




MANAGING RISK IN PHYSICAL ACTIVITY AND EXERCISE

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|---|--|----------------------|
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| Executive director | Chief Nursing Officer/Executive Director of Quality & Safety (interim) | |
| Policy lead | Clinical Service Manager for Allied Health Professionals | |
| Policy author (if different from above) | Professional Lead Health Instructor | |
| Exec Sign off Signature (electronic) |  | |
| Disclosable under Freedom of Information Act 2000 | Yes | |

Policy context

This policy aims to ensure that service users are encouraged and supported to access physical activity in a safe and appropriate environment where associated risk is managed effectively through a consistent and evidence-based approach.

Policy requirement (see Section 2)

- The risk to a service user physical health must be considered before access to physical activity and exercise is provided. This must be balanced against the positive benefits of exercise. Details of identified risk must be recorded in the service user's clinical notes and associated care plan.
- Exercises and equipment will be categorised as low, medium and high risk.
- All staff facilitating physical activity and exercise in both the community and inpatient environments must have the appropriate training.
- All equipment purchased for physical activity and exercise must be purchased through approved suppliers as identified in the Trust purchasing catalogue for gym equipment.

CONTENTS

| | |
|---|-----------|
| 1. Introduction..... | 3 |
| 1.1. Rationale..... | 3 |
| 1.2. Scope..... | 3 |
| 1.3. Principles..... | 3 |
| 2. The policy..... | 4 |
| 3. Procedure..... | 5 |
| 4. Responsibilities..... | 10 |
| 5. Development & Consultation..... | 11 |
| 6. Reference Documents..... | 11 |
| 7. Bibliography..... | 12 |
| 8. Glossary..... | 12 |
| 9. Audit & Assurance..... | 12 |
| 10. Appendices..... | 13 |
| Appendix 1 – Equality Impact assessment..... | 14 |
| Appendix 2 – Provision of gym and Exercise Activities Standards..... | 19 |
| Appendix 3 – Pre Activity Questionnaire (PARQ)..... | 26 |
| Appendix 4 – Adapted Irwin and Morgan Risk Stratification Tool..... | 27 |
| Appendix 5 – Risk Categories for Exercise Activities..... | 29 |
| Appendix 6 – Access to physical activity and exercise flow chart..... | 31 |
| Appendix 7 – Gym equipment health & safety Checklist..... | 32 |
| Appendix 8 – Staff Health Questionnaire and Disclaimer..... | 33 |
| Appendix 9 – Environmental Risk Assessment..... | 34 |

1. Introduction

1.1 Rationale (Why)

People with SMI often experience poor physical health as well as poor mental health. They frequently develop chronic physical health conditions at a younger age than people without SMI. These chronic conditions include obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), stroke, heart failure and liver disease. People with SMI are at increased risk of developing more than one of these chronic conditions. (Premature Mortality in Adults with Severe Mental Illness 2023)

People with SMI are 5 times more likely to die before the age of 75 than those who do not have SMI. Furthermore, adults with SMI are more likely to die prematurely than their peers without SMI. Those with SMI are 154% or 2.5 times more likely to die prematurely than those who do not have SMI. (Premature Mortality in Adults with Severe Mental Illness 2023)

The poor physical health of people in mental health services cannot be explained solely by the presence of a mental disorder or disability. Lifestyle factors and preventable health risk factors are important too (Connolly and Kelly 2005). Mental health service users are known to have high rates of obesity and smoking. Health improvement can be achieved through exercise, smoking cessation, a healthy diet, and weight management, together with the detection, treatment, and prevention of co morbid physical disorders. (Cormec 2005, Royal College of Psychiatrists).

1.2 Scope (Where, when, who)

The policy applies to all BSMHFT staff including volunteers who facilitate, support, or supervise physical activity and exercise interventions (including gym sessions) for all service users under the care of BSMHFT.

1.3 Principles (Beliefs)

It is well documented that people who regularly participate in physical activity generally have lower rates of CHD, Stroke, diabetes, hypertension, obesity, some cancers, and are less likely to die prematurely. It is well documented that exercise can improve mental health in the forms of:

- Reduced anxiety
- Decreased depression
- Enhanced mood
- Improved self-esteem and body image
- Improved cognitive functioning

(Up and Running 2005)

Physical activity must be actively promoted for all individuals admitted to in-patient mental health services. Opportunities must be made available for patients to exercise for at least 150 minutes of moderate intensity exercise per week where there are no contra-indications to this.

Within the SMI population, prevention is equally important as treatment. We know that poor physical health has a negative impact on mental health and referring clients to a structured exercise group can prevent poor physical health impacting positively on mental health.

Physical activity is defined as any voluntary bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity refers to all movement including during leisure time, from transport to get to and from places or as part of a person's job. Examples of physical activity might include walking, gardening or dancing. (WHO's Global action plan on physical activity 2018 – 2030)

Exercise is a subset of physical activity that is planned, structured and repetitive and has a final or intermediate objective, the improvement or maintenance of physical fitness. (Caspersen and Powell 1985)

2. The Policy (What)

The policy should be used in conjunction with the following policies:

C38 Physical Health Assessment
IC 01 Infection Control,
Annex B-IC 01 Decontamination policy
IC 01X Cleaning policy
R&S16 Health & Safety Policy
C12 Care (Health) Records Management Policy
R&S01 Risk Management Policy
R&S02 Incident Reporting and Management Policy
R&S19 Diagnostic & Therapeutic Equipment Policy
HR10 Personnel File Management Policy

Risks relating to physical health should be considered on admission or when a new referral is received by the admitting/referred to team before any physical activity and exercise is provided.

The presence of any identified risk must be balanced against the numerous positive benefits of physical activity and exercise. The risk assessment must be recorded in the service users' clinical notes and care plan.

A Pre activity questionnaire (PAR-Q) as outlined in section 3 Appendix 4 should be completed prior to a service user taking part in any physical activity session.

Physical activities are categorised in relation to the risk associated with the use of specific exercise equipment and/or structured physical activity/exercise where assessment, prescription of exercise and direct supervision is required by a qualified exercise professional. Physical activity/exercise will be categorised in the following categories:

- Low risk
- Medium Risk
- High risk

All staff must follow the requirements for these categories which are set out in section 3.

