

Employee Guide

Courtesy of Winceline



KICKIN' BUTTS PROGRAM DISCLAIMER

The authors and publishers disclaim any liability and responsibility to any person or entity regarding this program. Instead, every user individually assumes all risk of injury, loss or damage caused or alleged to be caused by the implementation of this program, be it direct, indirect, special, incidental or consequential.

The materials, ideas, concepts, principles and proposals contained in this program are intended to improve individual general wellness by providing good, practical information to assist healthy adult individuals in their efforts to eliminate tobacco usage.

This program makes no health claim and is not designed to help cure, heal or correct any illness, metabolic disorder or medical condition. The authors and publishers of this program are not health care professionals. They have compiled information they believed to be accurate and helpful from various sources to make suggestions and recommendations on how to design and implement a smoking cessation program.

Program materials should not be construed as medical advice. It is recommended that the program be implemented under the supervision of a qualified smoking counselor or health professional.

All individuals are encouraged to consult with their primary health care providers before making any changes to their diets, beginning an exercise program or taking supplements of any kind. All participants are urged to start slowly and gradually, to engage in safe exercise routines and practices and to discontinue their participation in the program if they experience discomfort, distress or any sign of injury.

Consulting with a health care provider before enrolling in the program is particularly recommended for individuals over the age of 35, minors, expecting or breastfeeding mothers and individuals with diabetes, chronic hypertension, high blood cholesterol, cardiovascular disease or any other illness, disease, health problem, medical condition or metabolic disorder requiring special dietary needs.

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Introduction to Kickin' Butts

The Kickin' Butts Program is designed to give you the information and resources needed to quit or reduce smoking.

During the next 12 weeks, you will work through a weekly checklist that includes educational articles, motivational challenges and recreational activities which will assist you in your smoking cessation efforts.

Each week, you will submit a cigarette log to [insert name of coordinator]. The participant with the fewest cigarettes smoked that week will win [insert reward—probably a gift card]. If multiple participants smoke zero cigarettes, or tie for the fewest number of cigarettes, each of those participants will be entered into a drawing for the weekly reward.

Weekly Activities

Each week, you will complete a different activity and keep a smoking log. Weekly emails will be sent with instructions for your activity.

In addition, participants must also visit their doctor or other medical provider at least once during the program's 12-week period in order to complete their participation in the program and qualify for any benefits offered by .

At the end of each week, you will submit a smoking log and check in with the smoking program coordinator, [insert name of coordinator].

- Log how many cigarettes you smoked each day. You will be provided with an easy-to-use chart that will help you track your progress toward a smoke-free life.
- Report on your weekly checklist item by submitting the activity proof or completed article quiz.

Participants will also keep a smoker's journal every day. The smoker's journal can help you identify smoking triggers and plan how you will overcome the urge to smoke. This journal is private and you will NOT have to submit it to the coordinator.



Week-by-week Checklist

One Week Prior to Start

- ☐ Complete pre-program survey and waiver form.

Week 1

- ☐ Meet with the smoking counselor and make your quit plan.
- ☐ Start cigarette log and smoking journal.
- ☐ Receive quit package!
- ☐ Make an appointment with your primary care physician sometime during the next 12 weeks.

Week 2

- ☐ Trigger list activity

Week 3

- ☐ Cost of smoking activity

Week 4

- ☐ Read “The Cost of Smoking” article and complete the short quiz.

Week 5

- ☐ Withdrawal activity

Week 6

- ☐ Read the “Health Effects of Smoking” article and complete the short quiz.

Week 7

- ☐ Meet with the counselor to check in on your progress.

Week 8

- ☐ Read the “Slip-ups and Relapses” article and complete the short quiz.

Week 9

- ☐ Relapse activity

Week 10

- ☐ Read the “Secondhand and Thirdhand Smoke” article and complete the short quiz.

Week 11

- ☐ Distraction activity

Week 12

- ☐ Meet with counselor for exit counseling session and final check-in.

Quitting Strategies

Smoking is both a physical addiction and a psychological habit, so the best plan for quitting will recognize and address both aspects of smoking. Consider the following strategies as you approach your quit day.

Be prepared – Before you quit, consider your smoking habits, why you smoke, what triggers your desire to smoke, and, most importantly, why you want to quit. Decide whether you will quit cold-turkey, slowly cut back on your cigarette consumption or use medication or a nicotine replacement therapy product (NRT), such as a nicotine patch. Set your quit day within the next two weeks, giving you enough time to prepare without losing motivation by waiting too long.

