

### OP 07-43 – WORKSITE WELLNESS PROGRAM

1. **Purpose.** Establish a Worksite Wellness Program to foster the adoption of a wellness culture in order to promote the benefits of improved health, reduced medical expenses, heightened personal performance, reduced absenteeism, and improved employee satisfaction.
2. **Scope.** This procedure applies to all employees of TEA.
3. **Responsibility.** The Department of Health and Safety is the office of primary responsibility (OPR) for this procedure.
4. **Nondiscrimination.** TEA shall comply fully with the nondiscrimination provisions of all federal and state laws and regulations by assuring that no person shall be excluded from consideration for selection, appointment, training, promotion, retention, or any other covered personnel action, nor be denied any benefits or participation in any educational programs or activities which it operates, on the grounds of race, religion, color, national origin, sex, disability, age, or veteran status (except where age or sex constitutes a bona fide occupational qualification necessary for proper and efficient administration).
5. **General.** Chapter 664 of the Government Code acknowledges the benefit of worksite wellness programs to effective state administration and provides that public money spent for these programs serves important public purposes.
  - a. Section 664.053 describes a worksite wellness program as one that includes:
    - (1) education that targets the most costly or prevalent health care claims;
    - (2) the dissemination or use of available health risk assessment tools and programs;
    - (3) the development of strategies for the promotion of health, nutritional, and fitness-related resources;
    - (4) the development and promotion of environmental change strategies that integrate healthy behaviors and physical activity; and
    - (5) optional incentives to encourage participation in the wellness program.
  - b. Section 664.004 indicates that a state agency may use available facilities and public funds for health fitness education and activities and Section 664.061 indicates that a state agency may:
    - (1) allow each employee 30 minutes during normal working hours for exercise three times each week;
    - (2) allow all employees to attend on-site wellness seminars when offered; and
    - (3) award eight hours of additional leave time each year to employees who receive a physical examination and complete an online health risk assessment (HRA) tool.
6. **Eligibility.** All TEA employees are eligible for voluntary participation in the Wellness Program. Spouses and other immediate family members may participate in selected activities provided through the program as long as their participation does not preclude participation by an agency employee, and they pay directly to a service provider any individual costs charged for such participation. All persons who intend to participate in a Wellness Program activity involving physical exertion or

exercise are encouraged to complete a [Physical Fitness Readiness Questionnaire](#) provided by the Department of State Health Services (DSHS) and consult with a physician before beginning physical activity as needed. The Questionnaire is retained by the employee, and will not be reviewed or retained by TEA. All persons who participate in any Wellness Program activity or service must complete a [Release of Liability](#) provided by DSHS before participating. Releases will be kept in a file maintained by the agency Wellness Coordinator in the Human Resources Division. In the event the agency should grant an incentive or reward to groups or individuals for participation in any Wellness Program activity, the agency will make reasonable accommodations for individuals who require them in order to allow them to participate.

