**Sample Self-Measured Blood Pressure Policy / Guidelines**

For use within any organization/agency or community group to support blood pressure management.

**Because:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*fill in your worksite, church, school, etc., name here*) is concerned about the health of our \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*employees, members, community*);

**Because:**

High blood pressure causes or contributes to at least 1 in 4 deaths in North Carolina each year and proper management can improve this statistic;

**Because:**

A blood pressure monitoring station provides a private place to check blood pressure regularly and is a proven strategy for better blood pressure management;

**Therefore:**

Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*today's date*), it is the policy of *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(fill in your organization's name*) that a blood pressure monitoring station will remain open for all (*employees, members)* over the age of 18.

* A working automated blood pressure device will be provided in a private blood pressure monitoring station with instructions for usage.
* All users are required to sign-in prior to using the blood pressure monitoring station.
* All users are encouraged to record their blood pressure each time they use the station and share their recordings with their health care provider.

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Signature Title

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Name of Organization, Church, Community Group

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|  |

Date