



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

2016 – 2018 School Health Services Plan
for
Santa Rosa County

Due by September 15, 2016

E-mail Plan as an Attachment to:

HSF.SH_Feedback@flhealth.gov

Contact Person

Please indicate a contact person who was involved in the preparation of this plan and can answer questions if they arise.

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SUMMARY - SCHOOL HEALTH SERVICES PLAN 2016 - 2018

Statutory Authority: Section 381.0056, F.S. requires each local Department of Health 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. Chapter 64F-6.002, Florida Administrative Code (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 - All Public Schools** – this section contains each of the Florida statutes (Department of Health (DOH) and Department of Education (DOE) that relate to the mandated basic health services for students in all public schools.
- **Part II: Comprehensive School Health Services** – 46 counties receive state funding for comprehensive programs that provide enhanced services to high risk children. These services are in addition to the services identified in Part I.
- **Part III: Health Services for Full Service Schools (FSS)** – all counties receive funding for FSS serving high-risk students with limited access to services. These services are in addition to the basic services identified in Part I.

The Plan contains 4 columns, as follows:

- **Column 1 – Statutory Requirements.** This column is in order by statute and establishes the primary requirements and mandates.
- **Column 2 – Program Standards.** This column provides the standards that are related to the statutory requirements. Where rules are not available, standards are based on other guidelines (such as the Florida School Health Administrative Guidelines (May 2012), current School Health Services Plan, or standards of practice).
- **Column 3 – Local Agency(s) Responsible.** The local agencies (local Department of Health, Local Educational Agency (LEA), and School Health Advisory Committee (SHAC)) determine the responsibilities for providing the services described in each statutory requirement and program standard when the Plan is developed. These responsibilities will depend upon the county service/staffing model, funding sources, community partners, and collaboration.
- **Column 4 – Local Implementation Strategy & Activities.** The local agencies will provide implementation strategy and activities to meet each statutory requirement and program standard identified.

GENERAL INSTRUCTIONS

- Do not work in this file until you have opened and saved it to your network drive or a flash/travel drive. When saving for the first time, use the "Save As" function and add your county's name to the beginning of the file name so your plan will not be confused with that of another county.
- If you need clarification on the programmatic items in the plan, please email the School Health mailbox at: hsf.sh_feedback@flhealth.gov

REFERENCES

Florida School Health Laws and Rules: http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/statutory-rules-schoolhealth-2015-2016.pdf

Center for Disease Control and Prevention Coordinated School Health Model: <http://www.cdc.gov/HealthyYouth/CSHP/>

Florida School Health Administrative Guidelines (2012): http://www.floridahealth.gov/healthy-people-and-families/childrens-health/school-health/_documents/adminstrative-guidelines.pdf

Guidelines for the Care and Delegation of Care for Students with Asthma in Florida Schools (2013): http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/asthma-guidelines-2013.pdf

Guidelines for the Care and Delegation of Care for Students with Diabetes in Florida Schools (2015): http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/diabetes-guidelines-for-the-care-delegation-of-care-for-students-with-diabetes-in-florida-schools.pdf

The Role of the Professional School Nurse in the Delegation of Care in Florida Schools: http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/role-of-rn-in-delegation-of-care-in-florida-schools.pdf

Emergency Guidelines for Schools (Florida Edition, 2010): http://www.floridahealth.gov/provider-and-partner-resources/emsc-program/_documents/egs2011fl-edition.pdf

Promoting Health and Academic Success Through Collaboration and Partnership: A Guide for Florida's School Health Advisory Committees: http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/fl-shac-manual-2013.pdf

State Requirements for Educational Facilities (2014): <http://www.fldoe.org/core/fileparse.php/7738/urlt/srefrule14.pdf>

School Health Program Coding Manual: http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/school_health_coding_manual_2016-17.pdf

2016 - 2018 School Health Services Plan Signature Page

My signature below indicates that I have reviewed and approved the 2016 - 2018 School Health Services Plan and it's local implementation strategies, activities, and designations of local agency responsibility as herein described:

Position	Name and Signature	Date
Local Department of Health Administrator / Director	Sandra Park-O'Hara, ARNP	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health Nursing Director	Barbara McMillion, RN, BSN, MS	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health School Health Coordinator	Leslie Adams, RN, BSN, NCSN	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Board Chair Person	Jennifer Granse	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District Superintendent	Tim Wyrosdick	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District School Health Coordinator	Sherry Smith	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Advisory Committee Chairperson	Leslie Adams, RN, BSN, NCSN	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Services Public / Private Partner	Angela Lay, RN	
	<i>Printed Name</i>	

