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From: Commandant of the Marine Corps
To: Distribution List

Subj: SEMPER FIT FITNESS AND HEALTH PROMOTION POLICY

Ref: (a) Healthy People 2020, U.S. Department of Health and Human Services, December 2010
(b) SECNAVINST 5100.13E
(c) 35th Commandant of the Marine Corps: Commandant's Planning Guidance 2010
(d) MCO P1700.27B Ch 1
(e) DOD Instruction 1015.10, "Military Morale, Welfare, and Recreation (MWR) Programs," July 6, 2009
(f) MCO 5200.24D
(g) MCO 1700.30
(h) MCO 5100.30B
(i) MCO 5100.29B
(j) DOD Instruction 1100.21, "Voluntary Services in the Department of Defense" March 11, 2002
(k) DOD Instruction 1402.5, Criminal History Background Checks on Individuals In Child Care Services, January 19, 1993
(l) Deputy Under Secretary of Defense for Military Community and Family Policy Memorandum, "Department of Defense Morale, Welfare, and Recreation Physical Fitness Center Standards," October 24, 2005
(m) Unified Facilities Criteria 4-740-02 Rev, April 2009
(n) MARADMIN 0503-09
(o) American College of Sports Medicine's Health/Fitness Facility Standards and Guidelines (3rd Edition), 2007
(p) National Strength and Conditioning Professional Standards & Guidelines (2009)
(q) MCO 3500.27B
(r) DOD Directive 1020.1, "Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense," November 21, 2003.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

(s) American Academy of Pediatrics Policy Statement, "Strength Training by Children and Adolescents," April 2008
(t) American Society for Testing and Materials "Standard Specifications for Fitness Equipment and Fitness Facility Safety Signage and Labels (F 1749), 2007
(u) SECNAVINST 5100.17
(v) MCO 6110.3
(w) MCO 6100.13
(x) American College of Sports Medicine's Guidelines for Exercise Testing and Prescription (8^{th} Edition), 2010
(y) DoD Directive 1010.10, "Health Promotion and Disease/Injury Prevention," August 22, 2003
(z) 32 CFR 1-85
(aa) 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel, September 2009
(ab) SECNAVINST 5300.30D
(ac) World Health Organization, The Ottawa Charter for Health Promotion
(ad) United States Department of Agriculture, Dietary Guidelines for Americans Executive Summary
(ae) Wellness Continuum Diagram (NOTAL)
(af) Civilian Human Resources Manual, Subchapter 792.4
(ag) SECNAV M-5210.1

Encl: (1) Semper Fit Fitness and Health Promotion Program Manual.

1. Situation. To provide updated policy and procedural guidance for the safe and effective management of Semper Fit Fitness and Health Promotion programs inherent to installations per references (a) through (ag).

2. Cancellation. MCO P1700.29.

3. Mission. By implementing the policies contained in references (a) through (ag), Semper Fit Fitness and Health Promotion staff will provide all authorized patrons with programs, which will provide knowledge, skills and tools from which health, resiliency, and optimal performance can emerge.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To ensure that all individuals responsible for assisting all authorized patrons with fitness and health promotion programs are provided adequate guidance and information pertaining to policies, procedures, and responsibilities.

(2) Concept of Operations. In order to achieve and sustain the optimal well-being of all authorized patrons, Semper Fit experts shall provide fitness and health education programs through a holistic, integrated mind/body approach during global crises, peacetime and well into the future.

b. Subordinate Element Missions

(1) Deputy Commandant, Manpower and Reserve Affairs (DC, M&RA). DC, M&RA provides oversight for all issues pertaining to Semper Fit and Exchange Services Division (MR) and the Semper Fit (CMC (MRS)) branch.

(2) Semper Fit and Exchange Services Division (MR) is the Semper Fit Fitness and Health Promotion program sponsor and provides support to the Semper Fit Fitness and Health Promotion section (CMC (MRS-1)) that serves as the Marine Corps subject matter expert on issues pertaining to Fitness and Health Promotion and shall:

(a) Develop and provide guidance on all activities regarding Semper Fit Fitness and Health Promotion program policy.

(b) Coordinate fitness and health promotion programs with major commands, Headquarters, U.S. Marine Corps (HQMC) staff agencies, higher headquarters, other Department of Defense (DoD) agencies and non-military agencies/entities, as required.

(c) Develop fitness and health promotion initiatives related to personnel, facilities and training.

(d) Conduct research and analysis to support programming decisions and budgets with both quantitative and qualitative data.

(e) Assess progress toward goals and objectives, as set forth in this policy and per reference (a).

(f) Develop and recommend program evaluation and effectiveness plans to support the overall program.

(g) Develop marketing material for publicity.

(h) Advise Marine Corps Community Services (MCCS) activities to incorporate the use of commercial and community sources in support of their local fitness and health promotion programs as appropriate.

(3) CMC Installations and Logistics (I&L) shall:

(a) Provide a point of contact to liaise with Semper Fit on nutrition-related issues.

(b) Provide a point of contact at the installation to liaise with local Semper Fit staff to promote healthy food choices and other health-related awareness and education at the dining facilities.

(c) Ensure that food service personnel develop and implement menus that promote healthy food choices and support health-enhancing decisions in the food service environment.

(d) Coordinate/ensure Semper Fit is provided the opportunity to prioritize MILCON/Facilities Sustainment Restoration Modernization (FSRM) projects to ensure balance/equitable MILCON plan for fitness centers.

(4) CMC Manpower, Plans and Policy Division (MP) shall:

(a) Shall support opportunities for DoD civilian employees who choose to pursue healthy lifestyles by promoting participation in Semper Fit programs where applicable.

(b) Respond to civilian employee inquiries and provide advice and guidance via the normal chain of command with

respect to civilian personnel policies and issues related to the Marine Corps Semper Fit programs.

(5) CMC Public Affairs (PA) shall:

(a) Coordinate with MR to ensure key Semper Fit program themes, special programs, events, and updates are incorporated into the annual PA plan.

(b) Disseminate information on key Semper Fit themes, programs, events, and updates through MCNEWS, Marines Magazine, Marine Link, and civilian media outlets as appropriate.

(c) Coordinate with MR to obtain information and/or provide a subject matter expert as spokesperson when responding to civilian media inquiries pertaining to Semper Fit programs.

(6) CMC Health Services (HS) shall:

(a) In partnership with the Bureau of Medicine and Surgery (BUMED) encourage and support the collaborative efforts of Semper Fit Health Promotion with Navy Military Treatment Facilities (MTF) Health Promotion programs located on Marine Corps installations.

(b) Advise and assist the involvement of Fleet Marine Forces (FMF) medical departments in support of Semper Fit programs.

(c) Ensure compliance with the Health Risk Assessment (HRA) during the annual Periodic Health Assessment (PHA).

(7) Commanders, U.S. Marine Corps Forces Command, U.S. Marine Forces, Pacific; U.S. Marine Forces, Atlantic; U.S. Marine Forces, Reserves; and Commanding Generals, Marine Corps Combat Development Command, Marine Corps Logistics Command and Marine Corps Recruiting Command shall:

(a) Review, prioritize, and consolidate Program Objective Memorandum (POM) requirements to include personnel, equipment, inventory replacement, supplies, and staff training for Semper Fit programs.

(b) Ensure Semper Fit programs are included in the initial planning stages of a Mobilization and Contingency planning process.

(c) Ensure all MCCDC and Training and Education Command (TECOM) basic/technical training programs for officers and enlisted have targeted education regarding Sexual Health and Responsibility, Disease Prevention, Tobacco Prevention and Cessation.

(d) Ensure TECOM provides instruction on the Semper Fit programs to all recruits. Include at a minimum: Sexual Health and Responsibility, and Tobacco Prevention and Cessation.

(e) Comply with reference (b), pertaining to the prohibiting of all tobacco products by military and civilian personnel in instructor positions while in the presence of recruits/students.

(8) Installation Commanders shall:

(a) Allot time during "Welcome Aboard" briefs to point out Semper Fit program capabilities aboard the base.

(b) Ensure Semper Fit Fitness and Health Promotion themes, programs, events and updates are incorporated into public affairs planning and products.

(9) Commanding Officers (at all levels: Battalion/ Squadron, RS, and I&I Staff) shall:

(a) Be familiar with Semper Fit programs and tools to enhance operational readiness and resiliency through encouragement, education, and support of healthy lifestyles.

(b) Sponsor and/or participate in activities that enhance and encourage physical fitness and healthy lifestyles in support of the Semper Fit programs.

(c) Ensure all Marines receive annual education and training in Sexual Health and Responsibility and Tobacco Prevention and Cessation through Semper Fit Health Promotion sponsored classes or Semper Fit distance learning through MarineNet.

(d) Ensure all Marines receive additional annual training in at least two of the remaining Semper Fit Health Promotion elements: Physical Fitness, Nutrition, Injury Prevention, or Disease Prevention (e.g. Hypertension, Cholesterol Prevention, Cancer, Diabetes, Osteoporosis, etc.). Choice of training should be based upon the needs and interests of the respective units or on health risks identified in the HRA.

(e) Utilize Semper Fit subject matter experts (SMEs) to the fullest extent possible in carrying out fitness and health promotion training at the unit level.

(f) Include Semper Fit Fitness and Health Promotion program compliance and evaluation as part of the command inspection program.

(g) Ensure command orientation programs include information on where to obtain Semper Fit assistance and resources.

(h) Promote a tobacco-free working environment in accordance with reference (b) and issue a written tobacco use policy.

(i) Encourage sponsorship or participation in Semper Fit health and fitness programs and events to include health fairs, Body Composition Program, High Intensity Tactical Training (HITT), tobacco cessation, and family fitness programs where applicable.

(j) Promote leadership practices that reduce job related stress through programs that enhance a condition of mental alertness, resiliency, and physical well-being among members of their command.

(k) Ensure the existence of a work environment conducive to improving and protecting health and safety.

(l) Provide an environment that promotes appropriate referrals to resources for counseling and supportive services.

(m) Support the utilization of a validated nutrition environment assessment tool, such as military Nutrition Environment Assessment Tool (mNEAT), on a periodic basis to

monitor, track, and promote nutritious food choices across the installation.

(n) Promote the DoD Operational Supplement Safety Program across the installation.

(10) Installation Marine Corps Community Services (MCCS) Directors shall:

(a) Designate a Semper Fit Director in writing to direct the operational administration of all USMC Semper Fit Core programs and services at the installation.

(b) Implement Semper Fit Fitness and Health Promotion programs utilizing local MCCS resources and any other installation resources available. Ensure these programs meet the minimum requirements as outlined in this policy.

(c) Ensure infrastructure requirements for Semper Fit programs are included in installation facility master plans and POM submissions.

(d) Develop budget requirements relative to the POM for Semper Fit Fitness and Health Promotion programs. These requirements will be submitted to the major commands for review and prioritization prior to consolidation and submission to DC, M&RA (MR).

(e) Designate a fitness center as the primary Semper Fit Center to serve as a focal point for Semper Fit Fitness and Health Promotion programs, activities and information.

(f) Encourage, promote, and support Semper Fit Fitness and Health Promotion programs. Reinforce the importance for fitness and health promotions programs to all staff through employee wellness programs.

(g) Promote healthy food choices in Exchanges, Clubs, retail food establishments, vending, Child Development Centers (CDC), etc.

(h) Ensure the availability of healthy food choices is periodically assessed using a nutrition environment assessment tool such as mNEAT along with a corresponding action plan for improvements.

(i) Implement the DoD Operational Supplement Safety Program, utilizing MCCS and other available resources and personnel.

(j) Support appropriate displays, programs and events for alcohol and tobacco de-glamorization and other awareness campaigns.

(k) In accordance with reference (d), ensure appropriate budget is designated to support the minimum core requirements for Fitness and Health Promotion programs which are Cat A programs.

5. Administration and Logistics. Recommendations concerning the contents of this Order may be forwarded to DC, M&RA via the appropriate chain-of-command. Records created as a result of this Order shall be managed according to National Archives and Records Administration approved dispositions per reference (ag) to ensure proper maintenance, use, accessibility and preservation, regardless of format or medium.

6. Command and Signal.

a. Signal. This Order is effective the date signed.

b. Command. This Order is applicable to the Marine Corps Total Force.

R. E. MILSTEAD, JR
Deputy Commandant for
Manpower and Reserve Affairs

PCN 10202320900

LOCATOR SHEET

Subj: SEMPER FIT FITNESS AND HEALTH PROMOTION POLICY

Location: _____
(Indicate the location(s) of the copy(ies) of this Order.)

RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporated Change

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CHAPTER 1

Semper Fit Fitness and Health Promotion Program Manual

1. Overview. Small unit leadership, unit cohesion, an expeditionary mindset, education, the spirit of innovation and fidelity form the foundation of our Corps. In keeping with the expeditionary posture of the 21st Century Marine, Marine Corps Community Services (MCCS) Semper Fit and Recreation Programs are designed to embrace the warrior mentality while fostering an environment-promoting resiliency. Semper Fit and Recreation Programs are directly related to combat readiness. They serve as the main mechanism through which a variety of programs, services and activities will be provided to our single Marines, married Marines and their families, as well as other authorized patrons. The primary focus of the Semper Fit and Recreation Program will be to provide fitness, recreational, sports and educational activities that are conducive to healthy lifestyles and assist the commander in preventing situations before they develop into serious problems, which negatively impact the mission readiness of our Marines, our commands, and the readiness of our families to succeed as partners in this challenging way of life.

2. Background. The 35th Commandant of the Marine Corps', Planning Guidance proclaims "we will ensure that Marines, Sailors and their families have availability and access to quality facilities and support programs. The same effort will be applied equally to our single Marines, who make up half of our Corps." Furthermore, we shall "institutionalize resiliency" across the Marine Corps. "The objective is to provide the best skills and tools available to Marines and their leaders so they can better cope with the challenges of combat and the rigor of life as a Marine both deployed and in garrison." The resiliency effort, known as "Marine Total Fitness," is as an installation/community; Unit/Family based effort, focusing on four domains: physical, psychological, social, and spiritual. These four domains, or pillars, are not distinct but rather mutually dependent upon one another and dependent upon the support from the installation/community and the unit/family. To compliment this effort, we must concentrate on sustaining Marines and their families so they are ready to accomplish the mission and can concentrate fully on arising threats to our nation. Semper Fit and Recreation Programs seek to enable the regeneration of warfighters through innovation and state-of-the-

art programs. With a constant forward focus, we will keep the faith with our Marines, and their families.

3. Inventory of Programs. Semper Fit and Recreation is comprised of Fitness and Health Promotion, Community Recreation and Skills Development, Outdoor Recreation, Unit Recreation and Deployment Support, Recreation Management Software, and Sports programs. Each section is unique in both structure and the programs/services offered.

4. Eligibility. Any person using a Marine Corps Semper Fit and Recreation Program will be positively identified as an authorized patron of the activity. Authorized patrons are defined in references (d) and (e). Proper security measures will be taken to prevent unauthorized use. Identification of authorized patrons will be by official Armed Forces identification card or other official identification. Detailed information on eligibility can be found in Chapter 3 of this document.

5. Semper Fit Director. Each MCCS Director shall designate/assign a Semper Fit Director who shall possess a baccalaureate degree in Recreation, Recreation Management, Community or Commercial Recreation, Physical Education, Exercise Science, Exercise Physiology, Kinesiology, Fitness, Business Administration/Management, or Sports Management or a related field from an accredited college or university and a minimum of five years' experience working as a recreation or fitness professional. This position shall be classified under job series #0301, 0340, 0635, 0601, or 1101. The primary duty of the Semper Fit Director is the development and administration of an active program of authorized activities designed to enhance the personal readiness of Marines and their families. The Director shall ensure that Semper Fit programs are conducted to support operational mission readiness, improve morale and quality of life (QOL) for Marines and their family members. At applicable commands, the Semper Fit Director shall ensure all applicable billets and collateral duties are staffed by personnel with the qualifications, including education and certifications, as identified in this Order.

6. Core Competencies. Core competencies are specific skill sets that bring a competitive advantage to fitness, recreation, sports or business ventures. These competencies are seen as important factors that improve the end products produced by the

program for the benefit of the consumer. This policy provides core competencies on fitness and health promotion programs.

