

Florida School Health Administrative Guidelines

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Table of Contents

Section I: Introduction to School Health Services

Purpose of the <i>School Health Administrative Guidelines</i>	I - 2
School Health Mission Statement	I - 2
Overview of School Health Services	I - 2
Responsibility for School Health Services	I - 2
Statutory Program Requirements	I - 3
Key Components in the Development of an Effective School Health Program	I - 3
Florida School Health History	I - 3
Florida Organizations	I - 4
National Organizations	I - 4

Section II: Overview of School Health Services in Florida

School Health Program Funding	II - 2
Basic School Health Services	II - 2
Comprehensive School Health Services Program	II - 3
Full Service Schools	II - 3
Charter Schools	II - 4
Private Schools	II - 5
Other Health Related Programs	II - 6

Section III: Delivery of School Health Services

Chapter 1	1 - 1
Role of School Health Staff	
General Responsibilities of the School Nurse	
Role of the Registered Nurse	
Role of the Licensed Practical Nurse	
Role of Unlicensed Assistive Personnel	
Delegation	
Chapter 2	2 - 1
Health Appraisal	

Nursing Assessment	
Physical Assessment	
Health History	
Chapter 3	3 - 1
Health Screening (see Appendix D for specific procedures)	
Recording Health Screening Results and Referrals	
Hearing Screening	
Vision Screening	
Growth and Development Screening with BMI	
Scoliosis Screening	
Chapter 4	4 - 1
Medication Administration	
Purpose	
Responsibilities	
School District Policies	
Emergency Medications	
Delegation to Unlicensed Assistive Personnel	
Non Prescription/Over The Counter (OTC) Medications	
Field Trips, Before and After School Activities	
Medication Errors	
Storage and Disposal of Medications	
Medication Administration Documentation	
Special Situations	
Chapter 5	5 - 1
Students with Special Health Needs/Chronic Conditions	
Pre-enrollment Planning for Children with Special Health Care Needs	
Considerations for School Enrollment	
Delegation of Specific Procedures	
Exceptional Student Education (ESE)	
Individualized Education Program (IEP)	
Health Component of IEP and the Role of School Health Staff	

Identification of Potential ESE Students	
Common acronyms used in ESE programs	
Section 504 of the Rehabilitation Act of 1973	
Identification of Potential 504 Students	
Comparison of Section 504 and the Individuals with Disabilities Education Act (IDEA)	
Chapter 6	6 - 1
Individual Health Care Plan (IHCP)/Health Management Plan	
Individualized Student Emergency Plans	
Components of the IHCP	
Medical Management Plan Signed by Physician	
Resources for IHCP Development	
Chapter 7	7 - 1
Emergency Planning and Care	
School Emergency Planning	
Legal Basis	
School Emergency Action Plan	
Emergency First Aid for Anaphylaxis	
First Aid/Cardiopulmonary Resuscitation/Automated External Defibrillators	
Emergency Medical Supplies and Equipment	
Disaster Preparedness	
Crisis Disaster Plan	
Schools as Shelters	
Pandemic Planning	
Bomb Threats	
Student Emergency Evacuation	
General Guidelines for Accidents and Injuries, Reporting and Follow-up	
Do Not Resuscitate/Advance Directives	
Chapter 8	8 - 1
Communicable Disease Control	
Nursing Role	

Coordination and Partnership	
Case Finding and Tracking	
Reportable Diseases	
Reporting Outbreaks	
Head Lice	
Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Bloodborne Pathogens, Universal Precautions	
Sexually Transmitted Diseases (STD)/Sexually Transmitted Infections (STI)	
Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), District AIDS Policy	
Chapter 9	9 - 1
Immunizations & School-Entry Health Examination	
Annual Immunization Reports and Surveys	
Parent Notification Requirements	
School-Entry Health Examinations	
Student Exemption for Entrance Documentation Requirements	
Chapter 10	10 - 1
Dental Health Services	
Preventive Dental Programs	
Referral for Dental Services	
Dental Health Information	
Chapter 11	11 - 1
Nutrition Services	
Nutrition Referral, Follow-up and Counseling	
Requirements for Food/Beverage Substitution in School Lunch Program	
Food Allergies	
District Wellness and Physical Education Policies	

Chapter 12	12 - 1
Students in Transition	
Military Students	
Students Experiencing Homelessness	
Displaced and Refugee Students	
Migrant Students	
Home Visits	
Chapter 13	13 - 1
Mental Health and Social Services	
Substance Abuse (Alcohol, Tobacco, and Other Drugs)	
Mental, Emotional, and Behavioral Disorders	
Common Mental Health Disorders	
Conduct Disorder	
Attention Deficit Disorder with Hyperactivity (ADHD) or without (ADD)	
Depression	
Eating Disorders	
Other Mental Health Issues and Behaviors	
Violence	
Bullying and Harassment	
Self-mutilation	
Child Abuse and Neglect	
Domestic and dating Violence	
Crisis Intervention - Grief and Trauma	
Chapter 14	14 - 1
Interdisciplinary Collaboration	
Student Services Team Members	
Exceptional Student Education Staff	
Health Room Staff	
School Administrators, Teachers, Other School Staff	
Chapter 15	15 - 1
Health Education	

Health Promotion, Physical Activity, and Physical Fitness
 Skin Cancer Prevention/Sun Protection
 Essential Health Related Skills
 Abstinence Education, Teen Pregnancy Prevention Education, Sexuality
 Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency
 Syndrome (AIDS), Sexually Transmitted Diseases (STD)
 Injury, Violence, and Suicide Prevention

Section IV: Program Administration

Chapter 16	16 - 1
Program Management	
Funding Sources	
Local School Health Policy Development	
County Health Department School Health Coordinator	
The Local Education Agency School Health Coordinator	
Staffing Ratio Recommendations	
Background Screening Requirement	
School Health Plan and Report	
Chapter 17	17 - 1
Personnel / Human Resources	
School Nurse Training and Preparation	
Licensed Practical Nurses	
School Health Aides/Paraprofessionals/Unlicensed Assistive Personnel	
Volunteers	
Liability	
Private Duty Nurses/Agency Nurses	
Staff Monitoring, Supervision, and Evaluation	
Staff Development	

Chapter 18	18 - 1
Documentation	
Federal Laws	
Family Education Rights and Privacy Act (FERPA)	
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	
Florida Statutes	
Student Health Record	
Health Room Visit Records	
Medication Documentation	
Additional Guidance	
Confidentiality & Educational Need to Know	
Electronic Transfer of Records	
Coding/Data Collection	
Medicaid	
School District Certified Match Program	
County Health Department Certified Match	
Chapter 19	19 - 1
Evaluation of School Health Services	
School Health Program Review	
Assessment Tools	
Quality Improvement Programmatic Monitoring	
Chapter 20	20 - 1
Interagency Collaboration, Partnerships, and Community Involvement	
DOH/DOE Collaboration	
Policy Development	
School Health Advisory Committee	
Contracts (Model Attachment)	
Partnerships	
Community Involvement	
Conducting a Community needs Assessment	
School-based Committees	

Chapter 21	21 - 1
Facilities, Equipment, and Supplies	
Environmental Health	
Health Room (Clinic)	
Health Room Equipment and Supplies	
Use of Health Room Facilities in Emergency/Disaster	

References

Appendices

A. School Health Program - Web Addresses	A-1
B. School Health Contract Monitoring and Quality Improvement Tools	B-1
1. Contract Monitoring Tool Instruction Sheet and Monitoring Tool	
2. School Health Records Review	
3. School Health Room Review	
4. School Health County Self-Assessment Checklist	
5. School Health: Three-Year Worksheet (Example)	
C. Forms: School Health	C-1
1. DOH BMI and Height/Weight Charts (DH SH 3183 and 3184)	
2. DOH Cumulative School Health Record (DH 3041)	
3. Florida Certificate of Immunization (DH 680 & 681)	
4. DOH School Entry Health Exam (DH 3040 and Guide)	
D. Health Screening	D-1
1. Hearing Screening Procedures	
2. Vision Screening Procedures	
3. Growth and Development Screening Procedures	
4. Scoliosis Screening Procedures	
E. The Role of the Professional School Nurse in the Delegation of Care in Florida Schools	E-1
F. School Health Coding Pamphlet	F-1
G. Example Timeline of School Nurse Activities	G-1
H. Florida Statutes and Administrative Rules Relevant to School Health	H-1

Table of Contents
Section I: Introduction to School Health Services

Purpose of the <i>School Health Administrative Guidelines</i>	I – 2
School Health Mission Statement	I - 2
Overview of School Health Services	I - 2
Responsibility for School Health Services	I - 2
Statutory Program Requirements	I - 3
Key Components in the Development of an Effective School Health Program.....	I - 3
Florida School Health History	I - 3
Florida Organizations	I - 4
National Organizations	I - 4

Purpose of the *School Health Administrative Guidelines*

This document provides reference and policy guidance for administration of the School Health Services Program. Florida Statute and Administrative Rule requirements are referenced throughout this document. These guidelines have been developed through the leadership and funding of the Florida Department of Health (DOH). Content decisions were made by a workgroup composed of school health staff from both the DOH and Department of Education (DOE), at the local and state level.

School Health Mission Statement

The mission of Florida's school health services program is to appraise, protect and promote the health of students.

Overview of School Health Services

School-based health services are provided to public school children in grades pre-kindergarten through twelve in all 67 Florida counties. Services are provided in accordance with a local *School Health Services Plan* (per s. 381.0056, F.S.) jointly developed by the county health department, school district, school health advisory committee, and public/private partners. 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.

School health services are an important component of the public health system and help assure that Florida's students are healthy, in the classroom, and ready to learn. School health services supplement, rather than replace, parental responsibility and encourage parents' attention to student health. The program is designed to encourage parental awareness of students' health status; discover and prevent health problems; and encourage utilization of the services provided by physicians, dentists and other community health agencies. School health services promote student health through prevention, early intervention, and referral for treatment of acute or chronic health problems. School health services enable students to attend school in a safe learning environment and reduce health barriers to learning.

Responsibility for School Health Services

The Florida Department of Health has statutory responsibility, in cooperation with the Florida Department of Education, for supervising the administration of the school health services program and performing periodic program reviews. At the county level, the provision of School Health Services is a collaborative program between the county health department, school district, and participating partners as outlined in the *School Health Services Plan*. Funding in many counties comes from a variety of sources, including the Florida Department of Health, local school districts, health care districts and public/private community partners.

Statutory Program Requirements

In accordance with s. 381.0056, F.S., health services are conducted as a part of the total school health program and should be carried out to appraise, protect, and promote the health of students. Core program requirements, addressed in the *School Health Services Plan* include:

health appraisal, records review, nurse assessment, preventive dental program, vision screening, hearing screening, scoliosis screening, growth and development screening, health counseling, referral and follow up of suspected or confirmed health problems, meeting emergency needs in each school, medication administration and medical procedures, prevention of communicable diseases, health education curriculum development, referral of students to appropriate health treatment, consultation with students' parent/guardian regarding need for health attention by an appropriate provider, and maintenance of student health information and records (s. 381.0056, F.S.).

Key Components in the Development of an Effective School Health Program

An effective school health program in Florida must be developed and monitored jointly by the county health department and the local education agency. Statutory requirements must be addressed, as well as local concerns, needs, strengths and availability of services.

Interdisciplinary collaboration, sound policies, and guidelines for program evaluation must exist. Consideration must be given to input from school health staff, school district and individual school administrators, instructional and paraprofessional staff, parents, and community members. Staffing patterns and funding must be adequate to address the identified needs and mandated services. School health personnel must be qualified and have clear role definitions.

Florida School Health History

Prior to 1974, school health services were generally conducted by county health departments and school districts based on local priorities, standards, and sources of revenue. Services varied from programs providing communicable disease surveillance and immunizations to comprehensive programs utilizing screening technicians, health aides, nurses, physicians, and volunteers. The School Health Services Act of 1974 established the first formal school health requirements that included screening and other health services for public school students.

Florida Organizations

Several professional organizations serve to provide networking and educational opportunities for their members, as well as providing individuals an appropriate venue to solicit change and continuity in the area of school health. Professional state organizations that advocate for school health issues include, but may not be limited to, the following:

- The Florida Association of School Nurses (FASN) is a unified affiliate of the National Association of School Nurses. FASN is the only professional organization in Florida that exclusively represents the interests and goals of professional school nurses.
- The Florida School Health Association (FSHA) is a multidisciplinary organization whose purpose is to promote a comprehensive and coordinated approach resulting in improved school health programs in Florida. FSHA supports health services, health education, training for school health nurses, and public-private partnerships.

- The Florida Public Health Association (FPHA) seeks to advance public health by advocacy, education, and networking. Several of its sections address issues relevant to school health professionals.
- The Florida Association of Public Health Nurses (FAPHN) has several goals that include advancing public health nursing in Florida, and enhancing professional knowledge through continuing education programs.

National Organizations

National professional organizations serve to provide networking and educational opportunities on a broader scale for their members. These organizations also provide individuals an appropriate venue to solicit change and continuity in the area of school health. Organizations that address school health issues nationally include, but may not be limited to, the following:

- The National Association of School Nurses (NASN) has corporate headquarters in Maryland. Publications include the *Journal of School Nursing* and the *NASN Newsletter*. NASN provides legislative advocacy, qualified staff, and a wide range of topical publications available for purchase. Membership in NASN is linked to membership in the state affiliate organization.
- The American School Health Association (ASHA) is a multidisciplinary organization of administrators, counselors, health educators, physical educators, psychologists, school health coordinators, school nurses, school physicians, and social workers.
- The American Public Health Association (APHA) influences policies and sets priorities in public health. Throughout its history it has been in the forefront of numerous efforts to prevent disease and promote health. APHA is the oldest and largest organization for public health professionals.

Table of Contents
Section II: Overview of School Health Services in Florida

School Health Program Funding	II - 2
Basic School Health Services	II - 2
Comprehensive School Health Services Program	II - 3
Full Service Schools	II - 3
Charter Schools	II - 4
Private Schools	II - 5
Other Health Related Programs	II - 6

School Health Program Funding

Authority and funding for three separate program areas to provide school health services for Florida's public school students is established in the Florida statutes: s. 381.0056, F.S. - School health services program; s. 381.0057, F.S. - Funding for school health services; s. 402.3026, F.S. - Full service schools. The three separate program areas addressed by these statutes for statewide services is described in the following sections.

Categorical state funding for each of these programs is appropriated by the legislature each year in the General Appropriations Act, with a mixture of recurring and nonrecurring funds from a variety of sources. Historically, funding streams have included general revenue, Tobacco Settlement Trust Fund, Temporary Assistance to Needy Families, Children's Medical Services Donations Trust Fund, and Title XXI (Child Health Insurance Program); however, the actual revenue sources for the state portion of school health funding is subject to change each year. Title XXI funding must meet federal billing requirements as defined in the State Plan Amendment.

Historically, state funding for school health services is not sufficient to fully fund the services mandated by the referenced statutes. School health services are, by statute, a collaborative program and as such depends upon funding from local partners in order to provide necessary services in each county. The local school health services plan developed every two years per s. 381.0056, F.S. is the mechanism whereby counties and their partners determine how the services will be delivered (in accordance with the mandatory school health program requirements and local needs), and specify the entities to provide those services. The total county resources available to meet the stated goals in the plan are a consideration in plan development. The services provided in each county shall be dependant on the statutory requirements, local priorities and the availability of resources (Ch. 64F-6.002, F.A.C.).

Basic School Health Services

Basic school health services, mandated by the School Health Services Act and other Florida Statutes, are provided to all students in Florida public schools and participating nonpublic schools.

Basic services include, among other activities:

- Health appraisal
- Health records review
- Nurse assessment
- Nutrition assessment
- Preventive dental program
- Vision, hearing, scoliosis, and growth and development screening (with BMI)
- Health counseling
- Referral and follow-up of suspected or confirmed health problems
- First aid and emergency health services
- Referral of students to appropriate health treatment
- Consultation with student's parents or guardian regarding health issues
- Follow-up for mandated school entry physical examinations

- Follow-up for appropriate grade level immunizations against preventable communicable diseases
- Medication administration
- Maintenance of student health records

Basic school health requirements are provided utilizing a variety of staffing models. In accordance with the Florida Nurse Practice Act, oversight and management of mandated services requires the services of a registered nurse (RN). A licensed practical nurse (LPN) can, under the direction of the RN or other specified health care practitioner, perform selected tasks, including the administration of medications and treatments, promotion of wellness, health maintenance, and prevention of illness. Unlicensed assistive personnel (UAP) can carry out some of the mandated tasks, such as initial screenings, first aid, medication assistance, and emergency health services, after training by and under the direction and supervision of the RN.

The local *School Health Services Plan* identifies the statutory requirements and program standards related to the delivery of services. A copy of the county's current plan is required to be on file at the local education agency and county health department.

Comprehensive School Health Services Program

In addition to all basic school health services, comprehensive schools in 46 counties provide enhanced services in accordance with s. 381.0057, F.S. Comprehensive services are intended to provide more in-depth health management through the increased use of school health staff to promote student health, decrease student risk-taking behavior, and reduce the incidence of teenage pregnancy at locally designated comprehensive schools.

Statutory requirements and program standards are defined in the Comprehensive Services section of the *School Health Services Plan*, as maintained at the local education agency and county health department.

Full Service Schools

Full Service Schools are located in all 67 counties. Since 1990, this program has provided the infrastructure necessary to coordinate and deliver services donated by community partners and participating agencies. This program is authorized by s. 402.3026, F.S. and focuses on underserved students in poor, high risk communities needing access to medical and social services, as identified through local county agency demographics.

Florida's Full Service Schools provide all basic school health services, in addition to a range of locally available medical and specialized social services, as an extension of the educational environment. Such services may include, without limitation, 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. The effectiveness of this program has been enhanced by the co-location of services for children and their families.

Statutory requirements and program standards are defined in the Full Service Schools section of the *School Health Services Plan*, as maintained at the local education agency and county health department.

Charter Schools

Charter schools are public schools per s. 1003.33, F.S., with a requirement to meet all applicable state and local health requirements. Each county health department, school district, and the individual charter schools are expected to jointly address the responsibility for and the availability of health services to charter school students.

Charter schools operate under a performance contract, or a “charter” which frees them from many regulations created for traditional public schools while holding them accountable for academic and financial results. The charter contract between the charter school governing board and the sponsor (usually the school district) details the school’s mission, program, goals, students served, methods of assessment and ways to measure success. Charter schools are funded by the state in the same way as all other public schools in the school district. They receive operating funds from the Florida Education Finance Program (FEFP) based on the number of full-time equivalent (FTE) students enrolled. Since charter schools receive student FTE dollars that would otherwise go to the Local School District, the provision of nursing services would be dependent upon the contractual agreement between the Charter School and the Local School District.

Charter schools are generally exempt from the Florida K-20 Education Code (Ch. 1000-1013, F.S.), except those statutes specifically applying to charter schools; pertaining to the provision of services to students with disabilities; pertaining to civil rights; and pertaining to student health, safety, and welfare. Health related requirements in s. 1000-1013, F.S. that apply to charter schools include, but may not be limited to, the following:

- s. 1002.33(9)(e), Charter School Requirements - “A charter school shall meet all applicable state and local health, safety, and civil rights requirements.”
- s. 1002.20(3), Health issues
 - (a) School-entry health examinations
 - (b) Immunizations
 - (c) Biological experiments
 - (d) Reproductive health and disease education
 - (e) Contraceptive services to public school students
 - (f) Career education courses involving hazardous substances
 - (g) Substance abuse reports
 - (h) Inhaler use
 - (i) Epinephrine use
 - (j) Diabetes management
 - (k) Use of prescribed pancreatic enzyme supplements
- s. 1003.22, School-entry health examinations; immunizations against communicable diseases; duties of Department of Health
- s. 1006.061, Child abuse, abandonment, and neglect policy
- s. 1006.062, Administration of medication and provision of medical services by district school board personnel

Charter schools are required to comply with the *Florida Building Code* and the *Florida Fire Prevention Code*, but are exempt from compliance with the *State Requirements for Educational Facilities* (SREF). Section 381.0056,(7), F.S. requires district school boards to “make available adequate physical facilities for health services”; however, it is unclear if this applies to charter schools.

Private Schools

As specified in s. 381.0056, F.S., the *School Health Services Plan* must include provisions for notification to the local nonpublic schools of the school health services program and the opportunity for the representatives of the local nonpublic schools to participate in the development of the *School Health Services Plan*. A nonpublic school may request to participate in the school health services program, but must meet the requirements stated in s. 381.0056, F.S. Private schools are obligated to meet the intent of Florida Statutes regarding immunization and physical exam compliance, parent notification, and health records maintenance.

Provision of nursing services to private schools is dependent upon the agreement made between the school and the county health department or local school district, based on the services delivery model in place in a particular county. The level of services and time commitment by school health staff is decided at the county level and may range from consultative services to on-site nursing services, depending upon the availability of local resources.

Other Health Related Programs

Voluntary Pre-Kindergarten Programs (VPK)

Florida’s VPK program is designed to prepare four-year-olds for kindergarten and build the foundation for their educational success. The program allows a parent to enroll his or her eligible child (four years old by September 1 and residing in Florida) in a free VPK program. The program is voluntary for children and providers. This program may be offered at private child care centers, private or public schools. Enrollment requirements, other than birth certificate, are not specified in the Florida Statutes, but are generally regarded to include up-to-date immunizations for age and a recent physical examination by an appropriate licensed medical provider.

Head Start Programs

Head Start is a federal program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. Head Start programs may be located on school campuses or at community child care sites.

The Head Start program provides grants to local public and private non-profit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school.

Head Start programs engage parents in their children's learning and help parents make progress toward their educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs. Head

Start serves the child development needs of preschool children (birth through age five) and their families.

Enrollment requirements for Head Start include up-to-date immunizations for age and a recent physical examination by an appropriate licensed medical provider.

Table of Contents
Section III: Delivery of School Health Services

Chapter 1	1 - 1
Role of School Health Staff	
General Responsibilities of the School Nurse	
Role of the Registered Nurse	
Role of the Licensed Practical Nurse	
Role of Unlicensed Assistive Personnel	
Delegation	
Chapter 2	2 - 1
Health Appraisal	
Nursing Assessment	
Physical Assessment	
Physical Observation	
Health History	
Chapter 3	3 - 1
Health Screening (see Appendix D for procedures)	
Recording Health Screening Results and Referrals	
Hearing Screening	
Vision Screening	
Growth and Development Screening with BMI	
Scoliosis Screening	
Chapter 4	4 - 1
Medication Administration	
Purpose	
Responsibilities	
School District Policies	
Emergency Medications	
Delegation to UAP	
Non Prescription/Over The Counter (OTC) Medications	
Field Trips, Before and After School Activities	
Medication Errors	
Storage and Disposal of Medication	
Documentation	
Special Situations	

Chapter 5	5 - 1
Students with Special Health Needs/Chronic Conditions	
Pre-enrollment Planning	
Considerations for School Enrollment	
Delegation of Procedures	
Exceptional Student Education (ESE)	
Individualized Education Program (IEP)	
Health Component of IEP	
Identification of ESE Students	
Terms & Definitions	
Section 504 of the Rehabilitation Act of 1973	
Chapter 6	6 - 1
Individual Health Care Plan (IHCP)/Health Management Plan	
Individualized Student Emergency Plans	
Essential Elements of IHCP	
Medical Management Plan	
Resources for IHCP Development	
Chapter 7	7 - 1
Emergency Planning and Care	
School Emergency Planning	
Legal Basis	
School Emergency Action Plan	
Emergency First Aid for Anaphylaxis	
First Aid/Cardiopulmonary Resuscitation/Automated External Defibrillators	
Emergency Medical Supplies and Equipment	
Disaster Preparedness	
Crisis Disaster Plan	
Schools as Shelters	
Pandemic Planning	
Bomb Threats	
Student Emergency Evacuation	
General Guidelines for Accidents and Injuries	
Do Not Resuscitate/Advance Directives	

Chapter 8	8 - 1
Communicable Disease Control	
Nursing Role	
Coordination and Partnership	
Case Finding and Tracking	
Reportable Diseases	
Reporting Outbreaks	
Head Lice	
Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Bloodborne Pathogens, Universal Precautions	
Sexually Transmitted Diseases (STD)/Sexually Transmitted Infections (STI)	
Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), District AIDS Policy	
Chapter 9	9 - 1
Immunizations & School-Entry Health Examination	
Annual Immunization Reports and Surveys	
Parent Notification Requirements	
School-Entry Health Examinations	
Homeless Student Exemption	
Chapter 10	10 - 1
Dental Health Services	
Preventive Dental Programs	
Referral for Dental Services	
Dental Health Information	
Chapter 11	11 - 1
Nutrition Services	
Nutrition Referral, Follow-up and Counseling	
Requirements for Substitution in School Lunch Program	
Food Allergies	
District Wellness and Physical Education Policies	
Chapter 12	12 - 1
Students in Transition	
Military Students	
Students Experiencing Homelessness	
Displaced and Refugee Students	
Migrant Students	
Home Visits	
Chapter 13	13 - 1
Mental Health and Social Services	
Substance Abuse	
Mental, Emotional, and Behavioral Disorders	
Other Mental Health Issues and Behaviors	
Child Abuse and Neglect	
Crisis Intervention / Grief and Trauma	
Domestic and Teen Dating Violence	

Chapter 14	14 - 1
Interdisciplinary Collaboration	
Student Services Team Members	
ESE Staff	
Health Room Staff	
School Administrators, Teachers, Other School Staff	
Chapter 15	15 - 1
Health Education	
Health Promotion, Physical Activity, and Physical Fitness	
Skin Cancer Prevention/Sun Protection	
Essential Health Related Skills	
Abstinence Education, Teen Pregnancy Prevention Education, Sexuality Education	
HIV/AIDS/STD Education	
Injury, Violence, and Suicide Prevention	
Bullying	

Chapter 1

Role of School Health Staff

General Responsibilities of the School Nurse

The school nurse (registered nurse) enhances health within the school and community by providing health appraisals, nursing assessments, nutrition assessments, preventive dental services, periodic health screenings, health counseling, consultation, referral and follow-up of suspected or confirmed health problems, emergency health services, and health promoting activities and education to reduce risk-taking behaviors. School nurses work with school personnel to assure that all students meet the mandated requirement for immunization and physical examination documentation. Health education is conducted by the school nurse in both formal classroom presentations and informal small group or one-on-one sessions. School nurses collaborate with parents, teachers, school social workers, school counselors, school psychologists, and other health care providers to develop Individualized Healthcare Plans (IHP), identify available health resources, and identify the need for health referrals to address specific health problems discovered through mandated health screenings and assessments.

Role of the Registered Nurse (RN)

The definition of the “practice of professional nursing” in Chapter 464, F.S. means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill (see Ch. 464, F.S. for the full definition). Depending upon the local staffing model used, the RN may provide direct services to students and families, and/or work in a supervisory capacity in the training and direction of Licensed Practical Nurses (LPN) and Unlicensed Assistive Personnel (UAP), who provide direct services to students.

School health rooms constitute an independent practice setting. The registered nurse is the only member of the education team who is legally qualified, trained, and capable of assessing the health needs of the student population and the only one who can legally delegate nursing activities to unlicensed assistive personnel. As defined in the Nurse Practice Act, professional nursing includes:

- Administration of medications and treatments as prescribed by a licensed practitioner
- Promotion of wellness, maintenance of health and prevention of illness
- Responsible for making decisions based on educational preparation and experience in nursing
- Performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles
- Observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured or infirm

Role of the Licensed Practical Nurse (LPN)

The definition of practical nursing in Chapter 464, F.S. means the performance of selected acts, including the administration of treatments and medications, in the care of

the ill, injured, or infirm and the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist. A practical nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing. An LPN may not delegate to an UAP. Although an LPN may not supervise others in the school setting, they may assist the supervising RN by gathering pertinent health information, reporting student response to care, and assisting the RN in monitoring UAP's skills and competencies.

In the school setting, an LPN may generally practice with indirect supervision under the direction of an RN. However, in some instances an LPN must be under the direct supervision of a Registered Nurse (such as practicing in a school immunization clinic). As defined by the Board of Nursing, Ch. 64B9-12.002(3), F.A.C., "Direct supervision" means on the premises and immediately physically available.

Licensed practical nurses assist the RN in providing student health services and observe student health status. Activities performed depend on the level of their health related training and in response to a student's physical complaints. This may include observation of visible signs of illness, asking questions regarding the nature of the health concern, listening to student's responses, documenting information, and providing appropriate action based on scope of practice and protocols. Services provided by the LPN in the school setting relate to student's complaints or symptoms, resulting in a response or referral to the registered nurse.

Role of Unlicensed Assistive Personnel (UAP)

The definition of unlicensed assistive personnel are persons who do not hold licensure from the Division of Medical Quality Assurance (currently in DOH, but moving to the Department of Business and Professional Regulation in October 2011). UAP may be paraprofessionals, nursing assistants, health aides, or school staff who have been designated by the principal to assist with medications and health-related duties (such as office clerks, administrative staff, teachers, coaches, bus drivers, etc.). These activities are authorized by s. 1006.062, F.S.

"The UAP functions in an assistive role to registered nurses or licensed practical nurses in the provision of school health services through regular assignments or delegated tasks or activities and under the supervision of a registered professional nurse." (Ch. 64B9-14.001, F.A.C)

UAP who assist in the health room must be certified in cardio pulmonary resuscitation (CPR) and First Aid. It is recommended that any school staff providing health services also be certified in CPR and First Aid. All UAP must receive child specific training in order to assist in providing selected nursing tasks. The UAP may perform selected tasks after receiving training and validation of competence in that skill by a registered

nurse. The UAP will receive ongoing monitoring, supervision and evaluation of the selected task by a registered nurse.

Certain tasks may not be performed by or delegated to a UAP. These include activities which are not within the delegating or supervising nurse's scope of practice, and activities that include use of the nursing process and require special knowledge, judgment or skills. Section 1006.062, F.S. states "Notwithstanding the provisions of the Nurse Practice Act, Part I of Chapter 464, district school board personnel may assist students in the administration of prescription medication when the following conditions have been met:...". The UAP provides observation and communicates student status and any changes to the nurse.

Unlicensed assistive personnel assist in providing student health services. Activities performed depend on the level of their health related training and in response to a student's physical complaints. This may include observation of visible signs of illness, asking questions regarding the nature of the health concern, listening to student's responses, documenting information, and providing appropriate action based on protocols. Services provided by the UAP in the school setting relate to student's complaints or symptoms, resulting in a response or referral to the registered nurse.

Delegation

As the health-related needs of students intensify and the availability of licensed health staff in schools decreases, delegation of duties to the Unlicensed Assistive Personnel (UAP) is an available option in meeting the continuing health needs of students. Section 1006.062, F.S. outlines specific services that can be delegated to the UAP. Chapter 64B9-14, F.A.C. provides requirements for delegation to UAPs (definitions, delegation of tasks or activities, and delegation of tasks prohibited). The delegation of nursing services in the school setting is a role that can be performed only by a registered nurse.

See Appendix E, Technical Assistance: School Health 2, *The Role of the Professional School Nurse in the Delegation of Care in Florida Schools*, August 2006, for definitive guidance.

Chapter 2 Health Appraisal

Nursing Assessment

Nursing assessments are performed by the RN and are an integral part of the school health continuum of care in schools. In accordance with the Nurse Practice Act (s. 464.003, F.S.), the performance of health assessments requires the specialized knowledge, judgment and nursing skill related to the practice of professional nursing. School health programs utilize population-based mass screenings to assure students are appropriately screened to identify health conditions. These screenings, as well as individual student health encounters (planned or unplanned) provide opportunities for the RN to assess student's health status and issues in the school setting. Performing a health assessment remains the responsibility of the RN or other fully qualified and licensed health care professional.

