



***Mission:** To protect, promote & improve the health of all people in Florida through integrated state, county, and community efforts.*

## **2020 – 2022 School Health Services Plan**

**for**

**Dixie County**

**Due by September 15, 2020**

**E-mail Plan as an Attachment to:**

**[HSF.SH\\_Feedback@flhealth.gov](mailto:HSF.SH_Feedback@flhealth.gov) and County School Health Liaison**

## 2020 - 2022 School Health Services Plan Signature Page

Please ensure that this signature page is signed by the parties below, scanned and sent via email to [hsf.sh\\_feedback@flhealth.gov](mailto:hsf.sh_feedback@flhealth.gov) and your county school health liaison.

My signature below indicates I have reviewed and approved the (Dixie) County 2020 - 2022 School Health Services Plan.:

Position	Name and Signature	Date
County Health Department Administrator/Director	Barbara Locke	
	<i>Printed Name</i>	<i>Signature</i> <span style="float: right;"><i>Date</i></span>
County Health Department Nursing Director	Elizabeth G. Powers	
	<i>Printed Name</i>	<i>Signature</i> <span style="float: right;"><i>Date</i></span>
County Health Department School Health Coordinator	Jaime Corbin	
	<i>Printed Name</i>	<i>Signature</i> <span style="float: right;"><i>Date</i></span>
School Board Chairperson	Timothy Alexander	
	<i>Printed Name</i>	<i>Signature</i> <span style="float: right;"><i>Date</i></span>
School District Superintendent	Mike Thomas	
	<i>Printed Name</i>	<i>Signature</i> <span style="float: right;"><i>Date</i></span>
School District School Health Coordinator		
	<i>Printed Name</i>	<i>Signature</i> <span style="float: right;"><i>Date</i></span>
School Health Advisory Committee Chairperson	Jaime Corbin	
	<i>Printed Name</i>	<i>Signature</i> <span style="float: right;"><i>Date</i></span>

<b>Public/Private Partner Provider of School Health Services</b>			
	<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

**SUMMARY – SCHOOL HEALTH SERVICES PLAN 2020-2022**

Statutory Authority: Section 381.0056, Florida Statute (F.S.) requires each local county health department (CHD) to develop, jointly with the school district and school health advisory committee, a School Health Services Plan (referred herein as the “Plan”) that outlines the provisions and responsibilities to provide mandated health services in all public schools. Florida Administrative Code Rule 64F-6.002 (F.A.C.) requires the plan to be completed biennially.

**The Plan format is arranged in 3 parts relating to the services provided and funding streams, as follows:**

- Part I: Basic School Health Services - General school health services which are available to all students in Florida’s public and participating non-public schools in all 67 school districts.
- Part II: Comprehensive School Health Services – include increased services in section 381.0057, Florida Statutes, for student health management, interventions and classes. These services promote student health; reduce high-risk behaviors and their consequences (substance abuse, unintentional/ intentional injuries, and sexually transmitted diseases); provide pregnancy prevention classes and interventions; and provide support services to promote return to school after giving birth.
- Part III: Health Services for Full Service Schools (FSS) – Includes basic school health services and additional specialized services that integrate education, medical, social and/or human services such as nutrition services, basic medical services, aid to dependent children (temporary assistance for needy families (TANF)), parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parent/guardian and adult education to meet the needs of the high-risk student population and their families. These services are required of schools as defined in section 402.3026, Florida Statutes.

**The Plan contains 4 columns, as follows:**

- Column 1 –Requirements and References. This column includes Florida Statutes, Florida Administrative Codes and references demonstrating best practices related to school health.
- Column 2 – Program Standards. This column provides specific requirements related to the statutes, administrative code and references listed in Column 1.
- Column 3 – Local Agency(s) Responsible. The local agencies (CHD, Educational Agency (LEA), and School Health Advisory Committee (SHAC)) determine the responsibilities for providing the services described columns 1 and 2.
- Column 4 – Local Implementation Strategy & Activities. This column describes the implementation strategies and activities to fulfill requirements in columns 1 and 2.

**Plan Submission:**

- If the plan signature page has not been signed by all parties on or before September 15, 2020, you may submit the plan at that time and submit the scanned signature page as a PDF file when it is fully signed.