Write it down – List the reasons why you want to quit—they could be for financial, family, health or any other reason—and keep the list with you in your wallet or pocket. Also, write out your trigger list, what you will do to fight cravings and the date of your quit day. Another strategy is to keep a craving journal as you approach your quit day in order to help you identify why and when you smoke—this information and insight will help you fight temptation after you quit, and then keep writing in your journal so you can record the successful ways you end up dealing with withdrawal and cravings.

Get support – Talk to family, friends and co-workers and let them know you're quitting. Ask them for support, including any specific requests, such as not asking you to join them for a smoking break. Family and friends can encourage you and help hold you accountable for your quit goals.

Find a counselor or specialist – A health care provider or a counselor can help you quit, working with you through the difficulties of withdrawal and other challenges, as well as offering you additional accountability after you quit.

Avoid smoking triggers – Remove cigarettes, ash trays, matches, lighters, etc., from your home, car and workplace. Wash your clothes and anything else that smells like smoke.

Consider medication or a nicotine replacement – Nicotine replacement therapies (NRT) are designed to give you nicotine without the other dangerous chemicals in cigarettes. NRTs reduce your craving and withdrawal symptoms as they help wean you off nicotine. Certain prescription medications are also available, which are not nicotine replacements, but they can help reduce withdrawal symptoms. Bupropion is an antidepressant that can be used to ease withdrawal symptoms when quitting smoking. Consult with a health care provider before deciding to use any of these products or to get a prescription.

Manage your stress – Many smokers respond to stressful situations by lighting a cigarette. Before you quit, you need to decide how you will deal with stressful situations or bad days. Simple alternatives such as going for a short walk or squeezing a stress ball may be helpful.

Focus on the present, not the distant future – It's easier to quit if you take it one day at a time. If you do slip up and smoke a cigarette, remember that you don't have to smoke a second one—a slip-up does not have to become a full-blown relapse into your previous smoking habits.



Celebrate – Reward yourself when you meet your goals and recognize the hard work you’ve put in to becoming smoke-free. Use the money you’ve saved from not buying cigarettes to go out to a nice restaurant, take a trip or do anything else you want to do to reward yourself.

Additional Resources and Hotlines

Quitting smoking—and staying tobacco-free—can be extremely difficult. Several government and nonprofit associations offer phone and text-message helplines to provide you with support. Here are a few resources that may be helpful when you have questions or need encouragement to fight the urge to light up.

The U.S. Centers for Disease Control and Prevention (CDC) provides several free resources to help you as you quit smoking. You can call the free hotline (both English and Spanish languages are available) and access their guide on quitting which connects you with various resources. You can also sign up to receive free text messages of support during the quitting process. Visit www.cdc.gov/tobacco/campaign/tips/quit-smoking/ for more information, or go directly to <http://smokefree.gov/smokefreetxt> to sign up for the Smokefree TXT program.

The American Lung Association offers a free HelpLine and Tobacco QuitLine. You can visit www.lung.org/about-us/lung-helpline.html to access their contact information and learn more about what they offer. The HelpLine is generally open seven days a week and counseling on the phone is free, with no limit on the frequency or length of calls.



Waiver and Release

Participation in this smoking cessation program is voluntary. I elect to participate in this smoking cessation program at my own risk and on my own time. This activity is not work-related or work-required.

I understand that this smoking cessation challenge and its accompanying activities may result in injuries to participants. I believe that I am in good health and can safely participate in this program. If I am a minor, an expectant or breastfeeding mother, an individual over 35 years of age or if I have diabetes, chronic hypertension, high blood cholesterol, cardiovascular disease or any other illness, disease, health problem, medical condition or metabolic disorder requiring special dietary needs, I have been advised to consult with my primary health care provider for a professional opinion before enrolling in the program.

Any changes in my diet, including the use of food supplements, weight loss or activity level, are entirely my responsibility.

I have carefully read this waiver and release, and I fully understand that it is a release of liability. I expressly agree to release and discharge the authors of this program from any and all claims or causes of action that arise from my participation in this program. I agree to voluntarily give up or waive any right that I may otherwise have to bring legal action against my employer or the authors of this program for personal injury resulting from my participation in this program.

To the extent that a waiver and release of negligence is also allowed in this state, this waiver and release is also a waiver and release of negligence. If any portion of this waiver and release is deemed to be invalid by a court of competent jurisdiction, the remainder of the waiver and release from liability shall remain in full force and in effect.

By signing this waiver and release, I acknowledge that I have read and understand the waiver and release and the disclaimer provided with this program. I also understand and acknowledge that this waiver and release cannot be modified verbally.

Signed: _____

Printed Name: _____

Date: _____