



## **2012 - 2014 School Health Services Plan**

**Due by September 15, 2012**

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

[HSF\\_SH\\_Feedback@doh.state.fl.us](mailto:HSF_SH_Feedback@doh.state.fl.us)

### Contact Person

*Below 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 2012 - 2014

**Statutory Reference.** Section 381.0056, F.S. requires each 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. 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: 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: Supplemental Health Services for Comprehensive Schools** – 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 the Florida School Health Administrative Guidelines (2007), current School Health Services Plan, or standards of practice).
- **Column 3 – Local Agency(s) Responsible.** The local agencies (CHD, LEA, and 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 define the activities and services provided to meet each statutory requirement and program standard identified.

## CHANGES FROM 2010 - 2012

- Renumbered and shifted certain statutory section references from s. 381.0056, F.S. and s. 381.0057, F.S. in accordance with the provisions of Florida House of Representatives Bill 1263 An act relating to the Department of Health.
- Added Item I. 3. d. referring to the composition of the school health advisory committee (SHAC).
- Added individualized care plan and emergency action plan development to Item I. 6. a.
- Inserted Item I. 9. b. regarding referral of uninsured, Medicaid ineligible students to Florida Vision Quest and Florida Heiken Children's Vision Program.
- Revised Item I. 15. to include statutory responsibility for schools to register automatic external defibrillators with the county emergency services director.

**2012 - 2014 School Health Services Plan****County: Santa Rosa**

- Moved s. 1002.20, F.S. requirements regarding students with asthma, life threatening allergies, diabetes and students who have experienced or at risk for pancreatic insufficiency from Section I. 32. on school district medication policy to separate Sections 33., 34., 35., and 36., respectively. Added additional references to statutory requirements regarding the above four health conditions.

### **GENERAL INSTRUCTIONS**

- The 2012 - 2014 plan format is in a Microsoft Excel file. The cells where you enter information are "unlocked" and allow you to type information into them. The cells with references from statute, rule or program standards are locked.
- Please make sure that you only open the 2012 - 2014 School Health Services Plan format in Microsoft Excel.
- 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.
- Insert your county's name into the file "Header" by choosing "File", "Page Set-Up", Header/Footer", "Custom Header".
- If you need clarification on the programmatic items in the plan, please email the School Health mailbox at: [hsf\\_sh\\_feedback@doh.state.fl.us](mailto:hsf_sh_feedback@doh.state.fl.us)
- If you have any technical questions about the Excel format not answered by these instructions, please contact Leslie Wurster at (850) 245-4444, Extension 2936 or [Leslie\\_Wurster@doh.state.fl.us](mailto:Leslie_Wurster@doh.state.fl.us) for assistance.
- Submit the School Health Services Plan (completed electronic Excel file) by September 15, 2012 to the School Health mailbox at [HSF\\_SH\\_Feedback@doh.state.fl.us](mailto:HSF_SH_Feedback@doh.state.fl.us) and copy your county's state School Health Program Office liaison.

### 2012 - 2014 School Health Services Plan Signature Page

My signature below indicates that I have reviewed and approved the 2012 - 2014 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
County Health Department Administrator / Director	Sandra Park-O'Hara, ARNP	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
County Health Department Nursing Director	Barbara McMillion, RN,	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
County Health Department School Health Coordinator	Deborah, Price, RN, BSN, NCSN	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Board Chair Person	Hugh Winkles	
	<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	Judy Friery	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Advisory Committee Chairperson	Deborah . Price, RN, BSN, NCSN	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Services Public / Private Partner	Angela Lay	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>