All staff facilitating exercise identified as either Low Risk, Medium risk or High risk must have had the appropriate level of training as outlined in section 3 and must follow the appropriate exercise protocols.

All physical activity/exercise equipment including gym equipment must be cleaned and decontaminated in line with the cleaning and infection control policy and the decontamination policy as outlined in section 3 and the gym/exercise provision standards Appendix 2.

All gym equipment including outdoor gym equipment must be maintained as recommended by the manufacturer/supplier and be subject to an annual service or maintenance schedule by a qualified technician as outlined in Gym/exercise provision standards Appendix 2.

All exercise equipment purchased for use to support exercise activity must be of commercial grade and purchased through approved suppliers which will be identified in the Trust purchasing catalogue for gym equipment and must meet the criteria outlined in Gym/exercise provision standards Appendix 2.

3. The Procedure

3.1 PHYSICAL HEALTH ASSESSMENT AND PRE ACTIVITY QUESTIONNAIRE

- Inpatients: All inpatients must have a physical health assessment on admission including a physical examination, relevant investigations, and lifestyle screening in line with the Trust Physical Health Assessment policy (C38).
- Community patients: All service users will have access to services to provide physical health care. Trust teams will ensure their physical health needs are considered, in relation to their medication, mental illness and cardiometabolic risk factors. Special consideration will be given if the individual has no access to primary care. Physical health assessments, investigations and their management should be completed in line with the Trusts Physical Health Assessment policy (C38).
- All risks identified in the physical health assessment, investigations and physical examination will be discussed and monitored by the multidisciplinary team (MDT).

- Any member of staff engaging Physical activity and exercise with service users should be aware of any health problems and risk identified in the physical health assessment and physical examination.
- Prior to taking part in any form of physical activity or exercise a Pre-Activity Questionnaire (PAR-Q) Appendix 3 must be completed for service users aged between 18 – 65years of age. If a positive answer 'yes' is given to one or more of the questions, then the service user must be referred to a Health Instructor or Doctor to ensure there are no contraindications to taking part in physical activity or exercise. For further information on the pre activity questionnaire, contraindications and associated risk refer gym/exercise provision standards (Appendix 1) and the Adapted Irwin and Morgan risk stratification tool (Appendix 3). The PAR-Q must be completed on RIO and any further assessment outlined on RIO in progress notes. If service users haven't been referred to the Physical Therapies Health Instructor team, a referral must be completed on RIO for 'Assessment for physical activity' or 'Exercise promotion/support' based on the contraindications to exercise identified.
- Following completion of a PAR-Q where no further assessment is required the service user can take part in physical activity as defined by this policy and exercise identified as Low risk as set out in section 3 without a program of exercise prescribed by a Health Instructor.
- Following completion of a PAR-Q if the service user wishes to take part in any exercises that are identified as medium risk or high risk as set out in section 3 the service user must be assessed by a Health Instructor where a programme of exercise will be prescribed.

Please refer to flow chart – access to physical activity and exercise in appendix 5 for further guidance.

- Service users aged between 5-18 and 65 onwards must have a specialist Pre-Activity Assessment completed by a Clinical lead Physical Therapies Health Instructor or Specialist Exercise professional who holds an accredited exercise qualification for the assessment and prescription of physical activity and exercise for the specific age group.

3.2 RISK ASSESSMENT

PHYSICAL EXERCISE CATEGORY - Low risk

Low risk activities identified in Appendix 4 can be provided in open ward or community environments where it is considered safe to do so.

It should be assumed that the activity is safe for service users to undertake except where patients have already identified physical health concerns arising from physical health risk assessments, investigations and physical health examination and completion of a PAR-Q. Staff supporting this level of activity are required to complete Introduction to Physical Activity Training and must have sufficient competence to be aware of any untoward response to physical activity and exercise and be able to obtain clinical expertise in response.

PHYSICAL EXERCISE CATEGORY - Medium risk

Medium risk activities as identified in Appendix 4 may also be provided in open ward or community environments where it is considered safe to do so.

Staff are required to have Introduction to Physical Activity and Gym Passport Training to supervise these activities.

All equipment required to support these exercise activities must be purchased from the approved suppliers identified which will be identified in the Trust purchasing catalogue for gym equipment and must meet the criteria outlined in Gym/exercise standards (Appendix 1).

PHYSICAL EXERCISE CATEGORY - High risk

Only Physical Therapies Health Instructors & Staff that have completed an appropriate Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) qualification and hold a current CIMSPA registration can lead and supervise these exercises.

Equipment used is also likely to be high risk and arrangements need to be made to ensure that it is appropriately supervised all the time and / or suitably locked away when not in use. All equipment required to support these exercise activities must be purchased from the approved suppliers identified which will be identified in the Trust purchasing catalogue for gym equipment and must meet the criteria outlined in Gym/exercise provision standards Appendix 1

3.3 GROUP EXERCISE SESSIONS

Group exercise sessions as outlined in Appendix 4 can only be facilitated by a member of staff who holds an accredited qualification specific to the group exercise delivered, be registered with a professional governing body and meet the standards set out by the professional governing body for continued professional development. All staff facilitating Group exercise must provide details of their accredited qualification and professional governing bodies' registration number. Information given will be kept on the BSMHFT exercise professional data base held by the Physical Therapies Professional lead Health Instructor.

3.4 EXTERNAL & INTERNAL EXERCISE PROFESSIONALS

All external and Internal exercise professionals delivering any physical activity or exercise activities on trust premises must hold an accredited qualification specific to the exercise activity delivered, be registered with a governing body, and meet the standards set out by the governing body for continued professional development. All external exercise professionals must provide details of their qualification, governing bodies' registration number. Exercise professional registration must be renewed annually. All exercise professionals delivering any physical activity or exercise activities on trust premises must

provide details of their accredited qualification and professional governing bodies' registration number. Information given will be kept on the BSMHFT exercise professional data base held by the Physical Therapies Professional lead Health Instructor. External exercise professionals must also have proof of public liability insurance which must be shown to the responsible ward/unit manager. Ward/unit managers can seek advice and support from the Physical Therapies Professional lead Health Instructor.

