



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

2018 – 2020 School Health Services Plan

for

Clay County

Due by September 15, 2018

E-mail Plan as an Attachment to:

HSF.SH_Feedback@flhealth.gov

2018 - 2020 School Health Services Plan Signature Page

My signature below indicates that I have reviewed and approved the 2018 - 2020 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 / Director	Heather Huffman, MS, RDN, LD/N, IBCLC	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health Nursing Director	Cynthia Jackman, MN, RN	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health School Health Coordinator	Jacqueline Copeland, BSN, RN	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Board Chair Person	Carol Studdard	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District Superintendent	Superintendent Addison Davis, MA	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District School Health Coordinator	Kristin Riebe, RN, A.A./A.S.	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Advisory Committee Chairperson	Tiffany Googin, B. A.	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Services Public / Private Partner	Patty Lyons	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>

SUMMARY – SCHOOL HEALTH SERVICES PLAN 2018–2020

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

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

- Part I: Basic School Health Services - 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 parents or 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, 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 (Department of Health, 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.

PART I: BASIC SCHOOL HEALTH SERVICES

Requirements/References	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
1. School Health Services Plan; District Wellness Policy; Comprehensive School Health Services; 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. 1003.453, F.S., 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	School Health Services Plan is reviewed and completed biennially, at a minimum by the CHD and LEA. All designated parties listed sign, as required.
	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 local Department of Health medical director/administrator.	CHD, LEA	The plan is updated by March 1 st and reviewed yearly by both parties. It is finalized by May for the following school year.
	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	CHD employs all CHD staff which includes 4 CHD RNs and 1 RN School Health Coordinator. LEA employs all school health staff including School Health Room Nurses and District Wide Nurse Coordinator.
	1d. Each local CHD uses annual funding allocation to provide school health services pursuant to the School Health Services Act and the requirements of the Scope of Work.	CHD	Schedule C Funds – SCHGR, SCHSP, are used for the provision of basic school health services at all schools, as well as at schools designated as full service schools and comprehensive schools.
	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	CHD, LEA	CHD-Jacqueline Copeland, BSN, RN LEA-Kristin Riebe, AA/AS, RN The school district created a Nurse Coordinator at the LEA and Kristin Riebe began to assume the role in SY 2018-19.

	collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services.		
	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	Direct supervision of school district personnel who perform school health services is the principals' responsibility. LEA supervises Clay County School District (CCSD) employees. LEA recently hired district coordinator (RN) to supervise the LPN and unlicensed assistive personnel-UAP. LEA RN will also delegate care to the UAP, when appropriate. LEA will develop care plans and perform child specific training in schools without an RN (except the charter schools). The CHD is responsible for the supervision of all the CHD personnel. The CHD provides program oversight of the school health program and is available for consultative and support services for school district personnel. Support services shall be defined as periodic visits by CHD nurses to delegate (at Charter schools), monitor, develop care plans (at Charter schools) and assist school personnel to identify the physical, social, and emotional needs of students. CHD provides oversight of school health services and performs annual health room reviews. LEA completes Process Improvement Plan for any deficiencies noted in the reviews.
	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	CHD, LEA	The CHD provides guidelines in the School Health Services Manual (SHSM) for the delivery of school health services under the direction of a CHD medical director, Eugenia Ngo-Seidel, MD, MPH. The SHSM is reviewed and updated annually by March then reviewed by the

	health advisory committees, the school district medical consultant if employed, and the student's private physician when applicable.		School Health Wellness Advisory Council (SHWAC). The school board approves the SHSM by May for the following school year. District policy related to health is in the Student Code of Conduct and is approved by the school board. Individual student medical needs are addressed in the Medical Management Plan and is written by the student's own health care provider.
	1h. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners.	CHD, LEA	LEA submits data for reporting into HMS (by the 5 th of the month) as indicated and mutually agreed upon by CHD and LEA in the Memorandum of Agreement, which is signed yearly. CHD inputs data into HMS as indicated in Scope of Work, as received from central office.
	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	SHAC redesign was implemented in SY 2017-2018 and members were recruited to include the 10 components of the Whole School, Whole Community, Whole Child (WSCC) model, expanding upon the Coordinated School Health (CSH) model. SHAC was renamed School Health Wellness Advisory Council (SHWAC) to include the Wellness component. The LEA is the lead of SHWAC.
2. Health Appraisal s. 381.0056(4)(a)(1), F.S.	2a. Determine the health status of students.	CHD, LEA	Student records are reviewed by the LEA and students with medical conditions are referred to the nurse for further inquiry and evaluation with the parent and/or healthcare provider. CHD follows up on medical conditions in the charter schools. Daily health needs of students are met by (LEA) school health room personnel in the health rooms.

