


**GUAM MEMORIAL HOSPITAL AUTHORITY  
EMPLOYEE HEALTH SERVICES MANUAL**

<b>APPROVED BY:</b>  Peter John D. Camacho, MPH Hospital Administrator/CEO	<b>RESPONSIBILITY:</b>  Hospital-wide	<b>EFFECTIVE DATE:</b>  December 24, 2009	<b>POLICY NO.</b>  6202-23	<b>PAGE</b>  1 of 12
<b>TITLE: GET UP AND MOVE PROGRAM</b>				
<b>LAST REVIEWED/REVISED: 12/2009</b>				
<b>ENDORSED: EMC 11/2009</b>				

**PURPOSE:**

Guam Memorial Hospital, through the Healthy Guam Initiative, is reintroducing the Get Up and Move (G.U.A.M.) Program in light of the territory's goal to promote "health where we work" and in conjunction with the overall goal to promote "health where we work, live, and learn".

The underlying assumption of this G.U.A.M. Program is that employees perform their best when they are healthy and that optimal employee performance is necessary for the island community to receive the best public service they deserve.

There are five major activities comprising the program:

1. Initial registration and health screening
2. Get Up and Move that will comprise the physical fitness component of the program
3. Health and Nutrition classes
4. Incentive program for employees that show positive changes by participating in the program.
5. Employee accountability mechanism to prevent abuse of privileges

**POLICY:**

- I. As outlined in the Guam Physical Fitness and Wellness Plan: Visions 2001, the policy for the program shall be as follows:
  - A. Every employee in GUAM MEMORIAL HOSPITAL will be allowed the opportunity to participate in the Get Up And Move (GUAM) Program.
  - B. The GUAM MEMORIAL HOSPITAL will provide time during work hours for physical fitness activities for the employee.
    1. Employees will be provided one (1) hour/ one (1) day per week.
    2. Employees that choose not to participate in fitness or wellness programs are not to use the time allotted for the program for personal business and must be at their place of work.
    3. Employees are hereby informed that the mission of GUAM MEMORIAL HOSPITAL takes precedence over the program when schedules conflict. The time allotted for fitness and wellness activities, as scheduled, **will not** be accumulated by the employee, should an employee be hindered from conducting their scheduled GUAM Program time.
  - C. Employees' supervisors and Health Coaches must be accountable for their subordinates' whereabouts when employees are engaged in physical fitness and wellness activities through the program. Likewise, employees must keep their supervisors and assigned Health Coach informed on their activities. They must be thoroughly familiar with the department's fitness and wellness program policies and procedures (if any) and this policy.

- D. Employees must provide program schedules and other program documents to their health coach, and their immediate supervisor emphasizing their fitness level goals, types of exercise(s) and the time the program will commence. As necessary, each employee is also responsible for providing updated documents to their Health Coach and supervisor.
- E. The Co-Health Coaches of GUAM MEMORIAL HOSPITAL are RENEE VEKSLER, HEALTH EDUCATOR III, EDUCATION DEPARTMENT and JASMIN TANGLAO, STAFF NURSE II, EMPLOYEE HEALTH SERVICES.

1. The Health Coaches will:

- a. Act as the liaisons officers between their agency and the Lt. Governor's Healthy Guam Initiative and/or Governor's Council on Physical Fitness and Sports who will provide over-all direction and leadership for the program.
- b. Understand and implement the policies of the GUAM Program
- c. Collect and file pertinent employee and/or program documentation/s
- d. Ensure that all employee files and documents are organized, updated and are kept confidential. Employee health files will be placed with their records at Employee Health Services.
- e. Assess and monitor employee progress determined by the health indicators indicated in this policy

