

## Work Capacity Test Administration

The ACT Rural Fire Service Chief Officer has issued this guideline under Section 38(1) of the *Emergencies Act 2004* – A Chief Officer may determine standards and protocols.

### Purpose

This guideline describes the administration of the work capacity test to ensure the results are valid and consistent and to ensure the safety of the participants.

### Applicability

This guideline is applicable to all administrators of the work capacity test for the ACT Rural Fire Service ACTRFS members.

### Responsibilities

Administrator	<ul style="list-style-type: none"><li>Notify participants 6-8 weeks before the test.</li><li>Conduct screening, obtain consent, as required.</li><li>Determine venue and check safety.</li><li>Ensure support personnel are available.</li><li>Check equipment needed.</li><li>Supervise conduct of test.</li><li>Ensure records are taken.</li><li>Send results of tests to RFS Membership Support Officer.</li></ul>
RFS Membership Support Officer	<ul style="list-style-type: none"><li>Ensures records of members are updated and maintained on the Membership Master Register.</li></ul>

### Before the test

Complete the checklist (Appendix C).

### Notify participants 6-8 weeks before the test

- Allow participants adequate time to prepare for the testing.

- Inform participants of the requirements of the testing (arduous, moderate and light), the preferred type of pack to use, appropriate clothing to wear.

### Pre-Exercise questionnaire

- Request participants to complete the pre-exercise questionnaire, prior to the day of conducting the test. (Appendix A)
- Members must provide a written medical clearance from a medical practitioner prior to participating in the test when indicated by the pre-exercise screening questionnaire.

### Determine the testing venue

- Ensure the course is essentially level and has a firm, relatively smooth walking surface, where the course is level and all people being tested can be monitored.

### Personnel

The number of people needed to administer the test will depend on the course layout, the number of candidates being tested and the testing conditions. In some cases, an individual may be able to fill multiple roles. Personnel required may include:

- *Test Administrator* – The person in charge of the administration of the test site must understand the testing procedures, medical plans and evacuation plans.
- *First Aid officer* – A person currently qualified in first aid and CPR will be needed onsite to assist if needed, and to observe candidates during the test.
- *Course Monitor* – The Test Administrator will determine the number of course monitors required to monitor candidates during the test.
- *Lap Counters* – Someone who record the laps completed by each candidate if the test is conducted on an oval, or a place where multiple laps are completed.
- *Timer* – Someone who keeps the time during the test

Two people may be able to administer the test for small groups. For larger groups or when course monitoring is difficult, three or more persons will be needed.

### Check availability of equipment needed

Equipment that may be required includes:

- Stop watches
- Markers
- First aid kit
- Defibrillator
- Scale to weigh packs
- Water must be available for hydration

## Conducting the test

Complete the checklist (Appendix C).

### Prepare the course

- Check the course for safety.
- Check course distance (distance must be accurate – a car odometer is not sufficient for measurement).
- Place out distance markers to help candidates pace themselves.

### Environmental conditions

Do not conduct the testing in extremes of weather. In the case of extreme weather conditions, inform the participants that a new testing date will be advised.

### Pre-exercise questionnaire / consent

- Ensure all participants have completed a pre-exercise questionnaire (Appendix A), and an informed consent form (Appendix B).
- If an individual requires medical clearance, ensure that this has also been received.

### Inform participants of testing & safety requirements before commencing test

- Ensure that participants know the course, safety considerations, the time and weight requirements for each level of testing, the need to maintain a fast pace.
- Encourage participants to remain hydrated.
- Inform participants that if they are not feeling well to cease the test and inform an administrator.
- Check participants are wearing appropriate clothing and footwear.

### Weigh packs

Ensure that each participant is carrying the correct load by weighing the pack before the testing.

### Encourage participants to warm-up and cool-down before and after testing

Encourage candidates to stretch calves, quadriceps, hamstrings and lower back.

### At the midpoint of testing

Consider terminating candidates who are substantially behind the required pace, and those who are having trouble maintaining the pace. Candidates CANNOT jog or run during the test to make up time.

