



**Public – to be published on the trust external website**

# **Gym Policy**

## **(The Procurement and Safe use of Trust gyms)**

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**Status: Ratified**

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## 1 Introduction



The Trust provides and supports the safe use of gyms and exercise equipment in a variety of clinical areas. This recognises the value of physical activity in helping people to improve their health & wellbeing.

This policy is critical to the delivery of OJTC and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

This policy supports the trust to co-create a great experience for all patients, carers and families from its diverse population by giving patients choice and control over types of physical activity they can be supported to access.

This policy supports the trust to co-create a great experience for our colleagues by helping them to feel proud of the work they do to support patient's choice and wellbeing on their road to recovery ensuring their work is meaningful. It also ensures safe patient and staff access to the gym and ensures the environment is fit for purpose.

## 2 Why we need this policy



'If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat' UK Chief Medical Officers (2019)

### 2.1 To promote the health and wellbeing of patients

People with severe mental illness (SMI) die 15-20yrs prematurely and have a significantly higher risk of obesity, hyperglycaemia and metabolic syndrome and therefore cardiovascular disease. (Public Health England 2018)

Traditional treatments for mental health symptoms are psychotropic drugs and psychotherapy. A known side effect of some psychotropic drugs is iatrogenic weight gain which contributes to the physical and mental health burden of people with SMI. In addition people with SMI are generally less physically active and more sedentary than the general population due to a number of factors and barriers (Firth et al 2016)

There is well established and growing evidence that physical activity can result in physical and mental health gains for people with SMI (Kandola & Osborn 2022)

Physical activity interventions that provide professional support result in better adherence and greater effects on cardiorespiratory fitness for people with SMI (Vancampfort et al (2015, 2016) and Stubbs et al (2016)).

Exercise interventions should be prescribed by exercise professionals in order to achieve optimum physiological effects and to help people with SMI achieve realistic fitness goals (Firth et al 2016)

## 2.2 To promote health and wellbeing of staff

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Employees are the NHS' most valuable assets with employee costs accounting for around 66% of NHS providers' expenditure (Nuffield trust 2022). Staff wellbeing directly impacts on high quality patient care (NHS Employers 2022a). Improving personal health and wellbeing of NHS staff is one of the seven elements of health and wellbeing in the NHS health and wellbeing framework (NHS Employers 2022b). Employees who are physically active can help prevent or better self-manage over 20 conditions or diseases including cancer, coronary heart disease, diabetes and obesity. NHS organisations should encourage and support staff to be more physically active.



### Recommended levels of physical activity for patients and staff

The UK Chief Medical Officer's recommended levels of physical activity –

For adults 19yrs +, older adults and disabled adults

- Be active – at least 150 minutes of moderate intensity per week (increased breathing and able to talk) or at least 75 minutes of vigorous intensity per week (breathing fast and difficulty talking), or a combination of both.
- Build strength at least 2 days a week
- Include balance activities for older adults 2 days a week

For children up to 18yrs

- Aim for an average of at least 60 minutes of physical activity per day across the week that results in breathing faster and feeling warmer

For disabled children

- 20mins of physical activity per day
- Strength & balance activity 3x per week

[UK Chief Medical Officers' Physical Activity Guidelines \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/78114/uk-cmo-physical-activity-guidelines.pdf)

## 2.3 Purpose

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The purpose of this document is to ensure standardised procedures for setting up and operating indoor gyms in TEWV, to ensure the health and safety of patients and staff during their use.

## 2.4 Objectives

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To describe the requirements for:

- Setting up a gym on trust premises;
- Indoor stand alone exercise equipment in use for patients;
- Operating a gym, ensuring patient safety and compliance with medical devices guidance;
- Staff facilitating patients to use the gym;

- Staff accessing gyms for their personal health and wellbeing.

### 3 Scope

This policy applies to all Trust indoor gymnasiums, it does not cover outdoor fitness equipment. A separate protocol will be available for outdoor fitness equipment.

