shall maintain records of the date and time of each check-out and drop-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~~ an acknowledgement indicating that they have received the policies, understand the policies, and will abide by the policies.

7.4.5 Background checks

The facility shall perform a criminal background check for all staff and independent contractors who work in situations where they may be alone with children.

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

Cautionary signage shall provide members and users with both a cautionary statement and a concrete list of actions that are appropriate to avoid the risk indicated in the cautionary statement.

8.1.2 Danger signage

Danger signage shall provide members and users with a clear statement of the applicable danger and what steps are to be taken to avoid that danger or risk.

8.1.3 Warning signage

Warning signage shall provide members and users with a clear statement that warns them of the potential risks that apply to a particular situation and the measures that can 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, state, and local codes. The following signage is required:

8.2.1 Emergency exit signage. These signs shall show the locations of all emergency exits and provide directions for how to proceed to these exits.

8.2.2 Emergency phone and fire extinguisher location signage. These signs shall identify the locations of telephones and fire extinguishers and provide instructions for their use.

8.2.3 AED and first-aid location signage. These signs shall identify the locations of all AED units and first-aid kits and include directions on how to get to these locations.

8.2.4 Facility occupancy load and certificate of occupancy. This signage shall indicate the maximum number of persons allowed in the facility at any given time, according to local building codes.

Facilities shall post all required ADA and OSHA signage and other signage the posting of which is required by law/regulation.

8.4 All cautionary, danger, and warning signage shall have the required signal icon, signal word, signal color, and layout as specified in ASTM F1749.

**Annex A
 (informative)**

A.1 Example of a written 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 behavior 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?

Facility Safety Audit

Facility:	Date:	Time:
Auditor:		
Title:	Score:	

General Safety	Yes	No	N/A
Have all employees received General Safety training (fire, earthquake, VDT's, lifting, emergency evacuation, etc)?			
Are all employees familiar with the use of the MSDS?			
Have all employees received proper training in how to operate the equipment they are required to use?			
Have all employees been trained in how to protect themselves from the hazards identified in their work area?			
Are the CAL/OSHA Information Poster, Workmen's Compensation Bulletin and other mandated signs posted?			
Are glass doors and partitions marked at eye level and in good condition?			
Are alarm systems working properly and is access restricted?			

$$\text{Score} = \frac{\text{Number of YES Responses}}{\text{Number of Scored Responses}} \times 100$$

Number of YES Responses = _____

Number of Scored Items (Do Not include N/A Responses) = _____

Score for Section = _____

Facility Safety Audit

Facility:		Date:	
Auditor:			
Title:		Score:	

Fitness Area	Yes	No	N/A
Are stairs, ramps, floors and aisles are clean and free of obstructions?			
Are floors are free of defects and other tripping hazards?			
Are chairs, equipment and materials placed in racks or otherwise stored safely?			
Facility Access control procedures are in place and are being followed?			
Supervision is present when necessary and is properly trained?			
Are the floors free from loose threshold plates, loose tiles, open carpet seams, buckles and other tripping hazards?			
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? Are logs maintained?			
Are weights stacked appropriately?			
Are mirrors clean & free of cracks?			

$$\text{Score} = \frac{\text{Number of YES Responses}}{\text{Number of Scored Responses}} \times 100$$

Number of YES Responses = _____

Number of Scored Items (Do Not include N/A Responses) = _____

Score for Section = _____

Facility Safety Audit

Facility:	Date:	Time:
Auditor:		
Title:	Score:	

Building & Grounds	Yes	No	N/A
Exterior walkways and parking lots are free of tripping hazards.			
Are stairways, parking areas, sidewalks and yards well lit and free of obstructions?			
Are curb edges clearly identified by means of contrasting colors?			
Grounds free of debris and litter. Adequate waste receptacles?			
Sprinkler heads do not present tripping hazard.			
Hazardous areas properly posted.			
Trees and shrubs properly trimmed.			
Fencing in good repair with no sharp projections.			
Entrances - all doors, steps, carpets/mats & runners in good condition?			
Are electrical outlets & fuse boxes properly secured, labeled & grounded?			

