

Santa Rosa District Schools

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MEMO

TO: School Board Members
Superintendent Tim Wyrosdick

RE: Emergency Health Care Plan & Procedures for the 2012-2013 School Year

Attached you will find revisions and updates to the "Emergency Health Care Plan & Procedures for the 2012-2013 School Year". The School District Safety Committee members have all been given the opportunity to review this report and provide feedback on the various sections that related to their department and areas of responsibility. We have completed the assessment and are now asking for your review and approval of the report.

Should you have any further questions, please call me at 983-5052.

Sincerely,

Judy Friery
Director of Student Services

Conditional Student Health Alert and Student Health Pass Procedure

Purpose: The Conditional Student Health Alert and/or Student Health Pass is intended to inform school personnel of a student's need for accommodations and/or special privileges for a specific or designated time frame. It identifies health issues or concerns of a conditional nature and not requiring a nurse initiated emergency health care plan or long term health alerts. The Conditional Student Health Alert or Student Health Pass notifies school personnel actions that may be needed to accommodate and/or allow specific privileges for the student while in the school setting.

Definition: *Conditional Student Health Alert-* a written document developed for students with physical, emotional or health related issues that require school staff to accommodate special needs and/or allow specific privileges in an effort to protect and preserve the health and safety of students during the school day. Examples of issues to utilize this form are: broken bones, acute/temporary illness, sprains or strains, family loss or stressor, need for restroom privileges or rest periods.....

Accommodate and/or Privilege - to change, alter, modify, allow or exempt specified actions in order to meet the needs of the student.

Student Health Pass- written pass developed for students with physical, emotional or health related issues that require school staff to accommodate special needs and/or allow specific privileges in an effort to protect and preserve the health and safety of students during the school day.

Procedure:

- I. Conditional Student Health Alert may be initiated by the designated clinic staff, school nurse or parent
- II. The Conditional Student Health Alert needs to be initiated on the blank template provided and include the following :
 - a. Health issue or concern identified
 - b. Student Name
 - c. Description of the issue or concern
 - d. Name of person information is received
 - e. Effective dates the alert is to be followed and if any attachment included
 - f. Actions to be taken

- g. Needed Accommodations or specific privileges
- h. Possible complaints or observations needed
- i. Designation of school personnel to receive a copy of the Conditional Student Health Alert

III. Utilize a Student Health pass as appropriate

IV. Store blank Health Pass forms in an area that **excludes** student access, preferably in a locked space.

V. The Student Health Pass is to be written by Nursing Staff, School Health Technicians, School Site Administration Staff and/or designated school personnel. And should contain the following:

- Identify students that require school personnel to accommodate and/or allow specific privileges. (*Identification of student needs may be obtained from the Emergency Health Care Plan and/or the Health Alert.*)
- Complete the students first and last name.
- Describe how school personnel are to accommodate the student or what specific privileges are needed.
- Complete the expiration date. (*The expiration date will be the last day of approval for school personnel to accommodate and/or allow privileges. The expiration date may cover a short delegated time period or may cover the entire school year, depending on the needs of the student.*)

VI. The Health Pass may be attached to the student planner as applicable.

STAFF HEALTH ALERT

Health issue/concern: _____

Name: _____ **Phone:** _____
Emergency Contact #1 _____ **Phone:** _____
Emergency Contact #2 _____ **Phone:** _____
Physician _____ **Phone:** _____
Hospital of Choice _____

Description of Condition: _____

Symptoms:	Actions:
_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Needed Accommodations:	Possible Medication Side Effects:
<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Other: _____</div>	<p>If you observe, or student complains of, any of the following, please notify the school nurse :</p> <div style="display: flex; flex-direction: column; gap: 5px;"><div>_____</div><div>_____</div><div>_____</div><div>_____</div></div>

Information Received from _____ Date _____

Santa Rosa County School Health Emergency Health Care Plan and Health Alert Procedure

Purpose: This procedure establishes guidelines for school nurses in collaboration with clinic staff and school personnel to develop or revise student emergency health care plans and/or health alerts.

Definitions: **Emergency Health Care Plan (EHCP)-** A written plan of action developed for students with emergency health conditions that require an action or a response of school personnel to protect and preserve the health and safety of that student during the school day.

Health Alert- a written summary of chronic health conditions or health issues to provide basic health information to school personnel related to the designated health issue. The health alert does not replace the Emergency Health Care Plan and can be initiated independent of an Emergency Health Care for health issues or concerns that do not require an emergency health response or action.

Emergency Health Condition - Any physical or mental health issue that would require emergency responses to protect and preserve the health and safety of the student.

Accommodations - Modification of actions to meet the needs of the student.

