



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

**2020 – 2022 School Health Services Plan**

**for**

**Hamilton County**



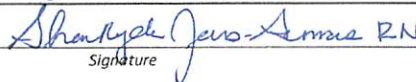
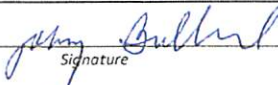

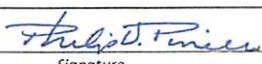
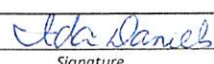
**Due by September 15, 2020**

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

**[HSF.SH\\_Feedback@flhealth.gov](mailto:HSF.SH_Feedback@flhealth.gov) and County School Health Liaison**

**2020 - 2022 School Health Services Plan Signature Page**

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

Position	Name and Signature		Date
County Health Department Administrator/Director	Thomas P. Moffses Jr.		11/12/20
	Printed Name	Signature	Date
County Health Department Nursing Director	Marjorie Rigdon, RN		11-18-2020
	Printed Name	Signature	Date
County Health Department School Health Coordinator	Shankeyda Jones-Simmons RN		11/10/2020
	Printed Name	Signature	Date
School Board Chairperson	Johnny Bullard		11/10/2020
	Printed Name	Signature	Date
School District Superintendent	Rex Mitchell		11/10/2020
	Printed Name	Signature	Date
School District School Health Coordinator	Phillip Pinello		11-10-2020
	Printed Name	Signature	Date
School Health Advisory Committee Chairperson	Ida Daniels		11-10-2020
	Printed Name	Signature	Date
Public/Private Partner Provider of School Health Services			
	Printed Name	Signature	Date

#### SUMMARY – SCHOOL HEALTH SERVICES PLAN 2020-2022

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

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

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

**The Plan contains 4 columns, as follows:**

- **Column 1 –Requirements and References.** This column includes Florida Statutes, Florida Administrative Codes and references demonstrating best practices related to school health.
- **Column 2 – Program Standards.** This column provides specific requirements related to the statutes, administrative code and references listed in Column 1.
- **Column 3 – Local Agency(s) Responsible.** The local agencies (CHD, Educational Agency (LEA), and School Health Advisory Committee (SHAC)) determine the responsibilities for providing the services described 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
<b>1. School Health Services Plan; Basic School Health Services; Comprehensive School Health Services and Full Service Schools:</b> School Health Services Act: s. 381.0056, F.S.; Chapter 64F-6.002, F.A.C.; Florida Nurse Practice Act: Chapter 464 Nursing Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010); ss. 381.0057, F.S., 402.3026, F.S.	1a. Each local school health services plan shall be completed biennially and approved and signed by, at a minimum, the superintendent of schools, the school board chairperson, and the local CHD medical director/administrator.	DOH, LEA and SHAC	The school health coordinator will develop and complete the School Health Services plan biennially. Input from the SHAC, DOH-Hamilton, and district school board will also be received. This plan will be reviewed and signed biennially by the superintendent, school board chairperson and the DOH-Hamilton administrator.
	1b. The local school health services plan shall be reviewed each year for the purpose of updating the plan. Amendments shall be signed by the school district superintendent and the county health department medical director/administrator and forwarded to the School Health Services Program office.	DOH, LEA and SHAC	The School Health Services plan will be reviewed and amended, if needed, annually and signed by the superintendent and DOH-Hamilton medical director or administrator.
	1c. The local school health services plan shall describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of the funding source.	DOH and LEA	DOH- Hamilton provides an accurate job description and required responsibilities for all health- related staff and the supervision of all school health personnel regardless of funding source.
	1d. Each local CHD uses annual Schedule C funding allocation to provide school health services pursuant to the School Health Services Act and the requirements of the Schedule C Scope of Work.	DOH and LEA	DOH-Hamilton along with the LEA will provide school health services pursuant to the School Health Services Act and requirements of the schedule C scope of Work.
	1e. The local CHD and local LEA shall each designate one person, RN recommended, to be responsible for the coordination of planning, development, implementation and evaluation of the program. These individuals should collaborate throughout the school year to assure program	DOH and LEA	DOH-Hamilton will designate the school Health Coordinator and the LEA will designate the Student Services Coordinator responsible for the planning, development, implementation and evaluation of the local school health program. They will collaborate throughout the year to assure program,



