

ADULT HEALTH SERVICES

STATEMENT OF PURPOSE:

All schools should encourage personnel to maintain optimal physical and mental health.

AUTHORIZATION/LEGAL REFERENCE:

12 V.S.A. Chapter 23 § 519 - Emergency Medical Care

<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=12&Chapter=023&Section=00519>

SUGGESTED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

1. Maintain emergency information on employees.
2. Encourage staff to have periodic physical examinations at their medical home.
3. Serve as a resource person for employees with health concerns and refer as needed.
4. Serve as a resource for health promotion programs for staff (i.e. blood pressure screening, breast self-examination, and others as requested by staff).
5. Support the participation of employees in the annual Vermont School Board Insurance Trust PATH Program.
6. Provide emergency first aid as necessary.
7. Facilitate and assist in assuring safety in the workplace setting.
8. Coordinate seasonal influenza vaccination clinics, health screening clinics (cholesterol, blood pressure, and blood glucose, etc), for staff through community agencies.
9. Post community health promotion opportunities in staff room areas.

RESOURCES:

- American Cancer Society of Vermont - <http://www.cancer.org/docroot/home/index.asp>
- American Lung Association of Vermont
<http://www.lungusa.org>
- Domestic Violence Hotline – 1-800-228-7395
- Vermont Department of Children and Families - <http://www.dcf.state.vt.us/>
- Vermont Department of Health - <http://healthvermont.gov/>
- Vermont School Board Insurance Trust - <http://www.vsbti.org/>
- Women's Health - <http://www.womenshealth.gov/>

SAMPLE POLICIES, PROCEDURES AND FORMS

Vermont Standards of Practice; School Health Services



CONFIDENTIAL

NAME: _____ Date of Birth _____

Address: _____

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

1. _____ PHONE _____
2. _____ PHONE _____

Primary Care Provider _____ Date of Last Visit _____ None
Dentist _____ Date of Last Visit _____ None

EXPLAIN ANY OF THE FOLLOWING MEDICAL PROBLEMS WHICH APPLY TO YOU:

Allergies (food, medicine, latex or environmental) _____

Asthma _____

Diabetes _____

High blood pressure _____

Heart problems _____

Digestive problems, ulcers _____

Hearing or vision problems _____

Other _____

List any medications taken on a daily basis: _____

Have you had chicken pox or the vaccine? Yes No

Have you been immunized for hepatitis B? Yes No

Have you had a tetanus booster in the last 10 years? Yes No

Any additional health concerns: _____

Signature _____ Date _____