7. **Program Content.** The Wellness Program may consist of, but not be limited to, activities that raise awareness, promote lifestyle changes and provide assistance and support for employees participating in the program. Generally, wellness programs target major risk factors for chronic disease and factors that contribute to diminished quality of life. Wellness activities may include:
  - a. encouraging nutritious eating;
  - b. increasing physical activity;
  - c. encouraging preventative screenings;
  - d. tobacco cessation;
  - e. stress reduction; and,
  - f. supporting healthy choices such as the prevention/reduction of substance dependency.
8. **Program Scheduling.** Agency-wide program activities may be scheduled before, during, between, or after normal working hours as deemed appropriate and authorized by the Deputy Commissioner for Finance and Administration. Scheduling will be done in a manner to avoid interference with the normal work of the agency or with public access to services and facilities of the agency.
9. **Exercise During Working Hours.** Pursuant to Texas Government Code §664.061(1), the agency grants each employee 30 minutes to exercise - three times a week - during normal working hours. Employees are not required to make up this time or use leave. Exercise time may be used in 30 minute increments only. Exercise time does not accumulate and may not be carried forward for use at another time. Exercise time may be used at any time during the work day, or combined with lunch to give the employee more time for wellness activities. Employees must coordinate with their supervisor and schedule exercise time so that it does not conflict with their job duties or division priorities. Employees must submit a monthly report to their supervisor to document their use of exercise time.
10. **Fitness Leave.** The agency may grant employees leave as an incentive or award for fulfilling the requirements of an agency-wide wellness activity or contest. Fitness Leave must be approved by the Deputy Commissioner for Finance and Administration prior to the beginning of the activity or contest. Employees are permitted to earn up to 16 hours of Fitness Leave per calendar year. Fitness Leave must be scheduled in advance with the approval of the employee's supervisor. Fitness Leave earned expires if not used within 12 months from the date it is earned, and will not be paid to an employee at separation from employment.
11. **Wellness Leave.** Pursuant to Texas Government Code §664.061(3), the agency may award eight hours of additional leave time each 12 month period to employees who receive a physical examination and complete the HRA designated by the agency. Supporting documentation must be submitted to the Wellness Coordinator, and includes:

- a. an affidavit of HRA completion, and
- b. a physician's note certifying physical examination completion.

Wellness Leave must be scheduled in advance with the approval of the employee's supervisor. Wellness Leave expires if not used within 12 months from the date it is earned, and will not be paid to the employee upon separation from employment.

12. **Injury.** Employees injured by participating in the wellness program are not eligible for workers' compensation benefits unless their participation in the wellness program event was in the course and scope of their job duties and employment.
13. **Funds and Facilities for Wellness Programs.** The agency may provide funds each fiscal year to supplement health fitness education and activities for employees, or for other costs related to the Wellness Program. Available facilities may be used for the Wellness Program, including available conference or meeting rooms, auditoriums and outdoor areas suitable for instruction or fitness activities
14. **Providers of Instruction.** Providers of instruction or services for the Wellness Program may include local, state, or federal agencies; hospital or medical care professionals; health educators; nutritionists; dietitians; physiologists; community organizations; consultants; or other individuals or groups with expertise in the particular health or fitness area. Only persons with accepted degrees or certification, or recognized training will be selected as providers of instruction or services. The agency may contract with qualified providers of instruction and services related to the program.

Adam Jones  
Chief Operating Officer

November 5, 2008  
Effective Date

**Documents:**

Physical Fitness Readiness Questionnaire  
Release of Liability

**EMPLOYEE WELLNESS PROGRAM  
PHYSICAL ACTIVITY READINESS QUESTIONNAIRE**

Employee Name: \_\_\_\_\_

This questionnaire will help you determine if you should seek medical advice regarding the types and intensity of physical activity most suitable for you. To be eligible during the next 12 months to engage in physical activity at any agency facility or to participate in any agency sponsored employee wellness program event, activity, or service that involves physical activity, a signed Employee Wellness Program Physical Activity Participation Agreement (Release of Liability) must be submitted to Administration. This questionnaire will help you to complete that document. Please maintain it for your own records.

**Section A**

Anyone with one or more of any of the following four conditions should seek medical advice before engaging in physical activity at the agency:

1. Chest discomfort with exertion or existing heart disease;
2. Unusual shortness of breath;
3. Dizziness, fainting, blackouts; or
4. Any other medical problem that prevents you from safely participating in physical activity.

If you answered "yes" to any of the conditions listed above, STOP HERE and contact your primary care provider for an evaluation as he/she deems necessary before participating in a worksite physical activity, and then complete Part C below. If the answer is "no," proceed to Part B below.

**Section B**

Anyone with two or more of any of the eight following risk factors should seek medical advice before engaging in physical activity at the agency:

1. Physically inactive; that is, you have not participated in physical activities of at least a moderate level (i.e., that caused light sweating and slight-to-moderate increases in breathing or heart rate) for at least 30 minutes per session and for at least three days per week for at least three months;
2. Cigarette smoker;
3. Diabetes;
4. High blood pressure that is not controlled;
5. A cholesterol problem that is not controlled;
6. Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65);
7. Abdominal circumference greater than 40 inches for males or greater than 35 inches for females;
8. Age greater than 45 years for males or greater than 55 years for females.

