



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

2022 – 2024 School Health Services Plan

for

Santa Rosa County

Due by September 15, 2022

E-mail Plan as an Attachment to:

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

My signature below indicates that I have reviewed and approved the 2022 - 2024 School Health Services Plan and its local implementation strategies, activities, and designations of local agency responsibility as herein described:

Position	Name and Signature	Date
Local Department of Health Administrator / Health Officer	R. Matthew Dobson, MS <i>R. Matthew Dobson</i> Printed Name Signature	8/4/2022 Date
Local Department of Health Nursing Director	Barbara McMillion, RN BSN MS <i>Barbara McMillion</i> Printed Name Signature	8-3-2022 Date
Local Department of Health School Health Coordinator	L. Jenea Highfill, RN, BSN, MA <i>L. Jenea Highfill</i> Printed Name Signature	8-4-2022 Date
School Board Chair Person	Wei Uebershaer Printed Name Signature	 Date
School District Superintendent	Dr. Karen Barber Printed Name Signature	 Date
School District School Health Coordinator	Autumn Wright <i>Autumn Wright</i> Printed Name Signature	08-08-22 Date
School Health Advisory Committee Chairperson	Jenea Highfill, RN, BSN, MA <i>Jenea Highfill</i> Printed Name Signature	8-4-2022 Date
School Health Services Public / Private Partner	Angela Lay, RN <i>Angela Lay, RN</i> Printed Name Signature	8-5-2022 Date

SUMMARY – SCHOOL HEALTH SERVICES PLAN 2022-2024

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			a partnership with local agency who is onsite at CHD to offer assistance with applications for Medicaid.
	40e. 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.
	40f. Provide referrals for abused children.	CHD, LEA, LEA Contract Provider	All CHD, LEA, and LEA Contract Providers are mandated reporters and receive training on Child Abuse and reporting. Santa Rosa Kids House also provides support services for abused children.
	40g. 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.
	40h. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	CHD, LEA, LEA Contracted Provider	Utilize DOH Medical Volunteers, Locklin nursing school students, GBHS Health Academy students, military personnel, volunteer physicians, LEA volunteers, and community partners (such as CDAC or local dental providers) to assist with health services as necessary.

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	40c. 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 with Sodexo our contracted Food Services Program as resources allow. Food Services also manage an After School Snack Program providing healthy snacks to students attending after school programs, such as tutoring.
	40d. 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. Referrals are made to DCF/Medicaid office for the uninsured/underinsured. CHD currently has available

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			Center, UF-IFAS Office and the Healthy Start Program.
	39h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	LEA, LEA Contracted Provider(s)	Provide counseling and education by utilizing the Healthy Start Coalition, Life Options Center, UF-IFAS Office, and contracted counseling services as appropriate.
	39i. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	CHD, LEA, LEA Contracted Provider	Provide counseling and education by utilizing the Healthy Start Coalition, Life Options Center, UF-IFAS Office, and contracted counseling services as appropriate.
	39j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	CHD, LEA, LEA Contracted Provider	Coordinate with T.A.P.P. program to facilitate transportation, childcare and social services for teens to return to school after delivery.
	39k. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services.	CHD, LEA, LEA Contracted Provider	Refer to the Healthy Start Coalition, utilize the Life Options Center and CHD health services.

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

40. Full Service Schools s. 402.3026(1), F.S.	40a. The State Board of Education and the Florida Department of Health shall jointly establish FSS to serve students from schools that have a student population at high risk of needing medical and social services.	CHD, LEA	Santa Rosa County currently has six schools designated as Full-Service Schools
	40b. Designate FSS based on demographic evaluations.	CHD, LEA	LEA and CHD will assess full service needs as demographics change and adjust designations as appropriate.