Signature	Date

Part	Statutory Requirements (Legislative mandates that establish School Health Program requirements)	Program Standards (Standards and Administrative Code that support statutory requirements, are identified)	Local Agency(s) Responsible (Identify the local agency(s) responsible for each requirement)	Local Implementation Strategy & Activities (Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)
PART I: PREVENTIVE HEALTH SERVICES FOR ALL PUBLIC SCHOOLS				
I.	1. s. 381.0056, F.S. School Health Services Program.	a. Each local Department of Health uses the annual schedule C funding allocation (General Appropriations Act) to provide school health services pursuant to the School Health Services Act (s. 381.0056(1), F.S.) and the requirements of the Schedule C Scope of Work.	CHD	Utilize schedule C funding to provide school health services in the public schools of Santa Rosa County and to private schools as resources allow.
I.	2. s. 381.0056(3), F.S. The Department of Health (DOH), in cooperation with the Department of Education (DOE), shall supervise the administration of the school health services program and perform periodic program reviews.	a. The local Department of Health and local education agency (LEA) each designate one person to be responsible for the coordination of planning, development, implementation and evaluation of the local school health program. Those two individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services. (Ch. 64F-6.002(2)(i), F.A.C.)	CHD, LEA	Maintain open communication between CHD and LEA utilizing multiple methods of communication methods: email, telephone, conference calls, face to face meetings. Utilize School Health Advisory Council (SHAC) as a steering committee and resource for school health service planning.
		b. 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 funding source. (Ch. 64F-6.002(2)(j), F.A.C.)	CHD, LEA, LEA Contract Provider	Collaborate with the LEA and LEA Contract provider to complete and implement the school health services plan. Utilize SHAC for review and as resource for plan development. Seek approvals of all three organizations from administrative staff and the LEA School Board.

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		c. 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. (Ch. 64F-6.002(2)(j)(1), F.A.C.), and consistent with the Nurse Practice Act (Ch.464, F.S.) and the Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).	CHD	Collaborate with the LEA and LEA Contract provider to implement the school health services plan. Utilize SHAC as resource and guidance as well as the collaborative School Health Procedures which are available online and in each school site.
		d. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the local Department of Health medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant, or the student's private physician. (Ch. 64F-6.002(2)(j)(2), F.A.C.)	CHD, LEA	Collaborate and consult with the CHD Medical Director or Administrator for any medical and /or health related issues as necessary. Utilize SHAC for consulting purposes as needed. Utilize collaborative School Health Procedures Manual
I.	3. s. 381.0056(4)(a), F.S. Each local Department of Health shall develop, jointly with the district school board (a.k.a. local educational agency or LEA) and the local school health advisory committee (SHAC), a school health services plan.	a. Each local school health services plan shall be completed biennially and approved and signed by at a minimum the superintendent of schools, school board chairperson, local Department of Health medical director or administrator.	CHD, LEA, LEA Contract Provider	Collaborate with the LEA and LEA Contract Provider to complete and implement the school health services plan. Utilize SHAC for review and as resource for plan development. Seek approvals of all three organizations from administrative staff and the LEA School Board.

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		b. 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 local Department of Health medical director or administrator. (Ch. 64F-6.002(3)(a), F.A.C.).	CHD, LEA, LEA Contract Provider	Review the school health plan with LEA and LEA Contract Provider at the onset and conclusion of the school year to determine the necessity for revisions and approvals.
		c. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners. (Ch. 64F-6.002(2)(g), F.A.C.).	CHD	Continue with inputting routine school health services into HMS- EAR system by CHD school health personnel and group coding of health services provided by LEA Contract Provider and LEA. Continue collection of FTE Data from LEA Contract Provider health service staff for the School Health Services Report during FTE week and as appropriate.
		d. As per s. 381.0056(4)(a)(18)(b), F.S., 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 pursuant to s. 1003.453, F.S.	CHD, LEA	SHAC will routinely meet on a regular basis – bimonthly or monthly depending on the need – with broad community representation. Maintain membership sign in logs and meeting minutes for review.
I.	4. s. 381.0056(4)(a)(1), F.S. Health appraisal	a. Determine the health status of students.	CHD, LEA, LEA Contract Provider	CHD School nurses will collaborate with LEA contract provider health techs and LEA school staff to provide nursing assessments upon referral.
I.	5. s. 381.0056(4)(a)(2), F.S. Records review	a. Perform initial school entry review of student health records, to include school entry physical, immunization status (DH 680), cumulative health record, emergency information, etc. (Ch. 64F-6.005(1), F.A.C.)	CHD, LEA	Collaborate with designate school based LEA staff to identify new students for initial health record review.