	compliance and to plan and assess the delivery of program services.		compliance and planning and delivery of services needed.
	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.	DOH	DOH-Hamilton will provide a plan for the supervision of the school health staff in accordance with the standard requirements following the Nurse Practice Act and the Technical Assistance guidelines. The elementary school is staffed two LPN's and the high school is staffed with 2 LPN's and 2 RN's. Both RN's float and assist in both clinic as needed. The Technical Assistance Guidelines- The Role of the Professional School Nurse in Delegation of Care in Florida Schools are followed.
	1g. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the local CHD medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant if employed or the student's private physician.	DOH, LEA and SHAC	DOH-Hamilton medical director will make decisions regarding medical protocols and/or standing orders in conjunction with the district school board, local School Health Center nurse practitioner or the students physician.
	1h. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners.	DOH	School Health staff, located at the elementary school, will send data by email to the SH Coordinator. Data will be sent daily, weekly, and/or monthly, as needed. The coordinator will review and enter data as reported. School health staff, located at the Student Health Center will enter their own data daily, weekly and/or monthly. The SH Coordinator will review Data as received.
	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	SHAC	The SHAC will strive to include members of the community from the 8 components and will include wellness in their plan. The SHAC meets as a part of the Strategic Healthcare Planning

	(CSH) model. The SHAC is encouraged to address the eight CSH components in the school district's wellness policy.		Committee. The SHAC will address the CSH components as they relate to local school health needs and form plans to address those needs.
<b>2. Health Appraisal</b> s. 381.0056(4)(a)(1), F.S.	2a. Determine the health status of students.	DOH	The school health Staff reviews health relates documents and determines the health of the students. These documents may include, but not limited to: Health History/Emergency Forms, cumulative records, school health, physical forms, immunizations records, parent permission forms. Information may also be obligated from the physician or parent/guardian.
<b>3. Records Review</b> 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, cumulative health record, emergency information, school health screenings and student-specific health related documents. 3b. Emergency information card/form for each student shall be updated each year.	DOH  DOH and LEA	School Health staff will perform entry reviews of the student health record annually and as needed. New students will be evaluated upon school entry.  The Students Health History/Emergency Form will be viewed annually and as needed by school health staff. This form will be updated each school year. The Health History/Emergency Form is provided to parents/guardians as part of the school entry/new school year packet. It will also be made available online through the district website.
<b>4. Nurse Assessment</b> 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 nursing (RN) assessment of student health needs.	DOH and LEA	Each School is staffed with a nurse. The elementary school has 2 LPN's. The high school has 2 LPN's a 2RN's both who assist in both clinics as needed. The school nurse performs school entry, daily and periodic assessments of students based on their needs. A UAP (Unlicensed Assistive Personnel) will substitute when the school nurse is unavailable or absent from work. An RN, will be available for referrals.



	4b. For day-to-day and emergency care of students with chronic and/or complex health conditions at school, the RN develops an individualized healthcare plan (IHP) and Emergency Care Plan (ECP).	DOH	The RN will develop an IHP based on information provided by the parent/guardian, physician, Health History/ Emergency form, or the physical form. The IHP is used for daily care and emergency care of the student with an acute or chronic health condition(s) in the school setting.
<b>5. Nutrition Assessment</b> 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.	DOH	School health staff will identify students with nutrition related problems and refer appropriately. The growth and development screening identifies students at nutritional risks. Parents are notified and referral is made through the RN as needed.
<b>6. Preventive Dental Program</b> s. 381.0056(4)(a)(5), F.S.	6a. Provide services such as oral health education, screenings and referrals, dental sealants, fluoride varnish and/or fluoride rinse as appropriate.	DOH	School health staff will provide dental hygiene learning opportunities for students and work with local grant funded programs to provide dental interventions for students. Dental sealant program and dental bus services available.
<b>7. Health Counseling</b> s. 381.0056(4)(a)(10), F.S.	7a. Provide health counseling as appropriate.	DOH	School health staff will provide and refer for health counseling, as appropriate, based on the student's need. An RN, ARNP, and Medical Doctor will be available for referral.
<b>8. Referral and Follow-up of Suspected and Confirmed Health Problems</b> s. 381.0056(4)(a)(11), F.S.	8a. Provide referral and follow-up for abnormal health screenings, emergency health issues and acute or chronic health problems. Coordinate and link to community health resources.	DOH	School health staff will refer and will document a minimum of 3 attempts of follow-up for abnormal screenings, emergency health issues, and students with acute and chronic health problems. The student health center has an ARNP or MD available every 3 <sup>rd</sup> Thursday and is able to follow-up and/or refer. The school health staff links with other resources in the community through the Hamilton County Strategic Healthcare

