



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

2024 – 2026 School Health Services Plan

for

Hernando County

Due by September 16, 2024

E-mail Plan as an Attachment to: HSF.SH_Feedback@flhealth.gov

2024 - 2026 School Health Services Plan Signature Page

My signature below indicates that I have reviewed and approved the 2024 - 2026 School Health Services Plan and its local implementation strategies, activities, and designations of local agency responsibility as herein described:

| Position | Name and Signature | Date |
|---|---|--|
| County Health Department Health Officer | Danielle Taylor | |
| | <i>Danielle Taylor</i> <small>Printed Name</small> | |
| | <i>Danielle Taylor</i> <small>Signature</small> | <i>9/6/2024</i> <small>Date</small> |
| County Health Department Nursing Director | Grace Gifford | |
| | <i>Grace Gifford</i> <small>Printed Name</small> | |
| | <i>Grace Gifford</i> <small>Signature</small> | <i>9/6/2024</i> <small>Date</small> |
| County Health Department School Health Coordinator | Dorine Eckert | |
| | <i>Dorine Eckert</i> <small>Printed Name</small> | |
| | <i>Dorine Eckert</i> <small>Signature</small> | <i>9/4/24</i> <small>Date</small> |
| School District School Board Chairperson | | |
| | <small>Printed Name</small> | |
| | Linda Prescott <small>Signature</small> | <small>Date</small> |
| School District Superintendent | Ray Pinder | |
| | <small>Printed Name</small> | |
| | <small>Signature</small> | <small>Date</small> |
| School District School Health Coordinator | Jill Kolasa | |
| | <small>Printed Name</small> | |
| | <small>Signature</small> | <small>Date</small> |
| School Health Advisory Committee Chairperson | Dorine Eckert | |
| | <i>Dorine Eckert</i> <small>Printed Name</small> | |
| | <i>Dorine Eckert</i> <small>Signature</small> | <i>9/4/24</i> <small>Date</small> |
| School Health Services Public / Private Partner | | |
| | <small>Printed Name</small> | |
| | <small>Signature</small> | <small>Date</small> |

SUMMARY – SCHOOL HEALTH SERVICES PLAN 2024-2026

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

The Plan format is arranged in 4 parts relating to the services provided and funding streams, as follows:

- Part I: Basic School Health Services - General school health services which are available to all students in Florida’s public and participating non-public schools in all 67 school districts.
- Part II: Comprehensive School Health Services - Includes increased services in section 381.0057, Florida Statutes, for student health management, interventions and classes. These services promote student health; reduce high-risk behaviors and their consequences (substance abuse, unintentional/intentional injuries and sexually transmitted diseases); provide pregnancy prevention classes and interventions; and provide support services to promote return to school after giving birth.
- Part III: Full Service School (FSS) Health Services– Includes basic school health services and additional specialized services that integrate education, medical, social and/or human services such as nutrition services, basic medical services, Temporary Assistance for Needy Families (TANF), parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parent/guardian and adult education to meet the needs of the high-risk student population and their families. These services are required of schools as defined in section 402.3026, Florida Statutes.
- Part IV: Detailed Description of Local Agency(s) Roles and Responsibilities: The local agencies determine their roles and responsibilities for providing the services as described. Local agencies include CHD, Local Educational Agency (LEA), School Health Advisory Committee (SHAC), and other public and private partners providing school health services described within parts 1-3.

The Plan contains 3 columns, as follows:

- Column 1 – Statute and/or Rule References. This column includes Florida Statutes, administrative rules and references demonstrating best practices related to school health.
- Column 2 – Program Standard/Requirement. This column provides specific requirements related to the statutes, administrative rules and references listed in column 1.
- Column 3 – Local Implementation Strategy & Activities. This column describes the implementation strategies and activities to fulfill requirements in columns 1 and 2.

Plan submission:

- (1) If the Plan signature page has not been signed by all parties on or before September 15, 2024, you may submit the plan at that time and submit the scanned signature page as a PDF file when it is fully signed.