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and are intended to Supplement, Rather Than Supplant, Basic School Health Services. s. 381.0057(6), F.S. ; s. 743.065, F.S.			students in need of health management.
	39b. 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, Sodexo, and CDAC.
	39c. Provide health education classes.	LEA	Through community collaboration, provide health education classes at appropriate grade as resources allow.
	38d. Provide or coordinate counseling and referrals to decrease substance abuse/misuse.	LEA, LEA Contracted Providers(s)	Utilize Contracted counseling services.
	39e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	LEA, LEA Contracted Providers(s)	Utilize Contracted counseling services.
	39f. Provide or coordinate health education classes to reduce the incidence of substance abuse or misuse, suicide attempts and other high-risk behaviors.	CHD, LEA, LEA Contracted 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).
	39g. Identify and provide interventions for students at risk for early parenthood.	CHD, LEA	Facilitate prevention programs available such as: Life Options

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	38c. Provide that an individualized seizure action plan remains in effect until certain criteria are met.	CHD, LEA, LEA Contract Provider	Once established, ISAPs will remain in effect until changed or discontinued by medical provider.
	38d. Authorize a school to provide training and supports to a student in the absence of such a plan.	CHD, LEA, LEA Contract Provider	In collaboration with parents, staff and/or medical provider, LEA Contract Provider RN and/or FLDOH School Nurse will develop an IHCP and provide staff training as needed. IHCP will be adjusted as needed when ISAP from medical provider is available.
	38e. Provide requirements for such plans; requiring a school nurse or appropriate school employee to coordinate the care of such students and verify the training of certain school employees relating to the care of the students.	CHD, LEA, LEA Contract Provider	In collaboration with parents, staff and/or medical provider, LEA Contract Provider RN and/or FLDOH School Nurse will develop an IHCP and provide staff training as needed. IHCP will be adjusted as needed when ISAP from medical provider is available.
	38f. Provide requirements for such training; based on guidance issued by the Department of Education.	LEA	LEA will provide/facilitate access to student specific training as needed for school employees.
	38g. Require schools to provide specified information to certain school employees		Copies of IHCP/ISAP will be made available in FOCUS and/or via paper copy to all necessary staff/contracted provider staff. LEA will provide information regarding needed training to staff.

PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)

39. The Provision of Comprehensive School Health Services. The Services Provided Under This Section are Additional	39a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.	CHD, LEA, LEA Contracted Provider	FLDOH school nurses, LEA staff, and LEA Contract staff will collaborate to provide individual case management for identified
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s. 1002.20(3)(l), F.S.; s. 1002.33(9), F.S.; s. 381.0056(4)(a)(19), F.S.	requirement. A reasonable attempt must be made to notify a student's parent/guardian, or caregiver before the student is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination.		comply with statutes regarding parental notification prior to removal of a student. LEA will ensure staff are trained regarding policy and procedures for reasonable notification of parents/guardian.
376. Parental Consent for Health Care Services Section 1014.06, F.S.	37a6. The School District Board must ensure that it develops policies and procedures for the implementation of the Parent's Bill of Rights. Address the following statutory requirements: (1) Obtain written parental consent prior to providing, soliciting or arranging to provide health care services or prescribe medicinal drugs to a minor child. (2) Obtain written parental consent prior to a medical procedure to be performed on a minor child in its facility.	LEA	LEA, in collaboration with LEA contract provider and CHD, maintains and implements policies and procedures for parental consent prior to delivery of services. LEA seeks consent for health services by using student information pages/ consent page sent home at the beginning of the school year. The consent information is entered into FOCUS and accessed by LEA staff, CHD Nurses and LEA contract staff to confirm consent prior to delivery of any health services.
38. Care of Students with Epilepsy or Seizure Disorders: Creates section 1006.0626	38a. Requires a school to provide epilepsy or seizure disorder care to a student under certain circumstances. 38b. Provide requirements for the implementation of an individualized seizure action plan for a student with epilepsy or a seizure disorder.	CHD, LEA, LEA Contracted Provider CHD, LEA, LEA Contract Provider	Utilize FLDOH School Nurses, LEA, LEA Contracted provider staff, and/or family referrals to identify students with epilepsy/ seizure disorders. Individual Health Care Plans(IHCP)/Emergency Health Care Plans(EHCP) will be written with Individualized Seizure Action Plan(ISAP) criteria. FLDOH School Nurses and/or LEA Contract Provider RNs will follow-up with parents regarding the need for an ISAP from physician.

