



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

**School Health Services Plan
2014-2016**

Due by September 15, 2014

E-mail Plan as an Attachment to:

HSF_SH_Feedback@flhealth.gov

Contact Person

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

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SUMMARY - SCHOOL HEALTH SERVICES PLAN 2014 - 2016

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

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

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

The Plan contains 4 columns, as follows:

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

GENERAL INSTRUCTIONS

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

REFERENCES

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

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

Florida School Health Administrative Guidelines: http://www.floridahealth.gov/healthy-people-and-families/childrens-health/school-health/_documents/administrative-guidelines.pdf

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

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

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2014 - 2016 School Health Services Plan Signature Page

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

Position	Name and Signature	Date
Local Department of Health Administrator / Director	Paula Thaqi, M.D., M.P.H. <i>Paula Thaqi, M.D.</i>	10-7-15
Local Department of Health Nursing Director	Barbara Bateman, R.N. <i>Barbara Bateman RN</i>	10-7-15
Local Department of Health School Health Coordinator	Maureen O'Keeffe, R.N. <i>Maureen O'Keeffe</i>	10/7/15
School Board Chair Person	Dr. Rosalind Osgood <i>Dr. Rosalind Osgood</i>	
School District Superintendent	Robert Runcie <i>Robert Runcie</i>	
School District School Health Coordinator	Marcia Bynoe, ARNP-BC, MSN, FNP/SNP <i>Marcia Bynoe</i>	10/14/15
School Health Advisory Committee Chairperson	Maureen O'Keeffe, R.N. <i>Maureen O'Keeffe</i>	10/7/15
School Health Services Public / Private Partner	Cindy Arenberg Seltzer, JD <i>Cindy Arenberg Seltzer</i>	10/8/15

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PART I: PREVENTIVE HEALTH SERVICES FOR ALL PUBLIC SCHOOLS				
I.	1. s. 381.0056, F.S. School Health Services Program.	a. Each local Department of Health uses the annual schedule C funding allocation (General Appropriations Act) to provide school health services pursuant to the School Health Services Act (s. 381.0056(1), F.S.) and the requirements of the Schedule C Attachment I.	DOH-Broward LEA	DOH- Broward and LEA shall utilize schedule C funding allocation to provide school health services pursuant to the School Health Services Act and the requirements of the Schedule C Attachment 1. DOH-Broward and LEA shall have a contractual agreement to subcontract 29 basic schools and 9 full services School Health Program to contracted partners for Nurses/Health Support Technicians. DOH-Broward shall monitor the basic and full service program. DOH-Broward shall provide on-call nurses to schools without Nurses/Health Support Technicians and shall provide Nurse/Health Support Technicians to five comprehensive schools. All schools not covered via contract shall be funded through either the Children's Services Council or LEA (Medicaid/504).
I.	2. s. 381.0056(3), F.S. The Department of Health (DOH), in cooperation with the Department of Education (DOE), shall supervise the administration of the school health services program and perform periodic program reviews.	a. The local Department of Health and local education agency (LEA) each designate one person to be responsible for the coordination of planning, development, implementation and evaluation of the local school health program. Those two individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services. (Ch. 64F-6.002(2)(f), F.A.C.)	DOH-Broward LEA	The School Health Director from the LEA and School Health Services Program Manager from DOH-Broward shall be responsible for the coordination of planning, development, implementation and evaluation of the local school health program. These two positions shall collaborate to assure program compliance and to plan and assess the delivery of program services.

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		b. The local school health services plan shall describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of funding source. (Ch. 64F-6.002(2)(j), F.A.C.)	DOH-Broward LEA	DOH-Broward and the LEA shall employ or contract for all health related staff. All contracted and School Health personnel shall meet the employment requirements set forth by DOH-Broward and LEA. DOH-Broward will be responsible for supervision of DOH-Broward employees assigned to school health program. LEA is responsible for supervision of all LEA employees assigned to the school health program. DOH-Broward shall be responsible for monitoring and oversight of LEA contractual services. LEA will provide monitoring and oversight of school health services not under contract with DOH-Broward.
		c. Protocols for supervision of school health services personnel shall be described in the local school health services plan to assure that such services are provided in accordance with statutory and regulatory requirements and professional standards. (Ch. 64F-6.002(2)(j)(1), F.A.C.), and consistent with the Nurse Practice Act (Ch.464 F.S.) and the Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).	DOH-Broward LEA	DOH-Broward and LEA shall adhere to protocols for supervision of school health services personnel consistent with statutory and regulatory requirements and professional standards. They shall be consistent with the Nurse Practice Act and the Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools.
		d. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the local Department of Health medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant, or the student's private physician. (Ch. 64F-6.002(2)(j)(2), F.A.C.)	DOH-Broward LEA	Protocols and standing order shall be developed by DOH-Broward in collaboration with the LEA, local school health advisory committee, and the student's private physician. Child specific standing orders shall be written by the student's private physician.

