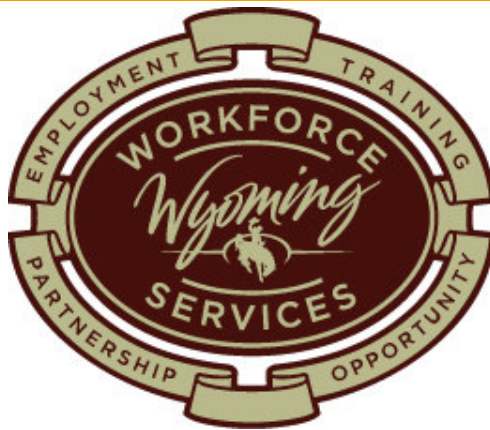


DWS Well Now Program



Date: October 2006

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Well Now Policy

Purpose:

The DWS Well Now Program is an agency-wide, voluntary program designed to encourage employees to increase their physical activity and make better nutritional choices resulting in a healthier lifestyle.

Policy:

Employees may choose to participate in the Well Now Program by either increasing their physical activity level and/or by making different nutritional choices. Employees may consolidate their two daily fifteen (15) minute break periods into one thirty (30) minute period for physical activity during their workday and/or participate in activities outside of their regular work day. This policy statement is meant to explain and clarify when and in what manner these activities may take place before, during, and after their work day.

All employees participating in the Well Now Program of the Department of Workforce Services are expected to adhere to the following guidelines, unless otherwise stipulated.

1. The thirty-minute break period is to be taken for the purpose of participating in Well Now activities. These activities include, but are not limited to, physical activity (e.g., walking, stretching) and Well Now presentations (e.g., reducing stress, heart healthy cooking). In the event that a participant uses their combined break for activities not specified by the Well Now Program, the participant will forfeit their right to participate in the program.
2. In general, the thirty-minute break period should be taken between the hours of 8:00 am and 4:00 pm Monday-Friday, but not earlier than 1 1/2 hours from the start or end of the work day.
3. Employees will track their daily points using the Well Now Point Counter on the DSWellNow web site. The Point Counter must be submitted by the Tuesday of the following week to receive credit for the week.
4. Employees may also track and receive credit for participating in moderate/vigorous physical activities outside of their regular work day. Employees are encouraged to continue their walking to achieve 10,000 steps per day before or after their work day, or to participate in other forms of physical activity such as bike riding, aerobic classes or yoga classes.
5. All individuals who participate in DWS Well Now activities (e.g., walking) will need to sign a DWS Well Now Liability Waiver. This waiver will release the Wyoming Department of Workforce Services from any liability or responsibility for any injury sustained while participating in DWS Well Now activities off of DWS property (e.g., street, park).

NOTE: Please remember that the 30-minute break used to participate in the DWS Well Now Program is still part of your normal workday. While we encourage you to participate in this program, your participation shall not take precedence over your other job-related duties.

Well Now Steps

Below is a more in-depth procedure for participating in the DWS Well Now Program:



Step #1: Talk to your supervisor about your interest in the Well Now Program. (Remember! The program should not interfere with your normal workday activities!)

Step #2: Fill out the DWS Liability Form and Consent Form (these forms are located at the end of this document)

Step #3: Submit a hard copy of the liability and consent forms to Leslie Lamie, HR Technician, at 122 W 25th Street 2E, Cheyenne, WY 82002.

Step #4: Begin your Well Now program of physical activity and nutritional requirements.

Step #5: Track your physical and nutritional progress by completing the DWS Point Counter on the DWS @ Home intranet site: <https://dwshome.org/wellnow/>.

You will be tracking the following information:

1. **Level of Activity** –Moderate to vigorous activity before, during, or after your normal workday.
2. **Nutritional Points** -For every serving of fruits or vegetables, you will receive a point up to a maximum of 5 points.
3. **Water Points**– For 4– 8 ounce glasses of water you will receive 1 point. For 8– 8 ounce glasses of water you will receive a maximum of 3 points.
4. **Bonus Points**– For 10,000 steps in 1 day you can receive 5 points. 10,000 steps = 4 miles. Mileage can be accumulated during the course of a whole day (beyond workday). In order to track your mileage, it is recommended that you purchase a pedometer. Most sporting good stores have pedometers. Most pedometers are between \$10 and \$15. [PLEASE, buy from Wyoming businesses!!]

Step #6: Submit your point counters by Tuesday of the following week.

Step #7 (and along the way): Enjoy the benefits of increased cardiovascular health, weight loss, stress reduction, earned administrative leave and other incentives!

