



FUNCTIONAL FITNESS ROOM – STAFF PRIVATE USE

Under certain conditions, staff and their family members are granted the privilege of using the Weights Room. It is anticipated that users will respect this privilege by observing the Terms of Use relating to the environment, equipment and other users, as set out below.

Terms of Use

1. To use the Functional Fitness Room, users must meet the following conditions:
 - Be inducted into the use of the Functional Fitness Room (FFR) by a suitably qualified person, as nominated by Our Lady of Mercy College
 - Disclose any medical conditions that may impact on their personal safety or others safety
2. Only staff members of and their family members may use the FFR
3. Family members may only use the FFR when a staff member is present.
4. Solo usage of the Functional Fitness Room is permitted; however, it is preferred that at least two people are in attendance in the FFR. Where solo use of the FFR is undertaken, the following additional conditions apply:
 - No weight heavier than 30 kilograms is to be lifted unless it forms part of a training device (free weights etc are not considered part of a training device)
 - Users of the FFR who have a pre-existing medical condition which may put them at additional risk are required to train with another person
5. Access will be via your Salto Swipe card which must not be lent to any other person. The gym is alarmed so use of the FFR outside of school hours will require normal disarming and arming procedures.
6. This access is not for use of any other facilities in the building (except Change Rooms).
7. Staff using the FFR need to sign the FFR Register upon arrival and departure.
8. Food is not to be consumed in the FFR. Consumption of water is encouraged.
9. Equipment must be wiped down with a towel after use.
10. All equipment must be returned to its storage place after use.
11. To care for the facility, users should refrain from dropping weights.
12. Any injuries sustained in the FFR must be reported to the Head of Learning Area – Health and Physical Education as soon as possible. The staff member or family member must also complete an OLMC Incident Report
13. Children (under the age of 14) are not permitted in the FFR. Children are not to be left unsupervised on the College grounds.





Our Lady of
Mercy College

Induction Process

Any suitably trained member of the Health and Physical Education Learning Area can conduct the induction process for the Functional Fitness Room. The induction process will include:

- Orientation of the FFR and emergency procedures
- Information on the safe use of the equipment
- Instructions on hygiene and cleaning
- Completion, signing and returning of the Medical Conditions Checklist and FFR Induction Checklist

Failure to Comply

Failure to comply with the FFR Room Statement may result in restriction of access to the FFR.





Exercise Pre-Screening Questionnaire

Name: _____

This is to be completed in preparation for physical activity. It is important that you disclose ALL of you existing medical conditions so that together we may determine whether to seek further medical advice before you use the FFR. Please disclose any medical conditions that may impact on your personal safety or others safety. This information will be treated in the usual confidential manner.

This questionnaire is a screening checklist only. It does not provide medical advice in any form and does not substitute advice from appropriately qualified professionals. Those who choose to use the FFR, do so at their own risk. Please circle as appropriate.

PART ONE

- | | | |
|---|-----|----|
| Have you ever been told that 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 require 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 any medical conditions that may be made worse by participating in physical activity? | Yes | No |
| Do you suffer from high blood pressure over 140/90 or low blood pressure below 100/80? | Yes | No |





PART TWO

Do you have a family history of heart disease? (stroke, heart attack) Yes No

Have you been told that you have high cholesterol? Yes No

Yes No

Have you been told that you have high blood sugar?

Have you spent time in hospital for any medical condition/illness/injury during the last 12 months? Yes No

If yes to any of the above, please give details:

Disclaimer:

If you have answered no to all of 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 in the FFR. If you have answered yes to any of the questions above or are unsure, please seek a referral from your GP or health professional before commencing physical activity.

I believe to the best of my knowledge that all of the information I have provided on this tool is accurate. In the case that my medical condition changes over the course of my training I will inform HPE staff and fill out a new exercise pre- screening questionnaire.

Signed: _____

Date: _____





Name: _____

I have read the Functional Fitness Room Statement – Staff Private Use.	
I have completed the pre-exercise questionnaire and disclosed any medical conditions that may impact on my personal safety or others safety.	
I have completed an induction on the equipment and understand how to operate it safely and respectfully.	
I understand that this facility is for use by staff and their family members over the age of 14 and that family members may only use the FFR when staff are present.	
I understand that solo usage of the FFR is permitted, however, additional conditions apply as outlined in the Functional Fitness Room Statement – Staff Private Use.	
I agree to report any equipment malfunctions immediately to the Head of Learning Area – Health and Physical Education or Physical Education Assistant.	
I understand that all other facilities in the building are not for my personal use and that I am entitled to use the FFR only.	
I understand that any injury sustained in the FFR must be reported to the Head of Learning Area – Health and Physical Education as soon as possible and an Incident Report must be completed.	

Signed: _____

Date: _____

OFFICE USE ONLY

Approved Discussion Required

Notes on Outcome: _____

Signed by HPE Dept member: _____

Date: _____