PART I: BASIC SCHOOL HEALTH SERVICES

| Statute and/or Rule References | Program Standard/Requirement | Local Implementation Strategies and Activities |
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| <p>s. School Health Services Plan; Basic School Health Services; Comprehensive School Health Services and Full-Service Schools: Rule 64F-6.002, F.A.C.; ss. 381.0056, 381.0057; 402.3026, F.S.</p> | <p>1a. Each local School Health Services Plan shall be completed biennially and approved and signed by, at a minimum, the superintendent of schools, the school board chairperson and the (CHD) administrator/ director/health officer.</p> | <p>The School Health Coordinator biennially completes the School Health Services plan in cooperation with the District School Health Coordinator. Once completed, it is submitted to the DOH Health officer and the county school board and district school superintendant for approval and signatures. Services that are provided by the district and DOH are dependent upon the statutory requirement and availability of resources.</p> |
| | <p>1b. The local school health services plan shall be reviewed each year for the purpose of updating the plan. Amendments shall be signed by the school district superintendent and the CHD administrator/director/health officer and forwarded to the School Health Services Program office.</p> | <p>Updates to the plan are made after review each year if they are necessary. If the plan is updated, any amendment is reviewed by the superintendent of schools, the school board and the DOH health officer and is forwarded to the School Health Services Program Office as required by Florida Statute.</p> |
| | <p>1c. The local school health services plan shall describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of the funding source.</p> | <p>School health clinic staff is hired by the school district of Hernando County. Each staff member is trained by both the DOH and DOE RN's and are under the supervision of both the DOH and the DOE nurses, the administrator for each school in which they are employed and the Director of Student Services. The administrator of each school is also responsible for the hiring and retention of clinic staff. Both the DOH and DOE nurses are available to assist in the interview and hiring process. Once hired and cleared for duty, the staff is required to attend training for clinic staff to include clinic procedures, medication training, child specific training and other clinic duties and responsibilities. Current CPR and first aid is required per policy. Supervision is provided by the RN assigned to each school and the Administrative staff for each school. The nurse for the District or the Health Department is on site as much as needed initially and then atleast weekly thereafter. Periodic reevaluation of skills is performed on a regular basis. Reeducation is provided as the need arises.</p> |

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| | | Hernando County Clinic Policy Manual "School Health Professional Training." |
| | 1d. Each CHD uses annual Schedule C funding allocation to provide school health services pursuant to the School Health Services Act and the requirements of the Schedule C Scope of Work. | Hernando County uses schedule C Title XX! Funding and School Health General Revenue funding. Any shortfalls are supplemented with NCGRV to close the funding gap. |
| | 1e. The CHD and LEA shall each designate one person, RN recommended, to be responsible for the coordination of planning, development, implementation and evaluation of the program. These individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services. | A designee is established from both the DOH and LEA. The DOH designee is the Nursing Program specialist for school health and is an RN and is also the coordinator for school health services. The LEA designee is the Director of Student Services. Both persons work together to assure program compliance, provide staff with the needed educational support, and to assure the delivery of program services. |
| | 1f. Protocols for supervision of school health services personnel shall be described in the local school health services plan to assure that such services are provided in accordance with statutory and regulatory requirements and professional standards and are consistent with the Nurse Practice Act. | Once training (instructional and hands on) is provided to school health services personnel a return demonstration of the task is required. The checklist of competency is completed and a copy is kept in the school clinic and updated periodically when return demonstrations are requested. The RN will only delegate the responsibility to the school health services person if in their judgement the procedure/task can be completed in a safe and timely manner and meets all the requirements of a task that may be delegated. |
| | 1g. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the CHD medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant if employed or the student's private physician. | The DOH epidemiology department works closely with the school health nurses to inform LEA staff about specific communicable diseases. LEA staff track these illnesses and have written information re: reportable diseases in Florida. LEA staff have written guidelines in reference to any suspected or confirmed communicable disease present in schools. |