Part	Statutory Requirements (Legislative mandates that establish School Health Program requirements)	Program Standards (Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)	Local Agency(s) Responsible (Identify the local agency or multiple agencies responsible for each plan requirement / standard)	Local Implementation Strategy & Activities (Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)
<b>PART I: PREVENTIVE HEALTH SERVICES FOR ALL PUBLIC SCHOOLS</b>				
I.	1. s. 381.0056, F.S. School Health Services Program.-	Each county health department (CHD) uses the annual schedule C funding allocation (General Appropriations Act) to provide school health services pursuant to the <i>School Health Services Act</i> . (s. 381.0056(1), F.S.)	CHD	<b>Utilize schedule C funding to provide school health services in the public schools of Santa Rosa County and to private schools as resources allow.</b>
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 CHD 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	<b>Maintain open communication between CHD and LEA utilizing multiple methods of communication methods: email, telephone, conference calls, face to face meetings. Utilize SHAC as a steering committee and resource for school health service planning.</b>
		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, PSA	<b>Collaborate with CHD, LEA and PSA (LEA Contract provider) to provide school health services within the direction of SHAC and the collaborative approved School Health Procedures</b>

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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.)	CHD, LEA, PSA	<b>Collaborate with the LEA and Pediatric Services of America (PSA) to implement the school health services plan. Utilize SHAC for resource and direction as well as collaborative Procedures as available online and in each school site</b>
		d. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the CHD 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	<b>Collaborate and consult with the CHD for any medical and /or health related issues as necessary. Utilize SHAC for consulting purposes as needed. Utilize collaborative approved School Health Procedures Manual</b>
I.	3. s. 381.0056(4)(a), F.S. Each county health department (CHD) 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. Complete the school health services plan biennially and approved and signed by the superintendent of schools, school board chairperson, CHD medical director or administrator. (Ch. 64F-6.002(3), F.A.C.)	CHD, LEA, PSA	<b>Collaborate with the LEA and Pediatric Services of America (PSA) 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.</b>



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		b. Review the school health services plan each year for the purpose of updating the plan. Amendments shall be signed by the school district superintendent and the CHD medical director or administrator. (Ch. 64F-6.002(3)(a), F.A.C.)	CHD, LEA	<b>At a minimum, review the school health plan in collaboration with PSA at the onset of the school year and at the conclusion for revisions and approvals as necessary.</b>
		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	<b>Continue implementation of the Email EAR system by CHD school health personnel and group coding of health services provided by PSA and LEA. Continue collection of FTE Data from PSA health service staff for the School Health Services Report during FTE week and as appropriate.</b>
		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 these eight CSH components in the school district's wellness policy pursuant to s. 1003.453, F.S..	CHD, LEA	<b>Continue SHAC routine meetings monthly as appropriate maintaining a broad community representation, continually seeking additional membership to support the school health coordinated model and collaborative program. Maintain membership sign in logs and meeting minutes for review.</b>
I.	4. s. 381.0056(4)(a)(1), F.S. Health appraisal	a. Determine the health status of students.	CHD, PSA	<b>CHD School nurses will collaborate with PSA health techs and LEA school staff to review health records data as resources allow and provide nursing assessments upon referral.</b>

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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	<b>Collaborate with LEA data entry staff and school records staff to identify new students for initial health record review.</b>
		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, PSA	<b>Collaborate with LEA and PSA to facilitate the review of emergency health information cards upon student entry and as needed.</b>
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.). For day-to-day and emergency care of students with chronic or acute health conditions at school, the registered nurse (RN) develops an individualized health care plan (IHCP), and as determined by the RN, utilizes the IHCP to develop an emergency action plan (EAP) for use by unlicensed assistive personnel and school staff.	CHD, PSA, LEA	<b>Utilize LEA and PSA 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 per defined in Collaborative School Health Procedures</b>
I.	7. s. 381.0056(4)(a)(4), F.S. Nutrition assessment	Identify students with nutrition related problems (Florida School Health Administrative Guidelines. (2007), Ch. 11)	CHD, LEA, PSA	<b>Utilize LEA staff referrals and BMI screening results to identify students. Collaborate with Food Services program to identify student with food allergy issues through EHCP or Health Alert implementation.</b>

