DEPARTMENT OF THE NAVY
COMMANDER
TRAINING AIR WING FIVE
7480 USS ENTERPRISE STREET SUITE 205
MILTON, FLORIDA 32570-6017

IN REPLY REFER TO
COMTRAWINGFIVEINST 6110.2B CH-1
N02S
26 Sep 12

COMTRAWINGFIVE INSTRUCTION 6110.2B CHANGE TRANSMITTAL 1

From: Commander, Training Air Wing FIVE

Subj: HEALTH AND WELLNESS PROGRAM

1. Purpose. To provide changes to the basic instruction.

2. Action. Make the following pen and ink changes:

a. Page 1, cross out N00F.

J. D. GRACE

Distribution:
COMTRAWINGFIVEINST 5216.1S
List II

DEPARTMENT OF THE NAVY
COMMANDER
TRAINING AIR WING FIVE
7480 USS ENTERPRISE STREET SUITE 205
MILTON, FLORIDA 32570-6017

CH-1 incorp 26 Sep 12 - cmw

IN REPLY REFER TO

COMTRAWINGFIVEINST 6110.2B
N02S/~~N00F~~ CH-1
16 Sep 11

COMTRAWING FIVE INSTRUCTION 6110.2B

From: Commander, Training Air Wing FIVE

Subj: HEALTH AND WELLNESS PROGRAM

Ref: (a) OPNAVINST 6100.2A
(b) OPNAVINST 6110.1H
(c) COMTRAWINGFIVEINST 6110.1E

Encl: (1) Individual Health and Wellness Program Form

1. Purpose. To establish a comprehensive Health and Wellness Program (HWP) within Training Air Wing FIVE (TRAWING FIVE).

2. Cancellation. COMTRAWINGFIVEINST 6110.2A

3. Applicability and Scope. This instruction applies to all military and civilian employees whose UICs are serviced by TRAWING FIVE.

4. Background

a. Per reference (a), it is estimated that 50 percent of all deaths and illnesses in the United States relate directly to unhealthy lifestyles; primarily lack of exercise, poor nutritional habits, alcohol abuse, smoking, and stress. Attention to positive lifestyles can, in fact, reduce the toll of the most common diseases and improve the quality of life of our employees.

b. The HWP is a combination of health education and related organizational, social, economic, and health care interventions designed to improve or protect health. Operationally, health promotion includes physical fitness, tobacco prevention, nutrition education, weight control, drug and alcohol abuse prevention, stress management, hypertension control, and back injury prevention and management.

5. Policy. It is a TRAWING FIVE policy to maximize individual on-the-job performance by implementing a HWP which will provide each civilian employee the opportunity to assess their own health and wellness, and participate in a fitness program. To accomplish this, TRAWING FIVE will support and encourage civilian personnel in managing their own healthy lifestyles. Military personnel are expected to participate in personal fitness programs that meet standards set forth in references (b) and (c) and utilize health and wellness assets as outlined in reference (a) and this instruction.

6. Responsibilities

a. Supervisors will ensure that this instruction is distributed and available to all staff personnel. Additionally, supervisors will monitor personnel participating in the HWP and maintain a training record on each employee, per enclosure (1).

b. Each HWP participant must take responsibility to ensure a physician has authorized participation in a physical exercise program. Civilian employees are required to obtain approval via enclosure (1).

c. All Federal Employee' Compensation Act (FECA) claims filed as a result of participation in physical fitness activity are subject to final adjudication and decision as to coverage and benefit amounts by the Office of Worker's Compensation Programs (OWCP) at the Department of Labor.

d. Supervisors must maintain an accurate account of time away from work for HWP activities.