This policy also applies in part to stand alone pieces of exercise equipment for patient use in the Trust particularly regarding procurement and health and safety – 4.1.1- 4.1.4 and section 4.2.

#### 3.1 Who this policy applies to

All staff responsible for or using TEWV gyms and/or exercise equipment with patients or for their own personal fitness.

#### 3.2 Roles and responsibilities

Role	Responsibility
Executive Directors Group	<ul style="list-style-type: none"> <li>• Approving any new gymnasiums</li> </ul>
Nominated Professional Lead	<ul style="list-style-type: none"> <li>• Advising on suitability of gym/exercise equipment</li> <li>• Holding a Trust asset register for all gym/exercise equipment</li> <li>• Acting as professional lead for gym staff</li> <li>• Gym policy and procedure development and review</li> </ul>
Responsible Managers	<ul style="list-style-type: none"> <li>• Overseeing the running of the gym in their service</li> <li>• Line management of any gym staff</li> <li>• Identifying funding for annual servicing, maintenance and replacement of equipment as required</li> <li>• Identifying staff to support/supervise patient access</li> <li>• Releasing staff for relevant gym related training</li> </ul>
Multidisciplinary Team	<ul style="list-style-type: none"> <li>• Identifying patients suitable to access the gym</li> </ul>
Responsible clinician	<ul style="list-style-type: none"> <li>• Named registered professional responsible for the care of a patient and who retains ultimate responsibility for ensuring a health screen has been conducted for patients who are suitable to access the gym</li> </ul>
Gym Staff	<ul style="list-style-type: none"> <li>• Devising, delivering and monitoring individualised exercise programmes and pre-exercise</li> </ul>

	<p>recommendations for patients including those with health inequalities</p> <ul style="list-style-type: none"> <li>• Completing inductions for patients and staff</li> <li>• Advising on suitability of gym/exercise equipment</li> <li>• Updating the asset register for all gym/exercise equipment</li> <li>• Arranging annual servicing contracts for the gyms/exercise equipment</li> </ul>
Gym supervising staff	<ul style="list-style-type: none"> <li>• Nominated staff having undergone the Trust's level 2 equivalent e-learning and enhanced gym induction are responsible for supervising known patients to access the gym out of hours or in the absence of the gym staff</li> </ul>
Registered Physiotherapy staff	<ul style="list-style-type: none"> <li>• Providing regular clinical supervision to gym staff</li> </ul>

## 4 Gymnasium Policy

### 4.1 Setting up a gym



The decision to set up any new gyms must be approved at Executive Directors Group. The decision must take into account the purpose of the gym, the suitability of the facilities, the setup costs, running costs, and the workforce required to facilitate access.

Technical advice about the type and suitability of equipment must be sought via the nominated professional lead. Equipment must be sturdy enough to cope with the amount of use, the weight of the client and the environment in which it is situated. As a minimum the equipment must be light commercial grade. Domestic grade equipment **is not** permitted. This is equally applicable to stand alone exercise equipment.

All equipment must be purchased through the Trust procurement processes using preferred suppliers as advised by the nominated professional lead. Purchase of equipment will also include purchase of extended warranty where this is advised. The cost of an annual servicing contract should also be taken into account as well as cost of repairs and maintenance and replacement. This is equally applicable to stand alone exercise equipment.

All newly purchased or acquired gym equipment must be reported to the nominated professional lead to be included on the trust exercise equipment asset register. This is equally applicable to stand alone exercise equipment.

Rooms used as gyms must be large enough to accommodate the number and types of equipment to be housed with enough gaps between pieces of equipment to maintain safety of people using the gym and with sufficient ventilation to maintain a comfortable temperature, if in doubt contact the Estates department for advice. Exercise equipment must not be placed in areas where there is a flow of pedestrian traffic, or where it can be accessed without supervision.

Trust gym equipment is standard in nature, and not adapted or resourced for those with specific or individual disabilities. However, all gyms have wheelchair access as they are all at ground level and have hospital width doors. All patient access to the gym is enabled by suitably qualified staff. People with disabilities will be supported to access gym environments and equipment according to their individual needs wherever reasonable adjustments are needed and can be made.