3. Records Review s. 381.0056(4)(a)(2), F.S. s.1003.22(1)(4) F.S.; Chapters: 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 (DH 680), cumulative health record, emergency information, etc.	CHD, LEA	Student health records are reviewed by LEA personnel (i.e. administration, registrars and/or nurse) for initial school entry requirements. CHD performs yearly record audits at each school as part of their oversight activities. CHD performs additional audits as schools are visited and, as needed. CHD communicates the school entry requirements and the outcomes of the reviews with administration and principals.
	3b. Emergency information card for each student should be updated each year.	CHD, LEA	Student health records are reviewed by LEA personnel (i.e. administration, registrars and/or nurse) for initial school entry requirements. CHD performs record audits at each school as part of their oversight activities to ensure each student has an emergency card on file, and updated yearly. These audits are quarterly, at a minimum. CHD may perform additional audits, as needed.
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.	4a. Perform school entry and periodic assessment of student's health needs.	CHD, LEA	Records reviewed for health needs by registrar and health room personnel. CHD reviews records during annual health room review.
	4b. For day-to-day and emergency care of students with chronic or acute health conditions at school, the RN develops an individualized healthcare plan (IHP) and Emergency Care Plan (ECP).	CHD, LEA	Periodic health needs assessed by LEA health room personnel through MMP (Medical Management Plan), students' daily visits and parental input. IHPs and Emergency Action Plans (EAPs) created by LEA RNs or LEA RN Coordinator in schools staffed by a LPN or UAP (except in Charter Schools). Health needs in charter schools assessed by CHD nurses through MMP, information received from UAP school personnel and parental input. IHPs and EAPs created by CHD RNs in charter schools.

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	Information regarding student nutrition is received by LEA from communication and collaboration with the parents and students. Emergency contact records are reviewed for chronic illnesses involving nutritional management such as diabetes, celiac disease, cystic fibrosis, peanut and/or other food allergies and other conditions. Special dietary health needs are coordinated by the LEA with the districts nutritional services department. Height, weight and BMI screenings are conducted in 1 st , 3 rd and 6 th grades and at least three attempts to contact the parent are made if the child is assessed as underweight or obese.
6. Preventive Dental Program s. 381.0056(4)(a)(5), F.S.	6a. Recommended services include: Minimally - age appropriate oral health education to all grades and referral system.	CHD, LEA	LEA is partnering with DOH Baker to provide Preventative Dental Sealant Program in 15 schools, which includes most Title 1 schools. Services provided by the program include sealants on all first-year molars, fluoride varnish, oral hygiene instruction, dental assessments/screenings by dental assistant, dental exams by dentist and dental prophylaxis. LEA RNs complete dental assessments in Health Rooms, as needed.
7. Health Counseling s. 381.0056(4)(a)(10), F.S.	7a. Provide health counseling as appropriate.	LEA	Health counseling is provided by partnering qualified agency, as needed.
8. Referral and Follow-up of Suspected and Confirmed Health Problems s. 381.0056(4)(a)(11), F.S.	8a. Provide referral and a minimum of 3 documented attempts of follow-up for abnormal health screenings, emergency health issues, and acute or chronic health problems. Coordinate and link to community health resources.	CHD, LEA	LEA performs first two attempts to contact parents of any students who have been identified to have an abnormal health screening. CHD completes the final attempt to contact parent by telephone. Referral lists are utilized and updated at least twice a year, to assist parents and nurses in coordinating services. LEA conducts multiple attempts to follow up for

