

**Reedsburg Area Medical Center
Employee HEALTH & Fitness Program**

Rules for Use of Exercise Area

- PARTICIPATION** All employees are eligible to participate in the Employee Fitness Programs. This includes employees at RAMC, RASLC, Physicians Group, and Specialty Group. Others that are also eligible include:
- Employee spouses
 - Employee dependents that are 18-26 years old and on the RAMC health insurance
 - Volunteers – as verified by Volunteer Director – on hold due to COVID
 - Physicians and their spouses
 - Board members and their spouses
 - Active Contract staff – as verified by HR
 - Specialty Center Tenants
 - HEALTH 4 U participants
- TRAINING / ORIENTATION** Before using the equipment in Cardiac rehab, each participant is **REQUIRED TO ATTEND** an orientation. Contact Jason at extension 6252 or by email, jnoble@ramchealth.org to pre-register for an orientation. Following orientation, please hand in orientation checklist and other required forms listed below.
- CONSENT** Prior to using the equipment, each participant must sign and hand in the Waiver Release and Indemnity Agreement form, the Acknowledgment of Program Rules and Emergency Situations form, and complete the PAR Q and You. If the participant answers 'yes' to one or more of the questions on the PAR Q & You, then a medical release form must be signed by a physician/practitioner and handed in before participating in physical activity.
Annual update: These forms are to be updated yearly, or sooner, if there is a significant health change.
- BADGES/ ENTRANCE** Employees who have completed the orientation and the consents/other forms will then be able to access the Cardiac area using their badge. All others will need to have their photo taken – usually at the time of orientation – for a badge that will give access to the area.
Each participant must use their badge to access the Cardiac area each time they enter. This includes if the door is open. This will allow us to track who is using the area and at what times of day. If you come with a buddy, each person should scan their card when entering. Use of master keys to enter this area is prohibited.
- Non-employees are to use the main hospital entrance when entering the facility during posted hours and will need to be screened, if this is in place at the time. (COVID Infection Control Practices) (see below)
- MASKS** Masks are required for everyone in the facility and a mask must be worn while exercising. Each person is to maintain a 6 foot distance at a minimum.

MONITOR SYMPTOMS

Each person must do self-monitoring of symptoms prior to coming into use the fitness space.

List of Symptoms

- Fever 100 degrees or greater
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion (stuffed up nose) or runny nose
- Nausea or vomiting
- Diarrhea

HOURS In Cardiac/Wellness Center

EMPLOYEES (RAMC, RASLC, Physicians Group, Specialty Group), PHYSICIANS, Contract Staff, Specialty Center Tenants

See hours for use posted online at:

<https://www.signupgenius.com/go/904084aafaa23a4f94-cardiac>

A link for this website is available on the Bulletin Board under the Fitness & Wellness button.



***Patient care takes precedence over fitness hours. These hours may change as the department's needs or patient needs change. COVID cases in the community may also result in a change to access the fitness area.*

GROUP EXERCISE CLASSES

Those that are eligible for use of the Cardiac Wellness area can also attend group exercise classes. These are usually held Monday through Friday in the lower level of the Specialty Center. See schedule on the Fitness bulletin boards and on the RAMC website under healthy employees for specific dates, times, and class descriptions. These are subject to change.

When attending class, you will be required to sign in, include your badge ID, and wear a mask during the class. If you are not an employee and have a badge for use of the Cardiac area, we recommend that you have your badge with you for classes.

Shoes or socks are required for ALL group classes – NO bare feet. Absolutely, NO street shoes on the rubber floor in the Group Exercise room. Bring exercise shoes with you; leave them in a rented locker; or in a plastic shoebox provided.

FEES

	Group Exercise Fees	Wellness Center Fees
RAMC and RASLC Employees, Spouses, Volunteers, Board Members, Approved Dependents, and Physicians	Fees are waived – except locker rental is \$5.00/yr.	Fees are waived
Contract Staff Tenants of the Specialty Center	\$20/month, locker \$5/month Includes unlimited group fitness classes at RAMC and use of the Wellness Center during fitness hours. <i>Fees are due the 1st day of the month paid to Jason.</i>	
Replacement badges – for all	\$15.00	

MUSIC/TV's

The Cardiac Area has TV's available. Consideration of others in regards to volume should be used. It is recommended that members bring their own music devices. Please keep TV's on one station and at a reasonable volume.

