



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

2020 – 2022 School Health Services Plan
for
Santa Rosa County

Due by September 15, 2020

E-mail Plan as an Attachment to:

HSF.SH_Feedback@flhealth.gov and County School Health Liaison

2020 - 2022 School Health Services Plan Signature Page

Please ensure that this signature page is signed by the parties below, scanned and sent via email to hsf.sh_feedback@flhealth.gov and your county school health liaison.

My signature below indicates I have reviewed and approved the Santa Rosa County 2020 - 2022 School Health Services Plan:

Position	Name and Signature		Date
County Health Department Administrator/Director	Sandra Park-O'Hara, APRN <i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
County Health Department Nursing Director	Barb McMillion, RN, BSN, MS <i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
County Health Department School Health Coordinator	Jenea Highfill, RN, BSN, MA <i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
School Board Chairperson	Buddy Hinote <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	Michelle Barlow <i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
School Health Advisory Committee Chairperson	Jenea Highfill, RN, BSN, MA <i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
Public/Private Partner Provider of School Health Services	Angela Lay, RN <i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

SUMMARY – SCHOOL HEALTH SERVICES PLAN 2020-2022

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

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

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

The Plan contains 4 columns, as follows:

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

Plan Submission:

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

PART I: BASIC SCHOOL HEALTH SERVICES

Requirements/References	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
1. School Health Services Plan; Basic School Health Services; Comprehensive School Health Services and Full Service Schools: School Health Services Act: s. 381.0056, F.S.; Chapter 64F-6.002, F.A.C.; Florida Nurse Practice Act: Chapter 464 Nursing Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010); ss. 381.0057, F.S., 402.3026, F.S.	1a. Each local school health services plan shall be completed biennially and approved and signed by, at a minimum, the superintendent of schools, the school board chairperson, and the local CHD medical director/administrator.	CHD, LEA, LEA Contract Provider	Accomplished via a collaboration between FLDOH School Health Coordinator and the School District School Health Coordinator, reviewed by SHAC, and approved by the superintendent of schools, the school board chairperson, and the local CHD medical director/administrator.
	1b. The local school health services plan shall be reviewed each year for the purpose of updating the plan. Amendments shall be signed by the school district superintendent and the county health department medical director/administrator and forwarded to the School Health Services Program office.	CHD, LEA	Reviewed annually – or as needed -with any amendments approved by SHAC and signed by the school district superintendent and the local health department medical director/administrator.
	1c. The local school health services plan shall describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of the funding source.	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 District School Board.
	1d. Each local CHD uses annual Schedule C funding allocation to provide school health services pursuant to the School Health Services Act and the requirements of the Schedule C Scope of Work.	CHD	Utilize schedule C funding to provide school health services in the public schools and the private schools (as resources allow) of Santa Rosa County.
1e. The local CHD and local LEA shall each designate one person, RN recommended, to be responsible for the coordination of planning, development, implementation and evaluation of the program. These individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services.		CHD, LEA	Maintain open communication between FLDOH-CHD and LEA utilizing multiple communication methods: email, telephone, conference calls, face to face meetings as allowed or video and zoom platforms (following CDC and School Board policies). Utilize School Health Advisory Council (SHAC) as a steering committee and resource for school health service planning. Current designation is FLDOH School Health Coordinator and LEA School District Coordinator- who meet several times throughout the school year.

