



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

2022 – 2024 School Health Services Plan

for

Hamilton County

Due by September 15, 2022

E-mail Plan as an Attachment to:

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

2022 - 2024 School Health Services Plan Signature Page

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

Position	Name and Signature	Date
Local Department of Health Administrator / Director	Thomas P. Moffses	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health Nursing Director	Marjorie Rigdon RN	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health School Health Coordinator	Shankeyda Jones-Simmons RN	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Board Chair Person	Johnny Bullard	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District Superintendent	Dorothy Lee Wetherington Zamora	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District School Health Coordinator	Phillip Pinello	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Advisory Committee Chairperson	Ida Daniels	
	<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>

SUMMARY – SCHOOL HEALTH SERVICES PLAN 2022-2024

Statutory Authority: Section (s.) 381.0056, Florida Statutes (F.S.) requires each county health department (CHD) to develop, jointly with the school district and school health advisory committee, a School Health Services Plan (referred herein as the "Plan") that outlines the provisions and responsibilities to provide mandated health services in all public schools. Rule 64F-6.002, Florida Administrative Code (F.A.C.) requires the plan to be completed biennially. Please note that items that are colorized blue are internet links that enable you to directly view the relevant reference material.

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

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

The Plan contains 4 columns, as follows:

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

Plan submission:

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

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategies and Activities
PART I: BASIC SCHOOL HEALTH SERVICES			
1. School Health Services Plan; Basic School Health Services; Comprehensive School Health Services and Full-Service Schools: ; Rule 64F-6.002, F.A.C.; ss. 381.0056, 381.0057; 402.3026, F.S.	1a. Each local school health services plan shall be completed biennially and approved and signed by, at a minimum, the superintendent of schools, the school board chairperson and the county health department (CHD) administrator/director/health officer.	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 the district School Board 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 CHD administrator/director/health officer 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 this supervision of all school health personnel regardless of funding source.
	1d. Each CHD uses annual Schedule C funding allocation to provide school health services pursuant to the School Health Services Act and the requirements of the Schedule C Scope of Work.	DOH and LEA	DOH-Hamilton along with the LEA will provide school health services pursuant to the School Health Services Act and the requirements of the Schedule C Scope of Work
	1e. The CHD and LEA shall each designate one person, RN recommended, to be responsible for the coordination of planning, development, implementation and evaluation of the program. These individuals should collaborate throughout	DOH and LEA	DOH-Hamilton will designate the School Health Coordinator and the LEA will designate the Student Services Coordinator responsible for planning, development, implementation and evaluation of

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	the school year to assure program compliance and to plan and assess the delivery of program services.		the local School Health Program. They will collaborate throughout the year to assure program 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 with one LPN, one RN, the High School is staffed with two LPN's, and the RN (school Health Coordinator). The RN Coordinator Floats to both clinic as needed. The Technical Assistance- 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 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 student's 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 enter data, send data by email and deliver data in person 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

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			School Health Center will enter their own data daily, weekly and/or monthly. The SH Coordinator will review data as received.
	1i. Each 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.	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 Committee. The SHAC will address the CSH components as they relate to local school health needs and from plans to address those needs.
2. Health Appraisal s. 381.0056(4)(a)(1), F.S.	2a. Determine the health status of students.	DOH	The School Staff reviews health related documents and determines the health of 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.
3. Records Review s. 381.0056(4)(a)(2), F.S.; s.1003.22(1)(4) F.S.; Rules 64F-6.005(1), F.A.C.; 64F-6.004(1)(a), F.A.C.	3a. Perform initial school entry review of student health records, to include school entry physical, immunization status, cumulative health record, emergency information, school health screenings and student-specific health related documents.	DOH	School Health Staff will perform entry reviews of the student health record annually and as needed. New students will be evaluated upon school entry.
	3b. Emergency information card/form for each student shall be updated each year.	DOH and LEA	The Student 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