## Retesting

- Participants who fail to meet the required level can be retested.
- Do not allow the participant to attempt a re-test on the same day as initial testing.
- It is recommended that retesting occur at least two weeks after the initial date to allow the participant to further train for the test.

## Record Keeping

- Complete the Work Capacity Test Results form (Appendix D)
- Make an accurate record of all participants who commenced the test.
- Record both pass and fail results.
- If any participant has reports not feeling well, or an injury that has occurred during the test, record this using the [Riskman Incident Reporting form](#) and advise the RFS Duty Officer.
- Send completed Pre-Exercise Questionnaire & Medical Consent and Informed Consent forms to RFS Membership Support Officer.
- Send completed results to RFS Membership Support Officer.

## Appendix A: Pre-exercise Questionnaire & Medical Clearance

Section 1: Pre-exercise Questionnaire			
Name:	Age:		
RFS Unit:	Date of Birth:		
Phone:	Gender:		
<b>Emergency Contact</b>	<b>Emergency Contact Phone</b>		
Are you male over 35 or female over 45 and NOT used to VIGOROUS exercise? <span style="float: right;">Y N</span>			
Is there a family history of heart disease, stroke, raised cholesterol or sudden death? <span style="float: right;">Y N</span>			
Are you on prescribed medication? <span style="float: right;">Y N</span>	Have you been hospitalised recently? <span style="float: right;">Y N</span>		
Have you given birth in the last 6 weeks? <span style="float: right;">Y N</span>	Are you pregnant? <span style="float: right;">Y N</span>		
Do you have any infectious diseases? <span style="float: right;">Y N</span>			
<b>Do you have or have you had?</b>			
Stroke <span style="float: right;">Y N</span>	Epilepsy <span style="float: right;">Y N</span>		
Diabetes <span style="float: right;">Y N</span>	Hernia <span style="float: right;">Y N</span>		
Any heart condition <span style="float: right;">Y N</span>	Gout <span style="float: right;">Y N</span>		
High blood pressure >140/90 <span style="float: right;">Y N</span>	Glandular/rheumatic fever <span style="float: right;">Y N</span>		
Dizziness or fainting <span style="float: right;">Y N</span>	Stomach or duodenal ulcer <span style="float: right;">Y N</span>		
Palpitations/pain in the chest <span style="float: right;">Y N</span>	Liver or kidney condition <span style="float: right;">Y N</span>		
<u>Musculoskeletal Problems</u>			
<b>Do you have or have you had?</b>			
Arthritis <span style="float: right;">Y N</span>			
Asthma <span style="float: right;">Y N</span>			
<b>Any chronic pain or major injuries in the following areas?</b>			
Neck <span style="float: right;">Y N</span>	Shoulders <span style="float: right;">Y N</span>		
Knees <span style="float: right;">Y N</span>	Elbows <span style="float: right;">Y N</span>		
Back <span style="float: right;">Y N</span>	Wrists <span style="float: right;">Y N</span>		
Ankles <span style="float: right;">Y N</span>			
Sign below if you have already cleared the above condition with your doctor.			
<b>OR</b>			
If you circled YES to any condition above, please take this form to your doctor and ask for a written medical clearance (section 2 over page) prior to commencing a fitness program undertaking fitness testing.			
Condition already cleared by medical practitioner:			
Signed: ..... Date: .....			
If you circled yes to a condition above, please give details of conditions, medications and if relevant, approximate dates cleared.			
.....			
.....			
.....			

Should you suffer and illness or condition in the future, please tell us by completing this form again.

**Statement**

I recognise that the ACT ESA is not able to provide me with medical advice in regard to my health and that the information above is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability.

Signed: ..... Date: .....

**Section 2: Medical Practitioner Clearance**

Member name: .....