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I.	8. s. 381.0056(4)(a)(5), F.S. Preventive dental program	a. Provide preventive dental services.	CHD	Explore available resources to provide school based preventive dental care.
		b. Coordinate and link students to community dental services.	CHD, LEA	Utilize CHD Dental services as referral resources for students in need of dental services.
I.	9. s. 381.0056(4)(a)(6), F.S. Vision Screening	a. Provide vision screening in grades K, 1, 3 & 6 and to new students in K - 5 (minimum). (Ch. 64F-6.003(1), F.A.C.)	CHD	Schedule and implement mandated health screening plan at mandated grade levels utilizing school nurses, LEA volunteers and community volunteers
		b. Refer uninsured students that are ineligible for Medicaid to state contracted vision service provider assigned to county (Florida Vision Quest or Florida Heiken Children's Vision Program).	CHD, LEA	Utilize referral follow up log, parent contacts, or LEA referrals to refer uninsured or underinsured students in need to FL Vision Quest, NASN VSP Sight for Students or local community partners as appropriate.
		b. Track screening results and referrals.	CHD	Continue use of screening log sheet for tracking referrals
		c. Ensure all vision screening services are coded into HMS, to include FTTYs (First Time This Year), outcomes, and incomplete referrals.	CHD	Continue use of current screening log sheet system to track referrals, outcomes and HMS coding.
I.	10. s. 381.0056(4)(a)(7), F.S. Hearing Screening	a. Provide hearing screening in grades. K, 1, & 6 and to new students in K - 5 (minimum), and optionally 3. (Ch. 64F-6.003(2), F.A.C.)	CHD	Schedule and implement mandated health screening plan at mandated grade levels utilizing school nurses, LEA volunteers and community volunteers
		b. Track screening results and referrals.	CHD	Continue use of screening log sheet for tracking referrals

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		c. Ensure all hearing screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.	CHD	<b>Continue use of current screening log sheet system to track referrals, outcomes and HMS coding.</b>
I.	11. s. 381.0056(4)(a)(8), F.S. Scoliosis Screening	a. Provide scoliosis screening in grade 6 (minimum). (Ch. 64F-6.003(4), F.A.C.)	CHD	<b>Schedule and implement mandated health screening plan at mandated grade levels utilizing school nurses, LEA volunteers and community volunteers</b>
		b. Track screening results and referrals.	CHD	<b>Continue use of screening log sheet for tracking referrals</b>
		c. Ensure all scoliosis screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.	CHD	<b>Continue use of current screening log sheet system to track referrals, outcomes and HMS coding.</b>
I.	12. s. 381.0056(4)(a)(9), F.S. Growth & Development (G&D) Screening	a. Provide G&D screening, using Body Mass Index (BMI), in grades 1, 3, 6 (minimum), and optionally 9. (Ch. 64F-6.003(3), F.A.C.)	CHD	<b>Schedule and implement mandated health screening plan at mandated grade levels utilizing school nurses, LEA volunteers and community volunteers</b>
		b. Track screening results and referrals.	CHD	<b>Continue use of screening log sheet for tracking referrals</b>
		c. Ensure all G&D screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.	CHD	<b>Continue use of current screening log sheet system to track referrals, outcomes and HMS coding.</b>
I.	13. s. 381.0056(4)(a)(10), F.S. Health counseling	a. Provide health counseling as appropriate.	CHD	<b>Provide health counseling upon request for students or school personnel.</b>

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		b. Document health counseling in the student health record.	CHD	Utilize cum health file as appropriate for documentation and as resources allow.
I.	14. 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	Continue use of screening log sheet for tracking referrals
		b. Coordinate and link to community health resources.	CHD, PSA	Utilize United Way-First Call System of Santa Rosa County as indicated and Collaborative School Health Procedure Manual
		c. Require child abuse reporting. (s. 1006.061, F.S.)	CHD, PSA, LEA	Review child abuse reporting procedures annually with staff and as needed. Refer to School Health Procedures as appropriate.
I.	15. 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.)	CHD, PSA, LEA	Utilize multi-collaborative School Health Procedure Manual and Emergency Response Flip Charts as well as Collaborative School Health Procedure Manual
		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 posted in key locations. (Ch. 64F-6.004(2&3), F.A.C.)	CHD, PSA, LEA	Collaborate with CHD, PSA and SHAC to provide trainings for CPR/First Aid. Coordinate with PSA school health technicians to post updated list of CPR/First Aid certified staff.
		c. Assist in the planning and training of staff responsible for emergency situations. (Ch. 64F-6.004(4), F.A.C.)	CHD, PSA, LEA	Collaborate with CHD and LEA to provide trainings for PSA health techs and school personnel at the onset of the school year and as needed.