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<p><u>34.</u> Administration of Medication and Provision of Medical Services by Nonmedical Assistive Personnel s. 1006.062(4), F.S.; Rules: 64B9-14.002(3), F.A.C., 64B9-14, F.A.C.;</p>	<p><u>34a.</u> The School District Board will ensure that nonmedical assistive personnel 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.</p>	<p>LEA, LEA Contracted Provider</p>	<p>LEA contract provider UAP staff to provide health services deemed necessary, maintain required documentation and comply with child specific training.</p>
	<p><u>343b.</u> An RN must document health related child-specific training for delegated staff. The delegation process shall include communication to the unlicensed assistant personnel (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>LEA, LEA Contracted Provider</p>	<p>Each LEA contracted provider staff member completes annual training that includes skill check-lists and review of policies and procedures. RN Supervisors conduct the training for all returning and new UAP staff.</p>
	<p><u>343c.</u> The School District board will ensure that the use of nonmedical assistive personnel shall be consistent with delegation practices per requirements.</p>	<p>LEA, LEA Contracted Provider</p>	<p>LEA contract provider RNs delegate and train LEA staff through standardized methods as noted in the Collaborative School Health Procedures Manual</p>
<p><u>354.</u> Background Screening Requirements for School Health Services Personnel Chapter 435, F.S., s. 381.0059, F.S.; s. 1012.465, F.S.</p>	<p><u>354a.</u> The District School Board and CHD will ensure that any person who provides services under this school health services plan must meet the requirements of a level 2 background screening.</p>	<p>LEA, LEA Contracted Provider</p>	<p>All contracted health and volunteer staff will comply with all requirements of Chapter 435, F.S. Sections 1012.32 and 1012.465, Florida Statutes.</p>
<p><u>365.</u> Involuntary Examination s. 394.463, F.S. including:</p>	<p><u>365a.</u> The School District Board will ensure that it develops policies and procedures for the implementation of this statutory</p>	<p>LEA</p>	<p>LEA maintains and implements policies and procedures to ensure every reasonable effort is made to</p>

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	31b. 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.	LEA, LEA Contracted Provider	Copies and original DMMPs are maintained in the clinic and the cumulative health record along with the associated IHCP/ECP.
32. Use of Prescribed Pancreatic Enzyme Supplements s. 1002.20(3)(k), F.S.; Rule 6A-6.0252, F.A.C.	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.	CHD, LEA, LEA Contracted Provider	Utilize FDOH School Nurses, LEA staff, LEA contract provider staff, and family referrals to identify students with conditions requiring pancreatic enzyme supplements be carried by the student . Develop and implement Individualized Health Care Plans (IHCP) and ECP for students requiring pancreatic enzymes. Continue utilization of current medication policy which addresses use of pancreatic enzymes for students in school.
33. Naloxone Use and Supply s. 1002.20(3)(o), F.S.	32b. Maintain documentation of health care provider and parental/guardian authorization for a student to self-carry and self-administer a prescribed pancreatic enzyme supplement while enroute to and from school, in school, or at school sponsored activities.	CHD, LEA, LEA Contracted Provider	Follow-up with parents to obtain appropriate authorization forms and maintain original and copies with IHCP in clinic and in cumulative health records.
	33a. If the school district has chosen to obtain and maintain supplies of naloxone the School District Board will insure that a written protocol regarding storage, accessibility and administration of naloxone be developed and available at all schools where naloxone is stocked.	N/A	Santa Rosa School District has chosen to opt out of this process.

