

# UNITED STATES MARINE CORPS MARINE CORPS INSTALLATIONS COMMAND 3000 MARINE CORPS PENTAGON WASHINGTON, DC 20350-3000

IN REPLY REFER TO: 5100 SAFETY MAY 2 3 2019

#### MARINE CORPS INSTALLATIONS COMMAND POLICY LETTER 3-19

From: Commander

To: Distribution List

Subj: MARINE CORPS INSTALLATIONS COMMAND HEALTH AND WELLNESS PROGRAM

Ref: (a) DoD Directive 1010.10, "Health Promotion and Disease/Injury Prevention," August 22, 2003

(b) DoDI 1010.10, "Health Promotion and Disease Prevention," April 28, 2014

(c) OPNAVINST 6100.2A, "Health and Wellness Promotion Program," March 15, 2007

(d) DoN CHRM, Subchapter 792.4, "Work/Life Program"

(e) MCO 1700.29 Semper Fit Fitness and Health Promotion Policy

(f) National Prevention, Health Promotion and Public Health Council, "National Prevention Strategy" July 1, 2014

(g) Office of Disease Prevention and Health Promotion: Healthy People Guidelines, www.healthypeople.gov

(h) OPM Work/Life Handbook

(i) Health Insurance Portability and Accountability Act of 1996 (P.L. 104-91 5 U.S.C. 6122)

Encl: (1) Program Guidelines for Participation

- (2) Health and Wellness Program Agreement
- (3) Physician's Clearance Form
- 1. <u>Purpose</u>. To establish a voluntary Health and Wellness Program (HWP) in accordance with the references in order to encourage healthy lifestyles, increase productivity, reduce sick leave, and yield benefits for both the participants and the Marine Corps.
- 2. Cancellation. MCICOM Policy Letter 2-17.
- 3. <u>Background</u>. The references promote and allow MCICOM civilian personnel the opportunity to improve health through wellness activities during the workday. As key representatives of the Marine Corps, health and wellness are emphasized and encouraged for all civilian members of the Command. Extensive research has proven that improving health is as easy as making small adjustments and improvements in the activities of daily life. Additionally, research identifies that the cost of lost productivity due to poor health may be as much as three times the direct medical and disability costs. Healthy living and fitness foster physical and emotional well-being, improve physical and mental fitness, enhance quality of life, improve quality of work, and increase productivity. The Department of Navy, USMC, and MCICOM support participation in individual wellness programs.

#### 4. Policy

- a. The MCICOM HWP will maximize individual performance by encouraging and supporting health through the promotion of wellness. Fitness and exercise sessions will stress aerobic activity, but a well-balanced program including flexibility and muscular strength conditioning is strongly encouraged.
- b. The program may include, but not be limited to, specific activities such as: walking, use of workplace facilities, stretching/flexibility classes, sports days, strength training, nutritional awareness, lifestyle and stress management, and education on safe participation in fitness and other general recreational events (enclosure (1)).
- c. Each employee's agreement (enclosure (2)) for program participation will be valid for up to one year or until the employee's supervisor changes, whichever comes first. It is the employee's responsibility to obtain their supervisor's approval prior to participation in the program, and to ensure that their participation agreement is valid.
- d. Participation is not an entitlement and is contingent on the approval of first-level supervisors.
- e. Participation in the program will not take precedence over the individual's work responsibilities or the Command's mission. Supervisors will be responsible for establishing employee participation schedules, adjusting pre-established schedules when necessary due to mission requirements, and accounting for the employee's time in the Standard Labor Data Collection and Distribution Application (SLDCADA).
- f. No more than 59 minutes of excused time may be granted in a single day and no more than three hours may be granted per week for this program. Unused time may not be accumulated nor carried over into another week.
- g. Contingent upon their supervisor's approval, participants may combine approved administrative time for wellness and fitness with the meal period.
- h. Employees participating in the Civilian Health and Wellness program are required to annotate time spent conducting physical exercise/class participation on their time sheet. The employee will use THC code "LN" with EHZ code "PF" for Administrative Leave to account for time spent investing in his/her health away from the office.
- i. Excused time includes any travel to and from the exercise location and time used for personal grooming needs before and after exercise. No additional time will be granted for these purposes, except as specified in paragraph 4.g. above.
- j. Participant's absence from the workplace for fitness must be scheduled with and approved by the supervisor. Supervisors will work with individuals to determine the feasibility and extent of an employee's participation.
- k. If an individual engages in the program to exercise in the morning during work hours, they must report to work prior to commencing exercise. If the individual exercises before the end of their shift, they must report back to work before departing for the day. If an individual exercises in

conjunction with lunch, they must return to work dressed and ready to report within the allotted time.