If you have two or more of the risk factors listed in Part B above, contact your primary care provider for an evaluation as he/she deems necessary before participating in worksite physical activity, and then complete Part C below. If the answer is "no," proceed to Part C below.

**Section C**

Please initial the response below that applies and maintain for your personal records:

\_\_\_\_\_ My doctor has advised me regarding the type and intensity of physical activity that would be appropriate for me.

\_\_\_\_\_ I do not have any of the medical problems described in Part A above, nor do I have two or more of the risk factors described in Part B above.

**EMPLOYEE WELLNESS PROGRAM  
PHYSICAL ACTIVITY PARTICIPATION AGREEMENT**

**I desire to voluntarily participate in any agency sponsored employee wellness program event, activity, or service that involves physical activity and/or use the facilities and equipment provided by the State of Texas, through the agency for the purpose of personal physical activity. In consideration of the right and privilege of being permitted to participate in any of the events, activities, and services and/or to have access to and the use of said facilities and equipment:**

*(Initial next to each statement below)*

\_\_\_\_\_ I agree to the conditions set forth herein and acknowledge that the voluntary participation in the aforementioned programs and/or access to and use of facilities and equipment is not a condition of employment, is not related to my employment and therefore, my participation in the aforesaid programs and/or use of facilities and equipment, should any injury occur, will not be covered by worker's compensation.

\_\_\_\_\_ I acknowledge that I am fully aware that there are risks for certain individuals participating in activities involving physical exertion.

\_\_\_\_\_ I affirmatively acknowledge that I have completed the Employee Wellness Program Physical Activity Readiness Questionnaire provided by the agency. If necessary, I have obtained independent medical approval prior to participating in these programs and/or using these facilities and equipment for any activities involving physical exertion. I have no knowledge of any physical condition or disease, which would preclude my participation in these programs, and/or use of these facilities or equipment.

\_\_\_\_\_ If I become aware by any means whatsoever of any medical problem, physical condition, risk indicator, or disease, which would preclude my participation in these programs, and/or use of these facilities or equipment, I specifically agree to withdraw from the programs and/or discontinue use of these facilities and equipment.

\_\_\_\_\_ I agree to notify the agency Risk Manager or Administration staff if I detect any hazards or defects in any of the facilities or equipment to which I am allowed access for these activities.

\_\_\_\_\_ I agree to comply with policies, procedures and guidelines and any directions from Administration when participating in physical activity programs or using facilities and equipment made available for that purpose.

\_\_\_\_\_ I agree to accept full responsibility and hold the, employees, and the State of Texas harmless for any injuries sustained while participating in any physical activity program, including instruction or assistance regarding equipment use or physical activity, or using facilities and/or equipment made available for that purpose.

\_\_\_\_\_ I understand that if I violate this agreement I may be denied the opportunity to participate in physical activity programs and/or access to and use of facilities and equipment. In executing the foregoing, I acknowledge and affirm that I have carefully read the same and have obtained a satisfactory explanation of any part thereof that I do not understand.

Printed Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OP 07-44 – WORKSITE WELLNESS COMMITTEE