There should be facilities within the gym to allow staff to summon help without leaving the gym area. This may be in the form of a telephone or through the ward alarm system.

Consideration must be given to how patients and staff are assessed as suitable to access the gym see 4.4 and 4.5.

Arrangements should be made for staff to supervise patients accessing the gym, both in core hours and out of hours. It is recommended that at least one fitness instructor is employed for core hours. For out of hours access, designated staff are identified to supervise patients who have already had an induction and an exercise plan devised by the fitness instructor. Staff fulfilling these roles must be able to be released for training on how to use the equipment and necessary updates as well as to facilitate patient use of the equipment and for them to maintain their competencies see 4.3.



A manager working in the service area must be identified as the 'responsible manager' for the gym.

Risk assessments must be completed for each gym see 4.2.

## 4.2 Health and Safety

All Trust Gyms must either have their own health and safety workbook or have their information incorporated into a department or service area health and safety workbook. The responsible manager is responsible for updating the health & safety workbook for existing gyms or when a new gym is set up.

### 4.2.1 Risk Assessments

Risk assessments for the use of the gym and for each piece of gym equipment should be in place with a copy in the gym and also in the health & safety workbook.

- Risk assessments for individual items of equipment in the gyms are the responsibility of the Fitness Instructor with advice from the nominated professional lead. For stand alone pieces of exercise equipment it would be the responsibility of the team or ward manager with advice from the nominated professional lead.
- Risk assessments for the gym should include the ratio of patients/ staff at any one time as this will vary according to the size of the gym and the amount of equipment within it.
- Risk assessments for individual patient use of the gym are the responsibility of the care team. This is equally applicable to stand alone exercise equipment.

It is the responsibility of the responsible manager of the gym to ensure the arrangements for out of hours use and supervision of patients in the gym by those other than a qualified fitness instructor are in line with 4.3.

## 4.2.2 Maintenance of gym equipment

**Professional Maintenance:** A contract for maintenance of the Gym equipment must be in place with a reputable external company for each gym.

- A record should be kept in the Health & Safety workbook and in a file in each gym of when the equipment has been maintained and when it is next due for maintenance. It is recommended that stickers with dates of maintenance details are attached to each piece of equipment signed & dated by the company. This is equally applicable to stand alone exercise equipment.
- Securing funding for maintenance contracts and repairs is the responsibility of the responsible manager.
- Any equipment that has out of date maintenance must not be used and the equipment must clearly be marked as “Out of Use” or removed. Similarly, any equipment waiting for repair must be marked “Out of Use” or removed. This is equally applicable to stand alone exercise equipment.

## 4.2.3 Electrical PAT testing

Should be carried out in the same way as for all other Trust electrical equipment. The fitness instructor is responsible for this in the gyms and the ward/team manager for stand alone equipment.

## 4.2.4 Daily and weekly maintenance

- Each piece of equipment should be wiped down after use – the fitness instructor or in their absence supervising member of staff or staff using the equipment for their own fitness are responsible for this.

- The fitness instructor is responsible for providing a thorough cleaning and physical check of equipment each week.
- Any malfunctions or queries about equipment not working properly must be marked “Out of use” and the fitness instructor is responsible for this.
- For stand alone equipment all of the above are the responsibility of the team/ward manager.

### 4.3 Patient Access

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The primary purpose of Trust gyms is to provide targeted physical activity/ exercise programmes for patients whilst they are on TEWV wards to:

- Improve their physical fitness and mental wellbeing;
- Promote healthy lifestyles.

A summary of the patient access protocol can be seen at [appendix 3](#) and gym referral form at [appendix 4](#)

### 4.4 Staff Access

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Patients have priority access to Trust gyms but when patients are not using the gyms they can be accessed by staff. Not all Trust gyms are able to offer staff access for a variety of safety reasons – see [appendix 5](#). Those that do will identify available staff slots. This offer forms part of TEWV’s approach to support staff health and wellbeing and to encourage staff to look after their physical health as part of their overall wellbeing.