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		b. Perform annual review of each student's emergency information and medical status. An emergency information card for each student shall be updated each year. (CH. 64F-6.004(1)(a), F.A.C.)	CHD, LEA, LEA Contract Provider	Collaborate with LEA and LEA contract provider to facilitate the review of emergency health information cards upon student entry and as needed.
I.	6. s. 381.0056(4)(a)(3), F.S. Nurse assessment	a. Perform school entry and periodic assessment of student's health needs. (Ch. 64F-6.001(6), F.A.C.).	CHD, LEA, LEA Contract Provider	LEA and LEA Contract Provider staff to assist CHD in the identification of students requiring emergency responses from school personnel for health related issues which may require student health assessments and/or additional case management.
		b. For day-to-day and emergency care of students with chronic or acute health conditions at school, the registered nurse (RN) develops an individualized healthcare plan (IHP).	CHD, LEA, LEA Contract Provider	Utilize Individualized Emergency Health Care Plans (EHCP) written by DOH school nurses for students requiring emergency responses from school personnel for health related issues. Utilize Individualized Health Alerts for students with no need of emergency response but, needing school personnel knowledgeable of acute or chronic health issues as defined in Collaborative School Health Procedures.
		c. The RN utilizes the IHP to develop an emergency action plan (EAP) and/or an Emergency Care Plan (ECP) for use by unlicensed assistive personnel and school staff.	CHD, LEA, LEA Contract Provider	Utilize Individualized Emergency Health Care Plans (EHCP) as a combined IHP and ECP for emergency responses. Utilize Individualized Health Alerts for students with no need of emergency response but, needing school personnel knowledgeable of acute or chronic health issues as defined in Collaborative School Health Procedures.
I.	7. s. 381.0056(4)(a)(4), F.S. Nutrition assessment	a. Identify students with nutrition related problems (Florida School Health Administrative Guidelines. May 2012, Ch. 11).	CHD, LEA, LEA Contract Provider	Utilize LEA staff referrals and BMI screening results to identify students with food allergy issues. Provide appropriate notification to LEA staff through ECHP or Health Alert implementation.
I.	8. s. 381.0056(4)(a)(5), F.S. Preventive dental program	a. Recommended services include: Minimally - age appropriate oral health education to all grades and referral system.	LEA	Incorporate age appropriate dental health education in curriculum as resources allow.
		b. Mid-range - oral health screenings, fluoride varnish or rinse program (both recommended for either 2nd or 3rd grades).	CHD, LEA	Explore available resources to provide school based preventive dental care and/or dental health education.

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		c. Best practice - school-based or school-linked dental sealant program and primary dental services as available. Recommend a licensed dental professional liaison from the local Department of Health or community partner to provide screenings, preventive oral health services and referrals.	CHD, LEA	Explore available resources to provide school based preventive dental care and/or dental health education.
I.	9. s. 381.0056(4)(a)(6-9), F.S. Provisions for screenings	a. Provide screenings and a list of all providers. 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 through 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 through 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. (Ch.64F-6.003(1-4), F.A.C.)	CHD, LEA	Schedule and implement state mandated health screenings at designated grade levels utilizing CHD school nurses, LEA volunteers and community volunteers.

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		b. Assist in locating referral sources for additional evaluation and/or treatment for students with abnormal screening results. Referral sources may include, but are not limited to, state contracted vision service providers (provided the student meets eligibility requirements), other service providers and local resources. (1) Provide a list of all referral providers.	CHD	Utilize referral follow up log, parent contacts, and LEA referrals to refer uninsured or underinsured students in need of referral resources to partners such as: FL Vision Quest, National Association of School Nurses VSP Sight for Students, LEA Audiology, or local community partners as appropriate. Establish community partners to assist in referral resource needs for students and families.
		c. Establish a system to document and track screening results and referrals.	CHD	Utilizing screening log sheets for tracking referrals, results, and outcomes.
		d. Ensure all screening services are coded into HMS to include initial screenings, re-screenings, abnormal results/referrals, outcomes, and incomplete referrals after three attempts.	CHD	Continue use of current screening log sheet system to track referrals, results, outcomes, documentation, and HMS coding.
I.	10. s. 381.0056(4)(a)(10), F.S. Health counseling	a. Provide health counseling as appropriate.	CHD, LEA, LEA Contract Provider	Provide appropriate health counseling upon request for students.
		b. Document health counseling in the student health record.	CHD, LEA, LEA Contract Provider	Documentation in student's confidential cumulative record.
I.	11. s. 381.0056(4)(a)(11), F.S. Referral and follow-up of suspected and confirmed health problems	a. Provide referral and follow-up of abnormal health screenings, emergency health issues, and acute or chronic health problems.	CHD	Utilizing screening log sheets for tracking referrals, results, and outcomes.
		b. Coordinate and link to community health resources.	CHD, LEA, LEA Contract Provider	Utilize established community resource directories (such as the FLDOH SRC Services Directory), manuals, and web based links.
		c. Require child abuse reporting. (s. 1006.061, F.S.)	CHD, LEA, LEA Contract Provider	Adhere to established identification and reporting procedures. LEA and LEA Contract providers attend annual training and review of policy.