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	provider that includes medication orders and orders for routine and emergency care.		follow-up with parent/guardian for current DMMP.
	30b. An IHP will be developed from the DMMP by the RN in collaboration with the parent/guardian, student, health care providers and school personnel for the management of diabetes while enroute to and from school, in school, or at school-sponsored activities.	LEA, LEA Contracted Provider	Develop and implement Individualized Health Care Plans (IHCP) for students requiring diabetic management/support while in school. Continue utilization of current medication policy which addresses diabetic management for students in school. IHCPs for diabetes management incorporate all details from the DMMP.
	30c. An ECP will be developed as a child-specific action plan to facilitate quick and appropriate responses to an individual emergency in the school setting.	LEA, LEA Contracted Provider	ECPs are incorporated in the IHCP and include details for emergency response by both clinic and school staff.
	30d. 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.	LEA, LEA Contracted Provider	Copies and original DMMPs are maintained in the clinic and the cumulative health record along with the associated IHCP/ECP.
31. Diabetes Self-Management s. 1002.20(3)(j), F.S.; Rule 6A-6.0253, F.A.C.-Diabetes management	31a. Students with diabetes that have physician and parent/guardian approval may carry their diabetic supplies and equipment and self-manage their diabetes while enroute 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.	LEA, LEA Contracted Provider	Utilize LEA staff, LEA contract provider staff, and family referrals to identify students with diabetes who are able/ plan to carry their diabetic supplies and self-manage their diabetes while at school. Follow-up with parents to assure proper authorization forms are in place. Assure DMMP is followed and included on IHCP/ECP for student.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
28. Epinephrine Auto-injectors Use and Supply s. 1002.20(3)(i)(2), F.S.	28a. If the school district has chosen to maintain supplies of epinephrine auto-injectors from a wholesale distributor or manufacturer as defined in s. 499.003, F.S. , the School District Board will insure that a standing order and written protocol be developed by a licensed physician and is available at all schools where the epinephrine auto-injectors are stocked. 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.	N/A	Santa Rosa School District has opted out of this process.
29. Emergency Allergy Treatment s. 381.88, F.S.	29a. The School District Board will ensure that school staff, who are designated by the principal, (in addition to school health staff in the school clinic), to administer stock epinephrine auto-injectors (not prescribed to an individual student) are trained by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity approved by the Florida Department of Health. 29b. 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.	N/A	Santa Rosa School District has opted out of this process.
30. Diabetes Management s. 1002.20(3)(f), F.S. ; Rule 6A-6.0253, F.A.C.-Diabetes management	30a. Students with diabetes must have a Diabetes Medical Management Plan (DMMP) from the student's health care	CHD, LEA, LEA Contracted Provider	Utilize FLDOH School Nurses, LEA staff, LEA contract provider staff, and family referrals to identify students with diabetes and

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
National Association of School Nurses (NASN) Position Statement, The Use of Asthma Rescue Inhalers in the School Setting	on their person while in school. Ensure written authorization for use of metered dose inhaler at school is completed and signed by health care provider and parent/guardian.		students in need of inhaler use while in school. Communicate with parent/guardian regarding necessary forms when a student carries a metered dose inhaler. Emergency Health Care Plans, Health Alerts, or Individualized Health Care Plans are used for students requiring school personnel emergency responses for health-related issues. Continue utilization of current medication policy which addresses asthma and inhaler use for students in school.
27. Students with Life Threatening Allergies s. 1002.20(3)(i), F.S.; Rules 6A-6.0251, F.A.C.; 64F-6.004(4), F.A.C.; NASN Position Statement on Rescue Medications in School; Students with Life-Threatening Allergies, 2017 Updated Guidance	27a. Ensure that written parent/guardian and physician authorization has been obtained from students who may carry an epinephrine auto-injector and self-administer while enroute to and from school, in school, or at school-sponsored activities. 27b. 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.	LEA, LEA Contracted Provider, CHD LEA, LEA Contracted Provider, CHD	FLDOH School Nurses, LEA, and LEA Contracted Provider, staff and families will identify students who need to carry Epi Auto injectors and provide parent w/ appropriate forms for completion. Utilize FLDOH School Nurses, LEA, LEA Contract Provider staff, and family referrals to identify students with life threatening allergies. Utilize Individualized Health Care Plans for students requiring school personnel emergency responses for life threatening allergies. Continue utilization of current medication policy which addresses epinephrine auto-injectors use for students in school.

