



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

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

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
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PART I: BASIC SCHOOL HEALTH SERVICES

<p>1. School Health Services Plan; Basic School Health Services; Comprehensive School Health Services and Full-Service Schools; ; Rule 64F-6.002, F.A.C.; The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010); ss. 381.0057; 402.3026, F.S.</p>	<p>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.</p>	<p>LEA Director of Intervention and Prevention DOH School Health Coordinator</p>	<p>LEA and CHD school health coordinators will collaborate on the development of the School Health Plan, with annual in-put by the local SHAC committee. The School Health Plan will be presented to the CHD medical director, the superintendent of schools, and the school board chair at the Nassau County School Board Meeting for final approval.</p>
	<p>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.</p>	<p>CHD and LEA</p>	<p>Amendments to the Annual School Health Plan will be reviewed and signed by the school superintendent and county health department medical director each year.</p>
	<p>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.</p>	<p>CHD and LEA</p>	<p>LEA contracts with the CHD for school health program nursing practice oversight, including RN supervision of school health services, licensed practical nurses(LPNs) and unlicensed assistive personnel (UAP) employed by the LEA.</p>
	<p>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.</p>	<p>CHD and LEA</p>	<p>LEA contracts with Florida Department of Health in Nassau County (DOH Nassau), hereto fore known as CHD for four registered nurses(RN), including the Senior Community Health Nurse Supervisor, School Health Coordinator. The nurses are contracted with the local LEA to</p>

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			provide oversight of school health services as well as monitor for communicable diseases in the schools. The School Health Coordinator acts as the liaison between the schools and the CHD.
	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 the school year to assure program compliance and to plan and assess the delivery of program services.	CHD and LEA	The CHD Senior Community Health Nurse Supervisor, School Health Coordinator position acts as the liaison between the LEA and the CHD. Internal QA review to be performed twice during the school year to include elementary, middle and high schools by the LEA School Health Coordinator and the CHD School Health Coordinator. The LEA and CHD School Health Coordinators will meet quarterly and more frequently as needed to discuss and assure compliance and delivery of the school health program services.
	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.	CHD and LEA	The CHD RNs provide 1) nursing licensure supervision for LPNs, and 2) practice oversight for UAPs, employed by the LEA.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	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.	CHD and LEA	All medical protocols and guidelines are written in collaboration between CHD and LEA with medical guidance from the CHD Medical Director. Approval is required from the CHD medical director prior to SHAC committee and LEA approval and implementation.
	1h. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners.	CHD and LEA	All LEA employees working within the basic school health program to include, but not limited to, school health aides, LPNs, & RNs will record and submit electronically to the CHD School Health Coordinator within seven (7) days of the end of the month <i>Employee Activity Records</i> (EAR's) for in-put into the HMS system.
	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.	CHD and LEA	The local SHAC is represented by all 8 components of the <i>Coordinated School Health Model</i> including, but not limited to, the following: students, CNA teachers, school nurses, faith based, UF extension service, dental service, tobacco awareness, nutrition service, and wellness committee representatives.
2. Health Appraisal s. 381.0056(4)(a)(1), F.S.	2a. Determine the health status of students.	CHD and LEA	The school nurses will review all health exams and emergency medical cards on all new student entrants to assess pre-existing medical conditions.

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<p>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.</p>	<p>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.</p>	<p>CHD and LEA</p>	<p>The school health nurse will review all new student health information including immunization review for compliance, as well as, physical exam and emergency medical card for pre-existing medical conditions. Per LEA's Administrative Rule 5.03 the schools will allow no enrollment into school without proper documentation except for allowable exemptive students. CHD School Health RN will sign off health records for Physical and immunization compliance. After the 30-day exemptions given by school personnel, the CHD School Health RN will present the list to inform the principal at each school for non-compliance students. The CHD School Health RN will follow-up with LEA staff for compliance and communicate with principals, LEA School Health Coordinator, and CHD School Health Coordinator, as needed. Records will be flagged for any student with a medical condition.</p>
	<p>3b. Emergency information card/form for each student shall be updated each year.</p>	<p>LEA</p>	<p>The school nurse will perform an annual review of each student's emergency medical card and cross reference it with their physical exam to determine the medical status of each student. Emergency Medical Cards of students with medical conditions will be flagged, and a chronic medical list made for each</p>

