



School Health Administrative Resource Manual

Permission to duplicate and distribute granted.

Revised 2017

**Celeste Philip, MD, MPH
State Surgeon General and Secretary**

**Acknowledgements
Revision Reviewers (2017)**

- Florida Department of Health: County Health Departments
 - Baker County
 - Broward County
 - Collier County
 - Orange County
 - Palm Beach County
 - Polk County
 - Sarasota County
 - Seminole County

- Florida Department of Health: Tallahassee Central Office
 - Public Health Dental Program
 - School Health Services Program

- Florida Department of Education
 - Student Support Services Project

- Florida County School Districts
 - Escambia County

Table of Contents

Chapter One:	Introduction to School Health Services.....	8
	Purpose of the School Health Services Program Manual.....	8
	Health Equity.....	8
	School Health Mission Statement.....	8
	Overview of School Health Services.....	8
	Responsibility for School Health Services.....	9
	Statutory Program Requirements.....	9
	Key Components in the Development of an Effective School Health Program.....	9
	School Health Advisory Committee.....	10
	Florida Organizations.....	10
	National Organizations.....	11
Chapter Two:	Overview of School Health Services.....	11
	School Health Program Funding.....	11
	Basic School Health Services.....	12
	Comprehensive School Health Services Program.....	13
	Full Service Schools.....	13
	Charter Schools.....	13
	Private Schools.....	14
Chapter Three:	Role of the School Health Staff.....	15
	Role of the Registered Nurse.....	15
	Role of the Licensed Practical Nurse.....	15
	Role of Unlicensed Assistive Personnel.....	16
Chapter Four:	Health Appraisal.....	16
	Nursing Assessment.....	16
	Physical Assessment.....	17
	Health History.....	17
Chapter Five:	Health Screening.....	17
	Recording Health Results and Referrals.....	18
	Screening Procedures (see Appendix D for procedures).....	18
Chapter Six:	Medication Administration.....	18
	Purpose.....	18
	Responsibilities.....	19
	School District Policies.....	19
	Labels and Labeling of Medicinal Drugs.....	19
	Emergency Medications.....	20
	Delegation to Unlicensed Assistive Personnel.....	20
	Non-Prescription/Over The Counter (OTC) Medications.....	20
	Field Trips, Before and After School Activities.....	21
	Medication Errors.....	21
	Storage and Disposal of Medications.....	21
	Medication Administration Documentation.....	22
Chapter Seven:	Students with Special Health Needs/Chronic Conditions.....	22
	Exceptional Student Education (ESE).....	22
	Individualized Education Program (IEP).....	23
	Health Component of the IEP and Role of School Health Staff.....	23
	Identification of Potential ESE Students.....	23

	Section 504 of the Rehabilitation Act of 1973.....	23
	Section 504 Evaluation of a Student with an IHP.....	24
Chapter Eight:	Individual Health Care Plan (IHP)/Health Management Plan.....	24
	Individualized Student Emergency Plans.....	24
	Components of the IHP.....	25
	Medical Management Plan Signed by Physician.....	26
	Resources for IHP Development.....	26
Chapter Nine:	Emergency Planning and Care.....	26
	School Emergency Planning.....	26
	Legal Basis.....	27
	School Emergency Action Plan.....	27
	Emergency First Aid for Anaphylaxis	27
	First Aid/Cardiopulmonary Resuscitation/Automated External Defibrillators.....	27
	Emergency Medical Supplies and Equipment.....	28
	Disaster Preparedness.....	28
	Crisis Disaster Plan.....	28
	Schools as Shelters.....	28
	Student Emergency Evacuation.....	29
	General Guidelines for Accidents and Injuries, Reporting and Follow-up.....	29
	Do Not Resuscitate/Advance Directives.....	29
Chapter Ten:	Communicable Disease Control.....	30
	Nursing Role.....	30
	Coordination and Partnership.....	30
	Case Finding and Tracking.....	30
	Reporting Diseases and Outbreaks.....	31
	Head Lice.....	31
	Methicillin-Resistant Staphylococcus Aureus (MRSA).....	31
	Bloodborne Pathogens/Universal Precautions.....	31
	Sexually Transmitted Diseases (STD)/Sexually Transmitted Infections (STI)...	32
Chapter		
Eleven:	Immunizations and School Entry Health Examination.....	32
	Annual Immunization Reports and Surveys.....	34
	Parent Notification Requirements.....	34
	School Entry Health Examinations.....	34
	Student Exemption for Entrance Documentation Requirements.....	35
Chapter		
Twelve:	Dental Health Services.....	35
	Referral for Dental Services.....	35
	Dental Health Information.....	36
Chapter		
Thirteen:	Nutrition Services.....	36
	Food Allergies.....	36
	District Wellness and Physical Education Policies	37
Chapter		
Fourteen:	Students in Transition.....	37
	Military Students.....	37
	Students Experiencing Homelessness.....	37
	Displaced and Refugee Students.....	38
	Migrant Students.....	38

Chapter Fifteen:	Mental Health and Social Services.....	39
	Substance Abuse (Alcohol, Tobacco, and Other Drugs).....	39
	Emotional, and Behavioral Disorders.....	39
	Suicide.....	39
	Violence.....	40
	Bullying and Harassment.....	40
	Self-Injury.....	40
	Child Abuse and Neglect.....	40
	Domestic and Dating Violence.....	41
	Crisis Intervention – Grief and Trauma.....	41
	Trauma Informed Care.....	41
	Human Trafficking.....	42
Chapter Sixteen:	Interdisciplinary Collaboration.....	42
	Student Services Team Members.....	42
	Registered School Nurse.....	42
	Exceptional Student Education Staff.....	42
	Health Room Staff.....	42
Chapter Seventeen:	Health Education.....	43
	Sexual Health Education.....	43
Chapter Eighteen:	Program Management.....	44
	School Health Program Management.....	44
	Responsibilities of the School Health Coordinators.....	44
	Background Screening Requirement.....	45
	School Health Plan and Report	45
Chapter Nineteen:	Personnel/Human Resources.....	46
	Liability.....	46
Chapter Twenty:	Documentation.....	48
	Federal Laws.....	48
	Family Education Rights and Privacy Act (FERPA).....	48
	Health Insurance Portability and Accountability Act of 1996 (HIPAA).....	48
	Florida Statutes	49
	Student Health Record.....	50
	Health Room Visit Records.....	51
	Electronic Transfer of Records.....	51
	Coding/Data Collection.....	51
	School District Medicaid Certified Match Program	51
	County Health Department Medicaid Certified Match.....	52
Chapter Twenty-One:	Evaluation of School Health Services.....	52
	School Health Program Review.....	52
	Assessment Tools.....	52
Chapter Twenty-Two:	Collaboration and Partnerships.....	52
	Policy Development.....	52

	Contracts (Model Attachment)	52
	Partnerships.....	53
	School-based Committees.....	53
Chapter		
Twenty-Three:	Facilities, Equipment and Supplies.....	53
	Environmental Health.....	53
	Health Room (Clinic)	53
	Health Room Equipment and Supplies.....	54
Appendices	55
Resources	83

Chapter One Introduction to School Health Services

Purpose of the *School Health Services Program Manual*

This document provides reference and policy guidance for administration of the School Health Services Program. Florida Statutes and Florida Administrative Code 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 (FDOE), at the local and state level.

Health Equity

Health Equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. <http://floridahealth.gov/programs-and-services/minority-health/index.html>

According to the National Association of School Nurses (2016), “School nurses work with students and families in their neighborhoods and homes addressing social determinants such as access to care, safe and healthy environments/neighborhoods, and access to healthy food. As trusted members of the education and health community, school nurses address disparities in health every day.” www.nasn.org/advocacy/white-papers

For more information on how to promote health equity and help communities address the social determinants of health please visit:
www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/sdoh-workbook.pdf

School Health Mission Statement

The mission of Florida’s school health services programs is to keep Florida’s students healthy, in school and ready to learn.

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*](#) (pursuant to [section 381.0056, Florida Statutes](#)) jointly developed by the county health department (CHD), school district, school health advisory committee (SHAC), 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 CHD, 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

[Section 381.0056, Florida Statutes](#) and [Florida Administrative Code Rule 64-F](#) provide the statutory authority and rules to plan, implement and monitor school health services provided in Florida schools. Core requirements for school health programs are detailed in the biennial, [School Health Services Plan](#) completed by each CHD in collaboration with the local school district, and the local school health advisory committee. These requirements 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' parents/guardian regarding need for health attention by an appropriate provider, and maintenance of student health information. Additional statutory and administrative code requirements are provided in subsequent sections of these guidelines.

Key Components in the Development of an Effective School Health Program

School health programs are successful when CHDs and local school districts work together to plan, implement, monitor and evaluate the school health services being provided to their students. Planning must consider statutory and administrative code requirements, the level of need for health services in individual schools and communities and state and local resources available for the provision of school health services.

Licensed health care professionals providing and supervising school health services work closely with local school district and CHD administrators to ensure that policies and procedures are consistent with clinical and administrative best practices. Incorporating feedback from school health staff, school district and individual school administrators, instructional and paraprofessional staff, parents, and community members contributes to a school health program that can best meet the needs of district students. Staffing models should be flexible to adjust to the changing needs of students in individual schools. Registered nurses (RN) provide direct services, train and supervise licensed practical nurses (LPNs) and unlicensed assistive personnel (UAP) that assist in the provision of school health services.

School Health Advisory Committee (SHAC)

The School Health Services Act ([section 381.0056, Florida Statutes](#)) mandates that each county have a SHAC. A SHAC is a group of individuals who represent various segments of the community who serve in an advisory capacity and can make recommendations on the Coordinated School Health model and its impact on student health and learning.