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| | <p>1h. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners.</p> | <p>School district employees submit their EARS weekly to the DOH and the services are entered into HMS by the School Health Nursing Program Specialist as they are received. The information gathered in HMS is utilized in the annual school health report and also in providing administrators with information on the activity in their clinics.</p> |
| | <p>1i. Each SHAC should include members representing the eight components of the Centers for Disease Control and Prevention's Coordinated School Health (CSH) model. The SHAC is encouraged to address the eight CSH components in the school district's wellness policy.</p> | <p>Hernando County SHAC is working to incorporate all 8 components of the CSH model. We have made some progress in having staff and community partners attend and participate in our committee. This year we will be welcoming 2 new members. Our meetings are held 2-3 times per school year and minutes are recorded.</p> |
| <p>2. Health Appraisal s. 381.0056(4)(a)(1), F.S.</p> | <p>2a. Determine the health status of students.</p> | <p>Health records are reviewed annually for students in Hernando Schools. The physical exam is reviewed for any medical conditions. If a student is found to have a medical condition, a parent packet is sent home for parent to complete and return. Once this is returned or the RN is provided with information of a medical condition, the parent is then contacted by the RN and an assessment is made. Each care plan is individually created to address the specific needs of the child. Both an IHP and EP are developed for each student and is shared with need to know staff. Training is provided on an individual and group basis to teachers, coaches, administrators, bus drivers, food and nutrition staff and clinic staff based on the individual needs of each student. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL # 5320, 5112 and also in the Hernando county clinic policy manual under maintenance of health records.</u></p> |
| <p>3. Records Review s. 381.0056(4)(a)(2), F.S.; s.1003.22(1)(4) F.S.; Rules 64F-6.005(1), F.A.C.; 64F-6.004(1)(a), F.A.C.</p> | <p>3a. Perform initial school entry review of student health records, to include school entry physical, immunization status, cumulative health record, emergency</p> | <p>As per statute, the health record of all incoming students will be reviewed and maintained by the school clinic and also the RN assigned to each school. At minimum these records must contain a physical dated within one year of entry into a Florida school, FL 680 form certified, emergency</p> |

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| | <p>information, school health screenings and student-specific health related documents.</p> | <p>contact information, health screenings as applicable and consent for treatment. Currently this information is stored both electronically in SKYWARD and paper copy in the Health Cumulative folder. (Red Folder). <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy 5320 and in the Clinic Policy Manual under maintenance of health records and record keeping</u></p> |
| | <p>3b. Emergency information card/form for each student shall be updated each year.</p> | <p>Each year the emergency information card is to be updated by parents. This update is either done on paper or electronically in SKYWARD. It is the responsibility of the clinic staff to make sure these cards are updated annually. The clinics are provided weekly with a list of those parents who have provided the updated information. Clinic staff then are responsible to contact those who have not updated their contact information for their student. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy 5341, and in the Clinic Policy Manual under maintenance of health records and record keeping</u></p> |
| <p>4. Nurse Assessment s. 381.0056(4)(a)(3), F.S.; Rules: 64F-6.001(6), F.A.C.; 6A-6.0253, F.A.C; 6A-6.0252, F.A.C.; 6A-6.0251, F.A.C.</p> | <p>4a. Perform nursing by a Registered Nurse (RN) assessment of student health needs.</p> | <p>A Registered nurse assessment is performed on any student with a health concern with parental consent. The assessment is formulated based upon several factors, visual inspection, in person conversation with the student, in person or phone conversation with parent and/or physician and information provided in writing either through a parental care plan or physician orders. Information may also be obtained by the teacher and other school employees. Once the assessment is completed, the nurse then creates a child specific plan of care for the student based upon the information gathered. This assessment/plan is fluid and may change several times during the school year based on each students individual needs. Nursing interventions are developed for day to day and emergency care of the student. Trainings for school based individuals such as, teachers, coaches, clinic staff, counselors dietary workers are provided as needed. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy 5335 and in the policy manual under Students with Health care needs.</u></p> |