$$\text{Score} = \frac{\text{Number of YES Responses}}{\text{Number of Scored Responses}} \times 100$$

Number of YES Responses = _____

Number of Scored Items (Do Not include N/A Responses) = _____

Score for Section = _____

Facility Safety Audit

Facility:	Date:	Time:
Auditor:		
Title:	Score:	

Office & Break-rooms	Yes	No	N/A
Are floors are free of defects and other tripping hazards?			
Are chairs, equipment and materials placed/stored in racks or otherwise stored safely?			
Is Lost Property in a secure location?			
Are memorandums and bulletins posted and available to staff?			
Are time cards secure and unavailable for misuse?			
Is the area clean and properly maintained?			
Are appliances operational and free of water and other hazards?			
Is the doorway free of clutter?			
Is material stored properly?			
Is the entrance signed for staff use only?			

$$\text{Score} = \frac{\text{Number of YES Responses}}{\text{Number of Scored Responses}} \times 100$$

Number of YES Responses = _____

Number of Scored Items (Do Not include N/A Responses) = _____

Score for Section = _____

Facility Safety Audit

Facility:	Date:	Time:
Auditor:		
Title:	Score:	

Locker Rooms	Yes	No	N/A
Are floors mats free of defects and other tripping hazards?			
Are floors in good repair and not slippery?			
Are mirrors & tiles clean and free of chips & cracks?			
Is locker room clean and orderly?			
Are benches & lockers clean and free of hazards?			
Are all fluid & paper dispensers full and clean?			
Are toilets & showers clean and free of hazards?			

$$\text{Score} = \frac{\text{Number of YES Responses}}{\text{Number of Scored Responses}} \times 100$$

Number of YES Responses = _____

Number of Scored Items (Do Not include N/A Responses) = _____

Score for Section = _____

Facility Safety Audit

Facility:	Date:	Time:
Auditor:		
Title:	Score:	

Sauna: Steam / Dry	Yes	No	N/A
Are floors free of defects and other tripping hazards?			
Floors - are floors in good repair and not slippery?			
Are tiles clean and free of chips & cracks?			
Are temperature standards being followed?			
Are benches secure and free of hazards?			
Are heat elements labeled as high temperature?			
Are signs dictating rules of use posted?			

$$\text{Score} = \frac{\text{Number of YES Responses}}{\text{Number of Scored Responses}} \times 100$$

Number of YES Responses = _____

Number of Scored Items (Do Not include N/A Responses) = _____

Score for Section = _____

Facility Safety Audit

Facility:	Date:	Time:
Auditor:		
Title:	Score:	

Aquatics / Pool Area	Yes	No	N/A
Is area properly signed?			
Are aquatics rescue equipment and materials placed in racks or otherwise stored safely and readily available in emergency?			
Is supervision properly trained and present when necessary?			
Are pool decks in good repair, free of hazards, clean and with no standing water?			
Are pool attendant logs (Binder) & equipment properly updated?			
Is patio furniture clean, free of damage and stored properly?			
Are fall & winter water temperature & quality tests performed?			
Are pool chemical areas properly ventilated & secure?			
Are chemical areas equipped with eyewash stations and properly maintained?			
Are Emergency exits "entrance secured" and operational?			

$$\text{Score} = \frac{\text{Number of YES Responses}}{\text{Number of Scored Responses}} \times 100$$

Number of YES Responses = _____

Number of Scored Items (Do Not include N/A Responses) = _____

Score for Section = _____

Facility Safety Audit

Facility:	Date:	Time:
Auditor:		
Title:	Score:	

Basketball / Racquet Ball Courts & Aerobics	Yes	No	N/A
Are floors free of defects and other tripping hazards?			
Floors are surfaced with slip-resistant finishes or waxes?			
Are chairs, equipment, and materials placed in racks or otherwise stored safely?			
Are bleacher seats and steps tight and in good condition?			
Are exit routes clearly identified, marked and illuminated by a reliable light source?			
Bleacher seats are free of splinters and protrusions?			
Bleachers are equipped with guardrails where necessary (backs, sides)?			
Is area properly supervised during programs and activity times?			
Are appropriate set-up procedures posted?			
Is an emergency light source provided?			