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		d. Provide referral to services to sexually exploited children including: counseling, healthcare, substance abuse treatment, educational opportunities, and a safe environment secure from traffickers (Ch. 39.001 (4) (a-d), F.S.) and report as child abuse (s.1006.061, F.S.).	CHD, LEA, LEA Contract Provider	Utilize LEA contract provider for counseling services and referral as well as case management as appropriate.
I.	12. s. 381.0056(4)(a)(12), F.S. Meeting emergency health needs in each school	a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. (Ch. 64F-6.004(1), F.A.C.). List protocols used (i.e. Emergency Guidelines for Schools 2011 Florida Edition).	CHD, LEA, LEA Contract Provider	Utilize multi-collaborative School Health Procedure Manual and Emergency Response Guide as appropriate.
		b. 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. (Ch. 64F-6.004(2&3), F.A.C.). Include on the list location and phone numbers of these staff members.	LEA, LEA Contract Provider	LEA and LEA contract provider will ensure adherence to standard. Collaborate with community partners to provide trainings for CPR/First Aid. LEA contract provider to post updated list of CPR/First Aid certified staff. Coordinate with LEA School Safety liaisons to identify CPR/First Aid certified staff and communicate to LEA.
		c. Assist in the planning and training of staff responsible for emergency situations. (Ch. 64F-6.004(4), F.A.C.)	CHD, LEA, LEA Contract Provider	Collaborate with CHD and LEA to provide trainings for LEA contract providers and school personnel upon request and availability.
		d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities. (Ch. 64F-6.004(5), F.A.C.)	LEA, LEA Contract Provider	LEA contract provider - school health techs – maintain supplies and order as needed through LEA. .
		e. The school principal (or designee) shall assure first aid supplies, emergency equipment, and facilities are maintained. (Ch. 64F-6.004(6), F.A.C.)	LEA	Continue to maintain first aid supplies and emergency equipment; at a minimum review supplies annually. Crisis Intervention boxes are kept at all schools with emergency supplies.

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		f. 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. (Ch. 64F-6.004(7), F.A.C.)	LEA, LEA Contract Provider	Continue to utilize the LEA incident report form as indicated and Health Room Logs as appropriate. Utilize emergency guides or Collaborative School Health Procedures as appropriate.
		g. 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) and register the AEDs with the county emergency medical services director. (s. 1006.165, F.S.)	LEA	Continue to maintain AED's on all public school campuses of Santa Rosa County. Follow the Current AED guidelines and maintain updated list of AED/CPR certified staff posted around the school and at the AED location.
I.	13. s. 381.0056(4)(a)(13), F.S. Assist in health education curriculum	a. Collaborate with schools, health staff and others in health education curriculum development.	CHD, LEA	Collaborate with CHD to review and update health curriculum utilizing SHAC and/or workgroups as necessary.
I.	14. s. 381.0056(4)(a)(14), F.S. Refer student to appropriate health treatment	a. Use community or other available referral resources.	CHD, LEA, LEA Contract Provider	Encourage utilization of community resources such as: the FL DOH Santa Rosa County Services Directory, Families First Network and Street Survival Guide.
		b. Assist in locating referral sources for Medicaid eligible or underinsured students (community health and social service providers).	CHD, LEA, LEA Contract Provider	Utilize resources such as the local CHD, Families First Network, VSP Sight for Students, 90 Works and other community resources for appropriate referrals as necessary.
I.	15. s. 381.0056(4)(a)(15), F.S. Consult with parents or guardian regarding student's health issues	a. Provide consultation with parents, students, staff and physicians regarding student health issues. (Ch. 64F-6.001(1), F.A.C.)	CHD, LEA, LEA Contract Provider	DOH School Nurses and LEA Contracted RN supervisors will provide consultation on health issues upon request and referrals.