According to the Centers for Disease Control and Prevention (CDC), www.cdc.gov/healthyyouth/wsc/, each SHAC should include members representing the ten (10) components of the Whole School, Whole Community, and Whole Child Model. The 10 components include Health Education; Physical Education and Physical Activity; Nutrition Environment and Services; Health Services; Counseling, Psychological and Social Services; Social and Emotional Climate; Physical Environment; Employee Wellness; Family Engagement and Community Involvement. A community needs assessment is one tool that can be utilized to determine school health priorities.

It is recommended 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 [section 381.0056, Florida Statutes](#).

Examples of potential SHAC members include health care practitioners, parents, students, representatives from health care agencies, health educators, school health representatives from both the CHD and the school district, faith community, etc. Counties with a limited ability to recruit necessary community representatives on their SHAC may choose to participate in a multi-county advisory committee.

"A Guide for Florida's School Health Advisory Committees, Utilizing a Coordinated School Health Approach", (www.floridahealth.gov/programs-and-services/childrens-health/school-health/coordinated-school-health/_documents/fl-shac-manual.pdf) is a reference to assist in the development and management of school health advisory committees.

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.
- [The National Board for Certification of School Nurses, Inc. \(NBCSN\)](#) is a voluntary program available to school nurses to get national certification. NBCSN is an independent organization that works in collaboration with NASN.
- The National Association of State School Nurse Consultants, which strives to provide expertise in health and promote academic success by proactively influencing school health programs and school nursing practice.
- The [American Academy of Pediatrics \(AAP\)](#), is an organization of pediatricians who are committed to the physical, mental and social health and well-being of children and young adults.

Chapter Two Overview of School Health Services

School Health Program Funding

Authority and funding for three separate program areas to provide school health services for students in Florida's public and participating non-public schools was established in [sections 381.0056, 381.0057 and 402.3026, Florida Statutes](#). The three separate program areas addressed by these statutes for statewide services are 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 (GAA), with recurring funds from general revenue and Title XXI (Child Health Insurance Program). Title XXI funding must meet federal match requirements as defined in the State Plan Amendment.

School health services may be funded by a collaborative effort between CHDs, school districts and community partners. Pursuant to Florida Administrative Code Rule 64F-6.002(3)(b), the

services provided in each county shall be dependent on the statutory requirements, local priorities and the availability of resources.

Basic School Health Services

Basic school health services, mandated by the School Health Services Act, [section 381.0056, Florida Statutes](#), are provided to all students in Florida public schools and participating nonpublic schools.

Basic services include, at a minimum, provisions for:

- 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 by the local county health department;
- Meeting emergency health needs in each school;
- County health department personnel to assist school personnel in health education curriculum development;
- Referral of students to appropriate health treatment, in cooperation with the private health community whenever possible;
- 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;
- 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;
- 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
- 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.

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 an RN. An 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 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 (LEA) and CHD.

Comprehensive School Health Program

In addition to all basic school health services, a comprehensive school health program provides enhanced services in accordance with [section 381.0057, Florida Statutes](#). 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.

Statute / Rule
**Ch. 464, FS, s. 1013.371, FS,
FAC Rule 64F-6.002(2)**

Statutory requirements and program standards are defined in the Comprehensive Services section of the [School Health Services Plan](#), as maintained at the LEA and CHD.

Full Service Schools

A full service school program provides the infrastructure necessary to coordinate and deliver services donated by community partners and participating agencies. This program is authorized by [section 402.3026, Florida Statutes](#) and focuses on underserved students in poor, high-risk communities needing access to medical and social services, as identified through local county agency demographics.

Full service schools provide all basic school health services, in addition to a range of locally available medical and 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.

Statutory requirements and program standards are defined in the full service schools section of the [School Health Services Plan](#), as maintained at the LEA and CHD.

Charter Schools

Charter schools are public schools per [section 1002.33, Florida Statutes](#), with a requirement to meet all applicable state and local health requirements. Each CHD, 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, Florida Statutes), 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 section 1000-1013; Florida Statutes that apply to charter schools include, but may not be limited to, the following:

- [Section 1002.33\(9\)\(e\), Florida Statutes](#), Charter School Requirements - “A charter school shall meet all applicable state and local health, safety, and civil rights requirements.”
- [Section 1002.20\(3\), Florida Statutes](#), 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; and
 - (k) Use of prescribed pancreatic enzyme supplements.
- [Section 1003.22](#), School-entry health examinations; immunizations against communicable diseases; duties of Department of Health.
- [Section 1006.061](#), Child abuse, abandonment, and neglect policy.
- [Section 1006.062](#), Administration of medication and provision of medical services by district school board personnel.

Private Schools

As specified in [section 381.0056, Florida Statutes](#), 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 [section 381.0056, Florida Statutes](#). 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 CHD 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.

Chapter Three

Role of School Health Staff

School health staff work under the [Nurse Practice Act, Chapter 464, Florida Statutes](#), which defines the scope of practice for RNs, LPNs, and UAPs.

Role of the Professional School Nurse (RN)

“School nursing, a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential.” (NASN, 2017)

School health rooms constitute an independent practice setting. The school 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 UAP.

The professional school 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. The school nurse in both formal classroom presentations and informal small group or one-on-one sessions may conduct health education. School nurses collaborate and work 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 Licensed Practical Nurse (LPN)

Licensed practical nurses assist the school nurse in providing student health services and observing 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 the 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 RN.

In the school setting, an LPN may generally practice with indirect supervision under the direction of the school nurse (RN or advanced practice nurse). However, in some instances, an LPN must practice under the RN’s direct or immediate supervision. According to [Florida Administrative Code Rule 64B9-14.001\(9\),\(10\),\(11\)](#).

Role of Unlicensed Assistive Personnel (UAP)

The 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. These activities are authorized by [section 1006.062, Florida Statutes](#).

“The UAP functions in an assistive role to RNs or LPNs in the provision of school health services through regular assignments or delegated tasks or activities and under the supervision of a registered professional nurse” ([Florida Administrative Code Rule 64B9-14.001](#)). The UAPs who assist in the health room must be certified in cardiopulmonary resuscitation (CPR) and first aid. The UAP may perform selected tasks after receiving child-specific training and validation of competence in that skill by an RN. The UAP will receive ongoing monitoring, supervision, and evaluation of the selected task by an RN. Certain tasks may not be performed by or delegated to a UAP, pursuant to [section 1006.062, Florida Statutes](#).

Services provided by the UAP in the school setting are in response to students' complaints or symptoms, resulting in an intervention or referral to the school nurse. The UAP provides observation and communicates student status and any changes to the school nurse or LPN. 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.

Chapter Four Health Appraisal

Nursing Assessment

Nursing assessments may only be performed by the RN and are an integral part of a continuity of care. In accordance with the Nurse Practice Act ([section 464.003, Florida Statutes](#)), the performance of health assessments requires the specialized knowledge, judgment and nursing skill related to the practice of professional nursing. Health screenings and individual student health encounters provide opportunities for the RN to assess student health and health related issues in the school setting. Nursing assessments are provided for students with actual, potential, or suspected health problems to provide a baseline of health related data. A nursing assessment is the identification of health and resource needs of individuals, families, and communities. This is an ongoing process that includes: health history, direct and indirect observations, student and family concerns, social and emotional stability, and assessment of available 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 an 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 UAP 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.

Chapter Five 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.

Vision, hearing, scoliosis and growth and development screenings are conducted in accordance with [section 381.0056, Florida Statutes](#). Vision and hearing impairment directly interfere with the learning process and are often detected during school screenings. A plan for follow-up is an essential component of the screening program.

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](#).

The grade levels for mandated screenings are specified in [Florida Administrative Code Rule 64F-6.003](#) and deadlines for screening performance levels are established by the School Health Program's Schedule C Scope of Work.

- 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.

Ordering Link for DH Form 3041

<http://www.floridahealth.gov/doing-business-with-the-department/publications-e-store/index.html>

- 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.

Additional screenings may be required for Exceptional Student Education students. [Florida Administrative Code Rule 6A-6.03013](#).

Recording Health Screening Results and Referrals

- Individually retrievable student cumulative health records (electronic and/or paper) shall be maintained in the school and include the information specified by [Florida Administrative Code Rule 64F-6.005](#).
- All screening results, follow-up, and completed outcomes shall be recorded on or filed in each student's cumulative health record. [DH Form 3041](#) is available to store student health records.

Screening Procedures

- See Appendix D-1 for Hearing Screening Procedures
- See Appendix D-2 for Vision Screening Procedures
- See Appendix D-3 for BMI Screening Procedures
- See Appendix D-4 for Scoliosis Screening Procedures

Chapter Six 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 [section 1006.062, Florida Statutes](#).

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. An appropriately licensed medical professional, who can legally delegate that task, must conduct this training. The school registered 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.

Labels and Labeling of Medicinal Drugs

Statute / Rule
[Florida Administrative Code Rule 64B16-28.108](#)

All dispensed medications shall have a label or be accompanied with a label. A label shall include:

- Name and address of the pharmacy;
- Date of dispensing;
- Serial number;
- Name of the patient;
- Name of the prescriber;
- Name of the drug dispensed (except where the prescribing practitioner specifically requests that the name is to be withheld);
- Directions for use; and

- An expiration Date or Beyond-Use Date: the manufacturer, repackager, or other distributor must provide the expiration date. The beyond-use date must not exceed the expiration date and it shall not be a date greater than one year from the date the medicinal drug is filled.

Emergency Medications

[Section 1002.20, Florida Statutes](#) includes provisions regarding the use of specific medications in schools. Refer to the statute for the full requirements and amended sections.