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| | <p>4b. For day-to-day and emergency care of students with chronic and/or complex health conditions at school, the RN develops an individualized health care plan (IHP) and Emergency Care Plan (ECP).</p> | <p>The RN develops the health care plan using the nursing process. As required, the IHP and EP is created for each student and is passed out to need to know staff. Child specific training is provided for staff with contact with each student. This training includes day to day care of the student with a health condition and also emergency care and treatment of each student. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy # 5335,8330 and 8350, 2410 and in the policy manual under Students with Health care needs</u></p> |
| <p>5. Nutrition Assessment s. 381.0056(4)(a)(4), F.S.; Florida School Health Administrative Resource Manual, 2017</p> | <p>5a. Identify students with nutrition related problems and refer to an appropriate health care provider.</p> | <p>LEA food and nutrition dept., school cafeteria staff, school administration and RNs from the district as well as the DOH are notified of students with nutritionally related conditions. Dietary modification is made after physician documentation and instruction is provided if necessary. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601 (352)797-7000 BoardDocs® PL# 5335 and 5335.01</u></p> |
| <p>6. Preventive Dental Program s. 381.0056(4)(a)(5), F.S.</p> | <p>6a. Provide services such as oral health education, screenings and referrals, dental sealants, fluoride varnish and/or fluoride rinse as appropriate.</p> | <p>Premier provides dental services to our school age students through their Mobile unit. Parental consent is obtained and services such as cleanings, fluoride treatment, sealants, SDF, Exams and xrays if needed. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy # 2410 E</u></p> |
| <p>7. Health Counseling s. 381.0056(4)(a)(10), F.S.</p> | <p>7a. Provide health counseling as appropriate.</p> | <p>The RN will discuss treatment and interventions with parents, student and school staff that are specific to each student with parental consent. They will counsel as needed to maintain the students health during the school day and provide instruction as needed to assure students safety in school and on the way to school. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy # 5335,8330 and 8350, 2410 and in the policy manual under Students with Health care needs</u></p> |
| <p>8. Referral and Follow-up of Suspected and Confirmed Health Problems s. 381.0056(4)(a)(11), F.S.</p> | <p>8a. Provide referral and follow-up for abnormal health screenings, emergency health issues and acute or chronic health problems. Coordinate and link to community health resources.</p> | <p>Health screenings are conducted in the grades required by statute. Those grades are kg, 1,3 and 6, and those students new to the Florida public school system in kg-5th grade. Health screenings are only conducted on those students whose parents have given written consent for such screenings. It is the responsibility of the school health staff</p> |

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| | | <p>to diligently work to obtain these consents. If a student is screened and fails the mass screening, a referral is sent home to the parent or guardian. Every student screened in the district gets a school health report card that documents the results of each screening provided to the student.. Parents who have received the referral letter are given ample time to follow up with their provider. If there is no follow up, the parent is contacted and possible linkage to care is provided. Heiken vision provides free eye exam and glasses and Kiwanis has been known to assist in Dr. visits and follow up appointments if parent is unable to afford these services.</p> <p><u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy # 2410 Clinic policy manual and clinic procedure manual.</u></p> |
| <p>9. Provisions for Screenings s. 381.0056(4)(a)(6-9), F.S.; Rule 64F-6.003(1-4), F.A.C.</p> | <p>9a. Provide mandated screenings unless the parent requests in writing an exemption:</p> <ul style="list-style-type: none"> (1) Vision screening shall be provided, at a minimum, to non-exempted students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten – 5. (2) Hearing screening shall be provided, at a minimum, to non-exempted students in grades kindergarten, 1 and 6; to students entering Florida schools for the first time in grades kindergarten – 5; and optionally to students in grade 3. (3) Growth and development screening shall be provided, at a minimum, to non-exempted students in grades 1, 3 and 6 and optionally to students in grade 9. (4) Scoliosis screening shall be provided, at a minimum, to non-exempted students in grade 6. | <ul style="list-style-type: none"> 1. Screenings are provided to students in the mandatory school grade and with written parental consent. For vision, screenings are required for all kg, 1,3 and 6th grade and any student entering a florida school for the first time. School health professionals set up the date and time for each grade screenings and the students are then screened a minimum of one time. If the student passes the initial screening no referral is made. If the student fails the screening, the student is referred to the RN and is re-screened on a later date. If the student has failed both times, the referral is made and sent home to the parent. 2. The hearing screening is conducted the same way as the vision screening for students in grades kg,1 and 6. If the student passes the initial screening no referral is made. If the student fails the screening, the student is referred to the RN and is re-screened on a later date. If the student has failed both times, the referral is made and sent home to the parent. 3. For growth and development, each student in grade 1, 3 and 6 is measured for height and is weighed and the RN calculates the BMI percentage. Students who fall under the 5% are considered underweight and a referral |