7. Strategic Planning. Successful programs are those created within a standardized framework with a comprehensive approach to program development and preparation. A standardized framework consists of a strategic plan that includes mission and vision statements, program specific goals (both long-term and short-term goals), specific measurable outcome objectives, strategies and action steps, and evaluation methodology. All Semper Fit and Recreation programs shall develop and implement strategic plans and perform annual updates.

8. Standards & Benchmarks. Providing a varied and sufficient number of Semper Fit and Recreation Programs is essential to the effective functioning of the Marine Corps per references (d) and (e). Cognizant commanders and commanding officers must devote necessary attention and authorized resources to ensure effective and adequate Semper Fit and Recreation Programs are available. Well-rounded Semper Fit and Recreation Programs contribute to mission readiness by providing activities and services that foster physical readiness, support well-being and quality of life, and help to improve skills for living healthy lives.

9. Inclusion. Semper Fit is committed to providing meaningful access to facilities, programs, and operations by providing appropriate and reasonable accommodations to qualified patrons. Inclusion encourages opportunities for people of all abilities to participate and interact together with respect.

a. Inclusion is the active engagement of people with disabilities or injuries; offering the same choices to everyone, where the quality of the activities and services are the exact same and everyone has the same experience.

b. Semper Fit and Recreation staff will adhere to the following guidelines with respect to reasonable accommodations as outlined in Chapter 3, Fitness Center Administration.

10. Audits/Inspections/Internal Controls. Semper Fit and Recreation Programs shall be audited/inspected per reference (f).

11. Asset protection. Each MCCS Director is required to establish an asset protection program for their Semper Fit and Recreation Programs that will safeguard assets, inventory, and

ensure data integrity. The program shall ensure that adequate security measures and controls are in place for safeguarding MCCS assets.

12. Waivers. Per reference (d), waivers and other deviations from the policies contained in this Order must be authorized in writing by CMC (MR). All policy waivers shall be requested and issued through normal Marine Corps channels. For waivers that may impact MCCS revenue generating operations or the financial integrity of the MCCS Non-Appropriated Fund Instrumentality (NAFI), they must contain a financial analysis of that impact either positive or negative.

13. Safety

a. Injury prevention is integral to the day-to-day education and operations of installation fitness, recreation, and sports programs. Mishaps that occur during these activities adversely impact a command's mission capability. Significant medical expenses and loss of specialized skills may be attributed to these mishaps. Many of these mishaps can be prevented or minimized through the enforcement of Risk Management (RM) practices and recreational safety programs. Safety procedures and RM guidance are found in references (h) and (i). Factors must be identified and an emergency action plan covering such areas as injuries, other medical emergencies, and severe weather must be part of the standard operating procedure (SOP) for every recreational activity. All personnel will be qualified and familiar with these procedures as part of their required training. The use of Operational Risk Management (ORM) as part of fitness practices applies to all Marines, and is highly encouraged for DoD civilians and their family members.

b. HQMC/MRS shall be notified of significant incidents and fatalities within 24 hours of the occurrence. Reportable physical injuries shall be defined as injuries that create a substantial risk of death, or that cause serious disfigurement, serious impairment of health or serious loss or impairment of the function of any bodily organ. Final reports shall be forwarded to HQMC/MRS upon completion.

14. Volunteers. Volunteers are a key resource in the achievement of the Semper Fit and Recreation vision. Volunteers are instrumental in helping to build strong communities and programs. All programs utilizing volunteers shall follow the guidance in references (j) and (k).

15. Programming and Competitive Events

a. Customers drive Semper Fit and Recreation programming. Semper Fit and Recreation strives to stay current with the needs and interests of our authorized patrons as well as keeping abreast of the latest industry trends.

b. Competitive events for military participants are a function of Semper Fit and Recreation Programs.

c. If civilian participation is permitted, the following provisions will apply:

(1) The use of non-appropriated funds (NAF), other than using the entrance fees generated by each specific event, is prohibited. This does not preclude the obligation of local recreation funds for the purchase of supplies and awards prior to the event. However, all such advances shall be totally liquidated through the event receipts.

(2) Installation Semper Fit and Recreation Program Managers must be able to identify all income and expenses associated with the event.

(3) "Hold Harmless" agreements, where applicable, will be obtained to preclude claims and litigation against the United States, the Marine Corps, and the MCCS command. Agreements shall be reviewed by the appropriate MCCS legal counsel prior to establishing their use at an activity.

(4) Commands must take positive steps to ensure the amateur status of all participants is protected, and that participation in base sponsored events, with cash prizes or gift certificates, does not violate the regulations of the national governing body.

16. Awards

a. Awards to stimulate interest in fitness, recreation and sports activities are authorized for non-intramural sports and recreation awards; e.g., running events or competitions that are not a part of the intramural program. Cash prizes or certificates redeemable in cash may be awarded if funded with entry fees/NAF associated with the event.

b. Commanding officers may not authorize individual awards for competitive drill and other military skill events that are training functions. Using NAF for awards/prizes is prohibited.

17. Policy. The policy herein provides guidance for the Semper Fit Fitness and Health Promotion programs.

CHAPTER 2

Semper Fit Fitness and Health Promotion Staff

1. Purpose. Standards shall be implemented to employ a strong, professional, and competent staff that is fully qualified with the education and certifications befitting the position in which they serve.

2. Background. The fitness and health promotion industries have seen a steady growth in the past decade. Given America's continuing struggle with obesity and health care reform legislation, there is a renewed focus on prevention. Today's industry standards require educated, certified, and experienced fitness professionals and health educators in fitness facilities. Educated and experienced professionals provide the highest quality fitness training that is safe and effective, reduces the risk of injury, and provides health education that stimulates positive health behavior change. Based upon the industry standards, HQMC Semper Fit has recognized the need for standardized staffing guidelines. These standards establish a consistent, uniform, and effective approach to staffing in order to provide the highest quality programs and services throughout Marine Corps installations.

3. Staff Qualifications and Responsibilities. Core competencies are specific and unique skills, knowledge, and abilities of staff that enable an organization to provide an exceptional product or service to a target population. Semper Fit Fitness and Health Promotion staff shall meet or exceed the core competencies, education and certification requirements within the appropriate job series as outlined in this policy. The most current and standardized/core position descriptions can be found in the Position Description Management System.

a. Fitness Director. The Fitness Director shall possess a baccalaureate degree in Exercise Science, Exercise Physiology, Kinesiology, Fitness or health related field from an accredited college or university per reference (l) and shall possess a minimum of three years' experience as a fitness professional working in the fitness and health industry in a health/fitness facility. The Fitness Director shall possess and maintain a fitness instructor or personal trainer certification from a nationally accredited certifying organization per reference (l). The primary duties of the Fitness Director are the overall operation of all Semper Fit Fitness Centers on their

installation. This may include the oversight and knowledge of the development and execution of programs; budgeting to include establishing effective cost controls and maintaining accurate accounts and records; activity solvency; internal controls and development of facility improvement and equipment procurement programs and to stay informed of all current policies applicable to activity operations and current industry trends. The Fitness Director shall provide for a mentorship program for new staff. The Fitness Director shall assist the Semper Fit Director in identifying and assigning the collateral duty of Combat Fitness Coordinator to a qualified staff member (see Combat Fitness Coordinator qualifications below). The Director shall provide advice to installation commanders on the management aspects of satellite facilities as requested. This position shall be classified under job series #0635 or 0601.

b. Fitness Center/HITT Center Manager. The Fitness Center Manager shall possess a baccalaureate degree in Recreation Management, Exercise Science, Exercise Physiology, Kinesiology, Fitness or related degree from an accredited college or university and shall possess a minimum of three years' experience within the health/fitness industry. The Fitness Center Manager shall possess and maintain a fitness instructor or personal trainer certification from a nationally accredited certifying organization. The primary duties of the Fitness Center Manager are the overall operation, maintenance and control of the fitness center, and HITT Centers to include: property and equipment; equipment layout; daily inspections on sanitation, cleanliness and safety of all areas; developing and managing budgets, monitoring programs, and developing long range plans. This position shall be classified under job series #0635, 0601, or 0188.

c. Fitness Program Manager. The Fitness Program Manager shall possess a baccalaureate degree in Exercise Science, Exercise Physiology, Kinesiology, Fitness, or related degree from an accredited college or university and shall possess a minimum of three years' experience within the health/fitness industry. The Fitness Program Manager shall possess and maintain fitness certifications from American College of Sports Medicine (ACSM) (Health and Fitness Specialist or higher; Certified Inclusive Fitness Trainer (CIFT) recommended); National Strength and Conditioning Association (NSCA) Certified Strength and Conditioning Specialist (CSCS); or specialized

certification in Youth, Senior, or Rehabilitation fitness from an accredited fitness organization. The primary duties of the Fitness Program Manager shall include the planning, organizing, administering, supervising and evaluating fitness programs for all patrons including active duty (Combat Fitness/HITT Program), family members, retirees, and civilians. The Fitness Program Manager shall supervise all fitness specialists, and Group Exercise Instructors. The Program Manager shall supervise and evaluate combat fitness/high intensity tactical training (HITT) programs for all active duty Marines and ensure these programs are delivered and/or instructed by Semper Fit staff members who possess the CSCS certification as well as the Sports Performance Level 1 Certification from the United States Weightlifting Association (USAW). The Fitness Program Manager shall ensure that training in combat fitness/HITT is made available to unit fitness coordinators at their installations and shall schedule unit PT as requested. The Fitness Program Manager shall work closely with the Fitness/HITT Center Manager and the Level 3 Fitness Specialist assigned as the Combat Fitness Coordinator on equipment selection and placement in the fitness/HITT Centers. The Fitness Program Manager shall ensure the development and implementation of Family Fitness programming and services as per Chapter 3, Sections 4 and 6. The Fitness Program Manager shall coordinate training and education of fitness related topics to MCCS program staff whose programs and services involve physical activity. This position shall be classified under job series #0635 or 0601 and shall take into consideration the requirements of the position.

d. Fitness Specialists. Fitness Specialists are certified professionals who assess a patron's unique fitness goals and then design and implement a personalized fitness plan. Fitness specialists shall be identified as Level 1, Level 2, or Level 3 based upon education and credentials. Scope of practice shall be commensurate with education and credentials. Table 2-2 identifies the certifications accepted for each Fitness Specialist Level.

(1) Level 1 Fitness Specialist. Level 1 Fitness Specialists shall possess a high school diploma, General Equivalency Development (GED), or Associate's degree and shall be hired with a basic level personal trainer certification from a nationally accredited certifying organization. Level 1 Fitness Specialists with a basic certification are qualified to work with apparently healthy individuals, with no health risk

factors, and who were not referred by a physician. Level 1 Fitness Specialists may, under the supervision of a Level 2 Fitness Specialist, work with healthy children, ages 12 and older. Level 1 Fitness Specialists shall not be promoted until they complete the educational requirements of a Level 2 Fitness Specialist. This position shall be classified under job series #0188 or 0601.

(2) Level 2 Fitness Specialist. Level 2 Fitness Specialists shall possess a baccalaureate degree in Exercise Science, Exercise Physiology, Kinesiology, Fitness or related field from an accredited college or university and shall possess and maintain a personal trainer certification from a nationally accredited certifying organization. Level 2 Fitness Specialists are qualified to work with patrons with risk factors, and/or who may have been referred by a physician. Level 2 Fitness Specialists with the USAW and Tactical Strength and Conditioning (TSAC) certification/course may work under a Combat Fitness Coordinator (CFC) with the HITT program. Level 2 Fitness Specialists shall not be promoted to Level 3 until they receive an advanced level certification. This position shall be classified under job series #0635 or 0601.

(3) Level 3 Fitness Specialist. Level 3 Fitness Specialists shall possess a baccalaureate degree in Exercise Science, Exercise Physiology, Kinesiology, Fitness or related field from an accredited college and shall maintain an advanced level certification from a nationally accredited certifying organization as identified in Table 2-2. Level 3 Fitness Specialists are qualified to work with special populations. Special populations include those individuals with physical, emotional, or cognitive disabilities that require expertise and supervision above the abilities of a Level 2 Fitness Specialist.

(a) A Level 3 Fitness Specialist shall be assigned as the CFC as a collateral duty at each HITT Center. If there is not a HITT Center on base, there shall be a CFC appointed for all combat fitness programming/HITT. Only Level 3 Fitness Specialists with the CSCS, TSAC, **AND** USAW certification shall oversee the HITT program. This position shall be classified under job series #0635 or 0601.

(b) A Level 3 Fitness Specialist shall be assigned to be the Family Fitness Coordinator as a collateral duty and is the subject matter expert in inclusive fitness programming for

family members, Wounded, Ill and Injured Marines, retirees, and civilian personnel who have a chronic long-term disability or illness. Collateral duties include but are not limited to collaborating with other Semper Fit and MCCS programs to provide inclusive fitness programs and services to all eligible patrons; assisting in the development and implementation of family fitness programs and services; and mentoring and training fitness specialists in the inclusive fitness programming. Recommend certification in the ACSM Certified Inclusive Fitness Specialist. This position shall be classified under job series #0635 or 0601.

e. Group Exercise Instructors. Group Exercise Instructors shall possess a high school diploma or GED and shall possess and maintain a certification or credential for teaching specialty programs such as yoga, Pilates, indoor/group cycling, etc. Certifications shall be from a nationally accredited certifying organization. The primary duty of a Group Exercise Instructor is to instruct classes in the specialty area in which they are certified. These qualifications shall be required for contractors. This position shall be classified under job series #0188.

f. Fitness Attendant. Fitness Attendants shall demonstrate a fundamental knowledge in the safe operation of fitness center equipment and facility operations, and first echelon fitness equipment maintenance and repair. Fitness Attendants shall complete the Semper Fit Basic Fitness Course (Marine Corps Institute course 4135 web version) within six months of hire. This position shall be classified under job series #0189.

g. Health Promotion Director. The Health Promotion Director shall possess a baccalaureate degree in Public Health, Health Promotion, Health Education, School Health or other health related degree from an accredited college or university and shall possess a minimum of three years' experience as a Health Promotion professional within the public health or health education industry. The Health Promotion Director shall possess and maintain a health education certification from a nationally accredited certifying organization or be eligible to take the examination such as the Certified Health Education Specialist (CHES) or the Physical Activity in Public Health Specialist (PAPHS). The Health Promotion Director shall possess and maintain a certification as a Tobacco Cessation Facilitator or achieve this certification within six months of hire. The

primary duties of the Health Promotion Director include budgeting, maintenance and purchasing of health assessment equipment, oversight of health promotion centers and classrooms, staffing, development of screening programs and trainings, nutrition programming, health promotion council, supporting the Body Composition Program (BCP), coordination with fitness staff and other partners for joint programs, provide oversight and evaluation of Semper Fit Health Promotion programs in keeping with current industry standards. This position shall be classified under job series #1725.

h. Health Educator. The Health Educator shall possess a baccalaureate degree in Public Health, Health Promotion, Health Education, School Health, Community Health or related health degree from an accredited college or university and shall possess a minimum of three years' experience within the public health industry. The Health Educator shall possess a health education certification from a nationally accredited certifying organization or be eligible to take the examination such as the Certified Health Education Specialist (CHES) or the Physical Activity in Public Health Specialist (PAPHS). Health Educators shall work under the guidance of the Health Promotion Director. The primary duty of the Health Educator is to coordinate, conduct, and evaluate all Semper Fit Health Promotion programs through such avenues as screenings, briefs, classes, and health fairs, one-on-one counseling and in keeping with current industry standards. Health Educators shall possess and maintain a certification as a Tobacco Cessation Facilitator or achieve this certification within six months of hire. This position shall be classified under job series #1725 or 1702.

i. Registered Dietitian. The Registered Dietitian shall possess a baccalaureate degree in Dietetics, Food and Nutrition, Nutrition Sciences, Community Nutrition, Public Health Nutrition, Human Nutrition or related degree from an accredited college or university and shall possess a minimum of three years' experience within the nutrition industry. The Registered Dietitian shall possess an active license from the state in which they work. The Registered Dietitian shall work under the guidance of the Health Promotion Director. The primary duty of the Registered Dietitian is to provide individual and group nutrition counseling, education, and programs to: enhance human performance; to maintain active duty weight standards; to prevent disease and to maintain healthy lifestyles. A

Registered Dietitian may be utilized in addition to or in lieu of a Health Educator. In a situation in which the dietitian is utilized in lieu of a health educator, this individual will be responsible for performing the duties and functions of the health educator for a needs driven program. This position shall be classified under job series #0630.

j. Equipment Repairer. The Equipment Repairer shall possess knowledge of and skill to: repair computerized, digital, electronic, electrical/electromechanical equipment; refer to a variety of equipment handbooks, manufacturers plans, digital and circuitry diagrams to troubleshoot repairs and complete repairs independently; use and operate a variety of repair equipment and tools such as computers, digital multimeter, transistor checker, oscilloscope, electric drill, soldering iron, etc. to complete repairs independently. This may be a contracted position. This position shall be classified under job series #4801.

k. Custodian. The custodian's duties shall include cleaning offices, physical fitness training rooms around heavy fitness equipment, locker rooms, restrooms, storerooms, corridors, stairways, floors and other areas as assigned by the Fitness Center Manager. This position shall be classified under job series #3566.

l. Fitness Specialist Staffing

(1) Per reference (o), a staff-to-patron ratio shall be established by the installation Semper Fit program that maintains customer safety and provides adequate patron guidance, instruction and assistance to meet patron needs. Facilities must provide adequate and appropriate supervision with well-qualified and trained personnel, especially during peak usage times. In order to ensure maximum health, safety, and instruction, fitness specialists must be present during all activities; have a clear view of the entire facility (or at least the area being supervised by each specialist) and the patrons in it; be physically close enough to the patrons to be able to see and clearly communicate with them; and have quick access to those in need of spotting or assistance. Per reference (o), while there is no ratio that currently exists for professional fitness staff to number of patrons, ". . .it is advisable that there be at least one freestanding fitness professional (i.e., an individual

who is not engaged in providing users with personalized instruction) for every 100 facility users."