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1.	3. s. 381.0056(4)(a), F.S. Each local Department of Health shall develop, jointly with the district school board (a.k.a. local educational agency or LEA) and the local school health advisory committee (SHAC), a school health services plan.	a. Each local school health services plan shall be completed biennially and approved and signed by a minimum of the superintendent of schools, school board chairperson, local Department of Health medical director or administrator. b. The local school health services plan shall be reviewed each year for the purpose of updating the plan. Amendments shall be signed by the school district superintendent and the local Department of Health medical director or administrator. (Ch. 64F-6.002(3)(a), F.A.C.).	DOH-Broward LEA	The school health services plan will be completed biennially and approved by the LEA Superintendent of schools, LEA school board chairperson and the DOH-Broward Administrator. The Plan shall be approved by indication on the signature page.
			DOH-Broward LEA	The school services plan shall be reviewed collaboratively for the purpose of updating the plan. Amendments shall be signed by the LEA superintendent and DOH Broward Administrator.
		c. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners. (Ch. 64F-6.002(2)(g), F.A.C.).	DOH-Broward LEA School Health Partners and Providers	All partners providing school health services will follow procedures developed by DOH Broward for the collection of Health Services data. All partners will submit data monthly within specified time frames to be input into HMS. Additional information needed for the Annual Report will be collected annually.
		d. As per s. 381.0056(4)(a)(18)(b), F.S., each School Health Advisory Committee (SHAC) should include members representing the eight components of the Centers for Disease Control and Prevention's Coordinated School Health (CSH) model. The SHAC is encouraged to address the eight CSH components in the school district's wellness policy pursuant to s. 1003.453, F.S.	DOH-Broward LEA SHAC	The SHAC includes members representing the eight components of the CDC CSH model. A representative from SHAC sits on the LEA Wellness and Learning Supports Committee. In addition the SHAC annually reviews the LEA Wellness Policy.

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I.	4. s. 381.0056(4)(a)(1), F.S. Health appraisal	a. Determine the health status of students.	DOH-Broward LEA School Health Providers	The health status of students will be determined by any or all of the following: -Health History and/or Nursing Assessment -Record Review -Parent Conference -Coordination/collaboration with school personnel/health care providers and implementation of medical orders for students with actual potential or suspected health problems
I.	5. s. 381.0056(4)(a)(2), F.S. Records review	a. Perform initial school entry review of student health records, to include school entry physical, immunization status (DH 680), cumulative health record, emergency information, etc. (Ch. 64F-6.005(1), F.A.C.)	DOH-Broward LEA	Initial school entry review will be completed by either DOH- Broward or LEA and/or the principal's designee. Review will include information regarding: (a) Immunization status and certification; (b) Health history, including any chronic conditions and treatment plan; (c) Screening tests, results, follow-up and corrective action; (d) Health examination report; (e) Documentation of injuries and documentation of episodes of sudden illness referred for emergency health care; (f) Documentation of any nursing assessments done, written plans of care, counseling in regards to health care matters and results; (g) Documentation of any consultations with school personnel, students, parents, guardians or service providers about a student's health problem, recommendations made and results; and (h) Documentation of physician's orders and parental permission to administer medication or medical treatments given in school.

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		b. Perform annual review of each student's emergency information and medical status. An emergency information card for each student shall be updated each year. (CH. 64F-6.004(1)(a), F.A.C.)	LEA	At the beginning of each school year, or upon new student entry, students will submit emergency information cards. School health personnel or principal's designee will review emergency cards annually to identify current medical status. An emergency information card, shall contain a contact person, family physician, allergies, significant health history and permission for emergency care.
I.		a. Perform school entry and periodic assessment of student's health needs. (Ch. 64F-6.001(6), F.A.C.).	DOH-Broward LEA School Health Providers	DOH-Broward, LEA and School Health Providers will perform school entry and on-going assessments of student's health need according to Chapter 64F-6.001(6), Florida Administrative Code.
		b. For day-to-day and emergency care of students with chronic or acute health conditions at school, the registered nurse (RN) develops an individualized healthcare plan (IHP).	DOH-Broward LEA School Health Providers	DOH Broward RN's at assigned schools, LEA RN's at assigned schools or School Health Providers RN's at assigned schools will develop an individualized healthcare plan for day-to-day and emergency care of students with chronic or acute conditions at schools.
		c. The RN utilizes the IHP to develop an emergency action plan (EAP) and/or an Emergency Care Plan (ECP) for use by unlicensed assistive personnel and school staff.	DOH-Broward LEA School Health Providers	DOH Broward RN's at assigned schools, LEA RN's at assigned schools or School Health Providers RN's at assigned schools will develop an emergency action plan (EAP) and/or an Emergency Care Plan (ECP) for use by unlicensed assistive personnel and school staff.
I.	7. s. 381.0056(4)(a)(4), F.S. Nutrition assessment	a. Identify students with nutrition related problems (Florida School Health Administrative Guidelines, May 2012, Ch. 11).	DOH-BROWARD LEA School Health Providers	BMI screening will be performed in required grades to identify students with nutrition related problems and will make the appropriate referrals as necessary.
I.	8. s. 381.0056(4)(a)(5), F.S. Preventive dental program	a. Recommended services include: Minimally - age appropriate oral health education to all grades and referral system. b. Mid-range - oral health screenings, fluoride varnish or rinse program (both recommended for either 2nd or 3rd grades).	DOH-Broward LEA School Health Providers	Preventive dental services are available through DOH Broward and local dental providers.
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		c. Best practice - school-based or school-linked dental sealant program and primary dental services as available. Recommend a licensed dental professional liaison from the local Department of Health or community partner to provide screenings, preventive oral health services and referrals.		Preventive dental services are available through DOH Broward and local dental providers.
1.	9. s. 381.0056(4)(a)(6-9), F.S. Provisions for Screenings	a. Provide screenings and a list of all providers. Screenings: (1) Vision screening shall be provided, at a minimum, to students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten through 5. (2) Hearing screening shall be provided, at a minimum, to students in grades kindergarten, 1 and 6; to students entering Florida schools for the first time in grades kindergarten through 5; and optionally to students in grade 3. (3) Growth and development screening shall be provided, at a minimum, to students in grades 1, 3 and 6 and optionally to students in grade 9. (4) Scoliosis screening shall be provided, at a minimum, to students in grade 6. (Ch.64F-6.003(1-4), F.A.C.	LEA	LEA provides screeners to conduct (1) Vision screenings to students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten through 5. (2) Hearing screening to students in grades kindergarten, 1 and 6; to students entering Florida schools for the first time in grades kindergarten through 5; and optionally to students in grade 3. (3) Growth and development screening to students in grades 1, 3 and 6 and optionally to students in grade 9. (4) Scoliosis screening to students in grade 6.