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			school. Each school distributes new Emergency Medical Cards at the beginning of the school year, or upon new enrollment, to be filled out by the parent/guardian and returned to the school.
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.	CHD and LEA	The school nurse will review all new entrants, as well as currently enrolled students, to assess and determine health needs of the student in the school setting. The registered nurse (RN) will perform nursing assessment as needed.
	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).	CHD and LEA	The registered nurse (RN), in cooperation with the parent/guardian, student, school nurse and physician, will develop an individual health plan (IHP) and Emergency Action Care Plan (EAP) for all students with an acute or chronic health condition that requires interventions while in the school setting. The Registered Nurse (RN) will conduct an IHP meeting with appropriate school personnel for the purpose of providing student specific information and training.
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.	CHD and LEA	Nutrition screening to include height, weight and BMI will be provided for all 1st, 3rd and 6th grade students. The school health nurse will review findings and notify the parent/guardian of the results, as well as offer nursing consultation services to the student and/or parent/guardian.

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<p>6. Preventive Dental Program s. 381.0056(4)(a)(5), F.S.</p>	<p>6a. Provide services such as oral health education, screenings and referrals, dental sealants, fluoride varnish and/or fluoride rinse as appropriate.</p>	<p>CHD and LEA</p>	<p>Dental screening will be provided by the school nurse to all students upon request. The school nurse will review findings and notify the parent/guardian, as well as offer community dental services if needed. Dental Coordinator provides dental education to all grades upon request as well as participates in back to school open house events. Dental Sealant program is in place for Callahan and Hilliard Elementary schools.</p>
<p>7. Health Counseling s. 381.0056(4)(a)(10), F.S.</p>	<p>7a. Provide health counseling as appropriate.</p>	<p>CHD and LEA</p>	<p>Referrals for health counseling will be received from school staff, students, and parent/guardians. The school nurse will be available to provide health counseling in person or via work cell phone with students, parents or staff regarding health concerns.</p>
<p>8. Referral and Follow-up of Suspected and Confirmed Health Problems s. 381.0056(4)(a)(11), F.S.</p>	<p>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.</p>	<p>CHD and LEA</p>	<p>The school nurse will document in the student cumulative health folder or referral form all parent/guardian contact attempts, noting contact or noncontact, assessment and interventions implemented following the health counseling session. The school nurse will collaborate with the parent/guardian, staff and physician regarding any abnormal health screening results, emergency health issues, as well as acute or chronic health needs and link them to the appropriate resource(s). CHD School Health RN will send first referral letter to</p>

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			parent with results of abnormal health screenings. LEA school staff will follow-up with parent as needed. Each RN and LPN maintains a referral roster that she/he uses to keep track of all students requiring medical evaluation. CHD School Health RN will record all data into the state system and inform CHD RN Supervisor of any needs.
9. Provisions for Screenings s. 381.0056(4)(a)(6-9), F.S. ; Rule 64F-6.003(1-4), F.A.C.	9a. Provide mandated screenings: (1) Vision screening shall be provided, at a minimum, to students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten – 5. (2) Hearing screening shall be provided, at a minimum, to students in grades kindergarten, 1 and 6; to students entering Florida schools for the first time in grades kindergarten – 5; and optionally to students in grade 3. (3) Growth and development screening shall be provided, at a minimum, to students in grades 1, 3 and 6 and optionally to students in grade 9. (4) Scoliosis screening shall be provided, at a minimum, to students in grade 6.	CHD and LEA	Mandated health screenings for Kindergarten, 1 st , 3 rd , and 6 th grade students conducted from September -February. The LEA LPN's will assist in organizing the mass screenings for their schools in their area. Providers may include the CHD and LEA RNs, LPNs, Health Aides, school staff, CNA students, and school volunteers.
	9b. Obtain parent/guardian permission in writing prior to any invasive screening, (e.g. comprehensive eye exam).	CHD and LEA	Parent permission letter will be distributed and collected prior to any invasive screening such as a comprehensive eye exam, dilation, etc..

