

Workplace Assessment

Purpose:

Use the following questions to:

- Establish what your organization is already doing to support healthy living at the workplace.
- Get ideas about other evidence-based policies and programs that lay the foundation for a healthy workplace

Review this assessment in conjunction with the results of the Employee Wellness Survey to identify themes and gaps in your workplace wellness environment. Program planning should be informed by this process.

Who completes the survey:

This survey is meant to be filled by one knowledgeable individual, usually a member of HR who is familiar with workplace policies and procedures.

Time commitment:

The survey should take between 10-20 minutes to fill out with additional time to seek information from other departments if needed.

**Please be assured that all answers you provide will be kept confidential and no personal information identifying employees will be collected.

Thank you for taking the time to complete this Workplace Assessment



Organizational Information

Please enter the following contact details for your workplace							
Your Name	e:						
Company:							
Number o	of Employees						
O 10-99	O 100-299	O 250-600	O 600-999	O 1000+			



 $\boldsymbol{O}\,$ Do not know

General Capacity Information

On a scale of 1 to 5, how supportive is your workplace management team in encouraging employees to engage in health and wellness activities at the workplace?								
1-Not at all supportive	2	3	4	5-Extremely supportive				
O	O	O	O	O				
Daga wasuu swanla		ly baye bealth as	ad wallmaaa .	rolicios in place?				
Does your work	piace current	y nave nearth ar	ia weiiness į	policies in place?				
${ m O}$ Yes								
O No								
O Do not kno	W							
If answered YES								
II aliswered tes);							
Is this workplace	ce wellness po	licy in writing?						
O Yes								
O No								
Is this policy v	visible and co	mmunicated to	staff?					
${ m O}$ Yes								
O No								
Does your wor	kplace have	a workplace w	ellness com	mittee?				
O Yes								
O No								



health departments, volunteer organizations, other agencies) to provide health and wellness activities at the workplace?					
O Yes O No					
O Do not know					
If yes, please provide a brief description:					
Does your workplace provide health benefits for its employees?					
O Yes, for all our employees					
O Yes, for some employee groups but not all					
O No, not for any of our employees					
() Do not know					

Does your workplace work with members of the community (such as



Does your workplace provide the following information, policies, activities, or programs to employees? (check all that apply)

	Policy for flexible hours and schedules or work from home
	Banked time policy (employees can take time off work in lieu of overtime pay
	An Employee Assistance Program (EAP) fully or partly paid for by the company
	Part-time employees receive pro-rated benefits
	Subsidize employees to attend off-site workshops, training and conferences on health, wellness and safety issues
	Written policies to prevent harassment, bullying and discrimination
	Information on child care and other dependent care
	Child care subsidies
	Child care facilities (either on-site or off-site)
	Elder care subsidies
	Compassionate/bereavement leave
	Policy for career leave
	Policy for career breaks
	Written policies for grievance/complaints
	Policy for maternity leave
	Policy for paternity leave
	Respectful Workplace Policy
	Other (please specify)
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Does your workplace have any of the following practices in place? (Check all those that apply)

Regular healthy workplace messages from senior managers
Employee health and wellness issues are included in management training
A healthy workplace plan and strategy that includes actions and goals
Employees are consulted in the planning of healthy workplace initiatives
Healthy workplace initiatives are evaluated using employee input
Management evaluates the business benefits of a healthy workplace
The organization's mission and/or vision statement reflects a commitment to the health, safety and well-being of employees
Other (please specify)



Physical Activity

Thinking about policies, supports and programs for physical activity at your workplace, please read the following list and select the appropriate status:

	In place and used	In place but not actively used	Informal	In development or discussion	N/A or Does not exist
Policy that defines the workplaces support for employee to be physically active at work (ex: allow workers time during the day to exercise, take stretch breaks, etc.)	O	O	O	O	O
Provide incentives or subsidies for employees that can be used towards gym memberships at health clubs or recreation centres?	O	O	O	О	О
Provide support for recreational activities, sports teams, yoga or other fitness classes for all employees during work hours?	O	O	О	O	О
Stretch breaks at meetings	O	O	O	O	O
Accessible stairwells and promotes their use instead of the elevators	O	O	O	O	O
Employee Fitness Assessments	O	O	O	O	O
Sponsors physical activity challenges in which employees participate	O	O	О	O	О
Company support/sponsorship of community physical activity events (ex. Runs, walks, hiking, biking, etc.)	O	O	O	O	O
Ergonomic Workspace Assessments	O	O	O	O	O



Please complete the table below for your workplace. If the item is not physically at the workplace, but is located near the workplace please select the 'available nearby' option.