<b>PART I: BASIC SCHOOL HEALTH SERVICES</b>			
<b>Requirements/References</b>	<b>Program Standards</b>	<b>Local Agency(s) Responsible</b>	<b>Local Implementation Strategy &amp; Activities</b>
<b>1. School Health Services Plan; Basic School Health Services; Comprehensive School Health Services and Full Service Schools:</b> <a href="#">School Health Services Act: s. 381.0056, F.S.; Chapter 64F-6.002, F.A.C.;</a> <a href="#">Florida Nurse Practice Act: Chapter 464 Nursing Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010); ss. 381.0057, F.S., 402.3026, F.S.</a>	1a. Each local school health services plan shall be completed biennially and approved and signed by, at a minimum, the superintendent of schools, the school board chairperson, and the local CHD medical director/administrator.	DOH school health supervisor DOH medical director DOH nursing director	DOH school health supervisor shall collaborate with local school district liaison to update the plan. LocalCSD school board chairperson and DOH medical director shall approve.
	1b. The local school health services plan shall be reviewed each year for the purpose of updating the plan. Amendments shall be signed by the school district superintendent and the county health department medical director/administrator and forwarded to the School Health Services Program office.	DOH Nursing director, school health supervisor DOE ESE Director	Meet semi-annually to review SHP and any new legislative changes or updates. School Health Supervisor will report semi-annually or more often if necessary of any concerns or changes she feels are necessary based on her QA reviews of each school and additional input from staff, parents and/or administration.
	1c. The local school health services plan shall describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of the funding source.	DOH Nursing director, administrator, school health supervisor, business manager and DOE Finance director	See attachment "Part1.2B staffing and supervision
	1d. Each local CHD uses annual Schedule C funding allocation to provide school health services pursuant to the School Health Services Act and the requirements of the Schedule C Scope of Work.	DOH Business manager DOE Finance Director DOH school health supervisor	Quarterly and Annual reports and review of coding activities
	1e. The local CHD and local LEA shall each designate one person, RN recommended, to be responsible for the coordination of planning, development, implementation and	DOH- Nursing director, school health supervisor	Meet semi-annually to review SHP and any new legislative changes or updates. School Health Supervisor will report semi-annually or more often if necessary of any concerns or changes she feels are

## PART I: BASIC SCHOOL HEALTH SERVICES

Requirements/References	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	evaluation of the program. These individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services.	and DOE ESE director	necessary based on her QA reviews of each school and additional input from staff, parents and/or administration.
	1f. Protocols for supervision of school health services personnel shall be described in the local school health services plan to assure that such services are provided in accordance with statutory and regulatory requirements and professional standards and are consistent with the Nurse Practice Act.	DOH nursing director, school health supervisor, medical director, SHAC DOE ESE Director	Establish medical protocols/standing orders for the delivery of health services in the school clinic as indicated. Review annually.
	1g. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the local CHD medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant if employed or the student's private physician.	DOH nursing director, school health supervisor, medical director, SHAC DOE ESE Director	Establish medical protocols/standing orders for the delivery of health services in the school clinic as indicated. Review annually.
	1h. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners.	DOH school health staff DOE school health staff	School Health personnel and Local CSD employees will submit services completed and data weekly to DOH for entry into HMS by designated personnel. DOH employees will enter their own data.
	1i. Each School Health Advisory Committee (SHAC) should include members representing the eight components of the Centers for Disease Control and Prevention's Coordinated School Health (CSH) model. The SHAC is encouraged to address the eight CSH components in the school district's wellness policy.	DOH School health staff DOE ESE, Food Service, Wellness coordinator	SHAC in conjunction with the Local School District Wellness Committee will meet biennially to address the components of the CSH model as well as the School Wellness Policy

PART I: BASIC SCHOOL HEALTH SERVICES			
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<b>2. Health Appraisal</b> s. 381.0056(4)(a)(1), F.S.	2a. Determine the health status of students.	DOH School health supervisor & HST DOE Data entry/guidance	Review of new records and emergency cards to establish any specific health issues that will require additional case management and additional parent/physician information. DOE will assure that records are compliant with statute timelines and available to School Health supervisor within that timeline
<b>3. Records Review</b> s. 381.0056(4)(a)(2), F.S. s.1003.22(1)(4) F.S.; Chapters: 64F-6.005(1), F.A.C., 64F-6.004(1)(a),F.A.C.	3a. Perform initial school entry review of student health records, to include school entry physical, immunization status, cumulative health record, emergency information, school health screenings and student-specific health related documents.	DOH School health supervisor & HST DOE Data entry/guidance	Review of new records and emergency cards to establish any specific health issues that will require additional case management and additional parent/physician information. DOE will assure that records are compliant with statute timelines and available to School Health supervisor within that timeline. Exception: Levy School board policy 5.04 requirements for original entry (more strict)
	3b. Emergency information card/form for each student shall be updated each year.	DOH School health supervisor & HST DOE Data entry/Guidance/Principal	Review of new records, emergency cards and health alerts will be done by the school nurse. The health assistants will contact parent/guardian and physician for additional information. Principals/data entry will assure information will be sent to school nurse as soon as it is received
<b>4. Nurse Assessment</b> s. 381.0056(4)(a)(3), F.S.; Chapters: 64F-6.001(6), F.A.C., 6A-6.0253, F.A.C., 6A-6.0252, F.A.C., 6A-6.0251, F.A.C.	4a. Perform nursing (RN) assessment of student health needs.	DOH School RN DOH ESE	RN will review student's records that have evidence of specific health needs and collaborate with School health team, student's parent/guardian and ESE to address need(s)
	4b. For day-to-day and emergency care of students with chronic and/or complex health conditions at school, the RN develops an individualized healthcare plan (IHP) and Emergency Care Plan (ECP).	DOH School health supervisor DOE ESE Parent/guardian	School nurses will be responsible for developing IHCP on all students with special health needs/concerns. Care plan templates are utilized from skyward electronic records and individualized to student. Completed plan will be stored in Skyward, attached to students ER card and a health alert (summary) will be given to school staff on a need to know basis. An

