ACSM Guidelines Revisited

***The American College of Sports Medicines wants your input on the latest edition of its* Health/Fitness Facility Standards and Guidelines.**

By Stephen Tharrett, M.S.

ONE OF THE results of a growing industry is that its business practices come under greater scrutiny from government and related public audiences. This is the case with the fitness industry. It has evolved, entered new markets and now serves new populations. This change in market demographics has played a role in the increasing demand for government oversight with regard to health and safety issues (e.g., automated external defibrillators, licensing and/or registration of personal trainers, etc.).

Standards and guidelines that are well-developed, executed and governed by an industry reduce the need for government oversight. Public policy leaders have shared with business leaders the importance of self-regulation through meaningful standards. These public policy leaders have made it clear that when an industry does a good job of self-regulation, it reduces the likelihood that the government will step in.

Establishing industry standards

The American College of Sports Medicine (ACSM) first released a set of health/fitness facility standards for the industry in 1992. However, this initial effort to develop and promote a set of standards for the industry was not well-received. This was due, in part, to the fact that the industry was not yet ready for self-regulation, but also resulted from a process that did not fully engage the industry. In 1997, ACSM released a second edition of its standards. The second edition represented a marked improvement over the first edition, as it involved more fitness industry leaders in the process, including International Health Racquet and Sportsclub Association (IHRSA) board members. While the second edition represented a more acceptable set of industry standards and guidelines, it still did not have the effect that was hoped, nor were these standards able to lessen the demand for government intervention.

The next step in the process is to create industry-wide dialogue.

Entering 2004, the fitness industry was receiving mounting pressure from government agencies and other groups to set a higher standard of care for itself, particularly as it applies to issues of health and safety for facility users. Issues such as fitness professional credentialing, public access defibrillation (PAD) and pre-activity screening were being brought to the attention of the industry, the public and the government. Much of this attention was caused by the increased availability of fitness facilities serving markets that are composed of individuals with much higher health risks than ever before.

TABLE 1. Members of the ACSM Standards Editorial Board

Stephen Tharrett, M.S., president of Club Industry Consulting

James A. Peterson, Ph.D., F.A.C.S.M., Healthy Learning, former IHRSA president

Kyle McInnis, Sc.D., F.A.C.S.M., University of Massachusetts

Barry Franklin, Ph.D., F.A.C.S.M., William Beaumont Hospital

Cedric Bryant, Ph.D., F.A.C.S.M., chief exercise physiologist and vice president of the American Council on Exercise

Rick Caro, president of Management Vision Inc., IHRSA founder and former president

Paul Couzelis, Ph.D., president of Medfit Corporate Services

Rob Goldman, vice president of Columbia Association, former IHRSA president

Neil Gordon, M.D., F.A.C.S.M., St. Joseph Candler Health System

William Herbert, Ph.D., F.A.C.S.M., Virginia Tech

Hervey Lavoie, president of Ohlson Lavoie Design Collaborative

Carol Nalevanko, president of DMB Sports, former IHRSA board member

Frank Napolitano, senior vice president of Town Sports International

Carl Porter, president of Medsport Enterprises, former IHRSA president

Michael Spezzano, YMCA of USA, former IHRSA board member

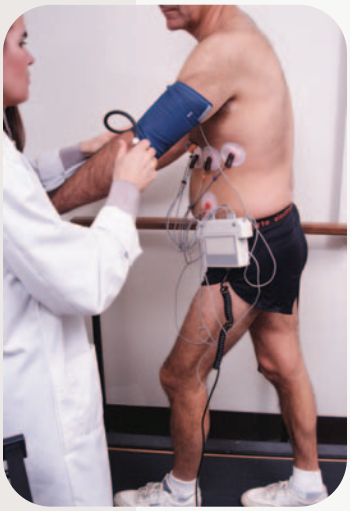
David Herbert, J.D., Herbert & Benson, Attorneys at Law

Jennifer Turgiss, M.S., international director of fitness for Virgin Active

Dan Connaughton, Ed.D., University of Florida

A new edition

In response to the increased attention on health and safety issues, ACSM embarked on the creation of a third edition of its Health/Fitness Facility Standards and Guidelines. In 2005, ACSM put together a distinguished panel of industry experts (see Table 1 for a list of the editorial board) from commercial fitness businesses, YMCAs, colleges and universities, and the medical and exercise physiology fields, collectively representing more than 500 years of industry experience. This esteemed editorial board began work on writing a new set of health/fitness facility standards to address the health and safety needs Tand practices of both the industry and the public at large.



The ultimate goal of the new edition is to offer the health and fitness industry a set of standards and guidelines that will address the health and safety issues being set forth by various public advocacy groups, by courts rendering decisions in legal cases and by government. Ultimately, ACSM and its editorial team believe that this most recent version of the standards will provide a means of elevating industry practice as it applies to health and safety issues for users, and, concurrently, will allow for a sufficient amount of entrepreneurial freedom for fitness centers.

The editorial team created a draft of *ACSM's Health/Fitness Facility Standards and Guidelines*, intended to be released later in 2006. The editorial team believes that the next step in the process is to create industry-wide dialogue regarding the standards and guidelines document. This article is intended to be the first step in initiating that dialogue within the industry.