The above client has indicated an intention to participate in a Work Capacity “Pack” test. The client would like to attempt the test at the following level (Circle one):

**Arduous:**            *Walk carrying a 20kg pack over a distance of 4.8km in 45 mins*

**Moderate:**        *Walk carrying an 11kg pack over a distance of 3.2km in 30 mins*

**Light:**             *Walk over a distance of 1.6km in 16 mins*

Can you please assess this client to see that they are a suitable candidate to complete the above assessment, and if required, list any recommendations regarding the client’s exercise intensities or limitations.

This client is able to undertake the work capacity test at the level indicated above.

This client is not able to undertake the work capacity test at the level indicated above.

Name: ..... Signed: .....

Date: ..... Contact #: .....

Provider Number: .....

Recommendations:

## Appendix B: Informed Consent for RFS Work Capacity Tests

### Descriptors of Tests:

- Arduous: Carry 20kg pack over a distance of 4.8km in 45mins  
Moderate: Carry an 11kg pack over a distance of 3.2km in 30mins  
Light: Walk a distance of 1.6km in 16mins

### Risks:

There is a possible risk of injury when participating in physical activity (e.g., blisters, sore legs, sprained ankle), and a risk of episodes of transient light-headedness, fainting, abnormal blood pressures, chest discomfort and nausea. If you have been inactive and have not practiced or trained for the test, you should engage in several weeks of training before you take the test.

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1. I have read the information on this form and understand the purpose, instructions and risks of the job-related work capacity test.
  2. I have completed and truthfully answered the pre-exercise questionnaire, and if required, provided medical clearance.
  3. I understand that I can withdraw my consent, freely and without prejudice, at any time before, during or after testing.
  4. I understand that the information obtained from the test will be treated confidentially, with privacy assured.
  5. I believe that I have the ability to complete the test selected (arduous or moderate).

*Circle test to be taken:*

Arduous

Moderate

Light

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix C: ACT RFS Work Capacity Test Checklist

### BEFORE THE TEST

- Determine test date
- Determine test location
- Notify participants 6-8 weeks prior to testing
- Give all participants pre-exercise questionnaire (PEQ)
- Collect all pre-exercise questionnaires & return to RFS Membership Support Officer
- Collect testing consent forms
- Ensure medical clearance is received, if required
- Ensure adequate personnel organised:
  - Administrator
  - Timer
  - First Aid Officer
  - Lap Counter
- Check Availability of Equipment
  - Stopwatches
  - Markers
  - First Aid Kit
  - Scales

### CONDUCTING THE TEST

- Check course for safety
- Place out pace markers
- Ensure all participants in attendance have completed PEQ
- Ensure all participants in attendance have completed consent form
- Ensure all equipment / personnel are present
- Inform participants of testing / safety requirements
- Weigh packs before testing
- Encourage participants to warm up
- Monitor participants when conducting test
- Keep record of participants conducting test and pass or failure
- If required, complete any incident forms as necessary
- Inform ACT RFS HQ of all results



## Appendix D: ACT RFS Work Capacity Test Records

Brigade: \_\_\_\_\_

Date: \_\_\_\_\_

Test Supervisor: \_\_\_\_\_

No	Name	Pre exercise questionnaire and consent form signed	Test completed (level)	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Forms must be sent to RFS Membership Support Officer within 14 days of the test being completed.

GPO Box 158 Canberra City ACT 2601.

## Document information

### Version history

Author	Version	Version Approval Date	Summary of Changes
Andrew Stark	1.0	01/04/2013	Version 1.0
Rohan Scott	2.0	18/12/2019	Reviewed and updated

### Approved by

Name	Title/Role	Signature	Date
Rohan Scott	A/g CO ACT RFS		18/12/2019

### Document Owner

Position	Section
Manager	Membership

Next review due: 18/12/2021

### Related documents

Document name
3.1.3 Work Capacity Test Service Standard
3.1.4 RFS Membership Service Standard
ACT RFS Training Information Book
<a href="#">Work Health and Safety Act 2011</a>
<a href="#">Riskman Incident Reporting form</a>

Signed documents will be scanned and filed in TRIM.