			coordinating services for students with chronic health needs.
9. Provisions for Screenings s. 381.0056(4)(a)(6-9), F.S.; Chapter 64F-6.003(1-4), F.A.C.	9a. Provide screenings and a list of all providers. Screenings: (i) 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. (ii) 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. (iii) 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. (iv) Scoliosis screening shall be provided, at a minimum, to students in grade 6.	CHD, LEA	LEA conducts vision, hearing, growth and development, and scoliosis screenings for school age children and are coordinated by individual schools. LEA solicit potential volunteers from Health Occupations of America (HOSA) Program, school volunteers and community agencies. CHD assists with screenings, as requested and as available. LEA borrows screening equipment from CHD, as requested and as available. Screening results and referrals input into designated school district database by LEA. Screening results and referrals coded into Health Management System (HMS) by CHD.
	9b. Obtain parent permission in writing prior to invasive screening, (e.g. comprehensive eye exam).	LEA	Consent would be obtained in writing before comprehensive screenings involving invasive screenings.
	9c. Assist in locating referral sources for additional evaluation and/or treatment for students with abnormal screening results. Referral sources may include, but are not limited to, state contracted vision service providers (provided the student meets eligibility requirements),	CHD, LEA	Local and state contracted vision service providers are utilized for referral services. Providers include: Vision is Priceless, Florida's Vision Quest and Florida Heiken Children's Vision Program. Referral list are utilized by the nurses to refer the families for services.

	other service providers and local resources.		Vision provider information provided to school nurses at yearly Health Services meeting and periodically throughout the year, as needed.
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, 2016 Florida Edition	10a. Ensure written health emergency policies and protocols are maintained and include minimum provisions.	CHD, LEA	Health Room policies and procedures updated yearly by CHD and LEA. Emergency Guidelines for Schools 2016 Florida Edition utilized in the health rooms as well as the School Health Services Manual. Medical Emergency Plan created yearly by each school and posted at required locations on each school campus. Clay County School District (CCSD) Safety Plan updated and distributed annually.
	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.	CHD, LEA	LEA requires Health Room Personnel have current CPR and First Aid certification. CPR and First Aid classes are provided yearly and as needed by LEA for school health personnel to maintain current certification. School employees that hold CPR and First Aid instructor certificates offer classes on planning days for school employees. Each school nurse sends out an annual letter to faculty to identify those school employees that hold current CPR and First Aid certifications. Medical Emergency Plan created yearly by each school and posted at required locations on each school campus. CHD audits measure yearly during health room reviews to ensure compliance.
	10c. Assist in the planning and training of staff responsible for emergency situations.	CHD, LEA	First Aid and CPR training is provided annually by LEA for health room personnel. LEA has a pool of American

			Red Cross certified instructors available to train school personnel. CHD provides or coordinates emergency updates at the annual nurse's meeting or at trainings throughout the year, as needed (i.e. Stop the Bleed Training).
	10d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities.	CHD, LEA	LEA health room personnel maintain first aid bags with adequate supplies. CHD performs annual health room reviews assessing for expiration dates of student emergency meds and locations of Automatic External Defibrillators (AEDs). School nurses perform quarterly maintenance checks on AEDs in the health room.
	10e. The school principal (or designee) shall assure first aid supplies, emergency equipment, and facilities are maintained.	LEA	LEA health room personnel maintain first aid bags with adequate supplies. Each school replaces first aid supplies each summer before students arrive for the next school year.
	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	Injuries and illness documented in student data system or in Student Health Room Visit Record by health room personnel. Principal notification and accident reporting done by LEA, when indicated.
	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	A minimum of 2 AEDs are in each Jr. and Sr. High School, one is in the athletic department and the other is in the health room. Employees are offered training on AEDs annually. Individual school AED Maintenance Logs are completed quarterly by the school district and maintained by CCSD Department of Student Services. Location of AEDs are stated in the Emergency Crisis Plan, a plan that is available to emergency responders such as county emergency

			medical services director and Clay County Sheriff.
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.	CHD, LEA	CHD and LEA work collaboratively through SHWAC to review and recommend health curriculum. Health resources from CHD available upon request and as available. CHD purchases supplies and educational materials for School Health Services Program, as funding allows.
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	Students and families referred, as needed. LEA partners with Healthy Schools to provide in-school annual check-ups to underserved students. LEA Social workers and CHD provide yearly updated list of available community resources. Local provider agency, The Clay Safetynet Alliance meets monthly to discuss community resources. The LEA and CHD has representation at these meetings to share the resources.
13. Consult with parents or 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 parents, students, staff and physicians regarding student health issues.	CHD, LEA	Forms available in School Health Services Manual, FL DOH website and on CCHD website for communication of health needs between physician, parent and school staff. Care Planning meetings held, as needed by LEA and CHD, in Charter Schools.
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.	CHD, LEA	Files maintained at each school in the students' cumulative record. Daily health room charting is entered in the student data system or on School Health Visit Record by school health room personnel. Records retained as per Record Retention Schedule. CHD audits measure yearly during health room reviews to ensure compliance.

