



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

## **2014 - 2016 School Health Services Plan**

**Due by September 15, 2014**

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

[HSF\\_SH\\_Feedback@flhealth.gov](mailto:HSF_SH_Feedback@flhealth.gov)

### Contact Person

*Please indicate a contact person who was involved in the preparation of this plan and can answer questions if they arise.*

Name & Credentials: \_\_\_\_\_

Position & Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, County, State, Zip: \_\_\_\_\_

Phone & Work Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### SUMMARY - SCHOOL HEALTH SERVICES PLAN 2014 - 2016

**Statutory Reference. Section 381.0056, 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 - All Public Schools** – this section contains each of the Florida statutes (Department of Health (DOH) and Department of Education (DOE) that relate to the mandated basic health services for students in all public schools.
- **Part II: Comprehensive School Health Services** – 46 counties receive state funding for comprehensive programs that provide enhanced services to high risk children. These services are in addition to the services identified in Part I.
- **Part III: Health Services for Full Service Schools (FSS)** – all counties receive funding for FSS serving high-risk students with limited access to services. These services are in addition to the basic services identified in Part I.

The Plan contains 4 columns, as follows:

- **Column 1 – Statutory Requirements.** This column is in order by statute and establishes the primary requirements and mandates.
- **Column 2 – Program Standards.** This column provides the standards that are related to the statutory requirements. Where rules are not available, standards are based on other guidelines (such as the Florida School Health Administrative Guidelines (May 2012), current School Health Services Plan, or standards of practice).
- **Column 3 – Local Agency(s) Responsible.** The local agencies (local Department of Health, Local Educational Agency (LEA), and School Health Advisory Committee (SHAC)) determine the responsibilities for providing the services described in each statutory requirement and program standard when the Plan is developed. These responsibilities will depend upon the county service/staffing model, funding sources, community partners, and collaboration.
- **Column 4 – Local Implementation Strategy & Activities.** The local agencies will provide implementation strategy and activities to meet each statutory requirement and program standard identified.

### GENERAL INSTRUCTIONS

- The 2014 - 2016 plan format is in a Microsoft Excel file. The cells where you enter information are "unlocked" and allow you to type information into them. The cells with references from statute, rule or program standards are locked.
- Please make sure that you only open the 2014 - 2016 School Health Services Plan format in Microsoft Excel.
- Do not work in this file until you have opened and saved it to your network drive or a flash/travel drive. When saving for the first time, use the "Save As" function and add your county's name to the beginning of the file name so your plan will not be confused with that of another county.
- Insert your county's name into the file "Header" by choosing "File", "Page Set-Up", Header/Footer", "Custom Header".
- If you need clarification on the programmatic items in the plan, please email the School Health mailbox at: [hsf\\_sh\\_feedback@flhealth.gov](mailto:hsf_sh_feedback@flhealth.gov)
- If you have any technical questions about the Excel format not answered by these instructions, please contact your Program Office School Health liaison for assistance.

### REFERENCES

Florida School Health Laws and Rules: <http://www.floridahealth.gov/healthy-people-and-families/childrens-health/school-health/laws-rules.html>

Center for Disease Control and Prevention Coordinated School Health Model: <http://www.cdc.gov/HealthyYouth/CSHP/>

Florida School Health Administrative Guidelines: [http://www.floridahealth.gov/healthy-people-and-families/childrens-health/school-health/\\_documents/adminstrative-guidelines.pdf](http://www.floridahealth.gov/healthy-people-and-families/childrens-health/school-health/_documents/adminstrative-guidelines.pdf)

Emergency Guidelines for Schools (Florida Edition, 2010): [http://www.floridahealth.gov/provider-and-partner-resources/emsc-program/\\_documents/egs2011fl-edtion.pdf](http://www.floridahealth.gov/provider-and-partner-resources/emsc-program/_documents/egs2011fl-edtion.pdf)

State Requirements for Educational Facilities (2012): <http://www.fldoe.org/edfacil/pdf/sref-rule.pdf>

