

Safety Rules
Policy No.024
APPROVED: October 4, 2006

City Manager_____

THE CITY OF POMONA

SAFETY POLICIES AND PROCEDURES

FITNESS AND WELLNESS POLICY

I. PURPOSE

To encourage, motivate, and challenge employees to take an active interest in their health and well-being.

II. APPLICABILITY

This Policy applies to all regular full-time City employees.

III. POLICY

This Policy establishes a “Voluntary Fitness and Wellness Program”, which encourages participation in health screenings, wellness training sessions, and fitness activities. Employees, who participate in the Program and meet the minimum requirements, will be eligible to be reimbursed for fitness-related expenditures per the Policy.

IV. DEFINITION OF TERMS

For the purposes of this Policy, the following shall apply:

“Body Fat”- body fat percentage is the amount of adipose (fat) tissue in the body as a percentage of total body weight. The higher the percentage of fat above average levels, the higher the health risk for weight related illness; such as heart disease, high blood pressure, gallstones, type 2 diabetes, osteoarthritis, and certain cancers.

“Body Mass Index”- is a tool for determining weight status in adults. It is a measurement of weight for height. As BMI increases, the risk for some diseases increases. Some conditions related to overweight and obesity include: cardiovascular disease, high blood pressure, osteoarthritis, some cancers, and diabetes.

“Fitness Reimbursement”- is a reimbursement to the employee from the City for fitness-related expenditures.

“Fitness-Related Expenditures”- expenditures for such items as running shoes, gym memberships, workout equipment, bicycles, and other items that are approved by the Wellness Coordinator and/or Safety Officer.

FITNESS AND WELLNESS POLICY (Continued)

“Health Screening”- a comprehensive physical exam performed by an employee’s personal physician (i.e. health history including but not limited to: height/weight, cholesterol check, blood pressure check; a body scan, etc.).

“Wellness Training/Education”- a series of health-related training sessions including, but not limited to: smoking cessation, nutrition, fitness, and stress management.

V. RESPONSIBILITIES

A. Department Directors shall:

1. Promote the participation and performance of all personnel who are enrolled in the Fitness/Wellness Program.

B. Supervisors shall:

1. Encourage and motivate employees to participate in the Fitness/Wellness Program.
2. Allow employees to use accrued leave to attend physical exam appointments; however, such appointments shall be scheduled to create the least disruption to the workday. Supervisors shall also allow employees to attend Wellness Training sessions. Employee’s shall use their own time or may use vacation, executive leave or comp time if necessary, subject to supervisor approval.

C. Employees shall:

1. Become familiar with the Policy and establish goals to improve or maintain their overall wellness if they chose to participate.
2. Complete the Wellness Program Participation form if requesting a Fitness Reimbursement.

D. The Safety Officer shall:

1. Monitor participation levels of all employees enrolled in the Fitness/Wellness Program.
2. Assist in the development of Wellness Training topics.

E. The Human Resources Staff (Benefits) shall:

1. Coordinate periodic Wellness Training sessions for City Staff.
2. Administer Fitness Reimbursements.
3. Distribute Healthy-Lifestyle information to all employees.

VI. PROCEDURES

The Fitness and Wellness Policy contains the following elements:

- Health Screenings.
- Wellness Training/Education.
- Fitness Participation.
- Fitness Reimbursement.

A. Health Screenings

FITNESS AND WELLNESS POLICY (Continued)

Each year, heart-related stress (heart attack) is one of the leading causes of death in the United States. In addition, approximately 30-50% of City employee injuries can be attributed to health-related conditions. Smoking, obesity, elevated blood pressure, elevated cholesterol levels, and poor cardiovascular fitness have been identified as major risk factors for coronary heart disease. These risk factors, if improved, can dramatically reduce the risk of coronary heart disease.

Major Risk Factors (See Appendix “A” for a table with more information):

- Obesity-Body Mass Index >27 and/or Body Fat: Male->18%, Female->25%
- Elevated Blood Pressure >140/90
- Elevated Cholesterol Level >240
- Elevated Triglyceride Level >200
- Smoking

Frequency of Health Screenings:

Employees are encouraged to receive periodic health screenings from their own personal physician. The frequency of recommended health screenings is based on an individual’s age at the time of the assessment, as follows:

- Less than 30 years of age: bi-annually
- 30 years of age or older: annually

In order to qualify for the Fitness Reimbursement, employees must complete an annual physical (at their own cost by their own physician), or participate in a body scan within the respective fiscal year (July 1st through June 30th). Proof of participation is required.

B. Wellness Training/Education

1. Wellness Training/Education and Newsletters will be periodically distributed by Human Resources Staff.
2. Human Resources Staff will schedule periodic wellness training and education sessions covering selected topics including but not limited to: smoking cessation, nutrition, fitness, and stress management.

In order to qualify for the Fitness Reimbursement, employees must attend at least four (4) City-provided wellness training sessions during the fiscal year (July 1-June 30). Employees will be required to use their own time to attend sessions. In addition, monthly health and healthy-lifestyle newsletters will be distributed to all employees.

FITNESS AND WELLNESS POLICY (Continued)

C. Fitness Participation

Employees are encouraged to participate in some type of fitness activity. Employees should set goals for improving their fitness levels. Examples of fitness activities include:

- Complete a 5K or 10K run/walk.
- Walk for at least 20 minutes for 90 days in a Fiscal Year. (Complete Log)
- Complete a 5 mile hike.
- Complete a 10 mile bike ride.

