



2006-2008 School Health Services Plan

Submit by September 30, 2006

Contact Person: Below please indicate a contact person who was involved in the preparation of this plan and can answer questions if they arise.

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School Health Services Plan for 2006-08

Legislative Authority:

- School Health Services Act, s. 381.0056, F.S.
- Comprehensive School Health Services, s. 381.0057, F. S.
- Full Service Schools, s. 402.3026, F.S.
- Background screening requirements for school health services personnel, s. 381.0059, F.S.
- Chapter 64F-6.001 - .006, F.A.C.
- Nurse Practice Act, ss. 464.001 – 464.027, F.S.
- Administration of medication and provision of medical services, s. 1006.062, F.S.
- Immunization against communicable diseases, s. 1003.22, F.S.
- School-entry health examinations, s. 1003.22, F.S.
- K-12 student and parent rights, s. 1002.20, F.S.
- Student records and reports, s. 1002.22, F.S.
- Background screening requirements for certain noninstructional school district employees and contractors, s. 1012.465, F.S. (Jessica Lundsford Act)

The purpose of the School Health Services Plan is:

1. To assist local School Health Programs and the School Health Advisory Committees (SHAC) in planning and evaluating school health services.
2. To assist the Florida Department of Health (DOH) and Florida Department of Education (DOE) in identifying the health needs of school-age children for program planning.
3. To provide a basis for accountability for compliance with legislative requirements for the School Health Services Program.

Introduction:

The School Health Services Plan is mandated by the School Health Services Act, s. 381.0056, F.S. and provides an organized system for planning and reporting on all school health services, regardless of the funding source. The School Health Services Plan is a two-year document designed to facilitate the establishment of local strategies to implement activities mandated by law to meet the health of Florida's students and improve their chances for success in school. The law requires that this plan be collaboratively developed by the county health department (CHD), the local school district (LSD), and local SHAC and to include a process for data collection by which the program can be evaluated.

The following steps should help school health coordinators to facilitate the planning process:

1. The CHD is the lead agency for coordinating the plan development with the LSD.
2. Section 381.0056(4), F.S requires SHAC input in the development of the plan.
3. The plan should have input from the CHD administrative staff, school nurses, students, school district administrative staff, principals, parents and community agencies.
4. The signature page verifies that each involved entity has participated in the development of this plan, and reviewed and approved the Annual School Health Services Report.

**2006-2008 School Health Services Plan and 2005-2006 School Health Services Report
SIGNATURE PAGE**

My signature below indicates that I have reviewed and approved the plan and report that is being submitted:

CHD Administrator/Director		
	Name Nancy Mills, Administrator	
	Signature	Date
CHD Nursing Director		
	Name Mary Jane McRae	
	Signature	Date
CHD School Health Coordinator		
	Name Julie Lane	
	Signature	Date
School District School Health Coordinator		
	Name Donna Wethington	
	Signature	Date
School Board Chair Person		
	Name Carol Vallencourt	
	Signature	Date
School District Superintendent		
	Name David Owens	
	Signature	Date
School Health Advisory Committee Chair Person	Ellen O'Leary	
	Name	
	Signature	Date
Public / Private Partner #1		
	Name Dr. David Otto	
	Signature	Date
Public / Private Partner #2		
	Name Dr. Robert Field	
	Signature	Date
Public / Private Partner #3		
	Name	
	Signature	Date

DIRECTIONS

Part I: The provision of Basic School Health Services is mandated by: (1) School Health Services Act, s. 381.0056, F.S.; (2) Chapter 64F-6.001 - .006, F.A.C.; (3) Administration of medication, s. 1006.062, F.S.; (4) Provision of medical services, s. 1006.062, F.S.; (5) Immunization against communicable diseases, s. 1003.22, F.S.; (6) School-entry health examinations, s. 1003.22, F.S.; K-12 Student and parent rights, s. 1002.20, F.S.; Student records and reports, s. 1002.22, F.S.

Part II: Comprehensive School Health Services Projects (CSHSP) are mandated by s. 381.0057, F.S. Counties without a CSHSP should not complete this section.

Part III: The provision of Full Service School (FSS) Health Services is mandated by s. 402.3026, F.S.

Part IV is the Program Quality Improvement section for local school health programs and the state school health program office.

Note: The Comprehensive School Health Projects, Full Service Schools, and Public-Private Partnership schools are also required to meet the mandates of basic school health services (s. 381.0056, F.S.).

Under each of the goals is a table with five columns to plan for the delivery of local school health services. The intent of each column is as follows:

QUALITY IMPROVEMENT (QI) STANDARDS: These standards represent minimum activities conducted to meet the requirements of the law. Identify how these QI issues or standards will be addressed in the strategies and measurement columns of the table.

STRATEGIES: Details the actions the CHD and school district have agreed upon in order to meet the mandated requirements, conduct internal QI, and prepare for QI visits. In some cases, different strategies may be established for schools with Comprehensive School Health Projects than for schools served only by the basic program.

RESPONSIBLE PERSON(S)/AGENCY: Identifies the specific person and agency responsible for each strategy.

INFORMATION SOURCE: Identifies the information source used to assess progress for each quality improvement standard:

- Annual School Health Services Report (Annual Report)
- Health Management Component (HMC)
- Quality Improvement (QI) Review – supporting documentation for internal program reviews per the CHD QI Plan and periodic verification by the School Health Services Program office
- Community Health Assessment Resource Tool Set (CHARTS)
- Vital Statistics
- Financial Information System (FIS)

PERFORMANCE MEASURE: The specific items or data elements used to measure performance for each quality improvement standard.