3.5 TRAINING OF BSMHFT STAFF TO SUPPORT/ SUPERVISE EXERCISE ACTIVITIES

Introduction to Physical Activity and Gym Passport training must be completed by all members of staff supervising and supporting exercise activities that have been identified as Low risk.

Once Gym Passport training has been completed the staff member will be added to the Gym Passport Training Register held by the Physical Therapies Clinical Lead Health Instructor in that service area.

The Gym Passport Training must be completed annually.

If a staff member works across different service areas where there is access to more than one gym space/exercise environment Gym Passport training must be completed for each area.

3.6 STAFF TAKING PART IN PHYSICAL ACTIVITY OR EXERCISE

There is no expectation that staff take part in physical activity or exercise sessions as part of their duties unless indicated as part of their job description. Staff who wish to participate in Trust organised tournaments/sporting events must:

- Be aware of their own physical health, ability and limitations.
- Understand and acknowledge the risk associated with taking part in the organised physical activity and exercise tournament/sporting event.
- Complete and sign The Staff Health Questionnaire and disclaimer before taking part. (Appendix 8)

Trust teams/staff organising tournaments/sporting events must ensure the following are completed prior to the tournament/sporting event taking place.

- A risk assessment is completed of the environment and activity planned, following the guidance in the Provision of Gym and Exercise Standards (Appendix 2), in line with the Trusts Risk Management Policy
- All service users taking part must have a PAR-Q completed prior to taking part following the guidance outlined in this policy.

- All staff taking part must have a completed and signed Staff Health Questionnaire and disclaimer (Appendix 8)
- All completed and signed Staff Health Questionnaires and Disclaimers are managed in accordance with the Personnel File Management Policy, HR10.
- All staff facilitating the tournament/sporting event must have the appropriate level of Qualification/training outlined in this policy.

3.7 PHYSICAL ACTIVITY AND EXERCISE ENVIRONMENTAL RISK ASSESSMENTS

All environments/spaces, both indoor and outdoor, must have an environmental risk assessment completed prior to any physical activity or exercise session taking place.

Indoor and outdoor environments within trust premises:

- The physical activity or exercise session organiser/facilitator is responsible for ensuring that an environmental risk assessment (Appendix 9) is completed for all intended spaces to be used, following the guidance in the Provision of Gym and Exercise Standards (Appendix 2), in line with the Trusts Risk Management Policy.
- The physical activity or exercise session organiser/facilitator is responsible for ensuring all staff supporting or taking part in the session are aware of any identified risks and its management.

Indoor and outdoor environments external to Trust premises:

- The physical activity or exercise session organiser/facilitator is responsible for ensuring that an environmental risk assessment is completed for all intended spaces to be used in collaboration with the venue provider, following the guidance in the Provision of Gym and Exercise Standards (Appendix 3), in line with the Trusts Risk Management Policy.
- The physical activity or exercise session organiser/facilitator is responsible for ensuring that the appropriate level of liability insurance is in place for the venue and its use.
- The physical activity or exercise session organiser/facilitator is responsible for ensuring all Trust staff supporting or taking part in the session are aware of any identified risks and its management.
- The physical activity or exercise session organiser/facilitator is responsible for ensuring that a Service Level Agreement (SLA) or Standard Operating Procedure (SOP) is completed and signed by all stakeholders involved in the session delivery. The SLA/SOP must outline the risk management responsibility held by each stakeholder.

3.8 MAINTENANCE AND CLEANING OF EXERCISE/GYM EQUIPMENT

- Service users and staff using gym equipment must wash their hands prior to use and after use.
- Gym equipment must be cleaned after every use by the staff member who has completed the Gym Passport training supervising the activity to prevent the spread of infection.
- For guidance on the cleaning of equipment refer to the Cleaning policy (IC 01X) and Decontamination policy (Annex B-IC 01). A record of cleaning must be kept and displayed in all gym/exercise environments.
- All exercise/gym equipment must have a Health & Safety checklist (Appendix 7) Completed before use if equipment is not used daily and only once in a day or on a daily basis if used frequently throughout the day, by a staff member that has completed the Gym Passport training. The Health & Safety Checklist must be clearly displayed in the gym/exercise environment.
- Any equipment found to be faulty will immediately be taken out of use by the staff member who discovered the fault. The equipment needs to be marked as faulty and out of service. The fault then needs to be reported to the responsible manager for that gym/exercise environment. Equipment can be authorised for use by the responsible manager for that gym/exercise environment once it has been repaired.
- Any equipment that has fallen outside of its maintenance schedule will immediately be taken out of use by the responsible manager for that gym/exercise environment until it has been maintained by an authorised and qualified technician.

4. RESPONSIBILITIES

This should summarise defined responsibilities relevant to the policy.

| Post(s) | Responsibilities | Ref |
|---|--|-----|
| All Staff | Have Knowledge of and adhere to the policy | |
| Service, Clinical and Corporate Directors | Responsibility for responding to and ensuring that teams implement new guidance; Ensure that professionals for which they are responsible are adhering to the policy and procedures and act where noncompliance is identified. | |
| Policy Lead | Ensure the policy is up to date with national guidance and legislation; Ensure timely reviews; Co-ordinate the review process; Make staff aware of the policy. | |
| Executive Director | Has overall responsibility for ensuring this policy is reviewed and that there are appropriate quality assurance mechanisms in relation to the guidance in this policy | |

| | | |
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| | | |
| Health Instructors | Responsible for delivering Introduction to Physical activity and Gym passport training; Updating Gym Passport Training register; Responsible for the undertaking of an initial assessment prior to the prescription of an exercise programme | |

5. DEVELOPMENT AND CONSULTATION PROCESS

| Consultation summary | | |
|--|---|---------------------------|
| Date policy issued for consultation | July 2023 | |
| Number of versions produced for consultation | 5 | |
| Committees / meetings where policy formally discussed | Date(s) | |
| Trust wide Health Instructor Team meetings | January 18 th 2023, February 23 rd 2023 | |
| | | |
| Where received | Summary of feedback | Actions / Response |
| Physical Health Committee | | |
| Allied Health Professionals Advisory Committee | | |

