

UNIVERSITY OF LIMERICK EHS RESEARCH ETHICS COMMITTEE

RISK ASSESSMENT FORM – PROCEDURES INVOLVING HUMAN SUBJECTS

Procedure No

Title of Procedure

Name of Assessor(s) Assessment Date

Does this procedure already have ethical approval?

If so, enter ethical number and expiry date

1 Please provide a brief description of the procedure

Normal healthy adult subjects will be video recorded during several weightlifting procedures. All lifters will either be experienced or be trained by the investigator as to the proper technique to be used. The subjects may also be located on a force plate to measure ground reaction forces during the lift.

Prior to recording, the subject will complete a warm-up routine as devised by the researcher. Appropriately qualified spotters will be used depending on the weightlifting exercise. When spotters are used, they will communicate at all times with the subject. A clear command will be agreed prior to testing between the spotters and subject (e.g. 'my bar' command by subject when they are ready to commence the lift; a simple 'no' command when the subject feels they are unable to complete a lift at which point the spotters will immediately spot the weight of the bar again).

As part of GDPR compliance, participants will be fully informed and made aware that they are being videoed as part of the procedure. Participants must consent to being videoed as part of the procedure. Where raw video capture is being used for research, participants will be fully informed as to how long the data will be stored for, for what purposes it is being stored and who has access to the data.

2 Location in which the procedure may take place

Others, please specify

3	Eligibility of subject(s) to be used
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<input checked="" type="checkbox"/>	PESS student (U.G. or P.G.)
<input checked="" type="checkbox"/>	University of Limerick staff or campus personnel
<input checked="" type="checkbox"/>	Members of the general public engaged in research projects granted ethical approval.

4	Potential risks. To be explained <u>before</u> obtaining consent
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<input checked="" type="checkbox"/>	Low Risk
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All weightlifting carries risk of muscular strain in those who are susceptible. The subjects will complete a standard pre-test questionnaire prior to participation, and anyone with a history of musculoskeletal injuries will not undertake this procedure. Additionally, all labs and PESS research utilise an informed consent document prior to participation, which explains the risks in full to the subject. The risk of muscular or connective tissue injury during this procedure is minimal. Participants will undergo a thorough and specific warm-up routine devised by the researcher. No subject will be required to lift a load in excess of their 1 rep max value. The subjects 1 rep max will be calculated in the lab using a standardised 1RM procedure.

It should be noted that in teaching labs, resistance training is currently undertaken by PESS students of Physical Education, Sport and Exercise Sciences, Masters in Sports Performance, and Masters in Applied Sports Coaching, who are usually exercise tolerant. In final year projects and dissertations, all participants would be healthy adults with no musculoskeletal or connective tissue injuries.

Raw video data can identify a participant. Raw video capture will be stored on password protected computers until data analysis is complete. Raw video data will be deleted at the end of the project and the anonymised non-identifiable data will be retained.

5	Action to be taken in the event of a foreseeable emergency
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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.
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. If in PESS, 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>

If an emergency or incident occurs offsite, follow the local procedures for dealing with such an event. **Ensure you are aware of the offsite local safety procedures in the event of a foreseeable emergency.**

6 Level of supervision required for procedure
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<input checked="" type="checkbox"/>	PESS lecturing, research staff and teaching assistants (with resistance training, weightlifting or equivalent qualifications or experience)
<input checked="" type="checkbox"/>	PESS postgraduate researcher (with resistance training, weightlifting or equivalent qualifications or experience)

Others, please specify

<input type="checkbox"/>	
<input type="checkbox"/>	

7 Other documentation required for this assessment ?

<input checked="" type="checkbox"/>	Pre-test subject questionnaire (PAR-Q)
<input checked="" type="checkbox"/>	Detailed protocol

Others, please specify

<input checked="" type="checkbox"/>	Participant Information Sheet
<input checked="" type="checkbox"/>	Participant Consent Form

**PROCEDURE FOR ANALYSIS OF WEIGHTLIFTING EXERCISES UNIVERSITY OF
LIMERICK RESEARCH ETHICS COMMITTEE**

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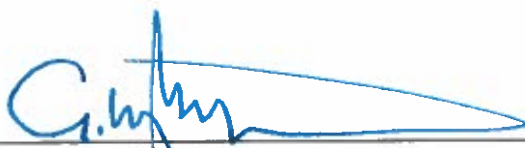
Assessment Date

End Date: December 2028

8 Approval of procedure

Others, please specify

Comments/conditions

Signed: 

(Head of Department)

Date: 29/01/19