SUBMISSION DATES: By September 30, 2006, submit the following documents via email to HSF_SH_Feedback@doh.state.fl.us, and cc your School Health Liaison:

- 2006-2008 School Health Services Plan
- 2005-2006 Annual School Health Services Report
- A completed Program Monitoring Tool for all 2005-2006 contracts
- Scanned signature page

Submit executed, signed school health contracts and memoranda of agreement for 2006-2007 via interoffice mail or US mail to:

Via Interoffice Mail or U.S. Mail: School Health Services (HSFFC), Department of Health, 4052 Bald Cypress Way, Bin A-13, Tallahassee, FL 32399-1723

Via Delivery Service: School Health Services (HSFFC), Department of Health, 4025 Esplanade Way,
Rm. 125-04, Tallahassee, FL 32311-7829

PART I: SCHOOL HEALTH SERVICES PLAN FOR BASIC SERVICES FOR 2006 - 2008

Part I-A. To have a school health services plan jointly developed by the County Health Department (CHD) the Local School District (LSD) and the School Health Advisory Committee (SHAC). Any person who provides services under a school health services plan must complete level 2 screening (s. 381.0056, F.S., s. 381.0059, F.S., Chapter 64F- 6.001-.006, F.A.C.) Background screening is required for certain non-instructional school district employees and contractors (s. 1012.465, F.S. - Jessica Lunsford Act).

Quality Improvement (QI)Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
<p>Active SHAC which has broad representation from the community.</p> <p>It is recommended that SHACs adopt the eight component Coordinated School Health Program model that will also conform to required school wellness policies.</p>	<p>Continue to recruit SHAC members through various community councils and ensure a diverse and required representation.</p> <p>Incorporate sub-committees from broad representation that promote Safe, Healthy and Drug-Free Schools</p>	<p>School Health Coordinator/CCHD</p> <p>Supervisor of Student Services/LSD</p> <p>SHAC Chairperson</p>	<p>QI Review</p>	<p>Number of SHAC meetings during the school year</p> <p>Composition of membership</p> <p>Minutes of meetings</p>
<p>School Health Plan collaboratively developed by CHD, LSD and SHAC</p>	<p>Distribute and discuss plan issues at monthly, main coalition meetings and offer sub-committee SHAC meeting opportunities immediately following.</p>	<p>School Health Coordinator/CCHD</p> <p>Supervisor of Student Services/LSD</p> <p>SHAC Chairperson/sub-committee</p>	<p>QI Review</p>	<p>A signed School Health Services Plan and any revisions on file at the CHD and LSD, and the School Health program Office</p>
<p>Participation in the school district wellness plan to promote activities that improve nutrition and increase physical activity</p>	<ol style="list-style-type: none"> 1. Active participation in the LSD Wellness Committee and Clay Action Coalition events 2. Increase # Walk-Run Programs in elementary schools 3. Participation in Annual Employee Health Fair and Annual Clay County Kids Day event 4. WIC Outreach education to high schools students/health room nurses 	<p>School Health Coordinator /CCHD</p> <p>WIC Director/CCHD</p> <p>LSD PE and Food Service Department</p> <p>Discover Family Chronic Disease Sr. Health Educator /CCHD</p>	<p>QI Review</p>	<p>Documentation of district-wide wellness activities</p>
<p>A school health services satisfaction survey for students, parents and school</p>	<p>Distribute <i>School Health Services Evaluation</i> to each school. Compile a</p>	<p>CHD</p>	<p>QI Review</p>	<p>Summary of the satisfaction survey, and any policy</p>

staff	summary for review and address areas of concern with SHAC meetings.			changes made based on survey
Level 2 background screening of school health employees compliant with Florida Statutes within 12 months of employment	All hired employees complete Level II background screening prior to employment and then repeat every five years.	CCHD/LSD	QI Review	Documentation of employee level 2 screening on file at employing agency

PART I-B. To provide health appraisals for the identification and management of actual or potential health problems which include but are not limited to nursing assessments, nutrition assessments, vision, hearing, scoliosis, and growth and developmental screening. To inform parents or guardians each year about planned health services or screenings and the process for including or exempting students from those services or screenings (s. 381.0056, F.S., Rule 64F-6.001-008, F.A.C.). To obtain Medicaid reimbursement for services provided to eligible students under the certified school-match program (s. 409.9122, F.S.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Parental notification of services provided and opportunity to opt in or out of services for their children	Student Handbooks notify parents of screenings, health education and medication policy/procedures. Separate notice sent home for scoliosis screening and Growth/Development films	LSD/CHD	QI Review	List of students, and completed opt out/in forms on file
Written parental requests for exemptions from intrusive/invasive services and screenings in students records	Parental requests for exemptions honored and filed in <i>Student Cumulative Health Record</i> .	LSD/CHD	Annual Report	Number of students excluded from services and screenings at parental request
Health services provided in school health rooms	Documentation of all school health services collected on <i>Daily Health Room Log</i> . Logs utilize coding system that collects data that is transferred into Employee Activity Records to reflect health room services throughout the school year. Data is collected and transmitted on a monthly basis and reviewed quarterly for accuracy. Per School Health Policy & procedure Manual	LSD nurse/health room personnel CHD	Annual Report HMC	Number of school health room visits in Pre-K, Elementary, Middle, High and Other schools during February FTE week. Number of: ▪ Paraprofessional Evaluations and Treatment (4000) ▪ Nursing Assessments and Counseling (5000) ▪ Medical Management (6000)
Provision of mandated screenings - vision, hearing, scoliosis, growth and development with BMI calculations and any indicated referral follow-up	1. Screening schedules sent to Principals' schools during summer 2. Enlist assistance from UNF Nursing Students and Parent Volunteers 3. School Health Team performs all screenings at each school site over 1-3 day period and referral notices sent home at end of screening for each school.	LSD nurse and administration CHD School Health Team	HMC	Number of screenings, failures and outcomes for: Height and Weight (0520) Hearing (0515) Scoliosis (0561) Vision (0510) BMI Assessments (0521, 0522, 0523, 0524)