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| | | <p>is made. Students who fall in the 95% and higher are considered obese and a referral is made.</p> <p>4. Students in 6th grade are tested for scoliosis by the RN. If the student is found to have positive results, the student is rescreened by another RN. If the student fails both the initial screening and the rescreen a referral is made.</p> <p><u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy # 2410 F,G,H,I and in the Clinic Policy Manual under duties of the School Health Professional.</u></p> |
| | <p>9b. Provide screening services to all specified students pursuant to s. 381.0056(4)(a) unless a parent/guardian requests exemption from the screening services in writing.</p> | <p>Florida statute states that if a parent does not wish their child to be screened, they must submit this request in writing. If a refusal form is received, that student has been opted out of screenings and shall not be screened. It is the responsibility of the clinic staff to obtain the consent for treatment and screening and to abide by the wishes of the parent/guardian. On the day of screenings, each student whose parent has declined services will not be screened. Clinic Procedure Manual under screenings.</p> |
| | <p>9c. The school shall obtain parent/guardian permission in writing prior to any invasive screening, (e.g. comprehensive eye exam, covid testing).</p> | <p>Invasive screenings are not performed in Hernando county schools regularly. This year we are working to partner with Heiken vision to schedule comprehensive eye exams for those students who fail the initial and 1 subsequent vision screening. This program is provided on an opt in basis and the parent will need to provide the Heiken program with consent for the eye exam. Seventh grade immunizations may be offered at school open house events for 7th grade students who need the Tdap vaccine. Parent/guardian presence and informed consent are required at these free clinics offered by the FDOH in Hernando. The consent is signed by parent/guardian prior to student immunization.</p> |
| | <p>9d. Refer students with abnormal screening results to service providers for additional evaluation and/or treatment (e.g. state contracted vision service providers).</p> | <p>Students failing the vision screening two times are referred to the Heiken program for a free eye exam and glasses or they may see their own provider for vision services. Students failing the hearing screening are referred to their provider as well. Assistance may be available through our local Kiwanis club. Additionally, students testing positive in</p> |

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| | | <p>their scoliosis screen or measuring below the 5% or over the 95% are referred to their private physician for evaluation. Located in the Clinic Policy Manual under Responsibilities of the School Health Professional and in the Procedure Manual under Screenings.</p> |
| <p>10. Meeting Emergency Health Needs s. 381.0056(4)(a)12., F.S.; s. 1006.165, F.S.; Rule 64F-6.004(1), F.A.C.; Emergency Guidelines for Schools, 2019 Florida Edition</p> | <p>10a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. Ensure that student emergency information forms/cards are updated annually and completed for each student listing contact person, family physician, allergies, significant health history and permission for emergency care.</p> | <p>The Emergency information form will be distributed annually for updating information. This information is easily accessible for responsible staff in SKYWARD. Each clinic has a copy (2019 the most recent) of the Emergency Guidelines for Schools. Staff is encouraged to have this book at the ready if needed. Emergency procedures are reviewed at the Orientation at the beginning of the year as well. Additionally, these procedures are in the Procedure Manual for the district.</p> <p><u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy 5341</u></p> |
| | <p>10b. Ensure health room staff and two additional staff in each school are currently certified in cardiopulmonary resuscitation (CPR) and first aid and a list is posted in key locations.</p> | <p>Trainings for school staff are available throughout the year at no cost to staff through a community partner. School health staff and other staff are encouraged to use this partner for their cpr and first aid trainings. No school health staff may work in a school clinic prior to obtaining this training and proof of training must be provided to enroll for clinic training. Additionally, a copy of the cpr and first aid class card is kept on file in the clinic and the list of trained staff is posted in the clinic, at the AED and in 1 or 2 other places, for example wood shop, cafeteria, gym etc.</p> <p>Located in the Clinic Policy Manual under Inservice for School Health Professionals.</p> |
| | <p>10c. Assist in the planning and training of staff responsible for emergency situations.</p> | <p>Clinic staff attend training as do any teachers that have students with emergency medications. These trainings are conducted in groups and then on an individual basis for each specific student. In addition, the Emergency Guidelines manual is in every clinic. It is reviewed at orientation and clinic staff are encouraged to refer to it and review it regularly for procedure.</p> |