6: Reference documents

Annual report of chief medical officer 2013. Public mental health priorities: Investing in the evidence. Department of Health

Connolly M and Kelly C, Lifestyle and physical health in schizophrenia. Advances in psychiatric treatment 2005, vol 11, 125 – 132

CJ Casperson, KE Powell, Physical activity, exercise and physical fitness – Definitions and distinctions for health related research, Public Health records 1985, 100, 126 – 131

7: BIBLIOGRAPHY:

Office for health improvement and disparities – Premature Mortality in Adults with Severe Mental Illness 2023

Exercise referral systems: A National Quality Assurance Framework 2001

Public Health Guideline (PH54) Physical Activity: Exercise Referral Schemes 2014

Up and Running, Exercise therapy and the treatment of mild or moderate depression in primary care. Mental Health Foundation 2005

World Health Organisation global action plan 2018 - 2030

8: GLOSSARY

None

9: AUDIT AND ASSURANCE

| Element to be monitored | Lead | Tool | Frequency | Reporting Committee |
|--|---|----------------|-----------|---------------------|
| All staff facilitating exercise identified as Low Risk, Medium risk or High risk must have had the appropriate training as outlined in section 3 and must follow the appropriate exercise protocols. | Professional Lead Health Instructor | Local register | Quarterly | PHC |
| All exercise equipment purchased for use to support exercise activity must be of commercial Standard and be purchased through approved suppliers which will be identified in the Trust purchasing catalogue for gym equipment. | Professional Lead Health Instructor Procurement | Audit report | Quarterly | PHC |
| All exercise equipment is maintained inline with the standards laid out in section 3 of the policy | Professional Lead Health Instructor Clinical Lead Health Instructors | Audit report | Quarterly | PHC |

10. APPENDICES

Appendix 1 – Quality Impact assessment
Appendix 2 – Provision of gym and Exercise Activities Standards
Appendix 3 – Pre Activity Questionnaire (PARQ)
Appendix 4 – Adapted Irwin and Morgan Risk Stratification Tool
Appendix 5 – Risk Categories for Exercise Activities
Appendix 6 – Access to physical activity and exercise flow chart
Appendix 7 – Gym equipment health & safety Checklist
Appendix 8 - Staff Health Questionnaire and disclaimer
Appendix 9 - Environmental Risk Assessment

Appendix 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

| | | | |
|--|--|-----------------------|-------------------------------------|
| Title of Policy | Managing Risk In Physical Activity And Exercise | | |
| Person Completing this policy | Gregg Newman | Role or title | Professional Lead Health Instructor |
| Division | Corporate | Service Area | Trust wide Inpatient |
| Date Started | 10.07.23 | Date completed | 21.07.23 |
| Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation. | | | |
| The policy has been updated to ensure any potential negative risk of participating in physical activity or exercise are minimised. The promotion of physical activity and exercise is key to improving physical and mental health of our service users and is recognised in the Trusts Physical Health Strategy as a key area for improving health | | | |
| Who will benefit from the policy? | | | |
| Service users participating in all types of physical activity either on Trust premises or under the supervision of a Trust employee | | | |
| Does the policy affect service users, employees or the wider community? <i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i> | | | |
| Service users participating in all types of physical activity either on Trust premises or under the supervision of a Trust employee | | | |
| Does the policy significantly affect service delivery, business processes or policy? <i>How will these reduce inequality?</i> | | | |
| Enhanced service delivery for service users | | | |
| Does it involve a significant commitment of resources? <i>How will these reduce inequality?</i> | | | |

| Clinical knowledge and expertise | | | | |
|---|--------------------------|------------------------|---|--|
| Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression) | | | | |
| Poor physical health is an inequality within the SMI population. This policy supports the reduction of this inequality by promoting physical activity and its impact on physical health. | | | | |
| Impacts on different Personal Protected Characteristics – Helpful Questions: | | | | |
| <i>Does this policy promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i> | | | <i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i> | |
| Please click in the relevant impact box and include relevant data | | | | |
| Personal Protected Characteristic | No/Minimum Impact | Negative Impact | Positive Impact | Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics. |
| Age | | | X | This policy applies to all service users without discrimination. The policy and included processes ensure we are diverse, and inclusive through assessment and the prescription of exercise and physical activity. |
| Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups | | | | |
| Disability | | | X | No service users are excluded from this policy. Individual needs will be assessed and individual, appropriate adjustments made. |
| Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families? | | | | |
| Gender | | | x | No service users are excluded from this policy. |

| | | | | |
|--|---|--|---|---|
| | | | | This policy applies to all service users without discrimination. The policy and included processes ensure we are diverse, and inclusive through assessment and the prescription of exercise and physical activity. |
| This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy? | | | | |
| Marriage or Civil Partnerships | x | | | No service users are excluded from this policy. |
| People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships? | | | | |
| Pregnancy or Maternity | | | x | No service users are excluded from this policy. Individual needs will be assessed and individual, appropriate adjustments made. |
| This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation into pregnancy and maternity? | | | | |
| Race or Ethnicity | x | | | No service users are excluded from this policy. This policy applies to all service users without discrimination. The policy and included processes ensure we are diverse, and inclusive through assessment and the prescription of exercise and physical activity. |
| Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language? | | | | |
| Religion or Belief | x | | | No service users are excluded from this policy. This policy applies to all service users without discrimination. The policy and included processes ensure we are diverse, and inclusive |

| | | | | |
|---|---|--|---|--|
| | | | | through assessment and the prescription of exercise and physical activity. Individual needs will be assessed and individual, appropriate adjustments made. |
| Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met? | | | | |
| Sexual Orientation | x | | | No service users are excluded from this policy. |
| Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea? | | | | |
| Transgender or Gender Reassignment | x | | | No service users are excluded from this policy. This policy applies to all service users without discrimination. The policy and included processes ensure we are diverse, and inclusive through assessment and the prescription of exercise and physical activity. Individual needs will be assessed and individual, appropriate adjustments made. |
| This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service? | | | | |
| Human Rights | | | x | This policy has been written to promote equality and remove any discrimination. This policy supports the human rights act. |
| Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position? | | | | |

| | | | | |
|--|-------------|---------------|------------|-----------|
| If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998) | | | | |
| | Yes | No x | | |
| What do you consider the level of negative impact to be? | High Impact | Medium Impact | Low Impact | No Impact |
| | | | | x |
| <p>If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.</p> <p>If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.</p> <p>If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead.</p> | | | | |
| Action Planning: | | | | |
| How could you minimise or remove any negative impact identified even if this is of low significance? | | | | |
| N/A | | | | |
| How will any impact or planned actions be monitored and reviewed? | | | | |
| N/A | | | | |
| How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic. | | | | |
| N/A | | | | |
| Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis | | | | |

