Certified Healthy Workplace Application

Department or Office Name: ______________________________________________________

What is the size of your department?
Number of Part-Time Staff _____
Number of Full-Time Staff _____
Number of Part-Time Faculty _____
Number of Full-Time Faculty _____
Number of Student Workers_____

1. LEADERSHIP SUPPORT
   - Department leader regularly participates in and/or encourages participation in wellness-related programs and activities.
   - Department leader is a role model for prioritizing health and work-life balance (e.g. he/she does not send emails while on vacation, takes activity breaks during the workday, etc.).
   - Department leader provides health communications or in-service training to employees at least once every year on holistic wellness topics.
   - Department leader allows flexible work schedules for wellness-related programs, activities, education, and screenings.
   - Department leader allows flexible work schedules to support work-life harmony.
   - Department leader encourages memberships and participation in professional organizations.
   - Departmental leader encourages and allows time for professional development.

2. TOBACCO FREE
   - Department promotes smoking cessation resources available through Gamecocks LiveWell.
   - Department adheres to and promotes the campus Tobacco Free Policy.
   - Other: ________________________________________________________________

3. PHYSICAL WELLNESS
   - A water fountain or hydration station is available to the department.
   - Department provides employees with food preparation and storage facilities.
   - Department provides protected time and dedicated space away from work area for breaks and lunch.
   - Physical activity is explicitly encouraged by features or resources in the work environment (activity breaks, standing work stations).
   - Department encourages employees to attend/participate in Gamecocks LiveWell programs and events, such as State Health Plan screenings, physical activity challenges, wellness coaching, cooking classes, etc.
   - Department encourages employees to pursue some form of physical activity during paid breaks periodically throughout their workday
   - Department encourages management of chronic health conditions (e.g. hypertension, diabetes, hypercholesterolemia).
   - Walking meetings are encouraged and promoted when appropriate
   - Other: ________________________________________________________________
5. MENTAL HEALTH & WELLBEING.

- Department fosters a work environment where co-workers and supervisors are supportive of employees’ psychological and mental health concerns, and respond appropriately as needed.
- Department supports work-life harmony (e.g. with flex time or job share options).
- Department promotes work-life balance/life skills programs.
- Department provides dedicated space that is quiet where employees can engage in relaxation activities, such as deep breathing exercises.
- Stress management and mental recovery breaks are supported (e.g. with “quiet” areas).
- Department promotes and encourages employees to utilize USC’s Employee Assistance Program, myGroup.
- Department provides or sponsors social events throughout the year for employees to socialize with each other.
- Other:

6. CULTURE OF WELLNESS AND ENVIRONMENTAL SAFETY.

- Employee health and wellbeing are included in department’s goals and value statements.
- Department has dedicated bulletin boards, stairwell signs, displays, and/or electronic displays that promote the health/wellness programs and activities.
- Department employees are asked for feedback related to wellness activities at least once per year.
- Department engages in group wellness activities such as wellness walks, intramural sports, community and service learning opportunities.
- Department encourages and supports employee participation in community health initiatives and volunteer efforts (e.g. blood drives, United Way, etc.).
- Department provides family, unisex or single occupancy bathroom facilities.
- Department provides signage in bathroom to encourage hand washing.
- Department provides a (or promotes a nearby) clean, private place (other than a restroom) for lactating mothers to express breast milk.
- Safety is a priority within the environment (e.g. ergonomic design, lighting, safety rails, etc.).
- Department staff receives quarterly training regarding safety-related topics, policies, and procedures.
- Department has a written plan for emergency response to medical events within the department (such as heart attack or stroke).
- Department has at least one employee trained in CPR, AED, and First Aid.
- Department provides opportunities for employee input on workplace hazards and solutions.
- Department has written policy and procedures for reporting injuries and near misses.
7. WELLNESS AMBASSADOR. Each department needs a wellness champion. This person relays health and wellbeing information to departmental employees, and assists the department with its own wellness goals and initiatives. Does your department have a designated wellness champion/coordinator?

☐ Yes – designated Wellness Ambassador
☐ Yes – informal wellness champion.
☐ No - we will recruit one.

8. MAKING WELLNESS A DEPARTMENTAL PRIORITY
Each department is different and has different missions, goals, and priorities. Please list your top three wellness priorities.

☐ ____________________________________________________________________________
☐ ____________________________________________________________________________
☐ ____________________________________________________________________________
☐ ____________________________________________________________________________

What do you feel are the greatest challenges you and your colleagues encounter in your efforts to make healthy lifestyle choices at work?

☐ ____________________________________________________________________________
☐ ____________________________________________________________________________
☐ ____________________________________________________________________________
☐ ____________________________________________________________________________

Name: ____________________________________________
Phone Number: ______________________________________
Email Address: ______________________________________

By signing, you indicate that you have completed this application to the best of your knowledge.