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			provided to parents/gaurdians as part of the school entry/new school year packet. It will also be made available online through the district webiste.
4. Nurse Assessment s. 381.0056(4)(a)(3), F.S.; Rules: 64F-6.001(6), F.A.C.; 6A-6.0253, F.A.C; 6A-6.0252, F.A.C.; 6A-6.0251, F.A.C.	4a. Perform nursing (RN) assessment of student health needs.	DOH and LEA	Each School is staffed with a nurse. The elementary school has 1 LPN and 1 RN. The high school is staffed with 2 LPN'S and 1 RN. 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 health care plan (IHP) and Emergency Care Plan (ECP).	DOH	The RN will develop an IHP based on information provided b the parent/guardian, physician, Health History/Emergency Form, or the physical form. The IHP is used for daily care of the student with an acute or chronic health condition(s) in the school Setting. The ECP is used for Emergency care of the acute or chronic condition(s) in the school setting.
5. Nutrition Assessment s. 381.0056(4)(a)(4), F.S.; Florida School Health Administrative Resource Manual, 2017	5a. Identify students with nutrition related problems and refer to an appropriate health care provider.	DOH	School health staff will identifystudents with nutrition related problems and refer appropriately. The growth and development screenings identifies students at nutritional risks. Parent are notified and a referral is made through the RN as needed.

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6. Preventive Dental Program s. 381.0056(4)(a)(5), F.S.	6a. Provide services such as oral health education, screenings and referrals, dental sealants, fluoride varnish and/or fluoride rinse as appropriate.	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.
7. Health Counseling 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.
8. Referral and Follow-up of Suspected and Confirmed Health Problems s. 381.0056(4)(a)(11), F.S.	8a. Provide referral and follow-up for abnormal health screenings, emergency health issues and acute or chronic health problems. Coordinate and link to community health resources.	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 rd 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.
9. Provisions for Screenings s. 381.0056(4)(a)(6-9),(e) F.S.; Rule 64F-6.003(1-4), F.A.C.	9a. Provide mandated screenings unless the parent requests in writing an exemption: (1) Vision screening shall be provided, at a minimum, to non-exempted 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,	DOH	School Health staff will provide annual mandated screening to grades Kindergarten, 1 st , 3 rd , and 6 th . These screenings will also be provided for students entering Florida schools for the first time in grades Kindergarten through 5 th . Mass screening will be completed by October 31st and entered in HMS by Jan31st of each school

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	<p>at a minimum, to non-exempted students in grades kindergarten, 1 and 6; to students entering Florida schools for the first time in grades kindergarten – 5; and optionally to students in grade 3.</p> <p>(3) Growth and development screening shall be provided, at a minimum, to non-exempted students in grades 1, 3 and 6 and optionally to students in grade 9.</p> <p>(4) Scoliosis screening shall be provided, at a minimum, to non-exempted students in grade 6.</p>		year
	9b. Provide screening services to all specified students pursuant to s. 381.0056(4)(a) unless a parent/guardian requests exemption from the screening services in writing.	DOH	School health staff will provide screening services to all specified students unless parents opt out of screening services by submitting a
	9c. The School shall obtain parent/guardian permission in writing prior to any invasive screening, (e.g. comprehensive eye exam, Covid testing).	DOH	School health staff does not provide invasive screening. (*note on 9D)
	9d. 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.

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10. Meeting Emergency Health Needs ss. 381.0056(4)(a)(10), F.S.; s. 1006.165, F.S.; Rule 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	DOH and LEA	The school nurse will monitor and maintain first aid supplies, emergency equipment and

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	facilities.		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

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			completed biennially. The AED's are maintained by the school district and the District Safety Coordinator. This maintenance includes battery and pad replacement and AED unit placement if defective or unable to use.
11. Assist in Health Education Curriculum s. 381.0056(4)(a)(13), F.S.	11a. Collaborate with schools, health staff and others in health education curriculum development.	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.
12. Refer Student to Appropriate Health Treatment s. 381.0056(4)(a)(14), F.S.	12a. Use community or other available referral resources. Assist in locating referral sources for Medicaid eligible, uninsured and underinsured students.	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 rd 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.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
13. Consult with Parent/Guardian Regarding Student's Health Issues s. 381.0056(4)(a)(15), F.S.; Rule 64F-6.001(1), F.A.C.	13a. Provide consultation with parent/guardian, students, staff and physicians regarding student health issues.	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.
14. Maintain Health-Related Student Records s. 381.0056(4)(a)(16), F.S.; s. 1002.22, F.S.; Rule 64F-6.005(1)(2), F.A.C.	14a. Maintain a cumulative health record for each student that includes required information.	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.
15. Nonpublic School Participation s. 381.0056(5)(a)(18), F.S.; s. 381.0056(5)(a)-(g), F.S.	15a. Notification to the local nonpublic schools of the school health services program, allowing the nonpublic school to request participation in the school health services program provided they meet requirements.	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.
16. Provision of Health Information for Exceptional Student Education (ESE) Program Placement s. 381.0056(4)(a)(17), F.S.; Rules 6A-6.0331, F.A.C.; 64F-6.006, F.A.C.	16a. The District School Board will ensure that relevant health information for ESE staffing and planning is provided.	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.
17. Provide In-service Health Training for School Personnel s. 381.0056(6)(b), F.S.; Rule 64F-6.002, F.A.C.	17a. The District School Board will ensure that district staff are provided with training to assist with the day-to-day and emergency health needs of students.	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