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			additional electronic posting of health concerns can be found on Skyward.
<b>5. Nutrition Assessment</b> s. 381.0056(4)(a)(4), F.S.; <a href="#">Florida School Health Administrative Resource Manual, 2017</a>	5a. Identify students with nutrition related problems and refer to an appropriate healthcare provider.	DOH Nurses, HST's DOE ESE, Guidance, Physical education, Instructors and Food Service Staff	Provide growth and development screenings according to guidelines. Refer to local providers in consultation with parents/guardians as indicated. Collaborate with Wellness coordinator to institute a better environment in the community and school settings. Teachers shall refer students to school nurse should any concerns arise. Nurses shall coordinate with Food Service staff regarding food allergies or nutritional exceptions. Reference guidelines 2017
<b>6. Preventive Dental Program</b> s. 381.0056(4)(a)(5), F.S.	6a. Provide services such as oral health education, screenings and referrals, dental sealants, fluoride varnish and/or fluoride rinse as appropriate.	DOH- Nurses, HST's, Dental Hygienist  DOE- Admin, ESE, Finance	Provide annual screenings according to school health guidelines. Provide assessments per referrals from teachers, health techs of dental complaints. Collaborate with Social Workers to assure student has access to care or refer for emergency dental services. Participate in Dental Sealant programs as available in the county. Participate in School Fluoride (SWISH) as available.
<b>7. Health Counseling</b> s. 381.0056(4)(a)(10), F.S.	7a. Provide health counseling as appropriate.	DOH- Nurses, HST's  DOE- Guidance, Social Services	School administration shall provide a confidential space for counseling with students. Teachers/Staff shall refer any students when they have health related concerns. Counseling shall be nonjudgmental, accurate and up to date on health-related issues as they are indicated and within school health staff scope of practice.
<b>8. Referral and Follow-up of Suspected and Confirmed Health Problems</b> s. 381.0056(4)(a)(11), F.S.	8a. Provide referral and follow-up for abnormal health screenings, emergency health issues and acute or chronic health problems. Coordinate and link to community health resources.	DOH-Nurses, HST's  DOE- Guidance, Social worker	Parent/guardian will be notified and in consultation with them appropriate referral will be made. Insurance and Kid care information will be given to those without financial resources. At least 3 attempts, one being written will be made to f/u on abnormal findings. All school personnel will be trained on child abuse reporting at new employee training and as updates are made available.

**PART I: BASIC SCHOOL HEALTH SERVICES**

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<p><b>9. Provisions for Screenings</b>  <a href="#">s. 381.0056(4)(a)(6-9), F.S.;</a>  <a href="#">Chapter 64F-6.003(1-4), F.A.C.</a></p>	<p>9a. Provide mandated screenings:            (1) Vision screening shall be provided, at a minimum, to students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten – 5.            (2) Hearing screening shall be provided, at a minimum, to students in grades kindergarten, 1 and 6; to students entering Florida schools for the first time in grades kindergarten – 5; and optionally to students in grade 3.            (3) Growth and development screening shall be provided, at a minimum, to students in grades 1, 3 and 6 and optionally to students in grade 9.            (4) Scoliosis screening shall be provided, at a minimum, to students in grade 6.</p>	<p>DOH School Nurses, HST's, MRC/Volunteers</p> <p>DOE- Administrators, Speech and Language</p>	<p>School nurses shall set up annual screenings as well as new enrollees. School administration shall assure space and time to conduct these screenings. Medical reserve corps/approved volunteers can be utilized and all screening failures will be rescreened by RN. Results are documented in Skyward and HMS. See local screenings policies for referral details. Reference Florida School Health Administrative Guidelines. See Provider list in School Health Manual</p>
	<p>9b. Obtain parent/guardian permission in writing prior to any invasive screening, (e.g. comprehensive eye exam).</p>	<p>Not done</p>	<p>N/A</p>
	<p>9c. Refer students with abnormal screening results to service providers for additional evaluation and/or treatment (e.g. state contracted vision service providers).</p>	<p>DOH- School health nurses, HST's, School health program state office            DOE- Social workers, Administrators, ESE</p>	<p>Referral criteria include documented failure/abnormal screening. Referral sources are Lion's Club, Heiken Vision Services and local resources. See School Health Manual</p>