- Procedure:**
- I. Identification of students with health conditions or health issues
 - A. Review previous year health care plans to create a list of current students.
 - B. Review school health clinic medications and/or medication log.
 - C. Review Student Health Cards.
 - D. Request teachers submit list of students with emergency health conditions.
 - E. Request data entry list of students with health conditions.
 - F. Utilize KG registration log to identify students.
 - G. Direct observation of student(s)
 - II. Contact parent/guardian
 - A. Obtain contact information on student from:
 1. Student health card
 2. Santa Rosa County District Registration Form
 3. Consult School District data entry for student demographics
 - B. Initiate parent contact
 1. Schedule parent conference.
 - a. Face to face parent conference with or without teacher and school staff
 - b. Telephone interview
 - c. Home visit
 - d. Parent letter

2. Send home Emergency Health Care Plan or Health Alert information request letter to parent.
 - I. Health Issue Parent letter
 - II. EHCP Information sheet
 - III. EHCP Update letter
 - a. Initiate Emergency Health Care Plan procedure as indicated by parent response
 - b. File letter in student health cumulative file
 - c. Document in student health cumulative file attempts to contact parent
- III. Emergency Health Care Plan or Health Alert completion-Note: The Emergency Health Care Plan document is to be written by a registered nurse., where as the Health Alert can be written by a nurse (LPN or RN)
- A. Student demographics
 1. Obtain from student health card.
 2. Obtain demographic printout from data clerk.
 3. Obtain from student registration form.
 4. Parent interview
 - B. Health condition/length of time
 1. List chronic health condition(s).
 2. Utilize emergency health care plan template for the following:
 - a. Asthma
 - b. Diabetes
 - c. Nut allergy
 - d. Peanut allergy
 - e. Insect allergy
 - f. Seizures
 - g. Migraines
 - h. Blank Emergency Health Care plan
 3. Utilize the list of Health Alerts to identify the Health Alert template applicable to the student health issue/concern or the blank health alert template if no pre-populated health alert is available.
 4. Note time of onset or length of time existed on EHCP.
 - a. Obtain from parent interview.
 - b. Obtain from student health card.
 - C. Allergies – check appropriate category and list allergy within that category on EHCP.
 1. None
 2. Food
 3. Medication(s)
 4. Other (environmental, animal, insects...)
 - D. Medications
 1. Medications at home- list medications taken at home.
 2. Medications at school- list any medications to be taken at school and the medication storage location.
 - a. Clinic
 - b. Classroom
 - c. Student backpack
 - d. Other

- E. Potential Emergency and Emergency Response on EHCP or Health Alert as applicable
 1. Use health care plan template (for asthma, diabetes, nut allergy, peanut allergy, insect allergy, seizures {verify dose with Medication Authorization Form}, migraines).
 2. List the potential emergency situation.
 3. Note the symptoms that would be seen.
 4. Record the actions to be taken for each emergency situation or symptom listed.
- F. Special needs and limitations on EHCP
 1. Diet
 - a. Describe any foods or items restricted from diet.
 - b. List foods that may be allowed.
 - c. Note if student eats from school cafeteria or lunch from home.
 2. Activity level / physical restrictions
 - a. Note any restrictions in physical activity at recess or PE.
 - b. Note activities that may not be allowed.
 - c. Note any activities allowed to participate.
 - d. Note any actions to be taken during physical activity such as water breaks, rest periods, etc...
 3. Accommodations needed in classroom
 - a. Define teacher responsibilities for student during class.
 - b. Define classroom accommodations for class parties, field trips, or class activities, etc.
 - c. Define accommodations specific to child's health condition.
- G. Other considerations on EHCP
 1. Define plan for field trips.
 2. Note anything that was not addressed above.
- H. Send copies of to appropriate staff (see section-checked staff to receive copies of Emergency Health Care Plan or Health Alert).
- I. Signature section on EHCP
 1. Parent signature obtained if possible.
 2. Obtain signatures of school personnel attending health care plan Me on EHCP
 1. 2 annual updates allowed: check if done by person-to-person Interview or by telephone interview.
 2. Obtain signatures of those involved in health care plan update.
- K. Emergency Health Care Plan or Health Alert disposition
 1. File original form in student cumulative health file.
 2. Allow for individual communication with school personnel who need to be informed of emergency health care plan.

School Personnel can maintain copies of EHCP or Health Alerts in a secure manner as applicable
 3. Maintain copies of emergency health care plans or Health Alerts stored alphabetically in a binder in the school clinic.
 4. It is recommended that the school nurse maintain a copy.
 5. Nurse maintain a current EHCP contact log sheet and EHCP log sheet of ECHP initiated or maintained at the school as appropriate
 6. If EHCP is no longer appropriate for student health issue/concern, nurse will notify parents with the EHCP Discontinue letter as appropriate.

CONDITIONAL STUDENT HEALTH ALERT

Student Issue: _____

Student Name: _____ **Teacher/ Advisor:** _____ **Grade:** _____
Date: _____

Description of Condition: _____

Effective from _____ **to** _____
Completed by: _____ **See Attached** ☐

Symptoms:	Actions:
_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Needed Accommodations:	
<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/> Other: _____</div></div>	<p>If you observe, or student complains of, any of the following, please notify the school clinic :</p> <div style="height: 100px; border-top: 1px solid black; border-bottom: 1px solid black;"></div>

Conditional Student Health Alert distributed to: ____ teacher ____ art ____ music ____ media specialist
____ guidance ____ cafeteria ____ teacher asst. ____ bus driver ____ Principal ____ P.E. teacher/Coach
other _____
on _____
Date _____