A summary of the staff access protocol can be seen at [appendix 6](#)

### 4.5 TEWV Insurance cover

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All approved Trust gyms are covered by NHS Resolution (formerly NHS Litigation Authority) indemnity cover including employer’s liability, public liability, products liability and professional indemnity for TEWV as long as the following rules are adhered to:

- The patient’s assessed need to access the gym should be identified as part of their treatment whilst they are in service with TEWV and recorded as such on the patient electronic record.



Patients and staff using the gym for their own fitness cannot exercise in the gym at the same time.

However it is sometimes recognised in the intervention plan that the patient would benefit from staff exercising with them. In this instance, the member of staff is helping to motivate the patient, not working on their own personal fitness.

- Activities within the gym for patients are supervised by suitably qualified member/s of staff (see section 5);
- Patients using stand alone exercise equipment should not be left unsupervised;
- Staff accessing the gym for exercise are employees of TEWV;
- People using the gym whether patients or staff need to have completed a formal gym induction which is documented;
- A fully stocked first aid box and a resus bag needs to be easily available;
- There needs to be adequate signage identifying where the first aid box and resus bag is situated and about what to do in the case of an emergency;
- Measures are put in place to prevent unauthorised access to the gym.

#### 4.6 Additional Professional Indemnity for Physiotherapist

For Qualified Physiotherapists with full practicing membership of the Chartered Society of Physiotherapists (CSP) running 1:1 or group exercise sessions for physiotherapeutic purposes whether in NHS, private or voluntary sector regardless of venue, whether in an exercise hall or other suitable venue, including gyms - their Professional Liability Insurance covers these activities as part of their scope of practice. Physiotherapy run gyms are covered in this way as are tasks delegated to physiotherapy assistants within those gyms. Physiotherapists are however **not** permitted to register with CIMSPA (previously REPS) without the addition of recognised CIMSPA training (CSP/REPS 2011)

### 5 Definitions

Term	Definition
Exercise or fitness equipment	Any equipment designed for physical exercise to increase the heart rate. It can consist of exercise equipment such as exercise bikes, rowing machines, cross trainers and other such equipment and resistance equipment that uses fixed weights or free weights. They can be mechanical or electrical or static. Equipment used with patients are classed as medical devices.
Gymnasium/Gym	Any area whether purpose built or not within the TEWV estate in which there is a collection of exercise or fitness equipment. Also referred to as fitness suite in secure services.

Gym Induction	<p>A period of orientation to the gym to ensure safe use to include</p> <ul style="list-style-type: none"> <li>• Orientation to the gym environment</li> <li>• Rules of the gym</li> <li>• Advice on use of individual pieces of equipment</li> <li>• Safety considerations and precautions</li> <li>• Hygiene considerations and precautions</li> </ul>
Medical device	<p>“an instrument, apparatus, appliance, material or other article, whether used alone or in combination, together with any software necessary for its proper application, which</p> <ol style="list-style-type: none"> <li>a) Is intended by the manufacturer to be used for human beings for the purpose of:             <ol style="list-style-type: none"> <li>i) diagnosis, prevention, monitoring, treatment or alleviation of disease;</li> <li>ii) diagnosis, monitoring, treatment, alleviation of or compensation for an injury or handicap;</li> <li>iii) investigation, replacement or modification of the anatomy or of a physiological process; and,</li> <li>iv) control of conception, and</li> </ol> </li> <li>b) does not achieve its principle intended action in or on the human body by pharmacological, immunological or metabolic means, but may be assisted in its function by such means.”</li> </ol> <p><a href="https://www.legislation.gov.uk">The Medical Devices Regulations 2002 (legislation.gov.uk)</a></p>
Nominated Professional Lead	<p>A nominated professional lead to oversee the governance of trust gyms – see 3.2 – currently sits with the Head of Physiotherapy for all indoor gyms</p>
PAT testing	<p>Portable Appliance Testing: although gym equipment may not be regarded as portable any electrical items may be subject to PAT testing which is formally "in-service inspection &amp; testing of electrical equipment".</p>
CIMSPA	<p>Chartered Institute for the Management of Sport and Physical Activity is the professional development body for the UK’s sport and physical activity sector that identifies best practices and standards. They hold a single directory for all exercise and fitness professionals.</p>
Responsible manager	<p>An operational manager responsible for the day to day running of the gym, usually a ward or team manager.</p>