**2014 - 2016 School Health Services Plan Signature Page**

*My signature below indicates that I have reviewed and approved the 2014 - 2016 School Health Services Plan and it's local implementation strategies, activities, and designations of local agency responsibility as herein described:*

Position	Name and Signature	Date
Local Department of Health Administrator / Director		
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health Nursing Director		
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health School Health Coordinator		
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Board Chair Person		
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District Superintendent		
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District School Health Coordinator		
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Advisory Committee Chairperson		
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Services Public / Private Partner		
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>

Part	<b>Statutory Requirements</b> <i>(Legislative mandates that establish School Health Program requirements)</i>	<b>Program Standards</b> <i>(Standards and Administrative Code that support statutory requirements, are identified)</i>	<b>Local Agency(s) Responsible</b> <i>(Identify the local agency(s) responsible for each requirement)</i>	<b>Local Implementation Strategy &amp; Activities</b> <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
<b>PART I: PREVENTIVE HEALTH SERVICES FOR ALL PUBLIC SCHOOLS</b>				
I.	1. s. 381.0056, F.S. School Health Services Program.	a. Each local Department of Health uses the annual schedule C funding allocation (General Appropriations Act) to provide school health services pursuant to the School Health Services Act (s. 381.0056(1), F.S.) and the requirements of the Schedule C Attachment I.		
I.	2. s. 381.0056(3), F.S. The Department of Health (DOH), in cooperation with the Department of Education (DOE), shall supervise the administration of the school health services program and perform periodic program reviews.	a. The local Department of Health and local education agency (LEA) each designate one person to be responsible for the coordination of planning, development, implementation and evaluation of the local school health program. Those two individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services. (Ch. 64F-6.002(2)(i), F.A.C.)		
		b. The local school health services plan shall describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of funding source. (Ch. 64F-6.002(2)(j), F.A.C.)		

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		c. Protocols for supervision of school health services personnel shall be described in the local school health services plan to assure that such services are provided in accordance with statutory and regulatory requirements and professional standards. (Ch. 64F-6.002(2)(j)(1), F.A.C.), and consistent with the Nurse Practice Act (Ch.464 F.S.) and the Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).		
		d. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the local Department of Health medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant, or the student's private physician. (Ch. 64F-6.002(2)(j)(2), F.A.C.		
I.	3. s. 381.0056(4)(a), F.S. Each local Department of Health shall develop, jointly with the district school board (a.k.a. local educational agency or LEA) and the local school health advisory committee (SHAC), a school health services plan.	a. Each local school health services plan shall be completed biennially and approved and signed by at a minimum the superintendent of schools, school board chairperson, local Department of Health medical director or administrator.		

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		b. 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 or administrator. (Ch. 64F-6.002(3)(a), F.A.C.).		
		c. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners. (Ch. 64F-6.002(2)(g), F.A.C.).		
		d. As per s. 381.0056(4)(a)(18)(b), F.S., each School Health Advisory Committee (SHAC) should include members representing the eight components of the Centers for Disease Control and Prevention's Coordinated School Health (CSH) model. The SHAC is encouraged to address the eight CSH components in the school district's wellness policy pursuant to s. 1003.453, F.S.		
I.	4. s. 381.0056(4)(a)(1), F.S. Health appraisal	a. Determine the health status of students.		
I.	5. s. 381.0056(4)(a)(2), F.S. Records review	a. Perform initial school entry review of student health records, to include school entry physical, immunization status (DH 680), cumulative health record, emergency information, etc. (Ch. 64F-6.005(1), F.A.C.)		

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		b. Perform annual review of each student's emergency information and medical status. An emergency information card for each student shall be updated each year. (CH. 64F-6.004(1)(a), F.A.C.)		
I.	6. s. 381.0056(4)(a)(3), F.S. Nurse assessment	a. Perform school entry and periodic assessment of student's health needs. (Ch. 64F-6.001(6), F.A.C.).		
		b. For day-to-day and emergency care of students with chronic or acute health conditions at school, the registered nurse (RN) develops an individualized healthcare plan (IHP),		
		c. The RN utilizes the IHP to develop an emergency action plan (EAP) and/or an Emergency Care Plan (ECP) for use by unlicensed assistive personnel and school staff.		
I.	7. s. 381.0056(4)(a)(4), F.S. Nutrition assessment	a. Identify students with nutrition related problems (Florida School Health Administrative Guidelines. May 2012, Ch. 11).		
I.	8. s. 381.0056(4)(a)(5), F.S. Preventive dental program	a. Recommended services include: Minimally - age appropriate oral health education to all grades and referral system.		
		b. Mid-range - oral health screenings, fluoride varnish or rinse program (both recommended for either 2nd or 3rd grades).		