	1f. Protocols for supervision of school health services personnel shall be described in the local school health services plan to assure that such services are provided in accordance with statutory and regulatory requirements and professional standards and are consistent with the Nurse Practice Act.	CHD, LEA, LEA Contract Provider	Collaborate with the LEA and LEA Contract provider to implement the school health services plan. Utilize SHAC as a resource and guidance as well as the collaborative School Health Procedures which are available online and are located at each school site.
	1g. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the local CHD medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant if employed or the student's private physician.	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 resources such as the School Health Procedures Manual and the Communicable Disease Manual.
	1h. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners.	CHD	Continue with inputting routine school health services into Health Management Systems (HMS) by CHD school health personnel and group coding of all health services (HST, LPN, RN services) provided by LEA Contract Provider and LEA. Continue collection of data from LEA Contract Provider such as FTE data, chronic disease data, and group health services information.
2. Health Appraisal s. 381.0056(4)(a)(1), F.S.	1i. Each School Health Advisory Committee (SHAC) should include members representing the eight components of the Centers for Disease Control and Prevention's Coordinated School Health (CSH) model. The SHAC is encouraged to address the eight CSH components in the school district's wellness policy.	CHD, LEA, LEA Contract Provider	The School Health Advisory Committee meets on a regular basis – monthly during the school year, or more often depending on the need – with broad community representation. Maintain membership sign in logs and meeting minutes for review.
	2a. Determine the health status of students.	CHD, LEA, LEA Contract Provider	FLDOH School nurses will collaborate with LEA contract provider health staff and LEA school staff to provide nursing assessments as deemed medically indicated and upon appropriate referrals.
3. Records Review s. 381.0056(4)(a)(2), F.S. s. 1003.22(1)(4) F.S.; Chapters:	3a. Perform initial school entry review of student health records, to include school entry physical, immunization status, cumulative health record, emergency	CHD, LEA	Collaborate with designate school-based LEA staff to identify new students for initial health record review.

64F-6.005(1), F.A.C., 64F-6.004(1)(a), F.A.C.	information, school health screenings and student-specific health related documents.		
4. Nurse Assessment s. 381.0056(4)(a)(3), F.S.; Chapters: 64F-6.001(6), F.A.C., 6A-6.0253, F.A.C., 6A-6.0252, F.A.C., 6A-6.0251, F.A.C.	3b. Emergency information card/form for each student shall be updated each year.	LEA	LEA designated school staff will require that all students attending public school have a "Santa Rosa County Schools Student Health Card" with each school year. LEA designated school staff will track receiving these cards on 100% of the school population.
	4a. Perform nursing (RN) assessment of student health needs.	CHD, LEA, LEA Contract Provider	LEA and LEA Contract Provider staff to assist FLDOH School Nurses 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.
	4b. For day-to-day and emergency care of students with chronic and/or complex health conditions at school, the RN develops an individualized healthcare plan (IHP) and Emergency Care Plan (ECP).	CHD, LEA, LEA Contract Provider	Utilize both Individualized Health Care Plans (IHP) and Emergency Health Care Plans (EHCP) developed by FLDOH school nurses and Aveanna school nurse supervisors 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.
5. Nutrition Assessment s. 381.0056(4)(a)(4), F.S.; Florida School Health Administrative Resource Manual, 2017	5a. Identify students with nutrition related problems and refer to an appropriate healthcare provider.	CHD, LEA, LEA Contract Provider	Utilize LEA staff, LEA Contracted Providers, family, or student referrals as well as BMI screening results to identify students with nutritional issues such as food allergies/intolerances or other nutritional issues. Provide appropriate notification to LEA staff through IHP, ECHP or Health Alert implementation.
6. Preventive Dental Program s. 381.0056(4)(a)(5), F.S.	6a. Provide services such as oral health education, screenings and referrals, dental sealants, fluoride varnish and/or fluoride rinse as appropriate.	LEA	Incorporate age appropriate dental health education in curriculum as resources allow. LEA has contracted with ProMed dental services to offer on-site dental sealants to all Medicaid eligible K- 8 th grade students pending COVID 19 CDC and Santa Rosa School Board policies.
7. Health Counseling s. 381.0056(4)(a)(10), F.S.	7a. Provide health counseling as appropriate.	CHD, LEA, LEA Contract Provider	Provide appropriate health counseling upon request/referral from staff, families, and students.