SMI	Serious Mental Illness
Stand alone exercise equipment	An individual piece of exercise equipment housed on a ward or inpatient area for patient use - usually limited to a static bike.
Gym Staff	For the purpose of the policy this term covers practitioners working to a fitness instructor or healthy living advisor job description For Physiotherapy led gyms a registered Physiotherapist (BSc/MSc) will fulfill the same role.
Gym supervisors/Inducted supervisors	<b><u>For supervising patient access in the absence of Fitness Instructor</u></b> Any staff member not included in the definition of Gym Staff can take delegated responsibility for supervising patient access but will need additional training as per 4.3 as a minimum. Physiotherapy assistants can also take delegated responsibility for supervising patient access to trust gyms from the supervising physiotherapist.

## 6 Related documents

[Decontamination of equipment IPC – 001-005](#)

[First aid at work policy HS-0001-004](#)

[Health and Safety policy HS-0001](#)

[Infection prevention and control policy IPC - 001](#)

[Lone working procedure HS-001-005](#)

[Manual handling of people procedure HS-001-012](#)

[Resuscitation policy CLIN-0021](#)

[Staff Attack Alarms Protocol HS-0017](#)

[Incident reporting and serious incident review policy CORP – 0043-](#)

[NEWS and the early detection and management of the deteriorating patient age 16 and above CLIN-0099](#)

[Gym – Enhanced Induction Procedure CLIN – 0095-001](#)

## 7 How this policy will be implemented

This policy will be published on the Trust’s intranet and external website.
Line managers will disseminate this policy to all Trust employees through a line management briefing.

### 7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
n/a				

### 7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Fitness Instructors	Recognised level diploma qualification as a minimum to fulfil registration with CIMSPA	varies	once
Fitness Instructors	Recognised level 3 diploma qualification as a minimum to fulfil registration with CIMSPA	varies	once

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Fitness Instructors	Recognised CIMSPA qualifications to include exercise prescription	varies	once
Fitness Instructors	Complete any necessary physical activity related CPD modules	Half day – 1 day	Annually
Fitness Instructors	Full compliance with TEWV mandatory and statutory training to include basic life support;	Varies	As per trust policy
Fitness Instructors	Physiological observation skills training		Once
Gym supervisors	Up to date with and & stat training including basic life support	Varies	As per trust policy
Gym supervisors	Trust Level 2 equivalent gym e-learning	7 bite sized e learning modules 10– 30mins each dependant upon prior knowledge	Once
Gym supervisors	Enhanced gym induction for the specific gym to be used	30mins	-once per gym - repeated as per Gym enhanced Induction procedure CLIN-0095-001
Staff for own personal use	Gym induction for the specific gym to be used	30mins	once per gym
Patients	Gym induction for the specific gym to be used	30mins	once per gym

## 8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	100% of pts in gym have received gym induction	F = at every visit M = gym staff check pt inducted R = gym staff	Allied Health Professions Group via Fitness instructor network
2	100% of gym staff meet minimum level 3 or working towards	F – on recruitment M – check fitness instructor register R – Nominated lead	Allied Health Professions Group via Fitness instructor network
3	100% of staff using the gym for their own personal use have had a gym induction	F – Annually M – ESR report R- Nominated lead	Allied Health Professions Group via Fitness instructor network
4	All electrical gym equipment is PAT checked in each gym	F – annually M – visual check R – Gym staff	Allied Health Professions Group via Fitness instructor network
5.	All electrical and mechanical gym equipment is serviced annually in each gym	F – annually M – servicing records R – gym staff	Allied Health Professions Group via Fitness instructor network
6.	All TEWV gyms should have an up to date risk assessment	F- annually M – visual check of displayed risk assessment R – gym staff	Allied Health Professions Group via Fitness instructor network