- 1. Employees may not perform work in exercise attire before or after any exercise period.
- m. Individuals may use fitness facilities at the Pentagon; the Naval Support Facility, Arlington; or the Kansas City Information Technology Center. Use of private commercial fitness facilities off premises is not authorized during the individual's workday. If individuals choose to run, bike, or walk on roads and/or trails, they must comply with local regulations. Any associated costs will be paid in full by the individual.
- n. Each participant takes full responsibility to ensure that their physician supports his/her health, wellness and fitness plan to include intensity level and type of activity. Participants MUST obtain their physician's clearance, with any specified limitations to participation, on enclosure (3) before participating in the program.
- o. Approved employees are considered to be in a duty status during the official administrative time used to perform their chosen physical fitness activity(ies).
- p. Employee participation is voluntary and should not negatively affect the individual's job performance.
- q. Supervisors will not excuse an individual's absence for exercise on days when the participant is scheduled to earn credit hours or compensatory time. Supervisors may grant a participant credit hours or compensatory time if a mission critical requirement arises after the individual has used his/her scheduled administrative time.
- r. Comments and concerns about the HWP should be brought to the attention of the Program Administrator. The Program Administrator, or a Program representative, will resolve all such concerns with the participant and/or participant's supervisor, as appropriate.
- s. This policy does not, is not intended to, nor may it be relied upon to, create a right of benefit, substantive or procedural, enforceable by law for a party to litigate with the United States.

#### 5. Responsibilities

- a. Directors, Branch Heads, and Supervisors:
  - (1) Familiarize yourself with the contents of this policy.
  - (2) Ensure that employee participation is voluntary.
- (3) Approve and support employee requests for participation using enclosure (2). Retain copies of both enclosures (2) and (3) for each of your subordinates who participates in the program.
- (4) Suspend participation and/or alter schedule when mission requirements dictate.

- (5) Revoke participation privileges for any employee who uses official administrative time for purposes not intended by the program. Such notice of revocation should be provided to the employee in writing.
- (6) Supervisors and employees participating in the HWP are required to review and renew the HWP Agreement, enclosure (2) on an annual basis or upon change of supervisor.

#### b. Director, MCICOM Safety Division:

- (1) Serve as Program Administrator.
- (2) Ensure that this policy complies with current Command guidance and intent.
- (3) Serve as the MCICOM Headquarters lead in resolving issues and concerns pertaining to the HWP.
- (4) Ensure that participants are aware of all available services within the parameters of the program.
- (5) Assist in coordinating logistics for guest speakers (room reservations, materials, etc.) as deemed necessary in support of the program.
- (6) Maintain functionality and accessibility of safety and wellness program website.
  - (7) Oversee distribution of program correspondence to participants.

#### c. MCICOM HWP Participants:

- (1) Obtain acknowledgement/approval to participate in the program from his/her supervisor and physician. Provide a copy of enclosure (3) to your supervisor prior to participation.
- (2) Develop a wellness and fitness plan of choice within the parameters and guidance provided by this policy. Participants are responsible for ensuring that their plan is safe and that they are medically cleared to engage in that activity. Persons not accustomed to a regular routine of aerobic exercise and fitness are cautioned to begin sensibly and slowly.
- (3) Authorized activities shall directly relate to the four physical fitness activities identified and defined by the President's Council on Fitness, Sports, and Nutrition: (1) aerobic, (2) muscle strengthening, (3) bone strengthening, and (4) balance and stretching.
- (a) Aerobic. Aerobic activities require moderate physical effort and include, but are not limited to: brisk walking, jogging, running, cycling, jumping rope, rowing, elliptical machines, swimming, step and other aerobic exercise classes, and continuous action games.
- (b) <u>Muscle Strengthening</u>. Strengthening activities work all of the body's major muscle groups found in key areas of the body legs, hips, back, chest, abdomen, shoulders, and arms. These activities include, but are not limited to: lifting weights, pull-ups, push-ups, sit-ups, and working with resistance bands.