Score = $\frac{\text{Number of YES Responses}}{\text{Number of Scored Responses}} \times 100$

Number of YES Responses = _____

Number of Scored Items (Do Not include N/A Responses) = _____

Score for Section = _____

Facility Safety Audit

Facility:	Date:	Time:
Auditor:		
Title:	Score:	

Climbing Structure	Yes	No	N/A
Are harnesses properly maintained?			
Are cable and pulley systems working properly?			
Do carabineers lock properly?			
Are space requirements being maintained in "fall area" (6-10 feet from wall)?			
Are holds and wall clean and secure?			
Is staff able to observe wall during performance of duties			
Are members being trained on safety and proper use of the wall and equipment? Are Liability Waivers being filed prior to use?			
Is staff trained to inspect equipment and use of the wall?			
Are crash mats free of wear and properly maintained?			

$$\text{Score} = \frac{\text{Number of YES Responses}}{\text{Number of Scored Responses}} \times 100$$

Number of YES Responses = _____

Number of Scored Items (Do Not include N/A Responses) = _____

Score for Section = _____

Facility Safety Audit

Facility:	Date:	Time:
Auditor:		
Title:	Score:	

Child Care	Yes	No	N/A
Does staff verify parents and children during check in & out and are the child sign in logs accurate & properly maintained?			
Do all electrical outlets have protective coverings?			
Are surface (floors, walls, tables etc.) areas and rooms clean and free of hazards (scissors, sharp objects, cords etc.)?			
Are all activity areas and bathrooms orderly, well lit and clean?			
Are Fire Panic Alarms secured with safety covers?			
Are all trash and/or diaper receptacles emptied regularly?			
Are children constantly monitor/supervised in a manageable ratio?			
Are both indoor and outdoor play structures sturdy, in proper working order and properly maintained?			
Are toys stored safely off the floor and properly kept clean and in good condition?			
Are entrance/exit doors secure, properly alarmed and tested?			

$$\text{Score} = \frac{\text{Number of YES Responses}}{\text{Number of Scored Responses}} \times 100$$

Number of YES Responses = _____

Number of Scored Items (Do Not include N/A Responses) = _____

Score for Section = _____

Facility Safety Audit

Facility:	Date:	Time:
Auditor:		
Title:	Score:	

Kidz Klub	Yes	No	N/A
Does staff verify parents and children during check in & out and are the child sign in logs accurate & properly maintained?			
Do all electrical outlets have protective coverings?			
Are surface (floors, walls, tables etc.) areas and rooms clean and free of hazards (scissors, sharp objects, cords etc.)?			
Are all activity areas and bathrooms orderly, well lit and clean?			
Are Fire Panic Alarms secured with safety covers?			
Are all trash receptacles emptied regularly?			
Are children constantly monitor/supervised in a manageable ratio?			
Are both indoor and outdoor play structures sturdy, in proper working order and properly maintained?			
Are toys stored safely off the floor and properly kept clean and in good condition?			
Are entrance/exit doors secure, properly alarmed and tested?			

$$\text{Score} = \frac{\text{Number of YES Responses}}{\text{Number of Scored Responses}} \times 100$$

Number of YES Responses = _____

Number of Scored Items (Do Not include N/A Responses) = _____

Score for Section = _____

Facility Safety Audit

Facility:	Date:	Time:
Auditor:		
Title:		Score:

Hazardous Materials & Chemical Storage	Yes	No	N/A
Are all chemicals used in the area stored in safe containers, inaccessible to children and provided with material safety data sheets (MSDS)?			
Are chemical storage areas secure and well lit?			
Are chemical containers clearly and accurately labeled?			
Are chemical disposal procedures being followed and enforced?			
Are MSDS information sheets current?			
Is Hazardous Material Information/MSDS readily available?			
Is staff being trained on and properly understand MSDS content sheets?			