F. GUAM Program Allowable Time

- 1. Employees will be provided one (1) hour/ one (1) day per week.
- 2. The time period will be for 1 quarter (January, February, and March of 2010).
- 3. Day choice
  - a. Allowable days are: Tuesday, Wednesday, Thursday, Saturday, and Sunday. (see 2. below)
  - b. Not allowable days are: Monday, Friday, the day before and after a holiday.
  - c. An employee can only participate in the GUAM Program for selected day(s) **if the employee works a full day**. For example, an employee cannot be on annual, flex or sick leave for a half a work day and then participate in the fitness program in the remainder of the day. Additionally, excessive tardiness in the morning can cause management to suspend an employee's fitness program.
  - d. Employees must prioritize the Department's daily operations before engaging in their respective fitness program.
- 4. Time choice:
  - a. The hour before or after the lunch hour.
  - b. The hour before the shift ends.
  - c. The one hour includes preparation time for the program, personal hygiene time after the program, and travel time back to the work place.
  - d. The hour cannot be combined with Parental Leave.

G. Evaluation Methodology with Standard Health Indicators:

- 1. The GUAM Program is looking at several key health indicators- to measure an employee's overall progress in the program. The program may measure any one or any combinations of the following health indicators: Body Weight, Body Mass Index, Body

Fat Percent, Blood Pressure, Blood Sugar, Blood Lipids (Total Cholesterol).

2. An employee must show improvements in any one (or combinations) of the key health indicators, or achieve "maintenance mode," to be allowed to continue in the program.
3. Employees who are healthy, or have achieved normal ranges for all health indicators are expected to maintain these normal ranges through the program. These employees are considered in the "maintenance mode" and may require little supervision from their health coach. These employees are eligible or continue to be eligible in the program.
4. An employee that does not show any improvements, or show negative trends in any of the six health indicators for a given amount time must work with their health coaches to develop a suitable and appropriate wellness plan to help achieve success in the program. However, health coaches may recommend the suspension of an employee's program privileges should he or she continue to show no improvements.
5. An employee who shows negative trends in one or any combination of the health indicators, and who also shows positive trends to any one or any combination of the health indicators will be evaluated by the Health Coach on a case by case basis to determine if the employee can remain in the program.
6. The Health Coach at Employee Health Services, GMHA, can provide health screening services to determine the health status for their employees. An employee will not be able to participate in the program without establishing at least one baseline standard health indicator. In addition, GUAM Program privileges may be suspended if progress is not determined through follow up health screenings.
7. The Health Coach at Employee Health Services, GMHA, will provide avenues for employees to determine their current health status and coordinate regular health screening activities (at least twice a year: the first is to establish employee baselines, second is to determine progress), or provide information for sanctioned health screening activities that their participants can avail.
8. An employee may work with his or her medical provider to provide measurements for these health indicators should their agency fail to provide health screening services.
9. Health indicators taken outside the program's sanctioned health screening activity will be approved by their Health Coaches on a case by case basis should an employee fail to participate in any of the sanctioned health screening activities outlined by the Health Coach.
10. A Health Coach can officially sanction a health screening activity to determine health progress.

#### **PROCEDURE:**

- A. An employee who chooses to participate in the GUAM Program must complete the **Registration Form (ATTACHMENT I)**.
- B. Once an employee has decided which days, time, and places they are to exercise, each employee must complete an **Activity Sheet (ATTACHMENT II)** that needs to be approved by their supervisor. After approval, employees are required to submit it to their respective Health Coach, and provide a copy to their supervisor. Employees who are unable to provide a completed Activity Sheet will not be allowed to participate in the program. Should an employee wish to

make changes to their fitness schedule; he or she is required to submit an updated Activity Sheet to their Health Coach and supervisor.

