UNIVERSITY OF LIMERICK RESEARCH ETHICS COMMITTEE

PROCEDURES INVOLVING HUMAN SUBJECTS

		Procedure No	SS 006				
Title of Procedure Sub	itle of Procedure Submaximal exercise on a treadmill ergometer						
Name of Assessor Ala	n Donnelly	Assessment date	November 2018				
Does this procedure already	have ethical approval?		Yes				
If so, enter ethical number a	and expiry date	Approval No: SS006 End Date: December 2028					
1 Please provide	a <u>brief</u> description of the pr	ocedure					
ergometer, at variable subm	althy human volunteers walkin aximal workloads and for vari n PESS or part of undergradua	able durations.	This procedure is undertaker				
2 Location in wh	ich the procedure may take	place					
X	PESS Teaching Facilities]				
Others, please specify	PESS Research Facilities]				
3 Eligibility of subject(s) to be used							
X	PESS student (U.G. or P.G.)]				
X X	University of Limerick staff personnel	or campus					
Others, please specify	,						
X	Members of the general pub research projects granted eth						

Potential risks. To be explained <u>before</u> obtaining consent

x None, or minimal discomfort only

All exercise carries risk of cardio vascular accident in those who are susceptible. The participants will complete a standard pre-test questionnaire prior to participation, and anyone with a history of cardiovascular disease or recent or recurring injuries will not undertake this procedure. Additionally, all PESS research would utilise an informed consent document prior to participation, which would explain the risks to participants.

Treadmill running also carries the risk of the volunteer falling whilst on the treadmill. This risk will be minimised by (a) familiarisation session for novice volunteers, (b) researchers being prepared to stop the treadmill quickly, and (c) researcher being prepared to react and intervene if the volunteer should fall. Serious accidents on treadmills are rare.

Participants may experience nausea after the treadmill running.

Action to be taken in the event of a foreseeable emergency

The procedure will be terminated if the volunteer shows any sign of distress.

Standard first aid procedures may be required depending on the severity of the situation. The following standard procedure should be followed in the event of an incident occurring in the PESS building / UL Facility:

- 1. Stop the procedure. Position the subject to prevent self-injury.
- 2. If appropriate, raise the subject's lower limbs to improve blood flow. Should the subject fail to respond summon help immediately.
- 3. Check vital signs airways, breathing and circulation (ABC)
- 4. If required attempt CPR as soon as possible.

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- 5. Requesting Help: Emergency Contact telephone numbers are listed on laboratory door:
 - During normal working hours 9am-5pm, use lab phone to contact the Student Health Centre on 061-202534
 - Outside of normal working hours, or if the Student Health Centre number is engaged/busy, use the laboratory phone to dial 3333 for UL security personnel who will then contact the ambulance service. Contact one of the PESS First Aiders names are listed on the PESS laboratory door.
- 6. When contacting the above clearly state: Location, Building, Room Number, Nature of Incident/Accident and provide a contact number.
- 7. Complete the UL 'Accident & Emergency' form (completed by the investigator, not the volunteer). Forms available on UL HR website: https://www.ul.ie/hr/hr-policies-procedures-and-forms-z

6	Level of supervision required for procedure			
	x PESS lecturing, research staff and teaching assistants			
X PESS postgraduate researcher Others, please specify				
	Trained PESS postgraduate students			
	x Trained PESS UG Student			
7	Other documentation required for this assessment ?			
	Other documentation required for this dispessment.			
	x PESS Pre-test Participant questionnaire			
	Others, please specify X Participant Information Sheet			
	x Participant Consent Form			

For office use only

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Name of Assessor	Alan Donnelly	Assessment date	November 2018				
8 Committee	e approval for experiment		047				
Others, please sp	ecify		*				
Comments/conditions							
9							
Signed . h	lead of Department)	_ Date	19				