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		b. Assist in locating referral sources for additional evaluation and/or treatment for students with abnormal screening results. Referral sources may include, but are not limited to, state contracted vision service providers (provided the student meets eligibility requirements), other service providers and local resources. (1) Provide a list of all referral providers.	DOH-BROWARD LEA School Health Providers	
		c. Establish a system to document and track screening results and referrals.	LEA	
		d. Ensure all screening services are coded into HMS to include initial screenings, rescreenings, abnormal results/referrals, outcomes, and incomplete referrals after three attempts.	DOH-BROWARD	
I.	10. s. 381.0056(4)(a)(10), F.S. Health counseling	a. Provide health counseling as appropriate.	DOH-Broward LEA	All providers providing school health services will provide health counseling, including advise and instruction for health maintenance, disease prevention, interconceptional and preconceptional counseling, and health promotion as appropriate.
		b. Document health counseling in the student health record.	DOH-Broward LEA	DOH-BROWARD and LEA will document Health Counseling in student record as directed by LEA guidelines.
I.	11. s. 381.0056(4)(a)(11), F.S. Referral and follow-up of suspected and confirmed health problems	a. Provide referral and follow-up of abnormal health screenings, emergency health issues, and acute or chronic health problems.	DOH-Broward LEA	All school health providers will provide referral and follow-up of abnormal health screenings, emergency health issues, and acute or chronic health problems.
		b. Coordinate and link to community health resources.	DOH-Broward LEA	All school health providers will coordinate and link students to community health resources.

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		c. Require child abuse reporting. (s. 1006.061, F.S.)	DOH-Broward LEA	1. All school health providers are mandated reporters and have an affirmative duty to report all actual or suspected cases of child abuse, abandonment, or neglect in accordance with Florida Statute. 2. All schools will post in a prominent place at each school site and on each school's Internet website, if available, the policies and procedures for reporting alleged misconduct by instructional personnel or school administrators which affects the health, safety, or welfare of a student; the contact person to whom the report is made; and the penalties imposed on instructional personnel or school administrators who fail to report suspected or actual child abuse or alleged misconduct by other instructional personnel or school administrators. 3. All principals or the district school superintendent, or the superintendent's designee, are required, at the request of the Department of Children and Family Services, to act as a liaison to the Department of Children and Family Services and the child protection team, as defined in s. 39.01, when in a case of suspected child abuse, abandonment, or neglect or an unlawful sexual offense involving a child the case is referred to such a team. 4. Each school has a Child Abuse Designee to facilitate abuse reporting and investigation.
		d. Provide referral to services to sexually exploited children including: counseling, healthcare, substance abuse treatment, educational opportunities, and a safe environment secure from traffickers (Ch. 39.001 (4) (a-d), F.S.) and report as child abuse (s. 1006.061, F.S.).	DOH-Broward LEA	