- C. Employees must establish at **least one** health indicator baseline through any sanctioned health screening activity. The employee has the responsibility to work on improving (or maintaining) this established baseline. An employee may work on one or any combination of health indicators provided in this policy.
- D. Agency employees must time-in/time-out when leaving the office for their fitness program. This will assist the Health Coach and the supervisor in determining the employee's accountability regarding their time. **Because only one hour a day, one day per week is allowed for the program, should discrepancies be found on an employee's time-sheet, that employee must sign either annual leave or CTO for the time used beyond the one hour.**
- E. Each employee must complete an **Accountability Sheet (ATTACHMENT III)** every month, and have their supervisor initial off on this document the day after the activity was performed. Accountability Sheets will be turned over to an employee's supervisor every month. An employee should also provide their respective Health Coach a copy of their monthly Accountability Sheet.
- F. Examples of activities and suggested areas that one can participate in, but are not limited to, are as follows:

Activities	Suggested Areas
Aerobics, weight training, cardiovascular workouts, walking/jogging	Fitness Centers and programs, for example: Kontenda's, Paradise Fitness Center, Synergy Studio, Clark Hatch, Hilton Fitness, Paseo, Outrigger
Swimming	Agana Swimming Pool or membership pool, for example: Hilton Fitness, Nikko.

- 1. The Department or agency head may limit the locations an employee may exercise by providing at least 5 sanctioned fitness and wellness locations.
  - 2. Participants must have their activities acknowledged by their Health Coach and/ or supervisor. The acknowledgment initials are a must on the **Activity Sheet and Accountability Sheet.**
  - 3. It is important that the employee be at their scheduled place and time, performing their physical fitness and wellness program. Employees are not mandated to participate in physical fitness and well activities. Also note that **participation is a privilege and not a right.** Any abuse of this privilege will result in the removal of the employee from the program, as well as possible administrative action. Since the program is voluntary, neither personnel actions nor performance evaluations will reflect employee non-participation.
- G. A **Statement of Medical Clearance (ATTACHMENT IV)**, **Medical Clearance Waiver Statement (ATTACHMENT V)** and the **Lifestyle Checklist (ATTACHMENT VI)** are requirements of the program guidelines and are integral components of physical fitness and wellness programs. Medical clearance must be obtained by the employee from a physician (at their own expense) and must include:
- 1. blood glucose level
  - 2. blood pressure
  - 3. body composition (height, weight, and body fat)

- H. The **Lifestyle Checklist** must be filled out by the employee, along with the medical clearance, which will be provided to their agency's Health Coach prior to embarking on the GUAM program.
1. If an employee opts not to seek medical clearance, the agency's Health Coach must have the employee sign a statement stating that they have decided not to obtain medical clearance and acknowledge the advice received from the agency for a medical clearance.
  2. Every participating employee must complete the **Lifestyle Checklist** regardless of medical clearance.
  3. Medical clearances, checklist and program documents are to be submitted to their agency's Health Coach, who will file these documents in the employee's fitness records.
  4. All materials filed with the Health Coach will be kept **CONFIDENTIAL**. Unless authorized by the employee, no one may have access to these records.
- I. The employee must also sign the **Waiver of Liability (ATTACHMENT VII)** before engaging in their fitness program.

**RESCISSION:**

Policy 6100-26, *Guam Physical and Wellness Program* of the Administrative Manual made effective July 2000.

**ATTACHMENTS:**

- I. Registration Form
- II. Activity Sheet
- III. Accountability Sheet
- IV. Statement of Medical Clearance
- V. Medical Clearance Waiver Statement
- VI. Lifestyle Checklist
- VII. Waiver of Liability

GUAM MEMORIAL HOSPITAL AUTHORITY  
GET UP AND MOVE PROGRAM

**REGISTRATION FORM**  
*(ATTACHMENT I)*

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: [ ] M [ ] F

Ethnicity: \_\_\_\_\_

Department: \_\_\_\_\_

Division/Section/Program: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Nos: \_\_\_\_\_

E-mail: \_\_\_\_\_

Village Residence: \_\_\_\_\_







GUAM MEMORIAL HOSPITAL AUTHORITY  
GET UP AND MOVE PROGRAM

STATEMENT OF MEDICAL CLEARANCE  
(ATTACHMENT IV)

I \_\_\_\_\_ do not have any medical problems or conditions that  
(PRINT FULL NAME)

would preclude me from participating in physical fitness and wellness activities. I understand that it is my responsibility to obtain medical clearance, at no cost to the government, prior to participating in physical fitness and wellness programs.