Point Counter

Below is a sample Point Counter worksheet. You may enter and keep track of your weekly points on line at the DWS Well Now web site. You may enter and change points on the current week until Tuesday of the following week.

| Week Number: | Monday | Tuesday | Wednesday | Thursday | Friday | Total |
|--|--------|---------|-----------|----------|--------|-------|
| ACTIVITY POINTS: | | | | | | |
| Moderate/Vigorous Activity During Work Day | | | | | | |
| ✓ 2 points/every 15 minutes | | | | | | |
| ✓ 4 points/every 30 minutes | | | | | | |
| Moderate/Vigorous Activity Outside of Workday | | | | | | |
| ✓ 2 points/every 30 minutes | | | | | | |
| ✓ 4 points/every 60 minutes | | | | | | |
| Stretching/Strength Building | | | | | | |
| ✓ 1 points/every 15 minutes | | | | | | |
| ✓ 2 points/every 30 minutes | | | | | | |
| NUTRITION POINTS: | | | | | | |
| 5 A Day (Fruit/Veggies servings) | | | | | | |
| ✓ up to 5 points per day | | | | | | |
| WATER POINTS: | | | | | | |
| ✓ 1 point/4-(8 oz.) glasses per day | | | | | | |
| ✓ 3 points/8-(8 oz.) glasses per day | | | | | | |
| BONUS POINTS: | | | | | | |
| 10,000 steps a day (in any 24-hour-period) | | | | | | |
| ✓ 5 points per day | | | | | | |

Agency Rewards

Employees who participate in the DWS Well Now Program are eligible (please read about eligibility below) for the following incentive rewards:

| <u>Points Accumulated/Activity</u> | <u>Administrative Leave Reward</u> |
|------------------------------------|--|
| Every 2000 points*** | 4 hrs. of Administrative Leave* |
| 6 months of Activity | Drawing for Participation Award** |
| 1 year of Activity | Drawing for Participation Award** |
| Every 4000 Points | Certificate of Achievement Bronze Silver Gold Platinum |

Eligibility: An employee must have participated in at least 20 of the 26 weeks to be entered in the drawing for the Participation Awards.

*State of Wyoming Personnel Rules allow employees to take 16 hours of administration leave per year (Jan-Dec). Please remember to consider the other administrative leave allowed during the year, such as fair days and snow days, when using administrative leave associated with the Well Now Program.

**Participation Awards will be determined before the drawing, and may be different for each drawing.

***The accumulated points for each participant will return to zero at the beginning of each year. Any administrative leave not used during the year by Dec 31 will be forfeited.

NOTE: Agency reserves the right to change incentive program if budget warrants. Any potential changes will be communicated with staff before implementation.

Personal Rewards

Weight loss, increased cardiovascular health, stress reduction, and the envy of your office mates are just some of the personal rewards you will receive from this program.

Consent Form

DWS WELL NOW PROGRAM PARTICIPANT CONSENT FORM

I AM BEING ASKED TO READ THE FOLLOWING MATERIAL TO ENSURE THAT I AM INFORMED OF THE NATURE OF THIS PROJECT AND OF HOW I WILL PARTICIPATE IN IT, IF I CONSENT TO DO SO. SIGNING THIS FORM WILL INDICATE THAT I HAVE BEEN SO INFORMED AND THAT I GIVE MY CONSENT. FEDERAL REGULATIONS REQUIRE WRITTEN INFORMED CONSENT PRIOR TO PARTICIPATION IN THIS PROJECT SO THAT I CAN KNOW THE NATURE AND RISKS OF MY PARTICIPATION AND CAN DECIDE TO PARTICIPATE OR NOT PARTICIPATE IN A FREE AND INFORMED MANNER.

PURPOSE

You are being invited to participate voluntarily in the Well Now Program for Wyoming Department of Workforce Services (DWS) employees in Wyoming. The program will consist of activities to increase your physical activity as well as presentations concerning physical activity, nutrition, and stress management. The goal of this project is to increase the level of physical activity of DWS employees through activities such as walking for 30 minutes a day.

PROCEDURE

Your participation will mainly consist of involving yourself in activities suggested by the DWS Well Now Program. Specifically, you will be asked to walk or engage in some other physical activity for 30 minutes each day and to keep a log of this activity. You will also be encouraged to attend one presentation each month concerning some aspect of wellness or physical activity.

Additionally, there will be regional representatives to answer questions about the program and to help you participate in program activities.

Please remember that your participation in this program is strictly voluntary and that you are free to discontinue your participation at any time without causing bad feelings or in any way effecting your employment or benefits.

RISKS

The risks of participating in this project should be minimal for most participants as all you will be asked to do is slowly increase your physical activity through walking or other physical activity. **However, as with any physical activity program we recommend that you consult with your personal healthcare provider if you have not participated in a physical activity program for some time (e.g., 2-3 years); or if you have been diagnosed with any of the following: cardiovascular disease, cancer (recently and are taking chemotherapy), lung disease such as COPD or asthma, diabetes, hypertension, rheumatoid arthritis, or are taking any immunosuppressant medication.**

Alternative physical activities will be made available to those who may have physical limitations that prohibit them from walking. Please consult Human Resources if you need accommodations.