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	9c. Refer students with abnormal screening results to service providers for additional evaluation and/or treatment (e.g. state contracted vision service providers).	CHD and LEA	Local vision sources include Wal-Mart vision, Lion's club along with state contracts with Heiken Vision.
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.	CHD and LEA	The School Health Manual is maintained and updated on an annual basis including policies and guidelines that ensure the safety and health needs of the students. The Protocols used includes, but not limited to, the following: <i>Managing Infectious Diseases in Child Care and Schools, National Association of School Nurses, and Emergency Guidelines for Schools.</i>
	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.	CHD and LEA	School health staff maintains CPR/First Aid certification. The First Aid/CPR list is updated annually and posted in the clinic/office area, as well as the athletic director's office in secondary schools. LEA and CHD School Health coordinators will have a list to ensure staff is certified prior to training. Phone extensions and/or two-way radios are available.
	10c. Assist in the planning and training of staff responsible for emergency situations.	CHD and LEA	The school health aide, health designee, LPN and RN trainings are conducted annually by the CHD during the week prior to school beginning to include response to emergency situations.
	10d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities.	CHD and LEA	Expired supplies are disposed of per guidelines with Medication destruction form signed and counted with the CHD School

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			Health RN. New supplies will be ordered by December of the current school year. The school nurse provides monthly AED checks to include expiration check of AED pads.
	10e. The school principal (or designee) shall assure first aid supplies, emergency equipment and facilities are maintained.	LEA	Each school health aide, designee or school nurse is responsible for ordering supplies from the supply list approved by the CHD Medical Director/Health Administrator.
	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.	CHD and LEA	An incident form is required for all injuries or illnesses that require emergency treatment to be filled out by observing witness.
	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 high school in Nassau County is equipped with three (3) AED's. All other schools, with the exception of one, have two (2) AEDs. Annual training is provided through the Office of Intervention and Prevention. The local emergency services are made aware of the location of each AED on the school campuses of Nassau County.
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.	CHD and LEA	The School Health Coordinator will assist in health curriculum development upon request.
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.	CHD and LEA	The school nurse will maintain a current health referral contact list with updates as needed. The school nurse maintains a current list of Medicaid providers in order to assist Medicaid or

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			underinsured students and families.
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.	CHD and LEA	The school nurse provides consultation with parents/guardians, staff, students and physicians, upon request or as needed, to address health issues of students in the school setting.
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.	CHD and LEA	A cumulative health record is made and maintained by the school personnel for each student that includes a current 680 form or Religious exemption, physical, and pertinent medical information. All cumulative health records are stored in a secure lockable cabinet or area. In Fall and Spring, each school nurse will attain a report to cross reference with health records to ensure that every student has a record.
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.	CHD	Annual private school visit will be made to review immunizations of kindergarten and 7th grade students for compliance. School health services are available upon request.
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.	CHD and LEA	Health information/screening will be provided by the school nurse or Registered Nurse (RN), upon request from the LEA, regarding placement of students in the ESE programs as well as for the reevaluation process.