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			annually and as needed by school health staff. Child Abuse and Blood Born Pathogens training provided annually to school district staff by LEA.
18. Health Services and Health Education as Part of the Comprehensive Plan for the School District. s. 381.0056(6)(a), F.S.; Rule 64F-6.002, F.A.C.	18a. The District School Board will ensure that school-based health services and health education are provided to public school children in grades pre-kindergarten - 12.	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 th grade. The DOH, APRN or MD is available every 3 rd 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.
19. Physical Facilities for Health Services s. 381.0056(6)(c), F.S.; State Requirements for Educational facilities, 2014 and/or State Requirements for Existing Educational Facilities 2014	19a. The District School Board will ensure that adequate health room facilities are made available in each school and meet the Florida Department of Education requirements.	LEA	The local school district provides health room facilities in each school that meet DOE requirement.
20. Helping Children be Physically Active and Eating Healthy s. 381.0056(6)(d), F.S.	20a. The District School Board will ensure that at the beginning of each school year, a list programs and/or resources is made available to the parent/guardian so they can help their children be physically active and 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. Inform Parent/Guardian of the Health Services Provided	21a. The District School Board will ensure that at the beginning of each school year,	LEA	The local school district provides parents/guardians with information

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s. 381.0056(6)(e), F.S. s. 1001.42(8)(c), F.S.	the parent/guardian will be informed in writing that their children will receive specified health services as provided for in the district health services plan and the opportunity to request an exemption of any service(s) in writing.		about requesting an exemption from health services in the school entry/new school year packet.
22. Declaring a Communicable Disease Emergency s. 1003.22(9), F.S.; Rule 64F-6.002(2)(d), F.A.C.	22a. The county health department director, administrator or the state health officer may declare a communicable disease emergency in the event of any communicable disease for which immunization is required by the Florida Department of Health in a Florida public or private school. A communicable disease policy must be developed and needs to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.	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. Administration of Medication and Provision of Medical Services by District School Board Personnel s. 1006.062(1)(a), F.S.;	23a. The District School Board will include provisions to provide training, by a registered nurse, a licensed practical nurse, a physician or a physician assistant (pursuant to Chapter 458 or 459, F.S.), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.	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 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

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24. Policy and Procedure Governing the Administration of Prescription Medication s. 1006.062(1)(b), F.S.; Rule 64B9-14, F.A.C.	24a. The District School Board will adopt policies and procedures governing the administration of prescription medication by district school board personnel and be consistent with delegation practices.	LEA	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. Policy and Procedure for Allowing Qualified Patients to use Marijuana. s. 1006.062(8), F.S.; s. 381.986, F.S.	25a. Each district school board shall adopt a policy and a procedure for allowing a student who is a qualified patient, as defined in s. 381.986, to use marijuana obtained pursuant to that section.	LEA	HCSD provides a policy which allow students use of medical marijuana. Students whose parent/guardian and physician provide approval.
	25b. Pursuant to the district policy, develop procedures to follow when parents of students, that are qualified patients, request that medical marijuana be administered to their child at school.	DOH and LEA	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
	25c. Ensure that all school health room/clinic staff and school staff designated by principals have read and have on file the school district policy on medical marijuana.	DOH and LEA	The School Health Coordinator will ensure that all designated health room/clinic staff have read the district policy on medical marijuana and is familiar with the policy.
26. Students with Asthma Carrying a Metered Dose Inhaler s. 1002.20(3)(h), F.S.; National Association of School	26a. Students with asthma whose parent/guardian and physician provide approval, may carry a metered dose inhaler on their person while in school. Ensure	DOH and LEA	HCSD provides a policy which allow asthmatic student, whose parent/guardian and physician provide approval, may carry MDI