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<p>A system to track referrals or failed screenings with accurate coding and charting of outcomes</p>	<p>Failure lists generated at time of screenings and followed by PHN Letter home ~additional contacts (phone/letter) as needed Outcomes tracked by HMC reports +</p>	<p>CCHD School Health Team</p>	<p>HMC</p>	<p>A minimum of 75% completion of vision and hearing referrals</p>
<p>Linkages with community partners to assure referral resources for failed screenings and suspected or confirmed health problems</p>	<p>Local Community Resource list updated 6/06 at Strategic Planning Objective Active participant in various Clay County Councils and Health Awareness/Educational Events Close working relationships with LSD social workers</p>	<p>CCHD School Health Team LSD social workers LSD Student Services Discover Health</p>	<p>QI Review</p>	<p>Working list of referral resources</p>
<p>Coordination with VisionQuest (VQ) and the schools for obtaining and documenting information regarding referral completions for children eligible for eye exams and glasses</p>	<p>Referrals generated by school nurses Quarterly reports provided to CHD from Jeppesen Vision Quest</p>	<p>JVQ LSD nurses CCHD School Team</p>	<p>HMC</p>	<p>Number of referrals to VQ and students who received glasses or treatment</p>
<p>Refer students with weight-related health issues – and whose BMI is also at or above the 95th percentile or below the 5th percentile.</p>	<p>Letters sent home immediately after screenings Appropriate follow-up completed by School Team Nurses Documentation in Cumulative Health Record</p>	<p>CCHD School Team Nurses</p>	<p>HMC</p>	<p>Number of completed referral outcomes (0522, 0524)</p>
<p>Participate in the planning and/or implementation of community-based interventions to reduce the percentage of students at or above the 95th percentile</p> <p>Participate in the planning and/or implementation of school-wide programs to promote improved nutrition and physical activity in coordination with school district wellness policies in accordance with USDA Free and Reduced Lunch requirements (Child Nutrition and WIC Reauthorization Act of 2004)</p>	<p><i>2005 Clay County Community Health Needs Assessment</i> identified obesity as a community-wide concern.</p> <p>Participation in Wellness Committee to address nutrition and education.</p> <p>Continued involvement in Step-Up Florida Campaign</p> <p>Continued support with Fun 2B Fit Program</p> <p>Promotion and support of Walk-Run Programs district wide</p> <p>Curriculum development</p>	<p>Community Partners</p> <p>Clay County Task Force</p> <p>LSD/CCHD Wellness Committees</p> <p>CCHD/LSD</p> <p>University of North Florida College of Nursing/AHEC</p> <p>LSD Physical Education Teachers</p>	<p>QI Review</p>	<p>Records/documents from planning and implementation of school and community-based wellness activities</p>

	Community Health/Awareness Events Annual Clay County Kids Day	Discover Health and participating partners		
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Part I-C. To provide referral and follow-up of suspected or confirmed health problems, consultations with students, parents, staff, and physicians regarding student health concerns, and investigation of public health communicable disease emergencies (s. 381.0056, F.S., Chapter 64F-6, F.A.C., s. 1006.061, F.S., s. 381.001, F.S.). All employees have an affirmative duty to report all actual or suspected cases of child abuse, abandonment or neglect (s. 1006.061, F.S.)

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Consultations with Parents: Inform students, parents, and staff of the availability of health counseling and/or consultations	Provide parents, students and staff information regarding resources via face to face meetings, phone calls and/or referral letters.	LSD nurses and social workers CCHD School Health Team	HMC	The number of face to face or phone consultations with parents, school staff or physicians regarding suspected or confirmed health problems (5051)
Documentation of health counseling and/or consultations in the appropriate student health treatment record	Counseling and/or consultations documented in student's Cumulative Health Record and/or on Community Health Nurse Referral (MIS 12484)	LSD nurses /CCHD School Team	QI Review	Documentation of consultations in individual student health records
Communicable Disease Control: Interagency Coordination during suspected or confirmed communicable disease outbreaks in schools. This should include: <ul style="list-style-type: none"> • Prevention Strategies • Process to identify and report communicable disease to CHD • Initial Response & Notification • Outbreak Investigation • Medical Intervention 	<ol style="list-style-type: none"> 1. Referenced in School Health Policy and Procedure Manual 2. Each school provided a current list of reportable diseases and protocols to follow 3. Schools In-serviced regularly by CCHD 4. School Health Team and CCHD Epidemiology staff assist in an investigation and intervention 	LSD CCHD School Team CCHD Epidemiology Department	QI Review	Interagency Agreements between Health Departments, School Districts and schools
Abuse Reporting: Mandatory reporting by all school and school health staff of suspected child abuse or neglect of students	Policy is referenced in School Health Policy & Procedure Manual and School Nurse Resource Manual. Annual education regarding mandatory reporting given to all school health staff and faculty Reference materials provided.	CCHD/ LSD Annual in-services provided by LSD Student Services	QI Review	Documentation that all staff have received training on reporting procedures

