

CENTRAL STATE HOSPITAL
POLICY

SUBJECT: **EMPLOYEE WELLNESS PROGRAM**

ANNUAL REVIEW MONTH: October

RESPONSIBLE FOR REVIEW: Chief Nurse Executive

LAST REVISION DATE: August 2008

I. **PURPOSE**

Central State Hospital (CSH) recognizes the importance of employee wellness and fitness and believes that health promotion and disease prevention leads to a more productive employee work force.

The Employee Wellness Program provides activities and opportunities to assist employees with making healthy life-style choices. This program uses a proactive approach to fitness and disease prevention.

II. **EMPLOYEE WELLNESS PROGRAM**

Coordination of the CSH Wellness program shall be the responsibility of the Wellness Committee, which shall be appointed annually by the Chief Executive Officer. The Employee Wellness programs are available to all CSH employees.

1. Educational programs shall be provided to employees on healthy life-style choices to include but not limited to weight reduction, hypertension management, diet and exercise, stress management, etc.
2. The Wellness Center shall provide exercise opportunities for hospital staff only during non-work hours. The center offers the use of exercise equipment for staff which focuses on cardiovascular, endurance and strength training. The services shall be provided under the supervision of the Activity Therapy Services Coordinator.

Approved:

This policy has been approved by the CEO and CMO on 9/8/08.

Attachments:

Attachment I Athletic or Recreational Activities Waiver of
Responsibility (Rev 10/07)
Attachment II Wellness Center Information Sheet (rev 10/07)
Attachment III Wellness Center Participation Guidelines (rev
10/07)

**ATHLETIC OR RECREATIONAL ACTIVITIES
WAIVER OF RESPONSIBILITY**

(READ CAREFULLY BEFORE SIGNING)

Many recreational activities and athletic programs involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include, but are not limited to, the following: hypothermia, broken bones, strains, sprains, bruises, drowning, concussions, heart attacks, and heat exhaustion.

Each participant in these activities should realize that there are risks and dangers inherent in them, and also in the training, participation for, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training. Each participant is encouraged to consult with his/her personal physician before participating.

The undersigned acknowledges that the Department of Human Resources (DHR) and the Department of Corrections (DOC) do not warrant or guarantee in any respect the competency or mental or physical condition of any leader, vehicle driver, or individual participant in any athletic or recreational activity.

The undersigned acknowledges that he/she is solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through participation in such voluntary athletic or recreational activities, and that he/she is solely responsible for maintaining adequate health and accident insurance coverage for such costs.

The undersigned agrees to hold DHR, it's employees, and the state of Georgia harmless from damage or injury associated with the CSH Wellness Center.

I have read and understand this notice. I accept and assume all risks, hazards, and dangers involved in such activities in which I may elect to participate including the training, preparation for, and travel to and from the site of such activities. I understand and agree that DHR and DOC, and their employees are not responsible in any way for injuries resulting in my participation in any of these activities, and that I am not covered by Workers Compensation while participating, or during travel to or from the activity.

I hereby release _____ DHR, DOC, and all of their facilities and employees from any liability related to participation in these activities.

I understand that decisions made by the IBD are final and may not be challenged.

Print Name _____

Signature: _____

Date: _____

Witness: _____

Work Area: _____

Address: _____

**Central State Hospital
Mimbs Wellness Center
Information Sheet**

- Purpose:** To encourage and promote physical fitness and health through fitness and education programs coordinated by the Central State Hospital Wellness Committee.
- Management:** Under the direction of the Central State Hospital Wellness Committee
- Eligibility:** Current Central State Hospital employees, their spouses, retirees and their spouses are eligible to utilize the Mimbs Wellness Center and affiliated education programs. **NON-EMPLOYEES AND TERMINATED EMPLOYEES WILL NOT BE PERMITTED TO PARTICIPATE IN THE MIMBS WELLNESS CENTER AND ITS AFFLILITATED PROGRAMS WITHOUT THE WRITTEN PERMISSION OF THE CHIEF EXECUTIVE OFFICER.**
- Participants:** All interested individuals must register at the Occupational Health and Injury Service located in the Yarbrough Building.
- Individuals are required to pay a one time fee of \$20.00 for the access card. Damaged cards will be replaced at no cost to the individual.
- Replacement access cards are the responsibility of the individual at \$25.00 per card.
- Individuals may only utilize the Wellness Center and its affiliated programs during their non-work time.
- Employees terminating employment are required to return their access card to the Occupational health and Injury Service Office.
- Individuals who violate the participation guidelines will be restricted from using the Wellness Center and their access card will be forfeited.
- Maintenance:** Equipment will be monitored monthly by Plant Operations.
- Housekeeping:** Housekeeping services will be provided by staff assigned to the Yarbrough Building.

Signature: _____

Witness: _____

Date: _____

**James W. Mimbs Wellness Center
Participation Guidelines**

1. Athletic style shoes must be worn at all times. No bare feet, nursing shoes, high heels or hard soles are allowed on the equipment.
2. Wipe off equipment after each use. Antibacterial wipes are located on the walls throughout the Wellness Center.
3. Reset all equipment after each use. This makes it easier for the next person to adjust equipment for his/her own needs.
4. Reset all cardiovascular machines (treadmills, bikes, etc) back to zero.
5. No food or glass containers in the Wellness Center. Plastic bottles with closeable tops are acceptable.
6. Place all trash in the trashcan. Remember, this facility is for everyone to enjoy. Keep it as neat as possible.
7. The Mimbs Wellness Center is for use by members only. Do not allow anyone to enter the Wellness Center on your swipe card.
8. Always swipe your access card when entering the Wellness Center, even if someone in front of you is holding the door open.
9. No children will be allowed into the Wellness Center
10. If someone is waiting, do not exceed twenty-five (25) minutes on any piece of equipment at any given time.
11. If you are unsure how to operate a piece of equipment, please ask Wellness Center staff to assist you.

Workout Suggestions

1. Do general warm-up exercise before beginning your workout routine. This will help reduce the chances of an injury.
2. Quick/jerky movements when lifting weights may cause excess strain and stress on your muscles and may damage the equipment. Using slow controlled movements enables optimum results and helps prevent injury.
3. Do not start with the heaviest weight. Start with a lower weight and increase the weight gradually. Starting with a lower weight will help reduce the change of injury.