## PART I: BASIC SCHOOL HEALTH SERVICES

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<b>10. Meeting Emergency Health Needs</b> <a href="#">ss. 381.0056(4)(a)(10), F.S., 1006.165, F.S.;</a> <a href="#">Chapter 64F-6.004(1), F.A.C.;</a> <a href="#">Emergency Guidelines for Schools, 2019 Florida Edition</a>	10a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. Ensure that student emergency information forms/cards are updated annually and completed for each student listing contact person, family physician, allergies, significant health history and permission for emergency care.	DOH School health supervisor nursing director, medical director  DOE Administrators	DOE medical director will suggest updates on emergency care as needed. Follow guidelines in Emergency guidelines for schools 2019 FL Edition. American Heart Association guidelines for CPR/ First Aid and AED.
	10b. Ensure health room staff and two additional staff in each school are currently certified in cardiopulmonary resuscitation (CPR) and first aid and a list is posted in key locations.	DOH- School health nurses, HSTs  DOE Administrators, PE Teachers, ESE Bus drivers and aides	All direct service school health staff will be trained in American Heart CPR/ 1st Aid Bi-annually. The school site administrator will designate additional school staff to be trained. Coaches will be in trained in CPR/AED as designated by FHSAA guidelines. Lists of trained personnel will be posted at a minimum in the Front Office, Gymnasium, Cafeteria, Health room, Administrative office, designated classrooms and any areas where injuries are likely. The main school office number will be documented on this list. Room number and phone extension of designated personnel will be posted.
	10c. Assist in the planning and training of staff responsible for emergency situations.	DOH School Health Supervisor, Nursing Director  DOE Safety Coordinator, Administrator	Time will be set aside prior to start of each school year to train/ update an adequate # of staff. Encourage training at least 2 DOH or Local CSD staff members will be trained as instructors whenever possible. DOE shall include DOH staff in Safety training and emergency-situation response planning. For example: use of "School Guard".
	10d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities.	DOH- School health nurses, HST's	Emergency 1st aide bag will be located in each school health room and will contain a minimum of 1st aid products (see School Health Admin Guidelines (SHAG) Health techs will check expiration dates monthly and notify school nurse if anything will outdate in less than 60 days or needs to be replaced.

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	10e. The school principal (or designee) shall assure first aid supplies, emergency equipment, and facilities are maintained.	DOE- Admin, ESE, Finance and Facilities director	Administrator will assist if there are problems obtaining equipment/supplies from the school district
	10f. All injuries and episodes of sudden illness referred for emergency health treatment shall be documented and reported immediately to the principal or the person designated by the principal or the acting principal.	DOH School health supervisor, HST's  DOE- Admin, HR Risk manager	Any staff that witnesses an injury/sudden illness on campus will complete the Local CSD Accident Report. First aid/Care given will be documented as with any encounter in Skyward. The Principal will be notified by the school nurse or in her absence the health tech if 911 are called or serious injury.
	10g. It is the responsibility of each school that is a member of the Florida High School Athletic Association to: 1) have an operational automatic external defibrillator (AED), 2) ensure employees expected to use the AED obtain appropriate training, and 3) register the AEDs with the county emergency medical services director.	DOE- Admin, Athletic Director	The superintendent or his designee will assure AEDS are available at each school. The school administrator will designate a staff member to check operation of the AED(s) daily and run a safety check monthly. Results will be recorded on log. The Administrator/ Athletic Director or designees at each school will assure at least one coach at an athletic event will have training in use of AED.
<b>11. Assist in Health Education Curriculum</b> s. 381.0056(4)(a)(13), F.S.	11a. Collaborate with schools, health staff and others in health education curriculum development.	DOH- School Nurse, School health supervisors. Abstinence educators DOE- Health Educators	Health curriculums will be reviewed as mandated by the DOE. Changes will be made in keeping with Local CSD policy, state mandates and identified local risks.
<b>12. Refer Student to Appropriate Health Treatment</b> s. 381.0056(4)(a)(14), F.S.	12a. Use community or other available referral resources. Assist in locating referral sources for Medicaid eligible, uninsured and underinsured students.	DOH- School Nurse DOE- Guidance/Social worker	Parent/guardian will be notified and in consultation with them appropriate referral will be made. Insurance and Kid care information will be given to those without financial resources. At least 3 attempts, one being written will be made to f/u on abnormal findings.