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I.	16. s. 381.0056(4)(a)(16), F.S. Maintain health-related student records	a. Maintain a cumulative health record for each student that includes required information. (Ch. 64F-6.005(1), F.A.C.)	LEA	Maintain cumulative health file for each enrolled student per local school board policy.
		b. Maintain student health records per s. 1002.22, F.S. (Ch. 64F-6.005(2), F.A.C.)	LEA	Cumulative health files will continue to be stored in designated secured areas with limited access.
I.	17. s. 381.0056(4)(a)(17), F.S. Provision of health information for Exceptional Student Education (ESE) program placement	a. Provide relevant health information for ESE staffing and planning according Ch. 6A-6.0331 and 64F-6.006, F.A.C.	CHD, LEA, LEA Contract Provider	Participate in Integrated Services Teams and ESE staffing as resources allow, provide Individualized EHCPs or Health Alerts.
I.	18. s. 381.0056(5)(a)(18), F.S.	a. Notification to the local nonpublic schools of the school health services program and the opportunity for representatives of the local nonpublic schools to participate in the development of the cooperative health services plan.	CHD	Assign CHD school nurse as resource nurse/liaison for private schools. Inform schools of assigned school nurse and available services.
		b. A nonpublic school may request to participate in the school health services program provided they meet requirements pursuant to s. 381-0056(5)(a)-(g), F.S.	CHD	Assist private schools to meet state immunization and health records requirements as resources allow.
I.	19. s. 381.0056(6)(a), F.S. The district school board shall include health services and health education as part of the comprehensive plan for the school district.	a. School-based health services are provided to public school children in grades pre-kindergarten through twelve. Health services are provided to public charter schools, based upon the charter, local contracts, and agreements. Counties offer school health services to private schools, based upon their participation in the School Health Services Plan, and the availability of staff and local resources. (Florida School Health Administrative Guidelines. May 2012, Section I-2).	CHD, LEA, LEA Contract Provider	CHD, LEA and LEA contract provider shall collaborate to meet the provision of health services and health education per school district policy. Make resources such as the School Health Policy and Procedure Manual available for use for non-public schools upon request.

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		b. Describe how CHD staff will assist school personnel in health education curriculum development. Since the CHD staff includes health professionals with expertise in many disciplines, they should be considered a primary resource for topics related to student health and wellness. County health department staff may serve as content and curriculum experts in their particular specialty (i.e. dental health, nutrition, hygiene and communicable disease prevention, injury prevention, human growth and development, sexually transmitted diseases, and other health topics relevant to school-age children and adolescents). (Florida School Health Administrative Guidelines. May 2012, Section III, Ch.15-1).	CHD, LEA	CHD will provide LEA approved health education upon request of the LEA as resources allow.
I.	20. s. 381.0056(6)(b), F.S. The district school board shall provide in service health training for school personnel.	a. Please list providers of in service health training for school personnel.	CHD, LEA	LEA utilizes Safe Schools online Modules for school health training and basic in-service needs. CHD provides health in-services upon request for current and appropriate health related topics upon request and according to expertise.
I.	21. s. 381.0056(6)(c), F.S. The district school board shall make available adequate physical facilities for health services.	a. Health room facilities in each school will meet DOE requirements. (State Requirements for Educational facilities, December 2012 and/or State Requirements for Existing Educational Facilities 2012).	LEA	Maintain/review health room facilities according to guidelines.
I.	22. s. 381.0056(6)(d), F.S. The district school board shall, at the beginning of each school year, provide parents with information concerning ways that they can help their children to be physically active and eat healthful foods.	a. List programs and/or resources to be used.	CHD, LEA, LEA Contracted Provider	Collaborate with Food Services-Sodexo, Santa Rosa Extension Services, 4-H, 5210 Santa Rosa, and other applicable programs to implement nutrition newsletters, nutritional information on school district website and nutritional education programs as well as periodic parent information bulletins.

