

Workplace Physical Activity Framework

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Research and education for the promotion of physical activity

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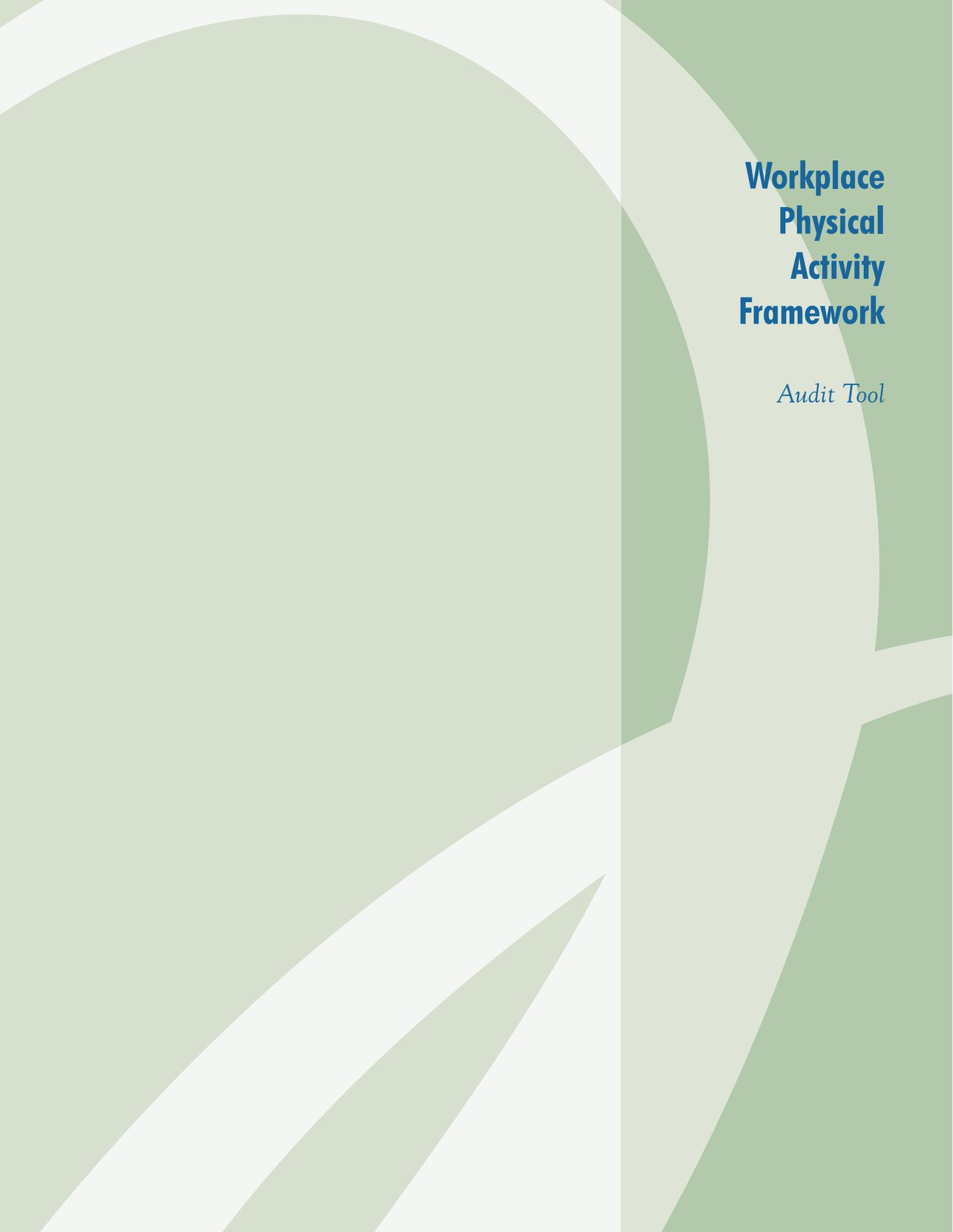
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Workplace Physical Activity Framework

Audit Tool

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How to Use this Audit Tool

What You Need to Know about the Audit

An audit establishes a baseline so that you can measure continuous improvement against predetermined criteria. This audit measures criteria from the *Workplace Physical Activity Framework*.