(2) The following information shall be used to determine the number of fitness specialists:

(a) Square footage and physical layout of facility

(b) Fitness Center/Program data. The recreation management software program data can provide much of this information such as:

1. The number of patrons per day and per hour to determine peak/non-peak usage times.

2. The number of patrons per patron group (active duty, family member, youth, retiree, DoD Civilian) and needs of the patrons.

3. Number of patrons in line of sight of fitness specialists.

4. Average number of fitness assessments conducted.

5. Average number of personal training sessions conducted.

(3) Minimum staffing ensures sufficient staff is available to respond in an emergency and requires the following:

(a) Per fitness center, at least two fitness staff shall be on duty during non-peak hours of operation per reference (l) and assigned to:

1. Front Desk

2. Roaming capacity - One fitness specialist (Level 1, 2, or 3). Per reference (l), at least one fitness staff member during all hours of operation, who interfaces with customers in the fitness area, is knowledgeable in the safe operation of fitness equipment and facility operation and is current in fitness safety shall be provided in each fitness facility. Roaming precludes the staff from conducting any individual training sessions or assessments. For additional guidance, refer to Chapter 4, Section 10.(d) of this document.

(b) Per fitness center, at least three fitness staff shall be on duty during peak hours of operation and assigned to:

1. Front Desk location; and

2. Roaming capacity - two fitness specialists (Level 1, 2, or 3)

(c) At least one fitness specialist (Level 1 Fitness Specialist) in a roaming capacity is on duty at all times the program is in operation.

(d) One Level 3 Fitness Specialist/Combat Fitness Coordinator with the CSCS, TSAC, and USAW certification shall be assigned to each HITT Center.

(e) One Level 2 Fitness Specialist shall be assigned to each facility.

(f) To promote effective supervision and instruction, additional staffing may be needed to ensure internally established ratios are being met.

(4) Additional information about supervision and staffing of facilities can be found in reference (o).

4. Additional Qualifications

a. Fitness staff shall have in-depth knowledge of all fitness center equipment and be able to instruct patrons in its proper use. Every staff member must be able to conduct a general orientation class that includes, at a minimum, the following topics: facility rules and regulations; fitness safety policies and procedures; and equipment use.

b. All Semper Fit Fitness and Health Promotion staff and fitness contractors shall be certified in Cardiopulmonary Resuscitation (CPR)/Basic Life Support (BLS), the use of Automated External Defibrillators (AED), and Basic First Aid through the American Heart Association or the American Red Cross. No online CPR/BLS or First Aid courses are acceptable.

5. Grandfather clause. Current employees that do not meet the required education, certification and/or work experience qualifications as outlined in this policy shall be grandfathered

in their current position. As positions are vacated through retirements, transfers, or attrition, the new hires shall meet the required qualifications as outlined in this policy. Opportunities for career enhancement shall be made available at the Director's discretion for those grandfathered.

6. Training and Mentoring

a. Newly hired employees shall participate in a mentoring/orientation program under the direction of their immediate supervisor. A local systematic approach to job specific orientation is strongly encouraged.

b. All newly hired Semper Fit Fitness and Health Promotion staff shall attend the MCCS World Class Customer service training.

c. An Individual Development Plan (IDP) shall be developed for all Semper Fit employees. This plan shall identify required training to maintain the core competencies of their present job and to prepare them for future positions within Semper Fit. Dates of completion, copies of certifications, and degrees shall be included.

d. Organizational and individual membership in professional organizations, which contribute to the fulfillment of the Semper Fit mission, are strongly encouraged. Professional organizations distribute valuable publications to members and provide excellent opportunities for professional development through training sessions and conferences.

e. All Health Promotion and Fitness specialists shall be encouraged to participate in ongoing professional conferences to update their skills and knowledge, improve job performance and accumulate continuing education credits towards maintaining certifications. Professional development workshops and conferences sponsored by professional organizations offer fitness and health promotion staff the opportunity to stay abreast of current industry trends and research. Participation in professional development activities is strongly encouraged (e.g., National Strength and Conditioning Association, Athletic Business Conference, American College of Sports Medicine Conferences, American Journal of Health Promotion Annual Conference, Armed Forces Public Health Conference).

f. Certification is a process through which an individual is granted recognition from an organization after completing and/or achieving certain established criteria. Fitness and Health Promotion certifications are those that have received approval of their certification programs, procedures, and practices from a nationally recognized and accredited certifying organization such as the National Commission for Certifying Agencies (NCCA) the accrediting body of the National Organization for Certifying Agencies (NOCA) or the Distance Education Training Council (DETC) which is recognized by the U.S. Department of Education, and the National Commission for Health Education Credentialing (NCHEC), a NCCA approved agency. A list of Semper Fit approved certifications can be found in Table 2-3. Training from organizations not accredited can be valuable and may be taken in addition to, not in lieu of, the requirements as outlined in this policy.

g. To stay abreast of industry trends, a minimum of two individuals or 20 percent, whichever is greater, of the Fitness staff (per installation) shall attend, successfully complete and obtain a certification in an advanced and specialized fitness course by an accredited provider. Advanced certifications and specialized training recommendations to include but are not limited to CSCS, TSAC, USAW, Health Fitness Instructor (ACSM), etc., found in Table 2-3. These training programs may be offered through MR Division Human Resources Branch (CMC (MRG)). MRG training programs are at no cost to the installation. Attendance shall be at the discretion of the Semper Fit Director and the Combat Fitness Program Manager at Headquarters, and shall be equitable among fitness center staff with regard to position and may be dependent upon fiscal conditions.

h. Health Promotion staff shall be trained as Tobacco Cessation Program Facilitators. Training may be obtained free through local organizations such as the American Cancer Society, American Lung Association, or through the Navy Tobacco Cessation Facilitator course offered by the Navy and Marine Corps Public Health Center.

Billet	NAF/GS Grade	Job Series	Metric
Fitness Director	NF4 GS 11/12	#0635,0601	1 per medium and large installation
Health Promotion Director	NF4 GS 11/12	#1725	1 per medium and large installation
Health Educator	NF2/3 GS 7/9	#1725 or 1702	Based on Active Duty Population: • 0-8,000 = 1 FTE per installation • 8,001-16,000= 2 FTE per installation • 16,001-24,000= 3 FTE per installation • 24,001-32,000= 4 FTE per installation 32,001-40,000= 5 FTE per installation
Registered Dietitian (may be utilized in lieu of a Health Educator)	NF3/4 GS 9/11	#0630	Based on Active Duty Population: • 0-8,000 = 1 FTE per installation • 8,001-16,000= 2 FTE per installation • 16,001-24,000= 3 FTE per installation • 24,001-32,000= 4 FTE per installation 32,001-40,000= 5 FTE per installation
Fitness/Health Promotion Director	NF3/4 GS 9/11	#0635,0601	1 per small installation (combined Fitness Director and Health Promotion Director position at installations less than 4,000 Active Duty)
Fitness/HITT Center Manager	NF3 GS 9/11	#0635,0601, 0188	1 FTE per staffed facility (combined with Fitness Director at installations less than 4,000 Active Duty)
Fitness Program Manager	NF3/4 GS 9/11	#0635,0601	• 1 FTE per base for bases that are >8,000 Active Duty. • If base has Group Exercise, add a 0.5 FTE Program Manager for bases with 20-30 Group Exercise classes per week. • Add another 1.0 FTE Program Manager for >30 group exercise classes/week. **Class monthly average size must be at least 7 participants to remain on the schedule.*
Fitness Specialist-Level 3 (Collateral Duties: Combat Fitness Coordinator (CSCS,TSAC,USAW certified); Family Fitness Coordinator)	NF4 GS 5/7	#0635,0601	Refer to Chapter 2, Section 3 (m) for additional guidance. Minimum staffing per center: Non-peak hours a. 2 fitness staff at all times as a minimum: 1 Fitness Attendant 1 Fitness Specialist Peak hours b. 3 staff at all times as a minimum: 1 Fitness Attendant 2 Fitness Specialist with one being Level 2 or 3. HITT Centers shall have a Level 3 on duty at all times.
Fitness Specialist-Level 2	NF2/3 GS 4/5	#0635,0601	Refer to Chapter 2, Section 3 (m) for additional guidance. Minimum staffing per center: Non-peak hours a. 2 fitness staff at all times as a minimum: 1 Fitness Attendant 1 Fitness Specialist Peak hours b. 3 staff at all times as a minimum:

Table 2 - 1 Fitness and Health Promotion Staff Positions

			2 Fitness Specialist with one being Level 2 or 3
Fitness Specialist-Level 1	NF1	#0188	Refer to Chapter 2, Section 3 (m) for additional guidance. Minimum staffing per center: Non-peak hours a. 2 fitness staff at all times as a minimum: 1 Fitness Attendant 1 Fitness Specialist Peak hours b. 3 staff at all times as a minimum: 1 Fitness Attendant 2 Fitness Specialist with one being Level 2 or 3
Group Exercise Instructor	NF2/3 GS 5/7 Contractor	#0635,0601, 0188	0.5 FTE per 10 classes per week
Fitness Attendant	NF1/2 N/A	#0189	• 5 FTEs for facilities < 14,000 square feet. • 10 FTEs for facilities 14,001-20,000 square feet. • 12 FTEs for facilities >20,000 square feet. **Base installation can reduce FTEs based on hours of operation, but must have 2 FTE per shift at a minimum.*
Custodian (heavy cleaning)	NA 5-7 or contractor N/A	N/A	With contract: 0.5 FTE per facility, not to exceed 1.5 FTE. Without contract: 1.5 FTE per facility, not to exceed 3 FTEs
Equipment Repair/Maintenance	NF1 or contractor N/A	N/A	0.5 FTE per facility
Large Installations: MCB Camp Pendleton, MCB Camp Lejeune, MCB Camp Butler, 29 Palms Medium Installations: MCB Quantico, MCAS Cherry Point, MCAS New River, MCAS Beaufort, MCRD Parris Island, MCRD San Diego, MCAS Miramar, MCAS Yuma, MCAS Iwakuni, MCB Hawaii Small Installations: Marine Corps Barracks 8th & I, Henderson Hall, MCLB Albany, MCLB Barstow, MARFORRES, MWTC Bridgeport, Camp Allen			

Table 2 - 1 Fitness and Health Promotion Staff Positions

Level 1 Fitness Specialist

Must have a high school diploma or GED **AND ONE BASIC LEVEL** Personal Trainer certifications from one of the following organizations:

- Academy of Applied Personal Training Education (AAPTE)
- Aerobics and Fitness Association of America (AFAA)
- American College of Sports Medicine (ACSM)
- American Council on Exercise (ACE)
- The Cooper Institute for Aerobic Research
- International Sports Sciences Association (ISSA)
- National Academy of Sports Medicine (NASM)
- National Council on Strength and Fitness
- National Exercise and Sports Trainers Association (NESTA)
- National Exercise Trainers Association
- National Federation of Professional Trainers
- National Strength and Conditioning Association

Scope of Practice: Level 1 Fitness Specialists shall only work with healthy populations, with no health risk factors, and who were not referred by a physician.

Level 2 Fitness Specialist

Must have a baccalaureate degree in Exercise Science, Exercise Physiology, Kinesiology or related field from an accredited college or university **AND AT LEAST ONE BASIC LEVEL** Personal Trainer certifications from one of the following organizations:

- Academy of Applied Personal Training Education (AAPTE)
- Aerobics and Fitness Association of America (AFAA)
- American College of Sports Medicine (ACSM)
- American Council on Exercise (ACE)
- The Cooper Institute for Aerobic Research
- International Sports Sciences Association (ISSA)
- National Academy of Sports Medicine (NASM)
- National Council on Strength and Fitness
- National Exercise and Sports Trainers Association (NESTA)
- National Exercise Trainers Association
- National Federation of Professional Trainers
- National Strength and Conditioning Association (NSCA)

Scope of Practice: Level 2 Fitness Specialists shall work with special populations and clients currently under a doctor's care or who have a medical referral.

Level 3 Fitness Specialist

Must have a baccalaureate degree in Exercise Science, Exercise Physiology, Kinesiology or related field from an accredited college or university **AND AT LEAST ONE OF THE FOLLOWING ADVANCED LEVEL CERTIFICATIONS** from a nationally accredited certifying organization:

- Certified Strength and Conditioning Specialist (CSCS) – National Strength and Conditioning Association (NSCA)
- Certified Health Fitness Specialist - American College of Sports Medicine (ACSM)

Scope of Practice: Level 3 Fitness Specialists shall work with special populations, clients currently under a doctor's care or who have a medical referral and groups or individuals participating in specialized programming.

The following are recommended additional courses/certifications:

- Tactical Strength and Conditioning Specialist (NSCA)
- Sports Performance Coach Level 1 - USA Weightlifting (USAW)
- Certified Inclusive Fitness Specialist (ACSM)
- Lifestyle and Weight Management (ACE)

Table 2-2 Fitness Specialist Level Determination

Organization	Certifications	Fitness Specialist			Group Exercise Certifications	Specialized Certifications /Training
		Level 1 High School Diploma or GED plus one of the following basic certifications	Level 2 Baccalaureate Degree plus one of the following basic certifications	Level 3 Baccalaureate Degree plus one of the following advanced certifications		
Academy of Applied Personal Training Education (AAPTE)	Personal Trainer Certification	X	X			
Aerobics and Fitness Association of America (AFAA)	Personal Fitness Trainer Certification	X	X			
	Primary Group Exercise Certification				X	
	Kickboxing Certification				X	
	Step Certification				X	
	Military Fitness Specialist Certification	X	X			
American College of Sports Medicine (ACSM)	Certified Personal Trainer	X	X			
	Certified Health Fitness Specialist			X		
	Certified Clinical Exercise Specialist			X		
	Registered Clinical Exercise Physiologist			X		
	Certified Inclusive Fitness Trainer					X
	Physical Activity in Public Health Specialist (accreditation in process)					X
American Council on Exercise (ACE)	Certified Personal Trainer	X	X			
	Advanced Health & Fitness Specialist	X	X	X		
	Lifestyle and Weight Management Consultant					X
	Group Fitness Instructor Certification				X	
The Cooper Institute for Aerobic Research	Personal Trainer Certification	X	X			
	Health Promotion Director Course					X
International Sports Sciences Association (ISSA)	Personal Trainer Certification	X	X			
	Youth Fitness Trainer					X
	Specialist in Senior Fitness					X
	Specialist in Exercise Therapy					X
National Academy of Sports Medicine (NASM)	Personal Trainer Certification	X	X			
National Commission for Health Education Credentialing, Inc.	Certified Health Education Specialist					X

Table 2-3 Semper Fit Approved Certification Programs

National Council on Strength and Fitness	Personal Trainer Certification	X	X			
National Exercise and Sports Trainers Association (NESTA)	Personal Fitness Trainer Certification	X	X			
National Exercise Trainers Association	Personal Trainer Certification	X	X			
	Group Exercise				X	
National Federation of Professional Trainers	**Personal Trainer Certification**	**X**				
National Strength and Conditioning Association	Personal Trainer Certification	X				
	Certified Strength & Conditioning Specialist			X		
	Tactical Strength and Conditioning					X
Training & Wellness Certification Commission	Advanced Personal Trainer Certification	X	X			
USA Weightlifting (USAW)	USAW Level 1 Sports Performance Coach					X

Table 2-3 Semper Fit Approved Certification Programs - continued

Chapter 3

Fitness Center Administration

1. Purpose. To provide policy standards and guidelines for the operation and management of Semper Fit Fitness Centers throughout the Marine Corps.