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Nurses (NASN) Position Statement, The Use of Asthma Rescue Inhalers in the School Setting	written authorization for use of metered dose inhaler at school is completed and signed by health care provider and parent/guardian.		(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 an IHP and an EAP for these students. Hamilton county School Policy 5.15
27. Students with Life Threatening Allergies s. 1002.20(3)(i), F.S.; Rules 6A-6.0251, F.A.C.; 64F-6.004(4), F.A.C.; NASN Position Statement on Rescue Medications in School; Students with Life-Threatening Allergies, 2017 Updated Guidance	27a. Ensure that written parent/guardian and physician authorization has been obtained from students who may carry an epinephrine auto-injector and self-administer while enroute to and from school, in school, or at school-sponsored activities.	DOH and LEA	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.
	27b. For students with life threatening allergies, the RN shall develop and update annually IHP that includes an ECP, in cooperation with the student, parent/guardian, physician and school staff. The IHP shall include child-specific training to protect the safety of all students from the misuse or abuse of auto-injectors. The ECP shall direct that 911 will be called immediately for an anaphylaxis event and have a plan of action for when the student is unable to perform self-administration of the epinephrine auto-injector.	DOH and LEA	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.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
28. Epinephrine Auto-injectors Use and Supply s. 1002.20(3)(i)(2), F.S.	28a. If the school district has chosen to maintain supplies of epinephrine auto-injectors from a wholesale distributor or manufacturer as defined in s. 499.003, F.S., the School District Board will insure that a standing order and written protocol be developed by a licensed physician and is available at all schools where the epinephrine auto-injectors are stocked. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection.	LEA	The School District has chosen to not maintain supplies of epinephrine auto-injectors
29. Emergency Allergy Treatment s. 381.88, F.S.	29a. The School District Board will ensure that school staff, who are designated by the principal, (in addition to school health staff in the school clinic), to administer stock epinephrine auto-injectors (not prescribed to an individual student) are trained by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity approved by the Florida Department of Health.	N/A	N/A
	29b. The curriculum must include at a minimum: (a) Recognition of the symptoms of systemic reactions to food, insect stings, and other allergens; and (b) The proper administration of an epinephrine auto-injector.	N/A	N/A
30. Diabetes Management s. 1002.20(3)(j), F.S. ; Rule 6A-6.0253, F.A.C.-Diabetes management	30a. Students with diabetes must have a Diabetes Medical Management Plan (DMMP) from the student's health care provider that includes medication orders and orders for routine and emergency care.	DOH and LEA	The student is required to have current DMMP with physician authorization and parent/guardian signature. Hamilton County school policy

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			5.15
	30b. An IHP will be developed from the DMMP by the RN in collaboration with the parent/guardian, student, health care providers and school personnel for the management of diabetes while enroute to and from school, in school, or at school-sponsored activities.	DOH and LEA	The RN will develop an IHP to ensure safe self- management of diabetes developed from the current DMMP in collaboration from the physician, parents/guardian and the school health staff.
	30c. An ECP will be developed as a child-specific action plan to facilitate quick and appropriate responses to an individual emergency in the school setting.	DOH and LEA	The RN will develop an EAP to ensure safe self- management of diabetes developed from the current DMMP in collaboration from the physician, parents/guardian and the school health staff.
	30d. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe management of diabetes.	DOH and LEA	The RN will develop an IHP and EAP to ensure safe self-management of diabetes. The student is required to have current DMMP with physician authorization and parent/guardian signature. Hamilton County school policy 5.15
31. Diabetes Self-Management s. 1002.20(3)(j), F.S.; Rule 6A-6.0253, F.A.C.-Diabetes management	31a. Students with diabetes that have physician and parent/guardian approval may carry their diabetic supplies and equipment and self-manage their diabetes while enroute to and from school, in school, or at school- sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student can perform without assistance for diabetic self-management, including hypoglycemia and hyperglycemia.	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-management of diabetes. The student is required to have current DMMP with physician authorization and parent/guardian signature. Hamilton County school policy 5.15

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	31b. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe self-management of diabetes.	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-management of diabetes. The student is required to have current DMMP with physician authorization and parent/guardian signature. Hamilton County school policy 5.15
32. Use of Prescribed Pancreatic Enzyme Supplements s. 1002.20(3)(k), F.S.; Rule 6A-6.0252, F.A.C.	32a. Develop and implement an IHP and ECP for management of the conditions requiring pancreatic enzyme supplements and to ensure that the student carries and self-administers such supplements as prescribed by the physician.	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
	32b. Maintain documentation of health care provider and parental/guardian authorization for a student to self-carry and self-administer a prescribed pancreatic enzyme supplement while enroute to and from school, in school, or at school sponsored activities.	DOH and LEA	The RN will develop an IHP and EAP for these students. Hamilton County Policy 5.15
33. Naloxone Use and Supply s. 1002.20(3)(o), F.S.	33a. If the school district has chosen to obtain and maintain supplies of naloxone the School District Board will insure that a written protocol regarding storage, accessibility and administration of naloxone be developed and available at all schools where naloxone is stocked.	LEA	The School District has chosen to not maintain supplies of Naloxone

