



# DEPARTMENT OF EDUCATION OFFICE OF THE SUPERINTENDENT



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**JON J.P. FERNANDEZ**  
Superintendent of Education

## STANDARD OPERATING PROCEDURES

SOP#: 1200-014

- I. SUBJECT:** Employee Worksite Wellness Program (WWP)
- II. INQUIRIES:** Student Support Services Division
- III. PURPOSE:** Provide guidelines to all employees participating in the Worksite Wellness Program (WWP)

#### IV. REFERENCES:

- A. Executive Order **NO. 2012-07** (Government of Guam Worksite Wellness Program)
- B. Government of Guam Worksite Wellness Program Policies, and Procedures guidelines (July 2012).
1. Worksite Wellness Program (July 2012), Health Coach Confidentiality Agreement (p. 20), responsibilities (p. 12) accountability (p. 14)
  2. Worksite Wellness Program (July 2012), Registration form & Statement of Medical Clearance (p. 18).
  3. Worksite Wellness Program (July 2012), Scheduling and Allowable times (p. 13).
  4. Worksite Wellness Program (July 2012), Health Indicators (p. 16).

#### V. ROLES and RESPONSIBILITIES:

##### A. DOE WWP Director

1. Community Health & Nursing Services Administrator (CH&NSA) is the DOE WWP Director

2. Represent DOE at the Government of Guam steering committee who oversee the WWP
3. Develop, promote and implement Worksite Wellness activities
4. Provide support, guidance and leadership to ensure that the program continue to grow, improve and expand

**B. School or Division Health Coaches:**

1. Provide overall supervision and guidelines in implementing the WWP
2. Act as the liaison between the school/ division and DOE WWP Director
3. Complete Health Coach Confidentiality Agreement (Appendix C)
4. Account for offsite activities, complete Activity Log (Appendix D)  
Maintain a log of participants Health Coach Assessment
5. Adhere to role and responsibilities of WWP
6. Identify and keep in contact with Steering Committee via WWP Director
7. Monitor individual health indicators and develop plan to achieve success (Appendix B)
8. Monitor progress of program participants and evaluating the program's effectiveness in achieving its goals

**C. Participants:**

1. Any fulltime Government of Guam employee is eligible for voluntary participation
2. Any employee who chooses to participate in the WWP must abide by outlined WWP guidelines
3. Should complete all required forms:
  - WWP Registration and Medical Clearance (Appendix A)
  - Lifestyle Checklist (Appendix B)
  - Activity Log (Appendix D), submit monthly to Health Coach

4. Limit wellness activities to 3 hours a week ( on or off worksite)
5. Work with Health Coaches to establish **specific, measurable, attainable, realistic, and timely (SMART)** short, medium, and long-term goals.
6. To measure and maintain positive trends in all of the following health indicators:
  - a. Body weight
  - b. Body Mass Index (BMI)
  - c. Body Fat Percentage
  - d. Blood Pressure (BP)
  - e. Blood sugar
  - f. Other health indicators
7. Employees ensure compliance with offsite procedures and monitor sheets

**C. Principals/ Division Heads:**

1. Principals/ Division Heads will review E.O. 2012-07 & the WWP Guidelines with faculty and staff
2. Are encouraged to support their employees by providing them opportunity to arrange their work schedules, with appropriate coverage to participate in WWP (WWP guidelines pg. 13)
3. Will collaborate with Health Coaches on the time of wellness activities to ensure that it does not interfere with daily operations
4. Will contact DOE WWP Director regarding discrepancies between Health Coaches, the WWP, and the daily operations of their respective schools sites.

**VI. PROCEDURES:**

- A. All Principals/Division Heads will identify a **Health Coach** for each school/division and submit names to WWP Director
- B. Participating individuals will voluntarily register and complete required documents.
- C. Respective schools will identify at least two – three ( 2-3) Health Coaches
- D. Division Heads will identify at least one (1) Health Coach per division and submit name to WWP Director
- E. Health Coaches, Participants, and Principals/Division Heads will review Executive Order 2012-07 and WWP Guidelines
- F. Individual Health Coaches will work with participants and establish these goals:

1. **Short term goals(1-6 months),**

- a. State (Month & Year) WWP will be implemented & school/division name.
- b. State (Month & year) what percentage (%) of employees will have a recording of their bodyweight, BMI, Blood Pressure, Blood Glucose levels, Body Fat percentage and other health indicators
- c. State (Month & Year) what % of participants has participated in at least (Number) physical, educational, and/or other wellness activity.

2. **Medium (7 months-1 year)**

- a. State (Month & Year) what % of participants participated in physical fitness activities that they have maintained for at least 3 months.
- b. State (Month & Year) what % of participants will report which wellness program activity were sensitive to the needs and interest of the participant.
- c. State (Month & Year) what % of participant's state that the wellness program resulted in a more positive work climate.

3. **Long (1-2 years)**

- a. State (Month & Year) what % of participants contributed stress reduction to the wellness program.
- b. State (Month & Year) what % of participants reported they eat more fruits and vegetables more than 5 times a day.
- c. State (Month & Year) what % of participants will report that they have reduced consumption of meats (Pork, Beef, Poultry, lamb etc.)

G. Health Coaches will work with Participants, Principals/Division Heads to establish a schedule for a Wellness Program that does not interrupt the daily department operations.

H. Ensure required documents completed and submitted

- WWP Registration and Medical Clearance (Appendix A)
- Lifestyle Checklist (Appendix B)
- Activity Log (Appendix D), submit monthly to Health Coach

I. Participant in the Worksite Wellness Program are required to procure and maintain a monitor sheet when participating in offsite wellness activities (Appendix D).