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		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.)	PSA, CHD	<b>Collaborate with PSA health techs to at a minimum do inventory and review of health room supplies annually.</b>
		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	<b>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.</b>
		f. Document all injuries or illnesses requiring emergency treatment & report to the principal. (Ch. 64F-6.004(7), F.A.C.)	LEA, PSA	<b>Continue to utilize the LEA incident report form as indicated and Health Room Logs as appropriate. Utilize emergency flip charts as appropriate.</b>
		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	<b>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.</b>
I.	16. s. 381.0056(4)(a)(13), F.S. Assist in health education curriculum	Collaborate with schools, health staff and others in health education curriculum development.	LEA, CHD	<b>Collaborate with CHD to review and update health curriculum utilizing SHAC and/or workgroups as necessary.</b>

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I.	17. s. 381.0056(4)(a)(14), F.S. Refer student to appropriate health treatment	a. Use community or other available referral resources.	CHD, LEA, PSA	<b>Continue to encourage utilization of the United Way-First Call Network, for community resources, Families First Network and Street Survival Guide as necessary</b>
		b. Assist in locating referral sources for Medicaid eligible or underinsured students (community health and social service providers).	CHD	<b>School Nurses will utilize the CHD for appropriate referrals as well as Families First Network, Sight for Students and other community resources as necessary.</b>
I.	18. s. 381.0056(4)(a)(15), F.S. Consult with parents or guardian regarding student's health issues	Provide consultation with parents, students, staff and physicians regarding student health issues. (Ch. 64F-6.001(1), F.A.C.)	CHD, PSA	<b>School Nurses and PSA RN supervisors will provide consultation upon request and referrals.</b>
I.	19. 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	<b>Continue to establish and maintain cumulative health file for each new student and each enrolled student to follow the student through public schools as needed.</b>
		b. Maintain student health records per s. 1002.22, F.S. (Ch. 64F-6.005(2), F.A.C.)	LEA	<b>Cumulative health files will continue to be stored in designated secured areas with limited access.</b>
I.	20. s. 381.0056(4)(a)(17), F.S. Provision of health information for exceptional student education (ESE) program placement	Provide relevant health information for ESE staffing and planning according Ch. 6A-6.0331 and 64F-6.006, F.A.C.	LEA, CHD, PSA	<b>Participate in Integrated Services Teams and ESE staffing as resources allow, provide Individualized EHCPs or Health Alerts as appropriate</b>
I.	21. s. 381.0056(5)(a)(18), F.S.	a. Notify each private school annually of the school health services program and the opportunity to participate.	CHD	<b>Assign CHD school Nurse as resource nurse and liaison for private schools and CHD. Notify schools of resource and assigned school nurse and possible services available as resources allow.</b>

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		b. Private schools participating in the program shall meet specified requirements per s. 381-0056(5)(a)-(g), F.S.	CHD	<b>Assist private schools to meet state immunization and health records requirements as resources allow.</b>
I.	22. 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.		LEA	<b>Collaborate with CHD to review and update health education curriculum utilizing SHAC and or workgroups as necessary.</b>
I.	23. s. 381.0056(6)(b), F.S. The district school board shall provide in-service health training for school personnel.		LEA, CHD, PSA	<b>Collaborate to provide Health in-services and trainings at a minimum annually and as needed.</b>
I.	24. s. 381.0056(6)(c), F.S. The district school board shall make available adequate physical facilities for health services.	Health room facilities in each school will meet DOE requirements. (State Requirements for Educational facilities, December 2007)	LEA	<b>Continue to maintain health room facilities with annual review of the facilities.</b>
I.	25. 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.		LEA	<b>Collaborate with Food Services-Sodexo to implement nutrition newsletters, nutritional information on school district website and nutritional education programs as well as periodic parent information bulletins.</b>