2. Background. Semper Fit Fitness Centers serve as the cornerstone for Semper Fit Fitness and Health Promotion programs. Fitness center administration includes those policies and procedures that create a framework the facility uses to implement their programs in a safe and effective manner.

3. Fitness Center Standards. Fitness centers shall meet the following criteria:

a. Unified Facilities Criteria (UFC)

(1) Shall be in accordance with criteria set forth in the Unified Facilities Criteria (UFC) 4-740-02 Rev, April 2009, reference (m). The fitness center comprises program space for fitness, sports, and health and wellness (health promotion), the administrative areas, and building support. The UFC defines core functional program areas and include the following: gymnasium, unit PT/group exercise, fitness spaces that shall accommodate stretching/warm-up/cool-down, free/plate-loaded weights, selectorized weight machines, cardiovascular equipment, structured activity space, and racquet ball courts.

(2) The UFC provides guidelines for evaluating, planning, programming, and designing Fitness Centers. The information in the UFC applies to the design of all new construction projects, to include additions, alterations, and renovation projects in the continental United States (CONUS) and outside the continental United States (OCONUS). It also applies to the procurement of design-build services for the above noted projects. Alteration and renovation projects should update existing facilities to meet the guidance and criteria within budgetary constraints.

(3) The UFC is not intended as a substitution for thorough review by individual Program Managers and Headquarters Staff. Therefore, Semper Fit Directors shall provide HQMC

Semper Fit with copies of DD 1391 facility plans for a complete review of the project scope and building plans of all projects prior to final approval and shall be included in the initial construction meeting and phase meetings at 10%, 30%, 65%, and 95% completion.

b. Shall accommodate a wide array of fitness, sports and health promotion activities.

c. Shall be professionally managed by degreed and credentialed staff appropriate to the position served. Fitness centers shall have a staffed control/front desk during all hours of operation for patron control, usage level, and program information and services in addition to visual monitoring of the center. A minimum of two personnel shall be on duty during all hours of operation.

d. Shall be open a minimum of 100 hours per week, collectively, and shall accommodate irregular duty hours.

e. Exercise activity areas that cannot be continuously viewed by the staff shall have surveillance cameras per reference (l). No individual or groups shall be permitted unsupervised access to a Semper Fit fitness center.

f. Priority use of the centers shall be in support of combat fitness requirements per reference (n).

g. Semper Fit Directors shall designate an area, either within or outside of the Fitness Center(s) for functional fitness/HITT training as identified in reference (n).

h. Centers shall develop and adhere to a written schedule for cleaning and disinfecting all areas and relevant equipment in the facility. Bathrooms and locker rooms shall be monitored frequently throughout the day for unsafe conditions such as excessive water on the floors, towels, and refuse not properly disposed of. The center shall maintain a log to this effect. A listing of recommended custodial standards is in Table 3-1.

4. Satellite Facilities. A satellite facility is any fitness area, space, or room within a Marine Corps installation structure not managed or operated under the Semper Fit program. Satellite facilities, by definition, do not meet OSD or Semper Fit fitness standards for a Fitness Center. These facilities

shall be identified as a "Fitness Satellite" (e.g., Bachelor Officer Quarters/Bachelor Enlisted Quarters/barracks, stand-alone weight rooms, annexes, non-primary locations, and independent duty locations).

a. Installation/Duty Station Commanding Officers shall have complete oversight over unmanned fitness spaces including daily sanitation, procurement and maintenance of fitness equipment.

b. Facilities that are unstaffed during some or all operating hours shall provide appropriate signage to communicate to patrons that the facility is unsupervised, the inherent risks in using the facility, and what steps to take in the event of a witnessed emergency situation.

c. Commanders are responsible to prescribe safety requirements for usage of satellite facilities.

d. The following equipment is acceptable to be placed in an unmanned facility:

(1) Cardiovascular Equipment;

(2) Selectorized Strength Equipment;

(3) Stand-alone adjustable benches;

(4) Dumbbells 5 lbs to 100 lbs and Dumbbell Rack;

(5) Exercise Mats; and

(6) Body Weight Equipment as space allows.

e. The following equipment is not acceptable to be placed in an unmanned facility:

(1) Free-weight Plates;

(2) Plate Loaded Machines;

(3) Olympic Racks (Bench and Squat);

(4) Smith Machines;

(5) Olympic Bars;

(6) Dumbbells in excess of 100 lbs; and

(7) Homemade Equipment.

5. High Intensity Tactical Training (HITT) Centers. The HITT Center shall serve as the primary location for implementation of the HITT program for active duty and reserve Marines. All HITT Centers shall have a Combat Fitness Coordinator (CFC) appointed as the lead fitness specialist. All HITT Centers shall follow the Fitness Center standards as written in Section 3 of this chapter. Fitness satellites are not eligible as HITT centers due to staffing requirements. HITT Center equipment shall include but is not limited to Olympic platforms, power racks, speed and agility equipment, plyometric boxes, medicine balls, functional trainers, sandbags, etc. A sample list of additional equipment can be found in Table 3-1.

a. All unit physical fitness training should be referred to as HITT.

b. All workouts should start on time. Set-up should be completed before the specified start time.

c. All HITT staff represent fitness knowledge and practice. As the primary interface between the HITT program and Marines, all HITT staff should practice **ALL** HITT exercises on a routine basis in order to be demonstration capable.

d. Semper Fit employees should develop a "Command Presence" in order to create a staff identity, establish and promote professionalism and increase approachability.

e. All staff should make time to exercise on a regular basis.

f. Semper Fit Fitness staff shall dress in appropriate work attire consistent with their duties.

6. Fitness Equipment. Per reference (o), a full complement of fitness equipment that supports cardiovascular, muscular strength and endurance and functional fitness as determined by fitness industry standards. Reasonable accommodations shall be made for those individuals with physical disabilities and special needs.

a. Cardiovascular Equipment

(1) A ratio of one cardiovascular piece of equipment per 25 patrons shall be maintained in fitness centers. To derive the total number of pieces, multiply the base population by 30 percent. This equals the number of patrons in a fitness facility on a given day. Divide the total number of patrons per day by 25. This will give you the total number of cardiovascular pieces of equipment that an installation requires.

(2) In order to meet patrons' needs, fitness centers shall include the following percentages of cardiovascular equipment; (1) 40 percent shall be treadmills; and (2) 60 percent shall be a combination of upright bikes, recumbent bikes, rowing machines, stair climbers, cross-trainers, and elliptical machines.

(3) In accordance with reference (o) 25-50 square feet of space per piece of equipment is recommended.

b. Strength Training Equipment

(1) The standard shall be one strength-training piece of equipment per 20 patrons. To derive the total number of pieces: multiply the base population by 30 percent. This equals the anticipated number of patrons in a fitness facility on a given day. Divide the total number of patrons per day by 20. This will give you the total number of strength training pieces of equipment and/or stations an installation requires.

(2) In accordance with reference (o) 25-50 square feet of space per piece of selectorized equipment and 65 square feet of space per free weight station is recommended.

(3) In accordance with reference (p), the area for Olympic lifting stations shall be calculated using the following formula: Lifting platform length (typically 8 ft.) + perimeter walkway safety space cushion of 4 ft. multiplied by lifting platform width (typically 8 ft.) + perimeter walkway safety space cushion of 4 ft.

(4) There shall be at least one strength and/or circuit training machine for each major muscle group.

(5) Although the number of items varies by installation size, the following free weight items shall be included:

(a) A complete set of dumbbells ranging from 2.3 to 54.4 kilograms (5 to 120 pounds) in 2.3-kilogram (5-pound) increments;

(b) Olympic-style power bars with safety collars and at least 725.7 to 816.5 kilograms (1600 to 1800 pounds in various increments) of free weights;

(c) A variety of benches for dumbbell work and Olympic barbell work, such as incline bench, decline bench, power squat rack, flat benches, preacher curl bench, weight racks, and dumbbell racks.

(6) A variety of core and other strength training modalities (tubes, bands, balance pads, stability balls, etc.) are recommended.

c. Functional Fitness Equipment. Equipment in support of functional fitness training shall include but is not limited to: exercise bands, balance boards/trainers, core boards, medicine balls, stability balls, and suspension trainers.

7. Equipment Maintenance, Service, Repair and Replacement Standards

a. Equipment shall be assembled by those individual(s) responsible for set up, maintenance and repair. Equipment shall be placed in activity areas as identified by the Fitness Center manager and/or Fitness Director in full accordance with manufacturer's instructions, tolerances, and recommendations. All equipment shall be thoroughly inspected and tested to ensure it is working and performing properly as intended by the manufacturer.

b. Manufacturer-provided user's manuals, warranties and operating guides shall be retained and followed.

c. Per reference (1), centers shall provide comprehensive, effective and timely equipment preventive maintenance on a quarterly basis for all fitness equipment. Equipment repairs shall be completed as expediently as possible. All out of service equipment shall have proper signage alerting patrons not to use such equipment.

d. A complete equipment inventory shall be maintained and include the following information: Equipment type, brand name,

model information, serial number, date of purchase, date of installation and set-up, inspection dates and records, and maintenance and repair dates and records. Administrative copies of the purchase order or contract as issued by the procurement office shall be maintained.

e. To ensure quality equipment, minimize obsolescence and maximize trade-in value of all equipment, an equipment replacement plan shall be developed and followed. The standard shall be to replace 20 percent of required aggregate inventory annually. The standard is based upon usage and serviceability.

f. The Semper Fit staff shall maintain and track equipment inventory, maintenance and repairs at installation fitness centers. Fitness satellites' requirements shall fall under the authority holding the accountable record for the equipment.

8. Facility Entry and Usage. To ensure the safety of patrons, fitness staff shall:

a. Be cognizant of all individuals entering the facility.

b. Ensure all individuals entering the facility are eligible patrons as specified in Section 9 of this chapter.

c. Shall efficiently and effectively respond to all emergency situations, real or potential.

d. Shall schedule staff to ensure appropriate supervision levels of the fitness center at any given time.

e. Shall monitor the fitness center by walking through all areas of the center every 15 minutes to ensure adherence to facility rules, enforce the proper use of all areas and equipment by patrons, and to respond to any emergency situations.

9. Patron Eligibility. Authorized patrons of Semper Fit activities and programs are identified in references (d) and (e).

a. Any person using a fitness center shall be positively identified as an authorized patron entitled to privileges of the facility. Proper security measures shall be taken to prevent

unauthorized use. Identification of authorized patrons will be an official Armed Forces identification card or other official DoD identification. ID must be presented to staff upon request. The installation Semper Fit program shall establish guidelines for guest patronage including the number of guests an authorized patron may bring into the facility and associated fees.

b. Age Restrictions and Youth Accessibility. Semper Fit promotes physical activity for individuals of all ages as part of a healthy lifestyle. Per reference (s), research has proven the benefits of exercise to youths including strength training with proper technique and strict supervision. While it is important for families to exercise together, these guidelines with age limitations are established to ensure a safe environment for all fitness center patrons. These guidelines have been developed with the safety of children in mind within the confines of a staffed fitness center as outlined in Table 2-2.

(1) Youth aged 16 years old and older.

(a) Unrestricted use of fitness centers and equipment.

(b) Need not be accompanied by a parent or legal guardian.

(c) Shall receive program and equipment orientation by a certified personal trainer prior to being allowed access to the cardiovascular equipment and weight rooms.

(2) Youth aged 12 to 15 years.

(a) Authorized use of the cardiovascular and weight rooms only with direct supervision by a parent or legal guardian.

(b) Authorized use of other areas of the fitness center including group exercise classes with direct supervision by a parent or legal guardian.

(c) Shall receive program and equipment orientation by a certified personal trainer in the presence of an adult (parent or legal guardian) prior to being allowed access to the cardiovascular equipment and weight rooms.

(3) Youth aged 11 years and younger.

(a) Due to the inherent risks and dangers of unsupervised use of fitness centers, no one 11 years of age and younger shall be allowed in the fitness center unless they are participating in a program specifically for children in this age group, or are spectators in an organized athletic/special event. All youth in this category must be under the direct supervision of an adult 18 years of age or older.

(b) All youth in this category are not permitted in the weight/strength training or cardiovascular rooms.

(c) Youth vary in their emotional and physical level of maturity. Youth typically need more gradual, carefully organized training programs than adults. Extreme caution shall be practiced while supervising youth in this age group.

(4) Direct Supervision. Unless provided as a service by the fitness center, direct supervision is defined as:

(a) The sole responsibility of the parent or legal guardian, to supervise and care for their child.

(b) The parent or legal guardian cannot leave the child unattended anywhere in the fitness center.

(c) The parent or legal guardian cannot participate in any event that does not directly involve the child/youth.

(d) During weight training activities, the parent or legal guardian is required to act as the child's workout partner/spotter (ages 12-15).

(5) Reference (s) points to potential risks for youths in the cardiovascular and resistance training areas of a fitness center. Therefore, for youth ages 12-15, a clearance to participate is required by a medical care provider. A current school and/or sports physical shall support this requirement.

c. The local commanders may, upon review, increase the age restrictions when appropriate. Command policies shall reflect guidance as provided from CMC and local medical services. Commands shall not adopt policies that are more lenient.

d. The center manager or fitness director may implement at their discretion, additional measures to ensure youth accessibility and safety such as identifying access to specific installation fitness centers, establishing youth hours, and or limiting use of locker rooms or those areas not visible to staff (either line of sight or by camera).

e. Infants and toddlers in strollers, car seat carriers or infant carriers of any sort are prohibited from any area of the fitness center unless the parent/guardian is participating in an activity that specifically includes the infant or toddler (i.e., Mommy & Me classes), in an area that is specifically established as a parent-child workout room, or accompanying an adult spectator at a MCCS sponsored event. This action is to remove any potential for injury to the child as well as eliminate an unsafe distraction for other patrons.

f. Semper Fit staff shall make every effort to provide physical activity programs for youth of all ages and shall provide activities that do not have to take place within the confines of a fitness center.

g. To ensure appropriate reasonable accommodations are met, patrons in need of reasonable accommodations must notify Semper Fit at least two (2) weeks in advance of using a Semper Fit facility, class or program (collectively referred to as program). Notice allows Semper Fit time to evaluate and make all reasonable accommodations in the event of logistical difficulties in obtaining certain services for individuals who can meet essential eligibility requirements.

(1) Essential eligibility means that patrons must first meet the requirements of the program or event prior to requesting a reasonable accommodation. Requirements may include things such as: age limits, fee requirements, registration deadlines and program capacity. There may be other essential eligibility requirements depending on the program to be utilized.

(2) A patron with a disability has the right to reasonable accommodations, provided by the program, to meet essential eligibility requirements, if necessary to facilitate or enable participation in the activity of his or her choice.