			Planning Committee and the SHAC sub-committee.
<b>9. Provisions for Screenings</b> s. 381.0056(4)(a)(6-9), F.S.; Chapter 64F-6.003(1-4), F.A.C.	9a. Provide mandated screenings: (1) Vision screening shall be provided, at a minimum, to students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten – 5. (2) Hearing screening shall be provided, at a minimum, to students in grades kindergarten, 1 and 6; to students entering Florida schools for the first time in grades kindergarten – 5; and optionally to students in grade 3. (3) Growth and development screening shall be provided, at a minimum, to students in grades 1, 3 and 6 and optionally to students in grade 9. (4) Scoliosis screening shall be provided, at a minimum, to students in grade 6.	DOH	School Health staff will provide annual mandated screening to grades Kindergarten, 1 <sup>st</sup> , 3 <sup>rd</sup> , and 6 <sup>th</sup> . These screenings will also be provided for students entering Florida schools for the first time in grades Kindergarten through 5 <sup>th</sup> . Mass screening will be completed by October 31st and entered in HMS by Jan31st of each school year.
	9b. Obtain parent/guardian permission in writing prior to any invasive screening, (e.g. comprehensive eye exam).	DOH	School health staff does not provide invasive screening. (*note on 9C)
	9c. Refer students with abnormal screening results to service providers for additional evaluation and/or treatment (e.g. state contracted vision service providers).	DOH	Students that have abnormal screening results will be referred to their PCP (Primary Care Provider), Florida Heiken Children's Vision program, or the local CHD (County Health Department). *Parent permission in writing will be obtained prior to invasive screening, i.e. Heiken Vision program referral/ appointment.



<b>10. Meeting Emergency Health Needs</b> ss. 381.0056(4)(a)(10), F.S., 1006.165, F.S.; Chapter 64F-6.004(1), F.A.C.; Emergency Guidelines for Schools, 2019 Florida Edition	10a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. Ensure that student emergency information forms/cards are updated annually and completed for each student listing contact person, family physician, allergies, significant health history and permission for emergency care.	DOH and LEA	School Health Staff will follow the Health emergency policies and protocols which are documented in the School Health services Manuals and Emergency Guidelines for Schools located in each school health room. The Students Health History/Emergency Form will be viewed annually and as needed by school health staff. This form will be updated each school year and as needed. Staff will also follow School Board emergency policies and protocols.
	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.	DOH and LEA	School Health Staff will keep current their certification in CPR/AED and First Aid. The principal at each school will designate at least 2 staff members to be certified. A list of certified staff will be posted in designated areas at each school with location and phone number of the certified staff.
	10c. Assist in the planning and training of staff responsible for emergency situations.	DOH and LEA	School Health Coordinator will maintain a current list of CPR/AED and First Aid certified staff members. The School Health Coordinator will either provide classes for designated staff or refer to CPR/AED and First Aid classes as needed. The school district will be responsible for purchasing class/certification cards for designees.
	10d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities.	DOH and LEA	The school nurse will monitor and maintain first aid supplies, emergency equipment and facilities. A health room equipment and facilities. A health room review is completed annually by school nurse.
	10e. The school principal (or designee) shall assure first aid supplies, emergency equipment, and facilities are maintained.	DOH and LEA	The school principal designates the school nurse to maintain first aid supplies, emergency equipment and facilities. The school nurse monitors inventory and sends a supply request to