We recommend that your organization try to get as many “yes” answers as possible for each element in this audit. Complete the audit annually or whenever your organization goes through a significant transition, e.g., taking on many new staff members or when policies or the physical environment change.

This audit tool represents a high standard based on documented best practices. Every workplace is different, and not everything in this tool applies to all workplaces. This audit can help your organization develop and maintain your workplace’s physical activity program by creating a cycle of continuous improvement. This process is not about passing or failing, but about continuous improvement. Regular evaluation can highlight areas that need improvement.

All sections in this audit are of equal value, but certain levels may be more relevant for some organizations. You may want to fill out the audit tool separately for each section or department, rather than for the whole organization. Using the *Program Standard* and *Audit Tool* as guides, your organization can design, plan, implement, and evaluate a program tailored to your needs.

How to Use this Audit

Step 1

Review the audit for the information you will need in order to validate the questions. We identify three techniques that you can use to validate your answer beside each audit question. (Circling the method used for each question will be useful when you compare this audit with future audits.) These techniques include

- *D* = reviewing documentation;
- *I* = conducting interviews;

- *O* = carrying out observations of the workplace.

You may also need to combine these techniques in order to validate the questions. The validation method underlined and in bold is the suggested best practice.

Step 2

- Identify the specific documents required to validate the responses to the questions in the audit.
- Determine the number of interviews and the people to be interviewed in order to validate the responses to the audit questions.
- Identify the areas related to physical activity that you will observe in order to validate the responses to the audit questions.

Step 3

Answer the audit questions with a “yes” or a “no.” Mark the answer as a “no” if you are unable to validate the question using the suggested technique(s) or are uncertain about the response to the question. Total the number of “yes” responses at the end of each section.

Step 4

Record the action required for each “no” response in the space provided at the end of each section. Identify who is responsible for taking action and the date the action must be completed.

Step 5

Answer all the audit questions and then total the number of “yes” responses in the “Totalling Your Answers” section at the end of this audit.

Step 6

Share the results of the audit and action plan with management and employees.

Step 7

Prepare a summary for senior management.

Key Terms

- *Program*: A series of activities/initiatives supported by a group of resources intended to achieve specific outcomes among particular target groups (e.g., employees).
- *Program Evaluation*: Systematically collecting, analysing, and reporting data about a program to help in decision-making.
- *Audit*: A management tool made up of a systematic documented, periodic, and objective review and evaluation of an organization's management systems, operations, practices, and equipment against pre-set criteria. This audit measures the continuous improvement of the physical activity program in the workplace.

Audit Tool Forms

Part 1 Groundwork

Section A. Management and Employee Commitment

D = Documentation/I = Interview/O = Observation.

The recommended best practice is underlined in bold.

Please
circle
answer

Validation

- | | | | |
|----|---|-------|------------------|
| 1. | Has physical activity been included in an organizational policy? (If you answer “no” to this question, move on to question # 6.) (This documentation could include a policy statement.) | Y / N | <u>D</u> / I / O |
| 2. | Has senior management signed the policy? | Y / N | <u>D</u> / I / O |
| 3. | Is the policy posted at all workplaces? | Y / N | D / I / <u>O</u> |
| 4. | Is the policy discussed during employee orientations? | Y / N | D / <u>I</u> / O |
| 5. | Does the management system manual contain a copy of the physical activity policy? | Y / N | D / I / <u>O</u> |
| 6. | Has the organization written measurable and achievable goals and objectives for the physical activity program? (This documentation could be a planning document.) | Y / N | <u>D</u> / I / O |
| 7. | Does management communicate the following to workers at least once annually? | | |
| | <ul style="list-style-type: none"> ▪ Why physical activity is important in the workplace. ▪ The company’s commitment to physical activity. | Y / N | D / <u>I</u> / O |

Total # of “Yes” Answers _____

Action Plan (Record the action required to address each “no” response in the space provided below.)

By whom _____ Date _____

Part 1. Groundwork
Section B. Environment and Needs Assessments

D = Documentation/I = Interview/O = Observation.
 The recommended best practice is underlined in bold.

Please
 circle
 answer

Validation

Has the organization assessed the following in developing physical activity programs?
 (This documentation could include an environmental needs assessment report for all
 of the following validation.)