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	Private schools notified by letter and invited yearly to participate. Private schools contact the CHD for specific needs.
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 RNs present at Individualized Educational Plan (IEP) meetings to address health issues when requested. Information is updated as needed. Vision and hearing screenings done by health room staff upon request. LEA has 2 ESE District positions.
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.	17a. Please list providers of in service health training for school personnel.	CHD, LEA	CHD provides 4 hours of orientation to all newly hired school health personnel. CHD and LEA coordinate annual Health Services Training and additional in-service training throughout the year on various health topics. LEA provides yearly CPR, First Aid training to all school health and ESE assistant personnel. Online medication training course or PowerPoint available for all school staff who assist with medication administration and for those ESE assistants that require it as part of their job description. Medication training is followed by a skills checklist to assess understanding and document return demonstration. Child Abuse and Blood Borne Pathogens trainings provided annually to faculty by LEA. Mandatory Health Screening Training is provided to new health room staff by CHD. Community partners invited to facilitate training needs, as appropriate.

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.	18a. School-based health services are provided to public school children in grades pre-kindergarten through 12.	CHD, LEA	CHD invite private schools to request assistance with mandatory health screenings, as needed and Memorandums of Agreement are completed for those requesting the service. Private schools contact the CHD for specific needs.
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	19a. Health room facilities in each school will meet DOE requirements.	LEA	Health room facilities available at each school and maintained by LEA.
20. The district school board shall, at the beginning of each school year, provide parents with information concerning ways that they can help their children to be physically active and eat healthy foods s. 381.0056(6)(d), F.S.	20a. List programs and/or resources to be used.	LEA	Information is disseminated to parents through school newsletters, food and nutrition services, Physical Education (PE)/Health curriculum and district website. CHD shares resources and information received through FDOH.
21. The district school board shall inform parents or guardians in writing at the beginning of each school year of the health services provided s. 381.0056(6)(e), F.S.	21a. Provide the opportunity for parents or guardians to request an exemption in writing.	LEA	Information on Health Services and screenings is posted on the school district's website and is in the Student Code of Conduct.

<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</p>	<p>Communicable Disease Notification in Student Code of Conduct which is posted on the school district's webpage. Communicable Disease reporting requirements noted in School Health Services Manual with appropriate reporting paperwork available. Influenza Like Illness (ILI) is indicated on LEA student data system and CHD Disease Control and Prevention Program monitors ILI reporting weekly during flu season. Disease Control and Prevention notified of outbreaks noted by school personnel. CHD provides education to LEA on communicable diseases, as requested.</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>CHD, LEA</p>	<p>Medication course available for all school staff who assist with medication administration and Exceptional Student Education (ESE) Assistants who have it required in their job description. Medication skills checkoff completed by LEA RN. Child specific training by LEA for unlicensed assistant personnel (UAP), as needed and in schools staffed by a LPN. Child specific training for UAP will be completed by CHD RN, in Charter Schools.</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>CHD, LEA</p>	<p>School Health Services Manual reviewed annually and updated as needed with current medication and health related forms available on school district website, Google Drive and CHD website. School Health Services Manual has provisions for all school health personnel that will assist with medication administration to complete the online</p>

			medication course or PowerPoint and have a skills checkoff completed by a RN. The school RN may delegate one-on-one child specific medication training for staff required to administer medications in the health room, on field trips or school sponsored events. CHD provides training and delegation to UAPs in Charter Schools for staff required to administer medications in the health room, on field trips or school sponsored events.
25. Students with asthma whose parent 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 (NASN) Position Statement, The Use of Asthma Rescue Inhalers in the School Setting	25a. Develop and implement an Individualized Healthcare Plan (IHP) and Emergency Action Plan (EAP) to ensure safe use of inhaler by student.	CHD, LEA	School Health policies and procedures, developed jointly by the CHD and LEA, require that a student who carries medication on their person have a current medication administration form (MAR) with parental signature, Parent Authorization for Administration of Medication (PAAM) and Medical Management Plan (MMP) with physician authorization. Care planning meetings are held, as needed, where individual health care plans and emergency health care plans/action plans are created for those needs. LEA documents child specific training completed on skills checkoff sheets, in IHP, and/or in student data system. CHD completes IHP and EAP in Charter Schools (not staffed by a RN. LEA is partnering with CareDox, Healthy Schools and Children's Hospital of Colorado to support asthmatic students with evidenced based programming that will improve asthma control through education, self-management and community partnership. Schools are encouraged to apply for Asthma Friendly School designation and several schools hold this