Furthermore, should I incur any injury or injuries while performing physical fitness and wellness activities, I will be liable and responsible for the medical care and services provided to me.

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

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

GUAM MEMORIAL HOSPITAL AUTHORITY  
GET UP AND MOVE PROGRAM

**MEDICAL CLEARANCE WAIVER STATEMENT**  
*(ATTACHMENT V)*

I, \_\_\_\_\_ (Mark below which ever is applicable)  
(PRINT FULL NAME)

- Elect to participate in physical fitness and wellness programs without medical clearance
- Do have medical problem(s) or condition(s) that would hinder my participation in fitness and wellness activities.

I understand that it is my responsibility to obtain medical clearance, at no cost to the government, prior to participating in physical fitness and wellness programs. By signing this document that I am participating in this program without securing a medical clearance. Further more should I incur any injury or injuries that increase my medical problem(s) or condition(s) while performing physical fitness and wellness activities, I understand and acknowledge that I am liable and responsible for the medical care and services provided to me.

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

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

GUAM MEMORIAL HOSPITAL AUTHORITY  
GET UP AND MOVE PROGRAM

**LIFESTYLE CHECKLIST**

**Instructions:** For each health indicator, check the box in the column that best describes you.

(ATTACHMENT VI)

Health Indicators	Column A	Column B	Column C	Column D
1. <b>Body Mass Index.</b> What is your body mass index (BMI)?	<input type="checkbox"/> BMI 30+	<input type="checkbox"/> BMI 25-29.9	<input type="checkbox"/> BMI <25	<input type="checkbox"/> BMI <18.5
2. <b>Physical activity.</b> How many days do you get 30+ min of physical activity	<input type="checkbox"/> No regular Physical activity	<input type="checkbox"/> 2 days Per week	<input type="checkbox"/> 3-4 days Per week	<input type="checkbox"/> 4-7 days Per week
3. <b>Tobacco/betel nut use.</b> Indicate your use (includes cigarettes, chewing tobacco, betel nut)	<input type="checkbox"/> Current user	<input type="checkbox"/> Frequently exposed to second - hand smoke OR social user	<input type="checkbox"/> Ex-user	<input type="checkbox"/> Non-user
4. <b>Meat intake.</b> How often do you eat meat (beef, pork, poultry, lamb, etc)?	<input type="checkbox"/> Once a month or less	<input type="checkbox"/> 2-3 times/month	<input type="checkbox"/> 2-3 times a week	<input type="checkbox"/> daily
5. <b>Whole grains.</b> How many servings/day (1 serving = 1 slice whole wheat bread, or ½ C brown rice or oatmeal, or 2/3 C dry cereal)	<input type="checkbox"/> White rice or White flour only	<input type="checkbox"/> 1 serving of whole grain/day	<input type="checkbox"/> 2-3 servings of whole grain/day	<input type="checkbox"/> 4+servings/day
6. <b>Fruits.</b> How many servings/day do you eat? (1 serving = 1 medium fruit (baseball size), or 1 cup raw or juiced fruit)	<input type="checkbox"/> None at all	<input type="checkbox"/> 1-2 servings/ day	<input type="checkbox"/> 3-4 servings/ day (OR if on diabetic diet 1-2 servings/ day)	<input type="checkbox"/> 5+ servings/ day
7. <b>Vegetables.</b> How many servings/day do you eat? (1 serving = 1 medium fruit, 1 C of raw, cooked or juiced vegetables 2 cups of leafy salad greens)	<input type="checkbox"/> None at all	<input type="checkbox"/> 1-2 servings/ day	<input type="checkbox"/> 3-4 servings/ day	<input type="checkbox"/> 5+ servings/ day
8. <b>Nuts &amp; beans.</b> How many servings/week do you eat? (1 serving = 1 oz. nuts or seeds, 2 T nut butter) do you eat?	<input type="checkbox"/> None at all	<input type="checkbox"/> 1-2 servings/ week	<input type="checkbox"/> 3-4 servings/ week	<input type="checkbox"/> 5+ servings/ day
9. <b>Level of satisfaction with your life.</b> All in all, how satisfied are you with your life?	<input type="checkbox"/> Somewhat satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very satisfied Most of the time	<input type="checkbox"/> Very satisfied always
10. <b>Sleep.</b> How often do you get at least 7-8 hours of sleep daily?	<input type="checkbox"/> Seldom, less than 3 days/week	<input type="checkbox"/> Occasionally, 3-4 days/week	<input type="checkbox"/> Most of the time, 3-4 days/week	<input type="checkbox"/> All the time, i.e. everyday
11. <b>Blood Pressure.</b> What is your blood pressure (normal or with medication)?	<input type="checkbox"/> Less than 120/80	<input type="checkbox"/> 120/80 to 134/84	<input type="checkbox"/> 135/85 to 139/89	<input type="checkbox"/> 140/90+