			the school health coordinator who expedites the request. The school nurse request maintenance needs through designated school staff or help ticket. School district staff provide maintenance on /at the facility.
	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.	DOH and LEA	The school nurse or UAP will notify the principal or designee, as well as the School Health Coordinator, in case of injury or sudden illness that requires emergency health treatment. The School Health Coordinator will also notify the Superintendent's office in case of EMS calls. Accident/injury reporting completed 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	Each school in Hamilton County that is a member of the FHSAA shall have an operational AED on School grounds. There are two (2) AEDs located on the high school campus. One AED is located the front office and one is located in the gym first aid room. There will be at least 2 staff members, other than the school nurse, trained in CPR/AED. This training will be completed biennially. The AED's are registered and maintained by the county EMS director. This maintenance includes battery and pad replacement.
<b>11. Assist in Health Education Curriculum</b> s. 381.0056(4)(a)(13), F.S.	11a. Collaborate with schools, health staff and others in health education curriculum development.	DOH and LEA	School health staff assist the school staff in development and delivery of health education and curriculum development. This health education may include age appropriate education in dental health, hygiene, puberty, nutrition, safe schools, abstinence, handwashing, keeping your body safe, cancer detection and prevention, communicable disease prevention, sexually transmitted infection, CPR/AED/First Aid, and PSI.

<b>12. Refer Student to Appropriate Health Treatment</b> 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.	DOH and LEA	School health staff will refer students to appropriate resources for health treatment as needed. An ARNP or MD from DOH is available at the Student Health Center every 3 <sup>rd</sup> Thursday. School Health staff will determine if the student is Medicaid eligible and refer to appropriate resources i.e. Florida Kid Care, Healthy Kids, CMS, Students Health Center, Hamilton County School District, students assigned Primary Care Provider.
<b>13. Consult with parent/guardian regarding student's health issues</b> s. 381.0056(4)(a)(15), F.S.; Chapter 64F-6.001(1), F.A.C.	13a. Provide consultation with parent/guardian, students, staff and physicians regarding student health issues.	DOH	School health staff provides consultation with parents, students, staff and physicians regarding the student's health issues. Referral may be made to Primary Care Provider, the ARNP or MD at the Student Health Center, the CHD, or other available programs depending on the health issue.
<b>14. Maintain Health-Related Student Records</b> 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.	DOH and LEA	The LEA registrar is responsible for initial student registration. The school nurse initiates and maintains the cumulative health record and documentation is provided as required and as needed.
<b>15. Nonpublic School Participation</b> 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.	DOH and LEA	Non-public schools will be notified/invited to request participation in school health services program provided the requirements are met for their participation.
<b>16. Provision of Health Information for Exceptional Student Education (ESE) Program Placement</b> 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.	DOH and LEA	The school nurse will provide relevant information for ESE staffing and planning. Health information will be provided by the school nurse, when necessary, regarding the placement of students in exceptional student programs and the re-evaluation at periodic



			intervals of each student placed in such programs.
<b>17. The district school board shall provide in-service health training for school personnel.</b> s. 381.0056(6)(b), F.S.; Chapter 64F-6.002, F.A.C.	17a. /Ensure that district staff are provided with training to assist with the day-to-day and emergency health needs of students.	DOH and LEA	The school health staff provides CPR/AED/First Aid training biennially to all designated responders, ESE personnel, and school bus drivers. UAP training and child specific training is done annually and as needed by school health staff. Child Abuse and Blood Born Pathogens training provided annually to school district staff by LEA.
<b>18. The district school board shall include health services and health education as part of the comprehensive plan for the school district.</b> s. 381.0056(6)(a), F.S.; Chapter 64F-6.002, F.A.C.	18a. School-based health services and health education are provided to public school children in grades pre-kindergarten through 12.	DOH and LEA	All Hamilton County public school students can participate in school health program. The Student Health Center, located on the campus of Hamilton County High, is open to all Hamilton County students in grades Pre-k through 12 <sup>th</sup> grade. The DOH, APRN or MD is available every 3 <sup>rd</sup> Thursday for sick visits, school entry physicals, sports physicals, evaluations and referrals. Private schools, Virtual School students and Homeschooled students may participate in screening upon request.
<b>19. The district school board shall make available adequate physical facilities for health services.</b> 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 Florida Department of Education (FDOE) requirements.	LEA	The local school district provides health room facilities in each school that meet DOE requirement.