Provision of Gym and Exercise Activities Standards

Contents

1. Introduction

2. Standards of gym environment and equipment

- 2.1 Definitions
- 2.2 Gym Equipment
- 2.3 Environment and Maintenance
- 2.4 Clothing

3 Physical Health Assessment and Pre Exercise Assessment

- 3.1 Physical Health Assessment
- 3.2 Pre Exercise Assessment
- 3.3 Knowledge and skills of staff

1. Introduction

Physical activity is a vital component of holistic care for individuals admitted to in-patient Mental health services. Where clinically appropriate, patients should be offered opportunities to engage in at least 30 minutes of exercise, five times per week.

Birmingham & Solihull Mental Health Foundation Trust (BSMHFT) has embraced a proactive approach to promoting physical activity among service users. Over the past decade, national emphasis on exercise as a tool for disease prevention and treatment has led to the development of Exercise Referral Schemes (ERS), supported by government initiatives and national standards

Despite the growth of exercise provision within the Trust, a lack of internal standardisation has highlighted the need for Trust-wide guidelines. These standards aim to ensure safe, high-quality services aligned with national frameworks and informed by patient safety, infection control, and incident reporting.

Key national resources guiding ERS include:

- NICE Guidelines PH54: Recommends structured exercise referral for sedentary individuals with or without health conditions
- Professional and Operational Standards for Exercise Referral: Developed by the Joint Consultative Forum, outlining referral processes, qualifications, and service evaluation
- British Heart Foundation Toolkit and SkillsActive Standards: Provide operational guidance for designing and evaluating ERS programmes

These frameworks emphasise:

- Formal screening and referral processes.
- Pre-programme assessments by qualified professionals.
- Delivery of appropriate, tailored physical activities.
- Ongoing evaluation and long-term support.

- Patient involvement and shared responsibility for health outcomes.

2. Standards for Gym Environment and Equipment

2.1 Definitions

Gym: A designated area equipped for physical exercise.

Exercise/Fitness Equipment: Devices intended to elevate heart rate or build strength, including cardio machines (e.g., bikes, rowers, cross-trainers) and resistance equipment (e.g., free weights, weight machines).

Exclusions: Sports equipment (e.g., footballs, badminton gear) and recreational items (e.g., mountain bikes, walking sticks).

Medical Device Classification: Exercise equipment may be classified as a medical device under UK and EU law if intended for:

- Diagnosis, prevention, monitoring, or treatment of disease/injury.
- Modification of anatomy or physiological processes.
- Control of conception.

Reference: NHS England (2014), NHS/PSA/D/2014/006

2.2 Equipment Standards

Safety & Suitability:

- Equipment must be safe, fit for purpose, and maintained regularly.
- Only trained individuals should operate equipment.
- Maintenance records must be kept for all equipment.

Commercial Grade Requirement:

- Home-use equipment is unsuitable for clinical or institutional settings due to durability, safety, and liability concerns.
- Commercial-grade equipment supports higher usage, accessibility needs, and long-term maintenance.

Benefits of Commercial Equipment:

- Durability: Designed for continuous use by multiple users.
- Cost Efficiency: Longer lifespan with replaceable parts.
- Continuity: Consistent availability of parts and support.
- Insurance Compliance: Reduces liability risks.
- Maintenance Support: Only commercial equipment is typically covered by service contracts.
- Accessibility: Inclusive Fitness Initiative (IFI) standards are met only by commercial suppliers.

Reference: Provision and Use of Work Equipment Regulations (PUWER) 1998

2.3 Environmental Standards

Facility Requirements:

- Adequate ventilation, lighting, and temperature control.
- Safe flooring and electrical systems.
- Sufficient space for equipment and movement.
- Access to water, toilets, showers, and changing areas.
- Risk assessments must be conducted to ensure safety and compliance.

Reference: NHS Outcomes Framework – Domain 5 (Patient Safety); National Quality Assurance Framework

Capacity Planning:

- Based on activity type, user needs, instructor availability, room dimensions, and equipment layout.
- Risk assessments required for all group activities.

Clothing Standards

Appropriate Attire:

- Comfortable, non-restrictive clothing (e.g., tracksuits, shorts, leggings, t-shirts).
- Supportive footwear (e.g., trainers).

Inappropriate Attire:

- Outdoor shoes, sandals, skirts, or any clothing that may interfere with equipment operation.

Instructor Authority:

- Instructors may cancel sessions if clothing poses safety risks.
- Staff should apply a common-sense approach and avoid requiring expensive gear.

3. Physical Health and Pre-Exercise Assessment

3.1. Physical Health Assessment

All service users must undergo a comprehensive physical health assessment upon admission. This includes:

- Physical examination
- Relevant investigations
- Lifestyle screening

Any identified risks are reviewed and monitored by the clinical multidisciplinary team. Staff involved in exercise activities must be aware of any health concerns flagged during this assessment.

According to the UK Chief Medical Officers' Physical Activity Guidelines (2023 update), physical activity should be tailored to individual health status, and pre-exercise screening is essential to ensure safety and effectiveness.

The Adult Pre-Exercise Screening Guide (2025) and ACSM Guidelines for Exercise Testing and Prescription (11th ed.) emphasize:

- Use of validated tools like the PAR-Q for initial screening
- Identification of contraindications (e.g., high BP, tachycardia)
- Ongoing monitoring of health metrics such as resting heart rate, blood pressure, weight, and blood glucose levels

Health professionals must be competent in conducting assessments and interpreting results to develop safe, individualised activity plans. Health professionals must follow policy and procedures in referring for further assessment where indicated.