GUAM MEMORIAL HOSPITAL AUTHORITY  
GET UP AND MOVE PROGRAM

WAIVER OF LIABILITY  
(ATTACHMENT VII)

I, \_\_\_\_\_, the undersigned, an employee of the  
(Print Name in Full)

GUAM MEMORIAL HOSPITAL, acknowledge the following:

1. The GUAM MEMORIAL HOSPITAL has established Get Up and Move Program, hereinafter referred to as the "GMHA Get Up and Move Program."
2. The department's or agency's plan is in accordance to Executive Order 98-21, relative to implementing the Government of Guam Physical Fitness and Wellness Program, signed and promulgated on July 29, 1998 and re-established through (Change as necessary)
3. I have read the "GMHA Get Up and Move Program." and understand that it is offered as a benefit to me, and is an opportunity to increase my physical and mental fitness.
4. I may not engage in any dangerous activities during the Program and I am free, having been encouraged by the GUAM MEMORIAL HOSPITAL, to choose the activity that is safest for me.

In consideration of the GUAM MEMORIAL HOSPITAL for extending the opportunity to participate in the Program, I for myself and anyone entitled to act on my behalf, hereby waive and release the GUAM MEMORIAL HOSPITAL management, employees, and their representatives from all claims or liabilities of any kind arising out of my participation in this Program.

\_\_\_\_\_  
Print Name of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

Acknowledged by:

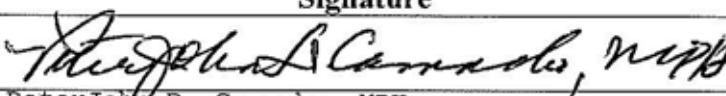
\_\_\_\_\_  
Supervisor

GUAM MEMORIAL HOSPITAL AUTHORITY  
REVIEW AND APPROVAL (CERTIFICATION)

The signatories on this document acknowledge that they have reviewed and approved the following:

- Bylaws
- Rules & Regulations
- Policies & Procedures

Submitted by: Jasmin Tanglao, RN  
 Department/Committee: Employee Health Nurse  
 Title: Get Up & Move Program  
 Policy Number (if applicable): 6202-23

Reviewed	<b>Date</b>	<b>Signature</b>
	Approved	10/23/09
Title	(Originator or dept. head)	Jasmin Tanglao, RN
Reviewed	<b>Date</b>	<b>Signature</b>
	Approved	10/26/09
Title		Dr. Stadler, Medical Director
Reviewed	<b>Date</b>	<b>Signature</b>
	11/24/09	
	Approved	Peter John D. Camacho, MPH Chairman, Executive Management Council
Title		
Reviewed	<b>Date</b>	<b>Signature</b>
	Approved	
Title		
Reviewed	<b>Date</b>	<b>Signature</b>
	Approved	
Title		
Reviewed	<b>Date</b>	<b>Signature</b>
	Approved	
Title		