20. The district school board shall, at the beginning of each school year, provide parent/guardian with information concerning ways that they can help their children to be physically active and eat healthy foods. <a href="#">s. 381.0056(6)(d), F.S.</a>	20a. List programs and/or resources to be used to help children be physically active and eat healthy foods.	LEA	The local school district provides parents/guardians with information through school newsletters (HCES), education classes, Physical Education/Health Curriculum and resources can also be found on the school's district website.
21. The district school board shall inform parent/guardian in writing at the beginning of each school year of the health services provided. <a href="#">s. 381.0056(6)(e), F.S.</a>	21a. Provide parent/guardian with list of services provided and the opportunity to request an exemption in writing.	LEA	The local school district provides parents/guardians with information about requesting an exemption from health services in the school entry/new school year packet.
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. <a href="#">s. 1003.22(9), F.S.</a> ; <a href="#">Chapter 64F-6.002(2)(d), F.A.C.</a>	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.	DOH and LEA	The LEA will follow the communicable disease protocol set forth by the DOH, which in the presence of any communicable disease for which emergency is required, declares a communicable disease emergency. In the incidence of a vaccine preventable disease outbreak, the DOH epidemiology department would be notified and monitor the investigation. Hamilton County School Policy 5.14;6.90
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	23a. Include provisions in the procedure for general and student-specific administration of medication training.	DOH and LEA	The school nurse/RN provides training to school personnel, designed by the principal, to assist students in the administration of prescribed medication. If the school nurse is absent or unable to assist, a trained UAP (Unlicensed Assistive Personnel) will administer medications. UAP's are certified in CPR/AED and First Aid. The



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.			documentation records are monitored by the School Health Coordinator and the school nurse. The school nurse/RN conducts child specific trainings as needed. Hamilton County School Policy 5.15
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.	24a. The school district medication policy will address the use of designated school staff for medication administration and be consistent with delegation practices.	LEA	Hamilton County School District (HCSD) provides a policy for the administration of prescription medication in schools, which is consistent with delegation practices. The school principal assigns at least two (2) UAP's trained to administer medications when the school nurse is absent or unavailable. Hamilton County School Policy 5.15
25. Each district school board shall adopt a policy and a procedure for allowing a student who is a qualified patient, as defined in s. 381.986, to use marijuana obtained pursuant to that section. ss. 1006.062(8), F.S., 381.986, F.S.	25a. Ensure that all school health room/clinic staff and school staff designated by principals have read and have on file the school district policy on medical marijuana. Pursuant to the district policy, develop procedures to follow when parents of students, that are qualified patients under section 381.986, Florida Statutes, request that medical marijuana be administered to their child at school.	DOH and LEA	HCSD provides a policy which allow students use of medical marijuana. Students whose parent/guardian and physician provide approval. Medication can only be administered by parent/guardian in designated area. A Medication Authorization Form must be completed by the parent/guardian and the prescribing physician and kept on file with the school nurse. This must be updated annually. The RN will develop an IHP and an EAP for these students. Hamilton county School Policy 5.152
26. Students with asthma whose parent/guardian and physician provide approval may carry a metered dose inhaler on their person while in school. s. 1002.20(3)(h), F.S.; National Association of School Nurses (NASN) Position Statement, The Use of Asthma	26a. Ensure written authorization for use of metered dose inhaler at school is completed and signed by healthcare provider and parent/guardian.	DOH and LEA	HCSD provides a policy which allow asthmatic student, whose parent/guardian and physician provide approval, may carry MDI (Metered dose inhaler) on their person while in school. A Medication Authorization Form must be completed by the parent/guardian and the prescribing physician and kept on file with the school nurse. This must be updated annually. The RN will develop