PART I: BASIC SCHOOL HEALTH SERVICES			
Requirements/References	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<b>13. Consult with parent/guardian regarding student's health issues</b> s. 381.0056(4)(a)(15), F.S.; Chapter 64F-6.001(1), F.A.C.	13a. Provide consultation with parent/guardian, students, staff and physicians regarding student health issues.	DOH – School nurses, HSTs  DOE- Guidance/ Social Worker	Notify parents of any health needs identified. Assist them with understanding issues. Update staff as needed regarding health issues that may arise with a certain student in their care during the school day. Collaborate with physicians regarding health of students. Obtain a mutual exchange of information consent when consulting in an area outside of mandatory requirements of communicable disease
<b>14. Maintain Health-Related Student Records</b> ss. 381.0056(4)(a)(16), F.S., 1002.22, F.S.; Chapter 64F-6.005(1)(2), F.A.C.	14a. Maintain a cumulative health record for each student that includes required information.	DOH- School nurses and HST's  DOE- Admin	An individual health record will be maintained electronically in Skyward Health. Access to health records will be protected by password and designated for need to know employees only. Old paper records will be assimilated into the academic cumulative record and stored by DOE.
<b>15. Nonpublic School Participation</b> ss. 381.0056(5)(a)(18), F.S., 381.0056(5)(a)-(g), F.S.	15a. Notification to the local nonpublic schools of the school health services program, allowing the nonpublic school to request participation in the school health services program provided they meet requirements.	School Health Team DOH and DOE And  Local Private Schools	Annual invitation to participate. If school elects to participate they will be given guidelines based on statute. They will be assisted with training and implementation by school health team.
<b>16. Provision of Health Information for Exceptional Student Education (ESE) Program Placement</b> s. 381.0056(4)(a)(17), F.S.; Chapters 6A-6.0331, F.A.C., 64F-6.006, F.A.C.	16a. Provide relevant health information for ESE staffing and planning.	DOH School health nurses DOE Guidance, ESE, Social worker, Admin and Teachers	School Health Staff will be notified of ESE staffing meetings in order to participate. The School nurse will attend or provide information as needed.
<b>17. The district school board shall provide in-service health training for school personnel.</b> s. 381.0056(6)(b), F.S.; Chapter 64F-6.002, F.A.C.	17a. /Ensure that district staff are provided with training to assist with the day-to-day and emergency health needs of students.	DOH School Nurses  DOH Admin, ESE, Classroom paraprofessionals	SH Nurses will provide new health room staff with orientation to school health plan, scope of practice and skills training. In addition, annual updates will be provided and student specific health training for HST's and Classroom paraprofessionals as requested by DOE.

PART I: BASIC SCHOOL HEALTH SERVICES			
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<p><b>18. The district school board shall include health services and health education as part of the comprehensive plan for the school district.</b>  <a href="#">s. 381.0056(6)(a), F.S.</a>;  <a href="#">Chapter 64F-6.002, F.A.C.</a></p>	<p>18a. School-based health services and health education are provided to public school children in grades pre-kindergarten through 12.</p>	<p>DOH- School Health Supervisor, Nurses, Medical Director, SHAC chairperson</p> <p>DOE- Admin Curriculum specialist, ESE</p>	<p>Annual contract for School health services shall contain components of FS. 64F-6.002 and shall be collaborated on to create; in order to provide education and services to all public school students.</p>
<p><b>19. The district school board shall make available adequate physical facilities for health services.</b>  <a href="#">s. 381.0056(6)(c), F.S.</a>;  <a href="#">State Requirements for Educational facilities, 2014</a>  <a href="#">and/or State Requirements for Existing Educational Facilities 2014</a></p>	<p>19a. Health room facilities in each school will meet Florida Department of Education (FDOE) requirements.</p>	<p>DOH School Nurse Nursing director</p> <p>DOE Administrator, Facilities Director</p>	<p>Annual inspection of each health room will be done to assure compliance with this statute. Using form "School Health Room Review". Deficiencies will be addressed immediately by school administrator and SH coordinator</p>
<p><b>20. The district school board shall, at the beginning of each school year, provide parent/guardian with information concerning ways that they can help their children to be physically active and eat healthy foods.</b>  <a href="#">s. 381.0056(6)(d), F.S.</a></p>	<p>20a. List programs and/or resources to be used to help children be physically active and eat healthy foods.</p>	<p>DOH School health supervisor DOE- Admin, Guidance and I.T.</p>	<p>Annual welcome letter is sent to all students in August of each year that directs parents to information on physical activity and eating healthy foods. This information will be on district website or delivered in form of information pamphlet.</p>
<p><b>21. The district school board shall inform parent/guardian in writing at the beginning of</b></p>	<p>21a. Provide parent/guardian with list of services provided and the opportunity to request an exemption in writing.</p>	<p>DOE- Admin/School Health Supervisor</p>	<p>Annual welcome letter (as above) includes this information. This information is also on the student emergency data form.</p>

**PART I: BASIC SCHOOL HEALTH SERVICES**

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<p>each school year of the health services provided.  <a href="#">s. 381.0056(6)(e), F.S.</a></p>			
<p><b>22. The presence of any of the communicable diseases for which immunization is required by the Department of Health in a Florida public or private school shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency.</b>  <a href="#">s. 1003.22(9), F.S.;</a>  <a href="#">Chapter 64F-6.002(2)(d), F.A.C.</a></p>	<p>22a. The school health plan shall include communicable disease policies. Note: Policies need to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.</p>	<p>DOH- Nursing Director            Medical Director,            School Health Consultant and            RN's</p> <p>DOE-            Administration</p>	<p>Enforcement of School health policy- (See school health manual and local policy) "Student's suspected or infected with a communicable disease".</p>
<p><b>23. Each district school board shall include in its approved school health services plan a procedure to provide training, by a registered nurse, a licensed practical nurse, a physician or a physician assistant (pursuant to chapter <a href="#">458</a> or <a href="#">459</a>), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.</b>  <a href="#">s. 1006.062(1)(a), F.S.</a></p>	<p>23a. Include provisions in the procedure for general and student-specific administration of medication training.</p>	<p>DOH School RN,            LPN</p> <p>DOE- Admin</p>	<p>All staff involved shall have annual training in routine medication assistance. They shall pass a written and practical test annually. Student specific training shall be done by the school nurse or other specifically trained nurse in area of need.</p>