$$\text{Score} = \frac{\text{Number of YES Responses}}{\text{Number of Scored Responses}} \times 100$$

Number of YES Responses = _____

Number of Scored Items (Do Not include N/A Responses) = _____

Score for Section = _____

Facility Safety Audit

Facility:	Date:	Time:	
Auditor:			
Title:			Score:

Emergency & Fire Safety	Yes	No	N/A
Are exit routes clearly identified, marked and illuminated by a reliable light source? Are emergency exit signs lit?			
Are there at least two exits provided from building interiors?			
Are the exits unlocked on the inside and do doors swing in the direction of exit travel?			
Is an emergency light source provided?			
Are emergency telephone numbers and emergency evacuation instructions posted?			
Are signs directing to exits pointed in the proper direction, and is the view unobstructed?			
Are ceilings and wall surfaces on escape routes kept free from combustible, decorative, or functional materials?			
Are fire extinguishers present, readily accessible and Operational (properly serviced & tagged)?			
Are fire extinguishers properly secured & mounted?			
Are fire extinguishers mounted in such a manner that the top of the extinguisher is not more than 5' above the floor?			
Are first aid kits adequate for facility and properly maintained with supplies?			
Are First Aid kits readily available and mounted?			
Are First Aid areas properly signed?			
Are Emergency Action Procedures available and understood by staff?			
Are Fire Exit alarms operational?			
Are Emergency Contact Lists available for use?			

$$\text{Score} = \frac{\text{Number of YES Responses}}{\text{Number of Scored Responses}} \times 100$$

Number of YES Responses = _____

Number of Scored Items (Do Not include N/A Responses) = _____

Score for Section = _____

Monthly Safety Inspection Audit Recap

Month:	
Club:	
Performed By:	

Description	Score
General Safety	
Fitness Area	
Building & Grounds	
Office & Break-rooms	
Sauna: Steam / Dry	
Aquatics / Pool Area	
Basketball / Racquet Ball Courts & Aerobics	
Climbing Structure	
Child Care	
Kidz Klub	
Hazardous Materials & Chemical Storage	
Emergency & Fire Safety	
Monthly Audit Score Total	

Deficiencies and Corrective Action

List any problems found and corrective action taken:

•	
•	
•	
•	
•	
•	
•	

A.2 Example of an Infection Control Form

#				Checklist Items
1	Y	N	N/A	Are employees potentially exposed to infectious agents in body fluids?
2	Y	N	N/A	Have occasions of potential occupational exposure been identified and documented?
3	Y	N	N/A	Has a training and information program been provided for employees exposed to or potentially exposed to blood and/or body fluids?
4	Y	N	N/A	Have infection control procedures been instituted where appropriate, such as ventilation, universal precautions, workplace practices, and personal protective equipment?
5	Y	N	N/A	Are employees aware of specific workplace practices to follow when appropriate? (Hand washing, handling sharp instruments, handling of laundry, disposal of contaminated materials, reusable equipment.)
6	Y	N	N/A	Is personal protective equipment provided to employees, and in all appropriate locations?
7	Y	N	N/A	Is the necessary equipment (i.e. mouthpieces, resuscitation bags, and other ventilation devices) provided for administering mouth-to-mouth resuscitation on potentially infected patients?
8	Y	N	N/A	Are facilities/equipment to comply with workplace practices available, such as hand-washing sinks, biohazard tags and labels, needle containers, detergents/disinfectants to clean up spills?
9	Y	N	N/A	Are all equipment and environmental and working surfaces cleaned and disinfected after contact with blood or potentially infectious materials?
10	Y	N	N/A	Is infectious waste placed in closable, leak proof containers, bags or puncture-resistant holders with proper labels?
11	Y	N	N/A	Has medical surveillance including HBV evaluation, antibody testing and vaccination been made available to potentially exposed employees?
12	Y	N	N/A	Training on universal precautions?
13	Y	N	N/A	Training on personal protective equipment?
14	Y	N	N/A	Training on workplace practices, which should include blood drawing, room cleaning, laundry handling, clean up of blood spills?
15	Y	N	N/A	Training on needlestick exposure/management?
16	Y	N	N/A	Hepatitis B vaccinations?