Recue Inhalers in the School Setting			an IHP and an EAP for these students. Hamilton county School Policy 5.15.
<p><b>27. A student who is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer while en route to and from school, in school, or at school-sponsored activities if written parent/guardian and physician authorization has been provided.</b></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>27a. For students with life threatening allergies, the RN shall develop and update annually IHP that includes an ECP, in cooperation with the student, parent/guardian, physician, and school staff. The IHP shall include child-specific training to protect the safety of all students from the misuse or abuse of auto-injectors. The ECP shall direct that 911 will be called immediately for an anaphylaxis event and have a plan of action for when the student is unable to perform self-administration of the epinephrine auto-injector.</p>	DOH and LEA	<p>HCSD provides a policy which allow a student, who is at risk for life-threatening allergic reactions, to carry an epinephrine auto-injector in school or any school related activities. A Medication Authorization Form must be completed by the parent/guardian and the prescribing physician and kept on file with the school nurse. This form must be updated annually.</p> <p>The RN develops an IHP and an EAP for these students. Child specific training will be completed. The EAP directs that 911 will be called immediately for any anaphylaxis event and a plan of action in place when the student is unable to perform self-administration of the epinephrine auto-injector.</p>
<p><b>28. A public school may purchase a supply of epinephrine auto-injectors from a wholesale distributor or manufacturer as defined in s. 499.003, F.S. for the epinephrine auto-injectors at fair-market, free, or reduced prices for use in the event a student has an anaphylactic reaction. The epinephrine</b></p>	<p>28a. If the school district has chosen to maintain supplies of epinephrine auto-injectors, a standing order and written protocol has been developed by a licensed physician and is available at all schools where the epinephrine auto-injectors are stocked.</p>	LEA	<p>The School District has chosen to not maintain supplies of epinephrine auto-injectors.</p>

auto-injectors must be maintained in a secure location on the public school's premises. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection. <a href="#">s. 1002.20(3)(j)(2), F.S.</a>			
<b>29. 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.</b> <a href="#">s. 381.88, F.S.</a>	29a. 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.	N/A	N/A
<b>30. Students with diabetes will have a Diabetes Medical Management Plan (DMMP) from the student's healthcare provider that includes</b>	30a. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe management of diabetes	DOH and LEA	HCSD provides a policy allowing students with diabetes to carry diabetic supplies and equipment to self-manage their condition. The RN will develop an IHP and EAP to ensure safe self-

<p>medication orders and orders for routine and emergency care. An Individualized Healthcare Plan (IHP) will be developed from the DMMP by the RN in collaboration with the parent/guardian, student, healthcare providers and school personnel for the management of diabetes while en route to and from school, in school, or at school-sponsored activities. An Emergency Care Plan (ECP) will be developed as a child-specific action plan to facilitate quick and appropriate responses to an individual emergency in the school setting. The ECP may be a component of the IHP. The ECP will summarize signs and symptoms and how to recognize and treat hypoglycemia and hyperglycemia. It shall specify when to call 911.</p> <p><a href="#">s. 1002.20(3)(j), F.S.;</a>  <a href="#">Chapter 6A-6.0253, F.A.C.;</a>  <a href="#">NASN position statement, Diabetes Management in the School Setting</a></p>			<p>management of diabetes. The student is required to have current DMMP with physician authorization and parent/guardian signature.</p> <p>Hamilton County school policy 5.15</p>
<p><b>31. Students with diabetes that have physician and parent/guardian approval may carry their diabetic supplies and equipment and self-</b></p>	<p>31a. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe self-management of diabetes.</p>	DOH and LEA	<p>HCSD provides a policy allowing students with diabetes to carry diabetic supplies and equipment to self-manage their condition. The RN will develop an IHP and EAP to ensure safe self-</p>