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<p>17. Provide In-service Health Training for School Personnel s. 381.0056(6)(b), F.S.; Rule 64F-6.002, F.A.C.</p>	<p>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.</p>	<p>CHD</p>	<p>Trainings are offered annually and upon request. In-service training providers include, but not limited to, the FLDOH Nassau County, CPR certified trainer, Nemours Children Hospital, Epilepsy Foundation, Poison Control, local physicians, American Heart Association, Daniel Memorial-Suicide Prevention Training, Blue Cross/Blue Shield, UF Extension Service, and multiple private providers of nutrition and exercise programs.</p>
<p>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.</p>	<p>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.</p>	<p>CHD and LEA</p>	<p>Health services are provided at each individual school clinic in grades Prek-12. Health Aides are located in the elementary schools. The LPNs are based in the middle schools and provide services to elementary and high schools. Health Department RNs are available in all communities for oversight and delegation as needed.</p>
<p>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</p>	<p>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.</p>	<p>LEA</p>	<p>All schools within the district have adequate health room facilities that meet DOE requirements and/or relevant building codes.</p>
<p>20. Helping Children be Physically Active and Eating Healthy s. 381.0056(6)(d), F.S.</p>	<p>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.</p>	<p>LEA</p>	<p>Healthy eating and physical activity links are located on the school district website.</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>21. Inform Parent/Guardian of the Health Services Provided s. 381.0056(6)(e), F.S.</p>	<p>21a. The District School Board will ensure that at the beginning of each school year, 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.</p>	<p>CHD and LEA</p>	<p>Screening information, first aid, immunization status, health education, doctor orders of chronic health conditions along with parental notification to opt out of health screenings and any other health service is located on the Emergency Medical Card that is sent home with each student at the beginning of the school year. Screening opt-out letter will be sent home prior to mass screening for all 1st, 3rd, 6th graders and new entrant students.</p>
<p>22. Declaring a Communicable Disease Emergency s. 1003.22(9), F.S.; Rule 64F-6.002(2)(d), F.A.C.</p>	<p>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.</p>	<p>CHD and LEA</p>	<p>All students enrolled in the School District of Nassau County shall be required to present a certification of immunization for those communicable diseases for which immunization is required by the DOH. A student may be permanently exempt from this requirement if a physician verifies on an approved form by the DOH that they are exempt from said immunizations for medical reasons. School health personnel shall provide on a weekly basis surveillance data for three syndromes, ILI, GI and rash illness to the CHD epidemiologist. The CHD RNs work closely with school health personnel to monitor immunization compliance and any outbreaks or cluster illnesses in the schools.</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>23. Administration of Medication and Provision of Medical Services by District School Board Personnel s. 1006.062(1)(a), F.S.;</p>	<p>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.</p>	<p>CHD and LEA</p>	<p>Each school principal, in conjunction with the CHD RN, shall designate a staff member(s) to administer prescribed medications. The staff member(s) shall be trained annually by the CHD RN. The CHD retains the responsibility of training and delegation of services.</p>
<p>24. Policy and Procedure Governing the Administration of Prescription Medication s. 1006.062(1)(b), F.S.; Rule 64B9-14, F.A.C.</p>	<p>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.</p>	<p>CHD and LEA</p>	<p>The student's parent/guardian shall provide to the school a Medical Authorization Form for each prescribed medication, which explains the necessity for such medication to be provided during the school day, as well as physician instructions for administration (prescription label or written label). Each prescribed medication to be administered by school personnel shall be received, counted, and stored in its original container. When the medication is not being administered, it shall be stored in its original container in a secure fashion under lock and key. Collaboration between the LEA and the CHD to provide annual updates to ensure the safety of each student will be conducted. Incident reports reviewed and including "near missies" with action plans developed based upon event. The CHD RN retains the responsibility of the delegation services.</p>