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23. Administration of Medication and Provision of Medical Services by District School Board Personnel s. 1006.062(1)(a), F.S. ;	23a. The District School Board will include provisions to provide training, by a registered nurse, a licensed practical nurse, a physician or a physician assistant (pursuant to Chapter 458 or 459, F.S.), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.	LEA, LEA Contracted Provider	Utilize Annual Medication Administration Training Modules found in Safe Schools Training site, for all school personnel and LEA Contract Providers at onset of school year and as applicable. Student specific medication administration trainings to be available as needed for school personnel.
24. Policy and Procedure Governing the Administration of Prescription Medication s. 1006.062(1)(b), F.S. ; Rule 64B9-14, F.A.C.	24a. The District School Board will adopt policies and procedures governing the administration of prescription medication by district school board personnel and be consistent with delegation practices.	LEA, LEA Contracted Provider	Maintain documentation of medication administration training provided to any designated staff who provide medication administration.
25. Policy and Procedure for Allowing Qualified Patients to use Marijuana. s. 1006.062(8), F.S. ; s. 381.986, F.S.	25a. 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. 25b. Pursuant to the district policy, develop procedures to follow when parents of students, that are qualified patients, request that medical marijuana be administered to their child at school. 25c. 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.	LEA LEA, LEA Contracted Provider LEA, LEA Contracted Provider	Medical Marijuana Policy is in place and available on SRCSD Website (Policy 5.622) 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. 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. LEA Contract Provider reviews policy with staff annually.
26. Students with Asthma Carrying a Metered Dose Inhaler s. 1002.20(3)(h), F.S. ;	26a. Students with asthma whose parent/guardian and physician provide approval, may carry a metered dose inhaler	CHD, LEA, LEA Contracted Provider	Utilize FLD0H School Nurses, LEA, LEA Contract Provider staff, and family referrals to identify

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	eat healthy foods.		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.
21. Inform Parent/Guardian of the Health Services Provided s. 381.0056(6)(e), F.S. s. 1001.42(8)(c), F.S.	21a. The District School Board will ensure that at the beginning of each school year, the parent/guardian will be informed in writing that their children will receive specified health services as provided for in the district health services plan and the opportunity to request an exemption of any service(s) in writing.	CHD, LEA	Parents/Families are provided a Health Services Notification Letter (posted on school district website) at onset of each school year that lists available health services. SRC School District provides parents Student Information Pages to complete that include a consent for health services. The student information pages/consent can be completed on hard copy or in FOCUS.
22. Declaring a Communicable Disease Emergency s. 1003.22(9), F.S.; Rule 64F-6.002(2)(d), F.A.C.	22a. The county health department director, administrator or the state health officer may declare a communicable disease emergency in the event of any communicable disease for which immunization is required by the Florida Department of Health in a Florida public or private school. A communicable disease policy must be developed and needs to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.	LEA, LEA Contract Provider	Utilize School Health Communicable Disease Manual for guidance with disease outbreaks. LEA Contract Providers to follow guidelines in School Health Policy and Procedure Manual to use the Communicable Disease Report as appropriate. Consult with FLDOH epidemiology department as an additional resource. Issues related to Communicable diseases will follow CDC and/or FLDOH policies-procedures-protocols as applicable.