<p>8. Referral and Follow-up of Suspected and Confirmed Health Problems s. 381.0056(4)(a)(11), F.S.</p>	<p>8a. Provide referral and follow-up for abnormal health screenings, emergency health issues and acute or chronic health problems. Coordinate and link to community health resources.</p>	<p>CHD, LEA Contracted Provider</p>	<p>FLDOH school nurses have a screening protocol. Also, utilization of screening log sheets for tracking referrals, results, and outcomes.</p>
<p>9. Provisions for Screenings s. 381.0056(4)(a)(6-9), F.S.; Chapter 64F-6.003(1-4), F.A.C.</p>	<p>9a. Provide mandated screenings: (1) Vision screening shall be provided, at a minimum, to students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten – 5. (2) Hearing screening shall be provided, at a minimum, to students in grades kindergarten, 1 and 6; to students entering Florida schools for the first time in grades kindergarten – 5; and optionally to students in grade 3. (3) Growth and development screening shall be provided, at a minimum, to students in grades 1, 3 and 6 and optionally to students in grade 9. (4) Scoliosis screening shall be provided, at a minimum, to students in grade 6. 9b. Obtain parent/guardian permission in writing prior to invasive screening, (e.g. comprehensive eye exams).</p>	<p>CHD, LEA</p>	<p>Schedule and implement state mandated health screenings at designated grade levels utilizing FLDOH school nurses, LEA volunteers and community volunteer health providers. In addition, FLDOH-Santa Rosa has partnered with Locklin Vo-Tech LPN program to assist in these screenings (after receiving hands on training). Also, the Gulf Breeze High School Health Academy assists in the screenings at the local schools - GBMS, GBES, and OBES – under the direction of their instructors.</p>
	<p>9c. Refer students with abnormal screening results to service providers for additional evaluation and/or treatment, (e.g. state contracted vision service providers).</p>	<p>CHD, LEA</p>	<p>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. FLDOH-SR has a preventative care committee with resource information available.</p>

10. Meeting Emergency Health Needs ss. 381.0056(4)(a)(10), F.S., 1006.165, F.S., Chapter 64F-6.004(1), F.A.C.; Emergency Guidelines for Schools, 2019 Florida Edition	10a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. Ensure that student emergency information forms/cards are updated annually and completed for each student listing contact person, family physician, allergies, significant health history and permission for emergency care	CHD, LEA, LEA Contract Provider	Utilize multi-collaborative School Health Procedure Manual and Emergency Response Guide as appropriate.	
	10b. Ensure health room staff and two additional staff in each school are currently certified in cardiopulmonary resuscitation (CPR) and first aid and a list is posted in key locations.	LEA, LEA Contract Provider	LEA and LEA contract provider will ensure adherence to this 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.	
	10c. Assist in the planning and training of staff responsible for emergency situations.	LEA, LEA Contract Provider	LEA will collaborate with FLDOH School nurses and other community partners (such as Emergency Management) to provide trainings for LEA and LEA contract providers upon request and availability.	
	10d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities.	LEA, LEA Contract Provider	LEA contract provider - school health techs - maintain supplies and order as needed through LEA. LEA contract provider also conducts regularly scheduled checks of AED and other on-site emergency equipment.	
	10e. The school principal (or designee) shall assure first aid supplies, emergency equipment, and facilities are maintained.	LEA	LEA school site designees will 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.	
	10f. All injuries and episodes of sudden illness referred for emergency health treatment shall be documented and reported immediately to the principal or the person designated by the principal or the acting principal.	LEA, LEA Contract Provider	Continue to utilize the LEA incident report form as indicated and Health Room Logs as appropriate. Utilize Emergency Guidelines and Collaborative School Health Procedures as appropriate. LEA to consult with CHD regarding any Epidemiological concerns. Issues related to COVID 19 will follow CDC and Santa Rosa School Board policies and procedures.	
	10g. It is the responsibility of each school that is a member of the Florida High School Athletic Association to: 1) have an operational automatic external defibrillator (AED), 2) ensure employees expected to use the AED obtain appropriate training, and	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.	