(3) An accommodation is "reasonable" when it does not result in a fundamental alteration in the nature of the activity, result in an unfair competitive advantage in a competitive sport or creates an undue burden or undue hardship for the Agency.

(4) Reasonable accommodations may include but are not limited to the following:

(a) Extra staff. Provide additional trained employees or trained volunteers to assist the participant. The extra staff should have additional training on disability awareness, program adaptation, behavior management, and related issues.

(b) Auxiliary aids or services. This includes sign language interpreters, note takers, assistive listening services, audio versions of documents, and Braille documents.

(c) Changes to rules and policies. When a rule can be changed without resulting in a fundamental alteration of the service, it must be changed for the patron with a disability (i.e., allowing a wheelchair tennis player to have two bounces rather than the one allowed able-bodied players).

(d) Adaptive equipment. Many vendors make adaptive sports equipment, such as basketball wheelchairs, tennis wheelchairs, adapted kayaks, hand cycles, etc., which should be provided at the expense of the patron with a disability.

(e) Removal of barriers. For example, moving a trash can so a patron with a disability can access the soap and sink in the men's locker room; moving a piece of fitness equipment away to allow wheelchair access.

(f) Other effective modifications. DoD facilities do not have to make each of their existing facilities completely accessible. Semper Fit will make every effort to evaluate how to provide program access through any number of methods including alteration of existing facilities, acquisition or construction of additional facilities, relocation of a service or program to an accessible facility, or provision of services at alternate accessible sites.

(5) Semper Fit programs will not exclude an essential eligible patron from any type of program unless it cannot make a

reasonable accommodation for that patron's disability. In the attempt to achieve a reasonable accommodation, Semper Fit staff shall take the following steps:

(a) Determine whether the patron qualifies for the program.

(b) Assess the patron's skills (this should be done by staff with disability awareness training). Assess each individual on an individual basis ensuring that accommodations will be individualized to each person.

(c) Identify any possible hazards or risks that may occur from participation and document solutions.

(d) Develop ideas for possible accommodations. This should be done through a team approach including but not limited to the patron and fitness/recreation/sports staff.

(e) Create a program plan, which may or may not include a behavior plan.

(f) Complete a task analysis, if necessary.

(g) Implement accommodation(s).

(h) Evaluate and make changes if necessary, while documenting findings.

(6) An accommodation is not reasonable if it compromises the safety of staff and/or participants. Safety issues must be formally identified and recorded.

(7) Per reference (r) accommodations that impose an undue financial or administrative hardship, or would fundamentally alter the nature of an activity, the services provided by Semper Fit, or fitness center facilities, need not be made because such measures do not constitute "reasonable accommodations". In determining whether an accommodation would impose an undue hardship, factors to be considered include: the nature and cost of the accommodation needed (the relevant budget is not the program area budget; it is the overall Semper Fit budget); the overall financial resources of Semper Fit; the number of persons employed at a facility; the effect on expenses and resources, or the impact otherwise of such accommodation upon the operation of the facility; the overall financial

resources of the covered entity; the overall size of the business of a covered entity with respect to the number of its employees, the number, type, and location of its facilities; and the type of operation or operations of the covered entity, including the composition, structure, and functions of the workforce of such entity.

(8) Semper Fit must issue a letter to the participant if an accommodation is denied. The letter must include what was requested, what Semper Fit considered or attempted, why the request was denied, and any alternatives that were made available instead of accommodating the request.

h. Semper Fit staff will adhere to the following guidelines with respect to service animals:

(1) A service animal must be permitted to accompany the patron with a disability to all areas of a facility where customers are normally allowed to go. An individual with a service animal may not be segregated from other customers.

(2) A service animal is any guide dog, signal dog, or miniature horse individually trained to provide assistance to an individual with a disability. If the animal meets this definition, they are considered service animals under the Americans with Disabilities Act (ADA) regardless of whether they have been licensed or certified by a state or local government.

(3) Service animals perform some of the functions and tasks that the patron with a disability cannot perform for him or herself. Guide dogs are one type of service animal, used by some individuals who are blind. This is the type of service animal with which most people are familiar. But there are service animals that assist persons with other kinds of disabilities in their day-to-day activities. Some examples include:

(a) Alerting persons with hearing impairments to sounds.

(b) Pulling wheelchairs or carrying and picking up items for person with mobility impairments.

(c) Assisting persons with mobility impairments with balance.

(4) Some, but not all, service animals wear special collars and harnesses. Some, but not all, are licensed or certified and have identification papers. If staffs are uncertain that an animal is a service animal, they may ask the person who has the animal this question: "It that a service animal required because of a disability?" However, an individual is not likely to be carrying documentation of his or her medical condition or disability. Therefore, such documentation generally may not be required as a condition for providing service to an individual accompanied by a service animal. Although a number of states have programs to certify service animals, staff shall not insist on proof of state certification before permitting the service animal to accompany the person with a disability.

(5) Staff may exclude any service animal from a facility when that animal's behavior poses a direct threat to the health or safety of others. A person with a disability cannot be asked to remove his service animal from the premises unless: (1) the dog is out of control and the handler does not take effective action to control it or (2) the dog is not housebroken. For example, any service animal that displays vicious behavior towards other patrons may be excluded. Staff may not make assumptions, however, about how a particular animal is likely to behave based on their past experience with other animals of that same breed or size. Each situation must be considered individually. Staff may exclude a service animal that loses bowel or bladder control while at the facility. Handlers of service animals receive significant training on how to avoid this issue and will likely be very cooperative with staff.

(6) When there is a legitimate reason to ask that a service animal be removed, staff must offer the person with the disability the opportunity to obtain goods or services without the animal's presence.

10. Hours of Operation

a. A minimum of 100 hours per week of operation for installation fitness centers, in aggregate, shall be established to meet customer demand and to allow patrons who work irregular duty hours reasonable access to the facilities.

b. A minimum of two fitness staff members shall be on duty during all hours of operation.

11. Safety/ Risk Management (RM). Due to the inherent dangers/risks associated with fitness facilities, written SOPs and emergency action plans (EAP) shall be developed and maintained for each fitness center, per reference (h).

a. The SOP shall ensure consistency in process, procedures, and operations and include information about hours of operation, reservation/rental procedures, safety regulations, patron eligibility, emergency action plan, opening and closing procedures, recreation software procedures, fees, charges, cash handling procedures, etc.

b. The EAP shall establish procedures for use in medical emergencies, facility, weather-related, and natural disasters that can be executed by facility staff in a timely manner. SOPs and EAPs shall be reviewed and updated annually. Information that shall be included in an EAP includes:

(1) Public access to defibrillation.

(2) Emergency personnel/services and phone numbers.

(3) Fitness Center evacuation routes.

(4) Procedures for fire emergencies including use of fire extinguishers.

(5) Procedures in the event of severe weather and natural disasters such as earthquakes, tornadoes, hurricanes, floods, etc.

(6) Procedures for chemical and biological spills.

(7) Procedures for bomb threats.

(8) Procedures for cases of acts of violence or terrorism.

(9) Incidents resulting in injury, including completion of incident/injury reports.

c. Fitness center staff shall be trained and able to respond in a timely manner to any reasonable foreseeable

emergency that threatens the health and safety of patrons. Fitness center staff shall have thorough knowledge and understanding of the procedures outlined in the EAP.

d. Emergency action plans shall be practiced and rehearsed at least quarterly. Records of this training shall be maintained for a period of five (5) years per reference (h). Documentation of training shall be a roster signed by each staff member in attendance.

e. A plan to access a physician and/or emergency medical services when warranted, including a plan for communication and transportation between the fitness center and the medical facility.

f. A readily accessible and working telephone shall be immediately available to summon on-premise and/or off-premise emergency response resources.

g. Appropriate signage will be prominently displayed in each facility alerting customers of the risks of using the facility, the programs and equipment. Signage shall be implemented at all facilities per references (l) and (t).

h. All fitness centers will have a plan to communicate with patrons in the fitness center during an emergency.

i. Emergency Equipment

(1) Appropriate and necessary emergency care equipment (First-Aid kit) must be on-site and quickly accessible. Fitness center staff shall familiarize themselves with the location and contents of such equipment.

(2) As indicated in reference (u), cardiopulmonary resuscitation and defibrillation within the first three to five minutes after collapse, plus early access to Emergency Medical Services, can result in a greater than 50 percent long-term survival rate for individuals in witnessed ventricular fibrillation. Survival rates decrease by up to ten percent for every minute that defibrillation is delayed.

(3) All fitness centers shall have AEDs. Several considerations shall be given to the number and location of AED placement in fitness centers.

(a) The number and location of AEDs shall be based upon staff response times and shall be calculated based upon a rescuer with the AED walking at a rapid pace to reach a victim. Response times shall not be based upon an ambulance response time. Response times shall be less than four minutes.

(b) AEDs shall be placed in an unobstructed location within easy reach and height.

(c) AEDs shall be in a location that prevents or minimizes any potential for tampering, theft, or misuse.

(d) AEDs shall be checked no less than once a month to ensure the battery is fully charged and all additional items are present and in good condition. A log shall be maintained to track compliance.

(e) Additional items that shall be maintained with the AED are: a set of simplified directions; non-latex gloves (several sizes), face masks, disposable razor, medium size bandage, blunt end scissors, two biohazard waste plastic bags, pad of paper and pen/pencil for writing; absorbent towel, and extra AED pads.

12. Recreation Management Software. Recreation Management Software (RMS) is a centrally managed program that increases efficiency and productivity, while providing management with extensive reporting and statistical data. This program shall be used at installations for the following:

a. To register every patron visit.

b. To track fitness center utilization.

c. To track fitness and health promotion programs and class participation.

d. To manage fitness center reservations, class/program schedules, personal trainer appointments and instructor schedules.

e. To track employee information including education, certifications, required training such as CPR and First Aid, establish and track continuing education and training and other information as determined by HQMC.

f. To set up and track clean up times.

g. To track equipment, usage, maintenance and service dates.

h. To enroll patrons in classes.

i. As a tool to conduct surveys or needs assessments of the population.

j. To track all fees and charges.

13. User Fees and Charges. In accordance with reference (d), Category A programs are considered essential in meeting the organizational objectives of the military service. The physical fitness program is classified as a Category A program and considered indispensable to the physical and intellectual wellbeing of the service member. Therefore, fees and charges will not be assessed for fitness activities for the active duty service member to include the following:

a. Health Risk Screening.

b. Fitness/Functional Movement Assessments.

c. Personal Training services, to include an initial fitness assessment and two sessions with a personal trainer.

d. Fitness Re-assessments.

e. Personal training programs related to Body Composition Program and Remedial Physical Training.

f. Group exercise activities.

g. For all other patrons other than active duty members, it is at the Commander's discretion to assess fees for group exercise classes that require NAF support (e.g., contracted instructors for aerobics, kickboxing, yoga, martial arts, etc.), fitness assessments and personal training services.

h. For all authorized patrons, including active duty, fees may be assessed for special activities, such as races.

14. Fitness Center Attire. Due to the diverse demographics of our patron base, a dress code shall be defined and enforced by the installation Semper Fit branch.

a. No headgear may be worn within the fitness facility with the exception of sweatbands.

b. Rubber or plastic exercise suits are prohibited in all areas of the fitness facility and sauna.

c. Consideration shall be given to allow the patron to wear boots and utilities in selected areas of the fitness center without causing damage to equipment or the facility. No boots and utilities shall be used on the cardiovascular equipment.

d. Fitness center management is authorized to ask a patron to change or leave the facility if clothing, jewelry or tattoos convey a negative message toward another race, gender, sexual orientation, age, religion, disability and/or are deemed sexually explicit.

15. Sauna, Steam and Whirlpool facilities. In accordance to reference (m) all identified safeguards shall be implemented into existing facilities.

a. Sauna, steam and whirlpool facilities are maintained and properly supervised to ensure the safety of patrons.

b. Proper signage promotes safe usage of the sauna, steam room, or whirlpool by:

(1) educating patrons on potential health risks;

(2) recommending that patrons wait at least ten minutes after exercising to cool down, or until sweating has subsided, before using one of these facilities;

(3) informing users of age restrictions;

(4) encouraging patrons to take a soap shower prior to entering these facilities; and

(5) recommending that patrons not use the facilities without another person physically present in the immediate area.

c. Facilities that offer a sauna, steam room, or whirlpool to patrons shall post signage prohibiting the following:

(1) food;

(2) children or youth under eighteen (18) years of age;

(3) spending more than ten minutes in these areas at one time;

(4) shaving;

(5) diving or jumping into the whirlpool;

(6) use of body lotions, oils, or suntan preparations;

(7) exercise in the whirlpool;

(8) submerging to the bottom of the whirlpool;

(9) use by individuals at increased risk of injury or illness unless authorized by a physician. Individuals at high risk of injury or illness through use of the sauna, steam room, or whirlpool include pregnant women; individuals taking prescription medicine; individuals with elevated blood pressure, prone to dizziness or light-headed episodes, circulatory deficiencies, diabetes, heart disease, emotional disorders, or history of seizures; and individuals under the influence of alcohol or recreational drugs;

(10) wearing of plastic or rubberized sweat suits;

(11) nudity; and

(12) use by individuals with contagious viral or bacterial infections, skin infections, wounds, or breaks in the skin.

d. Whirlpool jet controls should be on a timer that operates on a ten-minute cycle, with a control button located in a place that requires a person to get out of the spa to begin the next cycle.

e. Sauna, steam room, and whirlpool areas shall be equipped with:

(1) thermometers and time clocks visible to patrons to facilitate self-monitoring;

(2) emergency systems to shut off the equipment automatically when unsafe conditions arise, including whirlpool drains when they become clogged;

(3) drain covers and other anti-entrapment devices or systems consistent with the Virginia Graeme Baker Pool and Spa Safety Act;

(4) controls to shut off the equipment that are easily accessible by patrons in the event of an emergency; and

(5) a panic button that allows users to alert facility staff in an emergency.

f. Whirlpool water chemistry, filtration rates, and circulation shall be maintained at appropriate levels and comply with all applicable codes.

g. Saunas, steam rooms, and whirlpools shall be maintained at the following temperatures:

(1) 160 to 170 degrees Fahrenheit for the sauna;

(2) 100 to 110 degrees Fahrenheit for the steam room; and

(3) 102 to 105 degrees Fahrenheit for the whirlpool.

h. Staff shall be trained on proper usage, monitoring, and emergency procedures for sauna, steam, and whirlpool areas. Monitoring shall include a walkthrough every 15 minutes to ensure adherence to facility rules and the proper use of these areas by patrons.

i. Provide a speaker in the adjacent cool-down area. Provide an emergency call/alarm mounted within 36 in. (915 mm) of finished floor that sounds at the control counter until reset by the respondent.