In order to qualify for the Fitness Reimbursement, employees must complete at least one (1) fitness activity within the respective fiscal year (July 1st through June 30th). Proof of participation is required.

D. Fitness Reimbursement

To be eligible for the Fitness Reimbursement, employees must complete all of the following requirements:

- Complete an annual physical exam or body scan;
- Attend a minimum of four (4) City-provided Wellness Training sessions; and
- Participate in one (1) fitness activity.

Employees may re-enroll in the program annually, but must meet the requirements again each year. In addition, special awards and gift certificates will be awarded for participation and achievement.

Once an employee has met all of the requirements, s/he will be reimbursed for up to \$150.00 for approved expenditures (i.e. running shoes, gym membership fees, exercise equipment, bicycles, etc.). The employee must complete the reimbursement form and attach detailed, original receipts indicating the item/service purchased. The Wellness Coordinator/Safety Officer shall evaluate reimbursement requests and make a recommendation to the Risk Manager who has final approval. Expenditures must be incurred during the same fiscal year in which the employee qualified for the Fitness Reimbursement, and presented to Human Resources no later than 30 days after the close of that fiscal year.

VII. BUDGET

The total budget for the Fitness and Wellness Program is estimated to be approximately \$15,000 annually and will be budgeted from the Risk Management Division.

VIII. ACTION

This Policy is effective this date.

Classification of Blood Pressure for Adults Aged 18 Years and Older

Category	Systolic BP		Diastolic BP
Optimal	<120	and	<80
Normal	120-129	and	80-84
High Normal	130-139	or	85-89
Hypertension			
Stage 1	140-159	or	90-99
Stage 2	160-179	or	100-109
Stage 3	≥ 180	or	≥ 110

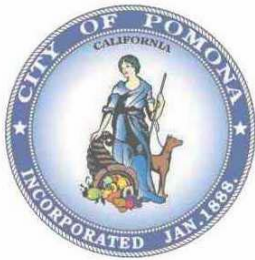
Classification of Blood Cholesterol Levels

Category	Total Cholesterol		HDL
Desirable blood cholesterol	<200 mg/dl	and	<35 mg/dl
Borderline-high blood cholesterol	200-239 mg/dl	and	> 35 mg/dl
High blood cholesterol	≥ 240		

Classification of Disease Risk Based on Body Mass Index and Waist Circumference

		Disease Risk Relative to Normal Weight and Waist Circumference	
Category	BMI	Men ≤ 40 in.; Women ≤ 35 in.	Men >40 in.; Women > 35 in.
Underweight	< 18.5
Normal	18.5 –24.9
Overweight	25.0-29.9	Increased	High
Obesity, class			
I	30.0-34.9	High	Very High
II	35.0-39.9	Very High	Very High
III	≥ 40	Extremely High	Extremely High

(Note: Classifications were taken from the American College of Sports Medicine's Guidelines for Exercise Testing and Prescription. More information on calculating your BMI can be accessed from the Center for Disease Control website at www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm)



City of Pomona

Wellness Program Participation Form

Last Name, First Name	Social Security # or Employee ID#
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- ☐ I wish to participate in the Fitness Reimbursement portion of the Wellness Program and agree to abide by all rules of the City's Fitness and Wellness Policy. *Complete Parts 1-4 and submit receipt for reimbursement.*

Part 1- PHYSICIAN CERTIFICATION OF COMPLETE PHYSICAL EXAMINATION OR BODY SCAN

<input type="checkbox"/> I certify that the patient named above received a complete physical examination, which included the following screenings: General Exam, Height, Weight, Cholesterol Check and Blood Pressure Check.	Date of Physical or Body Scan
<input type="checkbox"/> I certify that the employee named above completed a body scan.	
Physician Name and Signature	Date
Address	Phone #

Part 2- SEMINAR/TRAINING ATTENDANCE CERTIFICATION

Title of Seminar/Training <i>(Must attend 4 classes to be eligible for Fitness Reimbursement)</i>	Date Attended

Part 3- FITNESS PARTICIPATION CERTIFICATION

Eligible Fitness Participation <i>(Please Circle One)</i>	Date Completed
Completed a 5K or 10K run/walk	
Completed a 5 mile hike	
Completed a 10 mile bike ride	
Walked for at least 20 minutes for 90 days in the FY	

Part 4- SIGNATURES

Employee Signature <i>(I certify under penalty of perjury that the above is true.)</i>	Date
Wellness Coordinator/Safety Officer Signature <i>(I have verified the information provided above)</i>	Date
Risk Manager Signature <i>(I approve the Fitness Reimbursement and/or Weight Loss Subsidy)</i>	Date

Reimbursement Eligibility Requirements

Fitness Reimbursement Eligibility Requirements:

Part 1- Must be completed and signed by physician or body scan technician.

Part 2- Must attend at least four (4) sessions in full. Wellness Coordinator or Safety Officer will verify attendance through sign in sheet. Credit will not be given to employees leaving early.

Part 3- Must complete at least one Fitness activity.

- Complete a 5k or 10K run/walk- Provide certification or completion from organization sponsoring/facilitating run/walk.
- Complete a 5 mile hike. Self certify that you have completed a 5 mile hike.
- Complete a 10 mile bike ride. Self certify that you have completed a 10 mile bike ride.
- Walk for at least 20 minutes for 90 days in a Fiscal Year. Submit completed log.

Part 4- Must have all three signatures to be eligible for reimbursement. Submit Wellness Program Participation Form along with receipt for eligible Fitness Related Expenditure to Risk Management when completed.