	3) register the AEDs with the county emergency medical services director.		
11. Assist in Health Education Curriculum s. 381.0056(4)(a)(13), F.S.	11a. Collaborate with schools, health staff and others in health education curriculum development.	LEA	LEA to collaborate with FLDH and other area agencies (such as UF-IFAS) to review and update health curriculum/and provide on-site outreach events as resources allow. Utilize SHAC and/or workgroups as necessary.
12. Refer Student to Appropriate Health Treatment s. 381.0056(4)(a)(14), F.S.	12a. Use community or other available referral resources. Assist in locating referral sources for Medicaid eligible, uninsured and underinsured students.	CHD, LEA, LEA Contract Provider	Encourage utilization of resources such as: the local County Health Department, local area physician offices, Santa Rosa Community Clinic, DOE parent-teacher organizations, the FL DOH Santa Rosa County Services Directory, Families First Network and Street Survival Guide, VSP Sight for Students-Vision Quest, 90 Works and other community/area resources for appropriate referrals as necessary.
13. Consult with parent/guardian regarding student's health issues s. 381.0056(4)(a)(15), F.S.; Chapter 64F-6.001(1), F.A.C.	13a. Provide consultation with parent/guardian, students, staff and physicians regarding student health issues.	CHD, LEA, LEA Contract Provider	FLDOH School Nurses and LEA Contracted RN supervisors will provide consultation on health issues upon request and as deemed necessary by referrals.
14. Maintain Health-Related Student Records ss. 381.0056(4)(a)(16), F.S., 1002.22, F.S.; Chapter 64F-6.005(1)(2), F.A.C.	14a. Maintain a cumulative health record for each student that includes required information.	LEA	Cumulative health files will continue to be maintained and stored in designated secured areas with limited access.
15. Nonpublic School Participation ss. 381.0056(5)(a)(18), F.S., 381.0056(5)(a)-(g), F.S.	15a. Notification to the local nonpublic schools of the school health services program, allowing the nonpublic school to request participation in the school health services program provided they meet requirements.	CHD	FLDOH school nurses are assigned as resource nurses/liaison for private schools. Schools are informed of assigned school nurse and available services by email. As time and resources allow, private schools are assisted by FLDOH school nurses to meet state immunization and health records requirements.
16. Provision of Health Information for Exceptional Student Education (ESE) Program Placement s. 381.0056(4)(a)(17), F.S.; Chapters 6A-6.0331, F.A.C., 64F-6.006, F.A.C.	16a. Provide relevant health information for ESE staffing and planning.	LEA, LEA Contract Provider	Participate in ESE eligibility meetings or IEP meetings as a resource regarding student health and provide individualized EHCPs or Health Alerts.

<p>17. The district school board shall provide in-service health training for school personnel. s. 381.0056(6)(b), F.S.; Chapter 64F-6.002, F.A.C.</p>	<p>17a. Ensure that district staff are provided with training to assist with the day-to-day and emergency health needs of students.</p>	<p>LEA</p>	<p>LEA utilizes Safe Schools online Modules for school health training and basic in-service needs.</p>
<p>18. The district school board shall include health services and health education as part of the comprehensive plan for the school district. s. 381.0056(6)(a), F.S.; Chapter 64F-6.002, F.A.C.</p>	<p>18a. School-based health services and health education are provided to public school children in grades pre-kindergarten through 12.</p>	<p>CHD, LEA, LEA Contract Provider</p>	<p>FLDOH, LEA and LEA contract provider shall collaborate to meet the provision of health services and health education per school district policy. Collaboration regarding health services and health education will occur in review of the School District Wellness Policy.</p>
<p>19. The district school board shall make available adequate physical facilities for health services. s. 381.0056(6)(c), F.S.; State Requirements for Educational facilities, 2014 and/or State Requirements for Existing Educational Facilities 2014</p>	<p>19a. Health room facilities in each school will meet Florida Department of Education (FDOE) requirements.</p>	<p>LEA</p>	<p>Health rooms/school clinics are maintained according to established guidelines and are annually reviewed to ensure compliance.</p>
<p>20. The district school board shall, at the beginning of each school year, provide parent/guardian with information concerning ways that they can help their children to be physically active and eat healthy foods. s. 381.0056(6)(d), F.S.</p>	<p>20a. List programs and/or resources to be used to help children be physically active and eat healthy foods.</p>	<p>LEA</p>	<p>Collaborate with Food Services-Sodexo, Santa Rosa Extension Services, 4-H, 5210 Santa Rosa, and other applicable programs to implement nutrition newsletters, nutritional information and nutritional education programs as well as periodic parent information bulletins. Additionally, the Santa Rosa County School District Wellness Policy is located on the school district website.</p>
<p>21. The district school board shall inform parent/guardian in writing at the beginning of each school year of the health services provided.</p>	<p>21a. Provide parent/guardian with list of services provided and the opportunity to request an exemption in writing.</p>	<p>CHD, LEA</p>	<p>Parents/Families are provided a 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.</p>