Part I-D. To provide a dental disease prevention program in the school setting (s. 381.0056, F.S., and Chapter 64F-6.001-.006, F.A.C.).				
Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Preventive dental services such as dental health education, dental screening, sealants or supplemental fluoride rinse	All schools sent a letter inviting participation in Smiles Across America Campaign and to receive free dental education/referral services	Dr. Robert Fields Florida Dental Association	HMC	Number of dental health classes (8020)
	Clay County Dental Society provide educational materials to schools		HMC	Number of preventive dental health services provided (6610)
	Pending approval of Mobile Dental Van intended to visit elementary schools to provide dental services to needy children	Baker County Health Department/Clay County Health Department	HMC	Number of dental screenings provided (0540)
Linkages with dentists who provide services to Medicaid eligible students or who volunteer their services for students without health/dental insurance	1. We Care Program offers assistance 2. Annual Homeless Event provides mobile van to perform limited dental evaluations/referrals 3. School Community Health Referral	Clay County Health Department Salvation Army School Health Team LSD Social Workers	QI Review	List of participating dental providers
Collaboration between the CHD dental health program and community dental providers where available	Dr. Bob Fields contact person from Clay County Dental Society We Care Program collaboration	CCHD	QI Review	Documented agreements between CHD and dental providers
Part I-E. To have an operational plan for the management of emergency health needs in each school (s. 381.0056, F.S., and Chapter 64F-6.004, F.A.C.).				
Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Policy and procedures for the management of emergency health situations in schools	Policy and procedures included in School Health Manual and is reviewed yearly. Pan Flu Summit held 7/12/06 Annual "Code Red" emergency plan updated and posted in designated areas at all schools.	CCHD LSD	QI Review	Copies of policies and procedures available in school health rooms
First aid and CPR certification of school health room staff and two additional school staff persons	Requirement for LSD staff and CCHD/School Team nurses. Available at no cost. CERT policy adopted by LSD American Red Cross trained LSD personnel to become certified instructors (currently have 13)	CCHD/School Health Team LSD	Annual Report	Number of individuals certified in first aid and CPR in each school

Names and contact information for certified staff posted throughout the school campus	Completed per Policy & Procedure Manual. Weekly QI visits ensure compliance by School Health Team. Updated each school year and as needed.	CCHD/ School Health Team LSD	QI Review	List of certified staff strategically posted for easy access
Current student emergency health and contact information available for all students	Cards sent home for parents/guardians to update at the beginning of each school year. Color changed yearly to reflect current school year. Data entered into TERMS (computer system).	LSD	QI Review	Student emergency cards/forms are on file or electronically available
Procedures to ensure adequate health and first aid supplies and emergency equipment are available in all schools	Approved supply lists referenced in School Health Manual. QI visits ensure compliance. Budgets provided to each health room. In addition, assistance offered from Student Services or ESE.	LSD	QI Review	Inventory/checklist available
Ongoing monitoring of accident/injury reports and active planning to limit/prevent re-occurrence. Collaborate with, or participate in risk management, crisis response teams, and safety committees	Coordinate with Risk Management in Student Support Services Schools have Safety Committees to address concerns.	LSD	Annual Report Annual Report QI Review	Total number of unintentional, and intentional injuries (injuries related to fights and violence) treated Number of calls to 911 Number of school health services staff who serve on school safety committees

Part I-F. Public health personnel shall assist school personnel in health education curriculum development (s. 381.0056(m), F.S.), and the district school board shall coordinate the educational aspects of Comprehensive Health Education (s. 1003.42(m), F.S.), and Health Education; instruction in acquired immune deficiency syndrome (s. 1003.46, F.S.) with the school health services program. The school board shall provide inservice health training for school personnel (s. 381.0056(7)(b), F.S., and Chapter 64F-6.001-.006, F.A.C.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Collaboration between schools, school health coordinators and other health staff in development of health education curriculum	Life Management instructors on becoming CPR and First Aid trained. Assisted with PE instructor to incorporate nutritional/exercise into curriculum. Continuation of Fun2Be Fit Program	LSD/CCHD/ University of North Florida College of Nursing/AHEC	QI Review	Number of health education programs provided by school health staff and number of participants (8020)
School board provision of in-service health training to school personnel	In-services and medication training given 3 x/year to school health staff	CCHD School Health Team	QI Review	Records of school staff health training events

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Part I-G. To initiate and maintain a cumulative health record on each student to document identified health problems and corrective measures taken (s. 381.0056, F.S., and Chapter 64F-6.001-.006, F.A.C.). To ensure individually retrievable student health treatment records created by health care professionals and containing protected health information and health services are maintained and released in accordance with state and federal law (s. 381.0056(5)(p), F.S.; s. 1002.22, F.S.; Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g; 34 CFR Part 99; Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191; and Chapter 64F-6.005, F.A.C.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
<p><i>Cumulative Health Record</i> (DH Form 3041) for all students which contain:</p> <ul style="list-style-type: none"> • School Entry Health Examination (DH 3040) • Florida Certificate of Immunization (DH 680) or Religious Exemption from Immunization (DH 681) <p>Documentation of health history and information including:</p> <ul style="list-style-type: none"> • Allergies • Health conditions (except super confidential information) • Screening tests, results, follow-up, and referral outcomes • Student health care plan for day-to-day or emergency care of chronic or acute health conditions • Notation of the existence of student treatment records which may include confidential protected health information (PHI), such as child abuse, HIV, STDs, mental health counseling. 	<p>Reviewed by CHD School Team nurses throughout the school year and summer months for compliance.</p> <p>Appropriate health data entered into data base</p> <p>School nurse (along with CHD School Team nurse, if applicable) will review Emergency cards & Registration forms for pertinent medical information and initiation of parent contact id necessary.</p>	<p>LSD and CCHD</p> <p>Record clerks (LSD)</p> <p>LSD nurse and CCHD School Team Nurse</p>	<p>QI Review</p> <p>QI Review</p> <p>Annual Report</p>	<p>Existence of <i>Cumulative Health Record</i> for each student</p> <p>Documentation on <i>Cumulative Health Record</i></p> <p>Number of chronic health conditions by type of disorder</p>
<p>Care plan for day-to-day or emergency care of students with chronic or acute health conditions available to staff and caregivers that have ongoing contact with student</p>	<p>Care plans collaboratively written with parents, student, physician, school nurse and PHN.</p>	<p>LSD/CCHD</p>	<p>HMC</p> <p>QI Review</p>	<p>Number of care plans developed (5053)</p>