## PART I: BASIC SCHOOL HEALTH SERVICES

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<p><b>24. Each district school board shall adopt policies and procedures governing the administration of prescription medication by district school board personnel.</b>  <a href="#">s. 1006.062(1)(b), F.S.;</a>  <a href="#">Chapter 64B9-14, F.A.C.</a></p>	<p>24a. The school district medication policy will address the use of designated school staff for medication administration and be consistent with delegation practices.</p>	<p>DOH School health supervisors, nursing director, medical director</p> <p>DOE Admin</p>	<p>School health plan will contain detailed information and guidelines for administration of prescription medication and training. DOH School RN, LPN</p> <p>DOE- Admin</p>
<p><b>25. Each district school board shall adopt a policy and a procedure for allowing a student who is a qualified patient, as defined in s. 381.986, to use marijuana obtained pursuant to that section.</b>  <a href="#">ss. 1006.062(8), F.S.,</a>  <a href="#">381.986, F.S.</a></p>	<p>25a. Ensure that all school health room/clinic staff and school staff designated by principals have read and have on file the school district policy on medical marijuana. Pursuant to the district policy, develop procedures to follow when parents of students, that are qualified patients under section 381.986, Florida Statutes, request that medical marijuana be administered to their child at school.</p>	<p>DOH School Health Nurses</p> <p>ESE, Teachers, Guidance</p>	<p>EAP's will be developed and implemented on all students that self-carry their inhalers. Students with active asthma as determined by the RN assessment will have an IHP &amp; EAP developed.</p>
<p><b>26. Students with asthma whose parent/guardian and physician provide approval may carry a metered dose inhaler on their person while in school.</b>  <a href="#">s. 1002.20(3)(h), F.S.;</a>  <a href="#">National Association of School Nurses (NASN) Position Statement, The Use of Asthma Recue Inhalers in the School Setting</a></p>	<p>26a. Ensure written authorization for use of metered dose inhaler at school is completed and signed by healthcare provider and parent/guardian.</p>	<p>DOH- School RN DOE- ESE, Teachers, Admin and Food service staff.</p>	<p>The school RN will develop the IHP and EAP when they are aware of the student condition. School staff shall notify the RN immediately when they become aware of students with life threatening allergies. Food Service staff will participate in plans that involve food allergies. School health manual will include policy and guidelines for use of EPI Pens in school.</p>

## PART I: BASIC SCHOOL HEALTH SERVICES

Requirements/References	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p><b>27. A student who is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer while en route to and from school, in school, or at school-sponsored activities if written parent/guardian and physician authorization has been provided.</b></p> <p>s. 1002.20(3)(i), F.S.;  Chapters 6A-6.0251, F.A.C.,  64F-6.004(4), F.A.C.;  Saving Lives at School  Anaphylaxis and Epinephrine  School Nurse and Handbook for  Connection Cards, NASN;  NASN Position Statement on  Rescue Medications in School;  Students with Life-Threatening  Allergies, 2017 Updated  Guidance</p>	<p>27a. For students with life threatening allergies, the RN shall develop and update annually IHP that includes an ECP, in cooperation with the student, parent/guardian, physician, and school staff. The IHP shall include child-specific training to protect the safety of all students from the misuse or abuse of auto-injectors. The ECP shall direct that 911 will be called immediately for an anaphylaxis event and have a plan of action for when the student is unable to perform self-administration of the epinephrine auto-injector.</p>	N/A	<p><i>This statute will be reconsidered by school district and school health staff. At this time the school health room is staffed by paraprofessionals and it is felt that this decision point requires too high a level of assessment</i></p>
<p><b>28. A public school may purchase a supply of epinephrine auto-injectors from a wholesale distributor or manufacturer as defined in s. 499.003, F.S. for the epinephrine auto-injectors at fair-market, free, or reduced prices for use in the event a</b></p>	<p>28a. If the school district has chosen to maintain supplies of epinephrine auto-injectors, a standing order and written protocol has been developed by a licensed physician and is available at all schools where the epinephrine auto-injectors are stocked.</p>	N/A	N/A



PART I: BASIC SCHOOL HEALTH SERVICES			
Requirements/References	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
student has an anaphylactic reaction. The epinephrine auto-injectors must be maintained in a secure location on the public school's premises. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection. <a href="#">s. 1002.20(3)(i)(2), F.S.</a>			
<b>29. Educational training programs required by this section must be conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity or individual approved by the department. The curriculum must include at a minimum: (a) Recognition of the symptoms of systemic reactions to food, insect stings, and other allergens; and (b) The proper</b>	29a. Ensure that school staff that are designated by the principal (in addition to school health staff in the school clinic) to administer stock epinephrine auto-injectors (not prescribed to an individual student) are trained by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity approved by the Department of Health.	N/A	N/A