s. 381.0056(6)(e), F.S.			
<p>22. The presence of any of the communicable diseases for which immunization is required by the Department of Health in a Florida public or private school shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. s. 1003.22(9), F.S.; Chapter 64F-6.002(2)(d), F.A.C.</p>	<p>22a. The school health plan shall include communicable disease policies. Note: Policies need to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.</p>	<p>CHD, LEA, LEA Contract Provider</p>	<p>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. Consult with FLDON epidemiology department as an additional resource. Issued related to COVID 19 will follow CDC and Santa Rosa County School Board policies and procedures.</p>
<p>23. Each district school board shall include in its approved school health services plan a procedure to provide training, by a registered nurse, a licensed practical nurse, a physician or a physician assistant (pursuant to chapter 458 or 459), to the school personnel designated by the school principal to assist students in the administration of prescribed medication. s. 1006.062(1)(a), F.S.</p>	<p>23a. Include provisions in the procedure for general and student-specific administration of medication training.</p>	<p>LEA, LEA Contract Provider</p>	<p>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.</p>
<p>24. Each district school board shall adopt policies and procedures governing the administration of prescription medication by district school board personnel. s. 1006.062(1)(b), F.S.; Chapter 64B9-14, F.A.C.</p>	<p>24a. The school district medication policy will address the use of designated school staff for medication administration and be consistent with delegation practices.</p>	<p>LEA, LEA Contract Provider</p>	<p>Maintain documentation of medication administration training provided to any designated staff who provide medication administration.</p>

<p>25. Each district school board shall adopt a policy and a procedure for allowing a student who is a qualified patient, as defined in s. 381.986, to use marijuana obtained pursuant to that section. ss. 1006.062(8), F.S., 381.986, F.S.</p>	<p>25a. Ensure that all school health room/clinic staff and school staff designated by principals have read and have on file the school district policy on medical marijuana. Pursuant to the district policy, develop procedures to follow when parents of students, that are qualified patients under section 381.986, Florida Statutes, request that medical marijuana be administered to their child at school.</p>	<p>LEA, LEA Contract Provider</p>	<p>Designated LEA staff and LEA contracted provider have the Santa Rosa school district policy and designated forms on file for students meeting the qualifications for medical marijuana.</p>
<p>26. Students with asthma whose parent/guardian and physician provide approval may carry a metered dose inhaler on their person while in school. s. 1002.20(3)(h), F.S.; National Association of School Nurses (NASN) Position Statement, The Use of Asthma Rescue Inhalers in the School Setting</p>	<p>26a. Ensure written authorization for use of metered dose inhaler at school is completed and signed by healthcare provider and parent/guardian.</p>	<p>CHD, LEA, LEA Contract Provider</p>	<p>Utilize LEA, LEA Contract Provider staff, and family referrals to identify students in need of inhaler use while in school. Depending on health issues and severity of health issues, Emergency Health Care Plans, Health Alerts, and Individualized Health Care Plans are used 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.</p>
<p>27. A student who is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer while en route to and from school, in school, or at school-sponsored activities if written parent/guardian and physician authorization has been provided. s. 1002.20(3)(i), F.S.; Chapters 6A-6.0251, F.A.C., 64F-6.004(4), F.A.C.;</p>	<p>27a. For students with life threatening allergies, the RN shall develop and update annually IHP that includes an ECP, in cooperation with the student, parent/guardian, physician, and school staff. The IHP shall include child-specific training to protect the safety of all students from the misuse or abuse of auto-injectors. The ECP shall direct that 911 will be called immediately for an anaphylaxis event and have a plan of action for when the student is unable to perform self-administration of the epinephrine auto-injector.</p>	<p>CHD, LEA, LEA Contract Provider</p>	<p>Utilize LEA, LEA Contract Provider staff, and family referrals to identify students with life threatening allergies use while in school. Depending on health issues/severity of health issues, Emergency Health Care Plans, Health Alerts, and Individualized Health Care Plans are used 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.</p>

