

Institutional Safety Officer & Qualified Person Physical Assessment

This form is to be completed by a Medical Physician or Nurse Practitioner

Applicant is to email this completed form to occupational.testing@umanitoba.ca within 24 hours of completion

GENERAL DETAILS

Shared Health recognizes that physical fitness plays an important role in the protective services profession. The goal of the assessment is to ensure standards are clearly measurable and repeatable as well as reflective of the demands an **Institutional Safety Officer (ISO)** and **Qualified Person (QP)** may encounter.

The tests are administered by the University of Manitoba, Recreations Services Occupational Testing Team (Canadian Society for Exercise Physiology Certified Personal Trainers or Exercise Physiologists) at the University of Manitoba and are **not medically supervised**. The test procedures are described briefly below:

TEST DETAILS**PART 1: General Fitness Assessment**

PRE-SCREENING

- Resting heart rate and resting blood pressure are taken.

AEROBIC ENDURANCE

- **GRADED WALKING TEST (get to the problem)**
- Applicants can elect to stop the test at any phase or point of time. Consent will be requested prior to proceeding to the next phase. Testers have the right to stop the test based on physiological observations.
 - Warm-up (4 min): walking pace is gradually established (from 3.0 to 3.5 mph) and grade is gradually added (from 1% to 3%).
 - Phase 1 (4 min): walking at 3.5 mph at 5% grade (equivalent to 4-6 METS).
 - Phase 2 (4 min): walking at 3.5 mph at 8% grade (equivalent to 6-8 METS).
 - Phase 3 (4 min): walking at 3.5 mph at 10% grade (equivalent to 8-10 METS).
 - Cool-down (3-4 min): walking pace is self-determined at 0% grade

PART 2: Practical Job-Related Assessment

PUSH-PULL-FALL (deal with a problem physically)

- This test is completed in less than 3 minutes.
- **Push activity**
 - Grasp the handles of the Power Training Machine (PTM) and push the weight (70 lbs) off the base of the machine, then move right or left with control, completing six 180° arcs keeping the weight suspended.
- **Controlled falls**
 - Perform a controlled fall on the front (chest on the ground) executing a push-up like movement. Then come to a standing ready position (without using external support) and perform a second fall on the back (shoulder blades on the ground), executing a sit-up like maneuver to come back up to standing. Complete two front falls and two back falls.
- **Pull activity**
 - Grasp the rope of the PTM and pull so the weight lifts off the base of the machine, then move right or left with control, completing six 180° arcs keeping the weight suspended.
- **WEIGHT CARRY (take the problem away)**
- This test is completed in less than 2 minutes.
 - Pick up a torso bag weight (80 lbs) in front of the body with control. Carry it over a distance of 50 feet. Set the bag down with control.

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Applicant Name _____

Is this individual taking any medication that could affect normal physiological responses to exercise?

☐ No ☐ YES - If yes, please explain

To minimize the chance of precipitating a major cardiovascular event, we are requesting that this applicant be examined to determine their test risk potential. As part of the applicant's medical visit, I have evaluated the applicant's heart rate and blood pressure and deem both readings to be within a normal and controlled state.

☐ Yes ☐ NO - If no, please explain. Resting HR _____ bpm Resting BP _____ mmHg

The guidelines of the Canadian Society for Exercise Physiology recommend that physical testing not proceed if an applicant's resting blood pressure is $\geq 160/90$ mmHg and/or resting heart rate is ≥ 100 bpm on the date of the test.

I deem that this applicant is safe to continue with the Institutional Safety Officer and Qualified Person Physical Assessment on the date of the upcoming test even if their resting Heart Rate and Blood pressure measures are above the pre-test cuff off guidelines of $\geq 160/90$ mmHg and/or ≥ 100 bpm.

☐ YES ☐ NO - If no, please explain.

Is there any reason that this individual *should NOT* complete the Institutional Safety Officer and Qualified Person Physical Assessment as described?

☐ NO ☐ Yes - If yes, please explain.

I certify that this individual has been given a medical examination and is medically fit to undertake the Institutional Safety Officer and Qualified Person Physical Assessment as described.

Physician's / Nurse Practitioner's name (please print) _____

Date _____ Telephone _____

Address _____

Signature _____

Medical Clinic Stamp
required