manage their diabetes while en route to and from school, in school, or at school-sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student can perform without assistance for diabetic self-management, including hypoglycemia and hyperglycemia. s. 1002.20(3)(j), F.S.; Chapter 6A-6.0253, F.A.C.; NASN position statement, Diabetes Management in the School Setting			management of diabetes. The student is required to have current DMMP with physician authorization and parent/guardian signature. Hamilton County school policy 5.15
<b>32. A student who has experienced or is at risk for pancreatic insufficiency or who has been diagnosed as having cystic fibrosis may carry and self-administer a prescribed pancreatic enzyme supplement while en route to and from school, in school, or at school sponsored activities, if the school has been provided with authorization from the student's parent/guardian and prescribing practitioner.</b> s. 1002.20(3)(j), F.S.; Chapter 6A-6.0252, F.A.C.	32a. Develop and implement an IHP and ECP for management of the conditions requiring pancreatic enzyme supplements and to ensure that the student carries and self-administers such supplements as prescribed by the physician. Maintain documentation of healthcare provider and parental/guardian authorization to self-carry.	DOH and LEA	HCSD provides a policy allowing students with pancreatic insufficiency or diagnosed with CF (Cystic Fibrosis) to carry and administer pancreatic enzymes if parent/guardian and physician authorization is provided. The RN will develop an IHP and EAP for these students. Hamilton County Policy 5.15
<b>33. Nonmedical assistive personnel shall be allowed to</b>	33a. Document health related child-specific training by an RN for delegated staff. The delegation process shall include	DOH and LEA	The RN documents health related child-specific training for delegated staff on an annual basis and as needed. The RN

<p><b>perform health-related services upon successful completion of child specific training by a registered nurse or advanced registered nurse practitioner, physician, or physician assistant.</b>  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>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>conducts training with the UAP and verifies competency. Documentation done on skills checkoff sheets. Signed and dated by the RN and the UAP. Documentation is maintained by the school nurse.</p>
<p><b>34. Pursuant to the provisions of Chapter 435, any person who provides services under a school health services plan pursuant to s. 381.0056, F.S. must meet level 2 screening requirements as described in s. 435.04, F.S. A person may satisfy the requirements of this subsection by submitting proof of compliance with the requirements of level 2 screening conducted within 11 months before the date that person initially provides services under a school health services plan.</b>  ss. 381.0059, F.S.,  1012.465, F.S.</p>	<p>34a. Collaborate with school district to ensure district background screening policies do not result in duplicate or conflicting background screening requirements for staff providing school health services.</p>	DOH and LEA	<p>The use of nonmedical personnel is consistent with delegation practices set forth in the Technical Assistance Guidelines. The principal designees at least two (2) UAPs to assist with the administration of medication and as backup for the school nurse. The UAPs are certified in CPR/AED/First Aid</p> <p>The school health staff complies with the FDLE screening policy required for employment with LEA. Level 2 background screening required for employment</p>



<b>35. Immediate notification to a student's parent/guardian, or caregiver if the student is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination pursuant to s. 394.463, F.S., including the requirements established pursuant to ss. 1002.20(3)(l), F.S., 1002.33(9), F.S., 381.0056(4)(a)(19), F.S.</b>	<b>35a.</b> The school health services plan shall include policies and procedures for implementation of the aforementioned statutory requirements.	DOH and LEA	The LEA will provide policy and procedure for implementing immediate notification to parent, guardian or caregiver as states in s. 381.0056(4)(a)(19). The school health staff will assist the school administrator/designee and school staff, along with the school resource officer/law enforcement, in following policy and procedure.
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## PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)

References/Resources	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<b>36. The services provided by a comprehensive school health program must focus attention on promoting the health of students, reducing risk-taking behavior, and reducing teen pregnancy. Services provided under this section are additional and are intended to supplement, rather than supplant, basic school health services.</b> ss. 381.0057(6), F.S., 743.065, F.S.	<b>36a.</b> Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.	DOH and LEA	The DOH provides in-depth health management, interventions and follow-up through their professional nurses employed in school health. The school nurses provide referrals to the RN, who evaluates and implements a plan of care for the student.
	<b>36b.</b> Provide health activities that promote healthy living in each school.	DOH and LEA	The school health staff consults with the school staff to provide healthy activities and classes that promote healthy living. Education classes on nutrition and growth and development are presented each year.
	<b>36c.</b> Provide health education classes.	DOH and LEA	The school health coordinator and the school nurses conduct health education classes and consult with the school staff to promote education.