## PART I: BASIC SCHOOL HEALTH SERVICES

Requirements/References	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
administration of an epinephrine auto-injector. <a href="#">s. 381.88, F.S.</a>			
<p><b>30. Students with diabetes will have a Diabetes Medical Management Plan (DMMP) from the student's healthcare provider that includes medication orders and orders for routine and emergency care. An Individualized Healthcare Plan (IHP) will be developed from the DMMP by the RN in collaboration with the parent/guardian, student, healthcare providers and school personnel for the management of diabetes while en route to and from school, in school, or at school-sponsored activities. An Emergency Care Plan (ECP) will be developed as a child-specific action plan to facilitate quick and appropriate responses to an individual emergency in the school setting. The ECP may be a component of the IHP. The ECP will summarize signs and symptoms and how to recognize and treat</b></p>	<p>30a. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe management of diabetes</p>	<p>DOH- School RN Nursing Director Medical Director.</p> <p>ESE, Student's teachers</p>	<p>School Health manual section 13 describes all components required for student self-management.</p>

PART I: BASIC SCHOOL HEALTH SERVICES			
Requirements/References	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
hypoglycemia and hyperglycemia. It shall specify when to call 911. s. 1002.20(3)(j), F.S.; Chapter 6A-6.0253, F.A.C.; NASN position statement, Diabetes Management in the School Setting			
<b>31. Students with diabetes that have physician and parent/guardian approval may carry their diabetic supplies and equipment and self-manage their diabetes while en route to and from school, in school, or at school-sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student can perform without assistance for diabetic self-management, including hypoglycemia and hyperglycemia.</b> s. 1002.20(3)(j), F.S.; Chapter 6A-6.0253, F.A.C.; NASN position statement, Diabetes Management in the School Setting	31a. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe self-management of diabetes.	DOH School health supervisor Nursing director and Medical director DOE- Admin, Teachers, Guidance	The school health medication policy- Chapter 5 includes guidelines for students who self-administer/carry pancreatic enzymes.

## PART I: BASIC SCHOOL HEALTH SERVICES

Requirements/References	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p><b>32. A student who has experienced or is at risk for pancreatic insufficiency or who has been diagnosed as having cystic fibrosis may carry and self-administer a prescribed pancreatic enzyme supplement while en route to and from school, in school, or at school sponsored activities, if the school has been provided with authorization from the student's parent/guardian and prescribing practitioner.</b>  <a href="#">s. 1002.20(3)(j), F.S.;</a>  <a href="#">Chapter 6A-6.0252, F.A.C.</a></p>	<p>32a. Develop and implement an IHP and ECP for management of the conditions requiring pancreatic enzyme supplements and to ensure that the student carries and self-administers such supplements as prescribed by the physician. Maintain documentation of healthcare provider and parental/guardian authorization to self-carry.</p>	<p>DOH School health supervisor  Nursing director  and Medical director  DOE- Admin,  Teachers,  Guidance</p>	<p>The school health medication policy- Chapter 5 includes guidelines for students who self-administer/carry pancreatic enzymes.</p>
<p><b>33. Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child specific training by a registered nurse or advanced registered nurse practitioner, physician, or physician assistant.</b>  <a href="#">s. 1006.062(4), F.S.;</a></p>	<p>33a. Document health related child-specific training by an RN for delegated staff. The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision. The documentation of training and competencies should be signed and dated by the RN and the trainee.</p>	<p>DOH School RN   DOE Admin &amp; ESE</p>	<p>Chapter 7 of the School Health Manual describes in detail procedures for nonmedical personnel training and monitoring in Advanced procedures. The RN will be responsible for delegating procedures and the School Admin staff will be responsible for identifying staff to delegate to.</p>

PART I: BASIC SCHOOL HEALTH SERVICES			
Requirements/References	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>Chapters:  <a href="#">64B9-14.002(3), F.A.C.</a>,  <a href="#">64B9-14, F.A.C.</a>;  <a href="#">Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).</a></p>	<p>31b. Use of nonmedical assistive personnel shall be consistent with delegation practices per requirements.</p>	<p>DOH RN            Medical director &amp;            Nursing Director</p>	<p>Reference per Technical Assistance guidelines provided by the state and Delegation of care in FL schools</p>
<p><b>34. Pursuant to the provisions of Chapter 435, any person who provides services under a school health services plan pursuant to s. 381.0056, F.S. must meet level 2 screening requirements as described in s. 435.04, F.S. A person may satisfy the requirements of this subsection by submitting proof of compliance with the requirements of level 2 screening conducted within 11 months before the date that person initially provides services under a school health services plan.</b>  <a href="#">ss. 381.0059, F.S.</a>,  <a href="#">1012.465, F.S.</a></p>	<p>34a. Collaborate with school district to ensure district background screening policies do not result in duplicate or conflicting background screening requirements for staff providing school health services.</p>	<p>DOH Nursing Consultant, Nursing Director, HR            DOE Admin &amp; HR</p>	<p>It is part of DOH and School District policy to assure all permanent, temporary and volunteer personnel that will be unsupervised with any students will have and successfully complete a level 2 screening before being placed in a position.</p>
<p><b>35. Immediate notification to a student's parent/guardian, or caregiver if the student is removed from school, school transportation, or a school-</b></p>	<p>35a. The school health services plan shall include policies and procedures for implementation of the aforementioned statutory requirements</p>	<p>DOE Administrator, Resource officer or other LEO.</p>	<p>School Administrative staff are responsible for immediate notification of student's parent, guardian or caregiver in this situation.</p>