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16. Provision of Health Information for Exceptional Student Education (ESE) Program Placement s. 381.0056(4)(a)(17), F.S.; Rules 6A-6.0331, F.A.C.; 64F-6.006, F.A.C.	16a. The District School Board will ensure that relevant health information for ESE staffing and planning is provided.	LEA, LEA Contract Provider, CHD	FLDOH-Santa Rosa school nurses and/or LEA Contract Provider LPN/RNs participate in ESE eligibility meetings or IEP meetings as a resource regarding student health and provide individualized EHCPs or Health Alerts as requested and resources allow.
17. Provide In-service Health Training for School Personnel s. 381.0056(6)(b), F.S.; Rule 64F-6.002, F.A.C.	17a. The District School Board will ensure that district staff are provided with training to assist with the day-to-day and emergency health needs of students.	LEA	LEA utilizes Safe Schools online Modules for school health training and basic in-service needs.
18. Health Services and Health Education as Part of the Comprehensive Plan for the School District. s. 381.0056(6)(a), F.S.; Rule 64F-6.002, F.A.C.	18a. The District School Board will ensure that school-based health services and health education are provided to public school children in grades pre-kindergarten - 12.	CHD, LEA, LEA Contract Provider	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.
19. 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	19a. The District School Board will ensure that adequate health room facilities are made available in each school and meet the Florida Department of Education requirements.	LEA	Health rooms/school clinics are maintained according to established guidelines and are annually reviewed to ensure compliance.
20. Helping Children be Physically Active and Eating Healthy s. 381.0056(6)(d), F.S.	20a. The District School Board will ensure that at the beginning of each school year, a list programs and/or resources is made available to the parent/guardian so they can help their children be physically active and	LEA	Collaborate with Food Services-Sodexo, Santa Rosa Extension Services, 4-H, 5210 Santa Rosa, and other applicable programs to implement nutrition newsletters,

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13. Consult with Parent/Guardian Regarding Student's Health Issues s. 381.0056(4)(a)(15), F.S.; Rule 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	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.
14. Maintain Health-Related Student Records s. 381.0056(4)(a)(16), F.S.; s. 1002.22, F.S.; Rule 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 s. 381.0056(5)(a)(18), F.S.; 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.

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	person designated by the principal or the acting principal.		Emergency Guidelines and Collaborative School Health Procedures as appropriate. LEA to consult with CHD regarding epidemiological concerns. Issues related to communicable disease will follow CDC and/or CHD 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 (3) Register the AEDs with the county emergency medical services director.	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.
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 FLDOH 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, NWF Community Health, DOE parent-teacher organizations,

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			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 FLDOSH School nurses and other community partners (such as Emergency Management) to provide trainings for LEA and LEA contract providers upon request and availability. LEA contract provider provides training to their staff annually.
	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	LEA, LEA Contract Provider	Continue to utilize the LEA incident report form as indicated and Health Room Logs as appropriate. Utilize

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	<p>students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten – 5.</p> <p>(2) Hearing screening shall be provided, at a minimum, to non-exempted 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.</p> <p>(3) Growth and development screening shall be provided, at a minimum, to non-exempted students in grades 1, 3 and 6 and optionally to students in grade 9.</p> <p>(4) Scoliosis screening shall be provided, at a minimum, to non-exempted students in grade 6.</p>		<p>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>9b. Provide screening services to all specified students pursuant to s. 381.0056(4)(a) unless a parent/guardian requests exemption from the screening services in writing.</p>	N/A	<p>FDOH-Santa Rosa school nurses schedule and provide all specified screenings to students in designated grades. SRC School District offers each parent the opportunity to consent for all health services, including the mandated screenings.</p>
	<p>9c. The School shall obtain parent/guardian permission in writing prior to any invasive screening, (e.g. comprehensive eye exam, Covid testing).</p>	N/A	<p>Santa Rosa County does not provide invasive eye examinations or other invasive screenings.</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
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 health care 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 for any nutritional health conditions.
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/ CHD will seek contracted dental provider to offer on-site dental sealants as available.
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.
8. Referral and Follow-up of Suspected and Confirmed Health Problems s. 381.0056(4)(a)(11), F.S.	8a. Provide referral and follow-up for abnormal health screenings, emergency health issues and acute or chronic health problems. Coordinate and link to community health resources.	CHD, LEA Contracted Provider	FLDOH school nurses have a screening protocol. Also, utilization of screening log sheets for tracking referrals, results, and outcomes.
9. Provisions for Screenings s. 381.0056(4)(a)(6-9), (e) F.S.; Rule 64F-6.003(1-4), F.A.C.	9a. Provide mandated screenings unless the parent requests in writing an exemption: (1) Vision screening shall be provided, at a minimum, to non-exempted	CHD, LEA	Schedule and implement state mandated health screenings at designated grade levels utilizing FLDOH school nurses,