AREA/TASK	FREQUENCY
1.HALLWAYS,CORRIDORS,LOBBIES, STAIRWAYS,ENTRANCE WAY, GENERAL ROOMS	
Sweep Floors	1 x Daily
Mop Floors	1 x Daily
Buff Floors	1 x Monthly
Maintain/Strip Floors	1 x Year
Clean Entryway Glass Doors	1 x Daily
Vacuum Carpet	1 x Daily
Shampoo Carpet	1 x Year
Clean Walk-Off Mats	1 x Daily
Sanitize Drinking Fountains	1 x Daily
Low Dust (Ledges, Window Sills)	1 x Quarter
Empty Trash	1 x Daily
Clean Interior/Exterior High Glass	1 x Year
High Dust (Ceiling Rafters/Lights/Fans)	1 x Year
2. LOCKER ROOMS, PUBLIC RESTROOMS, FAMILY CHANGING AREAS	**FREQUENCY**
Clean/Disinfect Showers, Fixtures, Walls, Curtains	2 x Daily
Sweep/Mop Floors/Vacuum if Carpeted	2 x Daily
Clean Small Trash Can Within Access of Each Female Toilet	2 x Daily
Clean/Sanitize Toilets, Urinals, Sinks, Fixtures	2 x Daily
Re-supply Locker Rooms and Restrooms	2 x Daily
Clean Mirrors	2 x Daily
Remove Trash	2 x Daily
Clean Weight scales	2 x Daily
Clean Infant Changing Tables	1 x Weekly
Clean Walls/Partitions	1 x Weekly
Clean Trash Cans	1 x Weekly
Power Scrub Shower/Floor Drain Covers	1 x Month
Power Scrub Locker Room Floors	1 x Month
High Dust (Ceiling Fans, Top of Lockers, Immediate Vicinity Around Air Ducts, Vents?	1 x Month
3. SAUNAS, STEAM ROOMS, & WHIRLPOOLS	**FREQUENCY**
Clean Floors	1 x Daily
Clean Benches	1 x Daily
Clean Glass	1 x daily
Clean Walls	1 x weekly
4. EXERCISE ROOMS	**FREQUENCY**
Clean Equipment Housing in Contact with Floor	2 x Daily
Sweep/Vacuum Floors	2 x Daily
Mop Floors	2 x Daily
Clean Mirrors	1 x Daily
Spot clean Walls	1 x Month
5. PARENT/CHILD AREAS	**FREQUENCY**
Sweep/Vacuum Floors	1 x Daily
Mop/Sanitize Floor	1 x Daily
Clean Mirrors	1 x Daily
Clean Equipment Housing in Contact with Floor	1 x Daily
6. BASKETBALL/RACQUETBALL COURTS	**FREQUENCY**

Table 3 - 1 Custodial Standards

Sweep/Vacuum Floors	1 x Daily
Clean Interior Glass (Up to 6 Feet)	1 x Daily
Pick Up Debris Around Bleachers	1 x Daily
Clean Walls in Court/Hallways	1 x Weekly
Sweep/Mop Bleachers and Stairs	1 x Weekly
Clean Padded Walls Around Court	1 x Weekly
Clean Corridor	1 x Weekly
7. RUNNING TRACK	**FREQUENCY**
Clean Indoor Track	1 x Daily
Deep Clean Per Manufacturer's Guidelines	1 x Month
Dust Railings	1 x Month
8. MULTI-PURPOSE AREA	**FREQUENCY**
Sweep/Mop Floors	1 x Daily
Pick Up Debris	1 x Daily
9. MASSAGE ROOMS	**FREQUENCY**
Sweep/Mop Floors	1 x Daily
Remove Trash/Debris	1 x Daily
Shampoo Carpets	1 x Year
10. ADMIN AREAS (INCLUDES HEALTH & WELLNESS CENTERS AND MASSAGE AREAS)	**FREQUENCY**
Sweep Floors	1 x Week
Mop Floors	1 x Week
Vacuum Carpet	1 x Week
Clean Walk-Off Mats	1 x Week
Trash Collection/Removal (Centralized Locations)	1 x Week
Buff Floors	1 x Month
Maintain/Strip Floors	1 x Year

Table 3 - 1 Custodial Standards

Equipment	4,000 sq.ft.	2,000 sq.ft.	800 sq.ft.
Stretchband-Small (32")	8	8	8
Stretchband-Medium (38")	8	8	8
Stretchband-Large (43")	8	8	8
Stretch Out Strap	15	15	15
Competitor Hurdle	8	6	0
Soft Medicine Balls (various sizes)	18	12	8
Medicine Ball Rack	2	2	1
Sled Dawg Elite	8	8	8
Agility Ladder	8	8	8
Saucer Cones - set of 12	6	6	6
Saucer Cone Carrier	3	3	3
Bullet Belt Deluxe Pack	12	12	12
Plyometric Boxes G2 Set - Black	1	1	1
Vertimax	4	2	1
Training Rope Anchor	2	2	2
Training Rope Holder	4	4	4
30' Training Rope (1.5")	2	2	2
30' Training Rope (2.0")	2	2	2
Medbells - 10 lb.	5	4	2
Medbells - 12 lb.	5	4	2
Medbells - 15 lb.	5	4	2
Medbells - 18 lb.	5	4	2
Medbells - 20 lb.	5	4	2
Medbells - 25 lb.	5	4	2
Medbells - 30 lb.	5	4	2
Medbells - 35 lb.	5	4	2
Kettlebell Rack	2	2	1
Lifting Chain - 30 lb.	3	2	2
Lifting Chain - 45 lb.	3	2	2
Lifting Chain - 60 lb.	3	2	2
Suspension Trainer	4	4	2
Wall Chin-Up Bar	4	4	2
Functional Trainer	2	2	1
Ultimate Sandbag	12	8	4
Barbell Collar	12	12	12
5' Olympic Training Bar	6	4	4
Olympic Bar	6	4	4
Glute/Ham Developer	3	2	1
9' Half Rack	3	2	2
Locking Bench	3	2	2
Bumper Grip Plates (5 lbs.)	12	8	8
Bumper Grip Plates (10 lbs.)	12	8	8

Table 3-2 HITT Center Equipment List

Bumper Grip Plates (25 lbs.)	12	8	8
Bumper Grip Plates (35 lbs.)	12	8	8
Bumper Grip Plates (45 lbs.)	12	8	8
Agility Hurdles	12	12	12
Arc Trainer	4	2	1
Artificial Turf	Size Varies	Size Varies	N/A
Track Runway	Size Varies	Size Varies	N/A

Table 3-2 HITT Center Equipment List

Ages	Recommended activities	Age specific recommended activities	Restricted activities	Restricted Areas	*PT/child ratio for exercise areas	Parent or Instructor /child ratio for Group Exercise
6-11 y/o	Group/partner activities; functional training;	Jumping, throwing, running, passing, catching, climbing agility, balance,	Strength training of any kind; adult size cardio machines	Strength training areas; Cardio equipment areas	N/A	1:10
9-11 y/o	All activities for 6-8 y/o; calisthenics; cardiovascular activities; coordination activities; Core training	Push-ups; jumping jacks; light weight medicine balls	Strength training areas; adult size cardio machines	Strength training areas; adult size cardio machines	Direct parental or guardian supervision	1:15
12-16 y/o	All activities for 9-13 y/o **Total body strength training	Free weights; strength training machines; cardio machines	Machines and/or equipment that does not correctly fit the child	N/A	1:10 Direct parental or guardian supervision until 16 y/o	1:15

*Supervision Principles: Always be there; Be active and hands-on; Be prudent, careful, and prepared; Be qualified; Be vigilant.
**Strength Training Guidelines: Supervision and proper technique is the key for any strength training routine. Child must be able to follow directions; Proper warm-up, cool-downs, and stretching recommended.

Table 3 - 3
Youth Exercise Guidelines and Restrictions

CHAPTER 4

Fitness Programs

1. Purpose. To provide policy standards and guidelines for installation fitness centers in the comprehensive, safe and quality driven programs that support mission readiness and enhance quality of life for Marine Corps personnel, their families, retirees, and civilian Marines.

2. Background. Semper Fit has a history of providing quality fitness programs to Marines. Staying current with industry trends, Semper Fit will continue to provide comprehensive, effective, and quality driven programs that support mission readiness and enhance quality of life for Marine Corps personnel, their families, retirees, and civilian Marines.

3. Definitions

a. Functional Fitness is a scientifically based physical fitness training program where the repetitive execution of movement patterns improves an individual's performance during daily activities and attempt to balance physical capacities by reducing the likelihood of injury and while improving general health.

b. Combat Fitness is a comprehensive, highly structured physical fitness training program where the repetitive execution of movement patterns increases a Marine's physical performance of mission specific tactical and combat readiness and balances physical capacities including power, strength, speed, agility, mobility and endurance while reducing the likelihood of injuries and over-training syndromes.

c. Family Fitness is an inclusive approach to physical fitness and wellness programs. Family Fitness provides programs for all members of the military community.

d. Inclusive programming targets the specific and unique needs of the population and requires collaboration with community, medical, other MCCS and Semper Fit programs. Inclusion shall be defined as opportunities for people of all abilities to participate and interact together with respect.

4. Fitness Programs. Fitness programs provide avenues to assist, support and maintain healthy lifestyle behaviors and

improve readiness through instructional fitness activities and skill development.

a. The fitness program shall emphasize maximum participation and have a recognition system developed for each core program.

b. Fitness programs shall include the following core programs:

(1) Cardiovascular conditioning;

(2) Strength training;

(3) Group exercise;

(4) Functional Fitness;

(a) Combat Fitness (HITT)/Unit Physical Training;

(b) Family Fitness;

(5) Personal Training;

(a) Fitness screenings (e.g., pre-activity screenings, health screenings, fitness assessments, body composition, and exercise prescription);

(b) Individualized fitness programs including guidance and instruction;

(6) Weight management and general nutrition education;

(7) Programs for special populations with medical condition(s) and who have received a physician's clearance and referral; and

(8) Support for the Body Composition Program (BCP) per reference (v), the Physical Fitness Test (PFT), and Combat Fitness Test (CFT) per reference (w).

c. Semper Fit fitness programs shall introduce, educate, and motivate participants in fitness activities through well-planned and well-presented instructional classes.

5. High Intensity Tactical Training (HITT) Program. The primary purpose of the High Intensity Tactical Training (HITT) program is to enhance operational fitness levels and optimize combat readiness and resiliency for the active duty United States Marine. This comprehensive strength and conditioning program takes into consideration the physical demands of operational related activities in order to optimize physical performance while in combat. The physical demands required to perform operational tasks are specific in nature and require the highest levels of physical fitness. A Marine's physical fitness program should include endurance, speed, strength, agility, and power in order to be successful in task specific situations. With functional training as the main focus of the HITT program, specific emphasis is dedicated towards proper periodization of training as it relates to resiliency. The HITT program follows a specific and standardized methodology and exercise prescription.

6. Family Fitness Programs

a. All Semper Fit Fitness personnel shall be actively engaged in collaborative efforts with the Exceptional Family Member Program (EFMP), Children, Youth,& Teen Programs (CYTP),and Health Promotion, Recreation, Sports and other MCCS programs to promote and provide family fitness programming and services.

b. Family fitness programming shall include at a minimum one family fitness event and two family fitness programs. An event is defined as a one-time occurrence such as a health fair. A program is defined as a grouping of activities that may focus on a single topic or area of interest, such as childhood obesity.

7. Personal Training Services

a. Based upon a client's fitness goals, fitness assessment, and possible limitations, the Semper Fit Fitness Specialist shall develop an exercise program or prescription following exercise principles based upon protocols as set forth by industry leaders. Semper Fit fitness professionals shall follow the ACSM Exercise Prescription Guidelines when prescribing or developing exercise programs based on Frequency, Intensity, Time, Type (FITT) principles.

b. Semper Fit Fitness Specialists will orient the client as to the proper and safe use of exercise equipment as recommended in the exercise prescription.

c. Semper Fit Fitness Specialists (including contractors) cannot and will not diagnose medical problems or injuries, prescribe and/or administer medications, prescribe and/or administer other clinical treatment modalities or recommend diet plans, diet aids or dietary supplements. ONLY Registered dietitians may provide meals plans per their professional scope of practice.

d. All fitness staff including contractors shall be trained in CPR/AED and basic First Aid and shall be limited to using cold packs for First Aid only. Use of hot packs is strictly prohibited. **NO** medications or medical treatment modalities (e.g., Ultrasound and Transcutaneous Electrical Nerve Stimulation units, iontophoresis, taping etc.) will be administered in fitness centers without prior approval from HQ Semper Fit Fitness and Health Promotion (CMC (MRS-1)).

e. Semper Fit Fitness Specialists shall oversee exercise prescriptions on a regular basis for personnel who fail to attain a satisfactory standard on the PFT or CFT.

f. Semper Fit Fitness Specialists shall develop physical conditioning programs and provide guidance to individuals who are medically waived from the PFT, on restricted physical activity, or do not meet physical readiness standards.

8. Pre-activity Screenings, Medical Release/Clearance, Health Screenings, Fitness Assessments and Exercise Prescriptions

a. Personal training services resident to installation Semper Fit Fitness Centers shall include pre-activity screenings, fitness assessments, exercise prescriptions, and equipment orientation as a part of their overall services, and shall be provided by a certified fitness specialist.

b. Prior to participation in a fitness assessment, a patron shall complete a pre-activity screening and a health history questionnaire based upon the ACSM guidelines. A recommended reference for forms necessary to complete the aforementioned requirements is reference (o).

(1) A pre-activity screening such as the Physical Activity Readiness Questionnaire (PAR-Q) or similar screening form shall be completed on all patrons prior to any fitness assessment by a fitness specialist.

(2) During the health screening process, patrons should be advised of the benefits and risk of physical activity and testing. Proper documentation of the health screening including consent forms and waivers shall be completed by the patron.

(3) All aforementioned materials shall be evaluated by the fitness professional. Per reference (x), when an individual has been identified by the pre-activity screening instrument as being at "Increased Risk" or having a "Known Disease" that person shall be instructed to secure physician approval/ clearance prior to participation in a fitness assessment. As per risk stratification criteria and/or voluntary disclosure of a medical diagnosis or under a physician's care, a medical release/clearance form must be signed by a physician that clears a patron to participate in fitness activities. A medical release/clearance should also provide exercise guidelines and/or restrictions for participating in fitness activities. A completed medical release/clearance form must be obtained prior to patron's fitness assessment, fitness program development, and participation in their fitness program. Medical release/clearance may also be necessary if, during the fitness assessment, patron reports or shows signs of increased risk for acute cardiovascular event.

c. A standard fitness assessment is a test measuring:

(1) Resting Heart Rate and Blood Pressure.

(2) Cardio-Respiratory Capacity (VO2 max). The ability to perform large muscle movement over a sustained period of time; the capacity of the heart-lung system to deliver oxygen for sustained energy production. The cardio-respiratory assessment shall be sub-maximal in nature and does not require physician supervision for users who have passed a pre-activity screening and who are apparently healthy.

(3) Body Composition. The makeup of the body in terms of the relative percentage of fat-free mass and body-fat.

(4) Flexibility. The range of motion of a joint.

(5) Muscular Strength. The maximum force that a muscle can produce against resistance in a single, maximal effort. An example is a pull-up.

(6) Muscular Endurance. The capacity of a muscle to exert force repeatedly against a resistance, or to hold a fixed or static contraction over time.

d. All fitness assessments shall be conducted according to testing protocols established by ACSM.

e. Documentation for the pre-activity screening, health screening, fitness assessment, and exercise prescription is required. This information will be kept on file for a period of three years.

f. Upon completion of the pre-activity screening and fitness assessment, Semper Fit fitness specialists shall design an appropriate and individualized exercise prescription consisting of the following principles: frequency, intensity, time and type.

9. Skill Development

a. Skill development teaches individuals about different types of exercises and exercise programs such as low-impact aerobics, jazz dancing, Tai Chi, youth fitness, water fitness, weight training techniques, strength and conditioning training, jogging, walking, cycling, swimming, biomechanics of proper lifting, PFT/BCP improvement programs, functional fitness programs and sports performance enhancement programs. Skill development can be taught on an individual or group basis through methods such as individual or group classes, lessons, clinics or workshops. There are usually three levels of instruction: beginner, intermediate, and advanced. These programs enhance and foster learning, provide the opportunity for personal improvement, and to help patrons develop positive attitudes about physical activity, which will contribute to health and wellness throughout their lives.

b. Annually, each installation shall provide instructional fitness opportunities. Skill development programs may be held in coordination and/or conjunction with the Fitness, Recreational, or Sports programs.

10. Safety

a. Physical fitness and conditioning programs shall provide adequate and appropriate supervision with well-qualified and credentialed personnel during all hours of operation. In order

to ensure maximum health, safety and instruction, an accredited personal trainer must be present during fitness/conditioning activities; have a clear view of the entire facility (or at least the zone being supervised by each personal trainer) and the patrons in it; be physically close to be able to see and clearly communicate with patrons; and have quick access to those in need of spotting or assistance.

b. In conjunction with appropriate safety equipment, attentive spotting shall be provided for all patrons performing activities where free weights are supported on the trunk or moved over the head/face.

c. Physical fitness, strength and conditioning activities shall have the requisite number of qualified staff available during all hours of operation, with particular attention paid to peak times. Each facility shall establish a patron-to-staff ratio based on safety and customer assistance needs. However, the ratio shall, at a minimum, meet the ACSM prescribed staffing guideline of at least one fitness specialist on the fitness floor for up to 50 patrons. A minimum of 2 staff shall be on duty during all hours of operation to invoke emergency response capabilities if necessary per reference (l).

d. Patrons in fitness centers shall be properly supervised at all times to ensure maximum safety. The following fundamental principles of supervision shall be adhered to by all staff:

(1) Always be there.

