

FITNESS TEST

All PHEM applicants must successfully undertake this fitness test prior to the close of applications. This is the fitness test used by the Welsh Ambulance Service and should be carried out by an NHS Occupational Health Service (or equivalent) or an approved fitness instructor.

The test consists of an assessment of mean oxygen consumption responses and time intervals, observed during work simulation. Following a warm up period the test mimics –

- 1) a stair climb carrying a mock medical kit,
- 2) a period of resuscitation (chest compressions only) and
- 3) a final task of carrying a load of just less than half the weight of the average human by carry chair.

The test is conducted as follows:

PHASE ONE

Warm up step test
5 x 2 minute stages
Cease @ 80% max. heart rate
or end of stage five
(30cm step height)

REST 2 minutes

PHASE TWO

Stage 1
1 x 2 minute stepping carrying 10kg load
Stage 2
2 minute chest compressions
Stage 3
3.5 minute stepping carrying 30kg load
(15cm step)

N.B. During this stage you may take ONE opportunity to place weights on the floor to readjust your grip.

All stages cease if unable to continue or if a heart rate of greater than 90% is reached.

Candidates attending for test are required to wear suitable clothing i.e. sports wear, which must include suitable footwear, i.e. training shoes.

If you know of any reason why you would be unable to undertake this test on the day, i.e. cold, flu etc., please contact us to make an alternative appointment.

FITNESS SCREENING

The Safety Officer is responsible for the safety of the candidate throughout the duration of the fitness screening programme. You must inform the Safety Officer if you feel unwell at any time.

Prior to commencing the fitness testing programme, a blood pressure measurement must be taken. Candidates' blood pressure must not exceed:

160 mmhg Systolic

100 mmhg Diastolic

Candidates whose blood pressure exceeds the above figures will not be permitted to commence the programme.

If at any time during the programme, the Safety Officer feels that as a result of continuing, the candidate is in danger of damaging their health, the programme must be terminated with immediate effect.

The decision of the Safety Officer is final.

Name of candidate: _____

BP recorded: _____

Date / time: _____

Obtained by (Safety Officer name): _____

Obtained by (Safety Officer signature): _____

WELSH AMBULANCE SERVICES NHS TRUST

PRE-TEST SCREENING QUESTIONNAIRE

BEFORE UNDERGOING THE FITNEES TEST, IT IS NECESSARY TO ANSWER THE FOLLOWING QUESTIONS:

- | | | | |
|----|---|-----|-----|
| 1. | Has your doctor said you have heart trouble? | YES | NO |
| 2. | Do you ever experience pains in your head and chest? | YES | NO |
| 3. | Has your doctor ever said your blood pressure was too high? | NO | YES |
| 4. | Do you ever feel faint, have spells of severe dizziness, or experience blackouts? | YES | NO |
| 5. | Has your doctor ever told you that you have a bone or joint problem such as arthritis, which has been aggravated by exercise, or might be made worse by exercise? | YES | NO |
| 6. | Do you suffer from any back or joint condition that would be aggravated by lifting moderately heavy weights, or completing a maximal lifting test? | NO | YES |
| 7. | Have you suffered from a cold or flu within the last week? | YES | NO |

8. Do you have any respiratory problems such as Asthma or Bronchitis? YES NO
9. Are you, or have you recently been pregnant? YES NO
10. Are you presently taking any form of medication? If YES, please state. NO YES
11. Are there any other good physical reasons or conditions not mentioned previously, that would prevent you from participating in a submaximal graded exercise test? If YES, please state, YES NO

Name: _____

Signature: _____

Date: _____

WELSH AMBULANCE SERVICES NHS TRUST
NATIONAL AMBULANCE FITNESS TEST

The Instructor will act as a Safety Officer and will ensure that:

- The objectives of the test are clearly stated

If you have any doubt about your ability to participate in this test, you must inform the Instructor immediately.

I, the undersigned, state that:

- a) I have, to the best of my knowledge, no current back injury, or any physical condition that renders me unable to complete this test.

- b) Should I experience difficulties during this exercise, I will inform the Safety Officer and abandon the test.

- c) Should the Safety Officer tell me to stop, I will do so immediately.

Name of Candidate: _____

Signature of Candidate: _____

Date: _____

WELSH AMBULANCE SERVICES NHS TRUST
NATIONAL AMBULANCE FITNESS TEST

Name: _____ Date: _____

Age : _____ YEARS

Max heart rate = 220 - _____ (Age in years) =

x 0.8 = 80% max heart rate
x 0.9 = 90% max heart rate –
must not exceed this

STAGE 1 1 = _____
2 =
3 =
4 =
5 =

STAGE 2 1 =
2 =
3 =

TEST COMPLETE

Candidate Signature: _____

Instructor Signature: _____

Date: _____