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I.	23. s. 381.0056(6)(e), F.S. The district school board shall inform parents or guardians in writing at the beginning of each school year of the health services provided.	a. Provide the opportunity for parents or guardians to request an exemption in writing.	CHD, LEA	Provide annual Parent Health Services Notification Letter at onset of each school year, offering parents an opt-out option to refuse health services. Such notification can be hard copy, district website, school website.
		b. Obtain parent permission in writing prior to invasive screening.	CHD, LEA	Utilize Parent notification letter for invasive health screenings with a written opt out option for refusal of services.
I.	24. s. 1003.22(1), F.S. Each district school board shall require that each child who is entitled to admittance to kindergarten, or is entitled to any other initial entrance into a public school in this state, present a certification of a school-entry health examination performed within 1 year prior to enrollment in school.	a. The school health plan shall include initial school entry health examination policy. (Ch. 64F-6.002(2)(f), F.A.C.) Note: Reference policy to Ch. 6A-6.024, F.A.C.	LEA	Maintain documentation of the school health physical in the student health cumulative file upon entry in Santa Rosa County Schools according to school district policy.
I.	25. s. 1003.22(4), F.S. Each district school board shall establish and enforce as policy that, prior to admittance to or attendance in a public school, grades kindergarten through 12, or any other initial entrance into a Florida public school, each child present or have on file with the school a certification of immunization for the prevention of those communicable diseases for which immunization is required by the Department of Health.	a. The school health plan shall include immunization policies in each school that comply with Ch. 64D-3.046, F.A.C. (Ch. 64F-6.002(2)(e), F.A.C.). Each public school, including public kindergarten, and each private school, including private kindergarten, shall be required to provide to the local Department of Health director or administrator annual reports of compliance with the provisions of this section per s. 1003.22 (8) F.S.	LEA, CHD	Maintain documentation of the School Immunization Records form-DOH 680 or DOH 681 in the student health cumulative file upon entry and throughout attendance in Santa Rosa County schools as stated in Collaborative School Health Procedure Manual.

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I.	26. s. 1003.22(9), F.S. 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.	a. The school health plan shall include communicable disease policies. (Ch. 64F-6.002(2)(d), F.A.C.) Note: Policies need to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.	CHD, LEA, LEA Contract Provider	Utilize School Health Communicable Disease Manual for guidance with disease outbreaks. LEA Contract Providers to follow guidelines in School Health Policy and Procedure Manual to use the Communicable Disease Report as appropriate.
I.	27. s. 1006.062(1)(a), F.S. Each district school board shall include in its approved school health services plan a procedure to provide training, by a licensed registered nurse, a practical nurse, a physician or a physician assistant (pursuant to chapter 458 or 459), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.	a. Include provisions in the procedure for general and student-specific administration of medication training.	CHD, LEA, LEA Contract Provider	Utilize Annual Medication Administration Training Modules, found in Safe Schools Training site for all school personnel and LEA Contract Providers at onset of school year and as applicable. Student specific medication administration trainings to be available as needed for school personnel.
I.	28. s. 1006.062(1)(b), F.S. Each district school board shall adopt policies and procedures governing the administration of prescription medication by district school board personnel.	a. The school district medication policy will be reviewed annually and updated as necessary to ensure student safety.	CHD, LEA, LEA Contract Provider	Annually review the Medication Administration policy and training module, updating as needed. Utilize SHAC for consultation and resource for policy review/updates.
		b. The school district medication policy will address the use of designated school staff for medication administration and be consistent with delegation practices per Ch. 64B9-14, F.A.C.	LEA, LEA Contract Provider	Maintain documentation of medication administration training for any designated staff who provide medication administration.

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	29.s. 1002.20(3)(h), F.S. Students with asthma whose parent and physician provide approval may carry a metered dose inhaler on their person while in school.	a. Develop and implement an Individualized Healthcare Plan (IHP) and Emergency Action Plan (EAP) to ensure safe use of inhaler by student.	CHD, LEA, LEA contract provider	Utilize LEA and LEA Contract Provider staff referrals to identify students in need of inhaler use while in school as resources allow. Individualized Emergency Health Care Plans (EHCP) serve as a combined IHP/ EAP for students requiring school personnel emergency responses for health related issues. Utilize Individualized Health Alerts for students who require school personnel notification of acute or chronic health issues (defined in Collaborative School Health Procedures). Continue utilization of current medication policy which addresses asthma and inhaler use for students in school.
	30. s. 1002.20(3)(i), F.S. A student who is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer while in school, school-sponsored activities, or in transit if written parental and physician authorization has been provided.	a. For students with life threatening allergies, the RN shall develop an annual IHP that includes an EAP, in cooperation with the student, parent/guardians, 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 EAP 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. (Ch. 6A-6.0251, F.A.C.)	CHD, LEA, LEA contract provider	Utilize LEA and LEA Contract Provider staff referrals to identify students with life threatening allergies use while in school as resources allow. Individualized Emergency Health Care Plans (EHCP) serve as a combined IHP/ EAP for students requiring school personnel emergency responses for health related issues. Utilize Individualized Health Alerts for students who require school personnel notification of acute or chronic health issues (defined in Collaborative School Health Procedures). Continue utilization of current medication policy which addresses epinephrine auto-injectors use for students in school.
	31. s. 1002.20(3)(i)(2), F.S. A public school may purchase a supply of epinephrine auto-injectors from a wholesale distributor or manufacturer as defined in s. 499.003 for the epinephrine auto-injectors at fair-market, free, or reduced prices for use in the event a 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	a. 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.		Santa Rosa School District has opted out of this process.