3.2. Pre Exercise Assessment

Before initiating any exercise program, the following must be established:

- Risk Factors: Mental Health presentation and status, High/low BP, diabetes, obesity, recent surgery, BMI extremes, tachycardia, blood glucose monitoring
- Exercise Suitability: Identified using a PAR-Q and where indicated further assessment by the Health Instructor team who will identify level of risk and suitability using the adapted Irwin & Morgan Risk Stratification Tool.
- Clearance: Required from a Health Instructor or doctor depending on patient's physical and mental health status
- Medication Needs: Confirm if patient must bring items e.g. GTN spray, or Salbutamol Inhaler

These measures should be reassessed regularly.

3.3 Skills and knowledge of staff

The increasing prevalence of poor physical health, driven by sedentary lifestyles and poor nutrition, has placed significant strain on the NHS. This has led to a growing demand for qualified exercise and fitness professionals, particularly within populations experiencing severe mental illness (SMI), where physical and mental health often deteriorate concurrently.

Professionals working in these settings must possess comprehensive knowledge in anatomy and physiology, exercise prescription, contraindications to physical activity, and safe practice. CIMSPA's professional standards framework outlines the minimum knowledge, skills, and behaviours required for each role in the sport and physical activity sector. These standards underpin qualifications at:

- Level 2: Gym Instructor – foundational knowledge in fitness instruction and safe exercise delivery.
- Level 3: Personal Trainer – advanced skills in program design, client assessment, and behaviour change.
- Level 3: GP Exercise Referral – specialised training to support clients with medical conditions referred by healthcare professionals.
- Level 4: Specialist roles (e.g., Strength & Conditioning, Cardiac rehab) – targeted expertise for complex populations and clinical settings.

The National Quality Assurance Framework (NQAF) and CIMSPA support the use of the Irwin & Morgan risk stratification tool for exercise referral, which assesses individuals from low to high risk

based on physical and mental health. However, BSMHFT does not implement the mental health-specific components of the Irwin and Morgan risk stratification tool within its services. These sections lack clinical validation for mental health settings and may compromise safe, equitable decision-making regarding access to physical activity. The Trust's Physical Health Committee has endorsed this approach to promote consistent, evidence-based practice.

Health Instructors within BSMHFT inpatient and community services deliver structured, individualised exercise programmes. These are clinically led and informed by current best practice guidelines, including those from CIMSPA, NQAF, and the British Heart Foundation Toolkit. Instructors are trained to design, monitor, and evaluate interventions that support both physical and mental health recovery.

Appendix 3 – Pre-Activity questionnaire

Section B - Physical Activity Readiness Questionnaire



If the service user answers 'Yes' to one or more questions refer to ward medic or Health Instructor to further assess readiness to exercise before taking part in exercise activity.

Has your doctor ever said that you have a medical condition and that you should **NOT** do physical activity or exercise?

☐ Yes ☐ No

Comments

Do you feel pain in your chest when you do physical activity?

☐ Yes ☐ No

Comments

In the past month, have you had chest pain when you were **NOT** doing physical activity?

☐ Yes ☐ No

Comments

Do you ever lose your balance?

☐ Yes ☐ No

Comments

Do you ever lose your balance because of dizziness?

☐ Yes ☐ No

Comments

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

☐ Yes ☐ No

Comments

Is your doctor currently prescribing you medication for blood pressure or a heart condition?

☐ Yes ☐ No

Comments

Do you know of any other reason why you should not take part in physical activity?

☐ Yes ☐ No

Comments

Section C - Disclaimer

I confirm that I have discussed the questionnaire with the service user, answered any questions they put to me and they have completed the questionnaire to their full satisfaction and to the best of their knowledge.



Clear

Appendix 4 – Adapted Irwin and Morgan risk stratification tool

| LOW RISK | |
|--|--|
| Overweight | No Complications |
| High normal blood pressure | (130 – 139/85 – 89) not medication controlled |
| Deconditioned | Due to age or inactive lifestyle |
| Type 2 diabetes | Diet controlled |
| Older people aged > 65 | No more than 2 CHD risk factors and not at risk of falls |
| Antenatal | No symptoms of pre-eclampsia/ no history of miscarriage |
| Postnatal | Provided 6/12 check complete and no complications |
| Osteoarthritis | Mild where physical activity will provide symptomatic relief |
| Mild bone density changes | BMD > 1SD and < 2.5 SD below young adult mean |
| Exercise induced asthma | Without other symptoms |
| Smoker | One other CHD risk factor and no know impairment of respiratory function |
| Stress/ mild anxiety Seropositive HIV | Asymptomatic |

| MEDIUM RISK | |
|------------------------------------|---|
| Hypertension Stage 1 | (140 – 159/90 – 99) Medication controlled |
| Type 2 diabetes | Medication controlled |
| Type 1 diabetes | With adequate instructions regarding modifications of insulin dosage depending on timing of exercise and warning signs |
| Physical disabilities | No other risk factors |
| Moderate OA/RA | With intermittent mobility problems |
| Clinical diagnosis of Osteoporosis | BMD – 2.5 at spine, hip or forearm or \geq 4 on fracture index, with no history of previous low trauma fracture |
| Surgery – Pre and Post | General or Orthopaedic. Not Cardiac |
| Intermittent Claudication | No symptoms of cardiac dysfunction |
| Stroke/ TIA | > 1 year ago. Stable CV symptoms. Mobile with no assistance required |
| Asthma | Mild (ventilator limitation does not refrain submaximal exercise) |
| COPD | Without ventilator limitation but would benefit from optimisation of respiratory |
| Neurological Conditions | System mechanics and correction of physical deconditioning e.g. young onset Parkinson's Disease (stable); Multiple Sclerosis |
| Early Symptomatic HIV | Moderately diminished CD4 cells, intermittent or persistent signs and symptoms e.g. fatigue, weight loss, fever, lymphadenopathy |
| Chronic Fatigue Syndrome | Significantly deconditioned due to longstanding symptoms |
| Fibromyalgia | Associated impaired functional ability, poor physical fitness, social isolation, neuroendocrine and autonomic system regulation disorder. |