## 9 References

Department of Health and Social Care. 2019. *Physical activity guidelines: UK Chief Medical Officers' report: A report from the Chief Medical Officers in the UK on the amount and type of physical activity people should be doing to improve their health*. Department of Health and Social Care;

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NICE (2015) Physical activity: for NHS staff, patients and carers NICE Quality standard 4[QS84] 2015

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Rolewicz L, Palmer B, Lobont C (2022). *The NHS workforce in numbers* on Nuffield Trust : Evidence for better healthcare. [The NHS workforce in numbers | The Nuffield Trust](#)  
Accessed Nov.2022

UK Government 2002 -The medical devices Regulations 2002 [The Medical Devices Regulations 2002 \(legislation.gov.uk\)](#) accessed Jun 2023

## 10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	20 December 2023
Next review date	20 December 2026
This document replaces	n/a - new document
This document was approved by	Physical Health/Parity of Esteem Group
This document was approved	20 November 2023
This document was ratified by	Management Group
This document was ratified	20 December 2023
An equality analysis was completed on this policy on	21 March 2023
Document type	Public
FOI Clause (Private documents only)	n/a

### Change record

Version	Date	Amendment details	Status
1	20 Dec 2023	New document	Ratified

## Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Trustwide
Title	Gymnasium policy
Type	Policy
Geographical area covered	Roseberry Park Hospital – Ridgeway and Dalesway; Foss Park Hospital; Cross Lane Hospital; Lanchester Road Hospital; West Park Hospital; Auckland Park Hospital;
Aims and objectives	<p>The purpose of this policy is to ensure standardised procedures for setting up and operating gyms in TEWV, to ensure the health and safety of patients and staff during their use.</p> <p>To describe the requirements for:</p> <ul style="list-style-type: none"> <li>• Setting up a gym on trust premises;</li> <li>• Stand alone exercise equipment in use for patients;</li> <li>• Operating a gym, ensuring patient safety and compliance with medical devices guidance;</li> <li>• Staff facilitating patients to use the gym;</li> <li>• Staff accessing gyms for their personal health and wellbeing.</li> </ul>
Start date of Equality Analysis Screening	21 March 2023
End date of Equality Analysis Screening	21 March 2023

Section 2	Impacts
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Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Service users in inpatient facilities where we have a gym. Staff of TEWV wishing to use the gym for their personal fitness
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men, women and gender neutral etc.) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> </ul>
Describe any negative impacts	<p>TEWV gyms and the gym staff are operationally managed in AMH services (the exception being in Ridgeway) so AMH in patients are the most frequent users of the gym. However, no in patients will be excluded from using the gyms. In order to mitigate any negative impacts reasonable adjustments may need to be introduced to accommodate specific needs and wishes of patients with protected characteristics i.e.</p> <ul style="list-style-type: none"> <li>• Age – young people nursed on adult wards can be supported to access the gyms as can older people</li> <li>• Disability – exercise programmes will be devised to accommodate their specific needs</li> </ul>

	<ul style="list-style-type: none"> <li>• Religion/belief; Sexual Orientation; Sex; Gender Reassignment; Race – Requests from patients to accommodate needs and preferences such as requesting the staff member supervising to be a particular gender, requiring additional privacy and dignity, such as exercising alone or with the same gender, will try to be accommodated to remove any barriers to access.</li> <li>• Pregnancy and maternity – we will follow the Chief Medical Officers’ guidance on physical activity for pregnancy</li> </ul>
Describe any positive impacts	Access to trust gyms will help maintain and improve users’ (whether patients or staff) physical fitness and thus general cardiovascular health and mental wellbeing where it is their preferred option for physical activity.