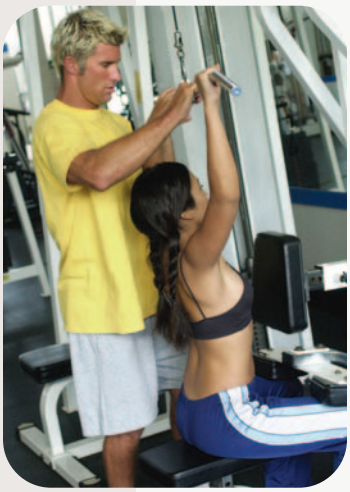


Table 2 lists the proposed standards. Most are merely a more detailed description of existing standards. The exceptions are the two standards related to automated external defibrillators (AED): One addresses the need for fitness centers to have an AED, and one pertains to the need for all staff involved in performing pre-activity screening, counseling and fitness instruction to have AED/CPR certification. These two standards may be the most controversial to the industry, but the editorial team felt, after careful review of existing AED research, public policy legislation (five states require AEDs in fitness centers and another seven states are considering legislation), statements from the American Heart Association and current fitness industry practice, that AEDs need to be a part of every health/fitness facility's emergency response system.

TABLE 2. Proposed Health/Fitness Facility Standards

1. All facilities offering exercise equipment or services must offer a general pre-activity cardiovascular risk screening (e.g., Par-Q) and/or a specific pre-activity screening tool (e.g., health risk appraisal [HRA] or health history questionnaire [HHQ]) to all new members and prospective users.

2. All specific pre-activity screening tools (e.g., HRA, HHQ) must be interpreted by qualified staff, and the results of the screening must be documented.

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

4. All facilities with qualified staff must offer each new member a general orientation to the facility, including identification of resources available for personal assistance with developing a suitable physical activity program and the proper use of any exercise equipment to be used in that program.

5. Facilities must have in place 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 Occupational Safety and Health Administration (OSHA).

6. Facilities must have written policies for emergency response systems and procedures that must be reviewed and rehearsed regularly. These policies must be capable of handling basic first-aid situations and emergency cardiac events.

7. Facilities must have as part of their written emergency response system a public access defibrillation (PAD) program.

8. The fitness and healthcare professionals who have supervisory responsibility for the physical activity programs (supervise and oversee members, users, staff and independent contractors) of the facility must demonstrate the appropriate professional education, certification or experience.

9. The fitness and healthcare professionals who serve in counseling, instructional and physical activity supervision roles for the facility must demonstrate the appropriate professional education, certification or experience.

10. Fitness and healthcare professionals engaged in pre-activity screening, instructing, monitoring or supervising of physical activity programs for facili-

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We're listening

The editorial team and ACSM would like to extend industry professionals the opportunity to review and comment on the proposed standards and guidelines by going to the following website: www.acsm.org. By clicking on the designated section on this site, you can view the standards and guidelines and then submit comments and recommendations. The open period for comment is from March 1 to April 3. We encourage industry professionals who submit comments and recommendations to provide as much supportive data or information as possible to support your statements. You will need to identify yourselves so we can make personal contact to discuss your comments, if appropriate. Additionally, ACSM plans to have an ongoing web form posted so that feedback to the book can be collected after it is published to help the editorial team develop the fourth edition.

The ultimate goal of the new edition is to offer a set of standards and guidelines that will address health and safety issues.

On behalf of the editorial board for *ACSM's Health/Fitness Facility Standards and Guidelines*, third edition, we want to confirm our desire to make this process of producing a set of well-accepted standards for the fitness industry as inclusive as possible. In this way, our great industry can continue to self-regulate in a manner that promotes the health and safety of consumers and provides a business environment that allows owners and operators the opportunity to maintain the appropriate degree of entrepreneurial freedom. **FM**

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TABLE 2. Proposed Health/Fitness Facility Standards (continued)

ty members or users must have current automated external defibrillation and cardiopulmonary resuscitation (AED and CPR) certification from an organization qualified to provide such certification.

11. Facilities, to the extend required by law, must adhere to the building design standards that relate to the designing, building, expanding or renovating of space as presented by the Americans with Disabilities Act (ADA).

12. Facilities must be in compliance with all federal, state and local building codes.

13. The aquatic and pool facilities must provide proper safety equipment and signage according to state and local codes and regulations.

14. Facilities must have a system in operation that monitors the entry to and usage of the facilities by all individuals, including members and users.

15. Facilities that offer a sauna, steam room or whirlpool must make sure that these areas are maintained at the proper temperature and that the appropriate warning systems are in place to notify members and users of unwarranted changes in temperature.

The Field House at Chelsea Piers, NY

16. Facilities that offer members and users access to a pool or whirlpool must make sure that the water in the pool is maintained in accordance with state and local codes.

17. A facility that offers youth services or programs must provide appropriate supervision.

18. Facilities must post the appropriate caution, danger and warning signage in conspicuous locations where existing conditions and situations warrant such signage.

19. Facilities must post the appropriate emergency and safety signage pertaining to fire and related emergency situations as required by federal, state and local codes.

20. Facilities must post all required ADA and OSHA signage.

21. All cautionary, danger and warning signage must have the required signal icon, signal word, signal color and layout as specified by the American National Standards Institute (ANSI) and reflected in the American Society of Testing and Materials (ASTM) standards for fitness equipment and fitness facility safety signage and labels.