- | | | | |
|----|---|-------|------------------|
| 1. | Employee participation in physical activity during or outside of work hours? | Y / N | <u>D</u> / I / O |
| 2. | Characteristics of employees (e.g., age, gender, social relationships)? | Y / N | <u>D</u> / I / O |
| 3. | Employees' preferences in physical activity? | Y / N | <u>D</u> / I / O |
| 4. | Workplace facilities employees can access in order to be physically active (e.g., bike racks, exercise room, lockers)? | Y / N | <u>D</u> / I / O |
| 5. | Workplace physical resources that support physical activity (e.g., are stairwells clean and safe, are the grounds safe and attractive for walking)? | Y / N | <u>D</u> / I / O |

Total # of "Yes" Answers _____

Action Plan (Record the action required to address each "no" response in the space provided below.)

By whom _____ Date _____

Part 2. Construction

Section C. The Organizational Level: Leadership, Capacity, Will, and Infrastructure

D = Documentation/I = Interview/O = Observation. The recommended best practice is underlined in bold.

Please circle

Validation

- | | | | |
|----|--|-------|---------------------------------------|
| 1. | Does the infrastructure (e.g., resources, money) in the organization support employee physical activity? (This documentation could include an organization chart, policy, job descriptions.) | Y / N | <u>D</u> / <u>I</u> / O |
| 2. | Does the workplace leadership promote physical activity for employees? (This documentation could include a policy document.) | Y / N | <u>D</u> / <u>I</u> / O |
| 3. | Is there will/desire in the organization to promote staff physical activity? | Y / N | D / <u>I</u> / O |
| 4. | Is there at least one champion of physical activity at the workplace who can motivate action (i.e., someone to support and promote activities)? | Y / N | D / <u>I</u> / O |
| 5. | Does the organization recognize employees who champion physical activity? (Examples could include employee newsletters, thank-you letters, appreciation luncheons and other promotional events, different forms of recognition and rewards.) | Y / N | <u>D</u> / <u>I</u> / O |
| 6. | Are opportunities for physical activity available to all employees (e.g., shift, contract, and part-time workers and workers at different locations)? (This documentation could include a program guide or policy documents.) | Y / N | <u>D</u> / <u>I</u> / O |
| 7. | Are accommodations made for employees with special needs (e.g. people with visual impairments, people who speak English as second language)? (Examples include promotional information, signs, and policy documents.) | Y / N | <u>D</u> / <u>I</u> / O |

Total # of “Yes” Answers _____

Action Plan (Record the action required to address each “no” response in the space provided below.)

By whom _____ Date _____

Part 2. Construction

Section D. The Community Level: Assets and Partnerships

D = Documentation/I = Interview/O = Observation. The recommended best practice is underlined in bold.

Please circle answer

Validation

- | | | | |
|----|--|-------|---|
| 1. | Have the needs of various departments and/or geographical locations been considered in planning the physical activity program? (This documentation could include an environmental needs assessment.) | Y / N | <u>D</u> / <u>I</u> / O |
| 2. | Has the organization accessed any community-based services (e.g., the YMCA or a local recreation centre) to support the program? (Examples could include program planning and an environmental needs assessment.) | Y / N | <u>D</u> / <u>I</u> / O |
| 3. | Does the workplace use physical activity information from external resources (e.g., Health Canada, Alberta Community Development, the Alberta Centre for Active Living)? (This documentation could include physical activity information.) | Y / N | <u>D</u> / <u>I</u> / <u>O</u> |
| 4. | Do partnerships within the organization work together on physical activities in the community? (Examples include fun-run/walks, active community events.) | Y / N | D / <u>I</u> / O |

Total # of "Yes" Answers _____

Action Plan (Record the action required to address each "no" response in the space provided below.)

By whom _____ Date _____

Part 2. Construction

Section E. The Policy Level: Current Physical Activity Policies and Drafting New Policies

D = Documentation/I = Interview/O = Observation. The recommended best practice is underlined in bold.