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
34. Administration of Medication and Provision of Medical Services by Nonmedical Assistive Personnel s. 1006.062(4), F.S.; Rules: 64B9-14.002(3), F.A.C., 64B9-14, F.A.C.;	34a. The School District Board will ensure that nonmedical assistive personnel be allowed to perform health-related services upon successful completion of child specific training by a registered nurse or advanced registered nurse practitioner, physician, or physician assistant.	DOH and LEA	The School District in its policy has a procedure for training nonmedical assistive personnel by a registered nurse, advanced practice nurse practitioner, or a physician to provide and perform health related services upon successful completion of child specific training.
	34b. An RN must document health related child-specific training for delegated staff. The delegation process shall include communication to the unlicensed assistant personnel (UAP) which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision. The documentation of training and competencies should be signed and dated by the RN and the trainee.	DOH and LEA	The RN documents health related child-specific training for delegated staff on an annual basis and as needed. The RN 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.
	34c. The School District board will ensure that the use of nonmedical assistive personnel shall be consistent with delegation practices per requirements.	DOH and LEA	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
35. Background Screening Requirements for School Health Services Personnel Chapter 435, F.S., s. 381.0059, F.S.;	35a. The District School Board and CHD will ensure that any person who provides services under this school health services plan must meet the requirements of a level 2 background screening.	DOH and LEA	The school health staff complies with the FDLE screening policy required for employment with LEA. Level 2 background screening required for employment

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Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
s. 1012.465, F.S.			
36. Involuntary Examination s. 394.463, F.S. including: s. 1002.20(3)(l), F.S.; s. 1002.33(9), F.S.; s. 381.0056(4)(a)(19), F.S.	36a. The School District Board will ensure that it develops policies and procedures for the implementation of this statutory requirement. A reasonable attempt must be made to notify a student's parent/guardian, or caregiver before the student is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination.	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.
37. Parental Consent for Health Care Services Section 1014.06, F.S.	37a. The School District Board must ensure that it develops policies and procedures for the implementation of the Parent's Bill of Rights. Address the following statutory requirements: (1) Obtain written parental consent prior to providing, soliciting or arranging to provide health care services or prescribe medicinal drugs to a minor child. (2) Obtain written parental consent prior to a medical procedure to be performed on a minor child in its facility.	DOH and LEA	The Hamilton School District requires each student that is treated in the Student Health Center to have notarized parent or guardian permission prior to receiving these type of services. Permission is obtained once and it is good until graduation or parents/gaurdian request to withdraw consent. Parents/gaurdians have the right to withdraw permission at any time. Students who do not have a permission form can only be seen for first aid and emergency services.
38. Care of Students with Epilepsy or Seizure Disorders: Creates section 1006.0626	38a. Requires a school to provide epilepsy or seizure disorder care to a student under certain circumstances.	DOH and LEA	The RN develops an IHP and an EAP for students known to have a epilepsy or seizure disorder. The IHP and EAP are followed in order to provide students with the care they need.
	38b. Provide requirements for the implementation of an individualized seizure action plan for a student with epilepsy or a seizure disorder.	DOH and LEA	The RN develops an IHP and an EAP for these students. Child specific training will be completed to each staff member that will

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Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			come in contact with The EAP (Seizure action plan) directs that 911 will be called immediately for any students with epilepsy or seizure disorder.
	38c. Provide that an individualized seizure action plan remains in effect until certain criteria are met.	DOH and LEA	The IHP and the EAP (Seizure action plan) will remain in effect the entire time the student is enrolled in the school district or student no longer has a diagnosis of epilepsy or seizure disorder.
	38d. Authorize a school to provide training and supports to a student in the absence of such a plan.	DOH and LEA	The School District has a emergency plan in place for responding to seizures in the school setting. It authorizes the school nurse or a UAP instructions on how to care for an individual with epilepsy or seizure disorder.
	38e. Provide requirements for such plans; requiring a school nurse or appropriate school employee to coordinate the care of such students and verify the training of certain school employees relating to the care of the students. 38f. Provide requirements for such training; based on guidance issued by the Department of Education.	DOH and LEA	The local LEA is responsible to provide the school health coordinator with the names of all staff that requires training. The School Health Coordinator is required to hold trainings annually and as needed. The School Health Coordinator will also maintain records of all training classes taught. The requirement will be based on guidance issued by the Department of Education.
	38g. Require schools to provide specified information to certain school employees	DOH and LEA	The RN conducts a training annually and PRN to nonmedical school personnel for care of students with epilepsy or seizure disorders. The school will designate the school health staff and certain school employees who have been trained