	36d. Provide or coordinate counseling and referrals to decrease substance abuse.	DOH and LEA	The school health staff, the school staff and parents refer to the school social worker, the school resource office, and other substance abuse counseling services available. Referrals are made to the local mental health facility as needed and to school based counseling as needed.
	36e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	DOH and LEA	The school health staff, the school staff and parents refer to the school social worker, the school resource officer, and other counseling services to decrease the incidence of suicide attempts. Referrals are made to the local mental health facility as needed and to school based counseling as needed.
	36f. Provide or coordinate health education classes to reduce the incidence of substance abuse, suicide attempts and other high-risk behaviors.	DOH and LEA	The school health staff coordinates with the LEA to provide classes and programs to reduce the incidence of substance abuse, suicide attempts, and other high-risk behaviors.
	36g. Identify and provide interventions for students at risk for early parenthood.	DOH and LEA	The school health staff will work to identify students at risk for early parenthood through interview and referral. Referrals may also be made by parent/guardian and school staff. Interventions will be provided through the guidance counselors, social workers and other programs available.
	36h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	DOH and LEA	The school health staff will provide initial counseling and education of teens. School health staff will refer to the social worker for evaluation and continued counseling to prevent and reduce involvement in sexual activity. Referral may also be made by parent/guardian and school staff.

	36i. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	DOH and LEA	The school health staff collaborates with other agencies and provides community presentations to reduce and prevent teen pregnancy. The school nurse confers with the School Health coordinator and school social worker. Referral to DOH-Hamilton is made as needed.
	36j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	DOH and LEA	The school social worker coordinates and teaches the TAP program. Individual counseling is given to teen parents. Counseling is consistent with interventions to decrease repeat pregnancies. Facilitation of return to school after delivery is directed by school social worker and guidance counselors.
	36k. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services.	DOH and LEA	Pregnant students are referred for prenatal care and Healthy Start services by the school social worker. These referrals are made as soon as they become known to the school health staff.

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

References/Resources	Program Standards	Local Agency(s) Responsible	Local Implementation Strategy & Activities
37. The State Board of Education and the Department of Health shall jointly establish full-service schools (FSS) to serve students from schools that have a student population at high risk of needing medical and social services	37a. Designate full-service schools based on demographic evaluations.	DOH and LEA	The DOH and LEA shall designate full service schools based on demographic evaluations. Hamilton County High School and Hamilton County Elementary School are considered full service schools.
	37b. Provide nutritional services.	DOH and LEA	All Hamilton County School District students are eligible to receive free breakfast and lunch. Summer feeding program including free breakfast and

s. 402.3026(1), F.S.			lunch offered to all high school and elementary student.
	37c. Provide basic medical services.	DOH and LEA	All HCSD students are eligible to receive medical services provided at the Student Health Center. Referrals are made as needed to appropriate resource for continuity of care.
	37d. Provide referral to dependent children (Temporary Assistance to Needy Families (TANF)).	DOH and LEA	Services provided and referrals made as needed. School social worker, mental health counselors, guidance counselors available on both school campuses.
	37e. Provide referrals for abused children.	DOH and LEA	Services provided and referrals made as needed. School social worker, mental health counselors, guidance counselors available on both campuses.
	37f. Provide specialized services as an extension of the educational environment that may include: nutritional services, basic medical services, aid to dependent children, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parent/guardian, and adult education.	DOH and LEA	Services provided and referrals made as needed. School social worker, mental health counselors, guidance counselors available on both campuses.
	37g. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	DOH and LEA	Local agreements will be developed and implements for in-kind services such as DCF, School Resource Officers, health care through the Student Health Center, case management, counseling, migrant center, FDLRS and other local agencies.