

Health for Life

Healthy Workplace

Award



Company Name: _____

Company Address: _____

Company Contact Person: _____

Phone Number: _____

Fax Number: _____

Email: _____

No. of Employees: Full Time _____ Part Time _____ Total _____

Who is responsible in your workplace for implementing wellness initiatives (i.e. Health & Safety, workplace wellness, committee, management)?

Mail or fax this form
before December 7, 2007 to:

Health for Life - Healthy Workplace Award c/o HKPR District Health Unit
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone: (705) 324-3569 Fax: (705) 324-0455

Be Recognized For Your Workplace Health Efforts!

Health & Safety

1.

Please indicate the Health & Safety topics your workplace addressed in the specified time period.

Check all that apply.

- Air quality
- Emergency systems
- Ergonomics
- First aid training
- New employee orientation
- Noise level
- Pandemic/emergency planning
- Personal safety
- Physical demands
- Safe food handling
- Safe lifting
- Special employee needs
- Road safety
- WHMIS*
- Workload/work pace
- Workplace design/lighting
- Violence prevention
- Other: _____

* (Workplace Hazardous Materials Information System)

2.

Please select **one** of the topics listed to the left and describe the strategies used in detail. Note: Samples of activities may be requested during selection process.

Topic: _____

Awareness

- Activities that tie into special days/weeks
- Bulletin board
- Displays/health fair
- Electronic/written messages
- In-house challenges/contests/quizzes
- Newsletter
- Pamphlets
- Pay cheque attachment
- Other: _____

Education/Skill Building

- Presentations/seminars
- Self-help programs
- Training programs
- Workshops
- Other: _____

Environmental & Policy Support

- Introduction of new safety policy
- Opportunities for staff to bring issues to management
- Proper equipment available/supplied
- Regular safety meetings
- Safety manual
- Subsidies for memberships/education programs
- Other: _____

Healthy Lifestyle Practices

1.

Please indicate the Healthy Lifestyle topics your workplace addressed in the specified time period.

Check all that apply.

- Alcohol & drug use
- Cancer
- Dental health
- Diabetes
- Disease prevention
- Family health
- Healthy eating
- Heart health
- Healthy weights
- Hygiene
- Physical activity
- Reproductive health
- Sexual health
- Shift work
- Smoking cessation
- Stress
- Sun/UV exposure
- Other: _____

2.

Please select **one** of the topics listed to the left and describe the strategies used in detail. Note: Samples of activities may be requested during selection process..

Topic: _____

Awareness

- Activities that tie into special days/weeks
- Bulletin board
- Displays/health fair
- Electronic/written messages
- Health Risk Appraisal
- In-house challenges/contests/quizzes
- Newsletter
- Pamphlets
- Pay cheque attachment
- Self-assessment tools
- Other: _____

Education/Skill Building

- Group programs (classes, clubs)
- Presentations/seminars
- Self-help programs
- Training programs
- Workshops
- Other: _____

Environmental & Policy Support

- Employee Assistance Program
- Facilities for heating/refrigerating food
- Flex time to attend programs
- Healthy food choices available
- Physical activity supports (e.g. bike stands, showers, etc.)
- Policy (e.g. healthy eating, physical activity, alcohol)
- Quiet rest area
- Subsidies for memberships/education programs
- Support groups
- Other: _____

Cultural/Social Environment

1.

Please indicate the Cultural/Social topics your workplace addressed in the specified time period.

Check all that apply.

- Balancing work and family
- Benefits
- Conflict resolution
- Discrimination
- Employee satisfaction measures
- Employee training & development
- Fatigue management
- Harassment
- Job definition/evaluation
- Peer communication
- Social atmosphere
- Staff morale
- Staff performance appraisal by Supervisor
- Supervisor performance appraisal by staff
- Violence in the workplace
- Other: _____

2.

Please select **one** of the topics listed to the left and describe the strategies used in detail. Note: Samples of activities may be requested during selection process.

Topic: _____

Awareness

- Activities that tie into special days/weeks
- Bulletin board
- Displays/health fair
- Electronic/written messages
- Health Risk Appraisal
- In-house challenges/contests/quizzes
- Newsletter
- Pamphlets
- Pay cheque attachment
- Self-assessment tools
- Group assessment tools
- Other: _____

Education/Skill Building

- Counseling
- Group programs (classes, clubs)
- Management training
- Presentations/seminars
- Self-help programs
- Training programs
- Workshops
- Other: _____

Environmental & Policy Support

- Employee Assistance Program
- Employee recognition program
- Family friendly workplace policy
- Flexible work hours
- Management/employee relations monitoring
- Staff involvement in decision making
- Subsidies for memberships/education programs
- Support groups
- Workload flexibility
- On-site relaxation program
- Other: _____

The Planning Process

Please check all of the following steps your workplace uses to plan, implement and evaluate your efforts in becoming a healthy workplace. Each question has space provided for you to add additional comments.

Note: Samples of activities may be requested during selection process.

1. What steps do you take in planning your wellness activities? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Consultation with other worksites/community agencies | <input type="checkbox"/> Health interest/needs assessment |
| <input type="checkbox"/> Analyze data and identify themes | <input type="checkbox"/> Feedback session to verify results |
| <input type="checkbox"/> Goals and objectives set | <input type="checkbox"/> Action/work plan developed |
| <input type="checkbox"/> Resources allocated (personnel, finances, etc.) | <input type="checkbox"/> Communications/marketing plan developed |
| <input type="checkbox"/> Evaluation plan established | <input type="checkbox"/> Other (describe) |
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2. How did you gather input about employee needs related to health and wellness?

- | | |
|---|--|
| <input type="checkbox"/> Employee health & safety/interest survey | <input type="checkbox"/> Input gathered from employee meetings |
| <input type="checkbox"/> Suggestion box | <input type="checkbox"/> One-on-one interviews |
| <input type="checkbox"/> Small group discussions | <input type="checkbox"/> Other (describe) |
-
-

3. How did you promote the activities/initiatives of your wellness program?

- | | |
|---|---|
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Bulletin boards |
| <input type="checkbox"/> Intranet | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Staff meetings | <input type="checkbox"/> Memos |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Other (describe) |
-
-

4. How did you assess your wellness activities after they took place?

- | | |
|---|--|
| <input type="checkbox"/> Attendance tracked | <input type="checkbox"/> Review of workplace statistics (e.g. sick time/benefit package use) |
| <input type="checkbox"/> Interviews with participants | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Evaluation/feedback surveys | |
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