J. Initial monitoring of **health indicators** (before 6 months) will be conducted at **one, three, and six-month intervals**. After the six month point monitoring will be quarterly.

K. Employee survey administered after one year to assess awareness, participation, and satisfaction with program.

L. Positive and Negative trends will be monitored by Health Coach and addressed accordingly to ensure success in program.

M. Participant completion of Lifestyle Check list done periodically (biannually) to assess healthy behaviors.

VI. **INTERNAL CONTROL:** Deputy Superintendent of Educational Support and Community Learning.

- VII. **TRAINING:** Training will be provided for the WWP Director and all Health Coaches by DPHSS as needed
- VIII. **REPORTS:** Monthly reports to WWP Director
- IX. **PENALTY:** Failure to adhere to the intended purposes of the WWP may result in removal from the program
- X. **EFFECTIVE DATE:** This SOP is effective upon date of approval and signature.
- IX. **CHANGE(s):** Changes to this policy shall be effectuated by the Superintendent of Education

APPROVED       DISAPPROVED

  
\_\_\_\_\_  
JON J. P. FERNANDEZ  
Superintendent of Education

7/9/13  
\_\_\_\_\_  
(Date)

**Appendices List:**

- Appendix A:** Registration Form
- Appendix B:** Worksite Wellness Lifestyle Checklist
- Appendix C:** Health Coach Confidentiality Agreement
- Appendix D:** Activity Log
- Appendix E:** Health Coach Assessment



# DEPARTMENT OF EDUCATION

## REGISTRATION FORM & STATEMENT OF MEDICAL CLEARANCE

### WORKSITE WELLNESS PROGRAM REGISTRATION FORM & STATEMENT OF MEDICAL CLEARANCE

#### REGISTRATION INFORMATION

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: [ ] M [ ] F Ethnicity: \_\_\_\_\_  
Department: \_\_\_\_\_ Division/Section/Program: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_ Email: \_\_\_\_\_  
Village/Residence: \_\_\_\_\_

#### STATEMENT OF MEDICAL CLEARANCE

I, \_\_\_\_\_ do not have any medical problems or conditions that 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. I hereby waive and release the government/department management, employees and their representatives from all claims or liabilities of any kind arising out of my participation in this program.

Additionally, by signing this Form, I acknowledge that I have read the government of Guam Worksite Wellness Program Policies and Procedures and understand that it is offered as a benefit to me, and is an opportunity to increase my physical and mental fitness. However, in order to be allowed to continue in the Worksite Wellness Program, I understand that every six (6) months I must provide to my Health Coach documentation of improvement in any one (or combination) of the key health indicators, and/or achieve "maintenance mode".

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

APPROVED BY SUPERVISOR (SIGN AND DATE): \_\_\_\_\_

ACKNOWLEDGED BY HEALTH COACH (SIGN AND DATE): \_\_\_\_\_



# DEPARTMENT OF EDUCATION

## LIFESTYLE CHECKLIST

### WORKSITE WELLNESS AND PROGRAM LIFESTYLE CHECKLIST

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



## DEPARTMENT OF EDUCATION

### HEALTH COACH CONFIDENTIALITY AGREEMENT

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#### HEALTH COACH CONFIDENTIALITY AGREEMENT

It is the responsibility of all HEALTH Coaches to preserve and protect confidential employee information.

Confidential Employee Information includes, but is not limited to, the following:

- Employee home telephone number, mobile telephone number, and home address;
- Spouse or other relative names;
- Social Security number;
- Health condition (chronic diseases, weight, BMI, blood pressure, etc.)

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, employee records and any other information generated in connection with the Worksite Wellness Program.
2. It is my responsibility to protect the privacy, confidentiality and security of all records relating to the Worksite Wellness Program.
3. I shall only access or disseminate employee information in the performance of my assigned duties and where required by or permitted by law. I shall make no voluntary disclosure of any discussions or deliberations, of employee records except to persons authorized to receive it in the conduct of the Worksite Wellness Program.
4. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.
5. My obligation to safeguard employee confidentiality continues after my termination of employment with the Government of Guam.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of this Confidentiality Agreement, I acknowledge that the Government of Guam may, as applicable and as it deems appropriate, pursue disciplinary action up to and including my termination from the Government of Guam.

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

Print Name: \_\_\_\_\_ Department: \_\_\_\_\_





# Department of Education Activity Log

Name:		DEPARTMENT OF EDUCATION			
Office/Division/School:					
Month:	Activity	Location	Distance/Minutes	Time	Health Coach Name & signature
1.					
2.					
3.					
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24.					
25.					



# Health Coach Assessment

Name	Date Weigh- in	Health Assessment Complete (x)	Date SHC Health Screening	Rec'd (x) Policies & Procedures	Rec'd (x) Appendix A	Rec'd (x) Appendix B	Notes



## Health Coach Assessment

**Note:**

Please list down your activity the day exercised: Walk, Run, Zumba, Treadmill, Other.....

- **YOU CAN DO ANY "ACTIVITY" YOU LIKE WITHIN YOUR LIMITATIONS!!!**

**Note:**

20 minutes of walk = 1 mile

Every five miles = you receive a "Red Ticket" for Raffle!

- Head Coaches will come by to get your "Monthly Roll Up".

**ANY ACTIVITY IS BETTER THAN.....INACTIVITY!!!**

**\*\* Don't forget. You get 1 hour 3 times a week for your Work Site Wellness Program.**

.....Thank you for your Time.....