- [Section 1002.20\(3\)\(h\), Florida Statutes](#) 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\(3\)\(i\), Florida Statutes](#) 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\(3\)\(j\), Florida Statutes](#) 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\(3\)\(k\), Florida Statutes](#) 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 are permitted by [section 1006.062, Florida Statutes](#) 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; and
- Documentation of skills, return demonstration and competency

Non-prescription or Over-the-Counter Medications

Florida Statutes regarding administration of medication in schools applies only to prescribed medication. Each district school board should make the policy concerning nonprescription or over-the-counter medications. 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, the parent

must provide it. It is recommended that it be treated as any other non-prescription medication, including the need for written physician's authorization. However, [section 1001.43, Florida Statutes](#) allows 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. The six rights are: right student, right medication, right dosage, right time, right route, and right documentation. In case of a medication error, clinic staff should follow their school district policy on the reporting protocol.

Storage and Disposal of Medications

- All medications must be stored in a locked cabinet (see emergency exception below).
- Controlled or scheduled substances are recommended to be kept under additional security (double-locked cabinet).
- 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, and 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, with the temperature monitored on a regular basis.
- 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 Florida Department of Environmental Protection (DEP) web page, [How to Dispose of Unwanted Medications](#).

Medication Administration Documentation

An individual student medication record form must be maintained for each student receiving medication at school. Documentation of medication administration must be done immediately after each dose is administered. If a student is receiving more than one medication at school, separate student medication records must be maintained for each medication. The [Florida Records Retention Schedule](#) requires that such forms must be kept for seven years.

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 can be found at: sss.usf.edu/resources/format/pdf/med_in_use.pdf

Chapter Seven Students with Special Health Care Needs / Chronic Conditions

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 ([Florida Administrative](#)

[Code Rule 6A-6.03028](#)). Despite different titles, an IEP means a written plan 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 LEA has the responsibility for the evaluation and provision of services for all ESE students. Funding for students in ESE programs is based on the complexity of needed services from educators as well as school 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, such as the: 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 CHD nurses or school district staff.

Section 504 of the Rehabilitation Act of 1973

[Section 504 of the Rehabilitation Act of 1973](#) 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.”

Guidelines pertaining to [Section 504](#) 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 with an 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, refer to your school board attorney.

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.

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. This applies if the students’ 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. As a result, students with IHPs that address physical or mental impairments may be considered for Section 504 evaluation and a determination of disability pursuant to the school’s 504 process. 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.

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 IHP or any other mitigating measure utilized by or for the student.

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))

Chapter Eight Individualized Healthcare Plan / Health Management Plan

The supervising RN practicing in the school setting is ultimately responsible and accountable for creating an IHP and for the outcomes of the plan, even if certain nursing care tasks described in the IHP are delegated to UAP. 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 IHP 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 RN 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 Care 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 (e.g. asthma, diabetes, epilepsy and life-threatening allergies), the school nurse creates an individualized student Emergency Action Plan (EAP). A chronic health condition is a condition that lasts for longer than three months and affects the child's normal daily activities (University of Michigan, Health System). 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 that 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; and
- 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-specific demographic information, student's name, DOB, grade, parents names, and emergency contact phone numbers.
- 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.
- 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, including student's name, DOB, grade, and photo if possible.

- Contact information for the parent/guardian and healthcare provider in cases of emergency.
- List of any known allergies, including food or insect allergies and any previous episodes of anaphylaxis.
- Nursing assessment, nursing diagnosis, and nursing interventions.
- Desired goals and outcomes for health and education.
- 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 revision of the IHP annually and more frequently if necessary.

Medical Management Plan Signed by the Healthcare Provider

Medical management plans, which are essentially provider(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 Nine 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 [section 381.0056, Florida Statutes](#), 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

[Florida Administrative Code Rule 64F-6.004](#) requires that written policies, procedures, and protocols for health emergencies be kept on file at the local school district, each school, and at the CHD. In addition, 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.

Statute / Rule
[s. 381.885, F.S.; FAC 6A-6.0521](#)

Emergency First Aid for Anaphylaxis

An emergency situation may occur anytime a hypersensitive student is exposed to an insect sting, food, or other substance 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\(3\), Florida Statutes](#) 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.

Statute / Rule
[s. 401.2915\(1\), F.S.; FAC 64J-0123](#)

First Aid / CPR / Automated External Defibrillators

[Florida Administrative Code Rule 64F-6.004](#) 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. 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, Florida Statutes](#), 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.

Placement of AEDs in state-owned or leased facilities is addressed in [Florida Administrative Code Rule 64J-1.023](#), but it does not specifically address county-owned school buildings.

Emergency Medical Supplies & Equipment

[Florida Administrative Code Rule 64F-6.004](#) 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.

Disaster Preparedness

In the event that environmental hazards exist, 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 CHD 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' IHP 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.

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.

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.

Student Emergency Evacuation Plan

Evacuation of special needs children will require the assistance of 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.

The position statement from NASN for Emergency Preparedness is located at: schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/emergency-preparedness-and-response-in-the-school-setting-the-role-of-the-school-nurse

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.

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 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. 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 ([section 765.101, Florida Statutes](#)). **Advance directives do not apply to minor children and are not intended to be implemented by schools** ([section 765.109, Florida Statutes](#)).

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.

The position statement on Do Not Attempt Resuscitation from NASN is located at: schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/do-not-attempt-resuscitation-dnar-the-role-of-the-school-nurse

Chapter Ten 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.

[Section 381.0031, Florida Statutes](#) requires the reporting of diseases of public health significance to the Department of Health. [Florida Administrative Code Rule 64D-3.029](#), provides a listing of notifiable diseases or conditions to be reported to local CHDs and [Florida Administrative Code Rule 64D-3.030](#), addresses notification by Florida licensed practitioners.

(www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/_documents/reportable-diseases/_documents/reportable-diseases-list-practitioners.pdf)

Nursing Role

Unlicensed assistive personnel and other school staff members are often the first to become aware of symptoms that may be indicative of a communicable disease. Therefore, school nurses are instrumental in providing staff education about communicable diseases and when to make a referral to the school nurse.

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, properly disposing of soiled tissues, implementing good health habits and other disease prevention strategies are instrumental in improving the health of school-aged children.

Coordination and Partnership

Whether the school nurse is an employee of the CHD or school district, a partnership with the CHD Epidemiology/Disease Control section is essential. A system must be in place in each county to communicate suspected communicable diseases to the CHD, who will then work with local health providers to track potential cases.

Case Finding and Tracking

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

Reportable Diseases and Outbreaks

The list of reportable diseases and their reporting times in Florida is available at the “Disease Reporting Information for Health Care Providers and Laboratories” page on the Department of Health website or through the CHD office.

Head Lice

School districts will need to adopt local policies and procedures that are in alignment with the National Association of School Nurses (NASN) position statement. 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:

- www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Offers-Updated-Guidance-on-Treating-Head-Lice.aspx
- schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/head-lice-management-in-the-school-setting

Methicillin-Resistant *Staphylococcus Aureus* (MRSA)

Methicillin-resistant *Staphylococcus aureus* (MRSA) is a type of bacterial infection that is resistant to certain antibiotics. Methicillin-resistant *Staphylococcus aureus* infections in the community are usually manifested as skin infections, such as pimples and boils, and occur in otherwise healthy people. These infections often appear as a purplish or deep red swollen area on the skin, with or without drainage.

Risk factors associated with the spread of community acquired 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, and 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 on a student may be MRSA. Coaches should clean all school equipment with a disinfectant solution and to report suspected skin lesions to the student’s parent or the school nurse. Athletes with active MRSA infections should be prohibited from team play until treatment clears the infection.

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.

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.

The United States Department of Labor, Occupational Safety and Health Administration offers helpful information about how to practice universal precautions at www.osha.gov/

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

Operation of STD diagnostic and treatment clinics is the responsibility of each CHD. Each CHD 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 CHD. **Parental consent for treatment to minors is not required.** Medical services sufficient for the diagnosis of STDs are provided by the CHD.

*Statute / Rule
s. 384.30, F.S.*

Health services related to STDs include screening and referral, diagnosis, treatment, counseling/education and appropriate vaccination services. 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 [section 384, Florida Statutes](#).

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 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 CHD or private physician. The school nurse may also be contacted by CHD 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 Eleven Immunizations & School Entry Health Examinations

The DOH publication "[Immunization Guidelines for Florida Schools, Child Care Facilities, and Family Day Care Homes, 2013](#)" is the current source of information regarding immunization requirements for school enrollment. It is periodically updated and available through the DOH Immunization Section web page (See Appendix A).

Florida's school immunization law ([section 1003.22\(5\)\(e\), Florida Statutes](#)) 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](#); [DH681 Form - Religious Exemption from Immunization](#).
- [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 [DH 680 form](#) required for child-care and school attendance.
 - (Parent printed [DH 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 within Florida to attend class until his/her records can be obtained ([section 1003.22\(5\)\(e\), Florida Statutes](#)).
- Mandatory exclusion from school is required by law (section 1003.22(9), Florida Statutes) in Florida until acceptable immunization documentation (as listed above) is presented.
- See Chapter 14 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-calendar day exemptions for transfer students 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 vaccine preventable disease present in the school population.
- Surveillance should be maintained for the identification of all suspected and/or confirmed cases of vaccine-preventable disease.
- Immediate reporting is required for all suspected and/or confirmed cases of vaccine-preventable disease to the CHD.
- 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, and bus drivers) is also strongly recommended.

HPV Vaccine Information, CDC
<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.html>

Annual Immunization Reports and Surveys

Each year, all public and private schools are required to submit reports in compliance with [section 1003.22, Florida Statutes](#), and [Florida Administrative Code Rule 64D-3.046](#), indicating the compulsory immunization status of their kindergarten and seventh grade students.