1. **Purpose.** To establish a committee that works with agency senior staff in conjunction with or based on recommendations from the Statewide Worksite Wellness Advisory Council and the Statewide Worksite Wellness Coordinator with a primary focus on instituting and managing a Worksite Wellness Program at the agency.
2. **Scope.** This procedure applies to all employees of TEA. A Wellness Committee may work to:
  - a. Increase employee interest in worksite wellness;
  - b. Develop and implement policies to improve agency infrastructure to allow for increased worksite wellness;
  - c. Involve employees in worksite wellness programs, goals, and challenges.
3. **Responsibility.** The Department of Health and Safety is the office of primary responsibility (OPR) for this procedure.
4. **Nondiscrimination.** TEA shall comply fully with the nondiscrimination provisions of all federal and state laws and regulations by assuring that no person shall be excluded from consideration for selection, appointment, training, promotion, retention, or any other covered personnel action, nor be denied any benefits or participation in any educational programs or activities which it operates, on the grounds of race, religion, color, national origin, sex, disability, age, or veteran status (except where age or sex constitutes a bona fide occupational qualification necessary for proper and efficient administration).
5. **General.** Section 664.060 of the Government Code indicates that a state agency may facilitate the development of a wellness committee to promote wellness in the agency, and may allow its employees to participate in wellness committee activities. Membership on the Worksite Wellness Committee is open to all full-time employees. The Committee is ideally comprised of 8-15 employees of TEA who have been elected by standing members of the committee, but may expand with sub-committees for specific projects or tasks. The Associate Commissioner of the Department of Health and Safety, or their designees, serves as senior advisor for and ex-officio member of the committee.
6. **Primary Objectives of the Wellness Committee.**
  - a. Evaluate, develop and implement agency policies to improve agency infrastructure to allow for increased worksite wellness.
  - b. Develop, promote, and implement worksite wellness activities at the agency to encourage and facilitate organizational and individual wellness among agency staff.
  - c. Assess employee needs and preferences and promote employee interest in a range of opportunities provided to facilitate increased levels of health and physical fitness.
  - d. Annually identify best practices for worksite wellness in the agency and report the practices to the Worksite Wellness Advisory board.
  - e. Maintain a culture of wellness at the agency that incorporates strong agency and peer support and advocacy for program participants.

7. **Procedures.** The Operating Rules of Worksite Wellness Committee further specify details regarding the internal organization of the committee including, but not limited to, the solicitation and selection of new members, elections, officers, and participation in committee activities. All employees of TEA are eligible for appointment to the committee and are nominated for appointment based on past program participation and recommendation and approval by existing members.
8. **Meeting Attendance and Participation in Activities.**
  - a. The Worksite Wellness Committee meets twice a month, with subcommittee and special interim meetings as needed. Meetings are held for approximately one hour.
  - b. Members are required to participate in a minimum of twelve meetings during each calendar year. Activities include work on subcommittees and assistance with Wellness Program activities and events. Participation in TEA Wellness sponsored events is required.
9. **Member Duties.**
  - a. Chairperson Duties:
    - (1) Compose agendas (with input from committee members)
    - (2) Schedule meetings (with input from committee members)
    - (3) Conduct meetings
    - (4) Organize and monitor tasks and assignments of committee members to ensure goals of the committee are met
    - (5) Develop understanding of wellness and the resources that may be used to most effectively promote wellness at the worksite
    - (6) Lead and participate in Worksite Wellness Program activities
    - (6) Coordinate with a senior advisor and senior management as needed
    - (7) Serve as the wellness liaison between the agency and the statewide wellness coordinator
  - b. Wellness Committee Member Duties:
    - (1) Attend committee meetings
    - (2) Participate in Worksite Wellness Program activities and events as needed
    - (3) Participate in wellness program planning and development activities
    - (4) Participate in subcommittee activities as assigned
    - (5) Develop understanding of wellness and the resources that may be used to most effectively develop wellness at the worksite
    - (6) A secretary will be selected/elected from the committee members. His/her responsibilities will include keeping minutes of the meetings. He/she will keep a record of these minutes. These records will be passed on to a new secretary as needed.

10. **Use of Agency Resources.** The use of existing agency resources is authorized to support the Worksite Wellness Committee function and the Worksite Wellness Program.

11. **Use of Time.** The time an employee uses to attend Worksite Wellness Committee meetings and some Worksite Wellness Program activities is considered agency time. Involvement in Worksite Wellness Committee at times may require a commitment not to exceed eight hours per month for special projects and/or events.

Adam Jones  
Chief Operating Officer

October 24, 2008  
Effective Date