<b>Section 3</b>	<b>Research and involvement</b>
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	<p>NHS Resolution Indemnity Cover</p> <p>UK Chief Officers Physical Activity Guidelines</p> <p>NICE Physical Activity Guidelines</p> <p>CQC feedback for RPH</p> <p>Weight off your Mind – TEWV &amp; CNTW collaboration</p>
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	A series of workshops with staff stakeholders. Six week consultation repeated prior to approval and ratification.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	n/a

<b>Section 4</b>	<b>Training needs</b>
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As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

**Check the information you have provided and ensure additional evidence can be provided if asked**

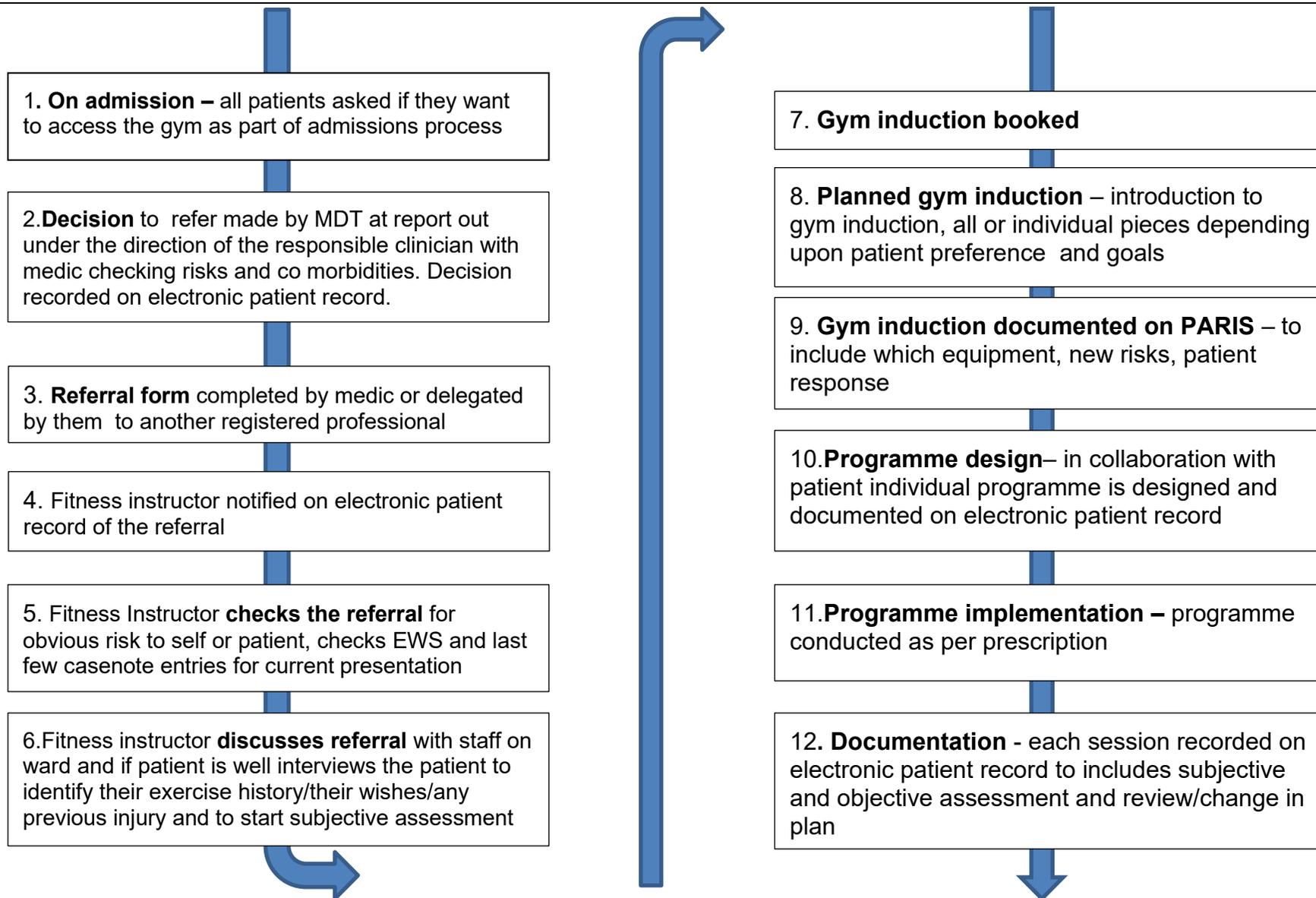
## Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Y	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	
<b>7.</b>	<b>Implementation and monitoring</b>		