Public schools will electronically submit their immunization data to the FDOE during the second week of October. Private schools will manually complete and submit an *Immunization Annual Report of Compliance for Kindergarten and Seventh Grade* (DH Form 684) to the local CHD by October 1. The DOH immunization program staff may conduct random audits of immunization records 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, [section 1002.23, Florida Statutes](#), requires the FDOE 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 FDOE. 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

Form 3040

www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/school-health-entry-exam-form-dh3040-chp-07-2013.pdf

[Section 1003.22, Florida Statutes](#) requires each student entering kindergarten or any other initial entry 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.

[Florida Administrative Code Rule 6A-6.024](#) 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 the [DH 3040, School Entry Health Exam](#), by reference as acceptable documentation. Since the [DH 3040](#) is available for this purpose, its use is recommended.

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) ([section 1003.22\(2\), Florida Statutes](#)).

A child shall be exempted from the requirement of a health examination upon written request of the parent of the child stating objections to the examination on religious grounds.

Chapter Twelve Dental Health Services

A preventive dental program is specified in [section 381.0056\(5\)\(a\), Florida Statutes](#). 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 school-based, mobile and fixed 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 should be promoted to for students as follows, in order of priority:

1. Application of Dental Sealants - students in grades 2-12. 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). A dental sealant is a thin plastic coating that is applied to the chewing surfaces the teeth. They can prevent up to 86% of chewing surface cavities.
2. Application of Fluoride Varnish - students in all grades and students with a moderate/high risk of dental caries. The Centers for Disease Control, ASTDD recommends fluoride varnish due to the efficacy of fluoride varnish preventing and controlling dental caries in permanent teeth. Fluoride varnish is applied to teeth using a small brush. The varnish is sticky and adheres to the teeth to help strengthen the enamel, which helps to protect teeth against caries. It is approved by the American Dental Association and endorsed by the American AAP.
3. Dental health education and instruction programs – students in all grades.

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.

For a listing of dental resources that may offer reduced fees or provide additional referral services by county, visit: www.flhealth.gov/dental/resources.

Dental Health Information

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

- The Public Health Dental Program's Sealing Sunny Smiles Across Florida website: www.flhealth.gov/dental/sealant.html.
- The Public Health Dental Program's Sealing Sunny Smiles Across Florida YouTube video: youtu.be/Ukmpx7rd8pE.
- The National Institute of Dental and Craniofacial Research free oral health education publications website: catalog.nidcr.nih.gov/OrderPublications/.
- Some toothpaste and toothbrush manufacturers have free materials available for schools on request.

Chapter Thirteen Nutrition Services

Nutrition assessment is specified in [section 381.0056\(4\)\(a\), Florida Statutes](#). Health appraisals conducted by the RN 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 health care provider.

School health nutrition services include:

- Growth and development screening with BMI;
- Nutritional assessment;
- Nutrition education; and
- 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; and
- Dental issues.

Food Allergies

Schools have a responsibility to provide a safe learning environment for students, including limiting exposure to known allergens. Each school district should have a policy addressing food allergies. See the following references:

- www.nasn.org/nasn-resources/practice-topics/food-allergies
- healthfinder.gov/FindServices/Organizations/Organization.aspx?code=HR2472

District Wellness and Physical Education Policies

The Florida legislature adopted [section 1003.453, Florida Statutes](#), *School wellness and physical education policies; nutrition guidelines* to encourage physical activity and healthy lifestyles. The FDOE requires each school district to annually review its school wellness policy and provide a procedure for public input and revision. [Section 1003.455, Florida Statutes](#) also requires each district school board to develop a physical education policy and mandates physical education requirements. In addition, [section 381.0056, Florida Statutes](#) 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 Fourteen Students in Transition

Military Students

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 FDOE has included resources on its website, www.fldoe.org/academics/exceptional-student-edu/military-families/ for schools and military families; including the rules for the Military Compact, current graduation and school entry requirements and national links for assistance.

Students Experiencing Homelessness

McKinney-Vento Homeless Assistance Act
nche.ed.gov/legis/mv.php

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 [section 1003.01\(12\), Florida Statutes](#):

- (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).

The McKinney-Vento amendments of the Every Student Succeeds Act (ESSA) now apply to all children and youth experiencing homelessness (PreK-12). School districts must develop, review, and revise policies to remove barriers to the identification, enrollment, and retention of

homeless students in school, including barriers due to fees, fines, and absences.

Homeless children and youth must be enrolled in school immediately, even if they do not have required documents (ie. school records, records of immunization and other required health records, proof of residency, guardianship, or other documents) or have missed application or enrollment deadlines during any period of homelessness. If a student does not have immunizations, or immunization or other health records or screenings, the local homeless liaison must immediately assist in obtaining them and the homeless student must be enrolled in the interim.

If a child or youth needs to obtain immunizations or other required health records, the enrolling school must immediately refer the parent, guardian, or unaccompanied youth to the local liaison, who must assist in obtaining the immunizations, screenings, or immunization or other required health records. Any records ordinarily kept by the school-including immunization or other required health records, academic records, birth certificates, guardianship records, and evaluations for special services or programs-must be maintained so that they are available at a moment's notice, when the child enters a new school or school district. To facilitate immediate enrollment, timely transfer of records from school to school should also take into account procedures for inter-State record transfers.

Note that the McKinney-Vento Act does not put a time limit on having the enrollment documentation completed. Homeless children cannot be withdrawn from school if the documentation takes longer than 30 days to collect. Enrollment and class attendance must be the immediate priority, along with assistance in obtaining the immunizations and other documentation necessary for school enrollment. This also applies even if the child is a Kindergartner who has come to the community from another state.

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 FDOE *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). The purpose of this program is to ensure that the special educational needs of migrant children are identified and addressed. For additional information, visit:

- www.fldoe.org/policy/federal-edu-programs/title-i-part-c-migrant-edu-program-mep/
- www.fldoe.org/core/fileparse.php/15229/urlt/1617-148269.pdf

Chapter Fifteen 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 [Florida Standards](#). Educational initiatives on topics such as self-esteem, decision-making skills, refusal skills, health literacy 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 that 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. The school nurse may be asked to assess a student suspected of being under the influence of drugs or alcohol per school district policy.

The Florida Department of Health Tobacco Prevention Program offers resources and education to protect people against the effects of tobacco products. Additional resources on mental health and substance abuse are available through the United States Department of Health and Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA) and the Florida Alcohol and Drug Abuse Association (FADAA), as listed below:

- tobaccofreeflorida.com/
- www.samhsa.gov/
- www.fadaa.org/

Emotional and Behavioral Disorders

Emotional and behavioral disorders are caused by any one or a combination of biological and/or environmental factors. The prevalence of emotional and behavioral disorders among school-aged children pose significant barriers to student learning and affect the ability of school systems to educate students successfully.

These disorders may 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.

The NASN Position Statement on Mental Health of Students:

schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/mental-health-of-students.

Suicide

Suicide is ranked as the third leading cause of death among youth ages 10-24 in Florida (Florida Vital Statistics Annual Report 2015). Risk factors may include mental health disorders, family history of mental health disorders or substance abuse; family history of suicide; family violence, including physical or sexual abuse; chronic pain; 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, 2017).

[Section 1012.98, Florida Statutes](#) 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 to assist schools in meeting the above requirements at www.myflfamilies.com/service-programs/mental-health/suicide-prevention and www.floridasuicideprevention.org/sosp.htm.

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](http://www.cdc.gov/violenceprevention/youthviolence/index.html) has information concerning risk factors and protective factors of youth violence. For additional information visit www.cdc.gov/violenceprevention/youthviolence/index.html

Bullying and Harassment

The CDC defines bullying as “any unwanted aggressive behavior(s) by another youth or group of youths, who are not siblings or current dating partners, involving an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.”

Each school district is required by [section 1006.147, Florida Statutes](#) 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. The FDOE Office of Safe Schools maintains a bullying prevention website with many useful resources at www.fldoe.org/schools/safe-healthy-schools/safe-schools/bullying-prevention.stml.

Self-Injury

According to the CDC, self-directed violence and other forms of self-injury are serious problems that affect children, youth, and families. However, there are things that families and health professionals can do to help prevent these behaviors. The CDC maintains resources at the following website: <https://www.cdc.gov/ncbddd/disabilityandsafety/self-injury.html>.

Per [section 1003.42\(2\)\(n\), Florida Statutes](#), injury prevention and safety must be addressed in the school setting. Educators need to be aware of this problem and make appropriate referrals to student services team members when self-injury 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, Florida Statutes](#) 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). Names of reporters shall be entered into the record of the report, but shall be held confidential and exempt as provided in [section 39.202, Florida Statutes](#).

Each district school board has the responsibility as specified in [section 1006.061, Florida Statutes](#) 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://reportabuse.dcf.state.fl.us/Child/ChildForm.aspx> or www.myflfamilies.com/service-programs/abuse-hotline/report-online. Additional child abuse reporting guidance can be found at www.fldoe.org/teaching/professional-practices/reporting-misconduct-abuse.stml.

The FDOE's website has numerous resources on child abuse prevention including the *Child Abuse Prevention Source Book for Florida School Personnel* at www.fldoe.org/schools/family-community/activities-programs/child-abuse-prevention.stml.

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, Florida Statutes](#) requires school districts to develop policy and procedures to address dating violence and abuse.

Crisis Intervention – Grief and Trauma

Situations involving death or trauma often involve large numbers of schoolchildren 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. Visit www.cdc.gov/masstrauma/factsheets/professionals/coping_professional.pdf for more information.