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I.	12. s. 381.0056(4)(a)(12), F.S. Meeting emergency health needs in each school	a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. (Ch. 64F-6.004(1), F.A.C.). List protocols used (i.e. Emergency Guidelines for Schools 2011 Florida Edition).	DOH-Broward LEA	Polices, procedures and protocols for the management of health emergencies will be in writing and kept in file at the LEA, CHD and at each school. Minimum provisions include: student emergency information cards updated annually for each student, the locations of emergency supplies and equipment, and a list of persons currently certified to provide first aid and cardiopulmonary resuscitation is posted in several areas throughout the school. Protocols used are the Emergency Guidelines for Schools, 2011 Florida Edition.
		b. Ensure health room staff and two additional staff in each school are currently certified in cardiopulmonary resuscitation (CPR) and first aid and a list is posted in key locations. (Ch. 64F- 6.004(2&3), F.A.C.). Include on the list location and phone numbers of these staff members.	LEA	Health Room staff and two additional non-medical staff in each school will be certified in a CPR/First Aid by a nationally recognized certifying agency. A copy of this certification shall be kept on file in the health room.. Names, locations and phone numbers for certified staff is posted in key locations. The principal/designee will post the names of certified staff on 911 posters located in health rooms, school office, gyms, cafeteria and throughout other locations in the school.
		c. Assist in the planning and training of staff responsible for emergency situations. (Ch. 64F-6.004(4), F.A.C.)	DOH-BROWARD LEA School Health Providers	DOH-BROWARD, LEA and School Health Providers will assist in the planning and training of staff responsible for the care on a day to day basis to students who are ill or injured while on school grounds during school hours. DOH-BROWARD and LEA will ensure compliance through monitoring and oversight.
		d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities. (Ch. 64F-6.004(5), F.A.C.)	DOH-BROWARD LEA School Health Providers	All school health providers/principal designee will use the LEA First Aid supply list to monitor adequacy and expiration of first aid supplies, emergency equipment and facilities
		e. The school principal (or designee) shall assure first aid supplies, emergency equipment, and facilities are maintained. (Ch. 64F-6.004(6), F.A.C.)	LEA	The school principal or designee shall follow the LEA procedure to ensure adequate health, first aid supplies and emergency equipment are available and maintained. AED units shall be checked bi-weekly and documented.

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		f. All injuries and episodes of sudden illness referred for emergency health treatment shall be documented and reported immediately to the principal or the person designated by the principal or the acting principal. (Ch. 64F-6.004(7), F.A.C.)	DOH-BROWARD LEA School Health Providers	All injuries and episodes of sudden illness will be documented and reported to the principal or designee. All school health providers or principal designee will follow LEA procedure to document and monitor all accidents/injury reports, and 911 calls.
		g. 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 3) and register the AEDs with the county emergency medical services director. (s. 1006.165, F.S.)	LEA	Each school that is a member of the Florida High School Athletic Association will have an operational automatic external defibrillator and will ensure a minimum of two non-medical persons will be trained in AED usage. AED's will be registered with the county emergency medical services director. AED units shall be checked bi-weekly and documented.
I.	13. s. 381.0056(4)(a)(13), F.S. Assist in health education curriculum	a. Collaborate with schools, health staff and others in health education curriculum development.	DOH-BROWARD LEA	LEA is responsible for the development of health education curriculum in all public schools. DOH-Broward assists as requested.
I.	14. s. 381.0056(4)(a)(14), F.S. Refer student to appropriate health treatment	a. Use community or other available referral resources.	DOH-BROWARD LEA School Health Providers	All school health providers will use community or other available referral resources.
		b. Assist in locating referral sources for Medicaid eligible or underinsured students (community health and social service providers).	DOH-BROWARD LEA School Health Providers	All school health staff will assist in locating referral sources for Medicaid eligible or underinsured students (community health and social service providers). Uninsured students are referred to KidCare.
I.	15. s. 381.0056(4)(a)(15), F.S. Consult with parents or guardian regarding student's health issues	a. Provide consultation with parents, students, staff and physicians regarding student health issues. (Ch. 64F-6.001(1), F.A.C.)	DOH-BROWARD LEA School Health Providers	All school health providers will provide consultation with parents, students, staff, and physicians regarding students health issues.

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I.	16. s. 381.0056(4)(a)(16), F.S. Maintain health-related student records	a. Maintain a cumulative health record for each student that includes required information. (Ch. 64F- 6.005(1), F.A.C.)	DOH-BROWARD LEA	Cumulative health records, and required information, on each student shall be maintained in the schools by authorized personnel. All schools will follow LEA procedure and guidelines to maintain a cumulative health record. LEA and DOH will establish a monitoring schedule and review for compliance
		b. Maintain student health records per s. 1002.22, F.S. (Ch. 64F-6.005(2), F.A.C.)	DOH-Broward LEA	LEA and DOH will establish a monitoring schedule and review for compliance. All schools must: Initiate and maintain a cumulative health record on each student to document identified health problems and corrective measures taken and ensure that each cumulative record is individually retrievable. Student health treatment records created by health care professionals and containing protected health information and health services are maintained and released in accordance with state and federal law.
I.	17. s. 381.0056(4)(a)(17), F.S. Provision of health information for Exceptional Student Education (ESE) program placement	a. Provide relevant health information for ESE staffing and planning according Ch. 6A-6.0331 and 64F- 6.006, F.A.C.	LEA	Collaboration will occur between Exceptional Student Education (ESE) staff and School Health Services staff to provide for staffing and educational planning. Students suspected of being exceptional, shall be referred for professional evaluation in accordance with LEA procedures for providing special programs. Services shall include provision for a current screening for vision and hearing and a review of the student health records to ensure that physical health problems are considered in such placements.
I.	18. s. 381.0056(5)(a)(18), F.S.	a. Notification to the local nonpublic schools of the school health services program and the opportunity for representatives of the local nonpublic schools to participate in the development of the cooperative health services plan.	DOH-BROWARD LEA Community Partners	The Broward County Comprehensive School Health Advisory Committee (BCCSHAC) Services Plan reviews the Cooperative Health Services Plan. Local nonpublic schools participate in the BCCSHAC.
		b. A nonpublic school may request to participate in the school health services program provided they meet requirements per s. 381-0056(5)(a)- (g), F.S.	LEA	Any nonpublic school may voluntarily participate in the school health services program. Any nonpublic school participating will meet requirements of Florida Statute.