Nursing assessments are provided for students with actual, potential, or suspected health problems. A nursing assessment is the identification of health and resource needs of individuals, families and groups. This is an ongoing process that includes: health history, observations, monitoring student and family reactions, determining social and emotional stability, and assessing resources. The nursing assessment serves as the basis for a nursing diagnosis and plan of care. Counseling may be offered relevant to the student's need. Particular attention is given to the prevention, early detection, and management of health problems that may inhibit learning.

The nursing assessment is the basis for the Individualized Healthcare Plan (IHP). It also is used in the delegation process to determine tasks that can or cannot be delegated. Evaluation including evaluation of delegation is based on student outcomes and requires a RN assessment.

The following steps provide a framework for the nursing assessment.

- Collection of subjective and objective data, including the history of the complaint
- Analysis of the data to determine issues and resources needed
- Communication with parent/guardian to determine needed assistance
- Provision of information regarding appropriate community resources
- Follow-up to assure compliance with recommendations
- Continued monitoring and case management as indicated

Physical Assessment

Students present a range of complaints, from potentially life-threatening situations to more common problems. Students also seek advice and support from school health staff for myriads of issues. Students may go to the health room or informal encounters may occur in any number of locations in the school. Students, teachers, and other school staff may interact with the school nurse in the hallway or cafeteria, for example.

Registered nurses are frequently assigned to more than one school, and consequently, they are not always readily accessible when problems occur that may require an assessment. Because unlicensed assistive personnel or other school staff may be the initial person in contact with the student, it is important that they understand the need to communicate medical concerns about a student to the school nurse. Conducting a health assessment remains the responsibility of the RN or other qualified and licensed health care professional.

Health History

The health history is a part of the nursing assessment and provides additional subjective data as part of the assessment process. The school nurse should ask open-ended questions that encourage a student to describe their problem. It is important to encourage discussion around different areas of the student's life (e.g., home, work, and school), especially if the problem seems to be chronic. The school nurse should be sensitive to the different cultural, ethnic, or socioeconomic background of students and become aware of appropriate community resources to deal with those different factors.

For both physical complaints or psychosocial issues, asking the following questions can provide needed insight and information.

- "Tell me about it."
- "When did it start?"
- "Has it ever happened before?"
- "What did you do?"
- "Have you talked with your parents about it?"
- "What did they do?"
- "Are you taking any medication?"
- "Are you having problems in your classes?"
- "Are you having any problems with other students?"
- "How do you feel about what is happening?"

Chapter 3

Health Screening

To address the educational and health needs of students, it is necessary to first assess their physical health and well-being. Health screening techniques allow for early identification of suspected abnormalities. Subsequently, parents and educators can utilize all available health information to plan educational programs and related activities most suited to each student's needs and abilities.

Screening is a traditional part of school health services. It centers on vision and hearing since impairment of these senses can interfere with learning, occurs with significant frequency in students, and can be detected with acceptable accuracy by good screening techniques. When referrals from such screening programs result in appropriate examination and corrective measures (which may include classroom placement as well as medical/surgical measures), their value is unquestionable. However, without well organized plans for referral and follow-up, even the best screening activities fail to help those found to have impairments.

In addition to vision and hearing, s. 381.0056, F.S. requires provisions for growth and development screening, health appraisal, health counseling, nursing assessment, nutrition assessment, preventive dental program, and scoliosis screening. Each component will be considered with information covering rationale for screening, target groups, screening techniques, record keeping, criteria for referrals (including expected levels), timely follow-ups, and program evaluations.

- Noninvasive screening means any screening procedure in which the skin or any body orifice is not penetrated.
- Invasive screening means any screening procedure in which the skin or any body orifice is penetrated. However, simple procedures commonly used during the evaluation of the health status of a student, such as: an oral temperature measurement; the use of a tongue depressor to examine the throat, tympanometric screening, or the use of an otoscope to visualize the middle ear are not considered invasive and may be performed by an appropriately trained health care provider without the expressed written consent of the parent or legal guardian.

Essential health information is obtained through periodic inquiries of students and parents, continuous observation by school personnel, periodic screening, and by regular examinations by physicians and dentists. Continuity of health information is important because it allows for a comparison with the student's previous health status. It also aids early recognition of change (favorable or unfavorable) and knowledge of the referral outcome for any previously detected problem. An adequate system of record keeping and regularly scheduled record review and analysis by trained personnel is necessary to ensure continuity in each student's documented health information.

A plan for follow-up is an essential component of the screening program. This may consist of a referral slip sent to parents after re-screening, notifying them a problem is suspected. Parents are requested to return a detachable portion of the referral slip indicating that the student has received attention and stating the diagnosis and any recommended treatment. If this is not returned, local policy will determine the steps that school health services staff will make to ensure a satisfactory conclusion. If requested by parents, assistance to access an appropriate healthcare provider should also be provided.

To ensure adequacy of all aspects of the screening program, data must be collected and submitted to the Florida Department of Health on a periodic basis as determined in the *School Health Services Plan* and/or contractual agreements. Data is normally submitted to the CHD for entry into the DOH Health Management System on a monthly basis.

The grade levels for mandated screenings are specified in Chapter 64F-6.003, Florida Administrative Code (F.A.C.).

- Hearing screening shall be provided, at a minimum, to students in grades kindergarten (KG), 1 and 6; to students entering Florida schools for the first time in grades KG through 5; and optionally to students in grade 3.
- Vision screening shall be provided, at a minimum, to students in grades KG, 1, 3, 6, and students entering Florida schools for the first time in grades KG through 5.
- Growth and development screening with BMI shall be provided, at a minimum, to students in grades 1, 3 and 6, and optionally to students in grade 9.
- Scoliosis screening shall be provided, at a minimum, to students in grade 6.

Note: Consideration for vision and hearing screening should be made for teacher/parent referral of a suspected problem and for students being evaluated for special education placement.

Recording Health Screening Results and Referrals

- Cumulative health records on each student shall be maintained in the school and include the information specified by Ch. 64F-6.005, F.A.C. See Section IV, Chapter 18 for additional information.
- Screening tests (initial and rescreening), results, follow-up, and corrective action shall be recorded on or filed in each student's Cumulative Health Record.
- DH Form 3041 is available to document student health records. Local forms to record screening and referral results can be placed in or stapled to the DH Form 3041 and maintained in the student's Cumulative Health Record.
- Appropriate individually retrievable records may be used to document screening results and referrals.

Hearing Screening

(See Appendix D-1 for screening procedures)

The purpose of the hearing screening program is to administer a standardized hearing test to identify those students who may have hearing impairments and refer those who fail the screening to appropriate resources for follow up and care.

The National Association of School Nurse publication “The Ear and Hearing” is an excellent resource for school nurses and gives detailed procedural information.

Hearing is tested by individual pure tone audiometry performed in the school by speech/language pathologists, nurses, teachers, special hearing screening personnel, or by volunteers who have been trained, periodically retrained, and supervised by a professional.

Vision Screening

(See Appendix D-2 for screening procedures)

The purpose of the vision screening program is to administer a standardized vision test to identify those students who may have a vision problem and refer those who fail the screening for a complete, professional eye examination.

Central vision is the term used to define visual functions that enable us to see form, shape, and clarity of the image. Visual acuity is the term used to describe how well central vision is functioning. Visual impairment usually is due to refractive error, although a small percentage is related to injury, disease, and muscle imbalance. Studies show that about four percent of entering students will have errors of refraction. However, the frequency increases with age so that by twelfth grade nearly 50 percent of students may have evidence of refractive error. Students with eye muscle imbalance (strabismus) or anisometropia or lazy eye (different visual acuity in each eye) may originally have adequate vision in each eye but suppress the vision of one eye with resulting loss of vision in that eye. These conditions occur in one to five percent of students. Early detection and correction can prevent suppressions and the resultant loss of vision. The vision screening program has an important educational aspect. When a student cannot see the board or follow the teacher's demonstration because of defective vision, education suffers. Since the student has no way to recognize that vision is defective, vision screening in schools plays an important role in recognition of this impairment.

Visual acuity can be measured using a variety of equipment such as: vision screening cards, simple wall mounted charts, illuminated vision screeners, lighted cabinets, stereoscopic instruments, photorefractive imagers, and portable auto-refractors. The selection of equipment used to assess visual acuity is determined by availability,

budget, accessibility, age and development level of the students being screened, and the visual functions being assessed. Use of specialized equipment, such as an auto-refractor will produce results that are different than the standard eye chart and interpretation of those results will require the use of reference materials from the manufacturer.

Recommended criteria for referral comes from the American Academy of Pediatrics (AAP) Section on Ophthalmology.

The National Association of School Nurses document “To See or Not To See: Screening the Vision of Children in School” (2005) is an excellent resource for school nurses and their recommended criteria for referral mirror those of the AAP.

Referral Resources for Vision Failure

- Resources available for students who fail vision screening and need financial assistance vary by county and community. Typical referral criteria include documented failure of the vision screening, student does not have vision coverage, and family income that falls within the guidelines of the federal free or reduced lunch program.
- Screenings and the tools used are not able to ensure 100% sensitivity and specificity. If a student fails the initial screening, the student must be rescreened prior to referral.

The Vision Screener, in many instances, will be a trained health aide or volunteer. Training for these individuals may be provided by a vision screening technician or school nurse. It is recommended that professional eye care practitioners not be used to conduct vision screening since testing by such persons can be misinterpreted as an eye examination. Professional eye care practitioners should be used in an advisory capacity and for referrals. The screener should be able to:

- demonstrate correct screening procedures
- relate the referral criteria for each age group
- refer problems/failures to the school nurse
- work well with students

Vision Screening Special Situations:

- Students with physical or mental impairments may require alternative techniques to assess visual acuity. In addition to external assessment of the eye, the following methods can contribute to these evaluations.
 - Responsiveness to placement of objects
 - Tracking a toy or other small object
 - Informal observation of student activities
- Very young students
 - It is helpful to have the school nurse or teacher review the symbols on the chart with the class, prior to the mass screening.

- “E” symbol charts, hand symbol chart, lighthouse chart or cards (apple, house, umbrella) may be preferable
- Observation of the following conditions may indicate need for referral regardless of screening results.
 - Behavior
 - Rubbing eyes excessively
 - Shuts or covers one eye, squints, tilts head
 - Difficulty in reading or other close work
 - Blinking frequently or eye irritability when doing close work
 - Holding books close to eyes
 - Inability to see distant things clearly
- Appearance
 - Crossed eyes
 - Red-rimmed, crusted, or swollen eyelids
 - Inflamed or watery eyes
 - Abnormal size of the globes
 - Clouding of the cornea
 - Abnormal coloring of sclera (yellow staining or bluish tone)
 - Complaints
 - Eyes itching, burning, or feeling scratchy
 - Dizziness, headaches, or nausea following close work
 - Blurred or double vision, or inability to see well

Additional Visual Assessments:

- **Color Discrimination:** With the increasing use of color-coded educational materials in the primary grades, it is important to identify defects in this function as early in the school career as possible. It is therefore recommended that a test for color discrimination be included in the vision screening program. A color vision test needs to be given only once in a student's school career. Reliability of the testing should be verified by a re-screening with a second type of test, and results discussed with the parent, student, and teacher.
- **Muscle Balance:** The corneal light reflex test grossly screens for abnormalities in muscle balance. Other methods which are available include slides in various stereoscopic testing machines and the cover/uncover tests. It is recommended that a test for muscle balance be a component of the vision screening program.
- **Usher Syndrome Vision Screening:** Usher Syndrome is an inherited condition that causes a serious hearing loss that is usually present at birth or shortly thereafter and is accompanied by progressive vision loss caused by retinitis pigmentosa (RP). RP is a group of inherited diseases that cause night-blindness and peripheral vision loss through the progressive degeneration of the retina, the light-sensitive tissue at the back of the eye that is crucial for vision.

Additional screenings may be required for Exceptional Student Education students. Chapter 6A-6.03013, F.A.C., Special Programs for Students who are Deaf or Hard-

of-Hearing, states that a screening for Usher Syndrome shall be administered to each student who is deaf or hard-of-hearing at least once during grades 6-12. Usher Screening involves dark adaptation and visual field screening.

Growth and Development Screening with BMI (See Appendix D-3 for screening procedures)

The purpose of accurate height and weight measurements is to provide insight into the student's physical growth and development. If taken at regular intervals and recorded on charts or grids, this information will allow for comparison with past measurements and standards for age and weight for height. Comparison of these measurements to accepted norms is the baseline for nutritional assessment. Growth and development screening is required for students in grades 1, 3, 6, and optionally 9. Body Mass Index (BMI) has been adopted from the Centers for Disease Control and Prevention as the DOH standard for growth and development screening since 2001.

In addition to measuring students' height and weight, BMI calculation is required. This calculation indicates if a child is in the normal range for height and weight, or is outside the norm and has increased potential to develop certain chronic diseases during childhood or adulthood. BMI is the recommended screening method for children and adolescents. It is based upon a child's age and gender, calculated using a child's weight and height, and compared to standardized growth charts.

If districts choose to also provide growth and development measurement for 9th grade or other post-pubescent grades, keep in mind that some student athletes may have what appears to be a high BMI measurement, when in actuality their body fat is quite low. Use professional judgment in making referrals on these students.

A student's weight and BMI measurement may be an extremely sensitive area for parents to deal with. Many parents have preconceived notions about "baby fat" and growth patterns, and may be overweight themselves. Referrals need to be made with sensitivity and understanding.

Scoliosis Screening (See Appendix D-4 for scoliosis screening procedures)

Scoliosis screening is required for students in grade 6. The purpose of spinal screening is to identify scoliosis, which initially is a symptom-free lateral curvature of the spine and tends to appear shortly before and during adolescence, more commonly in girls than in boys.

Scoliosis screening can be done with students fully clothed, as long as clothing isn't bulky and doesn't prevent the screener from seeing the student's back clearly.

For detailed information about the forward bend test, scoliometer use, and screening guidelines, refer to the National Association School Nurses publication "Postural

Screening Guidelines for School Nurses” (2004) or the National Scoliosis Foundation (see Appendix A for the Internet link).

Chapter 4 Medication Administration

Purpose

Administration of medication is sometimes necessary during the school day to comply with the health care provider's prescription. Authorization is granted for school district personnel to administer medication in s. 1006.062, F.S.

Responsibilities

Training procedures must be included in each county's *School Health Services Plan*. This statute further specifies that the principal has the responsibility to designate staff to be trained to assist students in the administration of prescribed medicine. This training must be conducted by an appropriately licensed medical professional, who can legally delegate that task. The school nurse (RN) can refuse to delegate any medical task, if the designated personnel do not demonstrate competency to perform the task. The RN and principal should work cooperatively to assure appropriate, competent personnel are designated to perform the delegated tasks in the absence of assigned health room staff.

It is the responsibility of the designated personnel to assure that prescribed medications are administered. If a student who normally receives medication at school fails to come to the health room at the scheduled time, the person responsible for medication administration should make every effort to locate the student within a reasonable time frame (generally regarded to be one hour). School district medication administration policies should address documentation and notification procedures for medication that is not administered as prescribed. If the student is absent from school, this should be documented on the student medication record.

School District Policies

Each district school board is to adopt policies and procedures governing the administration of medication by designated personnel, including but not limited to the following:

- Written parental permission explaining the necessity for the medication to be administered during the school day, including instances when the student is away from school property on official school business. Parents should include information about expected side effects or known student-specific side effects to the medication.
- Each prescribed medication shall be received, counted, and stored in its original container. The container must be stored in a secure fashion under lock and key. Local policy may define a more extensive procedure such as two persons counting and documenting medication upon receipt.
- The prescription label should include the following information:
 - Student's name
 - Name of the medication

 - Dosage directions (by mouth, injection, etc.)

- Time(s) of day to be administered
- Provider's name
- Date of prescription (within a calendar year)

Emergency Medications

Section 1002.20, F.S. includes provisions regarding the use of specific medications in schools. Refer to the statute for the full requirements and amended sections.

- Section 1002.20(3)(h), F.S. clearly states that students must be allowed to carry metered dose inhalers on their person while in school, with written parental and physician authorization.
- Section 1002.20(3)(i), F.S. specifies that students may carry and self-administer an epinephrine auto-injector while in school, during school-sponsored activities, or in transit to school or school-sponsored activities, with written parental and physician authorization. This statute also addresses safety provisions and liability indemnification.
- Section 1002.20(3)(j), F.S. specifies that a school district may not restrict assignment of a student who has diabetes to a particular school; may carry diabetic supplies and equipment on their person; attend to the management and care of diabetes while in school; encourages every school with students with diabetes to have personnel trained in routine and emergency diabetes care.
- Section 1002.20(3)(k), F.S. specifies that students who are at risk for pancreatic insufficiency or diagnosed with cystic fibrosis may carry and self administer a prescribed pancreatic enzyme supplement while in school, during school-sponsored activities, or in transit to school or school-sponsored activities, with written parental and physician authorization.

Delegation to Unlicensed Assistive Personnel

Unlicensed assistive personnel (UAP) are permitted by s. 1006.062, F.S. to administer prescribed medication at school, provided appropriate training has taken place.

Training should include:

- Completion of skills checklist
- Return demonstration
- Periodic assessment of competency
- Documentation of skills, return demonstration and competency

Non-prescription or Over-the-Counter Medications

Florida Statute regarding administration of medication in schools applies only to prescribed medication. The policy concerning nonprescription or over-the-counter medications should be made by each district school board. Since some of these medications have the potential for serious side-effects and complications, it is recommended that policies and procedures for the administration of non-prescription medication be the same as or similar to those for prescribed medications.

- **Sunscreens**

Sunscreens are best applied at home by the parent/guardian, before the student comes to school. If a sunscreen is to be administered by school district personnel, it must be provided by the parent. It is recommended that it be treated as any other non-prescription medication, including the need for written physician's authorization. However, s. 1001.43, F.S. allows for students to wear sunglasses, hats, or other sun-protective wear while outdoors during school hours.

- **Herbal Products**

FDA regulated, non-prescription herbal or natural products should be treated the same as other non-prescription medications.

Since the ingredients of non-regulated herbal or "natural" substances are often not clearly delineated, it is recommended that school districts refuse to allow school personnel to administer such substances during the school day. Parents may be permitted to come to school and administer such substances to their children.

Field Trips, Before and After School Activities

If medication is to be administered on field trips, or during before/after school activities, the same regulations apply. Therefore, the original container must be transferred to the trained person who will be administering the medication, and administration must be appropriately documented on the approved form. It is not permissible to transfer medication to an envelope or other container for later administration. However, parents may request that the pharmacy provide them with a properly labeled duplicate prescription container for field trips.

Medication Errors

Violation of any one of the "six rights" of medication administration constitutes a medication error. Those six rights are: right student, right medication, right dosage, right time, right route, and right documentation.

In case of a medication error, the following procedures are recommended:

- Notify the school administrator
- Call the poison control non-emergency number (1-800-282-3171) for toxicity or expected side effects, if the error involved the wrong student, medication, dosage, time, or route
- Notify the parent
- Notify the school nurse/supervisor
- Notify the prescribing physician
- Complete the appropriate documentation / incident report
- File the original incident report with the district level administrator and destroy any copies
- Medication errors can be used to determine needed training for school staff

Storage and Disposal of Medications

- All medications must be stored in a locked cabinet (see emergency exception below)
- Emergency injectable medications, such as Epi-Pen, Glucagon, etc. must be immediately accessible in case of an emergency. It is permissible to keep such medications in a secure location, but in an unlocked cabinet during the school day. If they are stored in that manner, there should be a sign on the outside of the medication cabinet indicating the location of emergency medications, and they should be locked in a secure cabinet after school hours.
- Medications requiring refrigeration must be stored in a locked refrigerator or in a locked container in a secure refrigerator, maintained at 35 – 45 degrees F.
- Parents should be contacted to come to school and pick up any expired medications or those remaining at the end of the school year. Medications that are not picked up by parents should be properly disposed of according to local requirements.
- Medication disposal should be witnessed by a second person and documented by both people involved.
 - The Florida Department of Environmental Protection (DEP) advises against flushing medications down the toilet through the municipal sewerage system. This practice contaminates the environment and wastewater treatment systems are not designed to remove many of these medications. DEP recommends the following procedure:
 - Keep the medicines in the original container.
 - Mark out the name and prescription number for safety.
 - For pills: add some water or soda to dissolve them
 - For liquids: add something inedible like cat litter, dirt or cayenne pepper.
 - Close the lid and secure with duct or packing tape.
 - Place the bottle(s) inside an opaque (non see-through) container like a coffee can or plastic laundry bottle.
 - Tape that container closed.
 - Place container inconspicuously in the trash. Do not dispose of any containers with medications in the recycle bin.
 - Metered dose inhalers should be emptied outdoors by pumping the container into the air, as if being administered.
 - Injectable medications can be emptied into absorbent material and disposed in the trash according to the procedure described above, with the empty containers being placed in the sharps disposal container.

Additional information can be found on the DEP web page, *How to Dispose of Unwanted Medications*.

Medication Administration Documentation

- Appropriate documentation of medication administration must be done immediately after each dose is administered.
- An individual student medication record form must be maintained for each student receiving medication at school.
- If a student is receiving more than one medication at school, separate student medication records must be maintained for each medication. Logs listing several students on one form may be maintained for tracking and organization of health room duties, but cannot be used for documentation of student medication administration.
- The Florida Records Retention Schedule require that such forms must be kept for seven years.

Special Situations

Reasons for Contacting Parent Regarding Medications

- Any questions regarding instructions
- Failure of the student to receive the medication for any reason (i.e. vomiting, refusal, forgot, out of medicine, spilled last dose, given to wrong student, etc.)
- Any error in administration (see medication error above)
- Any change in student's behavior or physical status that may be attributed to the medication
- Changes in appearance of medication or expiration of medication

Reasons for Contacting Health Care Provider/Pharmacist Regarding Medications

- Parent is not available to answer urgent questions
- Clarification of medication orders, dosage, or administration
- Medication errors

Suggested Steps for Administration of Prescribed Medicine Dosage Missed by Parent at Home

- If a student was to receive medication in the morning, before coming to school, and he/she does not receive that dose, the parent should be urged to come to school to administer it.
- If parent administration is impossible, the parent must verbally give permission to the school nurse or health room staff member over the phone and additional school staff present at the school will speak to the parent or listen to the call. Document the verbal parental permission on the students' medication card, with signatures from both staff persons. The label of the prescription bottle at school must include the time of the morning dose normally administered at home, if it is to be administered at school.
- It should be given on a one time only emergency basis, if school board medication policy so allows.

- This might necessitate adjustment of subsequent dosage times, and the school nurse should be consulted.

Chapter 5

Students with Special Health Care Needs / Chronic Conditions

Due to advances in health care research and technology, more children with special health care requirements are participating in the same activities as their healthy peers, therefore, there are more children entering schools with special health care needs. Students with special health care needs may require specific care related to their condition. Providing education and health services for these students requires cooperation and support among administrators, teachers, paraprofessionals, and school health professionals. In addition, frequent communication and close collaboration of school personnel with community medical providers and other health professionals involved in the student's care outside of the school is often necessary.

Pre-enrollment Planning for Children with Special Health Care Needs

It is necessary to plan for the enrollment of students who have special health care needs. If such students simply appear on campus with the intent of attending class, the situation may be unsafe and certainly less than optimal for both the student and the school staff. Whenever possible, physician(s) orders and needed supplies should be obtained prior to student enrollment. Classroom placement should be made by the school administrator with sensitivity to the student's situation. A nursing care plan should be developed with cooperation from the parent/guardian prior to student attendance.

Considerations for School Enrollment

Florida Statute assures that all students are provided with a free and appropriate public education. When special health care needs are involved, a parent/guardian meeting should take place (with the school nurse present) prior to enrollment, in order to assure an optimal experience for the student and his/her family.

It is most expedient for school staff if that meeting takes place on the school campus. However, a home visit may be necessary, and in fact, may provide additional insight into the student's health needs and how they are cared for outside of school. A school nurse interview form or check list is helpful in assuring that all areas of possible concern are addressed during the meeting or home visit.

Delegation of Specific Procedures

Authorization is given in s. 1006.062, F.S. for unlicensed assistive personnel to perform health-related services upon successful completion of child-specific training by a registered nurse, advanced registered nurse practitioner, medical physician, osteopathic physician, or physician assistant. Such procedures shall be monitored periodically by the licensed professional. Procedures specifically cited in the statute include intermittent clean catheterization, gastrostomy tube feeding, monitoring blood glucose, and administering emergency injectable medication. For all other invasive

medical services not listed, the licensed professional shall determine appropriateness of allowing unlicensed assistive personnel to perform such service.

Furthermore, s. 1006.062, F.S. specifies that non medical school personnel shall NOT be allowed to perform invasive medical services that require special medical knowledge, nursing judgment, and nursing assessment. Procedures specifically cited in the statute include sterile catheterization, nasogastric tube feeding, cleaning and maintaining a tracheostomy and deep suctioning of a tracheostomy. For other invasive procedures, the R.N. shall determine the appropriateness of allowing unlicensed assistive personnel to perform such service.

Also see Chapter 1 for additional information regarding roles, responsibilities, and delegation.

Exceptional Student Education (ESE)

Exceptional Student Education, as defined by the Individuals with Disabilities Education Act (IDEA), means specially designed instruction and “related services” that are provided to meet the unique needs of students who meet exceptional student education eligibility criteria. Related services may include school health services and school nurse services, social work services in schools, parent counseling and training (34 CFR § 300.34).

Individualized Education Program (IEP)

At the federal level, the IEP refers to an Individualized Education Program [20 USC Chapter 33, Sec. 1414. (d)]. In Florida, IEP refers to an Individual Educational Plan (Chapter 6A-6.03028, F.A.C.). Despite different titles, an IEP means a written statement for each student with a disability that is developed, reviewed, and revised in accordance with state and federal guidelines governing the education of students with disabilities.

The Health Component of the IEP and the Role of School Health Staff

Health conditions requiring nursing services during the school day should be included in the Health Component of the IEP. The school nurse should be included in the development of the IEP if health care services are being addressed. Relevant health information shall be made available by the school nurse for staffing and educational planning.

Identification of Potential Exceptional Student Education Students

The local education agency (LEA) has the responsibility for the evaluation and provision of services for all ESE students. Funding for students in exceptional students programs is based on the complexity of needed services from educators as well as ESE health staff. Students suspected of being eligible for exceptional student education under IDEA shall be referred for professional evaluation. This evaluation includes the multidisciplinary student services team: school psychologist, school social worker,

school nurse, and school guidance counselor. The responsibility for providing services to ESE students varies by county in Florida. Service delivery may be the responsibility of county health department (CHD) nurses or school district staff. In the case of CHD nurses providing services beyond basic school health services, a written agreement would be needed between the CHD and the LEA.

Common acronyms used in Exceptional Student Education programs

ASD – Autism Spectrum Disorder

DD – Developmental Delay

DSI – Dual-Sensory Impaired

DHH – Deaf / Hard of Hearing

EBD – Emotional/Behavioral Disabilities

FAPE – Free Appropriate Public Education

GIFTED – Education Plans (EPs) are developed for students identified solely as gifted.

HH – Hospital or Homebound

InD – Intellectually Disabled

LI – Language Impaired

LRE – Least Restrictive Environment

OHI – Other Health Impairment

OI – Orthopedically Impaired

OT – Occupational Therapy

PI – Physically Impaired

PT – Physical Therapy

SLD – Specific Learning Disabilities

SLI – Speech Language Impaired

TBI – Traumatic Brain Injury

VE – Varying Exceptionalities (multi-categorical classroom placement)

VI – Visually Impaired

Section 504 of the Rehabilitation Act of 1973

The following guidelines pertaining to Section 504 of the Rehabilitation Act of 1973 were provided by the Department of Education in April 2012. These guidelines were provided to assist Section 504 Committee decision-making with respect to referral, disability determination/eligibility, and Section 504 Plans for students on Individualized Healthcare Plans (IHP), as required by the Americans with Disabilities Act Amendments Act of 2008 (ADAAA). For specific questions and guidance regarding a particular fact situation or student, please consult your school board attorney.

Introduction & Background

Section 504 of the Rehabilitation Act of 1973 is, at its core, an anti-discrimination law. It states, “No otherwise qualified handicapped individual in the United States, as defined in Section 7 (6), shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” The fact that Section 504 is a *civil rights* law supports the notion that students with disabilities who are 504 eligible, but do not have 504 accommodation *plans*, cannot be discriminated against and have protections.

Section 504 requires school districts to conduct an evaluation of any student who, because of a disability, needs or is believed to need special education or related services. 34 CFR §104.35(a). It is important to note that a student’s physical or mental condition or impairment does not have to substantially limit the major life activity of learning for the student to be considered disabled under Section 504. *See, for example, Letter to McKethan*, 23 IDELR 504 (OCR 1995) [“Students may have a disability that in no way affects their ability to learn, yet they may need extra help of some kind from the system to access learning. For instance, a child may have very severe asthma (affecting the major life activity of breathing) that requires regular medication and regular use of an inhaler at school. Without regular administration of the medication and inhaler, the child cannot remain in school.”] Thus, students with physical impairments including, but not limited to, diabetes, asthma, allergies and migraine headaches may meet the definition of being disabled under Section 504 if their impairments substantially limit them in one or more major life activities, which include major bodily functions, even if their impairments do not substantially limit learning. *See, for example, Memphis (MI) Community Schools*, 54 IDELR 61 (OCR 2009); *Oxnard (CA) Union High School District*, 55 IDELR 21 (OCR 2009). As a result, students with individual health care plans (IHCPs) that address physical or mental impairments must be considered for Section 504 evaluation and a determination of disability pursuant to the school’s 504 process. *Tyler (TX) ISD*, 56 IDELR 24 (OCR 2010). Merely continuing with the implementation of an IHP may not be sufficient under Section 504 if the student needs or is believed to need special education and related services because of a disability.

Referral of Students on IHPs for Section 504 Consideration

Students on IHPs cannot be categorically excluded from consideration for Section 504 referral and disability determination. When determining whether to refer a student with an IHP for a 504 disability determination, the school should consider whether the student, because of disability, needs or is believed to need special education and related services within the meaning of

Section 504. When parents of students receiving mitigating measures, such as IHPs, refer their child for Section 504 consideration, and the school has reason to suspect that the student has a disability under Section 504 and is in need of special education or related services, the school should evaluate the student and determine whether a disability exists under Section 504. As part of the consideration for evaluation, the school should look at several factors, including the following:

- The frequency of the required IHP services.
- The intensity of the required IHP services.
- The complexity of the required IHP services.
- The health & safety risk to the student if IHP services are not provided or are provided incorrectly.
- The student's need for other services and accommodations from the school.

The above factors are the same as those considered in determining the need for a 504 Plan

If there is no reason to suspect that a disability exists or no reason to suspect that the student needs special education or related services, the school can refuse to evaluate and promptly provide the parent with a notice of refusal to evaluate and a copy of their Section 504 Rights.

Section 504 Evaluation of a Student with an IHP

When evaluating a student with an IHP and determining whether the student is disabled under Section 504, the Section 504 Committee must determine whether the student would be substantially limited by his or her impairment without the provision of services listed in the student's IHCP or any other mitigating measure utilized by or for the student. 42 U.S.C. §12102(4)(E); *North Royalton (OH) Sch. District*, 52 IDELR 203 (OCR 2009). This analysis must be conducted to satisfy the mitigating measures rule contained in the Amendments to the ADA.