Trauma Informed Care

Child traumatic stress occurs when children and adolescents are exposed to traumatic events or situations, and when this exposure overwhelms their ability to cope with what they have experienced. Trauma informed care is any approach used to engage people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

Characteristics of a trauma informed school environment include:

- Provide predictable and safe environments that are attentive to transitions and sensory needs.
- Develop and implement discipline policies that balance accountability with an understanding of trauma.
- Maintain classroom expectations that are communicated in a clear, concise and positive ways.
- Create opportunities to learn and practice the regulation of emotions, modulation of behaviors, and working effectively with others.
- Teach the importance of following through on assignments.
- Help students transition back to school from other placements.
- Provide linkages to mental health supports for students and families.
- Develop positive working relationships with students and families.

Resources for trauma informed care may be found at:

- sednetfl.info/TIC.aspx
- www.samhsa.gov/

Human Trafficking

Human trafficking is the” transporting, soliciting, recruiting, harboring, providing, enticing, maintaining, or obtaining another person for the purpose of exploitation of that person. Human trafficking is a form of modern-day slavery ([section 787.06, Florida Statutes](#)).

School health staff can play a vital role in combating human trafficking by identifying and reporting suspected cases. The FDOE maintains a web page with information regarding reporting and educational resources including trainings at www.fldoe.org/schools/safe-healthy-schools/human-trafficking.stml.

Chapter Sixteen Interdisciplinary Collaboration

Student Services Team Members

At a minimum, an interdisciplinary team should consist of the following members: parents/guardians, school principal, school teachers, school nurse, school psychologist, school social worker and/or the school guidance counselor. The varied training and experience of the team members result in optimal case management and collaboration for the best possible outcome for 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 School Nurse

The RN collaborates with school support staff to meet the health care needs of students. This includes participation with school based intervention teams, processes pertaining to the multi-tiered system of supports (MTSS), problem solving and response to intervention (Rtl) data, Section 504 teams, 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.

Exceptional Student Education (ESE) Staff

School nurses utilize the specialized training and experience of ESE teachers and paraprofessionals, physical therapists (PT), occupational therapists (OT), speech/language pathologists (SLP) and behavioral specialists for the development and implementation of care plans.

Health Room Staff

A school health room may be staffed by an RN, LPN and/or UAP to provide care and management of student health conditions. A close working relationship among the health room staff is imperative in providing safe and effective school health services. The RN is the only member of health staff who is legally qualified to delegate certain health care tasks and is

responsible for the services provided by LPNs and UAPs. School nurses should educate administrators and other school staff to clarify the scope of practice and roles of the RN, LPN, and UAP.

Chapter Seventeen Health Education

[Section 1003.42\(2\)\(n\), Florida Statutes](#) requires comprehensive health education that addresses concepts of community, consumer health and environmental health; family life, (including an awareness of the benefits of sexual abstinence as the expected standard and the consequences of teenage pregnancy); mental and emotional health; injury prevention and safety; Internet safety; nutrition; personal health; prevention and control of disease; and substance use and abuse. The health education curriculum for students in grades 7 through 12 shall include a teen dating violence and abuse component that includes, but is not limited to, the definition of dating violence and abuse, the warning signs of dating violence and abusive behavior, the characteristics of healthy relationships, measures to prevent and stop dating violence and abuse, and community resources available to victims of dating violence and abuse.

The primary responsibility for curriculum development and oversight rests with the local school district under FDOE guidelines. [Section 381.0056\(5\)\(a\), Florida Statutes](#) requires the school health plan to describe how CHD staff will assist school personnel in health education curriculum development. County health department staff and community partners include health professionals with expertise in many disciplines who should be considered a primary resource for topics related to student health and wellness.

When teaching these potentially sensitive subjects, educators should be mindful of students who may have personal experiences with these topics. Curricula should include prevention, what to do if a situation occurs, whom to tell, and confidentiality constraints in these situations.

Sexual Health Education

[Section 1003.42, Florida Statutes](#) requires that comprehensive health education be offered in public schools, promoting the benefits of sexual abstinence as the expected standard, along with the consequences of teenage pregnancy. Course descriptions for comprehensive health education shall not interfere with the local determination of appropriate curriculum which reflects local values and concerns. Comprehensive health education equips students with the power to control personal behavior and base their actions on reasoning, self-esteem, and respect for others.

[Section 1003.42, Florida Statutes](#) also specifies 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.

Instruction in HIV/AIDS, sexually transmitted diseases, and human sexuality are specified in [section 1003.46, Florida Statutes](#). School districts may provide education on AIDS and related health topics in accordance with local policy.

Community input and support of sexual health curricula are essential elements of an effective and successful program and should be an on-going discussion of the SHAC. The curriculum should be based on the most current scientific information.

Chapter Eighteen Program Management

School Health Program Management

The CHD and LEA shall each designate a school health coordinator to be responsible for the coordination of planning, development, implementation, and evaluation of the local school health program. These individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services. The DOH recommends that these individuals be RNs. Respectful and meaningful collaboration between these two entities are the foundation of a successful school health services program.

The CHD School Health Coordinator ensures safe and effective management of the school health program and provides oversight to ensure the needs and goals of school health services are met. The school health coordinators must ensure an RN(s) will oversee and provide appropriate clinical supervision and program support which 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.

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 FDOE. Public health policy, as it relates to school health services, is set by the CHD 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](#).

Responsibilities of School Health Coordinators

The school health coordinators ensure safe and effective management of the school health program and provide oversight to ensure the needs and goals of school health services are met.

The DOH recommends the School Health Coordinator be an RN. The school health coordinator must:

- Ensure an RN(s) will oversee and provide appropriate clinical supervision and program support which 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.
- Work with the School Health Advisory Committee (SHAC) and other community partners to develop the biennial [School Health Services Plan](#) and submit the completed plan to DOH School Health Services Program office by September 15 of every other year.
- Ensure the provisions of the School Health Services Schedule C Scope of Work are implemented, and the contract Attachment I if applicable.

- Work to ensure school health services data are collected and entered into DOH's Health Management System (HMS) in a timely manner according to the [School Health Coding Manual](#).
- Ensure data are documented, collected and compiled for the Annual School Health Services Report and submitted annually to the DOH School Health Services Program office by August 15.
- Develop policies and procedures, in conjunction with appropriate CHD and LEA staff for the school health services program in their county.
- Provide program oversight ensuring that the minimum screening requirements are met.
- Provide program oversight ensuring the needs and goals of school health services are met.
- Ensure that all services within the school health services program are provided, as applicable (basic, full service, comprehensive services).
- Ensure there is an operational plan for the management of emergency health needs in each school; and
- Conduct ongoing quality assurance and quality improvement activities.

Background Screening Requirement

All school health services personnel, whether employed by the LEA or CHD, or working as unpaid volunteers must meet the Department of Health background screening requirement as specified in [section 381.0059, Florida Statutes](#). This requirement specifies that such personnel shall meet Level 2 screening requirements as described in [section 435.04, Florida Statutes](#). 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, [section 1012.465, Florida Statutes](#), details Level 2 background screening requirements for school district contractual personnel and certain non-instructional school district employees.

School Health Plan and Report

Pursuant to [381.0056, Florida Statutes](#), each CHD shall develop, jointly with the district school board and the local school health advisory committee, a school health services plan. The plan must include, at a minimum, provisions for all of the following:

- Health appraisal;
- Records review;
- Nurse assessment;
- Nutrition assessment;
- A 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 by the local CHD;
- Meeting emergency health needs in each school;

- County health department personnel to assist school personnel in health education curriculum development;
- Referral of students to appropriate health treatment, in cooperation with the private health community whenever possible;
- 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;
- 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 section 1002.22, Florida Statutes;
- 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;
- 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; and
- Immediate notification to a student's parent, guardian, or caregiver if the student is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination pursuant to [section 394.463, Florida Statute](#), including the requirements established under [sections 1002.20\(3\) and 1002.33\(9\), Florida Statutes](#), as applicable.

As detailed in chapter two, 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 CHD, school district, and each charter school; local resources; local agreements.

[School Health Services Plans](#) and *Annual School Health Services Reports* are reviewed by each county's assigned DOH school health liaison. Liaisons will request any needed revisions or additions. The final plans and reports are used throughout the year for annual and ad hoc reports to the legislature and the general public.

Chapter Nineteen Personnel / Human Resources

Liability

Florida Statutes limit liability associated with the delivery of school health services under some circumstances. These statutes may be periodically modified or updated by the Legislature. The school nurse should consult with their employer's 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. School nurses should also consider obtaining personal malpractice insurance.

Below are examples of statutory provisions that provide language limiting liability:

- [Section 381.0056\(9\), Florida Statutes](#) – 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.”
- [Section 768.13\(2\), Florida Statutes](#) - Good Samaritan Act; immunity from civil liability.
- [Section 768.1325\(3\), Florida Statutes](#) - 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. “
- [Section 768.28, Florida Statutes](#) - 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.”
- [Section 1002.20, Florida Statutes](#) - K-12 student and parent rights.
 - [Section 1002.20\(3\)\(i\), Florida Statutes](#) – Epinephrine use. “A school district, CHD, 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.”
 - [Section 1002.20\(3\)\(j\), Florida Statutes](#) – Diabetes management. “A school district, CHD, 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.”
 - [Section 1002.20\(3\)\(k\), Florida Statutes](#) – Use of prescribed pancreatic enzyme supplements. “A school district, CHD, 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.”
- [Section 1006.062\(2\), Florida Statutes](#) - 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.”
- [Section 381.885 \(5\), Florida Statutes](#) – General provisions for epinephrine auto-injector emergency administration. Any “person who administers an epinephrine auto-injector as authorized under subsection (4) in compliance with this act, is afforded the civil liability immunity protections provided under [section 768.13, Florida Statutes](#).