			designation (Bannerman Learning Center, Montclair Elementary, and Shadowlawn Elementary).
<p>26. A student who is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer while in school, school-sponsored activities, or in transit if written parental and physician authorization has been provided</p> <p>s. 1002.20(3)(i), F.S.; Chapters 6A-6.0251, F.A.C., 64F-6.004(4), F.A.C.; 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>26a. For students with life threatening allergies, the RN shall develop an annual IHP that includes an EAP, in cooperation with the student, parent/guardians, physician, and school staff. The IHP shall include child-specific training to protect the safety of all students from the misuse or abuse of auto-injectors. The EAP shall direct that 911 will be called immediately for an anaphylaxis event and have a plan of action for when the student is unable to perform self-administration of the epinephrine auto-injector.</p>	CHD, LEA	<p>School Health policies and procedures, developed jointly by the CHD and LEA, require that a student who carries medication on their person have a current medication administration form with parental signature and MMP with physician authorization. Care planning meetings are held as needed where individual health care plans and emergency health care plans are created for those needs. LEA documents child specific training completed on skills checkoff sheets, in IHP, and/or in student data system. CHD completes IHP and EAP in Charter Schools (not staffed by a RN).</p>
<p>27. 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</p>	<p>27a. 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>	N/A	N/A

<p>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>28. Educational training programs required by this section must be conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity or individual approved by the department. The curriculum must include at a minimum: (a) Recognition of the symptoms of systemic reactions to food, insect stings, and other allergens; and (b) The proper administration of an epinephrine auto-injector s. 381.88, F.S.</p>	<p>28a. Ensure that school staff that are designated by the principal (in addition to school health staff in the school clinic) to administer stock epinephrine auto-injectors (not prescribed to an individual student) are trained by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity approved by the Department of Health.</p>	N/A	N/A
<p>29. Students with diabetes that have physician and parental approval may carry their diabetic supplies and equipment and self-manage their diabetes while en-route</p>	<p>29a. 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>	CHD, LEA	Clay County School District has no restrictions on which school students with diabetes may attend and currently has students with diabetes at most schools. School Health policies and procedures require that a student who

<p>to and from school (bus), in school or at school sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student is capable of performing without assistance for diabetic self-management, including hypoglycemia and hyperglycemia</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>carries diabetic supplies on their person have a current Medical Management Plan (MMP) with physician authorization and Parental Authorization for Administration of Medication (PAAM) form with parental authorization and physician authorization. Care planning meetings are held as needed where individual health care plans and emergency action care plans are created for those needs. LEA documents child specific training completed on skills checkoff sheets, in IHP, and/or in student data system. CHD completes IHP and EAP in Charter Schools (not staffed by a RN).</p>
<p>30. A student who has experienced or is at risk for pancreatic insufficiency or who has been diagnosed as having cystic fibrosis may carry and self-administer a prescribed pancreatic enzyme supplement while en-route to and from school (bus), in school or at school sponsored activities if the school has been provided with authorization from the student's parent and prescribing practitioner</p> <p>s. 1002.20(3)(j), F.S.; Chapter 6A-6.0252, F.A.C.</p>	<p>30a. 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.</p>	CHD, LEA	<p>School Health policies and procedures require that a student who carries medication on their person have a current Medical Management Plan (MMP) with physician authorization and Parental Authorization for Administration of Medication (PAAM) form with parental authorization and physician authorization. Care planning meetings are held as needed where individual health care plans and emergency action care plans are created for those needs.</p>
<p>31. Nonmedical assistive personnel shall be allowed to perform health-related</p>	<p>31a. Document health related child-specific training by an RN for delegated staff. The delegation process shall</p>	CHD, LEA	<p>Documentation of child specific training done on skills checkoff sheets, child specific training sheets, in IHP, and/or in</p>