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<p>25. Policy and Procedure for Allowing Qualified Patients to use Marijuana. s. 1006.062(8), F.S.; s. 381.986, F.S.</p>	<p>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.</p>	<p>LEA</p>	<p>The policy A.R.5.901 fulfills the Medical Marijuana state law requirement. It can be found on the Nassau County School District website under listed under the Administrative Services then Administrative Rules: District Policies Section 5.</p>
	<p>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.</p>	<p>LEA</p>	<p>The student's parent/guardian shall provide to the school a Medical Authorization Form for the prescribed medication, which shall explain the necessity for such medication to provided during the school day. Each prescribed medication is to be kept and administered by the parent.</p>
	<p>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.</p>	<p>LEA</p>	<p>All school health staff and staff designated by the principal will receive an overview of LEA's Administrative Rule 5.901. The policy is placed into the School Health Manual at each school for references as needed.</p>
<p>26. Students with Asthma Carrying a Metered Dose Inhaler s. 1002.20(3)(h), F.S.; National Association of School Nurses (NASN) Position Statement, The Use of Asthma Rescue Inhalers in the School Setting</p>	<p>26a. Students with asthma whose parent/guardian and physician provide approval, may carry a metered dose inhaler on their person while in school. Ensure written authorization for use of metered dose inhaler at school is completed and signed by health care provider and parent/guardian.</p>	<p>CHD and LEA</p>	<p>Annual physician authorization shall be completed, documented and filed in student cumulative health folder. Annual Medical Authorization Form will be signed by parent/guardian, placed in the medication administration book, and filed in the cumulative health folder at the end of the school year.</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>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</p>	<p>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.</p>	<p>CHD and LEA</p>	<p>Annual physician authorization shall be completed, documented and filed in student cumulative health folder. Annual Medical Authorization Form will be signed by parent/guardian, placed in the medication administration book, and filed in the cumulative health folder at the end of the school year.</p>
	<p>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.</p>	<p>CHD and LEA</p>	<p>Standard IHPs and EAPs are utilized for students with life threatening allergies, including child specific interventions. All teachers of students with life threatening allergies will be provided with child specific EAPs and child specific training that directs them to call 911 immediately for an anaphylactic event. Epi pen training is provided on an annual basis to all school staff upon request.</p>
<p>28. Epinephrine Auto-injectors Use and Supply s. 1002.20(3)(i)(2), F.S.</p>	<p>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.</p>	<p>N/A</p>	<p>Nassau County School District has not chosen at this time to maintain standard epinephrine auto-injectors.</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
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	Nassau County School District has not chosen at this time to maintain standard epinephrine auto-injectors.
	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	Nassau County School District has not chosen at this time to maintain standard epinephrine auto-injectors.
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.	CHD and LEA	The School nurse receives the DMMP prior to admittance to school from the parent/guardian. The Medication Administration and Medical Authorization Forms are completed by parent/guardian upon admittance.
	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.	CHD and LEA	The standard IHP will be developed by the RN for students with diabetes, including child specific interventions that align with physician's orders to ensure safe management of the student with diabetes in the school setting.
	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.	CHD and LEA	The standard EAP will be developed for students with diabetes, including child specific interventions that align with physician's orders to ensure safe management of the student with

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			diabetes in the school setting. All IHP's are written by the RN.
	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.	CHD and LEA	The standard IHP and EAP will be developed for students with diabetes, including child specific interventions that align with physician's orders to ensure safe management of the student with diabetes in the school setting. All IHPs and EAP's are written by the RN.
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.	CHD and LEA	The School nurse receives the DMMP, Independent Form, Medication Administration, and Medical Authorization Forms completed by parent/guardian upon admittance to school. IHP and EAP will be developed and written by the RN with self-management of diabetes care identified and documented.
	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.	CHD and LEA	The standard IHP and EAP will be developed for students with diabetes, including child specific interventions that align with physician's orders to ensure safe self-management of the student with diabetes in the school setting. All IHPs are written by the RN.
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.	CHD and LEA	The standard IHP and EAP will be developed for each student with Cystic Fibrosis requiring medication administration including, but not limited to, pancreatic enzymes. All IHPs are in conjunction with physicians