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		c. Best practice - school-based or school-linked dental sealant program and primary dental services as available. Recommend a licensed dental professional liaison from the local Department of Health or community partner to provide screenings, preventive oral health services and referrals.		
I.	9. s. 381.0056(4)(a)(6-9), F.S. Provisions for Screenings	a. Provide screenings and a list of all providers. Screenings: (1) Vision screening shall be provided, at a minimum, to students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten through 5. (2) Hearing screening shall be provided, at a minimum, to students in grades kindergarten, 1 and 6; to students entering Florida schools for the first time in grades kindergarten through 5; and optionally to students in grade 3. (3) Growth and development screening shall be provided, at a minimum, to students in grades 1, 3 and 6 and optionally to students in grade 9. (4) Scoliosis screening shall be provided, at a minimum, to students in grade 6. (Ch.64F-6.003(1-4), F.A.C.		

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		b. 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), other service providers and local resources. (1) Provide a list of all referral providers.		
		c. Establish a system to document and track screening results and referrals.		
		d. Ensure all screening services are coded into HMS to include initial screenings, rescreenings, abnormal results/referrals, outcomes, and incomplete referrals after three attempts.		
I.	10. s. 381.0056(4)(a)(10), F.S. Health counseling	a. Provide health counseling as appropriate.		
		b. Document health counseling in the student health record.		
I.	11. s. 381.0056(4)(a)(11), F.S. Referral and follow-up of suspected and confirmed health problems	a. Provide referral and follow-up of abnormal health screenings, emergency health issues, and acute or chronic health problems.		
		b. Coordinate and link to community health resources.		
		c. Require child abuse reporting. (s. 1006.061, F.S.)		

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		d. Provide referral to services to sexually exploited children including: counseling, healthcare, substance abuse treatment, educational opportunities, and a safe environment secure from traffickers (Ch. 39.001 (4) (a-d), F.S.) and report as child abuse (s.1006.061, F.S.).		
I.	12. s. 381.0056(4)(a)(12), F.S. Meeting emergency health needs in each school	a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. (Ch. 64F-6.004(1), F.A.C.). List protocols used (i.e. Emergency Guidelines for Schools 2011 Florida Edition).		
		b. Ensure health room staff and two additional staff in each school are currently certified in cardiopulmonary resuscitation (CPR) and first aid and a list is posted in key locations. (Ch. 64F-6.004(2&3), F.A.C.). Include on the list location and phone numbers of these staff members.		
		c. Assist in the planning and training of staff responsible for emergency situations. (Ch. 64F-6.004(4), F.A.C.)		
		d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities. (Ch. 64F-6.004(5), F.A.C.)		

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		e. The school principal (or designee) shall assure first aid supplies, emergency equipment, and facilities are maintained. (Ch. 64F-6.004(6), F.A.C.)		
		f. 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. (Ch. 64F-6.004(7), F.A.C.)		
		g. It is the responsibility of each school that is a member of the Florida High School Athletic Association to: <ol style="list-style-type: none"> <li>1) have an operational automatic external defibrillator (AED)</li> <li>2) ensure employees expected to use the AED obtain appropriate training</li> <li>3) and register the AEDs with the county emergency medical services director. (s. 1006.165, F.S.)</li> </ol>		
I.	13. s. 381.0056(4)(a)(13), F.S. Assist in health education curriculum	a. Collaborate with schools, health staff and others in health education curriculum development.		
I.	14. s. 381.0056(4)(a)(14), F.S. Refer student to appropriate health treatment	a. Use community or other available referral resources.		
		b. Assist in locating referral sources for Medicaid eligible or underinsured students (community health and social service providers).		