Chapter Twenty 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 exceptional student education, including records of 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."

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 U.S. 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. This exception is to allow LEAs 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) U.S. 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) and (2) Department of Education Technical Assistance Paper, *The Family Educational Rights and Privacy Act*, DPS 2009:103, June 30, 2009. Visit: info.fldoe.org/docushare/dsweb/Get/Document-5441/dps-2009-103.pdf for more information.

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.

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.

For additional information, visit: www.gpo.gov/fdsys/pkg/PLAW-104publ191/pdf/PLAW-104publ191.pdf.

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, Florida Statutes](#) 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 [section 1002.22, Florida Statutes](#).
- [Section 1002.22, Florida Statutes](#) 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 education "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, Florida Statutes](#) specifies that education records are defined in FERPA.

For additional requirements, visit: www2.ed.gov/policy/gen/guid/fpco/brochures/parents.html.

Student Health Record

[Section 1003.25, Florida Statutes](#) requires each school principal 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](#) may be used as part of the cumulative health record. The IHP, a copy of the emergency information form, and student treatment records should be maintained in the school health room.

The FDOE 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

Per [Florida Administrative Code Rule 64F-6.005](#), cumulative health records on each student shall be maintained in the school by personnel authorized by school board policy and governing authority of non-public schools. Such records shall include information regarding:

- 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, [Florida Administrative Code Rule 64F-6.005](#) addresses confidential health information that is not part of the cumulative health record that is maintained in the private professional's office or the office of the school health nurse. This information shall be used only in connection with the provision of treatment to the student and be available only to persons providing such treatment as defined in [section 228.093\(2\)\(e\)4., Florida Statutes](#).

- 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.

Statute/Rule
[s. 1002.22, F.S.](#)

Health Room Visit Records

Student visits to the school health room documented in a written and/or electronic format, must comply with Florida Records Retention regulations and be maintained for seven years. 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.

Florida's [General Records Schedule GS7 For Public Schools Pre-K-12 and Adult and Career Education](#) requires maintenance of a clinic log that 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 of the clinic log is pursuant to [section 95.11, Florida Statutes](#), Statute of Limitations on medical malpractice and must be retained for seven years.

Electronic Transfer of Records

The school districts should implement safeguards regarding confidentiality and privacy that must be maintained for electronic records. When a student transfers, a copy of the student's immunization certification, school entry health 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 policy.

Coding / Data Collection

Complete and accurate documentation and reporting is critical to ensuring that state and local decision makers and the general public understand the necessity and complexity of school health services. Service data reported in the Annual School Health Services Report and data coded into the 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. The data documents compliance with federal and state laws and rules.

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. The [School Health Coding Manual](#) provides instructions for data reporting.

School District Medicaid 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 educational plans (IEPs) or individualized family support plans. The manual for the Medicaid Certified School Match Program can be found at www.fdhc.state.fl.us/medicaid/review/Specific/Certified_School_MatchHB.pdf.

County Health Department Medicaid Certified Match

County health departments may bill Medicaid Certified Match for school health services provided by CHD staff to any student that is Medicaid eligible. The manual for the Medicaid Certified Match Program can be found at www.fdhc.state.fl.us/medicaid/review/Specific/County_Health_DepartmentHB.pdf

Chapter Twenty-One 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 into HMS, on-site monitoring visits and desk audits. Each county receives either an on-site visit or desk audit every year. 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.

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.

Chapter Twenty-Two Collaboration and Partnerships

Policy Development

Collaboration among CHDs, school districts, and community partners is essential to provide ongoing policy development for the provision of school health services. Policies comprise clinical, administrative and program implementation including local concerns, needs, strengths and availability of services.

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 a standard contract, program specific Attachment I, Financial Compliance Audit attachment with completed Exhibits 1 & 2, and any other attachment or exhibits deemed necessary. Pursuant to [section 287, Florida Statutes](#), both parties must sign the contract prior to services being rendered.

County health departments that contract with local school districts or other entities must follow the guidelines in the DOH Contractual Service Policy; DOHP 205-14-12. (Section D (7) (a-b)) https://floridahealth.sharepoint.com/sites/DIVOFADMINISTRATION/Policy%20Archive/General%20Services/DOHP250-14-12_Contractual_Services.pdf

The DOH School Health Services Program provides a program specific Attachment I format every four years to be used by counties when contracting school health services to other entities. Copies of completed contract monitoring tools for the previous year's contracts paid for with Schedule C funds, and copies of the executed contracts and attachments for the current year must be submitted with the annual school health services report to the program office by August 15 of each year.

Partnerships

Public and private partnerships may be available to provide staff or funding for additional 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 its school district feeder pattern.

School-based Committees

The school nurse should be viewed as the resident expert on school health and can play a vital role in school-based committees that affect student and staff health and wellness such as, SHAC, school wellness committees and CIT.

Chapter Twenty-Three Facilities, Equipment and Supplies

Environmental Health

The FDOE and DOH are jointly responsible under state law for regulating school environments. County health departments are responsible for enforcing minimum environmental health standards. The CHDs inspect the environmental health aspects of school buildings, grounds, shops, cafeterias, laboratories, restrooms, health rooms and any other area where school activities are conducted. If there is an identifiable or potential health hazard related to any of the preceding, school health staff may contact their local CHD Environmental Health Office: www.floridahealth.gov/programs-and-services/county-health-departments/find-a-county-health-department/index.html.

Health Room (Clinic)

Each district school board must make adequate physical facilities available for health services per [section 381.0056\(7\), Florida Statutes](#). 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.

Health Room Equipment and Supplies

[Florida Administrative Code Rule 64F-6.004](#) requires that the school principal or designated person shall be responsible to assure first aid supplies, emergency equipment and facilities are maintained.

Table of Contents
Appendices

- A. School Health Program - Web Addresses
- B. School Health Quality Assurance/Quality Improvement Tools
- C. Forms: School Health
- D. Health Screening
 - 1. Hearing Screening Procedures
 - 2. Vision Screening Procedures
 - 3. Growth and Development Screening Procedures
 - 4. Scoliosis Screening Procedures
- E. Example Timeline of School Nurse Activities
- F. Florida Statutes and Administrative Rules Relevant to School Health

Appendix A



School Health Program Web Addresses

Important School Health Program Web Addresses

Florida School Health Web Pages

School Health Main Webpage:

www.floridahealth.gov/programs-and-services/childrens-health/school-health/index.html

School Health Program (reports, guidelines, forms and information):

www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html

Immunization Guidelines (Florida Schools, Childcare Facilities and Family Day Care Homes):

<http://www.floridahealth.gov/programs-and-services/immunization/children-and-adolescents/documents/school-guide.pdf>

FDOE Student Support Services (SSS):

www.fldoe.org/academics/exceptional-student-edu/staff/student-support-services.shtml

Student Support Services Project:

sss.usf.edu/

School Health Services and Time Reports from Health Management Component (HMC)

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:

www.flpublichealth.com/FLSchoolHealth/default.aspx

HMC Service & Time Reports (available only to CHDs):

<http://dcs-doh-ws10/ReportPortal/rdPage.aspx>

Important Links for School Health

School Health Annual Reporting Portal (SHARP) – (requires DOH user login):

<http://adminapps35.doh.ad.state.fl.us/CHPSHSP/default.aspx>

National Association of School Nurses:

www.nasn.org/

Florida Association of School Nurses:

fasn.nursingnetwork.com/

American School Health Association:

www.ashaweb.org/

Florida School Health Association:

<http://fsha.net/>

Florida Department of Education Reports:

<http://www.fldoe.org/accountability/data-sys/edu-info-accountability-services/pk-12-public-school-data-pubs-reports/index.shtml>

Florida Asthma Friendly School Award:

<http://www.floridahealth.gov/diseases-and-conditions/asthma/schools.html>

Florida Healthy District Award:

www.fldoe.org/schools/safe-healthy-schools/healthy-schools/building-a-healthy-dis.shtml

The Center for Health and Health Care in Schools:

www.healthinschools.org/

Appendix B



School Health Quality Assurance/Quality Improvement Tools

1. School Health Records Review
2. School Health Room Review
3. School Health Program Monitoring Self-Assessment (Local)
4. Annual Report Data Summary

Note: All monitoring and QI tools are available on the School Health webpage at:
<http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html>

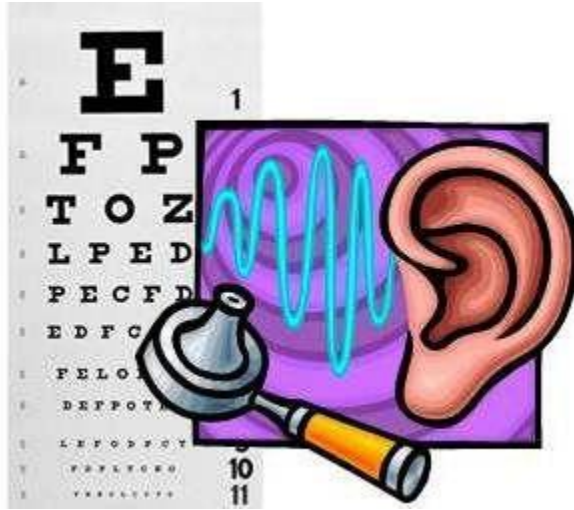
Appendix C



Forms: School Health

1. [DOH Cumulative School Health Record \(DH 3041\)](#)
2. Florida Certificate of Immunization ([DH 680](#) & [681](#))
3. Florida DOH *School Entry Health Exam* form ([DH 3040](#))
4. [Items from State of Florida General Records Schedule GS7](#)