Please circle answer

Validation

- | | | |
|--|--------------|--------------------------------|
| <p>1. Do the organization’s policies/procedures promote and/or support physical activity for employees (e.g., no scheduled meetings over lunch, allowing flex-time)? (This documentation could include a policy and procedures manual.)</p> | <p>Y / N</p> | <p><u>D</u> / <u>I</u> / O</p> |
| <p>2. Does the organization formally recognize employees who participate in physical activity? (Examples could include a rewards and recognition program.)</p> | <p>Y / N</p> | <p><u>D</u> / <u>I</u> / O</p> |
| <p>3. Do the organization’s policies encourage commuting to and from work (e.g., are employees allowed time to change before work if they make up the time later in the day)?</p> | <p>Y / N</p> | <p>D / <u>I</u> / O</p> |
| <p>4. Is it company policy to hire qualified and experienced people to manage the physical activity program (i.e., people with appropriate training in physical education)? (This documentation could include job qualifications and human resources documents.)</p> | <p>Y / N</p> | <p><u>D</u> / <u>I</u> / O</p> |

Total # of “Yes” Answers _____

Action Plan (Record the action required to address each “no” response in the space provided below.)

By whom _____ Date _____

Part 3. Detailing
Section A. Program Administration

D = Documentation/I = Interview/O = Observation. The recommended best practice is underlined in bold.

Please circle answer

Validation

- | | | | |
|----|--|-------|-------------------------|
| 1. | Does the organization keep records of workplace physical activity initiatives? (This documentation could include these records.) | Y / N | <u>D</u> / I / O |
| 2. | Does the organization evaluate the physical activity program at least once a year? (This documentation could include an audit or client satisfaction survey.) | Y / N | <u>D</u> / I / O |
| 3. | Is there an action plan to deal with the results of this evaluation? (This documentation could include this action plan.) | Y / N | <u>D</u> / I / O |
| 4. | Have employees been asked to provide feedback on the physical activity initiatives? (This documentation could include client satisfaction surveys, records from a suggestion box.) | Y / N | <u>D</u> / I / O |
| 5. | Does the organization distribute the evaluation results to all employees and management? (This documentation could include this evaluation report.) | Y / N | <u>D</u> / I / O |

Total # of "Yes" Answers _____

Action Plan (Record the action required to address each "no" response in the space provided below.)

By whom _____ Date _____

Part 3. Detailing
Section B. Safety and Risk Management

D = Documentation/I = Interview/O = Observation. The recommended best practice is underlined in bold.

Please circle answer

Validation

- | | | | |
|----|--|-------|------------------|
| 1. | Does the organization have a risk management plan? (This documentation could include a planning document.) | Y / N | <u>D</u> / I / O |
| 2. | Are emergency response procedures posted? | Y / N | D / I / <u>O</u> |
| 3. | Do the first-aid supplies/services and facilities meet the requirements of first-aid regulations? | Y / N | D / I / <u>O</u> |
| 4. | Are all incidents reported? (This documentation could include incident reports.) | Y / N | <u>D</u> / I / O |
| 5. | Does the organization take steps to prevent incidents happening again? | Y / N | D / <u>I</u> / O |
| 6. | Does the organization carry out regular inspections of equipment and facilities? (This documentation could include maintenance records.) | Y / N | <u>D</u> / I / O |

Total # of "Yes" Answers _____

Action Plan (Record the action required to address each "no" response in the space provided below.)

By whom _____ Date _____

Totalling Your Answers

Section of the Audit	Number of “Yes” Responses	Total Number of Questions	Score on Last Audit
Part 1. Groundwork:			
Section A. Management and Employee Commitment		7	
Section B. Environment and Needs Assessments		5	
Part 2. Construction:			
Section A. The Individual Level: Knowledge, Attitude, and Skills		3	
Section B. The Social Level: Enhancing Relationships		4	
Section C. The Organizational Level: Leadership, Capacity, Will, and Infrastructure		7	
Section D. The Community Level: Assets and Partnerships		4	
Section E. The Policy Level: Current Physical Activity Policies and Drafting New Policies		4	
Part 3. Detailing:			
Section A. Program Administration		5	
Section B. Safety and Risk Management		6	

Totals

Part 1. Groundwork Total:		12	
Part 2. Construction Total:		22	
Part 3. Detailing Total:		11	
Total # of “Yes” responses		45	

Name of auditor: _____

Signature of auditor: _____

Date of audit: _____