	In place and used	In place but not actively used	Available nearby	N/A or does not exist
Gym/recreation facilities	O	O	O	O
Bike racks	O	O	O	O
Showers	O	O	O	O
Change rooms	O	O	O	O
Walking/biking trails	O	O	O	O
Accessible stairwells	O	O	O	O
Fitness equipment (ex. Exercise balls, weights, etc.)	O	O	O	O
Indoor area set aside for fitness/exercise	O	O	O	O
Outdoor area set aside for fitness/exercise	O	O	O	O
Recreation or community centre	O	O	O	O
Garden	O	O	O	O
Sit Stand Desks	O	O	O	O
Other (please specify)				



Does yo	workplace provide information about physical activity to your s?
O O	es Io
If Yes, ho	do you provide information about physical activity to your employees?



Healthy Eating

Thinking about policies, supports and programs for healthy eating at your workplace, please read the following list and select the appropriate status.

	In place and used	In place but not actively used	Informal	In development or discussion	N/A or Does not exist
Healthy food and beverage options available in the vending machine	O	O	O	O	O
Healthy food and beverage options available in the cafeteria	O	O	O	O	O
Healthy food and beverage options available at company meetings and events	O	O	O	O	O
Healthy food or beverages provided free of charge	O	O	O	O	O
Provide healthy eating challenges in which employees participate	O	O	O	O	O
Employees are encouraged to take lunch breaks away from their desks/work stations	O	O	O	O	О
Employees are entitled to at least a 30-minute meal break	O	O	O	O	O
Policy that defines the organization's support for providing opportunities to eat well at work	O	О	O	O	О
An avenue to share healthy recipes	O	O	O	O	O
Other (please specify)					



Please complete the table below for your workplace. If the item is not physically at the workplace, but is located near the workplace please select the "available nearby" option.

	In place and used	In place but not actively used	Available nearby	N/A or does not exist
Access to water cooler/fountain	O	O	O	O
Kitchen/employee lunch room	O	O	O	O
Fridge	O	O	O	O
Cooking facilities (stove, microwave, toaster)	O	O	О	O
Kettle	O	O	O	O
Sink	O	O	O	O
Food storage cupboards	O	O	O	O
Healthy food options available at nearby restaurants, cafes, grocery stores	O	O	O	O
Other (please specify)				

Does your workplace provide information about healthy eating to your employees?	•
\ensuremath{O} Yes \ensuremath{O} No If Yes, how do you provide information about healthy eating to your employee Please specify	s?



Tobacco and Alcohol Use

Thinking about policies, supports and programs for tobacco and alcohol use at your workplace, please read the following list and select the appropriate status.

	In place and used	In place but not actively used	Informal	In development or discussion	NA or does not exist
Health plan coverage for tobacco cessation counseling, prescription medication and nicotine replacement therapy	O	O	О	O	О
Company support for tobacco cessation programs in the workplace	O	O	O	O	O
Quit tobacco challenges in which employees participate	O	O	O	O	O
Alcohol and drug awareness programs	O	O	O	O	O
Workplace policy regarding drug and alcohol use in the workplace	O	O	O	O	O
Policy regarding tobacco use in the workplace (ex. Where smoking or vaping is or is not permitted)	O	O	О	O	О
Policy includes the electronic nicotine delivery systems ("ENDS" (ex. E-cigarettes with or without nicotine)	O	O	О	O	O



Does your workplace have any	restrictions	about v	where	employees	can
smoke or vape?					