VISITORS

Only **active** members of the fitness program are allowed in the exercise areas during the posted program hours and after signing up online. It is recommended that you exercise with a "buddy" for your safety. Rehab staff will not be present to monitor exercise. **Absolutely no children or visitors** are allowed in the area during exercise times.

CLEAN-UP

The exercise area should be left clean and orderly after member use. To prevent the spread of germs:

1. Rub alcohol hand sanitizer on your hands or wash your hands before and after your workout, for 20 seconds or until dry.
2. Use disinfectant towelettes to wipe off all parts of the equipment your body touched after use of each piece of equipment. Examples: seat, seat adjustment handle, handles, display panel.
 - Wear gloves when handling the disinfectant towelettes to protect your hands.
 - If you do not wear gloves, you must wash your hands to remove the disinfectant from your skin.
3. Place "Clean & Ready to Use" card on equipment after cleaning it. Equipment without a "Clean" card is assumed to be "dirty" and should be cleaned prior to use.

We strongly encourage you to bring separate shoes to exercise in so dirt and salt are not tracked into the department. If the equipment does get dirty from your shoes, please clean off the equipment with a damp paper towel. If you are the last person exercising turn off the equipment, TV's, fan and lights when leaving.

- ETIQUETTE** Members are asked to be considerate of other members when using the equipment. If someone is waiting to use a piece of equipment please limit use to 20 minutes.
- CLOTHING** Shoes and shirts are required in the facility and clothing should be in good taste. Shoes must be clean prior to the use of equipment. Appropriate workout attire and athletic shoes are recommended.
- BREAKDOWN** If at any time during your use of equipment, or if you come upon equipment that is not working properly, you are asked to label the equipment with an “Out of Order” slip. Please leave a note on the Cardiac Rehab desk with the exact problem you encountered.

***This facility is available for member’s enjoyment. Please treat it with care and respect.**

Reviewed	1212	1/2018	1/2019	
Revised	0411	0115	7/2019	11/2020

**Reedsburg Area Medical Center
Employee HEALTH & Fitness Program**

Emergency Situations

1. If you or another person need immediate help due to a medical problem while exercising, please dial “0” and tell the staff answering the phone to page a “ALERT CODE BLUE+LOCATION” for the area you are exercising in.

2. If you witness a fire in the area while you are exercising or on your way in or out of the building, please dial “0” and tell the staff answering the phone to page a “ALERT FIRE+LOCATION” for the area in which the fire was noted. (ALWAYS leave the immediate area of the fire, closing the door behind you and then find the nearest phone or report to the lobby reception area or to the ER area, to report the fire.)

3. If you hear a page for an “ALERT CODE BLUE” in another area, you may continue to exercise. If you hear a page for an “ALERT FIRE” use the stairs ONLY (not the elevators), report to the lobby area or the ER. You will then be instructed to leave the building through the safest exit.

Reviewed
Revised

1212
0411

1/2018
0115

1/2019
7/2019

11/2020

**Reedsburg Area Medical Center
Employee HEALTH & Fitness Program**

Acknowledgement of Program Rules and Emergency Situations

Signature at the bottom indicates that I agree to the following:

- I have attended an orientation to the Wellness/Cardiac area.
- I have read, understand and agree to follow the RAMC Employee Fitness Program “Rules of use of Exercise Area”
- I have read, understand and agree to follow RAMC “Emergency Situations”
- I will abide by any policies posted in the exercise areas.
- I understand that any violation of these rules or any behavior deemed abusive or unsafe may result in termination of my participation in the Employee Fitness Program and use of the equipment and space.
- I understand the purpose for these regulations is to provide a safe, fair and enjoyable environment for all program participants.

Participant Signature

Date

Signature of Cardiac/Fitness Staff

Reviewed	1212	1/2018	1/2019	11/2020
Revised	0411	0115	7/2019	

Name: _____ Phone #: _____
Email: _____ ID #: _____

Group Ex
Wellness Center
Both



REEDSBURG AREA MEDICAL CENTER
Excellence in Health and Fitness Program
(Cardiac Rehab Wellness Center and the Group Exercise Room)

WAIVER, RELEASE, AND INDEMNITY AGREEMENT

I, the undersigned, acknowledge the inherent risks involved when using any type of fitness equipment in the Reedsburg Area Medical Center Cardiac Rehab Wellness Center and the Group Exercise Room. Accordingly, as consideration in exchange for being allowed to participate in any activities in the Excellence in Health and Fitness Program, I agree to the following:

1. I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, which may include permanent disability and even death, and severe social and economic losses which might result not only from my actions, but also from the action, inaction, or negligence of others, or the condition of the premises, or any equipment used, and further that there may be risks not known to me or not reasonably foreseeable. I expressly assume all risks of injury, including death, which may occur in connection with my participation in and use of the Cardiac Rehab Wellness Center and the Group Exercise Room
2. I agree that prior to participating in any activity at the Cardiac Rehab Wellness Center and the Group Exercise Room, I will inspect the area and all equipment to be used, and if, through my inspection, I determine that anything related to that activity is unsafe, I will immediately advise the staff of this unsafe condition and will not participate until this condition is corrected.
3. I have been instructed in the proper use of the exercise equipment that is available for my use by attending an exercise equipment orientation.
4. I have completed the Par-Q & You questionnaire, signed and dated the form and will obtain a physicians order if I have answered "yes" to any of the items. I have been given a copy of the Par-Q to keep for my records and agree to follow the guidelines.
5. I agree to assume all the foregoing risks and accept full responsibility for my own damages following an injury, permanent disability, or death.
6. I release, waive, discharge, and agree not to sue the Reedsburg Area Medical Center, and any subsidiaries and all its respective agents, affiliates, associates, officers, directors, and employees (collectively "Releasees") from demands, losses, or damages on account of any bodily injury, death or property damage caused or alleged to be caused in whole or in part by Releasees or any other party's actions, inactions, or otherwise. I also agree to indemnify Releasees from any and all third party claims caused in whole or in part by my actions.
7. I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me as Reedsburg Area Medical Center may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency.
8. I expressly agree that the terms of release and indemnity contained herein are intended to be as broad and inclusive as is permitted by the laws of the State of Wisconsin. Any provision or portion of this Waiver, Release, and Indemnity Agreement found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The offending provision or portion shall be construed to the maximum extent possible to confer upon the parties the benefits intended thereby. Said

provisions or portion, as well as the remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

I have read the above Waiver, Release, and Indemnity Agreement and understand that by signing below, I have given up substantial rights.

Dated: _____ By: _____
(Signature)

(Print Name)

-
- Employee in _____ department.
 - Active volunteer in _____ department.
 - Spouse of:
 - Employee _____ in _____ department.
 - Physician _____
 - Board Member _____
 - Dependent 18 -26 years of age on the RAMC health insurance of _____ in _____ department.
 - Active Contract staff in _____ department
 - Specialty Center Tenant with _____
 - HEALTH 4 U Participant

If you agree to the following options, please initial the boxes below.

➤ **ALL**

____ I would like to be notified via Black Board Connect about Fitness Program updates such as; group fitness class changes and cancellations. Phone: _____, text: _____ email: _____

____ I would like to be notified via email for various H.E.A.L.T.H. Incentive Program updates. (Monthly Health Topics, Organized Events, Contests & Challenges and other ways to earn points)

Please clearly print your email address here: _____

____ I DO NOT want to be notified on Black Board Connect.

Please answer the following 7 questions on the Par-Q, sign and date. If you answer yes to one or more of the following questions then you also need to have your physician or practitioner fill out the Medical Release for Fitness Participation on the back and turn it into the Health and Fitness Coordinator prior to participation.

Thank You!

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PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.

- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



Name: _____

DOB: _____

Physician: _____ at _____ facility

**Reedsburg Area Medical Center
Excellence in Health and Fitness Program**

Medical Release for Fitness Participation

I certify that _____ is able to participate in Reedsburg Area Medical Center's Excellence in Health and Fitness Program, which includes aerobic exercise (stationary bike, resistive arm bike, treadmill, and walking) and resistance training (free weights, and elastic resistance tubing). Several risk factors have been considered in deciding whether to allow this individual to exercise strenuously without medical supervision including hypercholesterolemia, heart disease or heart abnormalities, hypertension, medications, pregnancy, previous stroke, and other conditions which may affect safety during exercise. Where necessary, appropriate stress and laboratory testing have been conducted. Based on the considerations discussed above **(check one)**:

___ I recommend that the person named above ***should not*** participate in RAMC's Excellence in Health and Fitness Program.

___ I have found the person named above to be at sufficiently low risk for participation in RAMC's Excellence in Health and Fitness Program and can therefore participate with no restrictions.

___ I recommend the person named above participate in RAMC's Excellence in Health and Fitness Program only if the following restrictions are complied with during this individual's exercise program. I understand the above individual will be solely responsible for monitoring and following these restrictions. _____

Physician Signature

Date

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