Confidential Student Treatment Records for PHI including: <ul style="list-style-type: none"> • Background information for care planning and copy of care plan • Authorizations to treat, release or obtain PHI • Mental health, child or substance abuse, HIV or AIDS • Nursing progress notes, assessments, medical diagnosis and individual treatment logs • Medicaid billing information • Other PHI 	Health records secured in locked files. Access to information is on a need-to-know basis with parental authorization on Emergency Card. Referenced in School Health Policy & Procedure Manual.	LSD/CCHD	QI Review	Policy and procedures for confidentially maintained Student Treatment Records
<i>Cumulative Health Records</i> and/or the local district computer system updated yearly with current health information obtained from student emergency cards/forms and other sources	School staff reviews Registration forms and Emergency cards on an annual basis and makes changes in TERMS (computer system) Current Emergency cards stored outside of the Cumulative Health Folder in secured location	LSD records secretary LSD nurse	QI Review	Current records and electronic files
Maintenance of a daily clinic log to track student health services data	Data collected daily from clinic passes and documented on a daily log. Transmitted monthly (FAX or e-mail) to CCHD to be entered into HCMS.	LSD/CCHD	Annual Report	Student utilization of health services data from the <i>Daily Health Services Log (CSHSP only)</i>

Part I-H. To provide health related information on students seeking placement or re-evaluation of placement in exceptional student programs (s. 381.0056, F.S., and Chapter 64F-6.001-.006, F.A.C.). To ensure invasive medical services are provided by appropriately trained individuals (s. 1006.062, F.S.). To assure student safety and quality care by adherence to nursing standards of care (Nurse Practice Act, ss. 464.001-.027, F.S.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Collaboration between Exceptional Student Education (ESE) staff and school health services staff to assess the health conditions and services required by ESE students, and to provide health related information for ESE staffing	Ongoing involvement in IEP with ESE Specialist and CCSB staff. Training provided on as needed/required basis by CCHD PHN. Return demonstration performed and approved/documented by CCHD PHN. Delegated services reviewed and	CCHD School Team Nurses	HMC	Number of ESE staffing attended by school health staff (5052)

	<p>monitored on an ongoing basis by CCHD PHN.</p> <hr/> <p>Reflected in guidelines for the delineation of roles and responsibilities for the safe delivery of health care services in the educational setting (policy and procedure manual). Monitored by CCHD PHN.</p> <hr/> <p>Nursing Care Plans, daily health room activity log, monitor log, and progress notes.</p>			
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Child-specific training by registered nurses for health services delegated to unlicensed assistive personnel (UAP)	Registered and/or licensed practical nurses assigned to each school. Each school medical oversight is provided by CCHD PHNs.	LSD nurses/CCHD School Team Nurses	QI Review	Documentation of all child-specific trainings (for each care procedure) given to each UAP
Invasive procedures provided by appropriately trained personnel and monitored by a registered nurse	See above. Policy referenced in School Health Manual that requires parental authorization (to include return demonstration) for all invasive procedures performed by health room personnel.	LSD nurses/CCHD School Health Team	HMC QI Review	Number and type of complex medical procedures provided to ESE students by school health staff (HMC 5032) Invasive procedures documented on individual student health treatment records

Part I- I. To provide nonpublic schools with information regarding school health services (s. 381.0056, F.S., and Chapter 64F-6.001-.006, F.A.C.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Inform nonpublic schools about the availability of school health services, and their responsibilities if they voluntarily choose to participate in the school health services program	Contact made yearly with private schools during Kg. & 7 th Compulsory Immunization via phone, site visits and mailings. Assistance provided for Cumulative Health Record reviews and screenings. Invited to KIDS Council meetings and LSD School Nurses meetings 3x/yr.	CCHD	Annual Report Annual Report	Number of nonpublic schools who choose to participate in school health services program Types of services requested and provided in nonpublic schools

Part I-K. To have a procedure for assisting students in the administration of medication during school hours and for licensed professionals to train school personnel in administering medication (s. 1006.062, F.S., and s. 1002.203)(i), F.S, (Kelsey Ryan Act)).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Current school district medication policy for assisting students in the administration of prescribed and over-the-counter medication	Medication policy and procedures referenced in School Health Policy and Procedure Manual pg. 54-60.	CCHD/LSD	QI Review Annual Report HMC	Copy of medication policy available in every school Number of medication doses administered in pre-k, elementary, middle, high, and other schools during February FTE week (5030)
Curriculum and documentation of training, by a registered nurse, of the school personnel designated by the principal to provide students with assistance in medication administration	Medication trainings provided at a minimum 3x/yr. and as needed for all school personnel. Written test and return demonstrations required. Documentation stored in School Health Office.	CCHD/LSD	QI Review	Current curriculum and yearly training records available
Individual medication records for each student taking medication at school	Uniform documentation used throughout LSD. Referenced in Medication Policy and Procedure sections of SH Manual.	LDS health room personnel	QI Review	Individual medication records
Documentation of medications received, counted and stored in accordance with s. 1006.062, F.S.	See above. Regular QI school health room visits performed by School Team nurses for compliance.	LSD/CCHD	QI Review	Documentation on student medication form

