



HOWARD COUNTY SHERIFF'S OFFICE
GENERAL ORDER ADM-10
HEALTH & PHYSICAL FITNESS
EFFECTIVE JULY 1, 2014

This General Order contains the following numbered sections:

- I. POLICY
- II. GEORGE HOWARD BUILDING FITNESS ROOM
- III. FITNESS ROOM GUIDELINES
- IV. PARTICIPATION IN VOLUNTARY ANNUAL PHYSICAL FITNESS EVALUATION
- V. HOWARD COUNTY WELLNESS WORKS PROGRAM
- VI. CANCELLATION

I. POLICY¹

The Howard County Sheriff's Office (HCSO) shall promote physical fitness and wellness amongst its members. Because of the stress and physical demands that deputies may face, an appropriate level of fitness is necessary for deputies to perform their jobs in a manner which ensures the safety of both the deputies and the public. Physical fitness and conditioning are also vital parts of a deputy's preparation for duty.

The HCSO allows and encourages its members to participate in both the Wellness Works Program offered by the County and a voluntary physical fitness program of their own design. Free access to fitness equipment at the George Howard Building Fitness Room is made available to HCSO members for the purpose of pursuing a voluntary physical fitness program.²

II. GEORGE HOWARD BUILDING FITNESS ROOM

- A. Sworn and civilian members of the HCSO may utilize the Employee Fitness Room at the George Howard Building. The Fitness Room is open Monday through Friday, from 7:00 am to 9:00 pm.
- B. Members must complete a *Howard County Employee Off-Duty Personal Fitness or Recreational Activity Acknowledgement Form (Appendix A)* and return it to Howard County Bureau of Facilities before being granted access to the Fitness Room equipment. Deputies shall provide their supervisors with a copy of their acknowledgement form for reference.

III. FITNESS ROOM GUIDELINES

- A. Members must wear sneakers or athletic shoes and appropriate workout attire while using the Fitness Room.
- B. Members shall carry their HCSO I.D. card while using the fitness room.
- C. The Howard County Employee Fitness Room is for Howard County employees ONLY. As such, HCSO members shall **NOT** permit family members or friends to use the Fitness Room. Violations shall be addressed accordingly.

¹ CALEA 22.3.2

² CALEA 22.3.3 a

D. Locker Room

1. Lockers are available for use during a member's workout; however, there are no permanent lockers and members must bring their own locks. Members may NOT use lockers overnight.
2. Each locker room contains one (1) shower; therefore, shower times must be limited to a maximum of five (5) minutes. Members must provide their own towels for use in the Fitness Room and in the shower.

E. Equipment Use

1. There is a twenty (20) minute limit for the use of all cardio equipment (treadmills, elliptical machines, and recumbent bikes). Members must sign up before cardio equipment use and CANNOT reserve additional time.
2. Under no circumstances may a member monopolize any Fitness Room equipment.
3. Antibacterial wipes are provided in the Fitness Room and members are asked to wipe down equipment after each use.
4. Members who are sick or not feeling well should NOT use the Fitness Room.

F. Cellular Phones

1. Civilian members shall silence their cellular phones while using the Fitness Room.
2. Deputies shall leave their cellular phones in vibration mode while using the Fitness Room.
3. Cellular phones shall be monitored, in the event the Deputy is needed during his/her workout time.

G. Food & Beverages

1. No food is allowed in the Fitness Room.
2. Water is the only beverage allowed in the Fitness Room and cups / bottles must have lids or caps
3. For members' convenience, a water fountain is located inside the Fitness Room.

H. There are two (2) televisions available in the Fitness Room, which are both set to pre-determined channels. MEMBERS SHALL NOT CHANGE THESE CHANNELS.

I. Surveillance cameras are posted throughout the workout area and the Security Desk phone number is available on a bulletin board within the Fitness Room.

IV. PARTICIPATION IN VOLUNTARY ANNUAL PHYSICAL FITNESS EVALUATION³

A. All sworn personnel of the Howard County Sheriff's Office may participate in a voluntary physical fitness evaluation.

B. The evaluation will consist of the following testing components:

1. Sit-ups

³ CALEA 22.3.3 a

2. Vertical Jump
 3. Push-ups
 4. 1.5 mile run
- C. Participants shall be compensated at the contractually agreed upon monetary amount for each testing component that they successfully complete, based on age/gender variances.
- D. All personnel electing to participate in this voluntary program will do so in “off-duty” capacity during non-duty hours.
- E. Appropriate athletic attire and footwear will be worn by all participants.
- F. Personnel will be informed of the evaluation dates, time and location by HCSO electronic communique. Several dates will be scheduled with at least one or more ninety (90) days in advance of first notice as per contract.
- G. Voluntary Fitness Evaluation Protocol:

a) Vertical Jump

This test is a measure of jumping or explosive lower body power. Participants will stand on tip toes with both hands extended overhead to establish their standard reach. The participant's vertical jump target will then be determined and marked on the measuring device. Prior to the jump at least one foot must remain stationary on the floor; no running starts. Jump as high as possible along the measuring device to reach or exceed the target height for successful completion of this component. Participants will be allowed three (3) attempts or jumps.

b) 1 Minute Sit-ups

The 1 Minute Sit-Up test is used as a measure of abdominal/core strength and endurance. Start by lying on the back, knees bent, heels flat on the floor with the fingers interlaced and held behind the head. The buttocks must remain on the floor with no thrusting of the hips to try to gain momentum. In the up position, touch elbows to the knees and then lower the upper torso until shoulder blades touch the floor. Any resting should be done in the up position. With the feet held firmly, perform as many correct sit-ups as possible in one (1) minute. Any sit-up performed incorrectly will not be counted. The score is the total number of sit-ups correctly completed within the allotted time.