Section V—Reactivity Data			
Stability	Unstable		Conditions to Avoid
	Stable		
Incompatibility (<i>Materials to Avoid</i>)			
Hazardous Decomposition or Byproducts			
Hazardous Polymerization	May Occur		Conditions to Avoid
	Will Not Occur		
Section VI—Health Hazard Data			
Route(s) of Entry	Inhalation?	Skin?	Ingestion?
Health Hazards (<i>Acute and Chronic</i>)			
Carcinogenicity	NTP?	IARC Monographs?	OSHA Regulated?
Signs and Symptoms of Exposure			
Medical Conditions Generally Aggravated by Exposure			
Emergency and First Aid Procedures			
Section VII—Precautions for Safe Handling and Use			
Steps to Be Taken in Case Material Is Released or Spilled			
Waste Disposal Method			
Precautions to Be Taken in Handling and Storing			
Other Precautions			
Section VII—Control Measures			
Respiratory Protection (<i>Specify Type</i>)			
Ventilation	Local Exhaust		Special
	Mechanical (<i>General</i>)		Other
Protective Gloves		Eye Protection	
Other Protective Clothing or Equipment			
Work/Hygienic Practices			

A.4 Example of a Bloodborne Pathogen Control Plan

SAMPLE BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN (For Non-Medical Facilities)

Facility Name:

Date of Preparation:

In accordance with the OSHA Bloodborne Pathogens Standard, 1910.1030, the following exposure control plan has been developed:

A. Purpose

The Bloodborne Pathogens Exposure Program is to reduce occupational exposure to bloodborne pathogens.

B. Exposure Determination

Designated employees that may come into contact with human blood or other potentially infectious materials (OPIM): (list job classifications)

- 1.
- 2.
- 3.
- 4.

C. Methods of Compliance

Universal Precautions will be utilized in the handling of all human blood and OPIM's.

D. Engineering Controls

1. Hand sinks are located in all departments and are readily accessible to all employees who have the potential for exposure.
2. Employees will wash their hands and any other exposed skin with soap and hot water immediately or as soon as possible after contact with blood or OPIM, for 15 seconds, in a manner causing friction on both inner and outer surfaces of the hands.
3. Employees will be provided with antiseptic hand cleaner and paper towels when hand washing is not feasible. However, hand washing must still take place as soon as possible after exposure.
4. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is the potential for exposure to bloodborne pathogens.
5. If professional medical attention is required, a local ambulance will be the first choice, a personal car will be the second. If a personal car is taken, impervious material should be used to prevent contamination of the vehicle.
6. New employees or employee being transferred to other sections will receive training about any potential exposure from the section manager.

E. Personal Protective Equipment

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or OPIM. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use.

F. Disposal of Contaminated Items and Communication of Hazard

1. Employees must:
 - a. use bleach to disinfect any blood or OPIM.
 - b. apply the bleach with single-use gloves and allow to sit for 15 minutes.

- c. place any single-use gloves that have been contaminated in a biohazard garbage bag and cover.
- d. dispose of the bag (list how)
2. Regulated waste should be placed in appropriate containers, label and dispose of in accordance with applicable state, federal and local laws.
3. Employees will be warned of biohazard bags by labels attached to the disposal bags. Labels used will be orange-red and marked with the work *BIOHAZARD* or the biohazard symbol.

G. Housekeeping

Maintaining our work areas in a clean and sanitary condition is an important part of (insert company name) Bloodborne Pathogens Compliance Program. Employees must decontaminate working surfaces and equipment with an appropriate disinfectant after completing procedures involving blood or OPIM. All equipment, environmental surfaces, and work surfaces shall be decontaminated immediately or as soon as feasible after contamination.