(2) Be active and hands-on.

(3) Be prudent, careful and prepared.

(4) Be qualified.

(5) Be vigilant.

(6) Inform patrons of safety and emergency procedures.

(7) Monitor and enforce rules and regulations.

(8) Monitor and scrutinize the environment.

11. Program Planning and Marketing. Successful fitness programs are those created with a standardized framework with a comprehensive approach to program development and preparation. The following processes build the framework of fitness programs: assessment, planning, implementation, evaluation.

a. Assessment is the evaluation of individuals or communities to determine the needs for fitness programs. Assessments may include demographics, health knowledge, perceptions, attitudes, motivations, skills, or health behaviors. Assessments can determine appropriate programs and activities for the target population. Assessments can be completed through valid sources of available information including existing computer resources, databases, or other data-gathering instruments.

b. Planning is an all-inclusive approach to program selection, development, and preparation. Program planning begins with establishing specific goals and objectives that are realistic and measureable.

(1) A standardized framework consists of a strategic plan that includes mission and vision statements, program specific goals (both long term and short term goals), specific measurable outcome objectives, strategies and action steps, and evaluation methodology.

(2) Comprehensive program plans include an annual schedule (e.g., calendar of events, program schedule) that describes the programs to be implemented and that meet the defined program goals and objectives. This schedule should be viewed as a living document to be amended based upon needs.

(3) Maintain a comprehensive fitness resource file of programs, services, and education programs available in the local civilian sector, through national organizations, and Sister Services.

(4) Marketing is the process of promoting, advertising or introducing programs and services to your population. The trademarked Semper Fit Logo and registered name shall be used on all marketing materials (website, flyers, brochures, calendars, etc.).

c. Implementation is execution of the planned fitness activities.

d. Evaluations are measures of program/activity effectiveness. These measures help determine the successful achievement of the program/activity objectives, and include the collection of data to support the evaluation. Evaluation can also pinpoint program/activity strengths and weaknesses, participant attendance and performance, quality control and fiscal responsibility.

(1) Management will have in place the means to ask for input as to patron needs and interests. Locally developed patron surveys, focus groups, and advisory group discussions are all valuable means of getting information on patron preferences.

(2) Management shall use the Recreation Management Software (RMS) in order to track program metrics as directed by HQMC Semper Fit.

(3) Fitness Directors shall review evaluations and forward program metrics to MRS-1 as requested.

Chapter 5

Health Promotion Programs

1. Purpose. To provide policy standards and guidelines for Semper Fit Health Promotion Programs throughout Marine Corps installations.

2. Background. Mandated per references (d),(y) and (z), health promotion programs were established to improve and sustain military readiness and the health, fitness and quality of life of military personnel, beneficiaries, and DoD civilians.

3. Definitions

a. Health. According to the World Health Organization, health is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

b. Health Promotion. The provision of information and/or education to individuals, families, and communities that encourages people to increase control over and to improve their full health potential.

c. Wellness. Wellness is a multidimensional state defined by a dynamic balance of an individual's physical, emotional, spiritual, social, intellectual, and environmental health. It is an active process of becoming aware of and making choices for a more successful balance. There are many levels of wellness just as there are many levels of disease or infirmity. This concept, the Wellness Continuum, can be viewed in Figure 4.0. Wellness is the goal behind health promotion and disease prevention efforts and includes physical, optimal nutrition, spiritual, social, emotional, occupational, and environmental health.

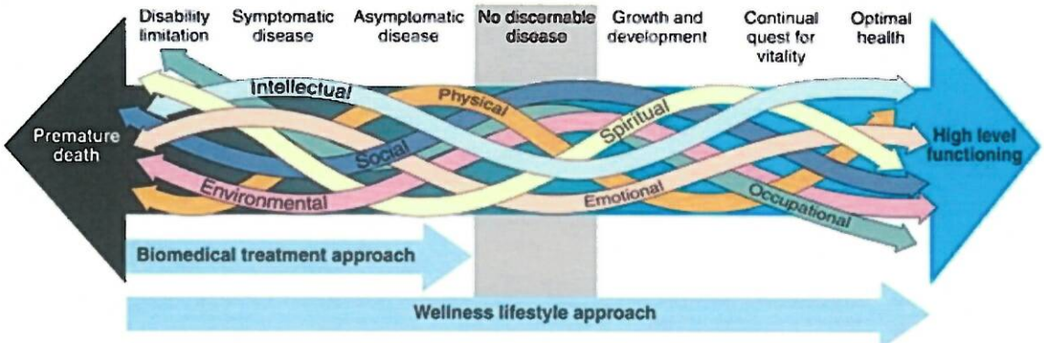

Fig. 4.0 The Wellness Continuum

4. Health Promotion Programs. Semper Fit Health Promotion (SFHP) programs are:

a. Tobacco use prevention and cessation.

b. Nutrition education and dietary supplements.

c. Weight management (healthy weight, obesity).

d. Physical activity.

e. Injury prevention.

f. Chronic disease prevention (cancer, high blood pressure, high cholesterol, diabetes, osteoporosis, etc.).

g. Sexual health and responsibility.

h. Since all aspects of health and lifestyle behaviors are interrelated, Health Promotion shall provide support, awareness and educational campaigns in other related areas of health.

i. SFHP shall promote and support any national DOD/government campaign regardless of health topic such as "That Guy" and "U Can Quit 2." Awareness and educational campaigns in relation to topics such as alcohol and drug use, suicide prevention, and mental health/stress management shall be supported.

j. SFHP shall promote National Health Observances and programs in other health topics as appropriate based upon command needs.

k. In accordance with references (d), (y), and (z) SFHP staff shall actively engage in and have oversight of the assessment, planning, implementation and evaluation of all core health promotion programs. Health Promotion programs are provided through a myriad of educational methods as cited in the examples below. Each installation Health Promotion Director shall determine the most appropriate avenues to provide programs. Program requirements shall include at a minimum, one of the following activities for each core program per quarter.

(1) Awareness briefs such as unit level briefs or subject specific briefs.

(2) Educational classes such as Train the Trainer classes, Tobacco Cessation courses, Nutrition education classes, e.g., Reading Food Labels, Commissary Tours, Cooking Classes, classes on injury prevention, safety, etc.

(3) Media awareness campaigns such as "That Guy," "Make Me Proud," "Great American Smoke Out (GASO)/Spit out," "Sexual Health Awareness," "Sun Safety Awareness," "Fueled to Fight," etc.

(4) Seminars such as Lunch and Learns, Wellness Seminars on a variety of health related and fitness topics, Gym Tours/Orientation, etc.

(5) Workshops such as "How to" courses, e.g., Healthy Cooking Classes, Healthy Eating/Shopping Tours, Running shoe clinics, etc. These are interactive or hands on learning experiences, etc.

(6) Health screenings include tests such as height/weight, body fat measurements, pulse ox, cholesterol tests, and glucose tests. Screenings may be provided on a walk in basis or scheduled events like a highlighted screening of the day/month focused around awareness observances such as Diabetes Awareness month, GASO, Heart Health Month, etc.

(7) Health fairs such as Kids Health and Fitness Fairs, General Health and Fitness Fairs, Information/Awareness booths, etc.

(8) Challenges/Incentive Programs/Events such as Weight Loss Challenges, Crews Into Shape, Running/Walking Clubs, Wellness Challenges, 101 Days of Summer, Family Fun and Fitness Night, etc.

5. User Fees and Charges. In accordance with references (d) and (e), Category A programs are considered essential in meeting the organizational objectives of the military service. The health promotion program is classified as a Category A program and considered indispensable to the well-being of the service member. Therefore, fees and charges will not be assessed for health promotion activities for the active duty service member to include the following:

a. Blood pressure, cholesterol, or glucose testing.

b. Tobacco Cessation Programs.

c. Commissary tours.

d. Body Composition/Body fat.

e. Lectures, seminars, workshops, or classes.

f. Campaigns.

g. Brochures, flyers or handouts.

h. Educational awareness activities.

i. Resting Metabolic Rate for BCP Marines.

j. Testing, training, programs or classes related to the Body Composition Program and Remedial Physical Training.

k. For all other patrons other than active duty members, it is at the Commander's discretion to assess fees for classes, programs or screenings that require NAF support.

l. For all authorized patrons, including active duty, fees may be assessed for special activities.

6. Program Planning and Marketing. Successful health promotion programs are those created within a standardized framework with a comprehensive approach to program development and preparation. Semper Fit Health Promotion programs shall use the following processes to build the framework of health promotion programs: assessment, planning, implementation, evaluation.

a. Assessment is the evaluation of individuals or communities to determine the needs for health promotion programs. Assessments may include demographics, health knowledge, perceptions, attitudes, motivations, skills, or health behaviors. Assessments can determine appropriate programs and activities for the target population. Assessments can be completed through valid sources of available information including existing computer resources, databases, or other data-gathering instruments.

b. Planning is a comprehensive approach to program selection, development, and preparation of effective health promotion programs. Program planning begins with establishing

specific goals and objectives that are realistic and measureable.

(1) A standardized framework consists of a strategic plan that includes mission and vision statements, program specific goals (both long term and short-term goals), specific measurable outcome objectives, strategies and action steps, and evaluation methodology.

(2) A coalition shall be established by the Health Promotion Director to assist and support the development of a strategic plan and annual program planning. A coalition is a group of individuals who broadly represent a specific community. The coalition works with Health Promotion staff to advise, consult or make program decisions, promote and champion the program and represent the needs and interests of the community. The coalition shall consist of key individuals from the installation as identified by the Health Promotion Director.

(3) Comprehensive program plans include an annual schedule (e.g., calendar of events, program schedule) that describes the programs to be implemented and that meet the defined program goals and objectives. This schedule should be viewed as a living document to be amended based upon needs.

(4) Maintain a comprehensive health resource file of programs, services, and education programs available in the local civilian sector, through national organizations, and other military branches of service.

c. Implementation is execution of the planned activities/programs and includes all the steps needed to put health promotion strategies, incentive programs and behavior change programs/interventions into place and make them available to the population.

(1) Health Promotion programs may be addressed through a variety of means that may include but are not limited to media awareness campaigns, classes, seminars, workshops, health screenings, health fairs, policy changes, and resource coordination.

(2) Marketing is the process of promoting, advertising, or introducing programs and services to your population. The trademarked Semper Fit Logo and registered name shall be used on all marketing materials (website, flyers, brochures, calendars, etc.)

(3) Health Promotion staff shall use the intervention pyramid methodology for marketing that places an emphasis on marketing approaches that have the highest population reach at the lowest cost.

d. Evaluations are measures of program/activity effectiveness. These measures help determine the successful achievement of the program/activity objectives, and include the collection of data to support the evaluation. Evaluation can pinpoint program/activity strengths and weaknesses, participant attendance and performance, quality control and fiscal responsibility. Evaluation methods shall be identified during program planning.

e. SFHP programs shall meet or exceed objectives set forth by reference (a).

f. To measure progress towards reaching these objectives, Health Promotion Directors shall utilize data from references (a) and (aa) as benchmarks.

7. Core Program Standards. In order to provide consistency, SFHP program objectives shall include but are not limited to the following objectives for each program:

a. Tobacco use Prevention and Cessation. Tobacco use is the single largest cause of preventable death in the United States. The loss of productivity and smoking related health care reaches billions of dollars annually for DoD. Tobacco is defined as cigarettes, cigars, pipes, chewing tobacco, and/or snuff, etc. In accordance with reference (b), SFHP programs shall:

(1) Provide tobacco cessation programs. SFHP staff shall provide group and individual tobacco cessation programs. Semper Fit Health Promotion staff shall follow up with participants three and six months after completion of a program to determine quit rates and program effectiveness.

(2) Increase efforts to reduce tobacco use within the Marine Corps community. Advocate for a decrease in environments that support tobacco use on Marine Corps installations. Promote safe, healthy environments, which discourage the use of tobacco products, and support tobacco cessation.

(3) Advocate for education programs on preventing tobacco use initiation within the Marine Corps community.

(4) Provide education and awareness opportunities to increase the proportion of adults who recognize and take action to support environments that are tobacco free.

(5) Provide education and awareness programs on the negative effects of second- and third-hand smoke.

(6) Provide general information on tobacco cessation pharmaceuticals including dosage information, correct use, and side effects.

(7) Discourage the use of all tobacco to include smokeless tobacco, SNUS (a form of snuff), and other nicotine delivery devices as a safe alternative to smoking. Harm reduction methods shall not be supported.

b. Nutrition. Good nutrition is essential for optimal health. Optimal health involves good eating habits in combination with regular physical activity. SFHP programs shall:

(1) Provide comprehensive nutritional education and guidance based upon "ChooseMyPlate.gov" and "Dietary Guidelines for Americans" to promote optimal fitness and weight management. Individually tailored diets or meal plans shall only be provided by licensed Registered Dietitians or medical provider.

(2) Educate individuals on common misconceptions about diet, nutrition and supplement use.

(3) Promote healthy food choices in Exchanges, Clubs, vending, and retail food establishments.

(4) Provide nutrition education programs and activities that help Marines comply with The Marine Corps Body Composition Program, reference (v).

(5) Provide nutrition education programs and activities that address childhood obesity to children and parents within the Marine Corps community.

(6) Provide guidance on dietary supplements to Marines and their beneficiaries.

(a) Because many products are marketed as dietary supplements, it is important to remember that supplements include a product taken by mouth that includes vitamins and minerals, as well as herbs, botanicals, amino acids and other substances such as enzymes, organ tissues, glandulars, and metabolites. Dietary supplements can be extracts or concentrates and can be in the form of tablets, capsules, softgels, gelcaps, liquids, or powders. Energy drinks, sports bars, and protein powders are some examples.

(b) Some supplements may help ensure that you get adequate amounts of essential nutrients or help promote optimal health and performance if you do not consume a variety of foods as recommended in reference (ad).

(c) Research studies in people to prove that a dietary supplement is safe are not required before the supplement is marketed, unlike for drugs. It is the responsibility of dietary supplement manufacturers/distributors to ensure their products are safe and their label claims are accurate and truthful. If the U. S. Food and Drug Administration (FDA) finds a supplement to be unsafe once it is on the market, only then can it take action against the manufacturer and/or distributor, such as by issuing a warning or requiring the product to be removed from the marketplace.

(d) The manufacturer does not have to prove that the supplement is effective, unlike for drugs. The manufacturer can say that the product addresses a nutrient deficiency, supports health, or reduces the risk of developing a health problem. If the manufacturer does make a claim, it must be followed by the statement "This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease."

(e) Dietary supplements are not intended to treat, diagnose, mitigate, prevent, or cure disease. In some cases, dietary supplements may have unwanted effects, especially if taken before surgery or with other dietary supplements or medicines, or if the individual has certain health conditions. Whatever the individual chooses, supplements should not replace prescribed medications or the variety of foods important to a healthful diet.

(f) Semper Fit staff shall not prescribe, recommend, or provide supplements to patrons for any purpose including enhancing athletic performance, conditioning, or physique.

(g) Semper Fit staff shall advise all clients to inform their health care provider about dietary supplements (to include herbal preparations) and other products being consumed. Dietary supplements may cause adverse effects and may interfere with over-the-counter and/or prescription medications.

c. Weight Management. Underweight individuals are at risk for compromised health, performance, and readiness. Extreme weight loss may be due to stressful life situations, eating disorders, poor or inappropriate nutrition. Overweight individuals are at risk for developing Type 2 diabetes, coronary heart disease, high blood pressure, stroke, sleep apnea, and/or gall bladder disease. Semper Fit Health Promotion programs shall:

(1) Provide the awareness, education, resources, and opportunities to establish and/or maintain healthy, active lifestyles in order to achieve and maintain optimal body composition standards.

(2) Ensure weight management programs/activities are available and consistent with physical fitness programs and body composition requirements.

(3) SFHP shall promote healthy weight loss of one to two pounds per week. SFHP shall not promote specific diets unless they are in accordance with National Guidelines as set forth in reference (ad).