As part of the 504 evaluation process, the Section 504 Committee should attempt to obtain and carefully review and consider all appropriate and available medical and/or nursing information, as well as other relevant data gathered from a variety of sources. 34 C.F.R. §104.35. Should the student be determined disabled under Section 504 because the student has a physical or mental impairment that substantially limits a major life activity, the Section 504 Committee must then determine whether the student needs a Section 504 Plan in order to have his/her educational needs met as adequately as the needs of nondisabled students are met. 34 C.F.R. §104.33(b). The extent of a school district's obligation to make reasonable modifications or to provide educational accommodations is fact dependent and requires a case-by-case analysis. Not every student determined to be disabled will be in need of a Section 504 Plan. *Memphis (MI) Community Schools*, 54 IDELR 61 (OCR 2009).

Clearly, an IHP is considered a mitigating measure for a student with a health impairment. While the ameliorative effects of the IHP cannot be considered in determining whether a student has a disability under Section 504, the IHCP and those effects can be considered in determining whether the student is in need of a Section 504 Plan. 42 U.S.C. §12102(4)(E); *Memphis (MI) Community Schools*, 54 IDELR 61 (OCR 2009).

Factors to Consider When Determining Whether a Student With a Disability Who Has an IHP Requires a Section 504 Plan

In making the determination of whether a student with an IHP and a disability under Section 504 requires a Section 504 Plan, the Section 504 Committee should consider all relevant educational factors for each student individually and discuss the following factors:

- The **frequency** of IHP services. (For example, where services are rarely needed during the school year, the student is less likely to require a Section 504 Plan than when IHP services are required on a daily or weekly basis and in many different environments, including the classroom.)
- The **intensity** of the required IHP services. (For example, where a student who self-tests and administers medication for diabetes needs access to the nurse for questions or occasional assistance, the student is less likely to require a Section 504 Plan than a student who relies on the nurse or other school staff for daily testing and medication due to diabetes and across different environments, including the classroom.)
- The **complexity** of the required IHP services. (That is, whether the services require a complex or systematic approach to integrate or coordinate efforts of staff and others to meet the student's needs. For example, the more a student requires constant monitoring and exchange of information among school staff, parents and doctors and in different environments to meet his health needs, the more likely he requires a Section 504 Plan.)
- The **health and safety risk** to the student if IHP services are not provided or are provided incorrectly. (For example, the greater the risk of serious injury or death to the student from the failure to provide appropriate health plan services across all environments, the more likely the student requires a Section 504 Plan.)

If the Committee determines that the disabled student with an IHP requires, in addition to an IHP, educational accommodations or services to address academic, social, emotional, physical or behavioral needs in order to meet the student's educational needs as adequately as the school meets the educational needs of nondisabled students, the disabled student would be entitled to a Section 504 Plan.

If, as a result of a properly conducted evaluation process, the 504 Committee determines that a student does not need special education or related services because the student's educational needs are being met as adequately as the educational needs of nondisabled students, the Committee would not be required to develop a 504 Plan for providing additional aids or services. Neither the ADA Amendments Act nor Section 504 obligates a school district to provide aids or services that the student does not need.

In analyzing the student's educational needs with respect to these factors, no one factor is necessarily dispositive in every evaluation. The weight to be given any factor is to be determined by the Section 504 Committee as appropriate in its case-by-case determination pursuant to the regulations. It is also important to note that an analysis that focuses solely on whether the need for IHP services is "medical" rather than "educational" may be susceptible to legal challenge, due to the potential for arbitrary and inconsistent implementation.

Chapter 6 Individualized Healthcare Plan / Health Management Plan

The registered nurse practicing in the school setting is ultimately responsible and accountable for creating an Individualized Healthcare Plan (IHP) and for the outcomes of the plan, even if certain nursing care tasks described in the IHP are delegated to UAP (unlicensed assistive personnel). Individualized healthcare planning is a nursing function that cannot be delegated. The IHP is a plan of action for management of actual and potential health care needs during the school day, on field trips, and at school-sponsored activities. The IHP provides a format to record each step in the nursing process, where the school nurse summarizes the assessment findings, synthesizes problem statements in the form of nursing diagnoses, formulates goals, formulates plans of action, and documents interventions and the evaluation of outcomes (Arnold & Silkwood, 1999, p. 2).

According to *School Nursing: Scope and Standards of Practice, (2nd Edition 2011)*, to complete the IHCP process, the school nurse develops the plan collaboratively with the student, parents, health care providers, school community and others as appropriate and individualizes the plan to a specific student's needs to provide for continuity of care (NASN & ANA, 2005). The standard for practice dictates that the IHP is evidence-based, provides direction to the school team, complies with current applicable laws and standards of practice, considers economic impact, and uses standardized nursing language (NASN & ANA, 2005). The registered nurse manages the activities of the plan.

Each county should develop an IHP policy and procedure that includes the criteria to identify students who require the development and implementation of an IHP.

Individualized Student Emergency Action Plans

Whenever there is a known risk for a potential emergency, as there is in the management of students with the most common chronic health conditions in schools (asthma, diabetes, allergies), the school nurse creates an individualized student Emergency Action Plan (EAP). The EAP is a component of the IHP and is listed in the IHP as such. It is a clearly written step-by-step set of instructions for what to do in a particular emergency situation. It is written in language that a layperson can understand because it is created to be used by non-nursing school personnel who may respond to an emergency. Unlike the IHP, the EAP is distributed to appropriate staff, and the school nurse trains those staff to respond to emergencies that may arise with individual students (Arnold & Silkwood, 1999).

The overall medical management goal for daily care of a student with a chronic health condition is maintenance of function and integrity of body systems to prevent early onset of serious complications and to prolong life. The IHP and EAP both contribute to achievement of the overall medical management goal, and school nurses are responsible and accountable for the continuous improvement of the systems that support the IHP and for integrating the IHP into the overall plan of care (NASN & ANA, 2005).

Although student confidentiality is important, it is appropriate to share this information with school staff who have a need to know in the school setting. Key school staff who typically need this information include the following:

- School administrator
- Health room personnel

- Classroom teacher
- Physical education teacher
- Music teacher
- Art teacher
- Guidance counselor
- Lunchroom supervisor
- School office staff may also need this information, depending on the logistics and layout of the particular school campus

Since most school staff members are not medically trained, in order to assure student safety and a level of comfort for the staff, it is necessary to acquaint them with some information about students' medical conditions. The form typically includes the following information:

- Student name and student I.D. number
- The health problem and a brief description or definition
- Signs and symptoms the student may experience
- Medication the student takes at school or may need in case of an emergency
- Interventions that should be utilized in case of an emergency
- When to call 911
- Emergency contacts and their phone numbers
- Any special precautions

Components of the IHP

The school nurse completing the history and information sheets of the IHP would utilize the information obtained in the planning and implementation meeting and the information provided by the healthcare practitioner. The plan of care should comply with local policies and procedures and be formatted according to local standards. For repetitive activities, flow sheets may be devised to aid in documentation. It is recommended that all care plans for the student requiring an IHP include the following components:

- Student-specific demographic information.
- A current photo of the student, whenever possible.
- Student-specific information regarding how to respond in an emergency and how to contact the parent/guardian and healthcare provider.
- List of any known allergies, including food or insect allergies, and any previous episodes of anaphylaxis.
- Assessment of the student's developmental level and compliance/adherence history.
- Nursing assessment and nursing diagnosis.
- Desired goals and outcomes for health and education.
- Specific nursing interventions
- Student-specific signs and symptoms and the protocol to follow.
- The anticipated level of independent functioning, as identified by the student's healthcare provider.
- Specific information regarding any delegated nursing interventions (include the specific designated UAP trained and authorized to provide the services).
- Specific information regarding all medications as ordered by the healthcare provider, including doses and routes of administration.
- Specific information regarding the student's physical activities including any limitations.

- Information on any special accommodations that must be made for field trips or extra-curricular activities.
- A schedule for review and updating the IHP.

Medical Management Plan Signed by Physician

Medical management plans, which are essentially physician(s) orders written on a specifically designed form for use in school, are not IHPs. Information from the student's health care provider is essential in development of the IHP, but cannot be considered a substitute for the IHP. The medical management plan is a valuable tool in managing the care of students with diabetes. An example is contained in the Florida Department of Health *Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools*.

Resources for Health Care Plan Development

Resources for the development of the IHP and EAPs can be found through the National Association of School Nurses. Publications are available from NASN, American School Health Association (ASHA) and other sources.

Chapter 7 Emergency Planning and Care

School Emergency Planning

Each school district has the responsibility for the safety and well being of students while they attend school or school-sponsored activities. Emergency plans must include identification of first aid providers, prevention of further injury, and a means to secure needed medical care. When an emergency episode occurs, it must be reported immediately to the school principal or designee. Each incident should also be documented in writing and submitted according to school district policy.

Legal Basis

Services to meet emergency health care needs in the schools are required by s. 381.0056, F.S., also known as the "School Health Services Act". Emergency health care needs are defined as "onsite management and aid for illness or injury pending the student's return to the classroom or release to a parent, guardian, designated friend, or designated health care provider." Meeting emergency health care needs is a required component of each district/local health services plan.

School Emergency Action Plan

Chapter 64F-6.004, F.A.C. requires that written policies, procedures and protocols for health emergencies be kept on file at the local school district, each school, and at the county health department. Additionally an emergency information form for each student is to be prepared, and updated on an annual basis. Written policies and procedures are essential when providing emergency services.

Most emergency situations encountered in schools are not life threatening, but the possibility of life threatening circumstances always exists. School policies and procedures should address the worst possible scenario through plans for immediate treatment and mobilization of appropriate emergency medical services for the event that may occur.

Emergency First Aid for Anaphylaxis

An emergency situation may occur anytime a hypersensitive student is exposed to an insect sting, food or other substance to which that student is allergic. Allergic anaphylaxis can be fatal within minutes. Hypersensitive students identified to the school authorities by their parents/guardians and health care provider(s) require the availability of emergency medication as well as policies and instructions for its use. The school nurse should communicate with the student and family assuring their knowledge of the symptoms of allergic reaction and how to avoid or manage such reaction.

Section 1002.20(3), F.S. provides students the right to carry and self-administer epinephrine on school grounds. Provisions are made in this statute to protect the safety

of all students. All school staff should be educated in symptoms of anaphylaxis and management of an anaphylactic emergency.

Initial symptoms of anaphylaxis may represent a potentially fatal outcome and should be treated as a medical emergency, whether the symptoms appear gradually or suddenly. Even mild symptoms may intensify rapidly, triggering severe and possible fatal shock. Usually, symptoms occur immediately following exposure to the allergen; death may occur within minutes. Symptoms, which often vary according to individual response, include:

- itching around the eyes
- dry hacking cough
- widespread hives
- feeling of constriction in the throat or chest
- wheezing
- nausea
- dizziness
- abdominal pain
- vomiting
- difficulty breathing
- hoarseness and/or thickened speech
- difficulty swallowing
- confusion
- feeling of impending disaster

These symptoms may escalate swiftly to anaphylactic shock characterized by cyanosis, reduced blood pressure, collapse, incontinence, and unconsciousness.

Immediate injection of epinephrine is the commonly prescribed treatment for anaphylaxis accompanied by calling emergency response, 911. The delivery system and dosage is prescribed by the student's health care provider and the medication is to be provided by the parent/guardian. A physician's medical order must be obtained prior to administration of epinephrine, and the order should be kept on file in the health room, with notation made on the student's Emergency Information Card. As with all medication administered at school, a parental consent form authorizing school personnel to administer the medication in an emergency must be on file as well.

Epinephrine is effective for approximately 20 minutes, and a repeat dose may be necessary before the emergency response vehicle arrives. Provide continuous monitoring of the student until the emergency vehicle and further medical assistance arrive. Possible side effects of epinephrine administration include nervousness, tremor of hands, temporary increase in heart rate or blood pressure.

If the student can perform a self-injection, this is preferable, as a trained designee may not be immediately available. As noted earlier, s. 1006.062, F.S. authorizes

administration of emergency injectable medication by unlicensed assistive personnel, upon successful completion of child-specific training by appropriate licensed personnel. To assure availability of emergency intervention, training should be given to as many school staff as possible having daily or regular contact with known hypersensitive students.

First Aid / CPR / Automated External Defibrillators

Chapter 64F-6.004, F.A.C. also requires that persons staffing the school health room and two additional school staff members be currently certified in first aid and cardiopulmonary resuscitation by a nationally recognized certifying agency (i.e. American Red Cross or American Heart Association). A list of persons currently certified to provide first aid and cardiopulmonary resuscitation is to be posted in the health room, school office, cafeteria, gymnasium, home economics classrooms, industrial arts classrooms, and any other areas that pose an increased risk potential for injuries.

Section 1006.165, F.S., requires that each public school that is a member of the Florida High School Athletic Association must have an operational automated external defibrillator (AED) on the school grounds. This statute addresses funding for purchase, necessity of appropriate training for employees or volunteers who are reasonably expected to use the AED (including a course in CPR or basic first aid course including CPR), and registration of the location of each AED with the local emergency medical services medical director. As AEDs become more widely used in the public and private sector, it is expected that more schools will obtain them, whether or not they are members of the Florida High School Athletic Association.

Placement of AEDs in state-owned or leased facilities is addressed in Chapter 64E-2.039, F.A.C., but it does not specifically address county-owned school buildings. The following may provide guidance useful in developing school district AED procedures:

- A prescription from a licensed physician is needed to obtain an AED
- Physician oversight and consultation is important
- Optimal response time is three minutes or less
- All persons using an AED must receive appropriate training
- Proper placement of AEDs is dependent upon the school campus layout (additional detailed recommendations are contained in this rule)
- AEDs should be stored with additional necessary rescue items, be easily accessible, well-marked, near a telephone
- Protocol for AED use must be developed and shared with the appropriate school personnel

Emergency Medical Supplies & Equipment

Chapter 64F-6.004, F.A.C. provides requirements for the provision and maintenance of supplies and equipment. The school principal or his/her designee shall be responsible for assuring that first aid supplies, and emergency equipment and facilities are

maintained (and available). The school nurse shall monitor the adequacy and expiration date of first aid supplies, emergency equipment, and emergency facilities, as well as the training needs of emergency health care personnel.

First aid supplies should be kept in the health room and in specified locations throughout the school campus. Recommended first aid supplies include: disposable gloves, bandaging materials, adhesive tape, antiseptic cleansing solution, hand sanitizer, cotton balls and gauze squares, triangular bandages and splints, scissors, tweezers, ring cutters, penlight, safety glasses, and red plastic bags for disposal of bio-hazardous waste. Non-latex supplies (such as gloves, bandages, etc.) should be provided to protect latex sensitive students. It is helpful to have a small, portable first aid kit with essential supplies to be taken to the scene of an emergency when needed.

Trauma bags with more extensive bandaging materials should be available for a mass casualty situation. In addition to the first aid supplies mentioned above, the addition of large absorbent bandages, an ambu-bag with mask, airways, a tourniquet, kelly clamp, rescue blanket, sphygmomanometer (blood pressure cuff) and stethoscope are advisable.

Disaster Preparedness

It is most likely that, in the face of a natural disaster or emergency, all students would be sent home from school. However, in the event that environmental hazards exist that would prevent the students from leaving the school, preparations should be made to secure enough supplies for 72 hours. Special consideration must be made regarding students who are taking oral systemic corticosteroids, insulin, emergency medications, or other critical health care needs. These students should be pre-identified prior to an emergency situation and proper planning take place.

Each school district and county health department should have disaster plans in place to accommodate the general population. School administrators or their designees should review those plans to ensure that any equipment unique to the needs of students is covered by those plans. If a school nurse is not available during a disaster, the UAP who has been trained to follow the students' IHCP should administer care. Every effort should be made to remove the students with health conditions safely, and/or make sure that medication is available to the student.

The four phases of disaster management are defined by the Federal Emergency Management Agency (FEMA) as follows:

1. **Mitigation:** Mitigation is the effort to reduce loss of life and property by lessening the impact of disasters.
2. **Preparedness:** Those activities, programs, and systems that exist before an emergency and that are used to support and enhance response to an emergency or disaster.

3. **Response:** Activities to address the immediate and short-term effects of an emergency or disaster. Response includes immediate actions to save lives, protect property, and meet basic human needs. Based on the requirements of the situation, response assistance will be provided to an affected state under the National Response Plan (NRP) using a partial activation of selected Emergency Support Functions (ESFs) or the full activation of all ESFs to meet the needs of the situation.
4. **Recovery:** To return the community's systems and activities to normal. Safety is a primary issue, as are mental and physical well-being.

Crisis Disaster Plan

Each school district has the responsibility to develop crisis disaster plans, to conduct drills to assure appropriateness of the plans, and continually update the plans as situations change. Emergency plans must be posted in each classroom, so that all staff members and students have an immediate resource available. Included in the school crisis plan must be procedures to deal with mass casualties and disaster management.

When planning for crisis and emergency response, school districts must be sensitive to the use of their school campuses for programs that include pre-kindergarten students, child care centers, before and after school programs, and any other programs that utilize school campuses outside of the typical school day. Such programs may require training of additional staff, purchase of equipment specific for the population served, and access to emergency equipment and supplies after regular school hours.

Schools as Shelters

Schools may be designated as hurricane shelters and/or special needs shelters due to the availability of resources on a school campus such as communication devices, food service capability, building structure, and location. Each county's Emergency Operations Center develops plans for staffing hurricane shelters. County health department nurses are required to assist in staffing special needs shelters and other emergency response efforts.

Pandemic Planning

Scientists predict that the world is due for an influenza pandemic—a global outbreak from a new strain of influenza. The U.S. Department of Education is collaborating with the health experts and agencies across the federal government to ensure that, in the case of pandemic flu, the operations and the services provided will continue. State and local preparedness will be crucial in preventing the spread of disease. Because schools are centers of community life, educators and administrators are urged to work with local officials to make planning for pandemic flu a priority. Planning for a pandemic emergency requires the cooperation of the local health department and local school district. Depending upon the presenting emergency, personnel may need to be reassigned to assist with this effort. Resources are available to assist with pandemic flu planning through the U.S. Department of Health and Human Services.

Bomb Threats

The management of a bomb threat on a school campus is the responsibility of the administrator and local law enforcement. The decision as to whether or not the building is to be evacuated rests with them. If building evacuation is ordered, it must be done in a rapid, organized manner. Drills for bomb threat evacuation are the responsibility of the school administrator.

Student Emergency Evacuation

Evacuation of special needs children will require assistance of any available adults on campus. Since the evacuation may be in effect for several hours, it is important to remember to take along student emergency forms as well as any medications or equipment that might be needed. Provision of a shady place to evacuate to, as well as an adequate water supply should be considered in Florida's warm climate.

General Guidelines for Accidents and Injuries, Reporting and Follow-up

In case of accidents and injuries beyond the usual clinic first aid visit, it is important to immediately notify the school administrator and have a trained first responder report to the scene. First aid should be administered according to standard procedures adopted by the local school district, including when to call 911 and who should make the call.

Parents/guardians should be notified as soon as possible, and should be updated on student's condition and where emergency medical workers intend to transport him/her if 911 has been called. If parents/guardians cannot be reached, other "emergency contacts" listed on the student's emergency information form should be called. If no one on the form can be reached and the student is being transported to the hospital, the school nurse, school health paraprofessional, administrator, or other appropriate school representative should accompany the student. A copy of the student's emergency information form should be sent with the student.

For emergency situations related to chronic health problems, refer to details given on student's emergency information form and follow instructions prescribed by the student's health care provider on the student's Individualized Healthcare Plan (IHP) and Emergency Action Plan (EAP). Document the event immediately according to local school district policy.

Do Not Resuscitate (DNR) / Advance Directive

The *Do Not Resuscitate* statute is not applicable in the school setting. A DNR is not a prescription. It is an instrument, completed on a specific yellow form, authorized by law that both a patient and the patient's physician must sign. Properly executed, a DNR is only applicable under certain specified circumstances. The purpose of a DNR is for paraprofessional emergency personnel, emergency medical technicians, paramedics, and health care institutions to lawfully provide only palliative services to a terminally ill patient, and not to administer cardiopulmonary resuscitation.

An *Advance Directive* can only be executed by a competent adult, in which his/her desires are expressed concerning any aspect of his/her health care, including, but not limited to, the designation of a health care surrogate, a living will, or an anatomical gift (s. 765.101, F.S.). **Advance directives do not apply to minor children and are not intended to be implemented by schools (s. 765.109, F.S.).**

If a student exhibits a medical emergency at school, school officials should call 911 and provide first aid, whether or not that student has a properly executed DNR or Advance Directive.

Chapter 8

Communicable Disease Control

The control and eradication of communicable diseases is one of the primary missions of the Florida Department of Health (DOH). The DOH is charged with detecting diseases, treating cases, and preventing the spread of disease to new contacts. The communicable disease program relies heavily upon immunization for preventable diseases and the epidemiological process for detection and control of disease. The epidemiological process includes monitoring and surveillance activities, investigation of cases, determination of causative factors and possible modes of transmission, identification of contacts, and the institution of measures to prevent the spread of infection. The DOH coordinates this process in all cases of a public health hazard, including the activities of other agencies involved in some aspect of public health.

Because of the widespread availability of immunizations, antibiotics, and medical care, communicable diseases are seldom the serious threat to the school-age child that they were in previous years. However, early identification and referral for needed care are important. School health personnel should keep administrators and faculty informed about prevalent infectious diseases and appropriate control measures.

Nursing Role

School nurses are often relied upon to assess a variety of symptoms that present in the school setting. Although unlicensed assistive personnel, including health room staff, teachers, and other school staff members are not authorized to perform a medical assessment, they are often the first to become aware of symptoms that may be indicative of a communicable disease.

School nurses are instrumental in providing staff education about communicable diseases and when to make a referral to the school nurse. In the absence of the school nurse, other school staff may request that parents pick students up from school and seek the advice of their health care provider.

School nurses are also on the front line for teaching prevention of communicable diseases in the classroom. Health education programs stressing hand washing, covering coughs and sneezes, proper disposal of soiled tissues, general good health habits, and other disease prevention strategies are instrumental in improving the health of school-aged children.

Section 381.0031, F.S. requires the reporting of diseases of public health significance to the Department of Health. Chapter 64D-3.029, F.A.C. provides a listing of notifiable diseases or conditions to be reported to local CHDs and Ch. 64D-3.030, F.A.C addresses notification by Florida licensed practitioners.

Coordination and Partnership

Whether the school nurse is an employee of the county health department (CHD) or school district, a partnership with the CHD Epidemiology/Disease Control section is essential. Students with symptoms suggestive of a reportable communicable disease will likely be first seen by school personnel or the school will be informed about the illness by a parent. A system must be in place in each county to communicate that suspicion to the CHD, who will then work with local health providers and medical centers to track that case. The recommended protocol would be for the school nurse to report to his/her supervisor, who will then make contact with the CHD Epidemiology/Disease Control section. That office would then be responsible to communicate any updates back to the supervisor, who would in turn communicate with the school nurse initiating the call.

Case Finding and Tracking

Licensed medical practitioners and licensed laboratories are required by statute to report certain communicable diseases to the county health department. Information on the incidence of communicable diseases has historically been reported by the attending physician and forwarded to successively higher levels for analysis.

The classroom teacher has the unique opportunity for early detection of the child suspected of having a communicable disease. The teacher does not have the medical training to make a diagnosis of a specific disease, but his/her judgment, based upon daily observations of the child, enable him/her to detect deviations from normal health and should refer the suspected student to the school nurse or the student's parent/guardian.

Reportable Diseases

A list of diseases considered reportable in Florida is available at the "Reporting diseases and conditions" page on the Department of Health website (see Appendix A for the Internet link) or through the county health department office. Since the list changes periodically, those diseases will not be listed here.

Reporting Outbreaks

Medical professionals having knowledge of any outbreak or unusual prevalence of any communicable disease are requested to report the fact within 48 hours to the county health department medical director/administrator. This is the first step in the epidemiological process.

An outbreak is defined as the occurrence in persons in a community, region, or other defined area of a group of cases of an illness of similar nature clearly in excess of normal expectancy.

If a large number of cases of a common communicable disease such as Fifth Disease, Hand, Foot, and Mouth Disease, or other non-reportable diseases are seen in a

confined group such as a classroom, consultation with the Department of Health regarding parent notification would be appropriate.

Head Lice

Although pediculosis is a prevalent nuisance among school-aged youth, it is not considered a communicable disease. School districts and health departments will need to adopt local policies and procedures that are appropriate for the population they serve. It is the position of the National Association of School Nurses (NASN) that the management of pediculosis should not disrupt the educational process. No disease is associated with head lice. The school nurse, as a student advocate and nursing expert should be included in school district planning, implementation, and evaluation of vector control programs for the school setting. The NASN and the American Academy of Pediatrics (AAP) provides guidance for the management of children with head lice in the school setting. Information can be found at the following web sites:

<http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Offers-Updated-Guidance-on-Treating-Head-Lice.aspx> and <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smId/824/ArticleID/40/Default.aspx>

Completely nit free schools are impossible, because that claim would require daily checks of all students in attendance to ensure that there are no cases of head lice, old or new, on a particular campus. Staffing ratios make that an impossible task. Schools are advised to utilize school nurses and health paraprofessionals as consultants to families, giving needed education and information about lice if a child is identified. Parents should be encouraged to check their own children at home as part of their routine hygiene habits. School-wide screening has not been shown to be worth the effort expended, except in unusual situations. When students are identified as having an active case of head lice, parents should be given the short list of effective tasks: manually remove the lice and manually remove the eggs/nits.

Methicillin-Resistant Staphylococcus Aureus (MRSA)

Methicillin-resistant *Staphylococcus Aureus* (MRSA) is a type of staph that is resistant to certain antibiotics. These antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin. Staph infections, including MRSA, occur most frequently among persons in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems.

MRSA infections that are acquired by persons who have not been recently (within the past year) hospitalized or had a medical procedure (such as dialysis, surgery, catheters) are known as CA-MRSA (community associated) infections. Staph or MRSA infections in the community are usually manifested as skin infections, such as pimples and boils, and occur in otherwise healthy people. MRSA often appears as a purplish or deep red swollen area on the skin, with or without drainage.

Risk factors associated with the spread of CA-MRSA include direct skin-to-skin contact with infected persons (non-intact skin serves as a point of entry for the bacteria), sharing contaminated personal items (e.g., body towels, razors, soap, clothing), poor personal hygiene, direct contact with contaminated environmental surfaces, and living in crowded settings. Athletes who shave body areas to increase competitiveness will experience an increased risk of MRSA due to inevitable razor nicks.

School wrestling teams or other groups participating in contact sports are at an increased risk. It is important for coaches to be aware that a skin lesion may be MRSA, to clean all equipment with a disinfectant solution, and to report suspected skin lesions to the parent or school nurse. Athletes with active MRSA infections should be prohibited from team play until treatment clears the infection.

Treatment for MRSA will include taking an antibiotic, and may include having a doctor drain the lesion. Students with MRSA may attend school when the prescribing physician recommends re-admittance, typically 24 - 48 hours after initiation of antibiotic therapy. Any draining lesions must be covered completely during school hours.

Bloodborne Pathogens, Universal Precautions

Any exposure to blood or body fluids through needle stick injuries or penetration by other sharp objects, exposure of mucous membrane or non-intact skin, may result in an emergency situation. Significant unprotected exposures to blood can cause bloodborne infections to occur. The risk of acquiring bloodborne infections in a school setting is extremely low. Nevertheless, the following information is provided to school personnel for prevention of bloodborne infections.

Universal precautions apply to blood and other body fluids. Under universal precautions, blood and certain body fluids of all persons are considered potentially infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other bloodborne pathogens. Blood is the single most important source of HIV, HBV, and other bloodborne pathogens in the school setting. Universal precautions also apply to semen and vaginal secretions. Transmission of bloodborne pathogens is less likely to occur with exposure to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood, although universal precautions should still be followed.

Recommendations:

- Universal blood and body fluid precautions should be taught to and practiced by all personnel who have exposure to blood or body fluids as part of their job responsibilities.
- Personnel should wash, immediately and thoroughly, hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.

- Personnel should wash their hands immediately and thoroughly after removing latex or non-latex gloves.
- After a significant exposure, a school employee should seek the advice of the employer's worker's compensation provider. Procedures may include baseline blood tests for bloodborne pathogens with appropriately timed follow-up tests to determine if infection has resulted. A prescription for appropriate medication may also be provided.

Sexually Transmitted Diseases (STD), Sexually Transmitted Infections (STI)

Operation of STD diagnostic and treatment clinics is the responsibility of each county health department. Each county health department establishes and maintains clinics for the diagnosis and treatment of STDs. Follow up on diagnosed STD cases and contacts is also the responsibility of the county health department. **Parental consent for treatment to minors is not required.** Medical services sufficient for the diagnosis of STDs are provided by the county health department. Special care medical services that are unavailable at the county health department are referred to a competent medical authority.

Health services related to STDs include screening and referral, diagnosis, treatment, and counseling/education. The scope of services provided relates to STD prevalence and epidemiologic concerns in both the school age population and the community in general, and to the requirements of s. 384, F.S.

Concentrated efforts are designated to reach teenagers and young adults, 12-24 years of age, who are at the greatest risk of contracting an STD. Grades 7-12 are targeted for public awareness and education programs. Health education is addressed in a later section of these guidelines.

The classroom teacher and other school staff have a responsibility to refer students with any complaints that may indicate STDs or other disease processes to the school nurse.

The role of the school health nurse in screening for STDs is primarily the assessment of subjective complaints, observations, and student histories. If an STD is suspected, referral should be made to the county health department or private physician. The school nurse may also be contacted by county health department STD investigators to find a student who is remiss in follow up or has no accurate contact information and request that they ask the student to call the investigator. Since this information is confidential, the health department investigator may not divulge the reason for needing to contact the student.

Chapter 9

Immunizations & School Entry Health Examinations

The Department of Health (DOH) publication “Immunization Guidelines for Florida Schools, Child Care Facilities, and Family Day Care Homes” is the current source of information regarding immunization requirements for school enrollment. It is periodically updated and available through the DOH Bureau of Immunization web page (See Appendix A).

Schools at all grade levels are often the setting for outbreaks of vaccine-preventable disease. In recent years, shifting epidemiologic patterns have extended the at-risk populations from school age children to junior college and college-age groups for some vaccine-preventable diseases. High levels of immunization have prevented many infections, but disease transmission has continued in many instances because levels are not high enough to limit disease spread. Until such levels are achieved, schools will remain places where there is a risk for disease transmission and spread. Florida's school immunization law requires all students in public or nonpublic schools in kindergarten-12th grade and public pre-school, including foreign exchange students to have documentation of proper immunization or exemption to attend school.

Priority should be given to the following objectives:

- Certification of immunization or exemption is required of all students prior to admittance or attendance in the public or nonpublic school.
- Acceptable forms for school admittance include: DOH Form 680 Part A (completed immunization), B (temporary medical exemption), or C (permanent medical exemption), DH Form 680- Certification of Immunization; DOH Form 681- Religious Exemption from Immunization (see Appendix C).
- Florida SHOTS™ (State Health Online Tracking System) is a free, statewide, centralized online immunization registry that helps health-care providers and schools keep track of immunization records. Florida SHOTS allows registered system users to access confidential immunization information via a secure electronic system. Authorized users can:
 - Access patient records from other providers.
 - Verify immunization status and check immunization schedules.
 - Upload historical data and update immunization histories.
 - Register new patients and enter up-to-date vaccination information.
 - Produce and print the 680 form required for child-care and school attendance.
 - Parent printed DOH 680 on white paper is acceptable.
 - Schools can also apply to Florida SHOTS for view-only access to shot records. (School nurses who administer shots may apply for full access.)
- An authorized school official may issue a temporary exemption for a period not to exceed 30 school days, to permit a student who transfers into a new county to attend class until his/her records can be obtained (s. 1003.22(5)(e), F.S.).