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)			
39. The Provision of Comprehensive School Health Services. The Services Provided Under This Section are Additional and are Intended to Supplement, Rather Than Supplant, Basic School Health Services. s. 381.0057(6), F.S. ; s. 743.065, F.S.	39a. 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.
	39b. 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.
	39c. 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.
	38d. Provide or coordinate counseling and referrals to decrease substance abuse/ misuse.	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 Meridan Behavioral Health and the Mobile response team, the local mental health facility as needed and to school based counseling as needed.
	39e. 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

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)			
			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.
	39f. Provide or coordinate health education classes to reduce the incidence of substance abuse or misuse, 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.
	39g. Identify and provide interventions for students at risk for early parenthood.	DOH and LEA	The school guidance counselors, the school social workers, and 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. Interventions will be provided through the guidance counselors, social workers, school health staff and other programs available. Health education classes may be offered to reduce students risk os early parenthood.
	39h. 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. The referral may also be made by parent/guardian and school staff.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)			
	39i. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	DOH and LEA	The school health staff, guidance counselors, and school social workers collaborate with other agencies and provides healthy start and family planning information. Community presentations and health education counseling are provided through individual clinic visits are offered to reduce and prevent teen pregnancy. The school nurse refers any student at risk for teen pregnancy for Family Planning services.
	39j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	DOH and LEA	The school health regularly monitor all pregnant teens through their pregnancy. The teen is referred to WIC, Health Start for services. The school health staff counsel with pregnant teens and provide family planning services. 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.
	39k. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services.	DOH and LEA	Pregnant students are referred to Healthy Start, WIC, and a private physician for prenatal care if they do not already have one. The school health staff, guidance counselors, social workers, Health Start, WIC, work collaboratively to assist the pregnant student in establishing appointments. The

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)			
			pregnant student is routinely monitored and assessed by school health nurses during the pregnancy and education and support is provided as needed.

PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS (FSS)			
40. Full Service Schools s. 402.3026(1), F.S.	40a. The State Board of Education and the Florida Department of Health shall jointly establish FSS to serve students from schools that have a student population at high risk of needing medical and social services.	DOH and LEA	Hamilton County student population is at high risk of needing medical and social services. Hamilton county has one pediatric doctors office that services the entire county. The Hamilton County High School and Hamilton County Elementary School are considered full service schools.
	40b. Designate FSS 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.
	40c. 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 lunch offered to all high school and elementary student. The school district also send additional fo
	40d. Provide basic medical services.	DOH and LEA	All HCSD students are eligible to receive medical services provided at the Student Health Center. School health staff offer services including but not limited to: Family Planning Services with DOH APRN or DOH MD on site 2 times a month, STD &

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			HIV education/testing, treatment, sports physical and primary care services. All services are provided by request. Referrals are made as needed to appropriate resource for continuity of care.
	40e. Provide referral to dependent children Temporary Assistance to Needy Families (TANF).	DOH and LEA	Services provided and referrals made for dependant children to TANF as needed. School social worker, mental health counselors, guidance counselors available on both school campuses.
	40f. Provide referrals for abused children.	DOH and LEA	All staff (Hamilton DOH, HCSD, HCSO),by law are required to report any suspected abuse.Services provided and referrals made as needed. School social worker, mental health counselors, guidance counselors and school health are available on both campuses.
	40g. Provide specialized services as an extension of the educational environment that may include nutritional services, basic medical services, aid to dependent children, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parent/guardian, and adult education.	DOH and LEA	Services provided and referrals made as needed. School social worker, mental health counselors, guidance counselors and school resource officers are available on both campuses.
	40h. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	DOH and LEA	The school health staff works collaboratively with other health department programs. Local agreements will be developed and implements for in-kind services such as DCF, School Resource Officers, Meridan Behavioral Health, health care through the Student Health Center, case management, counseling, migrant center, FDLRS

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			and other local agencies.