

Fifth Edition

ACSM's Health/Fitness Facility Standards and Guidelines

American College of Sports Medicine



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This book is dedicated to the professionals whose efforts in the health/fitness club industry help ensure that participants in the activities and programs of the organizations they serve receive the positive experience that they expect, deserve, and need. These professionals make a difference. They are men and women who work hard, train smart, and help others turn their fitness- and wellness-related dreams into reality.

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Preface

Time and place. The time: the late 1980s. The place: ACSM national headquarters in Indianapolis, Indiana. Lyle Micheli, MD, FACSM, president of ACSM at the time, spearheads an effort to have ACSM establish a blueprint that specifies what health/fitness facilities must do to establish and maintain the standards of care that they offer members and users, as well as what health/fitness facilities should do in order to enhance the experience that members and users can achieve by engaging in the activities and programs offered by a particular facility.

Before the call to action by ACSM, no such blueprint existed to help ensure that the experiences of members and users in health/fitness facilities (e.g., commercial health or fitness clubs, corporate fitness centers, Jewish community centers, medical fitness centers, YMCAs) were safe, efficient, and effective. In response to the leadership of Dr. Micheli, ACSM initiated the process of assembling a team of experts in the academic, club industry, health/wellness, and medical fields to develop and write a manual on facility standards and guidelines for delivering quality physical activity programs and activities to consumers.

The result. In 1992, the first edition of ACSM's *Health/Fitness Facility Standards and Guidelines* was published. Over the intervening 25 years,

three additional editions of this one-of-a-kind resource have been published—in 1997, 2004, and 2012, respectively. Each subsequent edition was designed to reflect changing market forces, relevant developments, and new factors brought to light in the health/fitness facility industry.

This fifth edition of ACSM's *Health/Fitness Facility Standards and Guidelines* continues to ensure that the latest edition of this exceptional resource offers the most up-to-date information, ideas, and insights available on the standard of care for health/fitness facilities, wherever and in whatever format they might exist. As with previous editions, the fifth edition features a team of professionals who provided their expertise in a variety of subject areas, including architecture, health and wellness, law, safety-related practices and policies, and the health/fitness club industry. Arguably, this group of well-respected individuals has produced a very helpful and authoritative book on the standard of care for health/fitness facilities.

There is an old African proverb that states, it takes a village to raise a child. To put this saying into the context of the fifth edition of ACSM's *Health/Fitness Facility Standards and Guidelines*, it took a team to make this extraordinary book a reality. Collectively, their energy, efforts, passion, and expertise made it happen.

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Acknowledgments

The American College of Sports Medicine (ACSM) and the editors of this fifth edition of *ACSM's Health/Fitness Facility Standards and Guidelines* would like to extend their thanks to the members of the editorial board who committed their time and expertise to the writing of this book. Additional thanks are extended to the editors of the four previous editions of this book for their foresight in helping establish the legacy of this publication:

- First edition—Carl Foster, PhD, FACSM, and Neil Sol, PhD
- Second edition—James A. Peterson, PhD, FACSM, and Stephen J. Tharrett, MS
- Third edition—Stephen J. Tharrett, MS; Kyle McInnis, ScD, FACSM; and James A. Peterson, PhD

- Fourth edition—Stephen J. Tharrett, MS, and James A. Peterson, PhD

The editors would also like to extend a special thanks to the ACSM board of trustees for their contributions to and involvement in the establishment of this book and its predecessors. For more than 50 years, ACSM has played a leading role in the growth in the level of professionalism exhibited by the industry.

Finally, special thanks are extended to Darren Warburton, PhD, and JoAnn Eickhoff-Shemek, PhD, FACSM, for their contributions and to all the organizations and professionals who reviewed the draft manuscript for this book and provided the editors with feedback on its content.

Notice and Disclaimer

ACSM developed the previous and current editions of this book to enhance the safety and effectiveness of physical activity conducted in health/fitness facilities, with the goal of increasing global participation rates in physical activity. To this end, the book will address pre-activity screening practices; orientation, education, and supervision issues; risk management and emergency-procedure practices; staffing issues; operational practices; design issues; equipment issues; and signage issues that affect the safety and effectiveness of physical activity, as engaged in by the general population in health/fitness facilities.

ACSM and its senior co-editors and editorial board, in setting forth standards and guidelines in this book, have done so based on the following definitions for standards and guidelines:

- **Standards.** These are base performance criteria or minimum requirements that ACSM believes each health/fitness facility must meet to provide a relatively safe environment in which physical activities and programs can be conducted. These standards are not intended to create or confirm a legal duty or standard of care for purposes of litigation; rather, they are performance criteria derived from a consensus of both ACSM leaders and leaders from the health/fitness facility industry. The standards are not intended to be restrictive or to supersede international, national, regional, or local laws and regulations. They are intended to be qualitative in nature. Finally, as base performance criteria, these standards are steps designed to promote quality. They are intended to accommodate reasonable variations based on local conditions and circumstances.

- **Guidelines.** These are recommendations that ACSM believes health/fitness operators should consider using to improve the quality of

the experience they provide to users. Such guidelines are not standards, nor are they applicable in every situation or circumstance; rather, they are tools that ACSM believes should be considered for adoption by health/fitness operators.

ACSM and its senior co-editors and editorial board have designed this book as a resource for those who operate all types of health/fitness facilities, whether they be fully staffed facilities or unstaffed and unsupervised facilities, such as some hotel fitness centers, worksite centers, and commercial 24-hour facilities. Some of the standards and guidelines detailed in this book, in particular those that apply to issues of staffing and supervision or the execution of a practice requiring staffing, may not be applicable to those facilities whose operational model does not include facility staffing.