### PART I: BASIC SCHOOL HEALTH SERVICES

Requirements/References	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>sponsored activity and taken to a receiving facility for an involuntary examination pursuant to <a href="#">s. 394.463, F.S.</a> including the requirements established pursuant to <a href="#">ss. 1002.20(3)(I), F.S.</a>, <a href="#">1002.33(9), F.S.</a>, <a href="#">381.0056(4)(a)(19), F.S.</a></p>			<p>School nurse will provide health status assessment of student as needed during this situation.</p>

### PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)

References/Resources	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p><b>36. The services provided by a comprehensive school health program must focus attention on promoting the health of students, reducing risk-taking behavior, and reducing teen pregnancy. Services provided under this section are additional and are intended to supplement, rather than supplant, basic school health services.</b> <a href="#">ss. 381.0057(6), F.S.</a>,</p>	<p>36a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.</p>	<p>DOH RN, HST DOE – Faculty, ESE, Admin</p>	<p>The onsite school nurse shall f/u any concerns referred to her by faculty or identified by SH techs or self. Care plans and coordination with family, Student, and physician shall be done as necessary</p>
	<p>36b. Provide health activities that promote healthy living in each school.</p>	<p>DOH- School Nurses DOE- Admin, Faculty, SHAC/Wellness</p>	<p>Health education will be provided by the classroom teachers or school nurse/guest speakers on identified areas of need as available. Will utilize DOH health educators as available.</p>
	<p>36c. Provide health education classes.</p>	<p>As above</p>	<p>As above</p>
	<p>36d. Provide or coordinate counseling and referrals to decrease substance abuse.</p>	<p>DOH School Nurses DOE Guidance/Social worker, School resource officers, ESE</p>	<p>Faculty and guidance shall refer students with substance abuse issues to school nurse, guidance counselor or school resources officer. Appropriate referral follow-up made</p>

## PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)

References/Resources	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
743.065, F.S.		Local- Meridian, Anti-Drug Coalition or Prevention Coalition	
	36e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	DOH School Nurses DOE Resource officer/LEO, Admin, ESE, Guidance and Social Worker  Local: Meridian	Follow emergency guidelines for schools "Behavioral Emergencies" in coordination with school administration.
	36f. Provide or coordinate health education classes to reduce the incidence of substance abuse, suicide attempts and other high-risk behaviors.	DOH- School Nurses  DOE- Admin, Faculty, SHAC/Wellness	Health education will be provided by the classroom teachers or school nurse/guest speakers on identified areas of need as available. Will utilize DOH health educators as available.
	36g. Identify and provide interventions for students at risk for early parenthood.	DOH- School Nurses, TAPP DOE- TAPP, Admin, Faculty, Guidance	All suspect or confirmed pregnancies in students shall be referred to the school nurse. She will coordinate with guidance/family/physicians care as appropriate. Will refer to TAPP coordinator for CBE classes.
	36h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	DOH School Health Consultant, Nurse supervisors, SRA instructors  DOE Admin, Faculty	Implement/ Support the Abstinence Education program for 6-12 grades. Expand program to include Relationship and other risk behaviors. (SRA, REAL essentials, SOS)
	36i. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	DOH School Health Consultant, Nurse supervisors, SRA instructors  DOE Admin, Faculty	Implement/ Support the Abstinence Education program for 6-12 grades. Expand program to include Relationship and other risk behaviors. (SRA, REAL essentials, SOS)
	36j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	DOH School Nurse, TAPP  DOE TAPP, Guidance and Social worker	Individual case management of returning student by school nurses and other referral agencies and school staff as appropriate.
	36k. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services.	DOH- School Nurse, TAPP  DOE – TAPP	School Nurse will refer all known pregnant students to CONNECT referral source for healthy start or healthy family's choice of service.

**PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS (FSS)**

<b>References/Resources</b>	<b>Program Standards</b>	<b>Local Agency(s) Responsible</b>	<b>Local Implementation Strategy &amp; Activities</b>
<b>37. The State Board of Education and the Department of Health shall jointly establish full-service schools (FSS) to serve students from schools that have a student population at high risk of needing medical and social services</b> <a href="#">s. 402.3026(1), F.S.</a>	37a. Designate full-service schools based on demographic evaluations.	Not applicable- Not FULL SERVICE	Not applicable- Not FULL SERVICE
	37b. Provide nutritional services.		
	37c. Provide basic medical services.		
	37d. Provide referral to dependent children (Temporary Assistance to Needy Families (TANF)).		
	37e. Provide referrals for abused children.		
	37f. Provide specialized services as an extension of the educational environment that may include: nutritional services, basic medical services, aid to dependent children, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parent/guardian, and adult education.		
	37g. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.		