<p>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>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>student data system. Child specific training by LEA for unlicensed assistant personnel (UAP), as needed. Child specific training for UAP will be completed by school board RN or appropriate licensed personnel from the child's medical provider for schools without a RN. Child specific training for UAP in Charter Schools will be completed by CHD RN.</p>
	<p>31b. Use of nonmedical assistive personnel shall be consistent with delegation practices per requirements.</p>	<p>CHD, LEA</p>	<p>RNs follow Technical Assistance Guidelines when delegating tasks and procedures to UAPs.</p>
<p>32. 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., 1011.465, F.S.</p>	<p>32a. 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</p>	<p>All school health employees from LEA, CHD and community agencies undergo Level 2 background screenings prior to employment and repeated every 5 years.</p>

33. 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 under ss. 1002.20(3)(j), F.S., 1002.33(9), F.S., 381.0056(4)(a)(19), F.S.	33a. The school health services plan shall include policies and procedures for implementation.	LEA	LEA has policies and procedural guidelines in place when a student is removed from school, school transportation or a school-sponsored activity and taken to a facility for an involuntary examination under the Baker Act. These guidelines provide for the immediate notification to a student's parent or guardian if the student is removed from school as stipulated in s.381.0056(4)(a)(19). This information is disseminated through the crisis response manual, code of student conduct, as well as provided on the LEA web page.
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PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)

References/Resources	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
34. 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.	34a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.	CHD, LEA	All comprehensive schools have a RN or LPN on-site for the entire school day.
	34b. Provide health activities that promote healthy living in each school.	CHD, LEA	Health promotion activities provided at each comprehensive school. CHD participates, as available and when requested. A Student Health Expo provided with community partners.
	34c. Provide health education classes.	LEA	Health promotion classes provided at each comprehensive school with health promotion resources available, upon request.
	34d. Provide or coordinate counseling and referrals to decrease substance abuse.	LEA	Students referred to local substance abuse center for services as needed. Family Education Program- Too Good for Drugs and Violence provided to students as needed.

			Student Assistance Program is provided as needed.
	34e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	LEA	Annual training is provided to counselors on identification and referral concerning suicide prevention. LCSW and guidance counselors will provide individual counseling and referral if needed. Student Assistance Program is provided as needed.
	34f. Provide or coordinate health education classes to reduce the incidence of substance abuse, suicide attempts and other high-risk behaviors.	LEA	Student Assistance Program is provided, as needed.
	34g. Identify and provide interventions for students at risk for early parenthood.	LEA	Student Assistance Program (SAP) is provided, as needed. SAP counselors, school nurse, guidance counselors, school psychologists and social workers work with students to identify needs and resources.
	34h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	LEA	Student Assistance Program is provided as needed. SAP counselors, school nurse, guidance counselors, school psychologists and social workers work with students to identify needs and resources.
	34i. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	CHD, LEA	LEA social workers and guidance counselors work with agencies to provide support, education and services. Healthy Start Services available at Bannerman Learning Center.
	34j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	CHD, LEA	LEA social workers and guidance counselors work with agencies to provide support, education and services for the transition back into the school setting. Healthy Start

			Services available at Bannerman Learning Center.
	34k. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services.	CHD, LEA	Healthy Start Services available at Bannerman Learning Center. Referrals are made by social workers and school counselors.

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

References/Resources	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
35. 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.	35a. Designate full-service schools based on demographic evaluations.	CHD, LEA	Currently 10 full service schools in the county.
	35b. Provide nutritional services.	LEA	Referrals to local agencies, summer nutrition program at selected school sites. Free lunch provided at all Title one schools.
	35c. Provide basic medical services.	CHD, LEA	LEA partners with Healthy Schools to provide in-school annual check-ups to underserved students. CHD coordinates Back to School Event in the summer with LEA at selected school sites with community partners.
	35d. Provide referral to dependent children (Temporary Assistance to Needy Families (TANF)).	LEA	Referrals to local agencies for needed specialized services. Social worker available at all school sites, SAP counselors for at risk students.
	35e. Provide referrals for abused children.	LEA	Referrals to local agencies for needed specialized services. Social worker available at all school sites, SAP counselors for at risk students.
	35f. Provide referrals for children risk of delinquent behavior parents, and adult education.	LEA	Parenting and GED classes at various sites provided. Referrals to local agencies for needed specialized services. Social worker available at

			all school sites, SAP counselors for at risk students.
	35g. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	CHD, LEA	Partnerships in place with multiple community agencies for health and social services.