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	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.			
	32. s. 381.88, F.S. 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 administration of an epinephrine auto-injector.	a. 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.		Santa Rosa School District has opted out of this process.
	33. s. 1002.20(3)(j), F.S. Students with diabetes that have physician and parental approval may carry their diabetic supplies and equipment and self-manage their diabetes while enroute to and from school (bus), in school or at school sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student is capable of performing without assistance for diabetic self-management, including hypoglycemia and hyperglycemia.	a. 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 pursuant to Ch. 6A-6.0253, F.A.C.	CHD, LEA, LEA Contract Provider	Utilize LEA and LEA contract provider staff referrals to identify students with diabetes. Utilize Individualized Emergency Health Care Plans (EHCP) as a combined IHP and ECP for students requiring school personnel emergency responses for health related issues (defined in Collaborative School Health Procedures). Continue to provide health services for students with Diabetes at their designated/home school as necessary.

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	34. s. 1002.20(3)(k), F.S. 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 (bus), in school or at school sponsored activities if the school has been provided with authorization from the student's parent and prescribing practitioner.	a. 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 pursuant to Ch. 6A-6.0252, F.A.C.	CHD, LEA, LEA Contract Provider	Utilize LEA and LEA contract provider staff referrals to provide student health assessments as resources allow. Utilize Individualized Emergency Health Care Plans (EHCP) for students requiring school personnel emergency responses for health related issues. Utilize Individualized Health Alerts for students with no need of emergency response but, need school personnel knowledgeable of acute or chronic health issues as defined in Collaborative School Health Procedures
I.	35. s. 1006.062(4), F.S. 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.	a. 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 per Ch. 64B9-14.002(3), F.A.C. The documentation of training and competencies should be signed and dated by the RN and the trainee.	CHD, LEA, LEA Contract Provider	CHD and LEA Contracted provider staff to provide child specific training and maintain required documentation.
		b. Use of nonmedical assistive personnel shall be consistent with delegation practices per Ch. 64B9-14, F.A.C. and per the Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).	CHD, LEA, LEA Contract Provider	CHD and LEA contract provider staff to provide health services deemed necessary. Delegate and train LEA staff through standardized methods as noted in the Collaborative School Health Procedures Manual.

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PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)

II.	1. s. 381.0057(6), F.S. 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 in addition to the services provided under s. 381.0056, F.S. and are intended to supplement, rather than supplant, those services.	a. Use annual schedule C funding allocations (General Appropriations Act) provided to designated county health departments (local Department of Health) for comprehensive school health programs that provided basic school health services as specified in Part I of this plan and promote student health, reduce risk-taking behaviors, and reduce teen pregnancy.	CHD, LEA	CHD and LEA staff will collaborate to facilitate risk reduction and health promotion education by accessing the multiple community resources available such as: Pregnancy Resource Center, CHD nurses, Healthy Start Program as well as other available community partnerships.
II.	2. s. 381.0057(6), F.S. Promoting the health of students.	a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.	CHD, LEA, LEA Contract Provider	CHD nurses, LEA staff, and LEA Contract staff will collaborate to provide individual case management for identified students in need of health management.
		b. Provide health activities that promote healthy living in each school.	CHD, LEA	Promote wellness and health promotion activities through various venues and collaborate with community partners such as 5210 health education program, the UF Extension and CDAC.
		c. Provide health education classes.	CHD, LEA	Through community collaboration, provide health education classes at appropriate grade as resources allow.
II.	3. s. 381.0057(6), F.S. Reducing risk-taking behavior.	a. Provide or coordinate counseling and referrals to decrease substance abuse.	LEA, LEA Contract Provider	Utilize Contracted counseling services.
		b. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	LEA, LEA Contract Provider	Utilize Contracted counseling services.
		c. Provide or coordinate health education classes to reduce the incidence of substance abuse, suicide attempts and other high risk behaviors.	CHD, LEA, LEA Contract Provider	Facilitate health education and prevention education with community partners at designated grade levels as appropriate (examples of available resources are: CDAC substance use program, SWAT, Tobacco Prevention programs, I-Safe, Bullying program, CHD STD program)