- Mandatory exclusion from school is required by law in Florida until acceptable immunization documentation (as listed above) is presented.
- See page 9-3 for exception regarding students who are identified as homeless.
- Identification and subsequent follow-up should be done on students who have temporary medical exemptions or 30 day transfer waivers until proper documentation of immunizations is obtained.
- Students with temporary medical exemptions, permanent medical exemptions or religious exemptions must be temporarily excluded from school during vaccine preventable disease emergencies, if the student is not immunized against the particular disease present in the school population.
- Surveillance should be maintained for the identification of all suspect and/or confirmed cases of vaccine-preventable disease.
- Immediate reporting of all suspected and/or confirmed cases of vaccine-preventable disease to the county health department.
- Information should be provided to school faculty, staff, parents and students regarding the need for maintaining up-to-date immunizations.
- Immunization of adults (teachers, administrative personnel, lunchroom staff, bus drivers) is also strongly recommended.

Annual Immunization Reports and Surveys

As provided for in s. 1003.22, F.S. each public and private school, including public and private kindergarten programs shall be required to submit an annual report of compliance with immunization mandates. Reports are to be completed on forms provided by the DOH for each kindergarten and 7th grade, unless a specific county has been approved for electronic reporting.

Random audits of immunization records may be conducted by the DOH immunization program staff each year. Counties will be notified as to the schools being surveyed and the expected date of the audit.

Parent Notification Requirements

The Family and School Partnership for Student Achievement, s. 1002.23, F.S., requires the Florida Department of Education and all Florida Public School Districts to develop guidelines for parents which must include school-entry requirements, including required immunizations and the recommended immunization schedule. This statute further requires each school district to develop and disseminate a parent guide to successful student achievement consistent with the guidelines of the Department of Education. It should address what parents need to know about their child's educational progress and how parents can help their child to succeed in school. The guide also provides information on the importance of student health and available immunizations and vaccinations, including, but not limited to:

- A recommended immunization schedule in accordance with United States Centers for Disease Control and Prevention recommendations.
- Detailed information regarding the causes, symptoms, and transmission of meningococcal disease and the availability, effectiveness, known

contraindications, and appropriate age for the administration of any required or recommended vaccine against meningococcal disease, in accordance with the recommendations of the “Advisory Committee on Immunization Practices of the United States Centers for Disease Control and Prevention.”

School-Entry Health Examinations

Section 1003.22, F.S. requires each child who is entitled to admittance to kindergarten or any other initial entrance into a public or private school in Florida to present a certification of school-entry health exam performed within one year prior to enrollment in school. This statute also gives each district school board and governing authority of each private school permission to establish a policy permitting a student up to 30 school days to present the certification of exam. Since enforcement of compliance with this requirement is difficult after a student has been admitted to school, some counties choose not to allow the 30 day exemption.

Chapter 6A-6.024, F.A.C. specifies that any health professional licensed in Florida or the state where the student resided at the time of the examination, and is authorized to perform a general health examination, is acceptable to certify completion of the examination. Although not mandated to certify the school entry examination, the rule incorporates DH 3040, School Entry Health Exam, by reference as acceptable documentation. Since DH 3040 is available for this purpose its use is recommended. Other signed statements or certifications of completion by an authorized health professional would need to be locally approved on a case-by-case basis to determine if the minimum components have been included.

Student Exemption for Entrance Documentation Requirements

Students who are experiencing homelessness shall be given a temporary exemption for 30 school days to comply with school entrance documentation requirements (i.e. birth certificate, immunizations, physical exam) (s. 1003.22 (2), F.S.).

Chapter 10

Dental Health Services

A preventive dental program is specified in s. 381.0056(5)(a), F.S. School dental health services within the Florida Department of Health include preventive programs, screening and referral programs, dental health education, and dental treatment programs.

- Priorities for school health dental services are determined by evidence-based, nationally researched cost-benefit studies.
- Availability of local county resources must be considered.
- County Health Departments with dental programs and preventive emergency referral projects provide technical assistance and promote program development.

Dental disease is the most common chronic disease of childhood. Preventive dental programs are promoted for students as follows:

- Fluoride mouth rinse programs – students living in non-fluoridated areas. The Centers for Disease Control and U.S. Department of Health and Human Services (Oral Health in America, 2000) recommends fluoride rinse for students in grades 1-5
- Dental health education programs – students in all grades
- Sealant applications – students in grades 2 and 6. The focused population may begin as early as first grade (as some students who have begun school at a later age may have 6 year old molars), using grades 2 and 6 as benchmarks as recommended by the Association of State and Territorial Dental Directors (ASTDD).

Preventive Dental Programs

- Fluoride Mouth Rinse (SWISH). The sodium fluoride mouth rinse program is an effective procedure for the prevention of caries (cavities). The program is simple to execute, inexpensive, adaptable to large numbers of students, and complementary to existing professional dental programs. It can be particularly valuable in reaching students in rural areas where fluoridated water is not available and where there is little or no preventive care. Parental permission is required for participation. The use of sodium fluoride mouth rinse is only recommended in children six years and older, as recommended by the professional dental associations and the CDC.
- Pit and Fissure Sealants. Sealants are thin coatings of plastic film that are placed on the chewing surfaces of (posterior) back teeth without removal of sound tooth structure and create a barrier to the accumulation of food debris and bacteria, which may cause caries (cavities/tooth decay). Typically, sealant programs target children in the second grade (for sealing the first permanent molars) and sixth grade (for sealing the second permanent molars). Targeting these grades maximizes the availability of susceptible molar teeth..

- The combined use of dental sealants and fluoride provides optimum caries protection and has the potential to achieve total prevention of caries (tooth decay/cavities).
- Fluoride Varnish. Fluoride varnish is applied to teeth using a small brush. The varnish is sticky and adheres to the teeth to help strengthen the enamel, to help protect teeth against caries. It is approved by the American Dental Association and endorsed by the American Academy of Pediatrics.

Referral for Dental Services

Children are referred, as appropriate, to their private dentists, Medicaid providers, CHD programs, community health center programs, or other community resources as available. Children with special care needs, such as cleft lip and palate, should be referred to Children's Medical Services.

Dental Health Information

Various programs and resource materials are available to promote dental health in schools, including the following:

- The American Dental Association sponsors Give Kids a Smile® day, which is an annual one day volunteer initiative in February to provide preventative and restorative care to low income children who do not have access to care.
- The Florida Dental Association created the *Mouth Wise* middle school dental-health curriculum. The curriculum contains four modules: Nutrition and Soda Consumption, Use of Mouthguards, Smokeless Tobacco, and Oral Piercing.
- Florida Department of Health has a new interactive social media website called mouthwiseflorida.com which has four oral health themed story lines: one for youth; one for teens; one for caretakers; one for those wishing to know more about dental professions.
- Some toothpaste and toothbrush manufacturers have free materials available for schools on request.

Chapter 11 Nutrition Services

Nutrition assessment is specified in s. 381.0056(5)(a), F.S. Health appraisals conducted by the registered nurse help identify students who are at nutritional risk and need follow-up for further diagnosis and treatment. Students with nutrition related problems who need counseling, including their parents/guardians, should be referred to a public health nutritionist. To assist with the formation of good nutrition patterns, it is important for all students and their parents to have general knowledge of the impact of nutrition on long term health.

School health nutrition services include:

- Growth and development screening with BMI
- Nutritional assessment
- Nutrition education
- Dietary and nutrition counseling

The following are considered indicators of possible nutritional problems:

- Abnormal growth patterns – under or overweight
- Inadequate or bizarre dietary patterns or eating disorders
- Adolescent pregnancy
- Frequent infections/illnesses
- Chronic disease requiring dietary modifications
- Dental caries

Observations of physical signs that may indicate the risk of poor nutrition, including observation that the student:

- Does not routinely or frequently participate in school food service programs or bring a lunch from home.
- Is repeatedly listless, appears tired, and is unable to function well in the classroom or other school activities.
- Has abnormal rates of growth as plotted on growth grids that are below the 5th and above the 95th percentile (Body Mass Index) or whose rate of growth varies sharply from one measuring period to the next.
- Eats non-food substances such as crayons, paste, dirt, and paper.
- Often eats high fat, high sugar, low nutrient foods, accompanied by other health risk factors.
- Has frequent school absences due to reported infections/illnesses.
- Dental caries

Nutrition Referral, Follow-up and Counseling

- Potentially eligible families should be informed of available resources to assist in providing for nutrient needs of the children and other family members. These

resources include free and reduced price school breakfast and lunch programs, food stamps, the Expanded Food and Nutrition Education Program (EFNEP), and the Supplemental Nutrition Program for Women, Infants, and Children (WIC). Pregnant adolescent girls and adolescents with infants or children to age five should be referred to the WIC Program. Certifications for eligibility for the WIC Program are performed using criteria of nutritional risk established by the state WIC office and based on guidelines set forth in the federal regulations. County health department personnel are available to provide additional information about the WIC Program to school health programs.

- Students with health appraisals indicating the need for follow-up nutrition evaluations should be referred to their private health care provider or programs such as primary care Well Child Check up in the county health department. Public health nutritionists may be utilized in follow-up and counseling. A more detailed diet history may be obtained by conferring with the parents and a record of food eaten over a period of three days to a week may be obtained. Students and their parents may be counseled regarding changes in food patterns to reduce dietary risk factors and improve dietary patterns and habits.

Requirements for Food/Beverage Substitution in the School Lunch Program

- The *National School Lunch and School Breakfast Programs* requires that specific nutritional elements exist in each lunch served. A student may choose not to take one of those items or may choose not to eat or drink it once seated in the cafeteria.
- If a student has a medical reason why he/she cannot eat or drink a particular item, substitutions can be made, but require a written note from the student's physician that identifies the allergy and prescribes what can be substituted.

Food Allergies

Helpful information regarding food allergies is available from *The Food Allergy and Anaphylaxis Network* (see Appendix A). Schools have a responsibility to provide a safe learning environment for students, including limiting exposure to known allergens. For students with severe food allergies, this might include provision of an allergen free space in the cafeteria.

District Wellness and Physical Education Policies

In 2005, Congress passed the Women, Infants and Children (WIC) Reauthorization Act; requiring local school districts that participate in programs provided under the Child Nutrition Act of 1966 have a district wellness policy addressing nutrition and physical activity by the 2006 school year. These policies must include input from a broad array of stakeholders and set goals for nutrition education, physical activity, school food services, and other school-based activities designed to promote student wellness and prevent childhood obesity.

To facilitate compliance with this federal requirement for district school wellness and physical education policies, the Florida legislature created s. 1003.453, F.S., *School wellness and physical education policies; nutrition guidelines*. The Florida Department of Education (DOE) requires each school district to annually review its school wellness policy and provide a procedure for public input and revision. Section 1003.455, F.S. also requires each district school board to develop a physical education policy and mandates physical education requirements. In addition, s. 381.0056, F.S. encourages each county School Health Advisory

Committee to address the eight components of the Coordinated School Health model in the school district's wellness policy.

Chapter 12 Students in Transition

Military Students

The average military student faces transition challenges more than twice during high school and most military children will attend six to nine different school systems in their lives from kindergarten to 12th grade. The Military Interstate Children's Compact (Military Compact) seeks to make transition easier for the children of military families so that they are afforded the same opportunities for educational success as other children and are not penalized or delayed in achieving their educational goals.

The Military Compact rules are designed to:

- Facilitate the transfer of education records and enrollment
- Promote smooth transitions to graduation
- Promote seamless transitions for course and educational placements
Consider circumstances for excused absences
- Facilitate eligibility for enrollment in school and extracurricular participation

The *Interstate Compact On Educational Opportunity For Military Children* provides rules that govern compact states. For example, *Sec. 3.102, Application for transfer of student records and enrollment*, provides the following:

- Immunizations – Compacting states shall give thirty (30) calendar days from the date of enrollment. For a series of immunizations, initial vaccinations must be obtained within thirty (30) calendar days.

The Florida Department of Education (FDOE) has included resources on its website for schools and military families; including the rules for the Military Compact, current graduation and school entry requirements and national links for assistance. See Appendix A for FDOE information on Military Families.

Students Experiencing Homelessness

The Florida legislature has defined “children and youths who are experiencing homelessness” to mean children and youths who lack a fixed, regular, and adequate nighttime residence or who has a primary nighttime residence, as defined in s. 1003.01(12), F.S.:

- (a) Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, travel trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.
- (b) Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- (c) Children and youths who are living in cars, parks, public spaces, abandoned

buildings, bus or train stations, or similar settings.

- (d) Migratory children who are living in circumstances described in paragraphs (a)-(c).

Students who are experiencing homelessness are given a 30 day time frame to comply with school entrance documentation requirements (i.e. birth certificate, immunizations, physical exam). School staff should assist these families to obtain records or services to comply with these requirements.

Displaced and Refugee Students

Schools need to be sensitive to the special circumstances faced by displaced and refugee students. Students in the foster care system may change residences suddenly and frequently, making school adjustment difficult.

Refugee students may have language and cultural barriers to complicate their school situations. English for Speakers of Other Languages (ESOL) services are available within the school district to assist these students, as well as services from community agencies whose mission is to assist refugee families.

Migrant Students

The Florida Department of Education *Title I Migrant Education Program* is an educational program designed to address the unique needs of migrant children ages 3-21. Migrant students have various risk factors in common with other disadvantaged students (e.g., poverty, poor health, and learning disabilities). However, they also face additional challenges exclusive to their situations (e.g., disruption of education, poor record-keeping between schools, cultural and language difficulties, and social isolation). Due to the fact that migrant students usually account for only a small percentage of the total student population, many schools and districts find it difficult to dedicate the level of resources that may be necessary to ensure the best educational experience possible for their migrant students.

The purpose of this program is to ensure that the special educational needs of migrant children are identified and addressed. This program supports high-quality and comprehensive educational programs for migrant children in order to help reduce the educational disruptions and other education-related problems that result from frequent moves. This program also attempts to ensure that migrant students who move between states are not put at a disadvantage because of disparities in curriculum, graduation requirements, content, and student academic achievement standards. The program promotes interstate and intrastate coordination of services for migrant children, including providing for educational continuity through the timely transfer of pertinent school records.

Home Visits

Home visits may be time consuming; however, they provide useful information regarding the student's living conditions, resources, and other social factors that may impact education, and are sometimes the only way the nurse can meet face to face with a parent. The following guidelines are recommended if the school nurse is conducting a home visit:

- Whenever possible, call ahead and arrange the visit, confirming the home address and directions with the parent.
- Dress professionally and wear a name tag.
- For safety reasons, it is suggested that the person going on a home visit be accompanied by another person and carry a cell phone.
- Greet the parent in a friendly manner and avoid bureaucratic conversational style.
- Take paper and pen for note taking, as well as any forms, permissions, etc., that need parent signature. This may be your only chance to meet with the parent.
- Be sensitive to family differences and cultural diversity.
- Keep the visit only as long as necessary to accomplish visit objectives.
- Leave a business card or contact information for the parent.
- Thank the parent for their hospitality and cooperation upon departure.

Chapter 13

Mental Health and Social Services

Substance Abuse (Alcohol, Tobacco, and Other Drugs)

Prevention of substance abuse among students should be a goal of health education classes and is included in the Sunshine State Standards. Educational initiatives on topics such as self-esteem, decision making skills, refusal skills, and positive health habits may all have an impact in preventing substance abuse. Alcohol, tobacco, and other drug use constitute a serious short and long term health risk for students as well as a deterrent to learning. The local School Health Advisory Committee should work with the school nurse, other student services team members, and school administrator to address preventive measures which preclude the use of alcohol and drugs, measures to discourage drug use, possession, or sale on school grounds, and procedures for immediate intervention with symptomatic users.

Students with obvious signs of substance use and/or intoxication should be excluded from class attendance and readmitted only in accordance with school district policy. The school administrator has the right to search the student's clothing, backpack, locker, etc., if substance abuse is suspected.

The school nurse may be asked to assess a student suspected of being under the influence of drugs or alcohol. The following behavior/appearance may be indicative of substance abuse, and should be included in the assessment:

- Eyes that are red and watery, glassy, or pupils that are dilated or constricted
- Breathing that is rapid or shallow
- Pulse rate that is rapid or slow and weak
- Blood pressure that is unusually high or low
- Skin that is pale, cyanotic, flushed, dry or itchy, or has unusual marks
- Suspicious odor on breath or clothing
- Behavior changes that include restlessness, irritability, mood changes, disorientation, hallucinations

Action to be taken if immediate medical attention is indicated:

- Contact emergency medical services and the school administrator
- Notify the parent of observations and intended course of action, and request parent to come to school or meet the ambulance at the hospital
- Stay with the student until EMS arrives

Action to be taken if no acute respiratory or cardiac involvement is apparent:

- Send the student to the health room accompanied by an adult, with written observation of behavior
- Notify the administrator of the observed behavior/signs and symptoms
- Determine if medical attention has become necessary since the last assessment
- Notify parent of observations and intended course of action

- Request the parent to come to school to pick up the student and meet with the administrator
- Have an adult stay with the student at all times

The Florida Department of Health Tobacco Prevention Programs include:

- Students Working Against Tobacco (SWAT)
- Florida Clean Indoor Air Act (FCIAA)
- Quit Line
- Florida Youth Tobacco Survey
- Behavioral Risk Factor Surveillance System, which conducts surveys of student behavior annually, including alcohol, tobacco, and other substances. Results of those surveys are available to inform school and community members as well as to drive prevention program objectives.

Tobacco use on school campuses is a disciplinary violation, and although it does not typically result in a medical emergency, a great deal of funding has been put into tobacco prevention programs, and it is an issue of great concern in Florida. School resource officers can be utilized to enforce s. 569.11, F.S., which states that it is unlawful for any person under 18 years of age to knowingly possess any tobacco product.

Information on mental health and substance abuse issues is available through the United States Department of Health and Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA). Publications about specific substances of abuse, possible effects and treatment are available through the SAMHSA website.

Mental, Emotional, and Behavioral Disorders

The presence of mental, emotional and behavioral disorders among school aged children is increasing rapidly. Their prevalence poses barriers to student learning and reduces the ability of school systems to educate students successfully. It is estimated that as many as one in five children and adolescents have a diagnosable mental health disorder that requires treatment.

Mental, emotional and behavioral disorders are caused by any one or a combination of biological and/or environmental factors. Examples of biological factors are genetics, chemical imbalances or injury to the central nervous system. Various environmental factors may affect mental health including exposure to extreme stress, violence, or psychological trauma. (National Institute of Mental Health, 2011)

Following are descriptions of some of the more common mental, emotional and behavioral disorders. Their severity will range from mild to severe, and a child may have more than one disorder. All can have a serious impact on a student's overall health and functioning and may require a broad range of services to effectively meet the student's needs.

Common Mental, Emotional, and Behavioral Disorders

Anxiety Disorders

- Social Phobia or Specific Phobia – unrealistic, overwhelming fears of situations or objects.
- Panic disorder – episodes of intense fear or “panic attacks”.
- Obsessive-compulsive disorder – characterized by repetitive thoughts and behaviors, such as hand washing or counting.
- Generalized anxiety disorder – excessive, unrealistic worry without definite stimuli.
- Post-traumatic stress disorder – pattern of flashbacks and other symptoms that persist following a psychologically distressing event, such as being a victim or witnessing violence.

Conduct Disorders

Students with this disorder generally show little concern for others and repeatedly violate the rules of society. Commonly recognized characteristics of a conduct disorder among children and adolescents are:

- Initiation of aggressive behavior and reacting aggressively towards others.
- A display of bullying, threatening, or intimidating behavior.
- Being physically abusive of others.
- Deliberate destruction of other's property.
- Showing little empathy and concern for the feelings, wishes, and well being of others.
- Showing callous behavior towards others and lack of feelings of guilt or remorse.
- They may readily inform on their companions and tend to blame others for their own misdeeds.

Attention Deficit Hyperactivity Disorder (ADHD) or without (ADD)

Attention deficit hyperactivity disorder is one of the most commonly occurring childhood disorders and can continue through adolescence and adulthood. Children who have been clinically diagnosed with ADHD may exhibit regularly occurring behaviors, which result in challenges at home and school, such as:

- Difficulty staying focused and paying attention
- Difficulty controlling behavior
- Very high levels of activity (National Institute of Mental Health, 2011)

Public schools are prohibited from requiring the use of psychotropic medications as a condition for obtaining access to school programs or services. School district personnel are prohibited from compelling or attempting to compel any specific actions by the parent, including the requirement that the student take medication (s. 1006.0625, F.S.).

Depression

The disorder is marked by changes in:

- Emotions – often feel sad, cry or feel worthless.
- Motivation – lose interest in activities, schoolwork declines.
- Physical well-being – often experience changes in appetite or sleep habits and may have vague physical complaints.
- Thoughts – often believe they are unable to do anything right, are unattractive or that the world or life is hopeless.

It is important for school staff and parents of students with major depression to be aware that some may not value their lives and be at risk for suicide.

Eating disorders

- The American Psychiatric Association defines eating disorders as illnesses in which the victims suffer severe disturbances in their eating behaviors, related thoughts, and emotions. (See Appendix A for the Internet link). People suffering from eating disorders are typically obsessed with food and their body weight. The two main types of recognized eating disorders are anorexia nervosa and bulimia nervosa. Those affected tend to be perfectionists and suffer from low self esteem. They often see themselves as overweight, even though that may not be true. There also may be an intense fear of gaining weight as well as denial that there is a problem. Without treatment the emotional and physical results of these disorders can cause serious harm and be potentially fatal.
- Anorexia nervosa typically affects girls and young women and is diagnosed when they weigh at least 15 percent less than expected normal weight for height. They may refuse to eat, often exercise obsessively, and use vomiting or laxatives to lose weight. Frequently seen signs of anorexia include: absent menstrual periods, thinning of bones, brittle hair and nails, dry skin, anemia, constipation, disturbance in vital signs (low B.P., slow respiratory and pulse rates, low body temperature), depression, and lethargy.
- Bulimia nervosa is sometimes less obvious. Although individuals may diet and exercise vigorously, they are never as underweight as those with anorexia. People with bulimia binge eat frequently, often a huge amount of food and thousands of calories, some of which are absorbed by the body before the inevitable purge cycle. Purging may consist of throwing up or using a laxative, with the cycle repeated many times a week or day. Bulimic individuals are very skilled at hiding their binges and purges, and even close family and friends may not be aware of their problem. Physical signs that may indicate bulimia include: worn tooth enamel due to gastric acid exposure, chronically inflamed and sore throat, gastro-esophageal reflux disorder, metabolic effects from laxative or diuretic abuse, or severe dehydration from purging.

Other Mental Health Issues and Behaviors

Suicide

In 2009, suicides accounted for 12% of all deaths of Florida youth age 15-18 (Florida Department of Health, Office of Vital Statistics, 2010). Ninety percent of people who die by suicide have a mental disorder such as depression and/or a substance abuse disorders. Additional risk factors are family history of mental disorder or substance abuse; family history of suicide; family violence, including physical or sexual abuse; firearms in the home; incarceration; and exposure to suicidal behavior of others, such as that of family members, peers, or media figures (National Institute of Mental Health, 2009).

Overt and acute signs of a suicidal crisis:

Seek immediate help when you see or hear any of the following. Do not leave the student alone.

- Someone threatening to hurt or kill themselves
- Someone looking for the means (gun, pills, rope, etc.) to kill themselves
- Someone talking or writing about death, dying or suicide, when these actions are out of the ordinary for the person

Refer and follow-up should you witness, hear, or see anyone exhibiting any one or more of these behaviors:

- Hopelessness
- Rage, anger, seeking revenge
- Acting reckless/engaging in risky activities
- Feeling trapped (like there is no way out)
- Increasing alcohol or drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep/sleeping all the time
- Dramatic changes in mood
- No reason for living; no sense of purpose in life

(Adapted from "Warning Signs for Suicide Prevention" from the Suicide Prevention Resource Center, 2011)

Section 1012.98, F.S. requires school districts to provide access to suicide prevention educational resources, as approved by the Statewide Office of Suicide Prevention, to all instructional and administrative personnel as part of the school district professional development system. The Statewide Office of Suicide Prevention maintains online resources and training opportunities to assist schools in meeting the above requirements at <http://www.helppromotehope.com/resources/schools.shtml>.

Violence

- According to the Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control, youth violence is an important public health problem that results in deaths and injuries.
- The CDC website has information concerning risk factors and protective factors of youth violence.

Bullying and Harassment

Each school district is required by s. 1006.147, F.S. to adopt a policy prohibiting bullying and harassment of any student or employee of a public K-12 educational institution.

- School districts consider harassment, sexual harassment, or bullying of students or staff to be an extremely serious violation of student conduct. Most districts have a zero tolerance policy as it relates to these offenses in schools, school buses, or at school sponsored activities, and such offenses may result in severe disciplinary action when it disrupts the learning process.
- Harassment means any threatening, insulting, or dehumanizing gesture, use of data or computer software, or written, verbal or physical conduct directed against a student or school employee.
- Bullying means systematically and chronically inflicting physical hurt or psychological distress on one or more students or employees that is severe or pervasive enough to create an intimidating, hostile, or offensive environment; or unreasonably interfere with the individual's school performance or participation.
- Cyber-bullying, utilizing the internet, chat room, mobile phones, or other technological devices is the most recent form this problem has taken.
- Schools cannot be responsible to regulate or review off-campus internet messages or postings, but may regulate, review, investigate, or discipline such acts made on school campuses or when such events disrupt the learning environment or orderly conduct of school business.

Self-mutilation

- Self mutilation is a broad term for a complex group of behaviors resulting in destruction of one's own body tissue.
- These behaviors most commonly include scratching, burning or cutting skin, and pulling out hair.
- There are an assortment of causes and may range from adolescent experimentation to severe psychological disturbance.
- Educators must be aware of this problem, and make appropriate referrals to student services team members when self-mutilation is suspected or witnessed. School nurses and school health paraprofessionals must keep this possibility in mind when evaluating repetitive injuries in the school health room.

Child Abuse and Neglect

Section 39.201, F.S. addresses mandatory reporting of child abuse, abandonment, or neglect. It specifies that any person who knows or has reasonable cause to suspect that a child is abused, abandoned or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare must report that knowledge or suspicion to the Department of Children and Families (DCF).

The following reporters are required to provide their names to the hotline staff:

- Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons
- Health or mental health professional other than one listed in subparagraph 1
- Practitioner who relies solely on spiritual means for healing
- School teacher or other school official or personnel
- Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker

NOTE: Mandated reporters can not make anonymous reports; however, reports will be treated with total confidentiality.

Each district school board has the responsibility as specified in s. 1006.061, F.S. to post a notice in a prominent place in each school about the mandatory reporting listed above, including the statewide toll-free telephone number of the central abuse hotline - 1 (800) 96-ABUSE or FAX 1 (800) 914-0004 or online at <http://www.dcf.state.fl.us/programs/abuse/report.shtml>. For additional information, refer to the Florida Department of Education *Child Abuse Source Book for Florida School Personnel: A Prevention and Intervention Tool*.

The person making the report must tell the person answering the phone that they wish to report suspected abuse or neglect and provide the following information:

- Name and address of child and parent or guardian
- Child's age and information about siblings, if known
- Nature and extent of suspected abuse or neglect
- Identity of the abuser, if known
- Other information to help establish that abuse or neglect has occurred

School personnel reporting suspected abuse or neglect may do so without telling or involving any other individual at the school. The school administrator is the person most likely to be contacted by the investigator. Anyone being asked to examine a student for marks or bruises should have another person with them to act as a witness.

School nurses, school social workers, teachers and/or administrators may be interviewed and may eventually be called upon to testify. It is, therefore, advisable to keep an anecdotal journal documenting activity in the case. This may include telephone calls, denial or accusations from the parents, questions concerning the child's

attendance, health and school behavior or achievement from the authorities, and other requests by DCF to interview or examine the child at school. Strict confidentiality must be maintained. School personnel are prohibited from discussing the case, except on a “need to know” basis with others.

Child abuse investigators may or may not allow school personnel to sit in on the interview with the child and may or may not report back any findings, depending on the case.

Domestic and Dating Violence

Students may be witnesses to or victims of domestic or teen dating violence. Domestic or teen dating violence can take many forms: physical abuse; sexual abuse; emotional abuse including threats, constant criticism and put-downs; controlling access to money; and controlling activities. Section 1006.148, F.S. requires school districts to develop policy and procedures to address dating violence and abuse.

Violence against a partner or a child is a crime in all states. Children may witness domestic violence from one parent or partner to another. People who are the victims or witnesses of domestic violence need to be made to understand that they are not the cause of the abuse. School personnel who suspect students are involved in a domestic or teen dating violence should communicate their concerns to the school social worker or other appropriate professional. A police report may be necessary, and the safety of the victim and witnesses is crucial. Domestic violence shelters in the community are appropriate resources for referral.

Crisis Intervention – Grief and Trauma

Situations involving death or trauma often involve large numbers of school children and require many adults to assist with the aftermath. School Crisis Intervention Teams (CIT) are usually comprised of professionals of many backgrounds, including school nurses. Specialized training of CIT staff members is necessary to equip them to deal with the situations they will encounter.

Chapter 14 Interdisciplinary Collaboration

Student Services Team Members

Ideally, the school nurse, school psychologist, school social worker, and school guidance counselor will work together to assist students and their families. The varied training and experience of the team members result in optimal case management and collaboration for the best possible outcome with students and their families. It is important for school health staff to be able to communicate with other team members and utilize their expertise.

Registered Nurse

The RN collaborates with school support staff to meet health care needs of students. This includes participation with school based intervention teams; processes pertaining to multi-tiered system of supports (MTSS), problem solving (PS) and response to intervention (RtI) data; Section 504 teams; Individualized Education Program (IEP) development and revision; and homebound services. The RN as the health expert should be included in Section 504/ IEP team meetings that involve students with health needs requiring specialized health services.

ESE Staff

School nurses often utilize the expertise of the physical therapists (PT), occupational therapists (OT), speech/language pathologists (SLP), behavioral therapists, special education teachers and paraprofessionals at each school. Special education teachers and paraprofessionals have a different perspective based on their education and experience. School nurses need to seek out the expertise of these individuals as they work on case management issues with special education students.

Health Room Staff

Paraprofessionals working in school health rooms are often the persons students rely upon for care and management of their health problems. It is important for the RN to have a close working relationship with health paraprofessionals. The RN is the only member of health staff who is legally qualified to delegate health care tasks and is responsible for student outcomes for services provided by paraprofessionals. Since most school nurses in Florida are not present on a school campus full time, many students and school staff view the health paraprofessional as the “nurse”. School nurses need to work with administrators and other school staff to clarify the role of the nurse and paraprofessional.

If the health paraprofessional encourages the perception that he/she is the nurse, he/she should be made aware that under s. 464.207, F.S.: *It is a misdemeanor of the first degree, punishable as provided s. 775.082 or s. 775.083, for any person, knowingly or intentionally, to fail to disclose, by false statement, misrepresentation, impersonation, or other fraudulent means, in any application for voluntary or paid employment or*

certification regulated under this part, a material fact used in making a determination as to such person's qualifications to be an employee or certification holder. This includes using the name or title "nurse", "registered nurse", "licensed practical nurse", or any other name or title that implies that a person was licensed or certified as same, unless such person is duly licensed or certified.