<p>Saving Lives at School Anaphylaxis and Epinephrine School Nurse and Handbook for Connection Cards, NASN; NASN Position Statement on Rescue Medications in School; Students with Life-Threatening Allergies, 2017 Updated Guidance</p>				
<p>28. A public school may purchase a supply of epinephrine auto-injectors from a wholesale distributor or manufacturer as defined in s. 499.003, F.S. for the epinephrine auto-injectors at fair-market, free, or reduced prices for use in the event a student has an anaphylactic reaction. The epinephrine auto-injectors must be maintained in a secure location on the public school's premises. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection. s. 1002.20(3)(i)(2), F.S.</p>	<p>28a. If the school district has chosen to maintain supplies of epinephrine auto-injectors, a standing order and written protocol has been developed by a licensed physician and is available at all schools where the epinephrine auto-injectors are stocked.</p>	<p>N/A</p>	<p>Santa Rosa School District has opted out of this process.</p>	
<p>29. Educational training programs required by this section must be conducted by</p>	<p>29a. Ensure that school staff that are designated by the principal (in addition to school health staff in the school clinic) to</p>	<p>N/A</p>	<p>Santa Rosa School District has opted out of this process.</p>	

<p>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. S. 381.88, F.S.</p>	<p>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.</p>			
<p>30. Students with diabetes will have a Diabetes Medical Management Plan (DMMP) from the student's healthcare provider that includes medication orders and orders for routine and emergency care. An Individualized Healthcare Plan (IHP) will be developed from the DMMP by the RN in collaboration with the parent/guardian, student, healthcare providers and school personnel for the management of diabetes while en route to and from school, in school, or at school-sponsored activities. An Emergency Care Plan (ECP) will be developed as a child-specific action plan to facilitate quick and</p>	<p>30a. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe management of diabetes</p>	<p>CHD, LEA, LEA Contract Provider</p>	<p>Utilize LEA staff, LEA contract provider staff, and family referrals to identify students with diabetes. Develop and implement Individualized Health Care Plans (IHCP) and ECP for students requiring school personnel emergency responses for health-related issues (defined in Collaborative School Health Procedures). Continue utilization of current medication policy which addresses diabetic management for students in school.</p>	