1. Employees must clean and disinfect when surfaces become contaminated and after any spill of blood or OPIM.
2. Employees will use a solution of one part bleach to ten parts water for cleaning and disinfecting.
3. Working surfaces and equipment will be routinely cleaned, disinfected and maintain.
4. Potentially contaminated broken glass will be picked up using mechanical means, such as dustpan and brush, tongs, etc.
5. {Insert Company Name Here} uses universal precautions for handling of all soiled laundry.
6. Laundry contaminated with blood or OPIM will be handled as little as possible.
7. Employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or OPIM from coming into contact skin or street clothes.
8. Contaminated clothing will remain on the premises, or sent directly to a laundry facility for cleaning. Employees will be given the option of reimbursement for the cost of contaminated clothing and the clothing will be disposed.

H. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up

{Insert Company Name Here} shall make available within 10 days of possible exposure the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure.

An exposure incident is any contact of blood or OPIM's with non-intact skin or mucous membranes. Any employee having an exposure incident shall contact {Insert Position Here}. All employees who have an exposure incident will be offered a confidential post-exposure evaluation and follow-up in accordance with the OSHA standard. This includes a visit to a physician selected by the employer. The health care professional written opinion will be provided to the employee within 15 days of the evaluation.

I. Training

Training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

- a. A copy of the standard and an explanation of its contents;
- b. A discussion of the epidemiology and symptoms of bloodborne diseases;
- c. An explanation of the modes of transmission of bloodborne pathogens;
- d. An explanation of the (insert company name) Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy;
- e. The recognition of tasks that may involve exposure;
- f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment;
- g. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE;
- h. An explanation of the basis of selections of PPE;

- i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
- k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
- l. Information on the evaluation and follow-up required after an employee exposure incident;
- m. An explanation of the signs, labels, and color-coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

J. Recordkeeping

Medical records shall be maintained in accordance with OSHA Standards. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years.

A.5 Example of a Locker Room Checklist Form

"C" = CHECK "F" = FILL																	Cleaning & Safety Checks		
PLEASE ONLY MARK WITH A "C" OR "F" IN THE BOX																			
Date	Time	Name (initials)	Wipe Counters	Pick Up Trash	Soap	Deodorant Hair Spray	Paper Towels	Seat Covers	Toilet Paper	Mirrors	Locker Rooms	Empty Trash	Clean Toilets	Clean Showers	Mop Floors	Condition Before	Pool	Steam Room	Sauna
TOTALS																N/A			

Annex B (informative)

A PAD program uses automated external defibrillators (AEDs), which are sophisticated computerized machines that are simple to operate, enable a layperson with minimal training to administer this potentially lifesaving intervention, and usually ~~keep include~~ automated features to help determine when the device needs maintenance records. AEDs allow a layperson responding to an emergency to use the AED device, which can detect certain life-threatening cardiac arrhythmias and then administer an electrical shock that ~~can may~~ restore the normal sinus rhythm. AED's are the third step in the American Heart Association's (AHA's) renowned Chain of Survival concept, after alerting EMS and administering CPR. Helpful suggestions concerning the important features of PAD programs and the most recent resources to assist facilities with integrating the PAD program in their emergency response protocols may be found at the AHA Web site at www.americanheart.org.

Research reviewed by the AHA shows that the delivery speed of defibrillation, as offered by an AED, is the major determinant of success in resuscitative attempts ~~when cardiac arrest is due to~~ ventricular fibrillation (VF) ~~cardiac arrest~~ (the most common type of cardiac arrest). Survival rates after VF decrease 7% to 10% with every minute of delay in defibrillation. A survival rate as high as 90% has been reported when defibrillation is administered within the first minute of cardiac arrest, but survival decreases to 50% at five minutes, 30% at seven minutes, 10% at nine to eleven minutes, and ~~only~~ 2% to 5% after twelve minutes.