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I.	15. s. 381.0056(4)(a)(15), F.S. Consult with parents or guardian regarding student's health issues	a. Provide consultation with parents, students, staff and physicians regarding student health issues. (Ch. 64F-6.001(1), F.A.C.)		
I.	16. s. 381.0056(4)(a)(16), F.S. Maintain health-related student records	a. Maintain a cumulative health record for each student that includes required information. (Ch. 64F-6.005(1), F.A.C.)		
		b. Maintain student health records per s. 1002.22, F.S. (Ch. 64F-6.005(2), F.A.C.)		
I.	17. s. 381.0056(4)(a)(17), F.S. Provision of health information for Exceptional Student Education (ESE) program placement	a. Provide relevant health information for ESE staffing and planning according Ch. 6A-6.0331 and 64F-6.006, F.A.C.		
I.	18. s. 381.0056(5)(a)(18), F.S.	a. Notification to the local nonpublic schools of the school health services program and the opportunity for representatives of the local nonpublic schools to participate in the development of the cooperative health services plan.		
		b. A nonpublic school may request to participate in the school health services program provided they meet requirements per s. 381-0056(5)(a)-(g), F.S.		

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I.	<p>19. s. 381.0056(6)(a), F.S. The district school board shall include health services and health education as part of the comprehensive plan for the school district.</p>	<p>a. School-based health services are provided to public school children in grades pre-kindergarten through twelve. Health services are provided to public charter schools, based upon the charter, local contracts, and agreements. Counties offer school health services to private schools, based upon their participation in the School Health Services Plan, and the availability of staff and local resources. (Florida School Health Administrative Guidelines. May 2012, Section I-2).</p>		
		<p>b. Describe how CHD staff will assist school personnel in health education curriculum development. Since the CHD staff includes health professionals with expertise in many disciplines, they should be considered a primary resource for topics related to student health and wellness. County health department staff may serve as content and curriculum experts in their particular specialty (i.e. dental health, nutrition, hygiene and communicable disease prevention, injury prevention, human growth and development, sexually transmitted diseases, and other health topics relevant to school-age children and adolescents). (Florida School Health Administrative Guidelines. May 2012, Section III, Ch.15-1).</p>		

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I.	20. s. 381.0056(6)(b), F.S. The district school board shall provide in service health training for school personnel.	a. Please list providers of in service health training for school personnel.		
I.	21. s. 381.0056(6)(c), F.S. The district school board shall make available adequate physical facilities for health services.	a. Health room facilities in each school will meet DOE requirements. (State Requirements for Educational facilities, December 2012 and/or State Requirements for Existing Educational Facilities 2012).		
I.	22. s. 381.0056(6)(d), F.S. The district school board shall, at the beginning of each school year, provide parents with information concerning ways that they can help their children to be physically active and eat healthful foods.	a. List programs and/or resources to be used.		
I.	23. s. 381.0056(6)(e), F.S. The district school board shall inform parents or guardians in writing at the beginning of each school year of the health services provided.	a. Provide the opportunity for parents or guardians to request an exemption in writing.		
		b. Obtain parent permission in writing prior to invasive screening.		
I.	24. s. 1003.22(1), F.S. Each district school board shall require that each child who is entitled to admittance to kindergarten, or is entitled to any other initial entrance into a public school in this state, present a certification of a school-entry health examination performed within 1 year prior to enrollment in school.	a. The school health plan shall include initial school entry health examination policy. (Ch. 64F-6.002(2)(f), F.A.C.) Note: Reference policy to Ch. 6A-6.024, F.A.C.		