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I.	26. 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.	LEA, CHD	<b>Continue to implement 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.</b>
		b. Obtain parent permission in writing prior to invasive screening.	LEA, CHD	<b>Utilize Parent notification letter for invasive health screenings with a written opt out option for refusal of permission to screen.</b>
I.	27. 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.	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,CHD	<b>Maintain documentation of the School health physical in the student health cumulative file upon entry and through out attendance in SRCounty schools as stated in Collaborative School Health Procedure Manual.</b>
I.		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.).	LEA,CHD	<b>Maintain documentation of the School Immunization Records form-DOH 680 or DOH 681 in the student health cumulative file upon entry and through out attendance in SRCounty schools as stated in Collaborative School Health Procedure Manual.</b>

Part	<b>Statutory Requirements</b> <i>(Legislative mandates that establish School Health Program requirements)</i>	<b>Program Standards</b> <i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>	<b>Local Agency(s) Responsible</b> <i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i>	<b>Local Implementation Strategy &amp; Activities</b> <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
I.	28. 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.	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.	LEA,CHD, PSA	<b>Utilize Collaborative Communicable Disease Manual for guidance with disease outbreaks or issues as available in the School Health Services Manual in written format and online.</b>
I.	29. 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.	Include provisions in the procedure for general and student-specific medication training.	LEA,CHD, PSA	<b>Utilize Annual Medication Administration Online Training Module for all school personnel and PSA staff at onset of school year and as applicable. CHD school nurses will provide student specific medication administration trainings as needed for school personnel .</b>
I.	30. 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.	LEA,CHD, PSA	<b>Annually review and update Medication Administration policy and online training module. Utilize SHAC for consultation and resource for policy review and updates as needed.</b>

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		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,CHD, PSA	<b>Maintain documentation of medication administration training for any designated staff who provide medication administration.</b>
	31. 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. .	Develop and implement an individualized health care plan (IHCP) and Emergency Action Plan (EAP) to ensure safe use of inhaler by student.	LEA,CHD, PSA	<b>Utilize LEA and PSA staff referrals to identify students in need of inhaler use while in school 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 per defined in Collaborative School Health Procedures. Continue utilization of current medication policy which addresses asthma and inhaler use for students in school.</b>

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	32. 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.	For students with life threatening allergies, the RN shall develop an annual IHCP that includes an EAP, in cooperation with the student, parent/guardians, physician, and school staff. The IHCP 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.)	LEA,CHD, PSA	<b>Utilize LEA and PSA staff referrals to identify students with life threatening allergies. 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 per defined in Collaborative School Health Procedures. Continue utilization of current medication policy which addresses epinephrine auto-injector use for students in school.</b>
	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 en-route 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.	Maintain a copy of the current physician's diabetes medical management plan, and develop and implement an IHCP and EAP to ensure safe self management of diabetes.		<b>Utilize LEA and PSA staff referrals to identify students with diabetes. Utilize Individualized Emergency Health Care Plans (EHCP) for students requiring school personnel emergency responses for health related issues. as per defined in Collaborative School Health Procedures. Continue to provide health services for students with Diabetes at their designated/home school as necessary.</b>

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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.	Develop and implement and IHCP and EAP 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.	LEA, CHD, PSA	<b>Utilize LEA and PSA 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 per defined in Collaborative School Health Procedures</b>
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.	PSA, CHD	<b>Maintain documentation of child specific training as provided and monitored by RN's on current training skills check off forms.</b>
		b. Use of nonmedical assistive personnel shall be consistent with delegation practices per Ch. 64B9-14, F.A.C.	LEA, PSA	<b>Collaborate with PSA staff to provide health services as appropriate . Delegate and train LEA staff through standardized methods as noted in the School Health Procedures Manual.</b>