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	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.	CHD and LEA	orders. All IHPs are written by the RN. The standard IHP and EAP will be developed for each student with Cystic Fibrosis requiring medication administration including, but not limited to, pancreatic enzymes. All IHPs are in conjunction with physicians orders. All IHPs are written by the RN.
33. 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.; Technical Assistance Guidelines – The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).	33a. 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.	CHD and LEA	Documentation of child specific training will include demonstration and return demonstration provided by the CHD RN to delegated staff. Documentation will be maintained on each delegated staff member by the CHD School Health Coordinator.
	33b. 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.	CHD and LEA	The decision to delegate shall be based upon the RN's assessment of the student's level of nursing care, including complexity, frequency, stability of student's health condition, potential for harm and demonstration of UAP's knowledge, skills and abilities. <i>The Role of the Professional School Nurse in the Delegation of Care in Florida Schools</i> is utilized and referenced when the process of delegating a medical procedure to school health staff is required. Documentation will be maintained on each delegated staff member by the CHD School Health Coordinator.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	33c. The School District board will ensure that the use of nonmedical assistive personnel shall be consistent with delegation practices per requirements.	CHD and LEA	The decision to delegate shall be based upon the RN's assessment of the student's level of nursing care, including complexity, frequency, stability of student's health condition, potential for harm and demonstration of UAP's knowledge, skills and abilities. <i>The Role of the Professional School Nurse in the Delegation of Care in Florida Schools</i> is utilized and referenced when the process of delegating a medical procedure to school health staff is required. If delegation is compromised, The CHD RN has the right to withdraw the delegation from the UAP. Documentation will be maintained on each delegated staff member by the CHDSchool Health Coordinator.
34. Background Screening Requirements for School Health Services Personnel Chapter 435, F.S. , s. 381.0059, F.S. ; s. 1012.465, F.S.	34a. 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.	CHD and LEA	The CHD background screening for staff providing school health services is accepted and not duplicated and does not conflict with school district policy.
35. 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.	35a. 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.	CHD and LEA	The LEA's Administrative Rule 5.731 was adopted on 10/22/15 and meets all requirements of 39.201, 381,0056, 394.463, 843.02, 843.06, <u>1002.20</u> , 1003.31, 1006.07.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>36. Parental Consent for Health Care Services Section 1014.06, F.S.</p>	<p>36. 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:</p> <p>(1) Obtain written parental consent prior to providing, soliciting or arranging to provide health care services or prescribe medicinal drugs to a minor child.</p> <p>(2) Obtain written parental consent prior to a medical procedure to be performed on a minor child in its facility.</p>	<p>CHD and LEA</p>	<p>Screening information, first aid, immunization status, health education, doctor orders of chronic health conditions along with parental notification to opt out of health screenings and any other health service is located on the Emergency Medical Card that is sent home with each student at the beginning of the school year. The health room staff will call parents for verbal consent for any health care services until emergency cards are received. Medication authorization forms are obtained by parent for all medicinal drugs that will be administered to a minor during school.</p>

PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)

<p>37. 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.</p>	<p>37a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.</p>		
	<p>37b. Provide health activities that promote healthy living in each school.</p>		
	<p>37c. Provide health education classes.</p>		
	<p>37d. Provide or coordinate counseling and referrals to decrease substance abuse/ misuse.</p>		
	<p>37e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.</p>		

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	37f. Provide or coordinate health education classes to reduce the incidence of substance abuse or misuse, suicide attempts and other high-risk behaviors.		
	37g. Identify and provide interventions for students at risk for early parenthood.		
	37h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.		
	37i. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.		
	37j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.		
	37k. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services.		

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

38. Full Service Schools s. 402.3026(1), F.S.	38a. 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.	CHD and LEA	The Full Service School is centrally located within the county, with an increased population of students below poverty level. The Full Service School currently serves all high risk students in the county.
	38b. Designate FSS based on demographic evaluations.	CHD and LEA	The Full Service School is centrally located within the county, with an increased population of students below poverty level. The Full Service School currently serves all high risk students in the county.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	38c. Provide nutritional services.	CHD and LEA	The CHD dental, nutrition and all coordinated school health programs are based at the Full Service School.
	38d. Provide basic medical services.	CHD and LEA	The CHD dental, nutrition and all coordinated school health programs are based at the Full Service School.
	38e. Provide referral to dependent children Temporary Assistance to Needy Families (TANF).	CHD and LEA	Referral to local agencies for needed specialized services. Parenting and GED classes are offered at various sites. Summer nutritional services are made available at selected school sites within the county. Social workers are available at all school sites. Dental services are available on campus at the full-service school.
	38f. Provide referrals for abused children.	CHD and LEA	Referral to State Abuse Registry will be initiated per statutory requirement. All staff are instructed that they are mandatory reporters.
	38g. 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.	CHD and LEA	Parenting and GED classes are offered at various sites. Summer nutritional services are made available at selected school sites within the county.
	38h. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	CHD and LEA	Dental services and other social services such as, but not limited to, Homeless services, crime victim help, student health, teen parent, Healthy Start are provided at the Full-service School.