Communities that have incorporated AED use in their emergency practices have shown significant improvements in survival rates for individuals who have experienced cardiac events. In the state of Washington, the survival rate increased from 7% to 26%; in Iowa, the survival rate increased from 3% to 19%. Some public programs have reported survival rates as high as 49% with prompt administration of an AED. The American Heart Association is a strong proponent of having AEDs as accessible to the public as possible. The use and application of AEDs in a public setting are detailed in the American Heart Association's ~~2000-2005~~ *Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care*. A ~~revised version of the guidelines is scheduled to be released in 2005.~~

~~At the present time, use of AEDs in the health and fitness industry has remained somewhat controversial. In 2003, for example, the International Health, Racquet and Sportclub Association (IHRSA) released a position statement on AEDs that indicated that while the Association thought that facilities should consider the installation of an AED, it did not think that AEDs should be mandated for health/fitness facilities. The AHA and ACSM released a joint position statement in 2002 that recommended the implementation of AEDs in health/fitness facilities (appendix H). At this point, five several states, including but not limited to Arkansas, California, Illinois, Louisiana, Massachusetts, Michigan, New Jersey, New York, Oregon, and Rhode Island (Arkansas, Illinois, Rhode Island, New York, and Louisiana) have passed legislation that requires health/fitness facilities to have AEDs. More In the future, more states are expected to pass legislation requiring health/fitness facilities to provide access to AEDs. In reality, mostMany of the premier health/fitness facility operators in the United States have already made AEDs an integral part of their emergency response systems.~~

The Food and Drug Administration (FDA) requires ~~that a physician prescribe~~ prescription ~~in order to buy an AED before it can be purchased.~~ The AHA strongly recommends that a physician, licensed to practice medicine in the community in which the facility is located, should provide the medical oversight of the facility's emergency system and AEDs. In most cases, the company from which an AED is purchased will assist the facility with identifying a physician to provide these services. "Physician oversight" refers to ~~at least~~ the following level of direct involvement:

- prescribing the AED;

- reviewing and signing off on the emergency plan;
- witnessing at least one rehearsal of the emergency plan and indicating so in writing;
- providing standing orders for use of the AED; and
- reviewing documentation from any instances in which the AED is used as part of an when the emergency response plan is initiated and the AED is used.

AHA also highly encourages that a facility's emergency plan and AED plan should be coordinated with the local emergency medical services (EMS) provider. Current laws in some states may require that completion of an application and filing of a facilities' plan for responding to a cardiac emergency (Note: Most product providers offer this.)

"Coordinating with the local EMS provider" refers to the following:

- Informing the local EMS provider that the facility has an AED or AEDs;
- working with the local EMS provider to provide ongoing training of the facility's staff in the use of the AED;

NOTE – Currently, the AHA and the American Red Cross (ARC) provide AED basic life support training and certification that involve a minimum of four hours of direct-contact training.

- informing the local EMS provider of the location of each AED at the facility; and
- working with the local EMS provider to provide monitoring and review of AED events.

An effective and rapid PAD system actually depends on bystanders' participating in rapid recognition of potential sudden cardiac arrest and deployment of an AED for possible use. For this reason, health/fitness facilities are encouraged to work with the physician who provides their medical oversight if medical directors and their EMS support systems to carefully to define prudent and appropriate ways to include all facility members and users in the emergency response system. This process may include consideration of how members and users might be involved directly or indirectly in accessing and deploying the AED, and at what point during the emergency protocol that the AED step may be required (e. g., sudden collapse of a user when no staff member is immediately present). Written instructions might be provided to every member or user concerning the approved PAD program in the facility, what the bystander response should be in an emergency, and where the AED is located. Likewise, orientation of new facility members might include a simple printed information card indicating the location of pertinent emergency response postings in the facility; the locations of the emergency telephone and AED; which staff members may need to be employed called to handle an emergency, and where their offices are located, in case EMS activation is needed. The orientation for new users could also include visits to locations in the facility to point out areas that are listed on the emergency response information card that users have been given. While it is recognized that an appropriate way to involve all users in a PAD program will need to be developed carefully and thoughtfully, this process may help to reduce the time between cardiac arrest and defibrillation when the cause of collapse is ventricular fibrillation, especially in medium to large facilities during times when member, user, and staff presence is minimal.