Paraprofessionals should identify themselves as the Health Assistant or appropriate title when talking to parents or teachers or others in the community.

School Administrators, Teachers, Other School Staff

It is essential for the school nurse to have a good working relationship with and mutual respect between school administrators, teachers, and other school staff. Utilization of the various staff members on campus is needed in order to provide the best care for students. The school administrator is in charge of the entire campus. He/she should be consulted when any plans are being made of a school-wide nature, such as screenings, educational and classroom presentations. The staff members with the least perceived power can often be the most important in getting the job done. The school custodian can provide extension cords and other equipment on health screening day, the cafeteria manager can assist a diabetic student with dietary issues, the bookkeeper can order the needed clinic supplies, and the teachers and classroom paraprofessionals can identify health problems needing the attention of the school nurse.

The school nurse and student services team can function as valued and helpful team members in the school setting. However, they should remember that school campuses' primary focus is on their educational goals and show respect and a collaborative spirit related to specific health issues.

Chapter 15 Health Education

The primary responsibility for curriculum development and oversight rests with the local school district under Department of Education guidelines. Section 381.0056(5)(a), F.S. requires the school health plan to 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).

It takes creativity for the school nurse to fit his/her school health objectives into the school day. Educators can be reminded that since students must be healthy in order to learn and achieve academically, health education is relevant and important.

Health Promotion, Physical Activity, and Physical Fitness

Student health promotion is an integral part of the physical education curriculum today. School wide “field day” events, walking fundraisers for diabetes, leukemia or other health issues, and promotion of good health habits are usually the responsibility of the physical education (P.E.) teacher. School nurses should utilize this resource and become involved with P.E. staff as these events and programs emerge.

Skin Cancer Prevention / Sun Protection

Skin cancer prevention and sun protection are topics of concern in sunny Florida. The school nurse should consider sun protection education when planning health presentations in the school. Although generalized application of sunscreens on school campuses is inappropriate, students and staff should be reminded to cover up with appropriate hats and clothing, limiting sun exposure, and using sunscreen with an SPF of 30 or higher to protect the skin and help prevent skin cancer.

Various educational programs stressing appropriate sun protection are available from:

- The American Cancer Society
- The United States Environmental Protection
- The Shade Foundation of America

See Appendix A for the Internet links.

Abstinence Education, Teen Pregnancy Prevention Education, Sexuality

Required instruction in s. 1003.42, F.S. includes comprehensive health education. Included in that description is the requirement that family life be taught, including an awareness of the benefits of sexual abstinence as the expected standard and the consequences of teenage pregnancy. The statute leaves it up to the individual county curriculum department as to where that instruction will be included in the curriculum.

Where permissible by school district policies and if not contraindicated by “abstinence only” curriculum adoption, pregnancy prevention education should be included in health education curriculum. Students can be introduced to the concepts of both abstinence and birth control, become aware of the availability and effectiveness of various birth control methods, and be encouraged to be responsible for their behavior.

Also included in s. 1003.42, F.S. is the specification that students shall be exempted from the teaching of reproductive health or any disease, including HIV/AIDS if a written request is made by the parent/guardian to the school principal.

Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Diseases (STD)

Instruction in HIV/AIDS, sexually transmitted diseases, and human sexuality are specified in s. 1003.46, F.S. Districts MAY provide instruction in AIDS as part of health education. It further states what topics should be covered, if AIDS education is presented. It does not specify details about what should be taught in STD education. Sunshine State Standards do address the need to teach disease prevention and health instruction, listing specific expectations and standards. Community support and endorsement of school STD education programs are essential prior to classroom instruction. School district staff and health department health education staff must work cooperatively in development and presentation of accurate and appropriate presentations on STDs. Teachers charged with teaching sexuality education must receive appropriate training prior to its implementation.

Schools designated as Comprehensive projects have an increased responsibility to include educational programs targeting STD awareness and prevention.

Injury, Violence, and Suicide Prevention

Classroom instruction targeting injury, violence and suicide prevention are typically the responsibility of the school guidance department. These topics, including dating violence, can also be co-taught by a team of student services professionals, including the school nurse. When teaching these subjects, sensitivity to students who have experienced victimization is important. Topics should include prevention, what to do if a situation occurs, who to tell, and confidentiality constraints in these situations.

Bullying

Bullying in schools is of increasing focus for Florida schools, districts, and for the Florida Department of Education. Florida Statute 1006.147, also known as The Jeffrey Johnston Stand Up for All Students Act, requires school districts to adopt an official policy prohibiting bullying and harassment of students and staff on school grounds, at school-sponsored events, and through school computer networks. Resources for establishing a bully-free school environment may be obtained at the Florida Department of Education web-site: <http://www.fldoe.org/safeschools/bullying.asp#brfe#brfe>.

Table of Contents
Section IV: Program Administration

Chapter 16	16 - 1
Program Management	
Funding Sources	
Local School Health Policy Development	
County Health Department School Health Coordinator	
The Local Education Agency School Health Coordinator	
Staffing Ratio Recommendations	
Background Screening Requirement	
School Health Plan and Report	
Chapter 17	17 - 1
Personnel / Human Resources	
School Nurse Training and Preparation	
Licensed Practical Nurses	
School Health Aides/Paraprofessionals/ Unlicensed Assistive Personnel	
Volunteers	
Liability	
Private Duty Nurses/Agency Nurses	
Staff Monitoring, Supervision, and Evaluation	
Staff Development	
Chapter 18	18 - 1
Documentation	
Federal Laws	
Family Education Rights and Privacy Act (FERPA)	
Health Insurance Portability and Accountability Act of 1996	
Florida Statutes	
Student Health Record	
Health Room Visits	
Medication Documentation	
Additional Guidance	
Confidentiality & Educational Need to Know	
Electronic Transfer of Records	
Coding/Data Collection	
Medicaid	
School District Certified Match Program	
County Health Department Certified Match	

Chapter 19	19 - 1
Evaluation of School Health Services	
School Health Program Review	
Assessment Tools	
Quality Improvement Programmatic Monitoring	
Chapter 20	20 - 1
Interagency Collaboration, Partnerships, and Community Involvement	
DOE/DOH Collaboration	
Policy Development	
School Health Advisory Committee	
Contracts (Model Attachment)	
Partnerships	
Community Involvement	
Conducting a Community Needs Assessment	
School-based Committees	
Chapter 21	21 - 1
Facilities, Equipment, and Supplies	
Environmental Health	
Health Room (Clinic)	
Health Room Equipment and Supplies	
Use of Health Room Facilities in Emergency/Disaster	

Chapter 16 Program Management

The Florida Department of Health has statutory responsibility, in cooperation with the Florida Department of Education, for supervising the administration of the school health services program and performing periodic program reviews.

Funding Sources

Statewide, legislative appropriations through the Florida Department of Health are supplemented from a variety of sources in order to provide statutorily mandated services, including; local school districts, local governments, taxing districts, and public/private community partners. A summary of school health categorical funding is provided in Section II of the guidelines. Historically, state funding for school health services is not sufficient to fully fund the required services. The services provided in each county shall be dependant on the statutory requirements, local priorities and the availability of resources (Ch. 64F-6.002, F.A.C.) as outlined in the school health services plan.

All 67 counties receive a Basic School Health funding allocation. Basic School Health Program funding was originally allocated based on student full time equivalent (FTE) for each county. Once the formula was established, increases were determined by the county's percentage of the total funding. Current allocations are based on the original 1998 FTE numbers.

Comprehensive School Health Services Program (CSHSP) funding was initially distributed to counties based on a grant process from 1988 to 1994. CSHSP funding is distributed by the Department of Health to 46 county health departments and must be used to fund CHD school health staff. These funds cannot be contracted to school districts because they participate in Medicaid administrative claiming, which the Centers for Medicaid and Medicaid Services (CMS) has determined to be a conflict of interest with federal funds.

Full Service School (FSS) program funding is allocated to all 67 Florida counties. Historically, the Full Service School funding was awarded based on competitive grants through the Department of Education (DOE). When the legislature shifted responsibility for Full Service Schools to the Department of Health, those counties participating in the FSS program under DOE continued to receive funding, although not necessarily in the same amount. There is a funding allocation methodology that allows for a base amount to each of the 67 counties and an additional amount based on student FTEs.

Developing partner relationships is crucial to the success of the School Health Program. Local school districts contribute funding to School Health programs as each school board deems appropriate. Public/private partners, special taxing districts, and other health care entities also provide significant funding for school health services. Local contributions to help support school health varies greatly.

Local School Health Policy Development

Each county health department and local education agency (LEA) shall 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.

Local school health policy, as it relates to the school district's provision of health services, is the responsibility of the school district coordinator/supervisor and school board, under the direction of the Florida Department of Education. Public health policy, as it relates to school health services, is set by the county health department under the direction of the Florida Department of Health.

All eligible nonpublic schools may voluntarily participate in the school health program. All participating nonpublic schools in the county shall select one representative to assist in the development and review of the local *School Health Services Plan*.

County Health Department School Health Coordinator

The County Health Department School Health Coordinator assures safe and effective management of the school health program and provides oversight to ensure the needs and goals of school health services are met. A portion of the funding provided by DOH to the local School Health Program supports the position. It is recommended that the School Health Coordinator be a RN.

The School Health Coordinator must assure that a RN will oversee and provide appropriate clinical supervision and program support which can include visits to assigned schools to delegate, monitor, supervise, develop care plans and assist school personnel to identify the physical, social, and emotional needs of students.

At a minimum the CHD School Health Coordinator:

- Works with the LEA, School Health Advisory Committee (SHAC) and other community partners to develop the Bi-Annual School Health Plan and provide the completed plan to DOH.
- Works closely with the LEA Coordinator and partners to ensure that school health services are provided according to the Bi-Annual School Health Plan and local agreements as per Florida Statutes.
- Ensures school health services data is collected and entered into DOH's Health Management System (HMS) in a timely manner according to the DOH Coding Pamphlet (DHP 50-20).
- Ensures the data is collected and compiled for the Annual School Health Services Report. Submit the Annual School Health Services Report to DOH by August 15 annually.
- Develops policies and procedures, in conjunction with appropriate CHD and LEA staff for the school health services program in their county.

- If the funding is contracted to the LEA for school health services, the CHD coordinator is responsible for contract oversight.
- Provides program oversight ensuring that the minimum screening requirements are met.
- Provides program oversight ensuring the needs and goals of school health services are met.
- Ensures that all services within the school health services program are provided, as applicable (basic, full service, comprehensive services).
- Ensures there is an operational plan for the management of emergency health needs in each school.
- Conducts ongoing quality assurance and quality improvement activities.

The Local Education Agency School Health Coordinator

The Local Education Agency (LEA) School Health Coordinator is a liaison to the CHD School Health Coordinator to work with in the development and implementation of the school health program. The ultimate goal of a county's school health services program is to support students' optimal state of health to promote a student's capacity for successful learning.

At a minimum, the LEA School Health Coordinator:

- Works with the local County Health Department, SHAC and other community partners to develop the Bi-Annual School Health Plan and provide the completed plan to DOH.
- Works with CHD School Health Coordinator to develop contracts or local agreements, as required, ensuring that all public schools are provided school health services as stated in Florida laws and that the contract requirements are fulfilled.
- Works closely with the CHD School Health Coordinator and partners to ensure that school health services are provided according to the biennial School Health Plan and local agreements.
- If the LEA is providing school health services (school district employed staff or contracted provider), the LEA School Health Coordinator ensures: the services within the agreement or contract with the CHD are provided.
- Ensures there is an operational plan for the management of emergency health needs in each school.
- Ensures school health services data is collected and entered into DOH's Health Management System (HMS) in a timely manner or provided to CHD for data entry depending upon the local agreement/contract.
- Ensures the data is collected and compiled for the Annual School Health Services Report. Submit the Annual School Health Services Report data to the CHD School Health Coordinator within the time specified by local agreement or contract.
- Provides program oversight ensuring that the minimum screening requirements are met.

- Develops policies and procedures, in conjunction with appropriate LEA and CHD staff for the school health services program in their county.
- Provides program oversight ensuring the needs and goals of school health services are met.
- Ensures that all services within the school health services program are provided, as applicable (basic, full service, comprehensive services).
- Conducts ongoing quality assurance and quality improvement activities.

Staffing Ratio Recommendations

The U.S. Department of Health and Human Services, in its *Healthy People 2020* objectives recommends at least one registered nurse per 750 students in elementary, middle, and senior high schools. (U.S. Department of Health & Human Services, 2010) The reauthorization of the Individuals with Disabilities Education Act in 1994 mandated that all students have a free, appropriate public education in the least restrictive environment. This increased the demand for health care services for students integrated into the regular student population that previously could not attend school, in addition to students with chronic conditions. Many of these students need the presence of professional nursing staff that can perform nursing assessments, provide complex procedures, and respond to medical crises.

School health rooms and clinics constitute an independent practice setting that requires the professional nursing knowledge, skills and abilities provided by an RN. Some county health departments, school districts and public-private partners have collaborated to place an RN in every school to ensure the health and safety of both regular and special needs students.

Background Screening Requirement

All school health services personnel, whether employed by the local education agency or county health department, or working as unpaid volunteers must meet the Department of Health background screening requirement as specified in s. 381.0059, F.S. This requirement specifies that such personnel shall meet Level 2 screening requirements as described in s. 435.04, F.S. If the screening was conducted within 12 months prior to the person initially providing services under a *School Health Services Plan*, submission of the appropriate documentation will meet the statutory requirement.

Additionally, s. 1012.465, F.S., details Level 2 background screening requirements for school district contractual personnel and certain non-instructional school district employees. Some school districts have locally applied s. 1012.465, F.S. to county health department employees working in the schools. This interpretation of the law and local policy have resulted in duplicate screening of CHD employees that conflicts with Level 2 screening under ss. 381.0059 and 435.04, F.S. The Department of Education General Counsel has interpreted the Level 2 background screening requirements as follows: "Since s. 381.0059, F.S., is the more specific statute and the Lunsford Act (s. 1012.465, F.S.) is a general statute, our interpretation is that the more specific controls

and therefore school districts should accept the results of the Level 2 screenings provided pursuant to s. 381.0059 for school health personnel, with no additional screenings required.”

School Health Plan and Report

Each county must develop and submit a *School Health Services Plan* every two years. The School Health Program Office provides a template for this plan, and s. 381.0056, F.S. requires that the plan cover at a minimum, provisions for:

1. Health appraisal;
2. Records review;
3. Nurse assessment;
4. Nutrition assessment;
5. A preventive dental program;
6. Vision screening;
7. Hearing screening;
8. Scoliosis screening;
9. Growth and development screening;
10. Health counseling;
11. Referral and follow-up of suspected or confirmed health problems by the local county health department;
12. Meeting emergency health needs in each school;
13. County health department personnel to assist school personnel in health education curriculum development;
14. Referral of students to appropriate health treatment, in cooperation with the private health community whenever possible;
15. Consultation with a student's parent or guardian regarding the need for health attention by the family physician, dentist, or other specialist when definitive diagnosis or treatment is indicated;
16. Maintenance of records on incidents of health problems, corrective measures taken, and such other information as may be needed to plan and evaluate health programs; except, however, that provisions in the plan for maintenance of health records of individual students must be in accordance with s. 1002.22, F.S. and the State of Florida General Records Schedule GS7;
17. Health information which will be provided by the school health nurses, when necessary, regarding the placement of students in exceptional student programs and the reevaluation at periodic intervals of students placed in such programs; and
18. 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.

Charter School Health Services. As detailed in Section II, charter schools are public schools with a requirement to meet all applicable state and local health requirements. The local provision of health services to charter schools is to be outlined in the *School Health Services Plan*. Each county determines these services based on: the school

charters; local collaboration between the county health department, school district, and each charter school; local resources; local agreements.

If changes in the services described in the plan occur during the two year period, the county health department is responsible for sending a plan update to the School Health Program Office by August 15th. The plan is developed jointly by representatives of the county health department, local school district, participating nonpublic schools, and the local School Health Advisory Committee (SHAC) and requires signatures of key participants. Community partners providing school health services would also be involved in this planning process. The county plans will include a narrative describing how, what, and by whom services will be provided.

Each county in Florida completes and submits the *Annual School Health Services Report* to the Department of Health. The following entities must provide data and information that is included in the annual report: county health department, local education agency, nonpublic schools, public-private partners that provide school health services. Information on school health services activities not routinely reported through the Health Management System (see Coding/Data collection section) is collected in the *Annual School Health Services Report*. Additional county initiatives can be reported in a narrative attachment submitted at the same time.

School Health Services Plans and *Annual School Health Services Reports* are reviewed by each county's Department of Health state school health liaison. Liaisons will request any needed revisions or additions. The final plans and reports are used throughout the year for multiple information and data needs. They are maintained electronically and in hard copies kept in permanent county files.

Chapter 17

Personnel / Human Resources

School health personnel and their roles vary by county in Florida. The registered nurse (RN) provides the necessary professional supervision and oversight of services provided in the schools. Also working as part of the school health team are licensed practical nurses, who in accordance with the Florida Nurse Practice Act, s. 464.003, F.S., practice under the direction of a registered nurse or licensed physician. School health paraprofessionals, including health room staff, screening team members, and designated school staff provide important support in working toward student health and achievement.

School Nurse Training and Preparation

Registered nurses in Florida vary in their nursing educational preparation. School nurses may possess an Associate of Science in Nursing, Diploma in Nursing, or a Bachelor of Science in Nursing. School nurses may also voluntarily obtain the designation as Nationally Certified School Nurse through the National Board for Certification of School Nurses (NBCSN).

Licensed Practical Nurses

Licensed practical nurses (LPN) practicing under the direction of a registered nurse or licensed physician are vital members of the school health team. Since LPNs by definition are licensed nurses, they can be permitted to perform invasive medical procedures listed in s. 1006.062, F.S. that require special medical knowledge and judgment. LPNs are often utilized to provide medical treatments to physically impaired or medically complex students during the school day. These duties must fall within his/her scope of practice as defined by the Florida Nurse Practice Act. The RN must provide appropriate generalized and child-specific training, supervision, and periodic monitoring of procedures performed by the LPN.

School Health Aides / Paraprofessionals / Unlicensed Assistive Personnel

School health paraprofessional staff (often called health aides, health support technicians or health assistants), when properly trained and supervised, can make valuable contributions in the delivery of school health services. They may be recruited from among other school paraprofessional ranks, the community, parent groups, and programs for allied health professions.

School health paraprofessionals function under the direct administrative supervision of the principal and professional supervision of the school nurse, and must receive appropriate training to perform their duties. The training program for this group of workers varies by county in Florida. At a minimum, it must include CPR and First Aid training, orientation to health policies and procedures of the local school district, documentation and confidentiality of student records, bloodborne pathogen training, medication administration training, and child-specific training related to medication and

treatment procedures prescribed to be done during the school day. Documentation of initial and periodic refresher training is required. Some counties provide a comprehensive training program that expands the capabilities of unlicensed health room staff. Successful completion of this type of training expands knowledge and skills and will help assure a higher level of competence in caring for students in the health room.

School health paraprofessionals, working in the school health room, are unlicensed assistive personnel (UAP) whose responsibilities typically include:

- Completion of routine screenings for vision, hearing, height and weight, BMI, and scoliosis, although scoliosis screening is optimally a function of the school nurse
- Referral of students to the school nurse who fail the initial screenings
- Clerical duties such as record keeping, reporting, filing, and telephoning
- Caring for ill or injured students, and contact with parent/guardian as indicated
- Administration of medication to students after training by the school nurse
- Performing statutorily allowed student treatments after training by the school nurse
- Maintaining supplies and order in the health room

Unlicensed assistive personnel are only permitted to perform treatments that are delegated by a registered nurse.

Qualifications for a school health paraprofessional should include:

- High school diploma with clerical skills
- CPR and First Aid certification
- Willingness to participate in training to update skills and knowledge
- A high level of common sense and empathy
- Good communication skills
- Ability to maintain confidentiality
- Willingness and capability to work with all students regardless of background, medical need or handicap.

Volunteers

School health volunteers, when properly trained and supervised, can make major contributions to the delivery of school health services. School health volunteers function under the direct supervision of the principal and school nurse and must receive appropriate training from a RN to perform their duties.

Training for school health volunteers should mirror that of school health paraprofessionals, with the exception of medication administration and medical treatment procedure training. Training regarding maintenance of health records and clerical duties must align with particular school district policies regarding student record access. In some counties, volunteers are not permitted to access student records, which would include health room records. In those situations, the role of the volunteer would be more limited.

Qualifications for volunteers should mirror that of school health paraprofessionals as well, although CPR and First Aid certification would be recommended rather than mandated, depending on the role of the volunteer.

Section 381.00593, F.S. establishes a public school volunteer health care practitioner program and coordinates the program with the "School Health Services Act," pursuant to s. 381.0056, F.S. This program encourages health care practitioners to provide their services, without compensation, in the public schools; and such program is intended to complement other programs designed to provide health services or increase the level of health care in the public schools.

Liability

Florida statutes limit liability associated with the delivery of school health services under some circumstances. Some examples of statutory provisions that provide language limiting liability are set forth below. These statutes may be periodically modified or updated by the Legislature. You should consult with your local legal counsel for a complete and updated list of statutory provisions that limit liability in connection with the delivery of school health services. In addition, district school boards may carry comprehensive general liability insurance that applies to the delivery of school health services. You should consult with your local legal counsel to determine whether such policy offers you protection.

- S. 381.0056(9), F.S. – School health services program. “In the absence of negligence, no person shall be liable for any injury caused by an act or omission in the administration of school health services.”
- S. 768.13(2), F.S. - Good Samaritan Act; immunity from civil liability.
- S. 768.1325(3), F.S. - Cardiac Arrest Survival Act; immunity from civil liability. “Notwithstanding any other provision of law to the contrary, and except as provided in subsection (4), any person who uses or attempts to use an automated external defibrillator device on a victim of a perceived medical emergency, without objection of the victim of the perceived medical emergency, is immune from civil liability for any harm resulting from the use or attempted use of such device.”

- S. 768.28, F.S. - Waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs. “No officer, employee, or agent of the state or any of its subdivisions shall be held personally liable in tort or named as a party defendant in any action for any injury or damage suffered as a result of any act, event, or omission of action in the scope of her or his employment or function, unless such officer, employee, or agent acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property.”
- S. 1002.20, F.S. - K-12 student and parent rights.
 - S. 1002.20(3)(i), F.S. – Epinephrine use. “A school district, county health department, public-private partner, and their employees and volunteers shall be indemnified by the parent of a student authorized to carry an epinephrine auto-injector for any and all liability with respect to the student’s use of an epinephrine auto-injector pursuant to this paragraph.”
 - S. 1002.20(3)(j), F.S. – Diabetes management. “A school district, county health department, and public-private partner, and the employees and volunteers of those entities, shall be indemnified by the parent of a student authorized to carry diabetic supplies or equipment for any and all liability with respect to the student’s use of such supplies and equipment pursuant to this paragraph.”
 - S. 1002.20(3)(k), F.S. – Use of prescribed pancreatic enzyme supplements. “A school district, county health department, public-private partner, and their employees and volunteers shall be indemnified by the parent of a student authorized to use prescribed pancreatic enzyme supplements for any and all liability with respect to the student’s use of the supplements under this paragraph.”
- S. 1006.062(2), F.S. - Administration of medication and provision of medical services by district school board personnel. “There shall be no liability for civil damages as a result of the administration of the medication when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.”

Note: Local legal council should be consulted to determine the applicability of sovereign immunity and limited liability. Other laws may apply.

Private Duty Nurses / Agency Nurses

Federal regulations require that schools provide a free and appropriate education in the least restrictive environment possible. In some cases, students with disabilities need medical procedures throughout the day that cannot be provided by school district health staff. Private duty nurses may be contracted (normally through a health agency by the school district, parent, etc.) to accompany the child at school and in transit to provide these specific services. A hold-harmless agreement might be required to protect the school district from liability risks that could result from the actions of such a provider who is not a direct employee of the school district.

The private duty nurse is required to do the following:

- Provide written documentation of medical assessments and procedures performed for the child while at school, if those procedures are specified in the student's Individualized Education Plan. This may be done by providing a copy of the weekly summary statement or making notation on the classroom nurse's notes
- Provide documentation of completion of Level 2 screening (this may come from the agency through arrangements with the school district human resources department)
- Familiarize herself/himself with the school's crisis and emergency plans
- Update school nurse of changes in medical orders/procedures for the student
- Maintain strict confidentiality regarding all students in the classroom
- Use universal precautions while tending to hygiene, feeding, diapering tasks with the assigned student
- Provide medical / health assistance, and advice (**only** to the assigned student, unless a dangerous or emergency situation exists)
- Develop and submit a plan for care for the student to the school administrator when the private duty nurse is not in attendance

If a "Hold Harmless" agreement is to be completed, advice of the school board attorney should be requested.

Staff Monitoring, Supervision, and Evaluation

Unlicensed school health services staff assigned to a particular school are under the administrative supervision of the school administrator or principal (s. 381.0056, F.S.). Supervision of the health services tasks performed by non-professional staff and LPNs is the responsibility of the RN assigned to that school. Evaluation of unlicensed assistive school health staff and LPNs should be done with input from the RN and the school administrator or principal.

Supervision and evaluation of school district health staff is the responsibility of the school district. School districts must ensure that district hired health staff are provided with appropriate professional nursing supervision. Where the district school health coordinator is not an ARNP or RN, the clinical supervision may be accomplished through a contract or memorandum of agreement with a licensed provider in accordance with Florida statutes..

Supervision and evaluation of county health department school health staff is the responsibility of the county health department in accordance with DOH personnel policies. School health staff serving multiple campuses are supervised, monitored, and evaluated by the coordinator/supervisor charged with that duty. School administrators should have input in the evaluation of all school health staff working at their schools.

Staff Development

School nurses and other school health staff have unique training needs that should be

addressed through continuing education opportunities and attendance at professional conferences. It is optimal for the county health department, in collaboration with the local school district to ensure continuing education (CE) is provided or available for nursing license renewal and to meet the CE needs of school health licensed staff. Individual counties may choose to conduct in-service training identified as appropriate for their staff or can work cooperatively with neighboring counties for the provision of staff development activities.

Chapter 18 Documentation

Federal Laws

Although there are Florida-specific laws and rules regarding the maintenance of student health records, federal privacy and confidentiality statutes prevail. It is necessary for school health staff to understand the responsibilities and requirements for documentation and records maintenance in Florida's schools.

Family Educational Rights and Privacy Act (FERPA)

FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) is the Federal law that protects the privacy of student education records, which include student health records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records.

At the elementary or secondary level, a student's health records, including immunization records, maintained by an educational agency or institution subject to FERPA, as well as records maintained by a school nurse, are "education records" subject to FERPA. In addition, records that schools maintain on special education students, including records on services provided to students under the *Individuals with Disabilities Education Act (IDEA)*, are "education records" under FERPA. This is because these records are (1) directly related to a student, (2) maintained by the school or a party acting for the school, and (3) not excluded from the definition of "education records."

The primary rights of parents and eligible students under FERPA are:

- The right to inspect and review records
- The right to request amendment of records
- The right to consent to disclosure, with certain exceptions
- The right to file a complaint with the U.S. Department of Education (USDOE)

These rights transfer to the student when he or she reaches the age of 18, becomes an emancipated minor, or attends a school beyond the high school level. Students to whom the rights have been transferred are "eligible students." The Florida Department of Education, U.S. Department of Education, and the US Department of Health and Human Services periodically issue guidance and technical assistance papers that may be found on the internet.

Directory information, according to FERPA, is information that is generally not considered harmful or an invasion of privacy, and can be released without written consent, unless parents have advised the district otherwise according to district procedures. FERPA includes the following as directory information: the student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, grade, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees,

honors, and awards received, and the most recent educational agency or institution attended by the student. This exception is to allow local education agencies to publish such information in certain school publications. School districts must use discretion in releasing students' directory information.

Two documents are available that provide answers to commonly asked questions: (1) US. Department of Health and Human Services/U.S. Department of Education, Joint Guidance on the Application of FERPA and HIPAA to Student Health Records, Nov. 2008), (2) Department of Education Technical Assistance Paper, *The Family Educational Rights and Privacy Act*, DPS 2009:103, June 30, 2009. See Appendix A for the Internet links to these documents.

Health Insurance Portability and Accountability Act of 1996

The Health Insurance Portability and Accountability Act (HIPAA), also known as Public Law 104.191, requires adherence to strict procedures regarding individually identifiable health information by health care providers that do electronic billing. These health care providers are considered covered entities. Detailed information about HIPAA can be found at the U.S. Department of Health and Human Services web site.

Employees at county health departments (CHD) and their satellite clinics must protect CHD client records in accordance with HIPAA.

In 2006, the federal Department of Health and Human Services provided supplementary guidance regarding student health records, and established that the Family Educational Rights and Privacy Act (FERPA) prevails over HIPAA. This document, HIPAA Administrative Simplification – *Regulation*, states that "(2) Protected health information excludes individually identifiable health information in: (i) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g." See Appendix A for the Internet link to HIPAA Administrative Simplification.

Florida Statutes

In addition to FERPA and HIPAA regulations, Florida Statute and rule also address school records, as follows:

- Section 381.0056(5)(a)16, F.S. specifies that school health programs must maintain records on incidents of health problems, corrective action, and information that is needed to plan and evaluate health programs; and that *School Health Services Plans* must contain provisions for maintenance of health records of individual students in accordance with s. 1002.22, F.S.
- Section 1002.22, F.S. requires that education records shall be protected in accordance with FERPA. This would include health information that is part of the cumulative health record and considered educational "records" and "reports". Records and reports are official records, files and data directly related to students that are created, maintained, and used by public educational institutions. These records and reports may be in any written, printed or

electronic form, and maintained and used by the school or persons acting for the school. According to FERPA, education records do not include:

- Records of instructional, supervisory, and administrative personnel and educational personnel ancillary thereto which are in the sole possession of the maker and not accessible or revealed to other persons except a substitute. Note: This would include personal notes that are kept in the sole possession of the maker of the record, that are used only as a memory aid and not revealed to anyone but a temporary substitute for the maker of the record;
 - Records of a school or school district's law enforcement unit; and
 - Records of eligible students (18 years of age or older) that are (1) made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in her or her professional capacity or assisting in a paraprofessional capacity; (2) made or maintained, or used only in connection with treatment of the student; and (3) disclosed only to individuals providing the treatment.
- Section 1002.221, F.S. specifies that education records are defined in FERPA.

Student Health Record

Section 1003.25, F.S. requires each school principal to maintain a permanent cumulative record for each student enrolled in a public K-12 school. School Health Records are part of the student's education cumulative record. The DOH Form 3041 (see Appendix C) may be used as part of the cumulative health record. If cumulative health records are kept in students' permanent educational record, which are accessed by school academic and support staff, it is important that the school health staff ascertains that the school closely follows FERPA security provisions and that the information is easily and quickly accessible for health emergencies. In addition, there should always be originals or copies of the IHCP, emergency health record, and student treatment record in the school health room.

The Department of Education Technical Assistance Paper, *The Family Educational Rights and Privacy Act*, DPS 2009:103, June 30, 2009, defines "Record" to mean any recorded information maintained in any way, including, but not limited to:

- Handwriting
- Print
- Film
- Computer media
- Video or audio tape
- Microfilm and microfiche.