<p>appropriate responses to an individual emergency in the school setting. The ECP may be a component of the IHP. The ECP will summarize signs and symptoms and how to recognize and treat hypoglycemia and hyperglycemia. It shall specify when to call 911.</p> <p>s. 1002.20(3)(j), F.S.; Chapter 6A-6.0253, F.A.C.; NASN position statement, Diabetes Management in the School Setting</p>			
<p>31. Students with diabetes that have physician and parent/guardian approval may carry their diabetic supplies and equipment and self-manage their diabetes while en route to and from school, in school, or at school-sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student can perform without assistance for diabetic self-management, including hypoglycemia and hyperglycemia.</p> <p>s. 1002.20(3)(j), F.S.; Chapter 6A-6.0253, F.A.C.; NASN position statement, Diabetes Management in the School Setting</p>	<p>31a. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe self-management of diabetes.</p>	<p>CHD, LEA, LEA Contract Provider</p>	<p>Utilize LEA staff, LEA contract provider staff, and family referrals to identify students with diabetes. Develop and implement Individualized Health Care Plans (IHCP) and ECP for students requiring school personnel emergency responses for health-related issues (defined in Collaborative School Health Procedures). Continue utilization of current medication policy which addresses diabetic management for students in school.</p>

<p>32. A student who has experienced or is at risk for pancreatic insufficiency or who has been diagnosed as having cystic fibrosis may carry and self-administer a prescribed pancreatic enzyme supplement while en route to and from school, in school, or at school sponsored activities, if the school has been provided with authorization from the student's parent/guardian and prescribing practitioner. s. 1002.20(3)(f), F.S.; Chapter 6A-6.0252, F.A.C.</p>	<p>32a. Develop and implement an IHP and ECP for management of the conditions requiring pancreatic enzyme supplements and to ensure that the student carries and self-administers such supplements as prescribed by the physician. Maintain documentation of healthcare provider and parental/guardian authorization to self-carry.</p>	<p>CHD, LEA, LEA Contract Provider</p>	<p>Utilize LEA staff, LEA contract provider staff, and family referrals to identify students with Cystic Fibrosis/ pancreatic insufficiency. Develop and implement Individualized Health Care Plans (IHCP) and ECP for students requiring school personnel emergency responses for health- related issues (as defined in the Collaborative School Health Procedures). Continue utilization of current medication policy which addresses use of pancreatic enzymes for students in school.</p>
<p>33. Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child specific training by a registered nurse or advanced registered nurse practitioner, physician, or physician assistant. s. 1006.062(4), F.S.; Chapters: 64B9-14.002(3), F.A.C., 64B9-14, F.A.C.; Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).</p>	<p>33a. Document health related child-specific training by an RN for delegated staff. The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision. The documentation of training and competencies should be signed and dated by the RN and the trainee.</p> <p>31b. Use of nonmedical assistive personnel shall be consistent with delegation practices per requirements.</p>	<p>LEA, LEA Contract Provider</p> <p>LEA, LEA Contract Provider</p>	<p>LEA Contracted provider staff to provide child specific training as appropriate and maintain required documentation.</p> <p>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.</p>

<p>34. Pursuant to the provisions of Chapter 435, any person who provides services under a school health services plan pursuant to s. 381.0056, F.S. must meet level 2 screening requirements as described in s. 435.04, F.S. A person may satisfy the requirements of this subsection by submitting proof of compliance with the requirements of level 2 screening conducted within 11 months before the date that person initially provides services under a school health services plan. ss. 381.0059, F.S., 1012.465, F.S.</p>	<p>34a. Collaborate with school district to ensure district background screening policies do not result in duplicate or conflicting background screening requirements for staff providing school health services.</p>	<p>CHD, LEA, LEA Contract Provider</p>	<p>All contracted health and volunteer staff will comply with all requirements of Sections 1012.32 and 1012.465, Florida Statutes.</p>	
<p>35. 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, F.S. including the requirements established pursuant to ss. 1002.20(3)(l), F.S., 1002.33(9), F.S., 381.0056(4)(a)(19), F.S.</p>	<p>35a. The school health services plan shall include policies and procedures for implementation of the aforementioned statutory requirements.</p>	<p>LEA</p>	<p>LEA staff will adhere to established policy when removing a student from campus premises.</p>	

PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)