| HIGH RISK | |
|--|---|
| Older people > 65 years at risk of falls. Frail older people with osteoporosis and history of fracture | REFER DIRECT TO FALLS SERVICE (BMD) > 2.5 at spine, hip or forearm in presence of one or more documented low trauma or fragility fractures) |
| Unstable and uncontrolled cardiac disease | |
| Claudication with cardiac dysfunction | |
| Orthostatic hypotension | Fall SBP – 20mg/Hg or DBP – 10mg/Hg within 3 mins of standing |
| Stroke/ TIA | Recent (> 3 months ago) |
| Severe OA/ RA | With associated mobility |
| Type 1 or Type 2 Diabetes (advanced) | With associated immobility |
| Moderate to severe arthritis | With accompanying autonomic neuropathy, advanced retinopathy |
| COPD/ emphysema | With true ventilatory limitation |
| AIDS | With accompanying neuromuscular complications severe depletion of CD4 cells, malignancy or opportunistic infection |

Appendix 5 – Risk categories for exercise activities

RISK CATEGORIES FOR EXERCISE ACTIVITIES

LOW RISK EXERCISE ACTIVITIES

Examples include:

| LOW RISK EXERCISE ACTIVITIES | |
|--------------------------------------|--|
| Type of exercise activity | Level of training required |
| Soft ball tennis | Introduction to Physical Activity Training |
| Table tennis | Introduction to Physical Activity Training |
| Football (Does not include coaching) | Introduction to Physical Activity Training |
| Basketball | Introduction to Physical Activity Training |
| Walking Groups (Structured activity) | Introduction to Physical Activity Training |

Activities appropriate to the in-patient environment

Introduction to Physical Activity training to be delivered by a Health Instructor

Observation requirement: No special requirement – Observation to be undertaken in line with assessed risks of individual service users

AMBER – MEDIUM RISK EXERCISE ACTIVITIES

| AMBER – MEDIUM RISK EXERCISE ACTIVITIES | |
|--|----------------------------|
| Type of exercise activity | Level of training required |
| Treadmill/running machine | Gym Passport training |
| Static exercise bike (Upright and recumbent) | Gym Passport training |
| Elliptical (cross) trainer | Gym Passport training |
| Rowing machine | Gym Passport training |
| Stepper | Gym Passport training |
| Outdoor gym equipment | Gym Passport training |
| Resistive Equipment | Gym Passport training |
| Multi gym & Dual Assisted Pulley machines | Gym Passport training |

Introduction to Physical Activity and Gym Passport training to be delivered by a Health Instructor

Observation requirement: No special requirement – Observation to be undertaken in line with assessed risks of individual service users

RED – HIGH RISK EXERCISE ACTIVITIES

| RED – HIGH RISK EXERCISE ACTIVITIES | |
|-------------------------------------|----------------------------|
| Type of exercise activity | Level of training required |
| Free Weights | Health Instructor only |
| Kettle bells | Health Instructor only |
| Olympic Bars | Health Instructor only |
| Circuit Training | Health Instructor only |

Observation requirement: Requires Health Instructor to be present at all times

GROUP EXERCISE SESSIONS

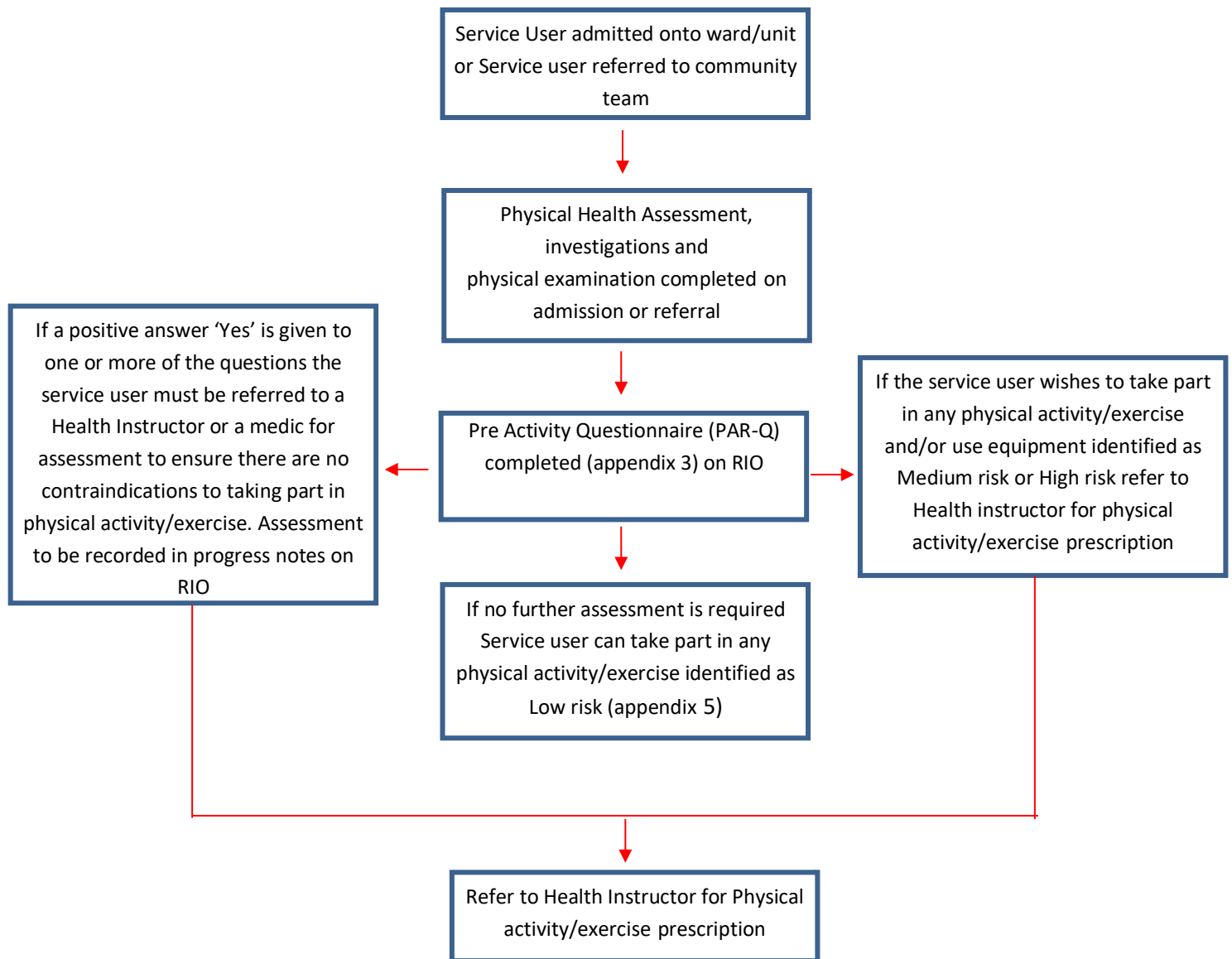
Examples include:

| GROUP EXERCISE SESSIONS | |
|---------------------------|----------------------------|
| Type of exercise activity | Level of training required |
| Zumba | Accredited qualification |
| Pilates | Accredited qualification |
| Yoga | Accredited qualification |
| Aerobics | Accredited qualification |
| Boxercise | Accredited qualification |
| Step Aerobics | Accredited qualification |
| Football Coaching | Accredited qualification |
| Chair Aerobics | Accredited qualification |
| Tai Chi | Accredited qualification |


Group exercise sessions can only be facilitated by a member of staff who holds an accredited qualification specific to the group exercise delivered, be registered with a governing body and meet the standards set out by the governing body for continued professional development. All staff facilitating Group exercise must provide details of their qualification and governing bodies' registration number. Information given will be kept on the BSMHFT exercise professional data base held by the lead Health Instructor.

Appendix 6 – Access to Physical Activity Flow Chart

Flow Chart—Access to Physical Activity and Exercise



Appendix 7 – Gym quipment health & safety checklist

|  <div style="float: right;"> Birmingham and Solihull NHS Mental Health NHS Foundation Trust </div> | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| Site: | | | | | | | | | | |
| Gym Equipment Health & Safety checklist | | | | | | | | | | |
| Date: | | | | | | | | | | |
| Treadmill | | | | | | | | | | |
| Cable and plug | | | | | | | | | | |
| Display | | | | | | | | | | |
| Incline | | | | | | | | | | |
| Speed up/down | | | | | | | | | | |
| Emergency cut off | | | | | | | | | | |
| Heart rate monitor | | | | | | | | | | |
| Belt | | | | | | | | | | |
| Lubricate belt | | | | | | | | | | |
| Recumbent Bike 1 | | | | | | | | | | |
| Cable and plug | | | | | | | | | | |
| Display | | | | | | | | | | |
| Adjustable seat | | | | | | | | | | |
| Pedals - Rotate | | | | | | | | | | |
| Pedal - Strap | | | | | | | | | | |
| Resistance +/- | | | | | | | | | | |
| Heart rate monitor | | | | | | | | | | |
| Recumbent Bike 2 | | | | | | | | | | |
| Cable and plug | | | | | | | | | | |
| Display | | | | | | | | | | |
| Adjustable seat | | | | | | | | | | |
| Pedals - Rotate | | | | | | | | | | |
| Pedal - Strap | | | | | | | | | | |
| Resistance +/- | | | | | | | | | | |
| Heart rate monitor | | | | | | | | | | |
| Medicine Balls | | | | | | | | | | |
| Air Pressure | | | | | | | | | | |
| Surface | | | | | | | | | | |
| Handle | | | | | | | | | | |
| Free Weights | | | | | | | | | | |
| Surface | | | | | | | | | | |
| Exercise Matts | | | | | | | | | | |
| Surface | | | | | | | | | | |
| Signed | | | | | | | | | | |

Appendix 8 – Staff Health Questionnaire and disclaimer

Staff Health Questionnaire and disclaimer

This Health Questionnaire and disclaimer must be completed and signed by all staff in preparation for participating in any Physical activity and exercise. It is important that you disclose ALL your existing medical conditions so that we/I may determine whether to seek further advice before commencing with the planned physical activity. This questionnaire does not provide medical advice in any form and does not substitute advice from appropriately qualified professionals.

Name:

Trust email address:

Name of team manager:

Team manager email address:

Health Questionnaire

| | | |
|---|-----|----|
| Have you ever been told you have a heart condition? | Yes | No |
| Have you ever had a stroke? | Yes | No |
| Do you ever have unexplained pains in your chest at rest or during physical exercise? | Yes | No |
| Do you consistently feel faint or suffer from spells of dizziness? | Yes | No |
| Do you suffer from asthma and medication? | Yes | No |
| Do you suffer from type I or II diabetes? | Yes | No |
| Do you suffer from any major muscle or joint conditions that may limit you or be aggravated by physical activity? | Yes | No |
| Do you suffer from high blood pressure over 140/90 or low blood pressure below 100/80? | Yes | No |

Disclaimer

If you have answered no to all the above questions and you are confident that you have no other concerns with your health, then you may proceed to participate in physical activity. If you have answered yes to any of the questions above or are unsure, please seek further advice from your GP or allied health professional before commencing physical activity.

I am aware of the guidance for staff participating in physical activity, tournaments/sporting events outlined in the Managing Risk in Physical Activity Policy. I believe to the best of my knowledge that all the information I have provided on this form is accurate.

Staff member signature:

Date:

Organiser/Facilitator signature:

Date:

Appendix 9 – Environmental Risk Assessment



Environmental Risk Assessment

| | | | |
|------------------|--|----------------|--|
| Service Area | | Site | |
| Reference Number | | Activity/ Task | |
| Assessor(s) | | Date Completed | |
| Service Manager | | Review Date | |

| Activity | Hazard and Harm | Key persons at risk | Existing Controls |
|----------|-----------------|---------------------|-------------------|
| | | | |
| | | | |

| Activity | Hazard and Harm | Key persons at risk | Existing Controls |
|----------|-----------------|---------------------|-------------------|
| | | | |
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