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I.	25. s. 1003.22(4), F.S. Each district school board shall establish and enforce as policy that, prior to admittance to or attendance in a public school, grades kindergarten through 12, or any other initial entrance into a Florida public school, each child present or have on file with the school a certification of immunization for the prevention of those communicable diseases for which immunization is required by the Department of Health.	a. The school health plan shall include immunization policies in each school that comply with Ch. 64D-3.046, F.A.C. (Ch. 64F-6.002(2)(e), F.A.C.). Each public school, including public kindergarten, and each private school, including private kindergarten, shall be required to provide to the local Department of Health director or administrator annual reports of compliance with the provisions of this section per s. 1003.22 (8) F.S.		
I.	26. s. 1003.22(9), F.S. The presence of any of the communicable diseases for which immunization is required by the Department of Health in a Florida public or private school shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency.	a. The school health plan shall include communicable disease policies. (Ch. 64F-6.002(2)(d), F.A.C.) Note: Policies need to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.		
I.	27. s. 1006.062(1)(a), F.S. Each district school board shall include in its approved school health services plan a procedure to provide training, by a licensed registered nurse, a practical nurse, a physician or a physician assistant (pursuant to chapter 458 or 459), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.	a. Include provisions in the procedure for general and student-specific administration of medication training.		



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I.	28. s. 1006.062(1)(b), F.S. Each district school board shall adopt policies and procedures governing the administration of prescription medication by district school board personnel.	a. The school district medication policy will be reviewed annually and updated as necessary to ensure student safety.		
		b. The school district medication policy will address the use of designated school staff for medication administration and be consistent with delegation practices per Ch. 64B9-14, F.A.C.		
	29. s. 1002.20(3)(h), F.S. Students with asthma whose parent and physician provide approval may carry a metered dose inhaler on their person while in school.	a. Develop and implement an Individualized Healthcare Plan (IHP) and Emergency Action Plan (EAP) to ensure safe use of inhaler by student.		
	30. s. 1002.20(3)(i), F.S. A student who is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer while in school, school-sponsored activities, or in transit if written parental and physician authorization has been provided.	a. 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. (Ch. 6A-6.0251, F.A.C.)		

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	<p>31. A public school may purchase from a wholesale distributor as defined in s. 499.003 and maintain in a locked, secure location on its premises a supply of epinephrine auto-injectors for use if a student is having an anaphylactic reaction. 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>a. If the school district has chosen to maintain supplies of epinephrine auto-injectors, a written protocol has been developed by a licensed physician and is available at all facilities where supplies are kept.</p>		
	<p>32. s. 1002.20(3)(j), F.S. Students with diabetes that have physician and parental approval may carry their diabetic supplies and equipment and self-manage their diabetes while en-route to and from school (bus), in school or at school sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student is capable of performing without assistance for diabetic self-management, including hypoglycemia and hyperglycemia.</p>	<p>a. 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 pursuant to Ch. 6A-6.0253, F.A.C.</p>		

Part	<b>Statutory Requirements</b> <i>(Legislative mandates that establish School Health Program requirements)</i>	<b>Program Standards</b> <i>(Standards and Administrative Code that support statutory requirements, are identified)</i>	<b>Local Agency(s) Responsible</b> <i>(Identify the local agency(s) responsible for each requirement)</i>	<b>Local Implementation Strategy &amp; Activities</b> <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
	33. s. 1002.20(3)(k), F.S. A student who has experienced or is at risk for pancreatic insufficiency or who has been diagnosed as having cystic fibrosis may carry and self-administer a prescribed pancreatic enzyme supplement while en-route to and from school (bus), in school or at school sponsored activities if the school has been provided with authorization from the student's parent and prescribing practitioner.	a. 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 pursuant to Ch. 6A-6.0252, F.A.C.		
I.	34. s. 1006.062(4), F.S. Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child specific training by a registered nurse or advanced registered nurse practitioner, physician or physician assistant.	a. Document health related child-specific training by an RN for delegated staff. The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision per Ch. 64B9-14.002(3). The documentation of training and competencies should be signed and dated by the RN and the trainee.		
		b. Use of nonmedical assistive personnel shall be consistent with delegation practices per Ch. 64B9-14, F.A.C. and per the Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).		