Chapter 64F-6.005, F.A.C. provides criteria for the maintenance of the school health

records. It provides that a cumulative health record on each student shall be maintained in the school and include the following information:

- Immunization status and certification;

- Health history, including any chronic conditions and treatment plan;
- Screening tests, results, follow-up and corrective action;
- Health examination report;
- Documentation of injuries and documentation of episodes of sudden illness referred for emergency health care; Documentation of any nursing assessments done, written plans of care, counseling in regards to health care matters and results;
- Documentation of any consultations with school personnel, students, parents, guardians or service providers about a student's health problem, recommendations made and results; and
- Documentation of physician's orders and parental permission to administer medication or medical treatments given in school.

FERPA considers student health records maintained by the school nurse or clinic to be “education records”, and applies to staff acting on behalf of the school. In addition, Chapter 64F-6.005, F.A.C. addresses confidential health information that is not part of the cumulative health record that is maintained by the school nurse and used only in connection with the provision of treatment as follows:

- Confidential health information shall include such information as notes taken during a counseling session, and mental health assessments and evaluations.
- It should be noted in the student cumulative health record that a separate record of health information exists.

Health Room Visit Records

Student visits to the school health room are documented in a written and/or electronic format, must comply with Florida Records Retention regulations and be maintained for seven years (see Appendix C). Since county recordkeeping systems vary and there are various staffing models used in Florida schools, the forms used may differ. In districts where there is an RN or LPN in the health room, more in-depth nursing notes may be completed. The registered nurse may utilize problem focused assessment with the use of nursing diagnoses in more complex cases. In districts where there is an unlicensed assistive paraprofessional in the health room, documentation will likely be more cursory.

Individual student visit records must be maintained in order to be able to track and evaluate student health room use over time. It may be necessary to access information on frequency and reason for visits for a particular student. Visits must also be maintained and be able to be accessed sequentially by date. It may be necessary to access information on who visited the health room on a particular day and the reason for the visits.

The specific forms to be used will vary by county and may include:

- Multi-copy form for clinic visits. One copy can be filed in individual student folders and another can be grouped and filed by date.

- A daily log, similar to the comprehensive program coding sheet. On this form each student visit can be categorized by the presenting health problem.
- Electronic record keeping is a very efficient method. Data is entered once as each student visits the health room, it can be accessed by student name or identifier, health problem, date, or any other fields programmed in the software being used. There are several school health software programs commonly used for documentation and data collection, some commercially available, and others developed by school districts and county health departments. Information is available through the DOH School Health Services Program.

Medication Documentation

Medication administration is addressed in Section III, Chapter 4 of these Guidelines. Although a log listing several students is acceptable for tracking health room visits, an individual student medication record form must be maintained for each student receiving medication at school. Suggested elements to include on medication documentation forms:

- Name of student, student ID number, date of birth
- It is helpful for substitute health room staff if a photo of the student can be attached
- Name of medication, dosage and time to be given
- Day, date, time, and initials of person administering medication (with full signature somewhere on the page)
- Class schedule/teacher/room/phone extension
- A place to record the date medication is received, amount received, and signatures of persons counting medication when received
- Any known allergies and expected side effects
- Coding system to document when a student does not receive a scheduled medication (i.e., A = absent, R = refused, N = no refill, D = medication discontinued).
- Comments

Documentation forms for medical procedures done at school would require similar elements as those described above, with modifications as appropriate depending on the procedure.

Additional Guidance

Additional guidance regarding student health information includes the following:

- Access to the health information contained on student emergency health information records must be restricted to appropriate school staff and health room staff for the provision of routine or emergency health care, and the protection of student health and safety while at school, authorized school activities, or en route to and from either.
- When 911 is called, the emergency medical technician (EMT) or paramedic should be given a copy of the student emergency health record and other

information regarding the student's pre-existing health conditions and medications, and the current health emergency. This is permitted by both state and federal laws.

- Access to individualized health care plans should be restricted to professional and paraprofessional school health staff or designees, and school staff with a legitimate educational need-to-know for the provision of routine or emergency health care, implementation of a student's individual educational plan, plan under Section 504 of the Rehabilitation Act of 1973 or similar educational plan for students not classified under Exceptional Student Education (ESE) or Section 504.
- School health room logs should only be utilized to record student visits to the school health room, coded types of presenting health problem, services provided and outcomes; and must not be used to document notes with individually identifiable health information. Confidentiality must be maintained when using visit logs.
- Professional nursing notes should be maintained in a secure location only accessible by the originator.

Confidentiality & Educational Need to Know

Confidentiality of student records in school is of paramount importance; however, relevant health information is legally allowed to be shared with those who have a legitimate educational need-to-know. School district administration determines policy regarding educational need-to-know. The school nurse should know what these policies are, and decide when and where to commit potentially sensitive student health information to written or electronic records.

Confidential student health information relating to tuberculosis, mental health diagnosis and treatment, child and adult abuse or neglect, sexually transmitted diseases, human immunodeficiency virus/acquired immunodeficiency syndrome, drug and alcohol treatment, and contraceptive services may be maintained in a separate student treatment record, if it is in a securely locked cabinet or drawer at all times and only disclosed with the written consent of the student. Since strict federal and state laws and penalties are associated with inappropriate disclosure of these records, the school nurse must ensure their confidentiality.

Records with confidential student health information, created by a licensed health or mental health care professional or their designee, should not be part of the student cumulative health record, and should be kept in a confidential student treatment record, or similar file, maintained in a locked file cabinet in a secure location (generally in the

health room or nurses office) designated by the school principal. These student treatment records should be individually retrievable, used only in conjunction with the provision of health services, and stored and released according to the provisions of FERPA. Student treatment records should be exchanged from one school health staff

person to another – they should not be transferred with the student’s permanent cumulative folder and cumulative health record.

Electronic Transfer of Records

More and more information is being transferred electronically, including school records. The same safeguards regarding confidentiality and privacy must be maintained for electronic records as paper records. Computers used for recording and accessing student health information should have password protection, screensavers set for five minutes or less, security screens on computer monitors, and email encryption when emailing protected health information. When a student transfers, a hard copy of the student’s immunization certification, physical exam form, and health screening record should be forwarded to the receiving school for maintenance in the student’s cumulative health record, or as specified by the school district student records custodian. Transferring records using DOE’s FASTER (Florida Automated System for Transferring Educational Records) may not ensure complete health record information.

Coding / Data Collection

Complete and accurate documentation and reporting from all providers is critical to ensuring that state and local decision makers and the general public understand the necessity of and complexity of school health services, and to justify the use of federal, state, and county-level funding for school health services. Services data reported in the Annual School Health Services Report and data coded into the Health Management System (HMS), is used throughout the year to produce annual and periodic reports for legislators, state and local agencies, professional organizations, special interest groups, and the general public. This data defines unmet needs, availability of financial and personnel resources for school health services, volume of school health services, trends in reported chronic and complex student health conditions, workload associated with the management of health conditions at schools (medications and procedures) and compliance with federal and state laws and rules. School health services data also helps to quantify health barriers to learning that negatively impact the learning process, if not detected and remediated.

The Department of Health performs statewide monitoring of the provision of school health services by means of data collected and reported by county school health programs. The CHD must account for school health services provided by all participating providers of school health services in their school district. This information is entered into HMS by provider type, utilizing a pseudo employee number for non-CHD providers. School health data that does not fit with the structure of HMS is reported in the Annual School Health Services Report. School health employees (CHD, school district, volunteers, public-private partners) must submit their data to the CHD in the format specified by the CHD school health coordinator to facilitate accurate and timely data entry. The School Health Coding Pamphlet that is posted on the school health internet site gives yearly updated coding guidance, including descriptions and instructions for the service codes to be used. HMS allows coding of individual

employee service data or batch coding of large numbers of services, according to the following schedule:

- CHD staff must submit their services data within seven days from the date of service.
- Contracted providers must submit services data monthly, within two weeks after the end of the billing period (quarterly or monthly as specified in the contract and attachments).
- Non-contracted, non-CHD providers submit data no less than once per quarter, within two weeks after the end of the quarter.
- End-of-year data should be submitted within 45 days after the end of the state fiscal year (July 1 to June 30). Data entered after August 15 of each state fiscal year will not be included in the end-of-year statistics for that year.

Each comprehensive and full service school may have a separate, locally established district area unit (DAU) number that is used for HMS data entry, or optionally, one DAU number may be used for all county comprehensive schools and one DAU number for all full service schools. This allows the CHD and DOH to separate school health HMS data by school health program and provide accountability to the Florida Legislature for the program specific funding that is appropriated in the General Appropriations Act. Services provided under the basic school health program are those services coded to program 34 that are not entered under a comprehensive or full service DAU number. Each CHD has a "super-user" that assigns DAU numbers to service sites. Refer to the *Personal Health Coding Pamphlet*, DHP 50-20, Chapter 3 for additional information about creating DAU numbers. School health coordinators should ensure that the comprehensive and full service DAU numbers that school health staff are using are identified in the HMS system as comprehensive or full service, and not as another type of CHD program. Local computer systems administrators can provide school health coordinators with a report of all DAU numbers in HMS.

The county-level Annual School Health Services Reports must be completed and submitted to the School Health Program Office by each county health department by August 15 of each year. County health departments are responsible for ensuring that the report is complete and accurate. Data that differs significantly from the previous year (very large increases or decreases) should be examined closely prior to submission, especially if these changes are not due to a planned program changes or change in data collection methods.

Medicaid

County health department and school districts may bill Medicaid for match payments for certain health services provided in schools.

School District Certified Match Program

The Medicaid Certified School Match Program allows school districts to enroll as providers of school-based, health-related Medicaid services to eligible students. Direct services are provided to students enrolled in Medicaid who qualify for services under

Individuals with Disabilities Education Act of 2004, Part B (ages 3 – 21) or C (birth – age 2), and who have reimbursable services identified on the individual education plans or family support plans. Reimbursable services include:

- Therapies (occupational, physical, speech/language)
- Behavioral health (psychology, social work, behavior analysis, counseling, guidance)
- Nursing
- Transportation

Additional information about the *Individuals with Disabilities Education Improvement Act* (IDEA 2004) can be found in Section III, Chapter 5 of these guidelines.

County Health Department Certified Match

County health departments may bill Medicaid Certified Match for school health services provided by county health department staff to any student that is Medicaid eligible. The main categories of services are:

- Nursing services by an advanced registered nurse practitioner (ARNP), RN or LPN
- Medication administration services provided by an ARNP, RN or LPN
- Social work services by a licensed clinical social worker (LCSW)

School-based health services billable under the Medicaid Certified Match programs are nursing services provided on a one-to-one basis. Examples are:

- Health assessments
- Student health training and health counseling
- Catheterizations
- Tube feedings
- Maintenance of tracheotomies
- Oxygen administration
- Specimen collection
- Ventilator care
- Health monitoring and management
- Health care treatments and procedures
- Management of chronic health care problems
- Health care coordination and referrals
- Crisis intervention (e.g., life-threatening accidents or situations)
- Compilation of health histories;
- Individual Screenings (such as scoliosis, dental, vision, hearing, growth and development);
- Medication administration
- Emergency health care (e.g., treatment of minor wounds)
- Consultation and coordination of health care plans with other health care staff, parents, teachers and family on behalf of a Medicaid-enrolled student

Chapter 19

Evaluation of School Health Services

School Health Program Review

The DOH School Health Services Program staff perform county school health program reviews using a combination of Annual School Health Report reviews, review of data entered in HMS, on-site visits, and desk audits. Each county receives either an on-site visit or desk audit every year.

In addition, county health departments, in cooperation with each school district should develop and utilize an internal process of monitoring the school health program. This monitoring process should include quarterly review of locally collected data and cumulative services data from the HMS, including the number and type of services provided in accordance with the local county plan as well as screening results, referrals, and referral completions. Annually, or more frequently as specified in the local quality improvement plan, review and update the school nurse program, school health assistant program, as well as procedures manuals used by school nurses, assistants, and staff providing school health services and care for medically complex students.

Assessment Tools

Each county should have systems in place to assess the effectiveness of the school health program. Satisfaction surveys and focus groups of students, parents, and school staff can be helpful in determining program strengths and areas needing improvement. If services are contracted to the local school district or other entities, the Department of Health Contract Monitoring Tool must be used to assess program performance.

Quality Improvement Programmatic Monitoring

Annual monitoring for each county is conducted by the DOH School Health Services Program. The purpose of onsite visit and desk review are to conduct programmatic monitoring and to provide technical assistance for all aspects of the school health services program. See Appendix B for *School Health Review* forms.

Chapter 20 **Interagency Collaboration, Partnerships, and Community Involvement**

DOE/DOH Collaboration

Policy Development

It is essential for a quality school health program that the county health department and local school district staff responsible for policy development work cooperatively. Placement of automated external defibrillators, administration of medication in schools, emergency injectables, as well as other essential areas of health services require collaboration and partnership to best serve the needs of students.

School Health Advisory Committee

The School Health Services Act (s. 381.0056, F.S.) mandates that each district have a School Health Advisory Committee (SHAC). The SHAC should meet at least three times a year, have broad and diverse representation from the community, maintain a roster of attendance and meeting minutes, and work closely with the CHD and school district on the development of the biennial school health services plan required by s. 381.0056, F.S.

The SHAC must, at a minimum, include members who represent the eight component areas of the *Coordinated School Health* framework proposed by the Centers for Disease Control and Prevention for planning and coordinating school health activities. The eight components do not specifically address who should be included; however, examples may be community health care practitioners, parents, representatives from health insurers, health educators, school health representatives from both the county health department and the school district, faith community, etc. Wherever possible, it is recommended that the SHAC have a pediatrician in its membership. Counties with a limited ability to recruit necessary community representatives on their SHAC may choose to participate in a multi-county advisory committee.

Recommendations for parent and community membership on the SHAC can be solicited from school administrators, school nurses, and health department personnel. The best candidates may already be members of another committee. Choosing a parent to be the chairperson of the SHAC will reflect community involvement and collaboration that is independent of the CHD or school district. Examination of the community agencies most involved with school health issues is often a good starting point for finding SHAC members from the community. "A Guide for Florida's School Health Advisory Committees, Utilizing A Coordinated School Health Approach", was approved by DOH and DOE as a reference to assist in the development and management of school health advisory committees. This document is available on the school health web site (see Appendix A).

Contracts (Model Attachment)

Department of Health school health funds (basic and full service schools) are sometimes contracted to local school districts or other entities for the provision of school health services. For this purpose, a formal written contract must be in place. A formal contract consists of the Standard Contract, Program Specific Model Attachment I, Financial Compliance Audit Attachment with completed Exhibits 1 & 2, and any other attachment or exhibits deemed necessary. Pursuant to s. 287, F.S., both parties must sign the contract prior to services being rendered.

The DOH School Health Services Program provides a Model Attachment I format each year to be used by counties when contracting school health services to other entities. The CHDs must submit hard copies of completed contract monitoring tools for the previous year's contracts paid for with Schedule C funds, and hard copies of the executed contracts and attachments for the current year. These documents may be submitted with the annual school health services report.

County Health Department contracts less than \$1 million shall be executed by the CHD Director / Administrator (up to \$999,999). Please note that CHD contracts more than \$250,000 must still be reviewed by DOH Contract Administration prior to execution by the CHD Director / Administrator. CHD contracts less than \$250,000 can be executed locally and can be signed by the CHD Director/Administrator. These contracts do not have to be reviewed by contract administration prior to execution.

Partnerships

Public and private partnerships may be available to provide staff or funding for enhanced school health services. The following are examples of School Health partners: March of Dimes, Children's Services Council, Juvenile Welfare Board, United Way, county commission, county taxing district, health care or hospital taxing district, university, and other state and federal grants (including abstinence education and tobacco education grants and contracts).

Some partners may co-locate services in Full Service Schools, providing students and their families easier and more convenient access to services. These Full Service centers often provide expanded health and social services to the school where the center is located and other schools in it's school district feeder pattern. See Section II for additional information on Full Service Schools.

Community Involvement

Conducting a Community Needs Assessment

A community needs assessment is one tool that can be utilized to determine school health priorities. This process requires a great deal of time and funding, and must involve key groups in the community to determine the data that is needed. An Internet

search on this topic will yield many resources to assist in planning and implementing a community needs assessment. The Centers for Disease Control and Prevention *School Health Index* is a helpful tool for assessing needs of a school health program.

School-based Committees

School health staff members may be appropriately utilized on some school-based committees. School-based committees may include student assistance teams (in-school staffing committees), staff or student wellness committees, safety committees, crisis/emergency planning committees, or student records committees. The school nurse lends a unique perspective as the resident expert on health on campus and can shed new light on certain issues faced by school-based committees.

Chapter 21 Facilities, Equipment and Supplies

Environmental Health

The Department of Education (DOE) and Department of Health (DOH) are jointly responsible under State law for regulating school environments. County health departments are responsible for enforcing minimum environmental health standards. In particular, DOH county health departments inspect the environmental health aspects of school buildings, grounds, shops, cafeterias, laboratories, restrooms, first aid rooms and any other area where school activities are conducted.

A safety or sanitation inspection of any educational or ancillary plant may be made at any time by the Department of Education or any other state or local agency authorized or required to conduct such inspections by either general or special law. (s. 1013.12, F.S.) Each agency conducting inspections shall use the standards adopted by the Commissioner of Education in lieu of, and to the exclusion of, any other inspection standards prescribed either by statute or administrative rule. The agency shall submit a copy of the inspection report to the local education agency.

General authority is granted to DOH in s. 381.006, F.S., jointly with DOE, to regulate sanitary practices in public and private schools.

There are some particular aspects of the environment that may have direct and dire effects on health. Some of these can be eliminated or minimized by proper site selection.

- County health department personnel inspect school sites to ensure water supply and sewage disposal systems will meet sanitary standards.
- Playground equipment must be inspected to ensure it does not pose unnecessary threats of accidental injury.
- Buildings must be constructed to prevent entry of insects and rodents.
- Potable water is necessary for good health and well-being.
- County health department environmental health personnel inspect schools to ensure that waste disposal systems meet minimum standards and the systems operate in a manner not to create sanitary nuisances. School facilities are also inspected to see that there is an adequate number of toilets, lavatories, showers, drinking fountains, and other plumbing fixtures.
- Lighting, heating, ventilation and air conditioning standards are also essential for optimal health and safety.
- School food service administrators and health authorities provide minimum sanitation standards for food service operations in schools to prevent food-borne illnesses (s. 381.0072, F.S.).
- Environmental health specialists inspect the food service facilities in Florida's public and private schools at least quarterly. Inspection of facilities and evaluation of food storage, preparation, and serving techniques are made to

reduce the possibility of disease transmission caused by food contaminated with microbiological pathogens. School sanitation standards are detailed in Chapter 64E-13, F.A.C.

Health Room (Clinic)

Each district school board must make adequate physical facilities available for health services per s. 381.0056(7), F.S. Existing school buildings are expected to comply with the minimum requirements as identified in the Department of Education's guidelines, *State Requirements for Educational Facilities* (SREF). These guidelines have specifications for school clinics. New school buildings must also comply with requirements specified in the Florida Building Code. School health coordinators should participate in the planning process for new school construction to ensure facilities meet or exceed health room requirements for the student population.

The SREF standards for school health rooms are as follows:

Clinics (School). The school clinic includes:

- A reception area/office, storage, toilet room, and bed space.
- Elementary school clinics, including pre-K, have one (1) accessible toilet room, to serve male and female students, complete with a water closet, lavatory, and accessories.
- Secondary schools include one (1) accessible toilet room for males complete with water closet, lavatory, and accessories and one (1) accessible toilet room for females complete with water closet, lavatory, and accessories.
- Toilet rooms in clinics include both hot and cold water at the lavatory and shower, if provided. Hot water is 110°F or lower.
- Toilet rooms have exhaust fans vented to the exterior.
- Space for student beds is provided in each clinic. Space for beds in secondary schools is separated for male and female students.
- Each bed is provided with a cleanable plastic-covered mattress and pillow.
- Clean, disposable mats are provided for each patient.
- The reception area/office is able to maintain visual supervision of the bed area.

Clinics (Full-Service School Program). Full-service school clinics include:

- One (1) accessible toilet room for males complete with water closet, lavatory, and accessories, and one (1) accessible toilet for females complete with water closet, lavatory, and accessories. One accessible toilet room has an accessible shower.
- Hot and cold water are provided in toilet rooms at the lavatory and shower. Hot water is 110°F or lower.
- Toilet rooms have exhaust fans vented to the exterior.
- The nurse's station is able to maintain visual supervision of the bed areas.
- Lockable storage rooms are provided for a refrigerator, files, equipment, and supplies, and the door shall be readily operable from the inside.
- Data outlets are provided for computer hookups and computer networking and

additional electric outlets are provided for hearing and vision testing machines.

- Full-service school clinics are located to provide direct access from the exterior and have direct access from the interior or are connected by a covered walk.
- Full-service school clinics are provided with designated parking spaces immediately adjacent to the clinic, one (1) of which is accessible to persons with disabilities.

See Appendix A for the Internet link to Florida Department of Education, *State Requirements for Educational Facilities*.

It is recommended that each school health room:

- Be located away from noisy, congested areas and preferably near the administrative office.
- Be of sufficient size and layout to permit use for first aid, physical examinations, health conferences, and for student isolation or observation.
- Be equipped with a sink for hand washing.
- Be of sufficient size and equipped with privacy screening to permit examination of students who are unclothed.
- Be appropriately staffed during school hours to serve the needs of students.
- Be considered an essential facility. The health room is the focal point for operation of an effective school health program and provides direct services to students. The lack of an adequate health room will seriously hamper the delivery of school health services.
- Have ready access to the student emergency information.

Health Room Equipment and Supplies

Chapter 64F-6.004, F.A.C. requires that the school principal or designated person shall be responsible to assure first aid supplies, emergency equipment and facilities are maintained.

Recommendations for minimum health room equipment:

- Desk, chair, and file cabinet
- Locking file cabinet for student health records (FERPA)
- Telephone extension, computer hookup with intranet/internet access for record keeping and accessing health information
- Refrigerator (with lock or locking box for medications)
- Locking cabinet(s) or other secure storage under lock and key for medications (s. 1006.062, F.S.)
- First aid equipment (such as AED, CPR face shield, etc.)
- Covered trash container, biohazard trash container, sharps disposal container
- Accurate scale for measuring student weight, accurate measuring device for determining student height
- Wheel chair or stretcher for transporting ill or injured students
- Vision screening device
- Audiometer for conducting hearing screening (in cooperation with speech/language pathologist)

- Examining equipment such as exam table, gooseneck lamp, and stool are recommended for school sites providing ARNP or physician services

Recommended health room supplies:

- Disposable sheets/towels/paper rolls to cover head area of cot
- Blanket (disposable or laundered after each student use)
- Emesis basin, wash basin
- Antibacterial liquid hand soap, approved spray disinfectant, room deodorizer
- First aid kit for use on other parts of campus
- First aid supplies including: band-aids, gauze squares, elastic roller gauze, cotton balls, cotton tipped applicators, tape
- Gloves, non-latex (students may have latex allergy)
- Paper cups, medicine cups, towels and tissues
- Ice bag with disposable/washable cover
- Basic protection attire for emergency use, such as gown, mask, goggles
- Thermometers or other temperature assessing devices
- Sphygmomanometer and stethoscope
- Appropriate reference materials such as a current drug handbook and *Control of Communicable Diseases* book
- The use of other clinic supplies is dependent upon local school district policies and should be determined with the assistance of the School Health Advisory Committee

Use of Health Room Facilities in Emergency/Disaster

When a school building becomes the site of an emergency, disaster or is used as an evacuation shelter facility, then health room facilities, equipment, and supplies may need to be utilized.

It is vital for the school administrator or designee to be on-site during these events. An agreement must be in place between the school district and the agency responsible for managing the shelter for replacement of any supplies or equipment that are used, broken, or lost.

Appendix A



School Health Program Web Addresses

Important School Health Program Web Addresses

School Health Web Pages

INTRANET - School Health Program (DOH Internal Website available only to CHDs):
http://dohiws.doh.state.fl.us/Divisions/Family_Health/schoolhealth/index.html

INTERNET - School District health Page (not a public access page – intended for CHD and School District school health staff):
http://www.doh.state.fl.us/Family/school/attachments/sh_index.htm

INTERNET - School Health Services Program (DOH Public Website – general information for the public):
<http://www.doh.state.fl.us/Family/school/index.html>

INTERNET - DOE School Nursing Page (Student Support Services Project):
<http://sss.usf.edu/resources/professions/nursing/index.html>

HMC School Health Service & Performance Reports

1. **Internet - HMC School Health Report (available to CHDs and School Districts).** Provides current school health data by program (basic, comprehensive or full service) and within a user selected time period.

<http://www.flpublichealth.com/FLSchoolHealth/default.aspx>

2. **Intranet - HMC Service & Time Reports (available only to CHDs).** Provides a profile of direct services or employee time.

<http://hpe00ws/reportcenter/default.aspx>

3. **Intranet - HMC ADHOC Report (available only to CHDs).** Provides a user selected report by county and program with up to 4 service codes.

<http://hpe00ws/gh/Adhocquery.aspx>

School Health Contact Lists HQ Program Staff and Mailing List

HQ Program Staff and Mailing List:

<http://www.doh.state.fl.us/Family/School/attachments/Lists/ProgramStaffList.pdf>

HQ Program Liaison List:

<http://www.doh.state.fl.us/Family/School/attachments/Lists/LiaisonList.pdf>

County School health Coordinators List:

<http://www.doh.state.fl.us/Family/School/attachments/Lists/SHCoordList.pdf>

Internet Site Addresses for Information Purposes

Disclaimer

These addresses are being provided for informational purposes only; they do not constitute an endorsement or an approval by the Florida Department of Health of any of the products, services or opinions of the corporation or organization or individual. The Florida Department of Health bears no responsibility for the accuracy, legality or content of the site or for that of subsequent links. Contact the site for answers to questions regarding its content.

American Cancer Society: <http://www.cancer.org/docroot/home/index.asp>

American Dental Association: <http://www.ada.org>

American Psychiatric Association: <http://www.psych.org/>

American Public Health Association: www.apha.org

American School Health Association: <http://www.ashaweb.org>

American Diabetes Association: <http://www.diabetes.org>

American Academy of Pediatrics: <http://www.aap.org>

Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition: <http://brightfutures.aap.org/index.html>

Centers for Disease Control and Prevention: <http://www.cdc.gov>

Centers for Disease Control and Prevention, *School Health Index*:
<https://apps.nccd.cdc.gov/shi/default.aspx>

District Implementation Guide for Section 504 (2011):
www.fldoe.org/ese/pdf/sect504.pdf

Family Educational Rights and Privacy Act (FERPA):
<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Florida Association of School Nurses: <http://www.fasn.net>

Florida Coordinated School Health Program (CSHP):
<http://www.doh.state.fl.us/family/cshp/index.html>

Florida Dental Health Association: <http://smileflorida.org>

Florida Department of Education (DOE): <http://www.fldoe.org>

Florida DOE, *State Requirements for Educational Facilities*: <http://www.fldoe.org/edfacil/pdf/sref-rule.pdf>

Florida DOE, Military Families: <http://www.fldoe.org/military/>

Florida DOE, Technical Assistance Paper FY 2006-7, *Implementing the Kelsey Ryan Act*:
<http://www.doh.state.fl.us/family/school/attachments/Documents/y2006-7.pdf>

Florida DOE, *Child Abuse Source Book for Florida School Personnel*:
<http://www.fldoe.org/ese/pdf/chiabuse.pdf>

Florida Public Health Association: <http://www.fpha.org>

Florida Department of Health (DOH): <http://www.doh.state.fl.us>

Florida DOH Emergency Medical Services:
<http://www.doh.state.fl.us/demo/ems/EMSC/EMSCHome.html>

Florida DOH School Health Internet site for school districts:
http://www.doh.state.fl.us/Family/school/attachments/sh_index.htm

Florida DOH School Health intranet site for county health departments:
http://dohiws.doh.state.fl.us/Divisions/Family_Health/schoolhealth/index.html

Florida DOH Tobacco Prevention: http://www.doh.state.fl.us/tobacco/tobacco_home.html

Florida School Health Association: <http://www.fsha.net>

Food Allergy and Anaphylaxis Network: <http://www.foodallergy.org>

Health Insurance Portability and Accountability Act of 1996 (HIPAA):
<http://www.dhhs.gov/ocr/hipaa>.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) forms for Florida County Health Departments (CHD):
http://dohiws.doh.state.fl.us/Divisions/Administration/Gen_Services/SupportSvcs/DistributionCenter/HIPAA_forms.htm

Health Insurance Portability and Accountability Act (HIPAA) Administrative Regulations Simplification: <http://www.hhs.gov/ocr/privacy/hipaa/administrative/index.html>.

Healthy Schools Program: <http://www.fldoe.org/bii/CSHP/>

Healthy People 2020: www.healthypeople.gov/

Immunization Guidelines for Florida Schools, Child Care Facilities and Family Day Care Homes (2011): http://www.doh.state.fl.us/disease_ctrl/immune/schoolguide.pdf

Individuals with Disabilities Education Act (IDEA 2004): <http://idea.ed.gov>

Medicaid - U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services: <http://www.cms.hhs.gov/home/medicaid.asp>

Medicaid Certified Match information for Florida County Health Departments (CHD):
<http://www.fdhc.state.fl.us/Medicaid/childhealthservices/countyhealthdept/index.shtml>

Medicaid Certified Match information for Florida School Districts:
<http://www.fdhc.state.fl.us/Medicaid/childhealthservices/schools/index.shtml>

National Association of School Nurses: www.nasn.org

National Association of School Nurses Position Statement on Caseload Assignments:
<http://www.nasn.org/Portals/0/positions/2006pscasetload.pdf>

National Association of School Nurses Position Statement on Delegation:
<http://www.nasn.org/Default.aspx?tabid=349>

National Board for Certification of School Nurses: <http://www.nbcsn.com>

National Scoliosis Foundation: <http://www.scoliosis.org/index.php>

Pandemic Flu: <http://www.pandemicflu.gov/plan/school/index.html>

Personal Health Coding Pamphlet, DHP 50-20 (excerpts for School Health):
http://www.doh.state.fl.us/Family/School/attachments/Documents/2010_SH_Coding_Manual.pdf

School Health Data in the Florida Department of Health Information Management System :
<http://www.flpublichealth.com/FLSchoolHealth/SchoolHealth.aspx>

School health rooms or clinics specifications: http://www.ncef.org/rl/health_centers.cfm

Shade Foundation of America: <http://www.shadefoundation.org>

Student Searches in Public Schools (Office of Florida Attorney General):
<http://myfloridalegal.com/pages.nsf/0/185ee1b613ac916b85256cca0055e700?OpenDocument>

Substance Abuse & Mental Health Services Administration/United States Department of Health and Human Services (SAMHSA): <http://www.samhsa.gov/index.aspx>

Substances of abuse: information, effects, and treatment: <http://store.samhsa.gov/home>

United States Department of Education (non-discrimination):
<http://www.ed.gov/policy/rights/reg/ocr/edlite-34cfr104.html>

United States Department of Health and Human Services Substance Abuse and Mental Health Services (SAMSA): <http://www.samhsa.gov/>

United States Environmental Protection Agency: <http://epa.gov>

Voluntary Pre-Kindergarten: <http://www.floridajobs.org/earlylearning/index.html>

Volunteer School Nurse Program:

<http://www.doh.state.fl.us/Family/school/volunteer/practitioner.html>

Wellness policies for Florida School Districts:

<http://www.fldoe.org/FNM/wellness/localpolicies.asp>

Wellness tools and resources: <http://www.fldoe.org/FNM/wellness/tools.asp>.

