

**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://legislature.vermont.gov/statutes/section/12/023/00519>

Vermont Agency of Education – VT Standards Board for Professional Educators 5440-65/65A School Nurse/ Associate School Nurse (April 12, 2017) <http://education.vermont.gov/documents/educator-quality-licensing-rules#page34> pg. 132- 137

**REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLE**

1. Locate and become familiar with local education agency (LEA), school, and staff policies.
2. Follow school and LEA policies for the care of adults using nursing science and process.

**SUGGESTED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:**

1. Maintain emergency information on employees.
2. Encourage staff to have periodic well-care visits (physical examinations) at their medical home.
3. Serve as a resource person for employees with health concerns and refer as needed.
  - a. Invest EAP (below) is one example of an employee assistance program: be familiar with the program available to you and your school employee colleagues.
  - b. The services of Invest EAP, a Vermont-based Employee Assistance Program (EAP), are available for all members of VLCT PACIF. The employees of these groups as well as all their household members may access Invest EAP 24 hours a day and seven days a week (24/7), free of charge and confidentially, for help identifying and dealing with the stressors and distractions in their life.
4. Serve as a resource for health promotion programs for staff (i.e. blood pressure screening, breast self-examination, etc.).
5. Be familiar with community resources that provide family and individual support in times of crisis as part of all-hazard disaster preparedness.
6. Support the participation of employees in the annual Vermont School Board Insurance Trust PATH Program.
7. Provide emergency first aid as necessary.
8. Facilitate and assist in assuring safety in the workplace setting.
9. Coordinate seasonal influenza vaccination clinics, health screening clinics (cholesterol, blood pressure, and blood glucose, as time allows, etc.), for staff through community agencies.

10. Post community health promotion opportunities in staff room areas.
11. Follow school policy and protocols for the filing of incident and worker's compensation reports. Typically, an employee is responsible for reporting their own worker's comp reports.

**RESOURCES:**

- American Cancer Society of Vermont - <http://www.cancer.org/docroot/home/index.asp>
- American Lung Association of Vermont <http://www.lung.org/about-us/local-associations/vermont.html>
- Domestic Violence Hotline – 1-800-228-7395 <http://www.vtnetwork.org/>
  - Sexual Violence Hotline 800-489-7273
- Employee Assistance Program: <http://vlct.org/rms/pacif/employee-assistance-program/>
- 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**

Model Policy Manual Personnel (Vermont): HIPAA Compliance - <http://www.vtvsba.org/model-policy-manual>

Personnel Health/Emergency Form

CONFIDENTIAL PERSONNEL HEALTH FORM

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 \_\_\_\_\_