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


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:

- 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.vsbit.org/
- Women's Health - http://www.womenshealth.gov/

SAMPLE POLICIES, PROCEDURES AND FORMS


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 ___________
Dentist _____________________________ Date of Last Visit ___________

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____________________