Appendix D



Health Screening

1. [Screening Deadlines](#)
2. [Hearing Screening Procedures](#)
3. [Vision Screening Procedures](#)
4. [Growth and Development Screening Procedures](#)
5. [Scoliosis Screening Procedures](#)

Deadlines for Scope of Work - Screening Performance Measures

Service	Perform Initial Screenings By:	Receive Data By No Later Than:	Enter Data By No Later Than:	Use Service Date Between:	Performance Report Run By:
Screen 45% of Students in Grades K,1,3,6 for Vision	December 31	January 15	January 22	July 1 - December 31	Monday after January 22
Screen 95% of Students in Grades K,1,3,6 for Vision	March 31	April 14	April 22	July 1 - March 31	Monday after April 22
Screen 45% of Students in Grades K,1 & 6 for Hearing	December 31	January 15	January 22	July 1 - December 31	Monday after January 22
Screen 95% of Students in Grades K,1 & 6 for Hearing	March 31	April 14	April 22	July 1 - March 31	Monday after April 22
Screen 45% of Students in Grade 6 for Scoliosis	December 31	January 15	January 22	July 1 - December 31	Monday after January 22
Screen 95% of Students in Grade 6 for Scoliosis	March 31	April 14	April 22	July 1 - March 31	Monday after April 22
Screen 45% of Students in Grades 1,3,6 for Growth & Development with BMI	December 31	January 15	January 22	July 1 - December 31	Monday after January 22
Screen 95% of Students in Grades 1,3,6 for Growth & Development with BMI	March 31	April 14	April 22	July 1 - March 31	Monday after April 22

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 for what to listen. 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 the 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 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, and code to 0515 in HMS.

2. Vision Screening Procedures

Vision screening procedures for students younger than age six:

- 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 six, 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 and indicate if the student was wearing his/her own glasses.

Vision screening procedures for students age six 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, and code to 0510 in HMS.

Recommended criteria for referral comes from [the AAP Section on Ophthalmology](#). Also visit: www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-on-Ophthalmology/Pages/Ophthalmology.aspx.

Referral Resources for Vision Services

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 and the student does not have vision insurance coverage. The Florida Department of Health maintains contracts with two vision service providers, Florida Heiken Children's Vision Program and Florida's Vision Quest, to provide comprehensive vision exams and eyeglasses statewide for students with no vision insurance coverage. School health program staff should take advantage of these no-cost vision services to ensure all students have the gift of sight. This information may be viewed at: www.floridahealth.gov/programs-and-services/childrens-health/school-health/vision.html.

Additional Vision Referral Resources

Resources available for students who fail vision screening and cannot afford the services of a private eye doctor vary by county and community. Typical referral criteria include: documented failure of the vision screening, ineligibility for Medicaid services and no access to commercial or other government sponsored health insurance that covers eye exams and glasses. Examples of some available resources include:

- Local community partners
- Local Information and Referral Services: Call 211
- NASN –Sight for Students

3. Growth and Development with Body Mass Index 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. All efforts should be made to standardize data collection documentation (i.e. all weight in pounds, all heights in inches), screening processes, and standardize inventory/screening equipment throughout the district. In addition, equipment should be checked/calibrated and or replaced on a set schedule each year prior to screenings. Weight should be measured on a standard scale of known accuracy. According to the CDC's Children's BMI Tool for Schools, weight should be recorded in pounds, with fractions of pounds entered as decimals.

- www.cdc.gov/healthyweight/assessing/bmi/childrens_BMI/tool_for_schools.html

Standing height should be measured using a standardized measurement tool and recording process. Examples of standardized measurement tools include: a wall mounted measuring tape or board, a rigid free standing device or devices such as the portable stadiometer.

Students should remove their shoes, stand with the heels slightly apart with 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 with shoulders relaxed. It is important to ensure student's knees are not bent and that the heels are not lifted from the floor. According to the CDC's Children's BMI Tool for Schools, height should be recorded in feet and inches.

- www.cdc.gov/healthyweight/assessing/bmi/childrens_BMI/tool_for_schools.html

Resources for BMI calculation can be found at the following CDC links:

- www.cdc.gov/healthyschools/obesity/bmi/bmi_measurement_schools.htm or
- www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

Growth and development screening is not complete until the student's BMI percentile (weight for height by age and gender has been calculated using any of the above CDC tools or student health record systems).

Growth and Development with BMI Re-screening and Referral:

- Students whose BMI calculation result is <5th percentile or ≥95th percentile may be at greater risk of health related problems than the rest of the population.
- Referral for further evaluation and/or treatment should be at the discretion of the RN and written local school health program policy.

Growth and Development Screening Results Recording:

- Results with BMI percentiles should be recorded in each student's electronic or paper cumulative health record ([DH Form 3041](#)) and to the appropriate growth and development with BMI service code in HMS (0521, 0522, 0523, 0524).
- If a referral is made, notation should be made in each student's electronic or paper cumulative health record.

4. Scoliosis Screening Recommendations

- Scoliosis screening is best done by RNs, but may be performed by trained qualified staff or volunteers. There should be two adults present during screening.
- To respect students' modesty, boys and girls should be screened separately.
- Prepare students for screening for the exam by explaining the procedure.
- Re-screening for further evaluation and/or treatment should be according to local school health program policy.

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.
- Results should be recorded in each student's electronic or paper cumulative health record ([DH Form 3041](#)) and to 0561 in HMS.

Appendix E



Example Timeline of School Nurse Activities



Suggested Duties:

- Set up health office-check supplies
- Medication trainings and delegation
- Review immunization records for compliance
- Create communication system for sharing comprehensive health concerns with appropriate staff
- Review confidentiality policy with staff regarding common health concerns
- Review new student enrollment for health care needs
- Review student emergency health information forms
- Ensure that written parental consent is documented for comprehensive vision exams that include dilation required for state contracted vision providers
- Review medication orders: Are they complete?
- Follow-up action list-individualized healthcare plans (IHP), procedure trainings and delegation, medications
- Check for scheduled field trips and process for notifying nurse
- Schedule presentation to faculty and staff regarding health topics
- Determine schedule of meetings – Faculty, parent-teacher organization, school advisory committee, school health advisory committee, crisis team and safety committee to plan attendance/presentations
- Meet with cafeteria manager regarding food allergies
- Establish methods for communicating the nurse's role and health education messages through newsletters, morning announcements, etc.
- Post lists of employees currently certified in cardiopulmonary resuscitation and first aid in clinic and prominent places around the school
- Set up a schedule for routine school visits if assigned to more than one school; ensure proper coverage for diabetic students
- Set-up meetings with parents to develop IHPs, conduct staff supervision/training for special procedures
- Develop/implement system to track referral process
- Conduct/ensure training of all school personnel who administer medications
- Review/sign off on staff delegation forms for persons working in the health room
- Prepare emergency and first aid kits for 1) campus-wide emergency response, 2) classroom/playground use, and 3) field trips
- Participate in school-wide emergency planning
- Establish and train school health staff on documentation protocols
- Establish system for new student record review by the school nurse for health problems/immunization compliance
- Audit physical exam and immunization records for new enrollees, K, and 7th grade for compliance
- Establish procedure for monthly tracking of temporary medical exemptions for notifying parents/guardian two weeks to one month before Form 680 Part B expires (Certificate of Temporary Medical Exemption)

Health Observances:

- Children's Eye Health and Safety Month
- National Immunization Awareness Month





Suggested Duties:

- Organize health screenings
- Complete monthly individual education plan (IEP) evaluations and reports
- Continue reviewing immunization records for compliance
- Continue processing new medications and paperwork
- Review health concerns/intake forms, write/update IHPs
- Review new student enrollment for health care needs
- Nursing follow-up: newly enrolled students, health screening referrals, medical referrals
- Monitor administration of medication by UAP 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
- Communicate health concerns with administration

Health Observances:

- Childhood Cancer Awareness Month
- Fruits & Veggie Month
- National Childhood Obesity Awareness Month
- National Idiopathic Thrombocytopenic Purpura (ITP) Awareness Month
- National Preparedness Month
- National Sickle Cell Month
- National Traumatic Brain Injury Awareness Month
- Sexual Health Awareness Month
- Sports Eye Safety Month
- Whole Grains Month
- National Suicide Prevention Week
- World Suicide Prevention Day
- National Celiac Disease Awareness Month
- Malnutrition Awareness Month
- National HIV/AIDS Awareness Day
- National School Backpack Awareness Day
- Family Health and Fitness Day USA





Suggested Duties:

- Continue health screenings
- Continue with IEP evaluations and reports
- Continue reviewing immunization records for compliance
- Monitor students with 504 plans
- Review incomplete checklist items from previous months
- Monitor causes of absenteeism-coordinate with school administrator
- Continue follow-up on referrals, care plans, tracking activities listed in previous months
- Submit immunization compliance reports – K 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

Health Observances:

- Domestic Violence Awareness Month
- Eye Injury Prevention Month
- Health Literacy Month
- Home Eye Safety Month
- International Walk to School Month
- National Breast Cancer Awareness Month
- National Bullying Prevention Month
- National Dental Hygiene Month
- Mental Illness Awareness Week
- Walk and Bike to School Day
- National Depression Screening Day[®]
- Infection Prevention Week
- National Health Education Week
- World Pediatric Bone and Joint Day
- Red Ribbon Week



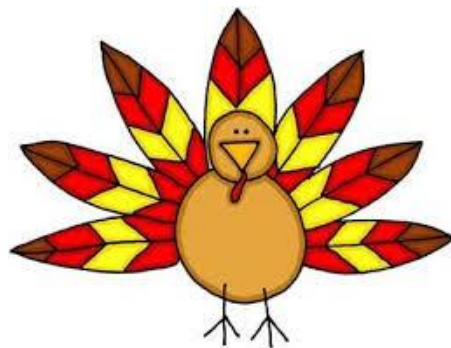
November

Suggested Duties:

- Coordinate school/community flu vaccine clinics
- Continue follow-up on referrals, IHPs, tracking activities listed in previous months
- Refer families for community sponsored holiday programs in cooperation with social workers and guidance counselors
- Follow-up on health screening referrals
- Re-screen as needed
- Implement/facilitate health education activities and plan health education activities for next month

Health Observances:

- American Diabetes Month
- Diabetic Eye Disease Month
- Lung Cancer Awareness Month
- National Healthy Skin Month
- Great American Smokeout
- National Family Health History Day





Suggested Duties:

- Continue health screenings and referrals
- Follow-up on outcomes of health screening referrals, provide parent support if needed
- Complete unfinished tasks from previous months
- Continue follow-up referrals, IHPs, tracking activities listed in previous months
- Refer families for community sponsored holiday programs in cooperation with social workers and guidance counselors
- Implement/facilitate health education activities and plan health education activities for next month

Health Observances:

- Safe Toys and Gifts Month
- World AIDS Day
- National Handwashing Awareness Week
- National Influenza Vaccination Week



JANUARY

Suggested Duties:

- Monitor influenza rates, provide staff with resources for infection control in the classroom
- Continue reviewing IHPs, revise as needed
- Complete unfinished tasks from previous months
- Follow-up screenings
- Ensure health screening data is received and entered into Health Management System (HMS) in accordance with current Schedule C Scope of Work (SOW) deliverables
- Follow-up on expired immunizations and physicals
- Update IHPs and health records as needed
- Implement/facilitate health education activities and plan health education activities for next month

Health Observances:

- National Stalking Awareness Month
- Folic Acid Awareness Week
- National Drug and Alcohol Facts Week





Suggested Duties:

- Consider performing a health emergency response drill (cardiac, epinephrine, glucagon)
- Alert 6th grade parents about 7th grade immunization requirements
- Coordinate school located immunization clinics

Health Observances:

- National Children's Dental Health Month
- Teen Dating Violence Awareness Month
- Give Kids a Smile Day
- National Wear Red Day
- World Cancer Day
- National Eating Disorder Screening Program



MARCH

Suggested Duties:

- Implement/facilitate health education activities and plan health education activities for next month
- Start developing continuity of IHPs for students moving to other schools

Health Observances:

- Bleeding Disorders Awareness Month
- National Cheerleader Safety Month
- National Nutrition Month
- Save Your Vision Month
- National Poison Prevention Week
- Spring Clean Your Medicine Cabinet Day
- American Diabetes Alert Day





Suggested Duties:

- Send sun safety resource information to parents
- Ensure health screening data is received and entered into Health Management System (HMS) in accordance with current Schedule C Scope of Work (SOW) deliverables
- Send notice home regarding policy and procedure for medication pick up at the end of school year
- Implement/facilitate health education activities and plan health education activities for next month
- Prepare for kindergarten round-up, meet with parents, review health concerns and immunization records
- Start reviewing health related policies for next school year

Health Observances:

- Alcohol Awareness Month
- National Autism Awareness Month
- National Child Abuse Month
- National Distracted Driving Awareness Month
- National Facial Protection Month
- Oral Cancer Awareness Month
- Sports Eye Safety Awareness Month
- National Youth Violence Prevention Week
- World Health Day
- National Youth HIV and AIDS Awareness Day
- World Immunization Week
- Every Kid Healthy Week
- World Meningitis Day





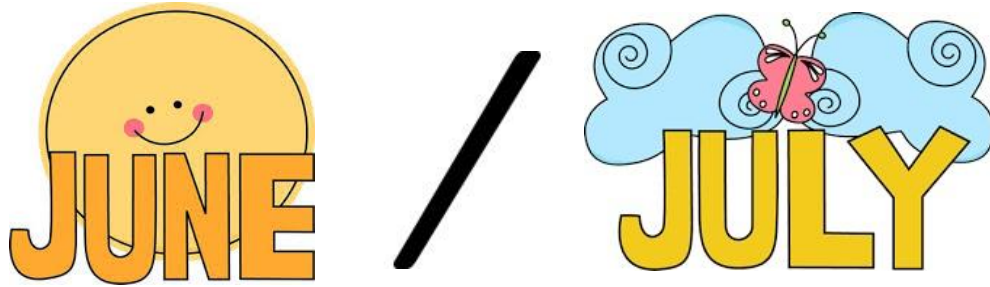
Suggested Duties:

- Send notices for immunizations needed for next school year
- Follow school procedure for preparing office for summer cleaning, purge/advance files
- Send notice home regarding policy and procedure for medication pick up at the end of school year
- Send equipment for calibration if needed
- Organize health records and files for the following school year
- Summarize and submit data for Annual School Health Services Report as required in your district

Health Observances:

- Better Hearing and Speech Month
- Food Allergy Action Month
- Healthy Vision Month
- Mental Health Month
- Melanoma/Skin Cancer Detection and Prevention Month
- National Asthma and Allergy Awareness Month
- National Physical Fitness and Sports Month
- National Teen Pregnancy Prevention Month
- Children's Mental Health Awareness Week
- National Physical Education and Sport Week
- Air Quality Awareness Week
- Hand Hygiene Day
- National Stuttering Awareness Week
- National Hurricane Preparedness Week
- Healthy and Safe Swimming Week
- Heat Safety Awareness Day
- World No Tobacco Day





Suggested Duties:

- Review policies and procedures for revision/write new policies
- Discard any unclaimed medication per district policy
- Inventory and order supplies if not already done
- Complete any unfinished tasks from school year
- Begin planning for next school year
- Develop/update resource file on specific health issues and problems for use by students and/or staff
- 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.)
- Before school starts: In-service/staff education: CPR/first aid, bus driver, standard precautions, medication administration, diabetes training, etc.
- Nurse's role in registration process
- AEDs-check pads/supplies, procedures, consider arranging emergency drills



Appendix F



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 year's legislative session. This provides a consolidated document containing school health statutes and rules.

www.floridahealth.gov/healthy-people-and-families/childrens-health/school-health/laws-rules.html

Additional Resources

5-2-1-0 Let's Go! www.letsgo.org/about-us/

Action for Healthy Kids www.actionforhealthykids.org/

American Dental Association www.ada.org/390.aspx

Americans with Disabilities Act (ADA) www.ada.gov/

Center for Disease Control and Prevention www.cdc.gov

Center for Disease Control and Prevention Flu. "School Planning www.flu.gov/planning-preparedness/school/

Emergency Guidelines for Schools, Florida Edition 2016 www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html

Florida Asthma Coalition floridaasthmacoalition.com/

Florida Coordinated School Health (CSHP) www.floridahealth.gov/programs-and-services/childrens-health/school-health/coordinated-school-health/index.html

Florida Department of Agriculture and Consumer Services www.freshfromflorida.com/

Florida Department of Children and Families www.myflorida.com/accessflorida/

Florida Department of Education www.fldoe.org/

Florida Department of Education, Healthy School Districts www.fldoe.org/schools/safe-healthy-schools/healthy-schools/building-a-healthy-dis.stm

Florida Department of Health www.floridahealth.gov/

Florida Department of Health "Immunization Guidelines for Florida Schools, Child Care Facilities, and Family Day Care Homes (2013)" www.floridahealth.gov/programs-and-services/immunization/schoolguide.pdf

Florida Department of Health, Public Health Dental Program. www.floridahealth.gov/programs-and-services/community-health/dental-health/?utm_source=article

Florida Department of Health (2015) "Guidelines for the Care and Delegation of Care for Students with Diabetes in Florida Schools." www.floridahealth.gov/programs-and-services/childrens-health/school-health/documents/diabetes-guidelines-for-the-care-delegation-of-care-for-students-with-diabetes-in-florida-schools.pdf

Florida Department of Health (2013) "Guidelines for the Care and Delegation of Care for Students with Asthma in Florida Schools." www.floridahealth.gov/programs-and-services/childrens-health/school-health/documents/asthma-guidelines-2013.pdf

Florida Department of Health, School Health Services Plan www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html

Florida Department of Health, Annual School Health Report www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html

Florida KidCare www.healthykids.org/kidcare/what/

Florida Public Health Association (FPHA) www.fpha.org/

Florida School Health Association (FSHA) www.FSHA.net

Food Allergy and Anaphylaxis Network foodallergy.org

Fuel Up to Play 60 www.fueluptoplay60.com/

HealthierUS School Challenge: Smarter Lunchrooms www.fns.usda.gov/hussc/healthierus-school-challenge-smarter-lunchrooms

National Council of State Boards of Nursing (NCSBN), 2006. American Nurses Association and the NCSBN, *Joint Statement on Delegation* www.ncsbn.org/1625.htm

“Screening,” Florida Administrative Code Rule 64F-6.003
<https://www.flrules.org/gateway/ruleNo.asp?ID=64F-6.003>

“Exceptional Student Educational Eligibility for Students Who Are Deaf or Hard-of-Hearing,” Florida Administrative Code Rule 6A-6.03013 www.flrules.org/gateway/ruleNo.asp?ID=6A-6.03013

U.S. Department of Health and Human Services, Healthy People 2020 Objectives
www.healthypeople.gov/2020/topics-objectives

U.S. Environmental Protection Agency, Sun Safety epa.gov/sunwise/

Women, Infants and Children (WIC) www.floridahealth.gov/programs-and-services/wic/

Youth Risk Behavior Survey (YRBS) <http://www.floridahealth.gov/statistics-and-data/survey-data/youth-risk-behavior-survey/>