Part	<b>Statutory Requirements</b> <i>(Legislative mandates that establish School Health Program requirements)</i>	<b>Program Standards</b> <i>(Standards and Administrative Code that support statutory requirements, are identified)</i>	<b>Local Agency(s) Responsible</b> <i>(Identify the local agency(s) responsible for each requirement)</i>	<b>Local Implementation Strategy &amp; Activities</b> <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
<b>PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)</b>				
II.	1. s. 381.0057(6), F.S. The services provided by a comprehensive school health program must focus attention on promoting the health of students, reducing risk-taking behavior, and reducing teen pregnancy. Services provided under this section are in addition to the services provided under s. 381.0056, F.S. and are intended to supplement, rather than supplant, those services.	a. Use annual schedule C funding allocations (General Appropriations Act) provided to designated county health departments (local Department of Health) for comprehensive school health programs that provided basic school health services as specified in Part I of this plan and promote student health, reduce risk-taking behaviors, and reduce teen pregnancy.		
II.	2. s. 381.0057(6), F.S. Promoting the health of students.	a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.		
		b. Provide health activities that promote healthy living in each school.		
		c. Provide health education classes.		
II.	3. s. 381.0057(6), F.S. Reducing risk-taking behavior.	a. Provide or coordinate counseling and referrals to decrease substance abuse.		
		b. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.		
		c. Provide or coordinate health education classes to reduce the incidence of substance abuse, suicide attempts and other high risk behaviors.		
II.	4. s. 381.0057(6), F.S. Reducing teenage pregnancy.	a. Identify and provide interventions for students at risk for early parenthood.		

Part	<b>Statutory Requirements</b> <i>(Legislative mandates that establish School Health Program requirements)</i>	<b>Program Standards</b> <i>(Standards and Administrative Code that support statutory requirements, are identified)</i>	<b>Local Agency(s) Responsible</b> <i>(Identify the local agency(s) responsible for each requirement)</i>	<b>Local Implementation Strategy &amp; Activities</b> <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
		b. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.		
		c. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.		
		d. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.		
		e. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services, in accordance with s.743.065, F.S.		
II.	5. s. 381.0057(5), F.S. A parent may, by written request, exempt a child from all or certain services provided by a school health services program described in subsection (3).	a. Provide a description of the mechanism for parental exemption of the child from all or certain services and describe the process of informing parents of this right.		
<b>PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS (FSS)</b>				
III.	1. s. 402.3026(1), F.S. The State Board of Education and the Department of Health shall jointly establish full-service schools (FSS) to serve students from schools that have a student population at high risk of needing medical and social services.	a. Designate full service schools based on demographic evaluations.		
		b. Schedule C funding allocations (General Appropriations Act) provided to county health departments will be used to provide basic and specialized services in full service schools.		

Part	<b>Statutory Requirements</b> <i>(Legislative mandates that establish School Health Program requirements)</i>	<b>Program Standards</b> <i>(Standards and Administrative Code that support statutory requirements, are identified)</i>	<b>Local Agency(s) Responsible</b> <i>(Identify the local agency(s) responsible for each requirement)</i>	<b>Local Implementation Strategy &amp; Activities</b> <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
III.	2. s. 402.3026(1), F.S. The full-service schools must integrate the services of the Department of Health that are critical to the continuity-of-care process.	a. Local Departments of Health and school districts will plan and coordinate FSS program services.		
III.	3. s. 402.3026(1), F.S. The Department of Health (DOH) shall provide services to these high-risk students through facilities established within the grounds of the school.	a. DOH professionals shall provide specialized services as an extension of the educational environment that may include: nutritional services, basic medical services, aid to dependent children, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parents, and adult education.		
		b. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.		
<b>PART IV: OTHER REQUIREMENTS</b>				
IV.	1. s. 381.0059, F.S. Pursuant to the provisions of chapter 435, any person who provides services under a school health services plan pursuant to s. 381.0056 must meet level 2 screening requirements as described in s. 435.04. A person may satisfy the requirements of this subsection by submitting proof of compliance with the requirements of level 2 screening conducted within 12 months before the date that person initially provides services under a school health services plan.	a. Collaborate with school district to ensure district background screening policies per s. 1012.465, F.S., do not result in duplicate or conflicting background screening requirements for staff providing school health services.		