7. Requirements. Because civilian rules and regulations differ from those of military personnel, the following requirements are provided as a guideline:

a. In addition to routine "All Hands" training sessions provided for the entire staff annually, e.g., Sexual Harassment Awareness Training, civilian employees desiring to initiate an individual fitness program will be authorized time off during the normal work day. Training must take place on the Naval Air Station Whiting Field compound. Civilian employees are authorized to use the facilities at the gym and pool.

b. All civilian personnel desiring to participate in the HWP must request authority via enclosure (1) from their supervisor with their physician's signature to participate. Approval of the request cannot be delegated and any changes to the approval program must be requested via a new memorandum.

c. Excused Absence. The Chief Staff Officer shall determine situations wherein civilian employees will be excused from duty without charge to leave. Authority is delegated to supervisors to grant excused absence for participation in HWP activities. Excused absences may be granted for brief periods to permit employees to participate in HWP physical fitness programs, or other disease prevention/health improvement activities, as discussed in paragraph 3.b. The decision whether or not to grant excused absences should be made after careful consideration of mission requirements, objectives, costs associated with granting the absence, likely impact of the decision of human resources management priorities, health needs of the employees and other factors considered important. Authorized participation in a HWP during normal work hours is a privilege and can be withdrawn at any time the supervisor deems appropriate. The supervisor is authorized to approve no more than three hours per employee, per week, to participate in the HWP. There are two main categories of health and wellness activities for which excused absences may be granted:

(1) Special events such as health screening, health and fitness fairs, and exhibits.

(2) Scheduled health improvement/disease prevention programs and activities such as classes on nutrition, smoking cessation, stress management, and individual exercise programs which involve participation ranging from daily to several times per week or month for a fixed or indefinite period of time.

d. TRAWING FIVE employees that have approval from their supervisors to participate in a HWP will be authorized time off as follows:

(1) Flexible Scheduling. Supervisors may adjust an individual's work hours to allow an employee the opportunity to participate in the HWP at the beginning or end of the individual's normal workday, or in conjunction with the normal lunch period. Time cannot be carried over from one day to another - "account" must be balanced each day. **To ensure compliance with the applicable Federal Employees Compensation Act and Workmen's Compensation Program, employees who select to exercise at the beginning or end of the work day MUST report to work prior to beginning their work-out or prior to departing for home.** Employees will be authorized up to, but not to exceed, three hours of work time per week, distributed into 15 minute equal intervals, to participate in the HWP. For example, employees could couple the one-half hour of authorized lunch period with one hour of approved fitness training time three times per week to participate in a HWP.

(2) Any deviation to the Flexible Scheduling process, as outlined above, must be approved by the supervisor. When deciding to grant a deviation to an employee for fitness activities, the supervisor must ensure that employee productivity is maintained and the activity's operations are properly managed and conducted in an efficient and effective manner.

8. Forms. CTW-5 6110/1 (Individual Health and Wellness Program) is not in the supply system and may be reproduced locally.

J. L. VANDIVER

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COMTRAWINGFIVEINST 5216.1S
List II

INDIVIDUAL HEALTH AND WELLNESS PROGRAM

PARTICIPANT'S NAME:_____ Staff Code:_____

I understand that COMTRAWING FIVE's Health and Wellness Program for Civil Service employees is strictly voluntary. I also understand that this program uses official work time to allow participation in an exercise program. As such, the rules of conduct concerning work time apply.

PARTICIPANT'S GOAL: (write in goal, be specific with objectives)

1. _____

_____

2. _____

_____

INDIVIDUAL APPROVED TIME PLAN

HOURS OF PARTICIPATION	TYPE OF ACTIVITY	LOCATION
1.		
2.		
3.		
4.		

_____ _____

Print Name/Phone Number of Supervisor Supervisor's Signature/Date

Approved_____Disapproved_____

_____

PHYSICIAN APPROVAL

_____has my permission to participate in a self-directed physical training program.

_____ _____

(Participant's Signature/Date) (Physician's Signature/Date)

- **A note from the TRAWING FIVE Flight Surgeon is not acceptable.**
- **Employee is responsible for obtaining all signatures.**
- **Submit original to MSO and retain copies for personal records and supervisor.**