Part I-L. To ensure that students who attend any public or nonpublic school have proper documentation of Certification of Immunization or Certificate of Immunization Exemption (s. 1003.22, F.S., and Rule 64D-3.011, F.A.C.). To ensure that all students entering Florida schools for the first time, including Pre-K, have a health examination within the past twelve months (s. 1003.22, F.S., and Rule 6A-6.024, F.A.C.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Collaborative efforts to assure that annual Immunization requirements for all grades are met	Current immunization requirements provided in annual student/parent handbook, LSD registration packets, notices to local media, LSD cable access channel, updated immunization guidelines supplied to LSD and physicians, reminder letters home to parents, and CHD specialty immunization clinics offered.	LSD/CCHD/ private schools	QI Review	Immunization status is verified for 100% of the students

	Site visits conducted to private schools as requested/required. Mailings sent to private schools.			
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<p>All immunization information transferred electronically is accompanied by a hard copy of a <i>Florida Certificate of Immunization</i> (DH 680) when the student's <i>Cumulative Health Record</i> is transferred from the previous school</p>	<p>Immunization data entered into TERMS and FASTER (Florida Automated System for Transfer of Educational Record).</p> <p>In addition, hard copy of Cumulative Health Record is pulled and transferred.</p>	<p>LSD Record Clerks</p>	<p>HMC</p> <p>QI Review</p>	<p>Number of new enrollee record reviews (0598)*</p> <p>Number of students requiring immunization follow-up services by school health staff (5033)</p> <p>All student Cumulative Health Records will contain a Florida Certificate of Immunization (DH 680) or Certificate of Exemption (DH 681)</p>
<p>A collaborative plan with the school district to ensure the availability of school entry health examinations for school age children</p>	<ol style="list-style-type: none"> 1. On-site school PEs provided in July for various Back to School Events. 2. As needed, no cost PEs available CHD 3. CCHD provided free PEs at special Back to School Events 4. Distribution Kidcare applications in schools 	<p>LSD/CHD</p>	<p>QI Review</p>	<p>All student <i>Cumulative Health Records</i> will contain a <i>School Entry Health Exam</i> (DH 3040 form or equivalent)</p>
<p>School health staff reviews the health examinations for pre-existing medical problems which might require special attention/care plans</p>	<p>PE, Emergency Medical Cards and registration paperwork reviewed. Care Plans written and communicated to all appropriate parties.</p>	<p>CCHD School Team Nurses/LSD nurses</p>	<p>HMC</p> <p>Annual Report</p>	<p>Number of new enrollee record reviews (0598)</p> <p>Number of chronic health conditions</p> <p>Number of care plans developed (5053)</p>

PART II: SCHOOL HEALTH SERVICES PLAN FOR COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP) FOR 2006 - 2008

Part II-A. To promote student health (s. 381.0057, F.S.)

Objective 1: CSHSP staff will provide supplemental health services to students, in addition to basic services, which will enable 90% of students receiving health services to return to class.

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Provision of health room services and health assessments to identify student health problems, and refer as needed	All schools staffed by at least one licensed nurse and receive medical oversight by PHN (registered nurse). Health rooms open entire school day/5 days a week. Referral forms utilized by LSD.	LSD nurses/ CCHD School Team Nurses	Annual Report HMC HMC	Daily Health Services Log Summary (DHSL) Services data Tracking tool for referrals of identified health problems

Objective 2: Reduce the prevalence of overweight students to 12% or less by 2010 (Healthy People 2010).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Provision of health promotion activities on nutrition and physical activity	Food Service Department Monthly newsletter with nutritional & physical activity information. LSD Wellness Policy and Wellness Committee. Various health fairs. Walk-Run Programs. Step-up Florida Campaign promoted in schools.	LSD/CCHD	Annual Report HMC	Number of school and community health promotion activities (GHSL) (7500, 8020, 9041)

Objective 3: During each school year CSHSP staff will provide or coordinate educational activities that promote healthy living in each project school.

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Provide classes and interventions in the following topics: Dental health General health/other Injury prevention/safety Mental health/self-esteem Nutrition Physical activity Human sexuality Staff wellness Staff in-service Parenting skills	a) "Healthy Habits" monthly newsletter articles <ul style="list-style-type: none"> • Annual newsletter articles • Request referrals from PE teachers, guidance & other staff b) Classroom education presentations by invitation. <ul style="list-style-type: none"> • Invite nutritionist for specialized health topics to include nutrition/exercise c) Work closely with human sexuality programs in place with CCSB. <ul style="list-style-type: none"> • Regular health curriculum • Human growth & development and HIV education films at elementary schools • Teen Aid & Project SOS at Jr. High & High. • Clay County Behavioral Health Center counselor on school campuses at Jr./Sr. High schools. • Support & sponsorship of "Abstinence Protects Everyone" club d) Too Good for Drugs at all Jr. High schools SWAT initiative & Project Graduation e) SAP counselor referrals & f) below. f) Educational bulletin boards promoting healthy lifestyles. Newsletter articles addressing bullying, etc. support extracurricular organizations and clubs that foster good self esteem. g) see c) above h) Familiarity and use of Date Rape program, guidance dept. classroom presentations, student mediation training through state attorney's office	LSD/CCHD	HMC Annual Report	Number of classes, interventions, and participants in the listed topics (GHSLs) (6030 and 8020)

Part II-B. Decrease student involvement in alcohol/tobacco/drug abuse, suicide/homicide, and other forms of risk-taking behaviors (s. 381.0057, F.S.).