References/Resources	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
36. The services provided by a comprehensive school health program must focus attention on promoting the health of students, reducing risk-taking behavior, and reducing teen pregnancy. Services provided under this section are additional and are intended to supplement, rather than supplant, basic school health services. ss. 381.0057(6), F.S., 743.065, F.S.	36a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.	CHD, LEA, LEA Contract Provider	FLDOH school nurses, LEA staff, and LEA Contract staff will collaborate to provide individual case management for identified students in need of health management.
	36b. Provide health activities that promote healthy living in each school.	CHD, LEA	Promote health and wellness promotion activities through various venues via collaboration with community partners such as FLDOH Community Health program, the UF Extension (IFAS) Office, Action for Healthy Kids, Sodexo, and CDAC.
	36c. Provide health education classes.	LEA	Through community collaboration, provide health education classes at appropriate grade as resources allow.
	36d. Provide or coordinate counseling and referrals to decrease substance abuse.	LEA, LEA Contract Providers	Utilize Contracted counseling services.
	36e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	LEA, LEA Contract Providers	Utilize Contracted counseling services.
	36f. 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 in the designated grade levels as appropriate (examples of available resources are: CDAC substance use program, SWAT, Life Options Center, UF-IFAS, Tobacco Prevention programs, I-Safe, Bullying program, CHD STD program).
	36g. Identify and provide interventions for students at risk for early parenthood.	CHD, LEA	Facilitate prevention programs available such as: Life Options Center, UF-IFAS Office and the Healthy Start Program.
	36h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	LEA, LEA Contract Provider	Provide counseling and education by utilizing the Healthy Start Coalition, Life Options Center, UF-IFAS Office, and contracted counseling services as appropriate.
	36i. 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, Life Options Center, UF-IFAS Office, and contracted counseling services as appropriate.

36j. 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.
36k. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services.	CHD, LEA, LEA Contract Provider	Refer to the Healthy Start Coalition, utilize the Life Options Center and CHD health services available.

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

References/Resources	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
37. The State Board of Education and the Department of Health shall jointly establish full-service schools (FSS) to serve students from schools that have a student population at high risk of needing medical and social services s. 402.3026(1), F.S.	37a. Designate full-service schools based on demographic evaluations.	CHD, LEA	Santa Rosa County currently has six schools designated as Full-Service Schools.
	37b. Provide nutritional services.	LEA	In addition to providing standard nutritional services, LEA and LEA Contract providers participate in outreach events such as: UFIFAS tasting events, nutritional health literacy outreaches, a summer food program – offering free meals to students enrolled in Santa Rosa County Schools, a weekend food distribution for students on free /reduced lunch, and a weekend backpack food distribution program for our homeless youth/families. Students are offered the opportunity to participate in the free/reduced breakfast/lunch program. Nutrition education is provided at 1 st , 3 rd and 5 th grades in coordination with Sodexo our contracted Food Services Program. Food Services also manage a After School Snack Program providing healthy snacks to students attending after school programs, such as tutoring.
	37c. Provide basic medical services.	CHD, LEA, LEA Contract Provider	FLDOH nurses will provide case management, health screenings, referral, and follow up services, and education (as resources and time allow). Nurses shall access community resources to meet students' various needs within the school sites. LEA Contract Providers employ health technicians and medically fragile nurses to provide on-site medical services to students.
	37d. Provide referral to dependent children (Temporary Assistance to Needy Families (TANF).	LEA	Support will be provided to assist families with referrals to available assistance opportunities.

	37e. Provide referrals for abused children.	CHD, LEA, LEA Contract Provider	All CHD, LEA, and LEW Contract Providers are mandated reporters and receive annual training on Child Abuse and reporting.
	37f. Provide specialized services as an extension of the educational environment that may include: nutritional services, basic medical services; aid to dependent children, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parent/guardian, and adult education.	LEA	Identified students will be referred for Mental Health services as needed at the school site. Identified students and families will be referred to health and social agencies/programs by LEA.
	37g. 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 Volunteers, Locklin nursing school students, GBHS Health Academy students, military personnel, volunteer physicians, LEA volunteers, and community partners to assist with health services as necessary.