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<b>PART II: SUPPLEMENTAL HEALTH SERVICES FOR COMPREHENSIVE SCHOOLS (CSHSP)</b>				
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.	Use annual schedule C funding allocations (General Appropriations Act) provided to designated county health departments (CHD) 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.	LEA, CHD	<b>Facilitate Prevention Education for High Risk Behavior Prevention, Pregnancy Prevention through multiple community resources as resources allow: DREAM team, Pregnancy Resource Center, CHD nurses, CHD TOP Facilitators and Healthy Start Program.</b>
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, PSA	<b>CHD nurses will provide individual case management in collaboration with LEA and PSA for identified students in need of health management as resources allow.</b>
		b. Provide health activities that promote healthy living in each school.	LEA,CHD	<b>Promote School Wellness Activities, Virgin Health Miles for faculty, Health Promotion bulletin boards, ITV information statements, PTA presentations- upon request, and health updates or resources on school websites.</b>
		c. Provide health education classes.	LEA,CHD	<b>Provide health education classes at appropriate grade levels integrated in classroom curriculum and through collaboration with community partners.</b>
II.	3. s. 381.0057(6), F.S. Reducing risk-taking behavior.	a. Provide or coordinate counseling and referrals to decrease substance abuse.	LEA	<b>Utilize Lakeview services for counseling services and/or CDAC as required.</b>

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		b. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	LEA	<b>Utilize Lakeview services for counseling services as required.</b>
		c. Provide or coordinate health education classes to reduce the incidence of substance abuse, suicide attempts and other high risk behaviors.	LEA, CHD	<b>Facilitate health education, prevention education with community partners as appropriate grade levels i.e.: DREAM team, You R Unique, CDAC substance use program, SWAT, Tobacco Prevention programs, I-Safe, Bullying program, CHD STD program, CHD TOP program</b>
II.	4. s. 381.0057(6), F.S. Reducing teenage pregnancy.	a. Identify and provide interventions for students at risk for early parenthood.	LEA, PSA, CHD	<b>Facilitate DREAM team prevention programs as resources allow, Pregnancy Resource Center programs and referrals to CHD nurses or Healthy Start as appropriate.</b>
		b. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	LEA, PSA, CHD	<b>Facilitate DREAM team prevention programs as resources allow, Utilize Pregnancy Resource Center programs, CHD STD prevention program and referrals to CHD nurses or Healthy Start as appropriate.</b>
		c. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	LEA, CHD	<b>Utilize Healthy Start Coalition program, CHD health services referrals, Pregnancy Resource Center referrals as appropriate.</b>
		d. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	LEA	<b>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.</b>

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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).		LEA, CHD	<b>Continue to implement 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.</b>



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	<b>PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS (FSS)</b>			
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.	LEA, CHD	Continue to designate all SR County schools as Full Service Schools, 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	Continue to 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.	CHDs and school districts will plan and coordinate FSS program services.	CHD	Work collaboratively with LEA and PSA to plan, coordinate and provide health services to all public schools in SR 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	CHD nurses will provide case management for accessing community resources to meet student various needs within the school sites utilizing the LEA Integrated Services Team, LEA staff and PSA staff as appropriate and as resources allow.

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		b. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	LEA, CHD	<b>Continue to utilize DOH Medical Reserve Corps and Military personnel, LEA volunteers and community partners to assist with health services as necessary.</b>
<b>PART IV: OTHER REQUIREMENTS</b>				
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 must meet level 2 screening requirements as described in s. 435.04. 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.	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, PSA	<b>All staff hired under CHD are required to have a level 2 background screenings as evidenced in CHD personnel file. All school health technicians and contract nurses or health staff must have a level 2 background screen as maintained in personnel files. Health Services volunteers from the Medical Reserve Corps are required to have a level 2 background screening.</b>