Objective 1: During each school year, CSHSP staff will provide or coordinate counseling and referrals to decrease substance abuse (alcohol, tobacco and other drugs).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Provide or refer for counseling to	See above.	CCHD/LSD/Clay County Behavioral Center	Annual Report	Number of referrals to

decrease substance abuse				alcohol, drug abuse, and tobacco treatment/ cessation programs (DHSLs)
Identification of counseling and referral resources	See above.		QI Review	List of referral resources
Track referrals to assure that students have received treatment for identified substance abuse problems	Review of referrals.		QI Review HMC	Plan for a case management process for referred students (9010)

Objective 2: During each school year, CSHSP staff will provide or coordinate educational classes and interventions to reduce high-risk behaviors

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Provide classes and interventions in the following topics: Violence prevention/conflict resolution Date rape Child abuse Alcohol, tobacco, and other drug abuse prevention Suicide prevention HIV/STD Pregnancy prevention	<p>Child abuse: Annual in-service provided to all School District health room personnel. Handout information provided to each school site. Reference included in School Health Policy and Procedure Manual for mandatory reporting.</p> <p>Clay Action Coalition (CAC) and Enforcing Underage Drinking Law (EUDL) Task Force community wide events: two scheduled "Party in the Park" events, Town Hall meeting, PSA and skating event. Development of calendar that has ETOH/drug prevention messages.</p> <p>Abstinence based education provided in curriculum.</p>	LSD/ LCSW	HMC Annual Report	Number of classes, interventions, and participants (6030 and 8020) (GHSLs)

Objective 3: The incidence of suicide among adolescents in grades 6 to 12 will be less than 6 per 100,000 by 2010 (Healthy People 2010)

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
a) Protocols for responding to suicides and suicide attempts	District Crisis Response Team comprises of social workers, guidance counselors and psychologists. Available to every school.	Student Services/LSD Director	Annual Report	Annual number of known suicides by students in grades 6 to 12 in CSHSP schools
b) Suicide prevention interventions and classes	Yearly training provided to increase awareness (i.e. faculty, pamphlets and presentations)	Student Services/LSD Director	Annual Report	Number of suicide prevention interventions and classes (GHSLs 6030 and 8020)
c) Identification of counseling and referral resources	Regular core team meetings 3x/yr.	Student Services/LSD Director	Annual Report HMC	Annual number of students in CSHSP schools referred for mental health counseling (DHSLs)

d) Methodology for tracking referrals of students with identified suicidal behaviors substance	LSD Guidance Department	LSD, school based administrator/guidance	QI Review HMC	Case management of referred students (9010)
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Part II-C. Reduce incidence of teenage pregnancy (s. 381.0057, F.S.)

Objective 1: The birth rate to female students in CSHSP schools will be less than 10 per 1,000 live births.

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
a) Reduce teenage pregnancy by identifying and intervening with students at risk for early parenthood. Examples of risk factors include: <ul style="list-style-type: none"> • High absenteeism, • Poor academic achievement, • Early sexual activity, • Previous pregnancy, • Child or sibling of a teen parent, • Engagement in other health risk behaviors 	<p><u>Life Management</u> curriculum at all senior high schools.</p> <p><u>Healthy Choices</u> curriculum at all junior high schools.</p> <p>Teen Assistance Program</p> <p>Abstinence based education: Project S.O.S.</p>	<p>LSD health educators</p> <p>Project S.O.S. educators</p>	<p>Annual Report</p> <p>Annual Report</p> <p>HMC</p>	<p>Annual number of female students in CSHSP schools in grades 6-12</p> <p>Annual number of students in CSHSP schools who gave birth</p> <p>Annual number of babies born to students enrolled in CSHSP schools</p>
b) Counseling and education of teens to prevent and/or reduce involvement in sexual activity	See above		Annual Report HMC	Number of pregnancy prevention classes, interventions, and participants (GHSLs 6030 and 8020)
c) Interagency collaboration activities to prevent and/or reduce teen pregnancy	Project S.O.S. education Quigley House education/awareness	LSD DOH	QI Review	Community-based teen pregnancy prevention activities

Objective 2: The rate of low birth weight (LBW) babies born to female students in CSHSP schools will be less than 5/1000 live births.				
Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Procedure to identify the number of LBW babies born to students enrolled in CSHSP schools	Stats provided by Healthy Start and/or CCHD Woman's Center.	LSD/CCHD Healthy Start	Annual Report	Number of LBW babies born to students enrolled in CSHSP schools
Comprehensive intervention services to pregnant teens (including Healthy Start Services and Healthy Families)	Interagency collaboration Teenage Parent Program (TAPP), HS, HF, Department of Children and Families, WIC, CCHD Woman's Center for OB services/referrals.	CCHD/LSD/agencies	HMC	Case management of children of parenting adolescents (9010)
Objective 3: At least 90% of female students will return to school or enter alternative education after the birth of their child.				
Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Tracking return to school or continuing education for pregnant and parenting students	Once student has withdrawn from school, the registrar enters data (intent to return and/or continuing education). If student has not formally withdrawn, the SW will follow for attendance issues.	LSD	Annual Report QI Review	Number of CSHSP students who return to school after giving birth Number of parenting students in project schools
Interagency collaboration (such as Teenage Parent Program (TAPP), Temporary Assistance for Needy Families (TANF), Healthy Start, CHD programs and other community agencies) to identify and address the gaps in services and barriers which might interfere with parenting students returning to or continuing in school	Case management and referral services provided to students. Collaboration between PHN, SW, nurses, teachers, guidance and various agencies in meeting the needs of parenting students. School District offers TAPP at Bannerman Learning Center. On-site daycare provided.	LSD/CCHD	HMC QI Review	Number of counseling and case management services to parenting teens (8040 and 9010) Local collaborative plan

