



FCMC Employee Wellness Guide

A healthier you for a healthier “us”.



Wellness Staff Contacts

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Employee Wellness Program

The FCMC employee wellness program began August 1, 2008. It is both a self-directed and instantaneous rewards program. This program is meant to focus on the well-being of your mental, emotional, spiritual and physical health. Our mission is to foster a positive environment that allows you to focus on your whole self by raising awareness, educating, fostering skill-building, having group activities, and creating a supportive work environment. Please feel free to contact a member of the Wellness Staff with any questions or concerns and don't forget to find FCMC Employee Health and Wellness on Facebook!

Don't forget to fill out pages 8, 9 and 10 of this booklet and return to Michelle Baker in the front lobby.

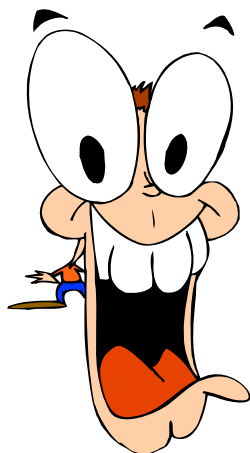


Since this is both a self directed and instantaneous rewards program you will not only be immediately rewarded with bucks for participating in or attending wellness events, you also have a responsibility to keep track of your own healthy habits. Please find the points tracking sheet on the intranet under Employee Wellness Program (located on the left hand side)> Shared Documents, on your computer desktop, or get a hard copy at Michelle Baker's kiosk. Points can be turned in electronically to mbaker@fcmcpa.org, or by printing it and either taking it to Michelle Baker in the front lobby or sending it by intercampus mail.

Prizes



...AND MORE!!



You mean a little bit of exercise and stress relief and I can earn a day off?!?!?



Before you start earning...

Let's get oriented!

First and foremost, when participating in a wellness or exercise program you should always consult with your doctor first. The great thing about FCMC Wellness Program is that you can choose your activity type and level so there is a way for everyone to earn points!

Once you've consulted with your doctor and turned in your registration you're ready to begin the FCMC Wellness Program.

There are two areas available for employee exercise: Cardiac Rehab and Physical Therapy weight lifting equipment.

RULES FOR USE OF CARDIAC AND PHYSICAL THERAPY EXERCISE EQUIPMENT

The Cardiac Rehab is available to employees and immediate family members (spouse and dependent children 12 years and older). The weight lifting equipment in Physical Therapy is available to **employees only**.

HOURS OF OPERATION After service hours on weekdays (generally from 5pm—6am) and anytime on weekends. Please note that if patient services are being provided in these areas during these time frames, the equipment will not be available for use by employees or family members. These hours are subject to change.

ORIENTATION TO THE EQUIPMENT You may not use any of the equipment until you have been properly trained and oriented to the program and the equipment. Contact Kim Harnish or Patti Hess at 6149 for Cardiac Rehab, and contact anyone in Physical Therapy for an orientation of their equipment at 6400. Feel free to contact Cathy Snyder (6166), Allison Fraker (6390), Misty Hershey (6115) or Michelle Baker (2882) to arrange an orientation of the equipment for you.

*I understand that the weight limit for the treadmill and the elliptical machines are 300 pounds and I agree not to use these two machines if I exceed this limit.

SIGN IN You must sign in and out every time. Log is located on the cardiac rehab counter.

SECURITY Security cameras located outside the Rehab entry doors will record entry and exit to the Rehab Services area. Exterior Rehab Services doors should remain closed. Maintenance staff may conduct routine rounds inside the Rehab Services area during the hours of operation.

IN CASE OF INJURY REPORT TO THE EMERGENCY ROOM.

EQUIPMENT DAMAGE OR BREAKDOWN Report any malfunction to the Maintenance department immediately so that repairs may be made to allow for Rehab Services the next day. **CALL MAINTENANCE AT 6290. DOCUMENT THE PROBLEM IN THE COMMENT SECTION ON THE SIGN IN LOG.**

SANITATION Wipes are available for sanitation of the equipment following your use. Please be mindful of staff coming in to use the equipment after you and wipe contact surfaces with a sanitary wipe.

****USE OF THE EQUIPMENT OTHER THAN THE WEIGHT MACHINE LOCATED ON THE PHYSICAL THERAPY SIDE OF THE REHAB DEPARTMENT IS PROHIBITED.**

*****IF YOU FAIL TO ABIDE BY THESE RULES, YOU WILL LOSE YOUR PERMISSION TO USE THE FACILITIES.**

ORIENTATION TO THE PROGRAM

I understand that:

If service hours are changed or the area is in use for patient services, I must leave and return at another time. I understand that I may be asked to leave at any time.

I understand that children under the age of 12 are not allowed to participate. If I bring my child between the ages of 12 and 18, I will provide ONE-ON-ONE supervision for the child.

I may not leave my work area during my working shift to use the equipment. I must use the equipment only during my non-work hours and only during the operating hours of the program, which may be subject to change depending on the needs of the Medical Center.

I must complete the sign in log every time I use the equipment.

I am not responsible if the equipment that I am using is damaged or breaks down through no fault of my own. However, I must report any malfunction to the Maintenance department immediately and document the problem on the sign-in log so that repairs may be made to allow for Rehab Services the next day.

I must report to the Emergency Room if I am injured.

I must use sanitary wipes provided to wipe contact surfaces of the equipment after each use.

I have read and I understand the "Rules for Use of Cardiac and Physical Therapy Exercise Equipment". I agree to abide by these rules in order to participate in the program.

Physical Therapy Equipment Sign-off

_____ (Employee Name)

has completed the needed orientation to use the
Physical Therapy weight lifting equipment.

Trainer's Name

Date

Cardiac Rehab Equipment Sign-off

I have completed the equipment competency training that has been provided by Cardiac Rehab or a trained member of the Wellness Committee. I understand that the weight limit for the treadmill and the elliptical machines are 300 pounds and I agree not to use these two machines if I exceed this limit.

Trainer's Name

Date

Employee Name (printed)

Employee Signature

Date



WAIVER OF LIABILITY

I, _____, (print name) have voluntarily enrolled in the FCMC Wellness Program. As a component of the FCMC Wellness Program, FCMC offers the use of equipment located in its rehabilitation gym to enhance and improve physical health. Use of this equipment is NOT required to participate in the FCMC Wellness Program. Use of the equipment requires that I be trained in the use of all equipment by qualified rehab staff, and that I must log each use of the equipment by date, time in and time out.

I hereby affirm that I am in acceptable physical condition and do not suffer from any illness or disability that would prevent or limit my participation in the Wellness Program or that I have obtained the approval of my physician to participate in the Wellness Program.

In consideration of my participation in the Wellness Program, I, for myself, my heirs and assigns, hereby release Fulton County Medical Center, its employees and board members from any claims, demands and causes of action arising from my participation in the Wellness Program. I fully understand that I may injure myself as a result of my participation in the Wellness Program and I hereby release Fulton County Medical Center from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back, foot injuries and any other illness, soreness or injury however causes occurring during or after my participation in the Wellness Program.

I hereby affirm that I have read and fully understand the above. By my signature, I acknowledge my awareness of the risks associated with the Wellness Program and my choice to participate therein.

Signature

Date

Signature of Parent (if participant is under 18 years of age)

*Signature of parent or guardian is required if participant is less than 18 years of age.

“Our mission is to promote whole self wellness for our employees by providing a range of different activities that encourage healthy habits to be translated from the workplace to home.”



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