Appendix B



School Health Contract Monitoring and Quality Improvement (QI) Tools

1. Contract Monitoring Tool and Instruction Sheet
2. School Health Records Review
3. School Health Room Review
4. County Assessment Checklist
5. Three-Year County Data Worksheet

Note: All monitoring and QI tools are available on the School Health internet at:
http://www.doh.state.fl.us/Family/school/attachments/sh_index.htm

Contract Monitoring Tool Instruction Sheet

The Contract Monitoring Tool is developed using Microsoft Word 6.0. It was developed in a table format with form fields. The format was developed to be used by a contract manager prior to the monitoring in preparing the tool to conform to specific contract language contained in a particular contract. The process below assumes that the contract language contained in the Attachment I is maintained in an accessible Microsoft Word file. The instructions for modifying the tool prior to usage is as follows:

1. Use the **File/Open** command to activate the contract monitoring tool (TOOL.DOC).
2. Complete the header information by using the **TAB** key to progress through requested information.
3. Indicate appropriate target groups if applicable.
4. **TAB** through the document until you reach section B.1.a.
2. Use the **File/Open** Command to activate your contract Attachment I language.
3. Locate which provision from the Attachment I Task List (section B.1.a.) you want to add to the monitoring tool.
4. Highlight the provision and use the **Edit/Copy** command.
5. Move the cursor to the appropriate place on the Contract Monitoring Tool and use the **Edit/Paste** command to add the contract language to the tool.
6. Continue this process until all of the tasks from section B.1.a. of the contract are added to the monitoring tool.
(**HINT:** The tool contains enough rows for five (5) tasks. If you have additional tasks you may need to UNPROTECT the document using the **Tools/Unprotect Document** Command to add additional rows to the table. Once the document is unprotected, move your cursor to the row below where you want a new row inserted, use the **Table/ Insert Cells** Command to insert a row. Highlight a formatted row above the newly inserted row and use the **Edit/Copy** Command and the **Edit/Paste** Command to move the formatting to the new row.
7. **TAB** through the document until you reach section B.5.a.
8. Locate which provision from the Attachment I Outcomes and Outputs (section B.5.a.) you want to add to the monitoring tool.
9. Highlight the provision and use the **Edit/Copy** command.
10. Move the cursor to the appropriate place on the Contract Monitoring Tool and use the **Edit/Paste** command to add the contract language to the tool.
11. Continue this process until all of the outcomes and outputs from section B.5.a. of the contract are added to the monitoring tool.
(Remember the **HINT** above regarding the addition of rows)
12. **TAB** through the document until you reach section D.a.
13. Locate which Special Provision from the Attachment I (section D.) you want to add to the monitoring tool.
14. Highlight the provision and use the **Edit/Copy** command.
15. Move the cursor to the appropriate place on the Contract Monitoring Tool and use the **Edit/Paste** command to add the contract language to the tool.
16. Continue this process until all of the Special Provisions from section D. of the contract are added to the monitoring tool.
(Remember the **HINT** above regarding the addition of rows)
17. Use the **File/Close** Command the close the contract file.

18. Use the **File/Save As** command to save the contract monitoring tool file to a new name that is specific to contract being monitored.

The Target Group numbers at the top of the monitoring tool identify the target groups served by the contract. Please list **all** appropriate target groups served.

The ratings section of the monitoring tool is divided into five (5) sections which are defined as follows:

Unacceptable - Did not meet the contract requirements and requires either corrective action or termination of the contract. *Requires explanation.*

Conditionally Acceptable - Did not meet the contract requirement as a result of mitigating circumstances. Does not require corrective actions but may require recommendations or a contract amendment. *Requires explanation.*

Fully Met Requirements - Meets contract requirements (not “close” or “almost”, etc.)

Exceeded Requirements - Fully meets contract requirements and deserves special recognition. This rating may not be applicable to some sections.

Not Applicable - Contract requirement does not pertain to this contract or during this rating period. May require an explanation if not self-explanatory.

When using the “Ratings Based Upon” column, be sure to identify who was interviewed, what was observed, what was used as documentation, etc.

Any questions regarding the use of this monitoring tool or the information presented on the monitoring tool should be addressed to the contract manager’s supervisor, contract administration, and the central office program office support personnel where appropriate.

Provider Name	City	Evaluator's Name
Contract #	DMS Service Code	Office
Service Description		Site Visit Date
		Report Date

Provider Contract Requirements	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
	1	2	3	4	N/A		
A.3. Clients to be Served							
a. Services are provided to eligible clients as per the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Provider complied with eligibility criteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Provider complied with established client units.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B.1. Service Tasks							
a. Service tasks are delivered on time and as defined in the contract task list and limits. (List and rate each service task from Attachment I, Paragraph B.1.a.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Provider Contract Requirements	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
	1	2	3	4	N/A		
B.2. Staffing Requirements							
a. Provider staffing levels are maintained as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Provider maintains qualified professionals as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Provider handles staffing changes as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Provider complied with the subcontractor provisions in the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B.3. Service Location and Equipment							
a. Services are provided at the locations specified and facility requirements have been met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Service times meet contract requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Changes in location are appropriately handled as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Provider equipment is available, safe, in good working order, and meets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Provider Contract Requirements	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
1	2	3	4	N/A			
contract requirements (including procurement, if applicable).							
B.4. Deliverables							
a. Service units are provided as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Required reports are accurate, complete and submitted on time as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Provider records and documentation are available, accurate and complete as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B.5. Performance Specifications							
a. Provider is meeting (or has met) the performance standards as defined by the contract (list and rate each outcome/output from Attachment I, paragraph B.5.a.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Provider Contract Requirements	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
1	2	3	4	N/A			
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
B.6. Provider Responsibilities							
a. Provider is performing provider unique activities as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Provider coordinates services integration both internally and externally with other entities as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Method of Payment							
a. Invoices are accurate, complete and submitted on time as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Service delivery supporting documentation has been maintained and/or submitted as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. Special Provisions							
a. Provider has complied with special provisions as defined by the contract (list and rate each special provision where							

Provider Contract Requirements	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
1	2	3	4	N/A			
requirements were not fully met)							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Future Contract Actions (Lessons Learned)							

School Health Records Review

Conduct a periodic peer review of random student records for compliance, completeness and consistency of required documentation. Indicate if the item is present with one of these codes: Y = Yes, N = No, N/A = Not Applicable.

County:	School:	Reviewer:	Date:	
STUDENT HEALTH RECORD REVIEW (random students & grades)				
	# 1	# 2	# 3	# 4
Student's current grade level				
MANDATORY COMPONENTS: (per s. 1002.22, F.S.; s. 1003.22, F.S.; Ch. 6A-6.024, F.A.C.; Ch. 64F-6, F.A.C.)				
1. Cumulative health record on each student is maintained				
2. Emergency Information Card is available				
Emergency contact information is present				
Date of emergency card is within one year (updated annually)				
Allergies and health conditions are indicated				
Provides parental permission for emergency care				
3. 680 Immunization certification or electronic transfer is present				
Immunization status is current for grade, <u>or</u>				
Temporary Medical Exemption (Part B) is current, <u>or</u>				
Permanent Medical Exemption (Part C) is provided				
4. School Entry Health Exam (DH 3040 or equivalent) is documented				
5. Mandated screenings are provided in each required grade:	<i>Circle documented screenings <u>all</u> grades</i>			
K = Hearing (H), Vision (V)	H V	H V	H V	H V
1 = Hearing (H), Vision (V), Growth and Development w/BMI (G)	H V G	H V G	H V G	H V G
3 = Vision (V), Growth and Development w/BMI (G)	V G	V G	V G	V G
6 = Hearing (H), Vision (V), Growth and Development w/BMI (G), Scoliosis (S)	H V G S	H V G S	H V G S	H V G S
Optional: 3 = Hearing (H), 9 = Growth and Development w/BMI (G)	H G	H G	H G	H G
Note: if all required screenings by grade are not documented in the health record, explain in Comments.				
Referral, follow-up and outcomes documented				
6. Health records are maintained according to FERPA (Family Educational Rights and Privacy Act) requirements				
HEALTH CONDITIONS: (per s. 381.0056, F.S.; s. 1002.20, F.S.; s. 1006.062, F.S.; Ch. 6A-6.0251, F.A.C.)				
7. Student has a health condition requiring a care plan (as determined by RN nursing assessment)				
Individualized Health Care Plan (IHCP) is available				
Emergency Care Plan is available (separate or included in IHCP)				
8. Student is administered medication(s) per district medication policy (if required)				
Physician's orders and parent permission is documented				
Medications are received, counted and stored in original container				
Medications are stored under lock and key when not in use				
MAR is individualized to each student				
MAR includes drug name, dose, route, frequency, time/date given, reason for missed doses, and initial of staff administering				
Comments:				

School Health Room Review

County: _____ School: _____ Principal: _____

Basic CSHSP FSS # Students _____ Reviewer: _____ Date: _____

ADMINISTRATIVE ISSUES	Yes	No	N/A
Standardized health room log used (no notes or individually identifiable health information)			
Health treatment protocols for management of chronic and complex conditions, and emergency procedures are readily available			
Administrative protocols and references are available			
Policy for reporting and documenting medical errors is available			
MEDICATION ADMINISTRATION (s. 1006.062, F.S.; Ch. 64B9-14, F.A.C.)			
School District Medication Policy available onsite			
Unlicensed Assistive Personnel (UAP) are designated by school principal			
• Annual training of UAP documented			
• Periodic monitoring of UAP documented			
• Names of trained UAP are posted in the school (<i>recommended practice</i>)			
Parental permission on file for each medication (clinics may also need a doctor's order)			
Documentation of counting medication (initial and refills) when received			
Medications stored in original container with original pharmacy label, and not expired			
Medications stored in locked medicine cabinet or locked refrigerator (or lock box)			
OTC drugs labeled with student name, and not expired			
Individualized student medication record in use			
Procedure to identify no-show students			
EMERGENCY POLICIES (CH 64F-6.004, F.A.C.)			
Student emergency health information records are readily available to health room staff			
Procedure to report accidents and injuries in use			
Current First Aid/CPR certification (health room staff and two additional school staff), and current certification copies are available			
Names/phone number of persons certified in First Aid/CPR posted in health room and throughout school			
First aid supplies and emergency equipment available, and not expired. (<i>see School Health Guidelines, Section IV, Chapter 21 for recommendations</i>)			
PERSONNEL			
Health Room (HR) is staffed full-time:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, number hours/day: _____
# HR Staff: RN LPN Techs Vol.			# Designated School Staff: _____
Registered Nurse supervision provided by: _____			Frequency on-site: _____

DESCRIPTION OF HEALTH ROOM/CLINIC FACILITIES (State Requirements for Educational Facilities 2007, rev. 2009)	
EACH SCHOOL CLINIC INCLUDES: <input type="checkbox"/> Reception area/office <input type="checkbox"/> Storage <input type="checkbox"/> Accessible toilet room(s): ES (1); MS/HS (1 male, 1 female); Full Service School (1 male, 1 female) <input type="checkbox"/> Toilet, sink, hot (110° F or lower) & cold water <input type="checkbox"/> Exhaust fan vented to exterior <input type="checkbox"/> Bed space (separated for male & female in MS/HS) <input type="checkbox"/> Cleanable, plastic covered mattress & pillow provided for each bed <input type="checkbox"/> Clean, disposable mats provided for each patient	<input type="checkbox"/> Visual supervision of beds from reception area/office EACH FULL SERVICE SCHOOL CLINIC ALSO INCLUDES: <input type="checkbox"/> Lockable storage room (for refrigerator, supplies, etc.) <input type="checkbox"/> Shower (accessible in 1 toilet room) <input type="checkbox"/> Nurses station has visual supervision of bed areas <input type="checkbox"/> Data outlets for computer hookups and networking <input type="checkbox"/> Additional electrical outlets for testing machines <input type="checkbox"/> Direct access from exterior <input type="checkbox"/> Direct access from interior or connected by covered walk <input type="checkbox"/> Designated parking spaces (1 disabled accessible)

Comments/Plan for Improvements:

--

SCHOOL HEALTH COUNTY SELF-ASSESSMENT CHECKLIST

County: _____ Date: _____

Completed By: _____

This checklist/short answer document is provided for a school health self-assessment to be completed by the local school health coordinators prior to a state school health program site visit. This checklist supplements the county 3-year data comparison worksheet and other information used for the scheduled site visit.

Note: to place an "X" in the check boxes below, place cursor on the check box and right click, select properties; select the "checked" button under default value.

Subject	Yes	No
Nursing Standards of Care for School Health		
Is there a local/county policy and procedure manual for School Health services?	<input type="checkbox"/>	<input type="checkbox"/>
Are the following approved state manuals/guidelines used in the provision of health services and/or program management?		
1) Administrative Guidelines (2007)	<input type="checkbox"/>	<input type="checkbox"/>
2) Role of the Professional School Nurse in Delegation of Care (2006)	<input type="checkbox"/>	<input type="checkbox"/>
3) Diabetes Guidelines (2003)	<input type="checkbox"/>	<input type="checkbox"/>
4) Asthma Guidelines (2005)	<input type="checkbox"/>	<input type="checkbox"/>
Is there a standardized process for Individualized Health Care Plan (IHCP) development for students with chronic conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an RN assigned or available to each school to provide nursing supervision, delegation and training, including staff to be supervised "across" agencies?	<input type="checkbox"/>	<input type="checkbox"/>
Does each school have designated health staff?	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments:		
Medication Administration (ss. 1006.062, 1006.0625 F.S.)		
Have written district medication policies and procedures been adopted?	<input type="checkbox"/>	<input type="checkbox"/>
Does it address issues such as:		
1) Field trips,	<input type="checkbox"/>	<input type="checkbox"/>
2) Over-the-counter medications,	<input type="checkbox"/>	<input type="checkbox"/>
3) Emergency medications, and	<input type="checkbox"/>	<input type="checkbox"/>
4) Delegation to unlicensed assistive personnel (UAP)?	<input type="checkbox"/>	<input type="checkbox"/>
Are medication policies and procedures periodically reviewed/updated?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a written procedure to report medication errors?	<input type="checkbox"/>	<input type="checkbox"/>
Is standardized medication administration training established for UAPs?	<input type="checkbox"/>	<input type="checkbox"/>
How frequently is training provided to UAPs?		
Is documentation of medication training maintained for at least five (or according to local retention policy) years in a retrievable file?	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments:		

Emergency Services (s. 381.0056(I) F.S.; 64F-6.004 F.A.C.)		
Does the county health department (CHD) and/or local educational agency (LEA) school health coordinator(s) provide input for the school district:		
Crisis Response Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Health/Medical Procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Automated External Defibrillator (AED) procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Other (list):		
How many schools have AEDs (minimum 1 each high school)?		
Do all schools have access to 911 for emergencies?	<input type="checkbox"/>	<input type="checkbox"/>
Does the CHD and/or LEA school health coordinator or a school nurse participate in the:		
School district safety committee?	<input type="checkbox"/>	<input type="checkbox"/>
School wellness committee?	<input type="checkbox"/>	<input type="checkbox"/>
Other:		
Are all unlicensed health room staff <u>and</u> at least two school staff in each school certified in First Aid (FA) and cardiopulmonary resuscitation (CPR)?	<input type="checkbox"/>	<input type="checkbox"/>
Is documentation of FA and CPR training maintained for five (5) years in a retrievable file?	<input type="checkbox"/>	<input type="checkbox"/>
Does each school principal ensure that adequate first aid supplies, emergency equipment, and facilities are maintained?	<input type="checkbox"/>	<input type="checkbox"/>
How are first aid supplies and equipment funded and provided for each school?		
Section Comments:		
Budget Issues		
If your county receives state comprehensive program funding (46 counties):		
Are the federal funds completely expended each fiscal year?	<input type="checkbox"/>	<input type="checkbox"/>
Are Single Federal Award Certifications (or 100% timekeeping) completed bi-annually for all staff working 100% on a federal activity or award?	<input type="checkbox"/>	<input type="checkbox"/>
Does the school district or other partners provide resources for the school health program (funding, staffing, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your CHD contract state school health funding? Basic <input type="checkbox"/> FSS <input type="checkbox"/> None <input type="checkbox"/> (specify)		
<i>CHD School Health contracts only:</i> Are copies of the contract monitoring tool provided to the Program Office annually?	<input type="checkbox"/>	<input type="checkbox"/>
<i>All School Health contracts/Memorandum of Agreements (MOA):</i> Are copies of each contract/MOA provided to the Program Office annually?	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments:		

Data Collection		
Is coding data for the DOH Health Management System (HMS) entry submitted by all entities providing school health services?	<input type="checkbox"/>	<input type="checkbox"/>
Is a standardized system used to document and report health services provided at each school (forms, spreadsheets, software application, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Is data collection, reporting services, and data entry completed in a timely manner (CHD 2 weeks, contracted provider monthly, non-contracted provider quarterly)?	<input type="checkbox"/>	<input type="checkbox"/>
Is a periodic review of county HMC data, screening compliance, and completed screening outcomes accomplished by school health coordinators / supervisors?	<input type="checkbox"/>	<input type="checkbox"/>
Describe barriers to collecting, reporting, and analyzing data.		
Section Comments:		
Facilities & Equipment		
Are all health rooms periodically assessed using the current <i>School Health Room Review</i> tool (either by the school health coordinator(s), school nurse peer reviews, or as part of contract monitoring)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the school district include the coordinator in the planning of health room facilities for new schools?	<input type="checkbox"/>	<input type="checkbox"/>
Does each school health room have a computer?	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments:		
Other Issues		
Is there an active School Health Advisory Committee (SHAC)?	<input type="checkbox"/>	<input type="checkbox"/>
Were meetings conducted at least 3 times during the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Is the SHAC included in School Health Services Plan development?	<input type="checkbox"/>	<input type="checkbox"/>
Does the community support the school health program (i.e. SHAC participation, funding, donated health services, volunteers, health initiatives, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how?		
Does the LEA fund and provide Exceptional Student Education (ESE) health services for students as identified in the individual education plan (IEP) per s. 1003.57, F.S.?	<input type="checkbox"/>	<input type="checkbox"/>
If not, are ESE health services provided by the CHD or other entity under a contract, MOA, or as specified in the School Health Services Plan (describe)?		
Do the school health nurses provide classroom health education?	<input type="checkbox"/>	<input type="checkbox"/>
Is training/continuing education provided for RNs, LPNs, and UAPs?	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments:		

School Health: Three-Year Worksheet for: State of Florida

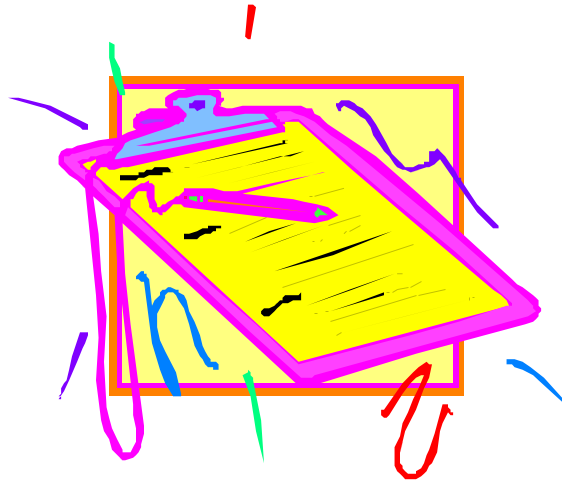
INDICATORS	2007-08	2008-09	2009-10	% Change 2007-08 & 2009-10
PUBLIC SCHOOLS/STUDENTS				
Public schools (DOE)	3,548	3,658	3,653	2.96%
Public school students (DOE)	2,645,424	2,620,801	2,627,250	-0.69%
Number of school health services per student (HMC, DOE)	7.32	8.68	8	13.91%
ANNUAL SERVICES (BASIC, COMPREHENSIVE & FULL SERVICE)				
Average student health room visits per day (FTE Wk)	75,138	77,570	77,652	3.35%
Average medication doses per day (FTE Wk)	20,013	21,906	22,149	10.67%
Nursing assessments & counseling (HMC)	3,127,105	2,679,315	2,196,731	-29.75%
Licensed practical nurse service (HMC)			1,368,861	N/A
Paraprofessional evaluation & treatments (HMC)	3,243,179	5,031,145	3,885,924	19.82%
Staff or parent consultations (HMC)	3,061,107	3,809,022	3,766,880	23.06%
Health education classes (HMC)	89,275	83,601	77,666	-13.00%
Reported chronic or acute health conditions (AR)	485,254	552,878	545,684	12.45%
Individualized health care plans developed (HMC)	70,291	75,542	57,806	-17.76%
Child-specific training (HMC)		8,016	9,585	N/A
Complex medical procedures performed (HMC)	587,544	802,799	849,774	44.63%
First Aide Administration (HMC)	1,834,238	2,269,176	2,089,035	13.89%
Medication Administration (HMC)	1,912,568	2,274,454	2,174,068	13.67%
ESE staffings (HMC)	40,933	42,440	36,489	-10.86%
Immunization follow-up services (HMC)	676,316	615,056	548,971	-18.83%
Record reviews (HMC)	576,239	659,202	552,977	-4.04%
RN to Student Ratio (ESE RNs not included) 1:	2,569	2,518	2,477	-3.60%
RN to School Ratio (ESE RNs not included) 1:	3.45	3.51	3.44	-0.06%
SCREENING PERFORMANCE MEASURES				
Percent mandated vision grades screened (HMC, DOE)	68.68%	0.90	89.80%	30.75%
Percent mandated hearing grades screened (HMC, DOE)	63.88%	0.86	91.25%	42.84%
Percent of vision referral outcomes completed (HMC)	54.65%	52.91%	62.46%	14.27%
Percent of hearing referral outcomes completed (HMC)	57.41%	49.90%	55.95%	-2.55%
BODY MASS INDEX - PERCENT ≥ 95th PERCENTILE				
Percent of 1st,3rd,6th graders in BMI obese category ≥ 95th percentile (HMC)	18.48%	18.50%	17.43%	-5.65%
COMPREHENSIVE SCHOOL HEALTH SERVICES				
Number of services coded to Comp. in EARS (HMC)	3,228,814	3,069,696	3,604,385	11.63%
Students returning to class after health room visits (%) (AR)	86.71%	0.88	87.19%	0.55%
# Pregnancy prevention classes (AR)	2,023	2,611	1,313	-35.10%
Birth Rate Per 1,000 (6th - 12th grade females) (AR)	8.33	8.50	5.43	-34.85%
Percent (%) returning to school after giving birth (AR)	82.21%	85.84%	86.64%	5.40%
Total Health Education Classes (AR)	38,560	50,019	39,158	1.55%
FULL SERVICE SCHOOLS				
Number of services coded to FSS in EARS (HMC)	4,313,042	4,270,918	3,285,613	-23.82%
In-kind hours donated by local agencies (AR)	310,408	285,477	276,779	-10.83%
Value of in-kind hours donated by local agencies (AR)	\$ 13,812,551	\$ 11,880,289	\$ 9,629,574	-30.28%
FUNDING				
CHD Schedule C - Basic, Comp., and Full Service (HQ)	\$ 31,547,881	\$ 30,873,523	\$ 29,027,982	-7.99%
CHD Other Funding (AR)	\$ 6,549,539	\$ 5,705,245	\$ 7,703,252	17.62%
LEA Funding (only school health services) (AR)	\$ 97,186,992	\$ 80,134,511	\$ 92,714,341	-4.60%
Community Partner Funding (AR)	\$ 17,178,506	\$ 14,540,109	\$ 32,156,711	87.19%
Total School Health Funding All Sources	\$ 152,462,918	\$ 131,253,388	\$ 161,602,286	5.99%
School Health Per Student Expenditure	\$ 57.63	\$ 50.08	\$ 61.51	6.73%

Note: All data per year, unless otherwise indicated.

Rev. December 2010

Note: Contact the assigned county liaison for information.

Appendix C



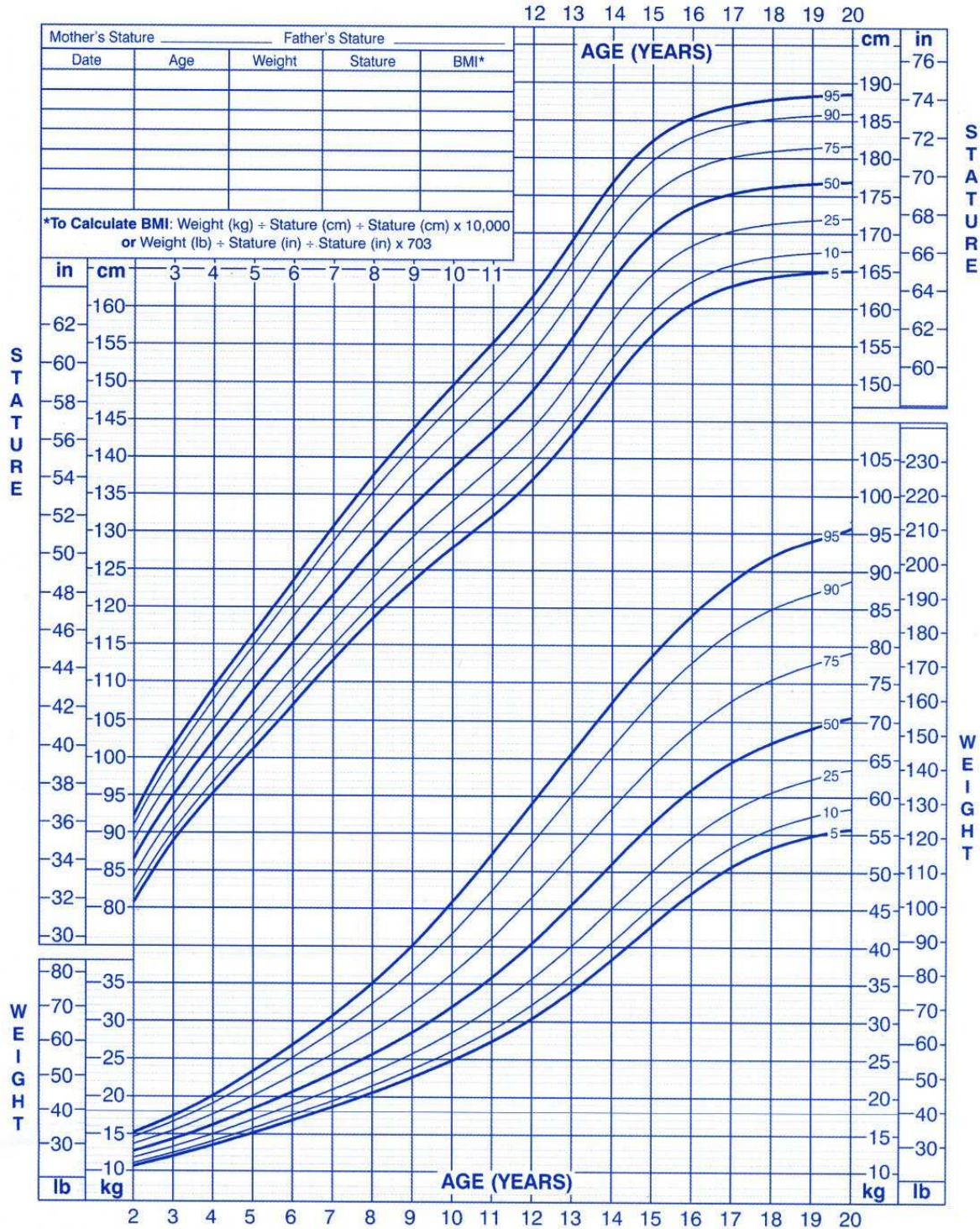
Forms: School Health

1. Florida DOH BMI & Height/Weight Charts (DH 3183 and 3184)
2. Florida Cumulative Health Record (DH 3041)
3. Florida DOH Immunization forms (DH 680 & 681)
4. Florida DOH *School Entry Health Exam* form (DH 3040)
5. Items from State of Florida General Records Schedule GS7

2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Revised and corrected November 28, 2000.

