

# MILLE LACS BAND OF OJIBWE HHS POLICY & PROCEDURE

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**Department:** Health Services – Diabetes

**Policy Number:** HHS-HS-DIA 1200

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**Policy Title:** Diabetes Program Fitness Center Policy

**Attachments:** Fitness Center Waiver, Fitness Center Rules and Expectations

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**Revision History:** 8/2005, 7/2012

**Revised by/Date:** Jackie Braun, 3/2021 Jenna Kuduk 4/2021

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**Approved by:**   
Jan Manary, Executive Director of Health Services

**Date:** 5.3.2021

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**Approved by:**  
Nicole Anderson, Commissioner of HHS



**Date:**  
5/4/2021

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**POLICY STATEMENT:** The fitness centers will provide for safe and effective exercise programs for Mille Lacs Band of Ojibwe members.

**PURPOSE:** The purpose of this policy is to define policy in the following areas:

- Referral to program
- Pre-exercise evaluation
- Exercise Intensity levels
- Skills of fitness coordinator
- Monitoring during exercise
- Counseling
- Treatment of complications developed during fitness center use
- Community fitness programs

**PROCEDURE:**

1. **REFERRAL TO PROGRAMS:** Clients with diabetes in programs offered through the Fitness Center may be self-referred or referred by a health professional. Referrals from health providers will be entered into the electronic health record.
2. **PRE-EXERCISE EVALUATION:** All clients with diabetes, who are referred to the Fitness center, will undergo a pre-exercise evaluation by a healthcare provider.
  - a. All persons must sign a waiver of responsibility before exercising at the center. Persons refusing to undergo the intake process may participate in the program but must sign a waiver of responsibility.
3. **EXERCISE PRESCRIPTION:** If the health care provider reasons that the patient has increased risk for exercise related medical problems, they should inform the patient of the potential risks and prescribe an “individualized exercise program”. Such a prescription should include intensity of exercise as target heart rate (THR) in beats per minute, duration of the individual exercise session in minutes, and frequency of sessions each week, as well as any other restrictions. If the health care providers reason

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that participants are at relatively low risk of developing medical complications from exercise, they may simply prescribe exercise "without restriction". In that case, the Fitness Coordinator can assist the participant in setting up an exercise program. Exercise may also be prescribed as "low, moderate, or high intensity" in order to help the participant to be successful in reaching their stated goals.

4. **EXERCISE INTENSITY LEVELS:** For the purposes of the diabetes program, exercise intensity levels will be defined as a target percentage of patient's estimated functional capacity. The target percentage will be determined by calculating a maximum heart rate (MHR). The MHR may be calculated by the following formula.

$$\text{Maximum Heart Rate} = 220 - \text{Age}$$

A resting heart rate (RHR) may be determined by taking the pulse after the patient rests quietly for 5 minutes before exercising. Adjustments in MHR may be needed in individual participant who are on negative chronotropic medicines such as beta-blockers and calcium channel blockers.

Target percentage levels will be defined as follows:

Low Level Intensity Target Heart Rate = less than 50% maximum heart rate  
Examples: activities of daily living, moderate paced walking, stretching

Moderate Level Intensity Target Heart Rate = 51-70% of maximum heart rate  
Examples: fast walking, jogging, swimming, biking

High Level Intensity Target Heart Rate = 70-85% of maximum heart rate  
Examples: interval training, fast running, weight lifting

5. **FITNESS COORDINATOR SKILLS:** The Fitness Coordinator and all other Fitness Center personnel who assist exercise sessions will be CPR certified and will be competent in blood pressure, pulse, and blood glucose determination as well as familiar with exercise instruction and exercise equipment.
6. **MONITORING DURING EXERCISE:** The Fitness Coordinator will monitor referred participants in the program following several parameters. Heart rate will be monitored before, during, and after exercise sessions for those participants who have been prescribed an exercise program. At the Fitness Coordinator's discretion, patients with diabetes may have a blood glucose and/or blood pressure determination made before and ½ hour or less after exercise or if they experience symptoms of hypoglycemia. (SEE POLICY ON HYPOGLYCEMIA)
7. **TREATMENT OF COMPLICATIONS DEVELOPED DURING CENTER USE:** Individuals who develop the following complications<sup>1</sup> during exercise should be assisted immediately by the fitness coordinator. The fitness coordinator should contact the triage nurse and/or health care provider to determine the immediate course of action necessary and the urgency in which follow up should take place.

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<sup>1</sup> SEE TABERS CYCLOPEDIA MEDICAL DICTIONARY FOR DEFINITIONS OF MEDICAL TERMS

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- a. Chest pain, syncope, palpitations, bradycardia (less than 50 bpm), faintness, confusion, ataxia, pallor, cyanosis, nausea, exertional lower extremity pain, inappropriate bradycardia (decreased in heart rate of greater than 10 bpm with increase or no change in work load).
- b. All Fitness Center personnel who lead exercise sessions will understand the above terminology.
- c. If an individual becomes unconscious or pulseless and non-breathing during exercise the Fitness Coordinator will activate the emergency medical system (Dial 9-911) and initiate CPR if appropriate.

<b>Internal and/or External References</b>	
<b>Compliance - Posting Date</b>	5/4/2021
<b>Replaces – Policy Number</b>	HHS-2200
<b>Next Review - Due Date</b>	5/4/2024



## **Mille Lacs Band of Ojibwe Health and Human Services**

### **Fitness Center Rules and Expectations**

1. All persons using the fitness must sign a waiver prior to using the fitness equipment and exercise space.
2. Proper attire must be worn. For reasons of personal safety, necklaces and other jewelry should not be worn during any activity. Street clothing is not generally permitted during exercising as it can be dangerous, confining, and can damage equipment. Appropriate athletic attire, such as T-shirts, shorts, warm-up suits, sweat suits, or aerobic clothing is required of participating guests at all times throughout the facility.
3. Clean, scuff-resistant, non-marking soled, full-toed shoes are required while using the facility. Turf shoes, cleats, sandals, flip flops, and bare feet are not allowed in the Fitness Center.
4. Collars must be used during all barbell exercises.
5. Strip all bars and machines of weights after use.
6. Rack all plates and dumbbells in the proper location.
7. Wipe down each piece of equipment after use.
8. No gum, food or drink (except for water) in fitness center.
9. Show respect for equipment, facilities, and other guests using the fitness center at all times.



**Mille Lacs Band of Ojibwe  
Health and Human Services**

**Fitness Center Waiver**

\_\_\_\_\_ (print name) for, and in consideration of, the privilege of using the equipment and/or participating in exercise, do hereby waive and release the Band, it's commissioners, officers, agents, and employees from any liability for any claim or cause of action I might hereafter have for injury, loss, damage, or death arising out of or as a consequence of my involvement. The sole and exclusive purpose of such activity is to enhance my personal fitness, and any activity will be carried out as such times and only times in such areas are specifically designed and approved for such use.

I understand and agree that said privilege is contingent upon my executing this release of liability and my compliance with all fitness center rule and expectations, and that said privilege may be revoked or modified at any time without cause or prior notice at the discretion of management and/or representative. I understand and agree that the Band is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I have read the above release and agree to abide by all rules and expectations in use of the fitness center and any exercise equipment.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Parent/Guardian (if under 18 years of age): \_\_\_\_\_