BENEFITS

The main benefit of participating in this program is to increase your physical activity and knowledge of wellness issues. It is hoped that by enhancing your knowledge of this subject you will take steps, based on suggestions from the presentations, to also increase your physical activity outside of the workplace. Additional benefits **may** include increased cardiovascular health, weight loss, and stress reduction.

Consent Form

CONFIDENTIALITY

While we need your name on a sign up sheet, the data you provide will remain confidential within the Human Resources section.

COSTS AND COMPENSATION

Your participation in this program is free, there will be no charge to join or participate in any of the presentations or other activities. If you would like to track your mileage for additional bonus points, it is recommended that you purchase a pedometer. Most pedometers are \$10 to \$15. Additionally, individuals who provide their physical activity log sheets will be entered into a drawing for a special prize.

LIABILITY

Complications or harm are possible in any research project despite the use of high standards of care and could occur through no fault of yours or the representatives involved. State insurance covers all employees while on state property. It does not cover employees once they leave state property. Therefore, you will be asked to sign a liability waiver if you plan to participate in any physical activity off of or away from state property. For example, if you take your 30-minute walk down the street from your building when the weather becomes nicer. Please understand that you do not give up any of your legal rights by signing this form. If you have any questions as to your participation in this program, please contact your program representative.

AUTHORIZATION

BEFORE GIVING MY CONSENT BY SIGNING THIS FORM, THE PURPOSE, PROCEDURES, RISKS, AND BENEFITS HAVE BEEN EXPLAINED TO ME, AND MY QUESTIONS HAVE BEEN ANSWERED. I MAY ASK QUESTIONS AT ANY TIME, AND I AM FREE TO WITHDRAW FROM THE PROGRAM AT ANY TIME WITHOUT CAUSING BAD FEELINGS OR EFFECTING SUBSEQUENT MEDICAL CARE. MY PARTICIPATION IN THIS PROGRAM MAY BE ENDED BY THE PROGRAM REPRESENTATIVES FOR REASONS THAT WOULD BE EXPLAINED. NEW INFORMATION DEVELOPED DURING THE COURSE OF THIS PROGRAM, WHICH MAY AFFECT MY WILLINGNESS TO CONTINUE IN THE PROGRAM, WILL BE GIVEN TO ME AS IT BECOMES AVAILABLE. THIS CONSENT FORM WILL BE FILED IN AN AREA DESIGNATED BY THE PROGRAM REPRESENTATIVES WITH ACCESS RESTRICTED TO THE PROGRAM REPRESENTATIVES. I DO NOT GIVE UP ANY OF MY LEGAL RIGHTS BY SIGNING THIS FORM. A COPY OF THIS SIGNED CONSENT FORM WILL BE GIVEN TO ME IF REQUESTED.

By signing this form I hereby give permission to the Wyoming Department of Workforce Services—Human Resources section to use the information provided by me in their data analyses to assist in the development of a program designed to increase physical activity and worksite wellness among DWS employees.

Participant's Signature

Date

REPRESENTATIVE AFFIDAVIT

The nature of the above project has been explained to the above participant. I hereby certify that to the best of my knowledge the person who is signing this consent form understands clearly the nature, demands, benefits, and risks involved in their participation and their signature is legally valid. It is also my understanding that a medical problem or language or educational barrier has not precluded this understanding.

Program Representative's Signature

Date

Liability Waiver

Waiver, Release of All Claims and Hold Harmless Agreement For: Wyoming Department of Workforce Services Well Now Program

PLEASE READ CAREFULLY

Please read this form carefully and be aware that, in participating in the above program, you will be waiving and releasing all claims for injuries, arising out of or sustained while participating in this program off of or away from Wyoming Department of Workforce Services (DWS) property.

In participating in the DWS Well Now Program, you are agreeing as follows:

As a participant in the program, I recognize and acknowledge that there are certain risks however minor, of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program while off or away from DWS property. I further recognize and acknowledge that activities involving even slight or moderate exertion can be hazardous and involve some risks of injury.

I agree to waive and relinquish any and all claims that I may have as a result of participating in the DWS Well Now Program against the Wyoming Department of Workforce Services, any and all other participating or cooperating governmental units, officers, agents, servants and employees of the governmental bodies for any injuries that I might sustain while participating in the program off of or away from DWS property (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement.)

I do hereby fully release and discharge the Wyoming Department of Workforce Services and the other released parties from any and all claims for injuries, including death, damage or loss which I may have or which may accrue to me or my heirs, on account of my participation in the program off of or away from DWS property.

I further understand and agree that the terms such as "participation," "program," and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program.

I understand the nature of the program for which I am participating, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

Name of Participant (please print) _____

Signature of Participant _____ Date _____



WYOMING DEPARTMENT OF WORKFORCE SERVICES

**Building a workforce to meet the changing demands of
Wyoming's diverse businesses, citizens and economy.**