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I.	19. s. 381.0056(6)(a), F.S. The district school board shall include health services and health education as part of the comprehensive plan for the school district.	a. School-based health services are provided to public school children in grades pre-kindergarten through twelve. Health services are provided to public charter schools, based upon the charter, local contracts, and agreements. Counties offer school health services to private schools, based upon their participation in the School Health Services Plan, and the availability of staff and local resources. (Florida School Health Administrative Guidelines, May 2012, Section I-2).	LEA	School based health services are provided to all public school children in grades pre-k -12. Public Charter schools are provided as per their agreement with the district. Private schools who voluntarily participate in the School Health Services Plan may receive school health services based upon the availability of staff and local resources.
		b. Describe how CHD staff will assist school personnel in health education curriculum development. Since the CHD staff includes health professionals with expertise in many disciplines, they should be considered a primary resource for topics related to student health and wellness. County health department staff may serve as content and curriculum experts in their particular specialty (i.e. dental health, nutrition, hygiene and communicable disease prevention, injury prevention, human growth and development, sexually transmitted diseases, and other health topics relevant to school-age children and adolescents). (Florida School Health Administrative Guidelines, May 2012, Section III, Ch.15-1).	DOH-BROWARD LEA	CHD staff participate at the request of the LEA in the development of health education curriculum. Staff assist with content and curriculum based upon their area of expertise.

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I.	20. s. 381.0056(6)(b), F.S. The district school board shall provide in service health training for school personnel.	a. Please list providers of in service health training for school personnel.	DOH-BROWARD LEA School Health Providers	The district school board, DOH, and community partners provide in-service health training for school personnel. All school staff are invited to participate in health training events. On-line courses are also available.
I.	21. s. 381.0056(6)(c), F.S. The district school board shall make available adequate physical facilities for health services.	a. Health room facilities in each school will meet DOE requirements. (State Requirements for Educational Facilities, December 2012 and/or State Requirements for Existing Educational Facilities 2012).	DOH-BROWARD LEA School Health Providers	Every effort is made to meet DOE requirements for Educational and Existing Educational Health room facilities in accordance with guidelines.
I.	22. s. 381.0056(6)(d), F.S. The district school board shall, at the beginning of each school year, provide parents with information concerning ways that they can help their children to be physically active and eat healthful foods.	a. List programs and/or resources to be used.	LEA	Schools participate in various healthy physical and healthy food activities. These include Fuel Up to Play 60, Alliance for a Healthier Generation and FLIPANY programs. In addition, school cafeterias meet the new Federal Guidelines for Healthy Foods.
I.	23. s. 381.0056(6)(e), F.S. The district school board shall inform parents or guardians in writing at the beginning of each school year of the health services provided.	a. Provide the opportunity for parents or guardians to request an exemption in writing.	LEA	Principals shall disseminate in writing notification to parents/guardians of health services provided. A parent/guardian can notify the school should they choose to opt out of school health services for their children.
		b. Obtain parent permission in writing prior to invasive screening.	LEA	LEA shall obtain parental/guardian permission in writing prior to invasive screening.
I.	24. s. 1003.22(1), F.S. Each district school board shall require that each child who is entitled to admittance to kindergarten, or is entitled to any other initial entrance into a public school in this state, present a certification of a school-entry health examination performed within 1 year prior to enrollment in school.	a. The school health plan shall include initial school entry health examination policy. (Ch. 64F-6.002(2)(f), F.A.C.) Note: Reference policy to Ch. 6A-6.024, F.A.C.	LEA	All students entering Florida schools for the first time, including Pre-K, must show documentation of physical examination within the past twelve months.