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II.	4. s. 381.0057(6), F.S. Reducing teenage pregnancy.	a. Identify and provide interventions for students at risk for early parenthood.	CHD, LEA	Facilitate prevention programs available such as the Pregnancy Resource Center and the Healthy Start Program.
		b. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	CHD, LEA, LEA Contract Provider	Provide counseling and education by utilizing the Healthy Start Coalition, Pregnancy Resource Center, and contracted counseling services as appropriate.
		c. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	CHD, LEA, LEA Contract Provider	Provide counseling and education by utilizing the Healthy Start Coalition, Pregnancy Resource Center, and contracted counseling services as appropriate.
		d. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	CHD, LEA, LEA Contract Provider	Coordinate with T.A.P.P. program to facilitate transportation, childcare and social services for teens to return to school after delivery. Enroll into Family Dynamics class as appropriate.
		e. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services, in accordance with s.743.065, F.S.	CHD, LEA, LEA Contract Provider	Refer to the Healthy Start Coalition, utilize the Pregnancy Resource Center and the CHD health services available.
II.	5. s. 381.0057(5), F.S. A parent may, by written request, exempt a child from all or certain services provided by a school health services program described in subsection (3).	a. Provide a description of the mechanism for parental exemption of the child from all or certain services and describe the process of informing parents of this right.	CHD, LEA, LEA Contract Provider	Using the Annual Parent Health Services Notification Letter at onset of school year, offering parents an opt out option for refused health services available on school district, and individual school websites or designated school sites.

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

III.	1. s. 402.3026(1), F.S. 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.	a. Designate full service schools based on demographic evaluations.	CHD, LEA	Designate all Santa Rosa County schools as Full Service Comprehensive Schools.
		b. Schedule C funding allocations (General Appropriations Act) provided to county health departments will be used to provide basic and specialized services in full service schools.	CHD	Provide mandated Basic and FSS services for all schools as resources allow.
III.	2. s. 402.3026(1), F.S. The full-service schools must integrate the services of the Department of Health that are critical to the continuity-of-care process.	a. Local Departments of Health and school districts will plan and coordinate FSS program services.	CHD, LEA, LEA Contract Provider	Work collaboratively with LEA and LEA Contract Provider to plan, coordinate and provide health services to all public schools in Santa Rosa County.
III.	3. s. 402.3026(1), F.S. The Department of Health (DOH) shall provide services to these high-risk students through facilities established within the grounds of the school.	a. DOH professionals shall 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 parents, and adult education.	CHD, LEA, LEA Contract Provider	CHD nurses will provide case management, accessing community resources to meet students various needs within the school sites. Utilizing the LEA -Integrated Services Team, LEA staff and LEA Contract providers as appropriate and as resources allow.
		b. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	CHD, LEA, LEA Contract Provider	Utilize DOH Medical Reserve Corps, nursing school programs, Military personnel, LEA volunteers and community partners to assist with health services as necessary.

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PART IV: OTHER REQUIREMENTS

IV.	1. s. 381.0059, F.S. 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 12 months before the date that person initially provides services under a school health services plan.	a. Collaborate with school district to ensure district background screening policies per s. 1012.465, F.S., do not result in duplicate or conflicting background screening requirements for staff providing school health services.	CHD, LEA, LEA Contract Provider	All staff hired under CHD are required to have a level 2 background screenings on file. LEA Contract Provider health staff must have a level 2 background screen maintained in personnel files. Health Services volunteers from the Medical Reserve Corps are required to have a level 2 background screening.
IV.	2. s. 381.0056(4)(a)(19), F.S. Immediate notification to a student's parent, guardian, or caregiver if the student is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination pursuant to s. 394.463, including the requirements established under ss. 1002.20(3), F.S. and 1002.33(9), F.S., as applicable.	The school health services plan shall include policies and procedures for implementing the requirements of: s. 381.0056(4)(a)(19), F.S., s. 1002.20(3), F.S., and s. 1002.33(9), F.S. that must be followed when a student is removed for involuntary examination.	LEA	LEA staff will adhere to policy when removing a student from campus premises.