О	Yes, smoking/vaping is completely restricted (i.e. not permitted on company property and in company vehicles)
O	Yes, smoking/vaping is allowed in designated smoking areas
O	No, there are no restrictions on smoking/vaping
O	Do not know
O	Other (please specify)
	ing or vaping is permitted in designated areas, how far is the
	g/vaping area" from your building/work site?
	< 1m
-	2-4m
O	5-7m
O	>8m
O	N/A (no designated smoking/vaping area available)
Does yo	ur workplace provide information about tobacco cessation to your ees?
O	Yes
O	No
•	ow do you provide information about tobacco cessation to your es? Please specify



Screening and Early Detection

Thinking about policies, supports and programs for screening and early detection at your workplace please read the following list and select the appropriate status

	In place and used	In place but not actively used	Informal	In development or discussion	N/A or does not exist
Employees can leave for physician appointments, screening appointments, etc during work hours	О	O	О	О	O
On-site mobile mammography screenings available to all employees	O	O	O	О	O
Support program to manage chronic health issues (ex. Diabetes, cancer, asthma, high blood pressure)	О	O	О	О	O
Employee self-administered health risk assessments	O	O	O	O	O
Learning events for cancer and chronic disease early detection and screening programs (ex. Workshops, seminars, lunch and learns, training)	О	O	О	О	O



Does your workplace provide information about screening and early detection to your employees?				rly		
	O Yes					
	O No					
	s, how do you pro oyees?	ovide informati	ion about sc	reening and e	early detecti	on to your



Healthy Minds

Thinking about policies, supports and programs for mental health at your workplace please read the following list and select the appropriate status

In place and used	In place but not actively used	Informal	In development or discussion	N/A or does not exist
O	O	O	O	O
Ο	O	O	O	O
O	O	O	O	O
О	O	Ο	O	O
О	O	O	O	O
	O O	and used but not actively used O O O O	and used but not actively used O O O O O O O O O O O O O O O O O O O	and used but not actively used O O O O O O O O O O O O O O O O O O O



Does your workplace provide information about mental health to your employees?			
O Yes			
O No			
If Yes, how do you provide information about mental health to your employees?			



Sun and UV Protection

Thinking about policies, supports and programs for sun safety at your workplace, please read the following list and select the appropriate status.

	In place and used	In place but not actively used	Informal	In development or discussion	N/A or does not exist
Shaded areas (ex. Shelters) available for outdoor use	O	O	O	O	O
Monitor the daily UV index from April to September to inform employees working outdoors when protective clothing, sunscreen and breaks in the shade are recommended	Ο	O	O	O	O
Allow employees to move work indoors, into shaded areas or create shade where possible	О	O	O	О	O
Provide personal protective equipment at workplace (ex. Hats, sunscreen, sunglasses)	О	O	O	O	O
Encourage employees to protect eyes and skin from exposure	О	O	O	O	O
Flexible work hours to limit employee exposure during peak hours (11:00am to 3:00pm)	О	O	O	O	O
Flexible work policy that enables employees to rotate their shifts to reduce sun exposure	Ο	O	O	O	O



Does your workplace provide information about sun safety to your employees?
O Yes O No
If Yes, how do you provide information about sun safety to your employees?



Living with Cancer

Thinking about policies, supports and programs for employees living with cancer or caregivers at your workplace please read the following list and select the appropriate status

	In place and used	In place but not actively used	Informal	In development or discussion	N/A or does not exist
Policy that defines the workplaces support for employees living with cancer or caregivers	О	O	O	О	О
Designated training for managers on supporting employees living with cancer or caregiver support	О	O	O	О	О
Written resources available to employee caregivers or employees living with cancer (ex: community based services and resources or financial and legal resources)	О	O	O	О	Ο
Health plan coverage for support (EAP, counselling services, insurance coverage	О	O	O	О	О
Employees can leave for physician appointments, caregiver appointments during work hours	О	O	O	О	О



Does your workplace provide information	about living wit	th cancer or
caregiver resources to your employees?		

O Yes	
O No	
If Yes, how do you provide information about living with cancer or cemployees?	aregiver to your



Communication

Please indicate which methods are used to provide health and wellness information to employees

Posters
Emails
Social Media Channels
Lunch and Learns
Newsletters
Other (please specify)



Changes to Workplace Policies and the Environment

What policy changes do you envision working on? For example, no smoking policy, healthy eating policy, etc.
What environmental or cultural changes do you envision working on? For example, providing accessible and safe stairwells, ensuring healthy options are available at meetings, etc.
How do you or will you evaluate participation or behavioral changes when implementing wellness initiatives?



Please use the space below to provide any additional comments.						