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>





CUMULATIVE SCHOOL HEALTH RECORD
(This form is not intended for physician's use)

Special Health
Problems - See
Narrative _____

Name _____ Race _____ Sex _____ School _____

Address _____ Father's Name _____

_____ Mother's Name _____

Date of Birth ____/____/____ Place of Birth _____ Birth Recorded: Yes No

Immunization Certification: Yes No

Special Immunization Programs _____

A NARRATIVE NOTE IS REQUIRED FOR REFERRAL AND OUTCOME ENTRIES

Screening and Assessment Grades K-3	K			1			2			3		
	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome
Vision												
Hearing												
Height, Weight & Graphing												
Nutrition												
Dental Health												
Mental Health												
Communicable Disease												
Records Review												
Physical Assessment												
Other												
Other												

Screening and Assessment Grades 4-8	4			5			6			7			8		
	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome
Vision															
Hearing															
Height, Weight & Graphing															
Nutrition															
Dental Health															
Mental Health															
Communicable Disease															
Records Review															
Physical Assessment															
Scoliosis															
Other															
Other															

DH 3041, 9/96 (Replaces HRS-H Form 3041 which may be used)



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YYYY)
PARENT OR GUARDIAN	CHILD'S SS# (Optional)	STATE IMMUNIZATION ID#	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A					
DT	B					
Tdap	P					
Td	Q					
Polio	D					
Hib	E					
MMR (Combined) (Separate)	F					
	G, H					
		<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J					
Varicella	K					
Varicella Disease	L					
		Year				
PneumoConju	N					

Certificate of Immunization for K-12

Part A-Complete

DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)

DOE Code 8: Immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Temporary Medical Exemption Expiration date: _____

Part B-Temporary

DOE Code 2 (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

DOE Code 3 _____

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name: _____

Physician or Authorized Signature: _____

Electronic Certification: _____
Date: _____
Issued by: _____



DH 680 7/10

NARRATIVE RECORD (continued)

DATE	
------	--



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YY)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See DH Form 150-615, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2010) for information and instructions on form completion. Guidelines are available at: www.immunizeflorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YY	Dose 2 MM/DD/YY	Dose 3 MM/DD/YY	Dose 4 MM/DD/YY	Dose 5 MM/DD/YY
DTaP/DTP	A					
DT	B					
Tdap	P					
Td	Q					
Polio	D					
Hib	E					
MMR (Combined) (Separate)	F					
	G, H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J					
Varicella	K					
Varicella Disease	L					
PneumoConju	N					

**Select appropriate box(es)
Certificate of Immunization for K-12**

Part A-Complete

- DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
- DOE Code 8: Immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Temporary Medical Exemption

Expiration date: _____

Part B-Temporary

Part B (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

DOE Code 3 _____

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name: _____

Physician or

Authorized Signature: _____

Issued By: _____

Date: _____

DH 680 (Jul 2010) Stock Number: 5740-000-0680-6



RELIGIOUS EXEMPTION FROM IMMUNIZATION
 Exención Religiosa Para La Inmunización
 Eksepsyon Pou Kwayans Relijyon Pou Pa Nan Pran Piki Ak Vaksen

Child's Name (printed) Nombre Del Niño (con letra de imprenta) Non Timoun Nan (an gran karaktè)	Date of Birth Fecha De Nacimiento Dat Li Te Fèt	Child's SS# (optional) Número De Seguro Social Del Niño (opcional) Nimewo Sekirite Sosyal Timoun Nan (si ou vie)	Name of Parent or Guardian Nombre Del Padre O Guardián Non Paran Oubyen Moun Ki Reskonsab Li Ya
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<p><i>(English)</i> I am the parent or legal guardian of the above-named child. Immunizations are in conflict with my religious tenets or practices. Therefore, I request that my child be enrolled in school, preschool, child day care facilities, or family day care homes without immunizations required by sections 1003.22, F.S., 402.305, F.S., and 402.313, F.S.</p> <p>The presence of any of the communicable diseases for which immunization is required by the Department of Health in Florida schools, preschools, child day care facilities, or family day care homes shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from the facility by the district school board or governing authority until such time as is specified by the county health department director or administrator.</p>	<p><i>(Spanish)</i> Yo soy uno de los padres o el guardián legal del niño mencionado anteriormente. Las inmunizaciones están en conflicto con mis principios o prácticas religiosas. Por lo tanto, pido que mi hijo se matricule en el colegio, preescolar, guardería infantil o servicios de cuidado para familias sin las inmunizaciones requeridas por las secciones 1003.22, F.A., 402.305, F.S., y 402.313, F.S.</p> <p>La presencia de cualquier enfermedad contagiosa para la cual el Departamento de Salud en los colegios, preescolares, guarderías infantiles o servicios de cuidado para familias de la Florida requiera inmunización permitirá que el director o el administrador del departamento de salud del condado o el oficial de salud estatal declare una emergencia de enfermedad contagiosa. Aquellos niños que sean identificados como no inmunizados contra la enfermedad para la cual se ha declarado la emergencia serán excluidos temporalmente de las instalaciones por parte de la junta del distrito escolar o las autoridades gobernantes hasta que el director o el administrador del departamento de salud del condado lo especifique necesario.</p>	<p><i>(Creole)</i> Mwen menm se paran oubyen moun ki reskonsab devan lajwa timoun sa ke nou sot baw non li ya piwo wa. Sa yo ap fè nan san yo tankou piki, seròm ak vaksen pa mache ak prensip oubyen ak pratik ki gen nan legliz mwen yan. Poutè sa, mwen mande ke timoun mwen yan enskri nan lekòl, lekòl matènèl, jaden danfan, oubyen kote yo fè gadri pou timoun, san ke yo pa bezwen pran vaksen yo jan atik 1003.22, F.S., 402.305, F.S., ak 402.313, F.S. yo mandel.</p> <p>Prezans nenpòt ki maladi kontajyez ki bezwen pou moun nan pran piki ak vaksen kan mem dwe rekòmande pa Sèvis Sante ki nan lekòl yo ki anndan eta Florid la, lekòl matènèl, kote ke yo fasilite swen pou timoun, oubyen nan kay fanmi ki ap bay swen yo pou ka pèmèt direktè oubyen administratè Sante zòn nan oubyen ofisye sante eta deklare ke ou genyen you maladi kontajyez ki gen ijans. Timoun sa yo ke yo idanfyè ki pa pran piki, seròm ak lòt bagay nan san kont maladi kontajyez ke yo deklare ki gen ijans lan nou pral mete yo deyò pou you ti tan jiskaskè direktè ya oubyen administratè sante zòn nan deklare ke lè ya rive pou yo tounen.</p>
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Signature of Parent or Guardian Firma del Padre o Guardián Siyati Paran Oubyen Moun Ki Reskonsab Li	Date Fecha Dat	
Signature of Director/Administrator	Date	County Health Department Stamp

DH 681, 708 (Obsoletes earlier editions)
 Stock Number: 5740-000-0681-4



**STATE OF FLORIDA
School Entry Health Exam**

To Parent/Guardian: Please complete and sign Part I — Child’s Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left. *(Please explain any “Yes” answers in the space provided below.)*

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?
8. Yes No Would you like to discuss anything about your child’s health with a school nurse?

To Parent/Guardian: Please explain any “Yes” answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child’s health and educational needs.

Signature of Parent/Guardian
Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended but not required.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ <i>(check one)</i> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.

DH 3040, 6/02 (Obsoletes previous editions which may not be used) Stock Number: 5744-000-3040-2



Name of Child (Last, First, Middle)	Birth Date
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PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:

(Exam must be within one year of enrollment) _____ Month _____ Day _____ Year

Screening Results:

Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/ _____	Left 20/ _____	Passed <input type="checkbox"/>	Hearing – Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
			Failed <input type="checkbox"/>				
Vision - With Glasses	Right 20/ _____	Left 20/ _____	Passed <input type="checkbox"/>	Hearing – Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
			Failed <input type="checkbox"/>				

- | | | | | |
|-------------------------------|---------------------------------|-----------------------------------|-------|-----------------|
| Gross dental (teeth and gums) | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ | Refer/Tx: _____ |
| Head/scalp/skin | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ | Refer/Tx: _____ |
| Eyes/Ears/Nose/Throat | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ | Refer/Tx: _____ |
| Chest/Lungs/Heart | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ | Refer/Tx: _____ |
| Abdomen | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ | Refer/Tx: _____ |
| Postural assessment | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ | Refer/Tx: _____ |

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
<input checked="" type="checkbox"/>	____/____/____	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.

Guide for Completing the School Entry Health Exam (DH 3040 Form)

DH 3040, 6/02, Stock Number: 5744-000-3040-2

General Information

Purpose: The School Entry Health Exam has been designed to meet the requirements for the school entry health examination, as mandated by s.1003.22, F.S. (formerly s. 232.0315, F.S.) for student entry into Florida public and private schools, grades Pre-Kindergarten to 12. It provides basic health and screening information that will assist the school and school health personnel in meeting the needs of the child.

Health Care Provider: A health professional who is licensed in Florida or in the state where the student resided at the time of the health examination, and who is authorized to perform a general health examination under such licensure shall certify that the health examination has been completed.

Time Limits: The child's health examination must be completed within one year prior to enrollment in school. A homeless child shall be given a temporary exemption for 30 school days.

Exemptions: A child shall be exempt from this requirement upon written request from parent or guardian on religious grounds.

Copies: A copy of the front and back of the completed form may be retained in the child's medical file kept by the health care provider. The original completed DH 3040 Form should be given to the parent to take to the school to provide information and to document that this requirement is met.

Directions for completing the School Entry Health Exam Form

Page 1: The health history is to be filled in by the parent or interviewer in the provider's office. If the parent seeks the exams recommended by the Partnership for School Readiness, the appropriate provider will fill in the information regarding the exam results.

1. Child Identifying Information: Fill in all of the information requested, including child's middle name and parent's complete names. This information is critical for distinguishing between children with the same or similar name.
2. PART I—CHILD'S MEDICAL HISTORY: The parent or interviewer in the provider's office should answer these questions before the exam. All questions answered "yes" should be explained in the space provided below.
3. Partnership for School Readiness Recommendations for Pre-kindergarten and Kindergarten: After the school entry health exam form has been completed, parents should be encouraged to seek the recommended vision examination from an optometrist or ophthalmologist and the dental examination from a dentist. The practitioner providing the school entry health exam may provide the hearing screening.

Page 2: This page is to be completed by the health care provider only.

1. Fill in the complete name and birth date of the child, as it appears on page 1.
2. PART II—MEDICAL EVALUATION: Provide the month, day and year of the entry exam.
3. Screening Results: Perform the indicated screenings and fill in the results of each of the indicated screenings, including vision and hearing information.
4. Exam Components: Indicate whether the results of the exam are normal or abnormal and any actions taken by the provider.
5. TB Risk Assessment: See guidelines on the bottom of the page for TB risk assessment. The screening and results should not be recorded on the school health form. If a test is given, arrangements should be made with the parent/guardian for follow up.
6. If the child has any physical or behavioral problem that may adversely affect the educational experience, check the appropriate box and explain the impairment or restrictions. Because the record will not be subject to the strict protection of medical records, providers are asked to refrain from including information of a confidential nature such as child abuse and HIV/AIDS.
7. Participation in Activities: Indicate whether the child has health or physical conditions that would prevent participation in normal school activities such as physical activities in recess, physical education or other physical activities during the school day.
8. Provider information: Fill out or stamp the form to provide information that identifies the provider and their address.

Revised 7/02

State of Florida
GENERAL RECORDS SCHEDULE GS7 FOR PUBLIC SCHOOLS
PRE-K-12 AND ADULT AND CAREER EDUCATION
June 1, 2012

Items Impacting School Health Provision in Public Schools

FIELD TRIP/STUDENT ACTIVITY AUTHORIZATIONS

Item #37

This record series documents parent/guardian approval/disapproval for their child to participate in field trips and school activities such as clubs, performance groups, and athletics. Documentation may provide such information as type and purpose of activity, date(s), location(s), emergency contact information, and medical treatment authorization. The series does not include the record copy of any financial documentation. Schools are responsible for ensuring that internal management policies are in place establishing criteria for which authorizations should be retained longer in the event of accidents or other incidents occurring during authorized activities.

RETENTION:

- a) Record copy. Retain until end of school year.
- b) Duplicates. Retain until obsolete, superseded or administrative value is lost.

IN-SERVICE EDUCATION RECORDS

Item #65

This record series documents continuing professional education programs conducted for faculty and/or staff. The records provide such information as component name and identification number, objectives, description of activities, component evaluation, budget, names of participants, and performance records. Documentation of individual participation should be filed with the individual's personnel file.

RETENTION:

- a) Record copy. 5 fiscal years provided applicable audits have been released.
- b) Duplicates. Retain until obsolete, superseded or administrative value is lost.

STUDENT EDUCATION RECORDS: CATEGORY B

Item #91

This record series consists of temporary student records as defined in Department of Education Rule 6A-1.0955, *Florida Administrative Code*, Education Records. Rule 6A-1.0955 defines Category B records as "verified information of educational importance which is subject to periodic review and elimination when the information is no longer useful." The rule specifies that Category B records may include, but are not limited to: health information; family background data; standardized test scores; academic improvement plans; progress monitoring plans; educational and career plans; honors and activities; work experience reports; teacher comments; correspondence from community agencies or private professionals; driver education certificates; a list of schools attended; screening/background information or drug testing results for students registering for career and technical educational institutions; and written agreements of corrections, deletions, or expunctions from the student record. This series includes student education records of public pre-K-12 schools, adult, and career and technical educational institutions, as well as copies of records received from other school districts for transferring students. For Category B records documenting testing for or enrollment in an Exceptional Student Education program, use "EXCEPTIONAL STUDENT EDUCATION (ESE) RECORDS."

RETENTION:

- a) Record copy. 3 school years provided any applicable audits have been released.
- b) Duplicates. Retain until obsolete, superseded or administrative value is lost.

ABUSE/NEGLECT/ABANDONMENT RECORDS**Item #110**

This record series consists of the school district's copies of reports submitted to the Department of Children and Families reporting suspicion of child abuse, neglect, abandonment, or need for supervision and care.

RETENTION:

- a) Record copy. 3 anniversary years **OR** 1 anniversary year after case closed, whichever is sooner.
- b) Duplicates. Retain until obsolete, superseded or administrative value is lost.

CLINIC LOG**Item #120**

This record series consists of a list of students entering the clinic, the date and time, the reason, the nurse/parent/staff member on duty, and the time departed. Retention is pursuant to Section 95.11, *Florida Statutes*, Statute of Limitations on medical malpractice.

RETENTION:

- a) Record copy. 7 anniversary years.
- b) Duplicates. Retain until obsolete, superseded or administrative value is lost.

EMERGENCY NOTIFICATION RECORDS**Item #122**

This record series consists of documentation identifying the emergency contact person for a student, the name and phone number of physician, any necessary medical information, names of individuals allowed to remove the student from school, and any family code words used to identify persons with permission to remove the child. These records are updated at least annually or more frequently when necessary by the student, parent, or guardian.

RETENTION:

- a) Record copy. Retain until end of school year.
- b) Duplicates. Retain until obsolete, superseded or administrative value is lost.

HEALTH IMMUNIZATION NOTICE OF NONCOMPLIANCE**Item #128**

This record series consists of letters or notices informing parents, guardians, or adult students that they are not in compliance with Florida's immunization standards. The notice may indicate a deadline for compliance and describe the penalties for noncompliance.

RETENTION:

- a) Record copy. Retain until in compliance or end of school year, whichever occurs first.
- b) Duplicates. Retain until obsolete, superseded or administrative value is lost.

RELEASE OF STUDENT INFORMATION: MEDICAL**Item #132**

This record series consists of authorizations by the parent/guardian or the adult student for release of medical records by a full service clinic or school nurse for the purpose of transfer, family request, or another doctor's review. Physical or mental health data can only be released to a health professional. This release is identical to those required in more formalized health care facilities.

RETENTION:

- a) Record copy. 7 anniversary years.
- b) Duplicates. Retain until obsolete, superseded or administrative value is lost.

HEALTH IMMUNIZATION CERTIFICATION**Item #155**

This record series documents certification of immunization against communicable diseases for which immunization is required by the Department of Health prior to admittance to or attendance at school. Retention pursuant to Section 1003.22(4), *Florida Statutes*, which requires that, "Such certification shall be made on forms approved and provided by the Department of Health and shall become a part of each

student's permanent record..."

RETENTION:

- a) Record copy. **Permanent.**
- b) Duplicates. Retain until obsolete, superseded or administrative value is lost.

MEDICAL/HEALTH CARE RECORDS: STUDENT

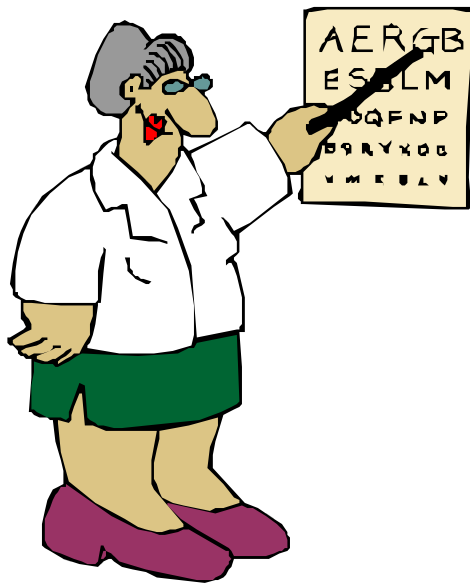
Item #158

This record series documents medical or health-related care, treatment, and screening provided to students by or in the school or child care setting. Records may be maintained at the school by a school nurse, physician, or other recognized medical practitioner. The records may include, but are not limited to, student identification; complaint or reason for seeking care; present illness; personal medical history; medical treatment information; and records of medication and dosage administered. The series also includes written notices from parents/guardians authorizing the school to administer prescription and nonprescription medicine to their child, and written notices from parents/guardians and doctors authorizing a student to self-administer medication. Please refer to Rule 65C-22.004, *Florida Administrative Code*, Health Related Requirements, for specific authorization requirements in child care settings. Retention is pursuant to Section 95.11, *Florida Statutes*, Statute of Limitations on medical malpractice.

RETENTION:

- a) Record copy. 7 anniversary years after last patient/student contact.
- b) Duplicates. Retain until obsolete, superseded or administrative value is lost.

Appendix D



Health Screening

5. Hearing Screening Procedures
6. Vision Screening Procedures
7. Growth and Development Screening Procedures
8. Scoliosis Screening Procedures

1. Hearing Screening Procedures

- Utilize the quietest possible area for testing
- Demonstrate the procedure to the student, group, or class. This lets the students know what to listen for. The screener should instruct the students to raise a hand when they hear the sound and lower their hand when the sound disappears.
- Be aware of operating procedure for the pure tone audiometer. (Note: The audiometer should be in good working order, calibrated annually. For specific operating instructions, refer to the manual accompanying the audiometer).
- The American Speech-Language-Hearing Association (ASHA) standards for screening are to present sounds at 20 dB @ 1000, 2000, 4000 Hz in each ear. ASHA recommendations are for as quiet an area as possible for testing, with a sound proof room as ideal. Some districts have adopted standards of 25 dB @ 1000, 2000, 4000 Hz in each ear, since it is difficult to obtain a truly quiet screening rooms.

Observation of the following conditions may indicate need for referral regardless of screening results.

- Behavior.
 1. Inattention.
 2. Asks for repetition of things just said.
 3. Turns or cocks head to try to hear better.
 4. Leans forward to hear.
 5. Interrupts conversation of others, is unaware that others are talking.
 6. Withdraws from group activities, especially where hearing is important to participation.
 7. Has poor, delayed, or no speech.
 8. Breathes through mouth excessively.
 9. Has poor balance in walking, running etc., especially in the dark.
 10. Cannot cooperate enough to be tested.
- Appearance.
 1. Draining ears, sometimes with accompanying unpleasant odor.
 2. Inflammation of external ear, area adjacent to the ear, or skin behind the ear over the mastoid process.
 3. Ears encrusted with dried wax.
 4. Frequent colds with heavy mucus flow.

- Complaints.
 1. Earache or pains in the area surrounding ear.
 2. Ear stopped up.
 3. Ringing, buzzing, or roaring in the ears.

Hearing Re-screening and Referral:

- Re-screen students who fail to hear at one or more of the indicated frequencies in either ear.
- Rescreen at same level as initial screening.
- Record the actual db/Hz level for each ear.
- Failure on the second screening requires referral to an audiologist or licensed physician
- Refer uncooperative students and those who are who are unable to be screened using the usual techniques.
- Alert school personnel to provide preferential seating near the source of sound for those students who fail the screening, until the results of a professional evaluation are received.
- Record results on the Cumulative Health Folder (DH Form 3041) or file the screening results form in that folder.

2. Vision Screening Procedures

Vision screening procedures for students younger than age 6:

- If the student is wearing his/her own glasses, screen with them on.
- Myopia/nearsightedness (difficulty seeing objects that are far away) is screened monocularly (one eye at a time) using appropriate, available equipment.
- Hyperopia/farsightedness (difficulty seeing close objects) is not tested for students younger than age 6, since mild hyperopia is developmentally normal in this age group.
- Each eye must see *at least* the 20/40 line.
- A passing score is obtained when the student can read the majority of the shapes/letters presented on the 20/40 line with each eye.
- Referral is made when the majority of shapes/letters presented on the 20/40 line cannot be read with one or both eyes.
- Referral is also made when there is a two-line or greater difference between the acuities of the two eyes, except when the poorer eye is 20/30 or better.
- Defects other than myopia and hyperopia may be detected during this screening process and appropriate referral should be made.
- Alert school personnel to provide preferential seating for those students who fail the screening, until the results of a professional evaluation are received.
- Record the results. Indicate if the student was wearing his/her own glasses.

Vision screening procedures for students age 6 and older:

- Myopia/nearsightedness (difficulty seeing objects that are far away) is screened monocularly (one eye at a time) using appropriate, available equipment.
 - If a student is wearing his/her own glasses, screen with them on.
 - Each eye must see *at least* the 20/30 line.
 - A passing score is obtained when the student can read the majority of the shapes/letters presented on the 20/30 line.
 - Referral is made when the majority of shapes/letters presented on the 20/30 line cannot be read with one or both eyes.
 - Referral is also made when there is a two-line or greater difference between the acuities of the two eyes, except when the poorer eye is 20/30 or better.
 - Defects other than myopia and hyperopia may be detected during this screening process and appropriate referral should be made.
 - Alert school personnel to provide preferential seating for those students who fail the screening, until the results of a professional evaluation are received.
 - Record the acuity. Indicate if the student was wearing his/her own glasses.
- Hyperopia/farsightedness (difficulty seeing close objects) is screened binocularly (both eyes together) using plus lenses, which should be of +2.25 to +2.50 diopters strength.
 - Use the same chart that was used for distance visual acuity.
 - Place the plus lenses in front of both student's eyes together.

- Ask the student to read the 20/30 line while looking through the lenses (with the plus lenses the child should NOT be able to read the 20/30 line clearly).
- A passing score is obtained if the child CANNOT read the 20/30 line through the hyperopia lenses.
- Referral is made when the student can read the 20/30 line clearly through the hyperopia lenses.
- Record the results.

Vision Re-screening and Referral:

- Record the results of the re-screening for each eye.
- Failure on the second screening requires referral to an optometrist, ophthalmologist, or licensed physician
- Refer uncooperative students and those who are who are unable to be screened using the usual techniques.
- Alert school personnel to provide preferential seating for those students who fail the screening, until the results of a professional evaluation are received.
- Record results on the Cumulative Health Folder (DH Form 3041) or file the screening results form in that folder.

Vision Referral Resources

Resources available for students who fail vision screening and cannot afford the services of a private eye Dr. vary by county and community. Typical referral criteria include documented failure of the vision screening, family income that falls within the guidelines of the Federal free or reduced lunch program. Examples of some available resources include:

- Local Lions Clubs
- Local Sertoma Clubs or other service organizations
- Local County Resources Databank: Call 211

3. Growth and Development Screening Procedures

Measurements may be taken and recorded by any member of the school staff, health services staff, or registered volunteer who has been appropriately trained. Common causes of errors include use of maladjusted balance scale, failure to calibrate scales on a periodic basis, using incorrect technique in measuring stature, and incorrect BMI calculation, recording and/or plotting of data.

Weight should be measured on a standard scale of known accuracy, confirmed by a second measurement and recorded to the nearest $\frac{1}{2}$ pound. Since students are routinely weighed clothed, screeners should be instructed to have the students remove any bulky jackets or sweaters and subtract 1 pound to account for the student's remaining clothing.

Standing height should be measured against a wall mounted measuring tape or board, or a rigid free standing device. The student should stand with the heels slightly apart and the back as straight as possible. Heels, buttocks, and shoulder blades should touch the wall or measuring surface. The student's line of vision should be straight ahead, arms at sides, and shoulders relaxed. It is important to assure that the student's knees are not bent and that the heels are not lifted from the floor. A block squared at right angle against the wall should then be brought to the crown of the head and the measurement noted, confirmed, and recorded to the nearest $\frac{1}{2}$ inch. If practical, students should remove their shoes for measurement. If that is not possible, screeners should be instructed to subtract $\frac{1}{2}$ inch from the measurement attained to account for the average height of a child's shoe. Students with unusually high heeled shoes should remove their shoes for measurement.

BMI calculation can be performed using available BMI wheels, BMI calculators, Palm devices, on-line calculators (see Appendix A for Internet link to CDC), and other software or accurate electronic devices intended for this purpose.

Growth and Development Re-screening and Referral:

- Students whose BMI calculation result is less than 5th percentile or greater than the 95th percentile value of the reference data are at greater risk of health related problems than the rest of the population.
- Referral for further evaluation and/or treatment is at the discretion of the professional registered school nurse and written local policy.
- Special Situations. Consideration should be made for environmental and genetic influences in determining the average size of children in various populations.

Growth and Development Screening Results Recording:

- Results should be recorded on or filed in each student's Cumulative School Health Record (DH Form 3041). See Appendix F for an example of this form.
- Locally designed forms to record screening data can be filed in or stapled to the DH Form 3041.

- To determine an individual's growth pattern over time, data should be plotted cumulatively on the same graph. Charts to plot BMI for age, weight and stature for age, and weight for height can be ordered from the DOH warehouse (DH-SH 3183 and DH-SH 3184) for boys and girls. Centers for Disease Control and Prevention (CDC) BMI forms may also be downloaded from their website. See Appendix A for Internet Link to the CDC forms. See Appendix F for examples of the DOH / CDC Forms.
- If there appears to be a gross deviation from the student's normal growth pattern, determine if it was due to equipment, technique, or recording. It is advisable to repeat questionable measurements.
- If referral was made for dietary or nutritional counseling, notation should be made on student's cumulative health record and follow-up noted.

4. Scoliosis Screening Procedures

- This screening is best done by registered nurses, but may be performed by trained physical education teachers or other qualified staff, who have been trained appropriately. There should be 2 adults present during screening.
- If students are expected to remove their shirts for screening, privacy is mandatory. Boys and girls must be screened separately, respecting students' modesty.
- Even if screening is done with students clothed, it is still advisable to separate boys and girls.
- Prepare students for screening for the exam by explaining the procedure. Explain the importance of early detection of spinal curvatures.
- Send letters home to notify parents of screening date and information about spinal curvatures and the screening process. Parents must submit advanced written notification if they do not want their child to participate. If students will be expected to remove their shirts during screening, include the recommendation that female students wear bathing suit tops or sports bras for screening.
- Arrange facilities with the school administrator & prepare forms to record results.
- Re-screen any student with questionable results at a later date and notify parents of any failures at that time.

Scoliosis Screening Referral Criteria & Procedures:

- Signs indicating abnormal results include un-level shoulders or hips, visible curvature of the spine on forward bend test, uneven space between arms and waist when student is standing, prominent scapular process on one side, as well as any child with an obvious deformity.
- If the OSI "Scoliometer" is used for screening, medical intervention and treatment is indicated at Cobb angles of 20 degrees which is equal to the 7 degree result on the Scoliometer.
- Re-screen any student who exhibits abnormal signs at initial screening.
- Refer parents to their private physician, Shriners, Elks, or County Health Department.
- In some counties, arrangements have been made with orthopedic physicians in the community.
- Record results on the Cumulative Health Folder (DH Form 3041) or file the screening results form in that folder.

Appendix E



DELEGATION GUIDELINES

Technical Assistance Guidelines

The Role of the Professional School Nurse in the Delegation of Care in Florida Schools

Instructions: Print and insert the current *Technical Assistance: School Health 2* in this section. The document can be downloaded from the School Health Services Web Site at the following link:

http://www.doh.state.fl.us/Family/School/attachments/Documents/TAG_SchoolHealth02.pdf

Appendix F



School Health Coding Pamphlet

School Health Coding Pamphlet

The DHP 50-20, Department of Health, Health Management System, Personal Health Coding Pamphlet is updated annually on October 1st. The information included in the “School Health Coding Pamphlet” is extracted from DHP 50-20. It consolidates information related to school health activities and contains the coding information routinely used by school health program staff to record their services. Please refer to the current DHP 50-20 for the complete coding pamphlet and instructions.

Instructions: Print and insert the current *School Health Coding Pamphlet* in this section. The document can be downloaded from the School Health Services Web Site at the following link under Quick Document Links:

http://www.doh.state.fl.us/Family/school/attachments/sh_index.htm

Appendix G



Example Timeline of School Nurse Activities

Sample School Nurse Calendar

AUGUST

Meet with Staff

- Meet with principal to discuss roles, plans, concerns for the coming school year
- Schedule presentation to faculty and staff (include: nurses role, referral process, clinic procedures, confidentiality, OSHA, bloodborne pathogens, emergency planning, AED drills or maintenance, CPR and first aid certification, etc.)
- Determine schedule of meetings – Faculty, PTO, SAC, SHAC, Crisis Team, Safety Committee in order to plan attendance/presentations
- Meet with health room aide and review protocols for referrals, communication procedures
- Meet with ESE liaison and guidance staff to determine day and time of student study team meetings
- Meet with cafeteria manager

Coordinate/Provide Health Services

- Establish methods for communicating the nurse's role and health education messages through newsletters, morning announcements, etc.
- Post lists of employees currently certified in CPR and First Aid in clinic, cafeteria, gym, office, industrial arts, home economics etc.
- Assure Hepatitis series for at-risk employees
- Conduct safety check in cooperation with county health department environmental health and report to principal
- Set up a schedule for routine school visits (if serving more than one school)
- Utilize the Department of Health School Health Site Visit Checklist (or similar checklist) to assess each school health room
- Set-up meeting with parent/student to develop Special Needs Health Care Plans, conduct staff supervision/training for special procedures
- Develop/implement system to track referral process
- Plan health education focus for each month using National Health Observances calendar (<http://nhic-nt.health.org>)
- Conduct/assure training of all school personnel who administer medications
- Review/Sign off on staff delegation forms for persons working in the health room (this is also an ongoing process throughout the year)
- Prepare emergency and first aid kits for 1) campus-wide emergency response, 2) classroom/playground use, and 3) field trips according to OSHA and local policies
- Participate in school-wide emergency planning
- Develop a school specific AED policy which includes AED maintenance, training, and drills

Records and Data

- Establish and train staff for data collection methods with all school health services providers
- Establish system for new student record review by the school nurse for health problems/immunization compliance
- Establish system for reviewing/updating records of students withdrawing
- Audit physical exam and immunization records of new enrollees, K, and 7th grade for compliance
- Establish procedure for monthly tracking of temporary medical exemptions and notifying parents/guardian two weeks to one month before Form 680 Part B expires (Certificate of Temporary Medical Exemption)

- Compile list of students with health issues and establish system for quickly identifying students with exemptions (temporary, permanent or religious) or immunocompromised for exclusion during communicable disease outbreaks
- Review emergency cards and add data to list of student with health issues
- Information such as IHPs and EAPs of students with identified health issues may be shared with staff on a need to know basis, protecting confidentiality
- It is not recommended to distribute a list of students with identified health issues. The distribution of lists does not meet the requirements of the Family Educational Rights and Privacy Act (FERPA).
- Establish method for ensuring readiness for the DOH Bureau of Immunization Annual Report of Compliance for Kindergarten (KG) and Seventh grades

SEPTEMBER

- Schedule and conduct mandated health screenings for specified grades.
- Assure completion of Immunization Compliance Report (due in October).
- Monitor administration of medication by unlicensed personnel as indicated in the county's school health service plan
- Obtain more information on students with significant health issues by phone or letter
- Implement/facilitate health education activities and plan health education activities for next month
- Develop individual nursing care plans for students with chronic health problems

OCTOBER

- Continue follow-up on referrals, care plans, tracking activities listed in previous months
- Submit immunization compliance reports - KG and 7th grade.
- Establish method for referrals from the attendance office for health related absenteeism
- Implement/facilitate health education activities and plan health education activities for next month

NOVEMBER

- Continue follow-up on referrals, care plans, tracking activities listed in previous months
- Refer families for community sponsored holiday programs (e.g. food baskets) in cooperation with social workers and guidance counselors
- Follow-up on screening referrals (vision, hearing etc)
- Re-screen as needed
- Implement/facilitate health education activities and plan health education activities for next month

DECEMBER

- Continue follow-up on referrals, care plans, tracking activities listed in previous months
- Refer families for community sponsored holiday programs (e.g. food baskets) in cooperation with social workers and guidance counselors
- Implement/facilitate health education activities and plan health education activities for next month

JANUARY

- Follow-up on screenings.
- Follow-up on expired immunizations and physicals.

- Update Care Plans and Medical Record as needed.
- Implement/facilitate health education activities and plan health education activities for next month

FEBRUARY

- Alert 5th and 6th grade parents about 7th grade immunization requirements
- Implement/facilitate health education activities and plan health education activities for next month

MARCH

- Implement/facilitate health education activities and plan health education activities for next month

APRIL

- Review records
- Implement/facilitate health education activities and plan health education activities for next month

MAY

- Implement/facilitate health education activities and plan health education activities for next month
- Prepare and send immunization requirements letter to elementary schools for distribution to parents at kindergarten orientation
- Summarize and submit data for Annual School Health Services Report as required in your district.

JUNE

- Begin planning for next School Year

SUMMER

- Review and revise as necessary protocols, procedures, standing orders
- Review emergency crisis plan
- Develop/update resource file on specific health issues and problems for use by students and/or staff
- Order supplies for upcoming year
- Update information regarding community health care resources
- Establish data collection methods for Annual School Health Services Report and Health Management System coding (coding, group health services log, daily activity log, etc.)

Appendix H



Florida Statutes & Administrative Rules* Relevant to School Health

Florida Statutes & Administrative Rules

The School Health statutes and rules is updated annually to include changes adopted during each years legislative session. This provides a consolidated document containing school health statutes and rules.

Instructions: Print and insert the current *School Health Laws* in this section. The document can be downloaded from the School Health Services Web Site at the following link under Quick Document Links:

http://www.doh.state.fl.us/Family/school/attachments/sh_index.htm

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