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I.	25. s. 1003.22(4), F.S. Each district school board shall establish and enforce as policy that, prior to admittance to or attendance in a public school, grades kindergarten through 12, or any other initial entrance into a Florida public school, each child present or have on file with the school a certification of immunization for the prevention of those communicable diseases for which immunization is required by the Department of Health.	a. The school health plan shall include immunization policies in each school that comply with Ch. 64D-3.046, F.A.C. (Ch. 64F-6.002(2)(e), F.A.C.). Each public school, including public kindergarten, and each private school, including private kindergarten, shall be required to provide to the local Department of Health director or administrator annual reports of compliance with the provisions of this section per s. 1003.22 (8) F.S.	LEA	Students who attend any public or nonpublic school must have proper documentation of Certification of Immunization or Certificate of Immunization Exemption. School personnel review students' Florida Certificate of Immunization (DH 680) and verify compliance. Upon registration, each school will verify each student's Immunization status and exclude those students who do not meet requirements. Selected grades are monitored for immunization compliance. Results of Immunization Compliance Reports by School will be shared with the local Immunization Program Regional Coordinator so that they may assist targeted schools in developing strategies to address student's non compliance.
I.	26. s. 1003.22(9), F.S. The presence of any of the communicable diseases for which immunization is required by the Department of Health in a Florida public or private school shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency.	a. The school health plan shall include communicable disease policies. (Ch. 64F-6.002(2)(d), F.A.C.) Note: Policies need to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.	DOH-BROWARD LEA	DOH and LEA will develop policies which coordinate responses to suspected or confirmed communicable disease or other health occurrences. This includes; Prevention strategies, a process to identify and report communicable disease to CHD, initial response & notification, outbreak investigation, and medical intervention.
I.	27. s. 1006.062(1)(a), F.S. Each district school board shall include in its approved school health services plan a procedure to provide training, by a licensed registered nurse, a practical nurse, a physician or a physician assistant (pursuant to chapter 458 or 459), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.	a. Include provisions in the procedure for general and student-specific administration of medication training.	DOH-BROWARD LEA	LEA has developed a procedure for the administration of medication during school hours and for licensed professionals to train school personnel in administering medication. Two staff are trained at each school to administer prescribed medication. Certificates of trained staff are maintained in the health room. School Board Policy number 6305 (Medication Administration) addresses Medication Administration at school. Medication training update available on School Board of Broward County website.

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I.	28. s. 1006.062(1)(b), F.S. Each district school board shall adopt policies and procedures governing the administration of prescription medication by district school board personnel.	a. The school district medication policy will be reviewed annually and updated as necessary to ensure student safety.	LEA	LEA will review the district policy annually and update as necessary to ensure student's safety.
		b. The school district medication policy will address the use of designated school staff for medication administration and be consistent with delegation practices per Ch. 64B9-14, F.A.C.	LEA	LEA Policy number 6305 (Medication Administration) addresses Medication Administration at school. Designated school personnel are trained by licensed professional in administration of prescribed and over the counter medication consistent with delegation practices per Ch. 64B9-14, F.A.C.
	29. s. 1002.20(3)(h), F.S. Students with asthma whose parent and physician provide approval may carry a metered dose inhaler on their person while in school.	a. Develop and implement an Individualized Healthcare Plan (IHP) and Emergency Action Plan (EAP) to ensure safe use of inhaler by student.	DOH-BROWARD LEA School Health Providers	LEA has protocols which addresses that any asthmatic student whose parents & physicians provide approval may carry a MDI on their person while in school and/or school related activities. All school health providers will develop students IHP and/or EAP in accordance with DOH/LEA guidelines. Q1 Documentation has been developed to record IHP and/or EAP development.
	30. s. 1002.20(3)(i), F.S. A student who is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer while in school, school-sponsored activities, or in transit if written parental and physician authorization has been provided.	a. For students with life threatening allergies, the RN shall develop an annual IHP that includes an EAP, in cooperation with the student, parent/guardians, physician, and school staff. The IHP shall include child-specific training to protect the safety of all students from the misuse or abuse of auto-injectors. The EAP shall direct that 911 will be called immediately for an anaphylaxis event and have a plan of action for when the student is unable to perform self-administration of the epinephrine auto-injector. (Ch. 6A-6.0251, F.A.C.)	DOH-BROWARD LEA School Health Providers	The RN shall develop an annual IHP that includes an EAP, in cooperation with the student, parent/guardians, physician, and school staff. The IHP shall include child-specific training to protect the safety of all students from the misuse or abuse of auto-injectors. The EAP shall direct that 911 will be called immediately for an anaphylaxis event and have a plan of action for when the student is unable to perform self-administration of the epinephrine auto-injector.