Despite the development and publication of this book, the responsibility for the design and delivery of services and procedures remains with the facility operator and with others who are providing services. Individual circumstances may necessitate deviation from these standards and guidelines, such as for an unstaffed facility. Facility personnel must exercise professionally derived decisions concerning what is appropriate for individuals or groups under particular circumstances. These standards and guidelines represent ACSM's opinion regarding best practices. Responsibility for service provision is a matter of personal and professional experience.

Any activity, including those undertaken within a health/fitness facility, carries with it some risk of harm, no matter how prudently and carefully services may be provided. Health/fitness facilities are not insurers against all risks of untoward events; rather, their mission should be directed at providing facilities and services in accordance with applicable standards. The

standard of care that is owed by facilities is ever changing and emerging. As a consequence, facilities must stay abreast of relevant professional developments in this regard.

By reason of authorship and publication of this document, neither the editors, the contributors, nor the publisher are or shall be deemed to be engaged in the practice of medicine or any allied health field, the practice of delivering fitness

training services, or the practice of law or risk management. Rather, facilities and professionals must engage the services of appropriately trained and/or licensed individuals to obtain those services.

The words *safe* and *safety* are frequently used throughout this publication. Readers should recognize that the use of these terms is relative and that no activity is completely safe.

Definitions

This section of the text provides readers with definitions for the most frequently used words, phrases, and acronyms found throughout the book.

ADA—The Americans With Disabilities Act (ADA) prohibits discrimination against people with disabilities, including in the areas of employment, transportation, public accommodations, communications, and access to state and local government programs and services. While many of the ADA issues in health/fitness facilities are equipment- or facility-related, the ADA is quite comprehensive and covers several other areas that affect health/fitness facilities, including employment.

AED—An acronym for automated external defibrillator, an automated device that can detect the presence and absence of certain cardiac rhythms and deliver a potentially lifesaving electrical shock that may restore a normal heart rhythm.

ASTM International—Originally known as the American Society for Testing and Materials (ASTM), this term refers to a worldwide voluntary standards development organization for technical standards for materials, products, systems, and services.

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

cardio equipment—Machines that allow an individual to perform whole or partial body movements intended to stimulate the cardiorespiratory system of the individual engaged in using the equipment. Examples of this equipment include treadmills, elliptical machines, mechanical stair climbers, and indoor cycles.

CPR—An acronym that stands for cardiopulmonary resuscitation, which involves the process

of applying chest compressions and, if needed, breaths to assist an individual who is experiencing cardiac arrest.

health care professional—Refers to a professional who has education, training, and experience in the provision of health care services. In the context of this book, it refers primarily to physicians, nurse practitioners, physician assistants, registered nurses, emergency medical technicians, or others who have received the proper licensing to deliver health care services in their respective fields of expertise.

health/fitness facility—A facility that offers exercise-based health and fitness programs and services. May include government-based facilities, commercial facilities, corporate-based facilities, hospital-based facilities, and private facilities.

health/fitness facility member—A health/fitness facility user who pays for the regular privilege of engaging in the activities, programs, and services of the facility.

health/fitness facility operator—The owner or management group responsible for the financial and operating activities of a health/fitness facility.

health/fitness facility user—An individual (who is not a member) who accesses a facility on one or more than one occasion without purchasing a membership to the facility.

HHQ—An acronym for health history questionnaire, which is a pre-activity screening instrument that is used to collect general health and medical history information about an individual.

HIPAA—An acronym for the U.S. government Health Insurance Portability and Accountability Act of 1996, which provides certain privacy protections for health information of individuals, including the dissemination of personal health

information without the written permission of the individual.

independent contractor—An individual working at a health/fitness facility but not employed by the operator of the facility.

MSDS—An acronym for material safety data sheets. These sheets specify data about products and materials, per U.S. Occupational Safety and Health Administration laws.

OSHA—An acronym for the Occupational Safety and Health Administration of the U.S. government. It oversees the implementation of health and safety regulations required by the government, as well as the adherence to these regulations by businesses.

PAD—An acronym for public access defibrillation; a system involving giving the public at large access to AEDs in public and private settings in an effort to bring lifesaving defibrillation to as large a segment of the public as possible.

PAR-Q+—An acronym for Physical Activity Readiness Questionnaire for Everyone, which is a self-guided pre-activity screening instrument that helps an individual identify certain health conditions and risk factors that might affect the ability to exercise safely.

PASQ—An acronym for the Pre-Activity Screening Questionnaire, a questionnaire that should be reviewed by a qualified health/fitness professional prior to initiating an exercise program.

personal trainer—An employee or independent contractor of a health/fitness facility whose primary responsibilities are to prescribe exer-

cise for members and users as well as to coach, guide, and supervise members and users while they engage in exercise at a health/fitness facility.

professional staff—Refers to staff who are educated and trained in a professional field, such as fitness or health care.

selectorized resistance equipment—Resistance training equipment composed of stacks of weight plates that are attached to a cable and moved over a pulley, allowing users to adjust the amount of weight lifted by selecting the number of plates they desire to lift.

staff—The employees of a health/fitness facility.

staffed health/fitness facility—A health/fitness facility that has employees or independent contractors who work in the facility during all operating hours.

unstaffed health/fitness facility—A health/fitness facility that does not have employees or independent contractors working in the facility during operating hours. This situation can apply for all operating hours or a portion of the facility's operating hours.

variable-resistance equipment—Often the same as selectorized resistance equipment, with the only difference being that instead of a cable run over a standard circular pulley, the pulley is run over a cam-shaped pulley that varies the torque (and hence the level of resistance) of the weight lifted, without requiring the actual weight to be changed.