PART III: SCHOOL HEALTH SERVICES PLAN FOR FULL SERVICE SCHOOLS (FSS) FOR 2006- 2008

Part III-A. The Department of Health and the Department of Education shall jointly establish full service schools to serve students from schools that have a student population that has a high risk of needing medical and social services, based on the results of demographic evaluations (s. 402.3026, F.S.). Funds shall be used to provide health services in schools and must be integrated with other school health services.

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
<p>CHD and school district will collaborate to plan and coordinate the FSS program (i.e. Program administration, and coordination of in-kind providers and services to students and families)</p>	<p>Meetings and discussions held throughout year. Yearly contract. Input provided by SHAC.</p>	<p>CCHD/LSD</p>	<p>QI Review</p>	<p>Collaborative agreement/contract between the CHD and school district</p>
<p>Provision of specialized services to students and families as an extension of the educational environment. These services may include, but are not limited to:</p> <ul style="list-style-type: none"> • Nutritional services • Basic medical services • Economic services (temporary assistance to needy families – TANF) • Parenting skills • Counseling for abused children • Counseling for children at high risk • Counseling for parents of at-risk children • School health nursing services • Basic adult education 	<ul style="list-style-type: none"> a) WIC counseling provided in TAPP. b) Referrals by PHN Medicaid/Healthy Kids/KidsCare c) Referrals by PHN to Children and Family Services d) Healthy Start/Healthy Families in TAPP. e) First Coast Family Center on-site counseling f) Referrals by PHN to Clay County Behavioral Center g) Referrals by PHN h) Health rooms in all schools i) Referrals to LSD Adult Education Program 	<p>CCHD/LSD/various specified agencies</p>	<p>HMC</p>	<p>Number of services provided by staff hired by CHD or LSD with FSS funds coded by DAU number</p>

<p>In-kind health and social services provided on school grounds donated by local providers:</p> <ul style="list-style-type: none"> • Adult education • Basic medical services • Case management • Child protective services • Community education • Counseling abused children • Counseling high-risk children • Counseling high-risk parents • Delinquency counseling • Dental services • Economic services • Healthy Start/Healthy Families • Job placement services • Mental health services • Nutritional services • Parenting skills training • Resource officer • School health nursing services • Social work services • Substance abuse counseling • TANF programs (job training) • Other 	<p>A) Adult Education provided in various schools throughout district. B) Health rooms located in all public schools and staffed by RNs and/or LPNs. C) PHN assigned to all public schools. D) Referral process for Child Protective Services known through Student Services and medical personnel in all public schools. E) Community education provided in health/educational events , wellness committees, pamphlets, newsletters, newspapers, CCHD and LSD websites, cable channel and interagency meetings and coalitions. F) Counseling abused children services provided First Coast Family Center and/or referrals made through Student Services for Clay County Behavioral Center. G) Delinquency counseling conducted through Attendance Teams (Student Services) Referrals made to Truancy Court or Truancy Arbitration Program (TAP). H) Dental services: education outreach provided Smiles Across America Campaign in February, volunteer hygienists provide classroom presentations, screening by PHN's with referral & follow-up, on-site dental mobile van for underserved population. I) Healthy Start/Healthy Families services available through CCHD. Parents can self refer. J) SEDNET K) WIC community outreach extends to schools via health/educational events, health rooms and interagency meetings. L) Parenting skills training available local hospital, Life Management curriculum and Healthy Families/Healthy Start. M) On-site resource officers available throughout all schools. N) Clay Action Coalition through EUDL Task Force provides education and raises community awareness.</p>	<p>LSD/CCHD/various specified agencies</p>	<p>Annual Report QI Review</p>	<p><u>In-Kind Services:</u> Copy of Agreements for in-kind services, where applicable In-kind time donated per agency or provider Estimated value of in-kind services Type of student services provided by each collaborative partner during the contract year</p>
<p>Utilization and monitoring of standard state contract for FSS funds transferred from the CHD to the school district or other agencies</p>	<p>Yearly contract with specified services/deliverables. Monitoring tools completed per contract. Weekly QI Tools completed. Service data collected by LCSW, SW and nurses.</p>	<p>LSD/CCHD</p>	<p>Annual Report QI Review</p>	<p>Contract and Model Attachment I, if applicable Contract Monitoring Tool</p>

<ul style="list-style-type: none"> • Teen births and repeat births • Teen Suicide 	<p>communicable diseases in schools.</p>			
<p>Use trend analysis results to update principals, superintendent, SHAC and School Board about student health issues and related school health services, and inform the public</p>	<p>Monthly participation in multiple coalition meetings that involve stakeholders. Close working relationship between the LSD and CCHD. Frequent communication via face-to-face meetings, phone conversations and e-mail. Provided LSD with formal proposal to reflect past/present school health trends.</p>	<p>CCHD/LSD</p>	<p>HMC Annual Report CHARTS Vital Statistics</p>	<p>Process to share data with local stakeholders who participate in program analysis and improvement</p>