c) 1 Minute Push-ups

The 1 Minute Push-Up test is a measure of upper body dynamic strength. The hands are placed slightly wider than shoulder width apart with fingers pointed forward. The test administrator or designee will place his/her fist on the floor just below the chest (This portion of testing will be modified for female participants). Starting from the up position (elbows extended), lower the body until the chest touches the fist and then return to the up position keeping the back and legs straight at all times. This constitutes one repetition. Any resting should be done in the up position. The lower body must remain elevated with no bouncing to gain momentum. If a knee drops to the floor or a hand leaves the floor the test is terminated. The score is the total number of correct push-ups done in the allotted time.

d) 1.5 Mile Run

The 1.5 Mile Run is a measure of cardio pulmonary fitness and aerobic capacity. The objective is to cover the distance as fast as possible. The Run will be conducted on a hard pack/paved, relatively flat surface. The score is the total time required to cover the entire distance.

**The components are listed in the order in which they will be tested.

H. Physical Fitness Age/Gender Testing Standards

Males:

Test	Vertical Jump	Sit-Ups	Push-Ups	1.5 Mile Run
Age 20-29	19 "	38	29	12:53
Age 30-39	18.5 "	35	24	13:25
Age 40-49	15 "	29	18	14:10
Age 50-59	13.5 "	24	13	15:53
Age 60-69	11 "	19	8	19:00

Females:

Test	Vertical Jump	Sit-Ups	Push-Ups	1.5 Mile Run
Age 20-29	13.9 "	32	15	15:32
Age 30-39	12 "	25	11	16:43
Age 40-49	9 "	20	9	17:38
Age 50-59	7 "	14	7	19:43
Age 60-69	6 "	10	5	21:50

** The year of birth will be used to determine a participant's age (i.e. a person born in 1974 and tests in 2014 will be considered 40 years old regardless of day or month born).

V. HOWARD COUNTY WELLNESS WORKS PROGRAM

- A. The Howard County Sheriff's Office encourages all members to participate in the Howard County Government's Wellness Works Program. The goal of Wellness Works is to sustain a comprehensive wellness program, in which individuals can take charge of their own personal well being.

- B. Participation is voluntary for members.⁴
- C. A steering committee consisting of various County Departments shall guide and manage this program.⁵
- D. Members who are eligible for health care benefits (County or other) may participate in health and risk assessments offered through the County's health insurance carriers.⁶ These assessments will:
 - 1. Identify personal health strengths and risks.
 - 2. Provide an action plan to help manage current conditions, as well as prevent future conditions.⁷
 - 3. Provide a personal report and action plan for getting healthy and staying healthy.⁸
- E. Members who are eligible may participate in free onsite Wellness Screenings which assist in identifying important health care numbers, such as blood pressure and cholesterol.⁹
- F. Howard County Wellness Works shall continue to provide on-going support by making available:¹⁰
 - 1. Information on community resources, events, and program discounts.
 - 2. Information on health topics and websites meant to assist with achieving a healthy lifestyle.
 - 3. Wellness news and articles that may be of interest to participants.
- G. The HCSO may, if it so chooses, offer its own wellness and screening programs.

VI. CANCELLATION

This General Order cancels and replaces *General Order ADM-10, Health & Physical Fitness*, dated December 14, 2010.

Authority:

James F. Fitzgerald
Sheriff

⁴ CALEA 22.3.3 a
⁵ CALEA 22.3.3 b
⁶ CALEA 22.3.3 c
⁷ CALEA 22.3.3 c
⁸ CALEA 22.3.3 d
⁹ CALEA 22.3.3 c
¹⁰ CALEA 22.3.3 e

APPENDIX A

**EMPLOYEE OFF-DUTY PERSONAL FITNESS
OR RECREATIONAL ACTIVITY ACKNOWLEDGEMENT**

Activity Location: _____ Date of Activity: _____

Participant Name: _____ Dept: _____

Participant Phone: _____

Person to notify in case of emergency:

Name: _____

Address: _____

Phone: (day) _____ (evening) _____

I understand that there is a certain amount of risk associated with any physical activity, and both benefits and risks associated with any exercise program. I further understand that aerobics / fitness and recreational activities present certain inherent risks and hazards, which as a participant, I am willing to assume.

I agree that I take full responsibility for my own health and fitness. I recognize that Howard County Government cannot take responsibility for my health or for my ability to participate in any specific exercise or recreational program. I am, to the best of my knowledge, in good health and able to participate in personal exercise activities. I will not use any exercise or recreational equipment without receiving proper instruction as to the operation of such equipment.

I understand and agree that participation in exercise or recreational activity during off-duty time has been undertaken for my personal benefit and not for the benefit of Howard County. I further understand and agree that the activity is not related in any way to my job duties as a Howard County employee, and occurs entirely during non-work hours. I understand and agree that participation in this activity is completely voluntary and Howard County has not required me to participate in the activity.

On behalf of myself, my heirs, executors, administrators and assigns, I hereby agree to release and hold harmless, Howard County Government, its officers, agents, and employees, from any liability or claim for damages of any kind whatsoever arising out of or in consequence of my use of County equipment or participation in off-duty fitness or recreational activities, unless such injury or damage is due to the sole negligence of Howard County Government, its officers, agents, or employees. Finally, I acknowledge that any injuries incurred in connection with participation in this activity will not be considered as covered under workers' compensation.

Signature of Participant _____ Date _____

T:\Wellness\Fitness Form\Employees.doc
Also available on Sheriff T:\FORMS