- (c) <u>Bone Strengthening</u>. Bone strengthening activities produce a force on the bones that promotes bone growth and strength. This force is commonly produced by impact with the ground. Bone strengthening activities can also be aerobic and muscle strengthening like running, walking, jumping rope, basketball, volleyball and tennis.
- (d)  $\underline{\text{Balance and Stretching}}$ . These activities could include yoga, Tai Chi, and stretching classes.
- 6. <u>Recommendations</u>. Recommendations for changes or updates to this policy should be addressed to the MCICOM Headquarters HWP Administrator.
- 7. Applicability. This policy applies to all civilian personnel of MCICOM Headquarters.

V. A. COGLIANESE

DISTRIBUTION: A

#### PROGRAM GUIDELINES FOR PARTICIPATION

Dear Prospective MCICOM Health and Wellness Program (HWP) Participant,

Thank you for your interest in the MCICOM HWP which is guided by the MCICOM Policy 3-19. Studies show that improved overall health improves morale, productivity at work and home, and reduces stress and stress-related illness while having a positive impact on potential development of chronic diseases.

The Commander has authorized 59 minutes of administrative time, three times per week to encourage participation in health, wellness and physical fitness activities. Participation in this program is voluntary. The use of this administrative time for anything other than utilizing on-site facilities for exercise or attending health and fitness related classes/services is not be permitted. Upon acknowledgement/approval from your supervisor, you will be authorized to participate in the MCICOM HWP.

Health education/training courses such as nutrition, stress management, health management, cardiovascular disease risks, diabetes management, weight management, smoking education and cessation, and physical activity are considered key elements of this program.

For most people, starting a very basic program is safe; however, a medical clearance is necessary and is particularly important if you have a pre-existing medical condition or are unsure of your medical status. Your physician must grant clearance for your participation in this program by completing enclosure (3).

To your health,

Participant's Supervisor

### MCICOM HEALTH AND WELLNESS PROGRAM AGREEMENT

| I,                                                                                             | , desire to voluntarily                                                                                                                                               |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I,                                                                                             | verned by MCICOM Policy 3-19.                                                                                                                                         |
|                                                                                                | n uses official work time to allow                                                                                                                                    |
| I understand that participation be within the confines as stated in                            | on in this program during the workday must Section 4.m. of this policy.                                                                                               |
|                                                                                                | ized to use up to three 59 minute periods estand that any unused time during the day arried over to another day or week.                                              |
| I understand that participation acknowledged/approved by my supervis                           |                                                                                                                                                                       |
|                                                                                                | s not guaranteed, is subject to essential time may be adjusted at my supervisor's                                                                                     |
| I understand participation in to arrive late or depart early from                              | this program does not give me permission my workplace.                                                                                                                |
| I understand that I MUST gain own health in order to participate responsibility to coordinate. | my physician's clearance in support of my in the HWP and that this is my                                                                                              |
| agree to hold harmless and release t<br>United States Navy of all claims and                   | ation in this program is voluntary, and I the United States Marine Corps and the d demands resulting from any loss, damage, may arise due to my participation in this |
| Requesting Participant's Signature:                                                            | Date:                                                                                                                                                                 |
| Approving Supervisor's Signature:                                                              | Date:                                                                                                                                                                 |

## PHYSICIAN'S CLEARANCE FORM

| has medical clearance to                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient's name                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| participate in a workplace Health and Wellness Program (HWP) with the Marine Corps Installations Command (MCICOM). Participation in the program may include mild to moderate intensity exercise, may be conducted individually of in a group, and may be either supervised or unsupervised. Program participation is voluntary, allowing the participant to stop and rest at any time he/she desires in addition to identifying activities in which to participate. |
| The patient named above is cleared for participation in the HWP with these restrictions or if participation is advised without restrictions, so state:                                                                                                                                                                                                                                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Physician's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Physician's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                               |