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	31. A public school may purchase from a wholesale distributor as defined in s. 499.003 and maintain in a locked, secure location on its premises a supply of epinephrine auto-injectors for use if a student is having an anaphylactic reaction. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection. s. 1002.20(3)(f)(2), F.S.	a. If the school district has chosen to maintain supplies of epinephrine auto-injectors, a written protocol has been developed by a licensed physician and is available at all facilities where supplies are kept.	NA	NA
	32. s. 1002.20(3)(f). F.S. Students with diabetes that have physician and parental approval may carry their diabetic supplies and equipment and self-manage their diabetes while en-route to and from school (bus), in school or at school sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student is capable of performing without assistance for diabetic self-management, including hypoglycemia and hyperglycemia.	a. Maintain a copy of the current physician's diabetes medical management plan, and develop and implement an IHP and ECP to ensure safe self management of diabetes pursuant to Ch. 6A-6.0253, F.A.C.	DOH-BROWARD LEA School Health Providers	In accordance with LEA protocols, students with diabetes that have physician and parental approval may carry their diabetic supplies and equipment and self-manage their diabetes while en-route to and from school (bus), in school or at school sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student is capable of performing without assistance for diabetic self-management, including hypoglycemia and hyperglycemia. All school health providers will develop students IHP and/or EAP in accordance with DOH-Broward/LEA guidelines.

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	33. s. 1002.20(3)(k), F.S. A student who has experienced or is at risk for pancreatic insufficiency or who has been diagnosed as having cystic fibrosis may carry and self-administer a prescribed pancreatic enzyme supplement while en-route to and from school (bus), in school or at school sponsored activities if the school has been provided with authorization from the student's parent and prescribing practitioner.	a. Develop and implement an IHP and ECP for management of the conditions requiring pancreatic enzyme supplements and to ensure that the student carries and self-administers such supplements as prescribed by the physician pursuant to Ch. 64B9-14.002(3), F.A.C.	DOH-BROWARD LEA School Health Providers	According to LEA policy, a student who has experienced or is at risk for pancreatic insufficiency or who has been diagnosed as having cystic fibrosis may carry and self-administer a prescribed pancreatic enzyme supplement while en-route to and from school (bus), in school or at school sponsored activities if the school has been provided with authorization from the student's parent and prescribing practitioner. All school health providers will develop students IHCP and/or EAP in accordance with DOH-Broward/LEA guidelines.
I.	34. s. 1006.062(4), F.S. Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child specific training by a registered nurse or advanced registered nurse practitioner, physician or physician assistant.	a. Document health related child-specific training by an RN for delegated staff. The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision per Ch. 64B9-14.002(3). The documentation of training and competencies should be signed and dated by the RN and the trainee.	DOH-BROWARD LEA School Health Providers	All health related child specific training will be documented. Documentation will include a competency check list signed by the RN and the non-medical assistive personnel assuring child specific training.
		b. Use of nonmedical assistive personnel shall be consistent with delegation practices per Ch. 64B9-14, F.A.C. and per the Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).	DOH-BROWARD LEA School Health Providers	Use of nonmedical assistive personnel is consistent with delegation practices and the Technical Advisory Guidelines (TAGS).

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PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)				
II.	1. s. 381.0057(6), F.S. The services provided by a comprehensive school health program must focus attention on promoting the health of students, reducing risk-taking behavior, and reducing teen pregnancy. Services provided under this section are in addition to the services provided under s. 381.0056, F.S. and are intended to supplement, rather than supplant, those services.	a. Use annual schedule C funding allocations (General Appropriations Act) provided to designated county health departments (local Department of Health) for comprehensive school health programs that provided basic school health services as specified in Part I of this plan and promote student health, reduce risk-taking behaviors, and reduce teen pregnancy.	DOH-Broward	
II.	2. s. 381.0057(6), F.S. Promoting the health of students.	a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.	DOH-Broward	The professional nurse will provide oversight of health services identified with actual or potential health problems through developing a plan of care: a) nursing assessment b) facilitating and planning appropriate interventions c) referral d) follow-up e) case management f) education g) evaluations
		b. Provide health activities that promote healthy living in each school.	DOH-BROWARD LEA	Participate/support LEA Food and Nutrition Services & Wellness Policy initiatives i.e. poster and essay contest. Encourage schools to participate in school sponsored wellness programs.
		c. Provide health education classes.		Collaborate with classroom teachers & resource staff to provide presentations which will promote healthy living & standard topics according to LEA guidelines/policies/curriculum.

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II.	3. s. 381.0057(6), F.S. Reducing risk taking behavior.	a. Provide or coordinate counseling and referrals to decrease substance abuse.	DOH-BROWARD LEA	Collaborate with school counselors and school resource officers regarding individual or group activities to decrease substance abuse (alcohol, tobacco, other drugs). Encourage SWAT (Students Working Against Tobacco). Collaborate with community, counselors and other personnel to identify students at risk/engaged in substance abuse. Use existing case management processes and tracking tools to facilitate access to substance abuse and smoking cessation programs. Consult with school counselors/health providers, as indicated.
		b. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	DOH-BROWARD LEA	LEA Manuals outlines steps for students at risk. Signs and symptoms are available to staff. Coordinate with Suicide prevention designee to assess students at risk and provide interventions and classes. Collaborate with agencies to counseling resources. Track referrals of students with suicide behaviors.
		c. Provide or coordinate health education classes to reduce the incidence of substance abuse, suicide attempts and other high risk behaviors.		Collaborate with classroom teachers and educational resource staff to provide presentations focused on reducing high risk behaviors. Submit interim and annual reports according to guidelines.
II.	4. s. 381.0057(6), F.S. Reducing teenage pregnancy.	a. Identify and provide interventions for students at risk for early parenthood.	DOH-BROWARD LEA	Identify risk students from absentee and academic reports. Identify students through self referral, peers, nursing assessments and parent teacher conferences. Interventions include: collaboration with social workers, parents, guidance counselors and other health professionals.
		b. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	DOH-BROWARD LEA	Presentations will be given to promote healthy lifestyle with educational programs related to human sexuality according to LEA guidelines/policies/curriculum. Individual and group counseling is available.