(4) SFHP shall not promote saunas, liposuction, body wraps, sweat suits, supplements, or fad diets as a healthy way to lose weight.

d. Physical Activity. Provide opportunities to establish healthy and active lifestyles in order to achieve and maintain physical fitness and body composition standards. Semper Fit Health Promotion programs shall:

(1) Increase safe and effective physical activity programs for all members of the Marine Corps community.

(2) Decrease fitness-related injuries.

(3) Support command authorized exercise programs for civilian personnel.

(4) Increase supportive environments for physical activity.

(5) In coordination with fitness staff, develop physical activity programs with a specific focus on families and children.

(6) Per reference (l), provide for an incentive and award program to promote regular physical fitness activity.

e. Injury Prevention. Injuries and accidents can be prevented. Accidents result in an increase in emergency room visits, lost work/school days, a decrease in overall readiness, or death. Ergonomics seeks to reduce and prevent work-related injuries through evaluation and work place design in relation to human capabilities and interactions. SFHP programs shall:

(1) Per references (h) and (i) provide education to increase injury awareness, leading to a reduction in the incidence of injuries.

(2) Promote an environment that identifies potential risks and attempts to reduce those risks through education.

(3) Educate individuals on common misconceptions that may result in injury.

(4) Support command safety offices to reduce the risk of recreational safety and work place injuries.

f. Chronic Disease Prevention. Disease prevention is a system of coordinated programs and strategies that educate and enable individuals in self care efforts that: decrease the risk of the development of chronic conditions; minimize the effects of chronic conditions; decrease health care costs; and improve quality of life. Semper Fit Health Promotion programs shall:

(1) Provide an effective disease prevention strategy that includes education and awareness programs on risk factor identification, screenings, and management.

(2) Provide targeted education in the following topics as they represent the leading cause of disease, disability, and death in the United States:

(a) Cardiovascular disease (includes hypertension and high cholesterol);

(b) Cancer;

(c) Diabetes;

(d) Osteoporosis; and

(e) Chronic Obstructive Pulmonary Disease.

(3) Encourage all patrons to take an active role in their health by receiving regularly scheduled screenings for blood pressure, cholesterol, body composition, bone density, glucose, mammogram, pap smear, prostate, etc.

g. Sexual Health. Sexual health is a state of optimal health in relation to sexuality. Sexual health includes an understanding of sexuality and healthy sexual relationships, sexual transmitted infections, and family planning. Semper Fit Health Promotion programs shall:

(1) Provide educational programs and information regarding the modes of transmission and prevention of sexually transmitted infections (STI).

(2) Provide Human Immunodeficiency Virus (HIV) education programs on transmission prevention and clarification of misconceptions per reference (ab).

(3) Provide training on abstinence, the use of condoms and contraceptives to prevent unintended pregnancies and STI.

(4) Promote healthy behaviors during pre and post-pregnancy to include regular check-ups, exercise, good nutrition, avoidance of alcohol and tobacco products, etc.

(5) Provide information about the differences between healthy and unhealthy sexual relationships including definitions of consent, sexual assault.

8. Program Evaluation and Measures of Effectiveness. All program metrics shall be captured in the RMS program. Staff shall adhere to guidance as set forth in the software procedure manual for capturing the following data:

a. To measure progress, Health Promotion Directors shall utilize data from references (a) and (aa) as benchmarks.

b. SFHP metrics shall measure participant satisfaction with the target program activity.

9. Program Administration

a. Annual Training

(1) Support commanding officers to ensure all Marines receive annual education and training in Sexual Health and Responsibility, and Tobacco Prevention and Cessation through distance learning or health promotion classes.

(2) In addition to the annual training identified above, support commanding officers to ensure all Marines receive annual training in at least two of the remaining SFHP elements: Physical Activity, Nutrition, Injury Prevention, or Chronic Disease Prevention. Choice of training should be based upon the needs and interests of the respective units or on health risks identified by the HRA results. This training may be completed through health promotion briefs or distance learning through MarineNet.

(3) Support commanding officers in efforts to provide resources, education, and programming to promote a healthy lifestyle for their unit.

b. Partnerships

(1) Target programs and other community health issues may be addressed through partnership programs. SFHP shall utilize partnerships to the fullest extent possible.

(2) Partners may include but are not limited to Navy Medicine, Safety, Security, Navy and Marine Corps Public Health Center, Children, Youth and Teen Program, Child Development Centers, Behavioral Health, Exceptional Family Member Program, Schools, Marine and Family Readiness, Child Development Center, Chaplains, Single Marine Program, Dining Facilities,

Commissaries, Marine Corps Exchanges, Clubs, Substance Abuse Counseling Centers, School Liaisons, Marine and Family Services, Installation Work/Life Coordinators, Family Advocacy Program (FAP), Combat and Operational Stress Control (COSC) and Semper Fit Recreation Programs.

(3) SFHP shall support the command in efforts to provide resources, education, programs, etc., to promote a healthy lifestyle for their units.

APPENDIX A

DEFINITIONS

Accessibility: All individuals have equal opportunity to participate in Fitness and Health Promotion programs and services. (See physical accessibility; Programmatic accessibility)

Acquired Immunodeficiency Syndrome (AIDS): AIDs is a disabling or life-threatening illness caused by human immunodeficiency virus (HIV) characterized by HIV encephalopathy, HIV wasting syndrome, or certain diseases due to immunodeficiency in a person with laboratory evidence for HIV infection or without certain other causes of immunodeficiency.

Athletic Trainers: Licensed health care professionals who collaborate with physicians to optimize activity and participation of clients. Athletic training encompasses the prevention, intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities.

Barriers: Any obstacle (people, things, or conditions) that diminishes the enjoyment of an activity or receiving assistance or support.

Body Composition: The makeup of the body in terms of the relative percentage of fat-free mass and body-fat. The amount of lean mass (e.g., muscle and bones) to fat.

Cardio-Respiratory Capacity (VO_2 max): The ability to perform large muscle movement over a sustained period of time; the capacity of the heart-lung system to deliver oxygen for sustained energy production.

Cardio-Respiratory Endurance: Sustained ability of the heart and blood vessels to carry oxygen to the body, (e.g., walking, running, swimming, cycling, and aerobic movements).

Collaboration: Collaboration is the act of working jointly with a person or program to achieve a common goal. An example is a cooperative effort with other MCCS programs and/or Navy Medicine to provide programs and services to the military community.

Combat Fitness: Combat Fitness is a comprehensive, highly structured physical fitness training program where the repetitive execution of movement patterns increases a Marine's physical performance of mission specific tactical and combat readiness and balances physical capacities including power, strength, speed, agility, mobility and endurance while reducing the likelihood of injuries and over-training syndromes.

Community: A group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings; definition is from the American Journal of Public Health.

Credentials: Documents that constitute evidence of qualifying education, training, licensure, certification, experience, and expertise in a specialized profession.

Dietary Supplements: Dietary supplements include any product taken by mouth that includes vitamins and minerals, as well as herbs, botanicals, amino acids and other substances such as enzymes, organ tissues, glandulars, and metabolites. Dietary supplements can be extracts or concentrates and can be in the form of tablets, capsules, softgels, gelcaps, liquids or powders.

Distance Education and Training Council (DETC): Founded in 1926, DETC promoted sound educational standards and ethical business practices within the correspondence field. In 1955, DETC established an independent nine-member Accrediting Commission that gained approval of the U.S. Department of Education as the "nationally recognized accrediting agency" under terms of Public Law. The Council for Higher Education Accreditation (CHEA) also recognizes the Accrediting Commission.

DoD Survey of Health Related Behaviors Among Active Duty Military Personnel: This survey is conducted approximately every three years and is designed to collect data from a sample group from each military service to assess progress toward selected Healthy People objectives for active duty military personnel.

Event: A one-time occurrence such as a class or activity.

Evidenced-based: Programs that are developed, implemented, and evaluated through the application of principles of scientific

reasoning, systematic uses of data, and appropriate use of behavioral science theory and program planning models.

Exercise Prescription: An individualized program of exercise based upon a full review of a patron's past exercise history, health assessment and risk factors, and a healthcare provider's written authorization. Components of an exercise prescription include: activity selection, duration, frequency, intensity, progression, resistance training, and flexibility training.

Family Fitness: Family Fitness is an inclusive approach to physical fitness and wellness programs. Family Fitness provides programs for all members of the military community from cradle to grave. Inclusive programming requires collaborations with community, medical, other MCCS, and Semper Fit programs.

First Aid: Emergency treatment administered to an injured or sick person before professional medical care is available.

Fitness Assessment: A comprehensive fitness assessment includes four components. The components are: cardio-respiratory assessment (at rest and during exercise), muscular strength and endurance, muscle and joint flexibility, and body composition. (The cardio-respiratory assessment portion of the fitness evaluation shall be **sub-maximal** in nature and should not require physician supervision for users who have passed a pre-activity screening and who are apparently healthy.)

Fitness Center Utilization: Number of patron visits to the Fitness Center.

Flexibility: The range of motion possible of a joint; the ability of body joints to move freely and without discomfort through their full range of motion, (e.g., benefits of stretching, basic stretching, partner stretching, and stretching for sports).

Functional Fitness: Functional Fitness is a scientifically based physical fitness training program where the repetitive execution of movement patterns improves an individual's performance of activities of daily living and will attempt to balance physical capacities while reducing the likelihood of injuries and improving general health.

Group Exercise: An instructor-led exercise class of greater than three (3) people.

Handicapped Person: Any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Health Promotion: The science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. To reach this balance, lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior, and create environments and communities that support good health practices. Providing supportive environments has the greatest potential for producing lasting change.

Health Promotion Activities: Any planned activity or promotion that promotes healthy lifestyles. Examples include Health Fairs, Monthly Observances, Weight Loss Programs, and Race Series.

Health Promotion Classes: Any health-related class to include classes on the Semper Fit elements.

Health Promotion Screenings: Primary prevention health screenings such as Fitness Assessments, Blood Pressure measurements, Body Fat measurements, cholesterol measurements, etc.

Health Promotion Program Plan: An action plan that directs health promotion operations and includes all target areas that align with the health promotion program strategic plan.

Healthy Communities: One that is continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.

Healthy Eating: Eating the recommended types and amounts of foods, nutrients, and calories recommended in the Dietary Guidelines for Americans, while limiting low-nutrient, high-fat and high-sugar foods and beverages to promote health and achieve and maintain an optimum body weight and energy balance. Healthy eating covers the consumption of healthy foods and beverages.

High Intensity Tactical Training (HITT): A comprehensive strength and conditioning program that takes into consideration the physical demands of operational related activities in order to optimize physical performance while in combat. The program emphasis is on superior speed, power, strength, and endurance, and improving overall combat readiness while reducing the likelihood of injuries.

Inclusion: The active engagement of people with disabilities or injuries. Offering the same choices to everyone, where the quality of the activities and services is the exact same and everyone has the same experience.

Intervention Pyramid: Multiple health promotion intervention methods with related costs and population reach depicted in a pyramid format.

Major Life Activities: Functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Marketing: The process of promoting a product or service.

Muscular Endurance: Is the capacity of a muscle to exert force repeatedly against a resistance, or to hold a fixed or static contraction over time.

Muscular Fitness: Consists of strength (i.e., the force a muscle produces in one effort) and endurance (i.e., ability to perform repeated muscular contractions in quick succession, e.g., the lower body, the middle body, the upper body), and exercising with free weight and machines.

Muscular Strength: The maximum force that a muscle can produce against resistance in a single, maximal effort.

National Organization for Competency Assurance (NOCA): NOCA was created from the 1977 congressional commission of the National Commission for Health Certifying Agencies (NCHCA). Funded through the Department of Health and Human Services, the primary mission was to develop standards for quality certification in the allied health fields and to accredit organizations that met those standards. In 1987, NCHCA evolved into NOCA. Today, NOCA's accrediting body, the National Commission for Certifying Agencies (NCCA) evaluates and certifies organizations for

compliance with the NCCA *Standards for the Accreditation of Certification Programs*.

National Commission for Certifying Agencies (NCCA): See National Organization for Competency Assurance (NOCA).

National Commission for Health Education Credentialing: The national agency for providing certification in health education.

Personal Trainer: Fitness staff member who is certified as a personal trainer by an accredited certifying body and/or has a degree in Exercise Science, Physiology or other related field.

Personal Training: One-on-one directed physical training by a certified personal trainer. Each unit of personal training equals one hour.

Physical Accessibility: Refers to the how the environment (stairs, restrooms, policies) affects a patron's ability to participate in the programs or services is being offered.

Physical Activity: Any bodily movement produced by skeletal muscles that result in an expenditure of energy.

Physical Barriers: A condition of the physical environment that restricts or complicates access, movement, or participation: (e.g., stairs, curbs, narrow aisles and hallways, height of signage, etc).

Physical Fitness: The overall measure of physical attributes including cardiovascular endurance, muscular strength and endurance, body composition, and flexibility.

Population-Based Intervention: Interventions designed to impact many individuals in a group. Typically, the focus is on changing systems, processes, or the environment in ways, which will positively impact large numbers of at risk individuals (vs. individual patient-oriented interventions).

Physical or Mental Impairment: Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal and special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as mental retardation,

organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term includes such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, and muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; drug abuse; and alcoholism.

Prevention: Any activity, which reduces the burden of mortality or morbidity from disease.

Profession: A disciplined group of individuals who adhere to ethical standards and uphold themselves to, and are accepted by, the public as possessing special knowledge and skills in a widely recognized body of learning derived from research, education, and training at a high level, and who are prepared to exercise this knowledge and these skills in the interest of others.

Program: Programs are multiple events or a series of events, such as classes or activities that focus on one or more subjects or skills.

Programmatic Accessibility: Programs, services, and activities designed to be inclusive. Supervisory staff and employees understand differing needs and have the skills to modify programs to meet those needs.

Recreation Management Software: The standard automated system used by Marine Corps Community Services (MCCS) Business Services, Semper Fit, and Children, Youth, and Teens Programs.

Registered Dietitian (RD): A professional trained in foods and the management of diets (dietetics) who is credentialed by the commission of Dietetic Registration of the Academy of Nutrition and Dietetics. Credentialing is based on completion of a BS degree or MS degree program, an approved dietetic internship, passing a registration examination and maintaining continuing education.

Resiliency: The positive capacity of people to cope with stress and catastrophe.

Reasonable Accommodations: Any modification or adjustment to an environment that will enable patrons to participate in programs or receive services.

Satellite Facilities: A satellite facility is any fitness area, space, or room within a Marine Corps installation structure not managed or operated under the Semper Fit program. Satellite facilities, by definition, do not meet OSD or Semper Fit fitness standards for a Fitness Center.

Social Marketing: The planning and implementation of health promotion programs designed to bring about social change using concepts from commercial marketing.

Stress Management: A collaborative health promotion program that promotes resiliency with strategies that enable people to perform effectively and cope with strain and anxiety.

Supportive Environments: The physical and social aspects of our surroundings that foster and encourage healthy lifestyles. It encompasses where people live, their local community, their home, and where they work and play. It also embraces the framework, which determines access to resources for living, and opportunities for empowerment.

Target Area: Required primary focus of health promotion programming that is integral to achieving optimal health and well-being.

Tobacco: An agricultural product processed from the fresh leaves of plants in the genus *Nicotiana*. Commercially available in dried, cured, and natural forms, it is often smoked in the form of a cigar or cigarette, or in a stem pipe, water pipe, or hookah. Tobacco can also be chewed, "dipped" (placed between the cheek and gum), or sniffed into the nose as finely powdered snuff.

Tobacco Cessation: The effort to stop using tobacco products successfully.

Tobacco Use Prevention: The effort to prevent tobacco use through the reduction or abatement of risk factors and the strengthening of protective or resiliency factors.

Total Force Fitness: A state in which the individual, family, and organization can sustain optimal well being and performance under all conditions. Physical fitness is one component of total force fitness, which also includes psychological, behavioral, medical, nutritional, spiritual, and social health.

Wellness: It is an active process of becoming aware of and making choices towards a successful existence and consists of six dimensions: social, occupational, spiritual, physical, intellectual and emotional; definition is from the National Wellness Institute.