	<b>Title of document being reviewed:</b>	<b>Yes / No / Not applicable</b>	<b>Comments</b>
	Does the document identify how it will be implemented and monitored?	Y	
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Y	Per AH
<b>10.</b>	<b>Publication</b>		
	Has the policy been reviewed for harm?	Y	No harm
	Does the document identify whether it is private or public?	Y	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	

## Appendix 3 – Patient access



## Appendix 4 – Gym referral & health screen form

Reason for structured exercise:		Additional Risk Considerations:	
Increase Physical Fitness		Absconding	
Improve Physical Health		Falls in last 12mths	
Leisure & Meaningful Activity		Impulsivity	
Improve Mental Wellbeing		Reduced mobility	
Weight Management		Restrict access to sharps	
		Substance misuse/detox	
		Risk to self/others: incl lone female/male worker risks	

Please indicate if the patient has any of the following Physical Conditions :	
<b>Anaemia/abnormal bloods/cancer (leucocytes below 0.5 x 10<sup>9</sup>/L; haemoglobin below 8.0g/dl; platelets below 50 x 10<sup>9</sup> -absolute contraindication)</b>	
<b>Arthritis</b>	
<b>High Blood Pressure ( ≥ 180/100hg absolute contraindication)</b>	
<b>Low Blood pressure</b>	
<b>High BMI</b>	
<b>Low BMI (below 17 contraindicated)</b>	
<b>Diabetes (&gt;13 mmol or &lt;5.5 mmol/l absolute contraindication)</b>	
<b>Epilepsy</b>	
<b>Heart Problems (acute myocardial infarction or unstable angina until stable for at least 5 days, dyspnoea at rest, pericarditis, myocarditis, endocarditis, symptomatic aortic stenosis, cardiomyopathy, unstable or acute heart failure, uncontrolled tachycardia – absolute contraindication)</b>	
<b>Joint Instability</b>	
<b>Pain - Back</b>	<b>Pain - Joint</b>
<b>Neurological condition (stroke, parkinsons, cerebral palsy, MS, Huntington's disease etc.....)</b>	
<b>Asthma (uncontrolled asthma absolute contraindication)</b>	
<b>COPD (oxygen saturation levels should be above 88-90%)</b>	
<b>Pulmonary embolism/infarct (absolute contraindication)</b>	
<b>Breathlessness at rest or on exertion (absolute contraindication)</b>	
<b>Infection/Fever/Acute severe illness (absolute contraindication)</b>	

<b>Any other considerations:</b> Provide details if relevant	
<b>Patient consent given</b>	
<b>Referral agreed by MDT</b>	
<b>Patient assessed as fit to attend by medical staff</b>	

## Appendix 5 – Location of trust gyms

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Location of gym/gym equipment	Patient Access	Staff Access	Staffing
Lanchester Road Hospital, Durham	✓	✓	Fitness Instructor
West Park Hospital, Darlington	✓	✓	Fitness Instructor
Auckland Park Hospital, Bishop Auckland	✓	x	Physiotherapy led
Roseberry Park Hospital, Dalesway, Middlesbrough	✓	✓	Fitness Instructor
Roseberry Park Hospital, Ridgeway, Middlesbrough	✓	✓	Fitness Instructors
Cross Lane Hospital, Scarborough	✓	x	Fitness Instructor
Foss Park, York	✓	x	Physiotherapy led /Healthy living advisor
North Moor House, Northallerton	✓	x	Physiotherapy led

## Appendix 6 – Summary of Staff Access Protocol