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>4. Nurse Assessment s. 381.0056(4)(a)(3), F.S.; Rules: 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.</p>	<p>4a. Perform nursing (RN) assessment of student health needs.</p>	<p>CHD, LEA, LEA Contract Provider</p>	<p>do not have emergency contacts. Paper copies will be kept on site as well. 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.</p>
	<p>4b. For day-to-day and emergency care of students with chronic and/or complex health conditions at school, the RN develops an individualized health care plan (IHP) and Emergency Care Plan (ECP).</p>	<p>CHD, LEA, LEA Contract Provider</p>	<p>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.</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	Prevention's Coordinated School Health (CSH) model. The SHAC is encouraged to address the eight CSH components in the school district's wellness policy.		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.
2. Health Appraisal s. 381.0056(4)(a)(1), F.S.	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 and parental consent.
3. Records Review s. 381.0056(4)(a)(2), F.S. ; s. 1003.22(1)(4) F.S. ; Rules 64F-6.005(1), F.A.C. ; 64F-6.004(1)(a), F.A.C.	3a. Perform initial school entry review of student health records, to include school entry physical, immunization status, cumulative health record, emergency information, school health screenings and student-specific health related documents.	CHD, LEA	Collaborate with designated school-based LEA staff to identify new students for initial health record review.
	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 updated emergency information in FOCUS, our Student Information System, each school year. LEA designated school staff will run reports as needed to identify students who

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	1g. 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 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.
	1i. Each SHAC should include members representing the eight components of the Centers for Disease Control and	CHD, LEA, LEA Contract Provider	The School Health Advisory Committee meets on a regular

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	1d. Each 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	The CHD Utilizes schedule C funding to employ RN/LPN school nurses to provide mandated and additional school health services in the public schools and the private schools (as resources allow) of Santa Rosa County.
	1e. The CHD and 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. 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.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategies and Activities
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PART I: BASIC SCHOOL HEALTH SERVICES

<p>1. School Health Services Plan; Basic School Health Services; Comprehensive School Health Services and Full-Service Schools; Rule 64F-6.002, F.A.C.; ss. 381.0056, 381.0057; 402.3026, F.S.</p>	<p>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 county health department (CHD) administrator/director/health officer.</p>	<p>CHD, LEA, LEA Contract Provider</p>	<p>FLDOH School Health Coordinator, School District School Health Coordinator, and LEA Contract Provider work together to complete the plan. Upon completion, the plan is reviewed by the SHAC, approved by the superintendent of schools, the school board chairperson, and the local CHD medical director/administrator.</p>
	<p>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 CHD administrator/director/health officer and forwarded to the School Health Services Program office.</p>	<p>CHD, LEA</p>	<p>The plan is reviewed annually or more frequently as needed. Amendments are approved by the SHAC and submitted to the superintendent and the CHD for approval. Any amendments are forwarded to the School Health Services Program Office.</p>
	<p>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.</p>	<p>CHD, LEA, LEA contract provider</p>	<p>Santa Rosa County School District has a contract with Aveanna Healthcare to hire, train, and supervise school health services personnel. FDOH-Santa Rosa School RNS also collaborate with LEA staff and LEA contract provider staff to provide school health services. Each agency employs and supervises their staff.</p>

Statutory Authority: Section (s.) 381.0056, Florida Statutes (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. Rule 64F-6.002, Florida Administrative Code (F.A.C.) requires the plan to be completed biennially. Please note that items that are colorized blue are internet links that enable you to directly view the relevant reference material.

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

Plan submission:

- If the Plan signature page has not been signed by all parties on or before September 15, 2022, you may submit the plan at that time and submit the scanned signature page as a PDF file when it is fully signed.