



**UNIVERSITY OF LIMERICK 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? (Delete as appropriate)

If **YES**, enter ethical number and expiry date

**1 Please provide a brief description of the procedure**

This procedure involves maximal and sub-maximal running for a set distance between 5m and 100m. PESS students, staff, members of general public and trained athletes will be used. Subjects will warm up using their normal routine (usually 15 to 20 minutes), after which they will be perform 2-3 sub-maximal warm-up trials/runs. The testing trials will then commence. For maximal runs, no more than 10 trials will be conducted in any one session, with a minimum of 5 minutes recovery between each maximal trial. 2-3 minutes recovery will be provided between sub-maximal trials. A class I laser is positioned on a tripod a set distance behind the subject, aimed at their back, and provides a measurement of distance covered and time taken. The laser is positioned on a tripod at a set height and distance behind the participant. The laser operator will point the laser at the participants' back and will track this point throughout the entire run. Measurements of distance covered and time taken will be recorded.

**2 Location in which the procedure may take place**

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | PESS Biomechanics Laboratory (PG040, PG043)                                  |
| <input checked="" type="checkbox"/> | Other appropriate off-campus sites   |
| <input type="checkbox"/>            | PESS Sports Hall, Gymnasium, Multipurpose Sports Hall, UL Arena and UL track |

**3 Eligibility of subject(s) to be used**

<input type="checkbox"/>	<input type="checkbox"/>	PESS student (U.G. or P.G.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	University staff or campus personnel
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Members of the general public e.g. sports scholarship athletes, high performance athletes, engaged in research projects granted ethical approval.

**4 Potential risks. To be explained before obtaining consent**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Risk
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The laser device is a Class I laser. This is the weakest class of laser and poses minimal bio-hazard for human exposure. The device is required to be pointed at the subject's back as they run, therefore preventing any exposure to the eyes.

Other risks will be no greater than those risks already inherent with training sessions and running, for example, risk of pulled muscle, tendon or ligament strain, slight muscle soreness. Participants may wear the same attire as they normally would during competitive sport.

All exercise carries risk of cardiovascular accident in those who are susceptible. Participants with pre-existing muscle or joint problems carry more risk of injury than healthy participants. The participants will complete a standard pre-test questionnaire prior to participation, and anyone with a history of cardiovascular disease or recent / recurring injuries will not undertake this procedure. Participants will only take part when they present with no contraindications to safe participation in exercise / physical activity.

Additionally, all PESS research would utilise a participant information sheet (explaining the risks to participants) as well as in informed consent prior to participation,.

**5 Action to be taken in the event of an 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.
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>

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**Level of supervision required for procedure**

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Trained PESS lecturing or research staff or teaching assistants |
| <input checked="" type="checkbox"/> | Trained PESS postgraduate researcher                            |
| <input checked="" type="checkbox"/> | Trained PESS undergraduate student                              |

7

**Other documentation required for this assessment?**

- |                                     |                                |
|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | Pre-test subject questionnaire |
| <input checked="" type="checkbox"/> | Detailed protocol              |
| <input checked="" type="checkbox"/> | Participant Information Sheet  |
| <input checked="" type="checkbox"/> | Participant Consent Form       |

**FOR COMPLETION BY HEAD OF DEPARTMENT**

**RISK ASSESSMENT FORM – PROCEDURES INVOLVING HUMAN SUBJECTS**

**In the Department of: Physical Education and Sports Sciences**

**Procedure No**

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**Name of Assessor(s)**  **Assessment Date**

**8 Approval of procedure**

Others, please specify

**Comments/conditions**



Signed: \_\_\_\_\_  
(Head of Department)

Date: 04/11/19