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		c. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	DOH-BROWARD LEA	Link to teen pregnancy prevention programs. Collaborate with classroom teachers and educational resource staff to provide information regarding pregnancy prevention and parenting programs focusing on preventing and reducing teen pregnancy. In accordance to LEA guidelines/policies/curriculum.
		d. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	DOH-BROWARD LEA	Collaborate and refer to community providers and partners. All pregnant teens will be referred for case management.
		e. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services, in accordance with s.743.065, F.S.	DOH-BROWARD LEA	All pregnant teens will be referred to Healthy Start for care coordination and enhanced services.
II.	5. s. 381.0057(5), F.S. A parent may, by written request, exempt a child from all or certain services provided by a school health services program described in subsection (3).	a. Provide a description of the mechanism for parental exemption of the child from all or certain services and describe the process of informing parents of this right.	DOH-BROWARD LEA	Principals disseminate information to parents/guardians via newsletters, PTA meetings, and parent letters. •Parents' exemption (opt out form) requests are placed in students' Cumulative Health Records. •Create a list of students excluded from services and screenings at parental request. •Screeners are notified not to screen students that are exempt.
PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS (FSS)				
III.	1. s. 402.3026(1), F.S. The State Board of Education and the Department of Health shall jointly establish full-service schools (FSS) to serve students from schools that have a student population at high risk of needing medical and social services.	a. Designate full service schools based on demographic evaluations.	DOH-BROWARD LEA	Full Service Schools have been identified based on demographic evaluations.
		b. Schedule C funding allocations (General Appropriations Act) provided to county health departments will be used to provide basic and specialized services in full service schools.	DOH-BROWARD LEA	DOH-Broward contracts with LEA to provide basic and specialized services in full service schools. DOH-BROWARD will monitor compliance with contractual agreements.

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III.	2. s. 402.3026(1), F.S. The full-service schools must integrate the services of the Department of Health that are critical to the continuity-of-care process.	a. Local Departments of Health and school districts will plan and coordinate FSS program services.	DOH-BROWARD LEA	DOH-Broward and LEA will plan and coordinate services to FSS.
III.	3. s. 402.3026(1), F.S. The Department of Health (DOH) shall provide services to these high-risk students through facilities established within the grounds of the school.	a. DOH professionals shall provide specialized services as an extension of the educational environment that may include: nutritional services, basic medical services, aid to dependent children, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parents, and adult education.	DOH-BROWARD LEA	Full Service Schools provide specialized services as needed and requested by staff and students. These include nutritional services, basic medical services, aid to dependent children, parenting skills, counseling for children at high risk for delinquent behavior and adult education. Full Service Schools will also coordinate/collaborate with school personnel, health providers and community agencies to provide and refer parent/guardian and students for health services. Case management will be provided according to need. Educational groups and other services will be made available to both students and parents.
		b. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	LEA	LEA will work with schools to develop agreements for in-kind health, social services and community partners.
IV.	1. s. 381.0059, F.S. Pursuant to the provisions of chapter 435, any person who provides services under a school health services plan pursuant to s. 381.0056 must meet level 2 screening requirements as described in s. 435.04. A person may satisfy the requirements of this subsection by submitting proof of compliance with the requirements of level 2 screening conducted within 12 months before the date that person initially provides services under a school health services plan.	a. Collaborate with school district to ensure district background screening policies per s. 1012.465, F.S., do not result in duplicate or conflicting background screening requirements for staff providing school health services.	LEA	Non-instructional school district employees or contractual personnel who are permitted access on school grounds when students are present, who have direct contact with students must meet level 2 screening requirements as described in s.1012.32. Contractual personnel include any vendor, individual, or entity under contract with a school or the school board. See 1012.467 and 1012.468.

PART IV: OTHER REQUIREMENTS

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IV.	2. s. 381.0056(4)(a)(19) 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, including the requirements established under ss. 1002.20(3) and 1002.33(9), as applicable.	The school health services plan shall include policies and procedures for implementing the requirements of s. 381.0056(4)(a)(19), F.S., s. 1002.20(3), F.S. and s. 1002.33(9), F.S. that must be followed when a student is removed for involuntary examination.	LEA	Broward County Public Schools will immediately notify a student's parent, guardian, or caregiver if a student is involuntarily removed from school, school transportation or a school sponsored activity and taken to a receiving facility for an involuntary examination as specified in Florida Statute.