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| | | Located in the Clinic Policy Manual under Inservice for School Health Professionals |
| | 10d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities. | The nurse audits her clinic annually and checks for expired or near expiring supplies. The school health professional is encouraged to audit her own supplies frequently and rid the clinic of any expired supplies. Student medication and their expiration dates are maintained on a log so the parent/guardian may be contacted prior to medication expiration and a new medication may be brought in. |
| | 10e. The school principal (or designee) shall assure first aid supplies, emergency equipment and facilities are maintained. | Each school is given a clinic budget to order first aid supplies for the year. The administrator of each school assigns a designee (usually the bookkeeper) to be responsible for ordering the supplies requested by school health staff. If there are any questions in reference to the necessity of any item to be purchased, the administrator will reach out to the nurse to answer any of these questions or concerns. |
| | 10f. All injuries and episodes of sudden illness referred for emergency health treatment shall be documented and reported immediately to the principal or the person designated by the principal or the acting principal. | Depending upon the nature of the incident, reports are filled out for accidents, injuries or any sort of trauma and this is completed by the person witnessing the event and then given to the administrator or designee. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL #8442 and 5340</u> |
| | 10g. It is the responsibility of each school that is a member of the Florida High School Athletic Association to: (1) Have an operational automatic external defibrillator (AED); (2) Ensure employees expected to use the AED obtain appropriate training; and (3) Register the AEDs with the county emergency medical services director. | Each school in the district has at minimum 1 AED on campus. District policy states that the AED for each campus must be registered with EMS and that staff are trained on its use. Names of those employees that are trained in cpr and first aid are posted on the list with the AED and in other places in the school. Those that are trained must provide the clinic with the most up to date certificate for CPR and AED and first aid. Online classes are not accepted unless there is an in person hands on test prior to certification per School District policy. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy 8452</u> |

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| <p>11. Assist in Health Education Curriculum s. 381.0056(4)(a)(13), F.S.</p> | <p>11a. Collaborate with schools, health staff and others in health education curriculum development.</p> | <p>Health classes are offered to schools as requested by each school. Health Education curriculum in compliance with required instruction statutes is taught for grades 6-12 students.</p> |
| <p>12. Refer Student to Appropriate Health Treatment s. 381.0056(4)(a)(14), F.S.</p> | <p>12a. Use community or other available referral resources. Assist in locating referral sources for Medicaid eligible, uninsured and underinsured students.</p> | <p>Families with no health insurance are directed to our local FQHC for eligibility. They are referred to the DOH WIC program if eligible and the Crescent clinic. In addition, Heiken Vision and Sertoma services are used for vision referrals as needed.</p> |
| <p>13. Consult with Parent/Guardian Regarding Student's Health Issues s. 381.0056(4)(a)(15), F.S.; Rule 64F-6.001(1), F.A.C.</p> | <p>13a. Provide consultation with parent/guardian, students, staff and physicians regarding student health issues.</p> | <p>The RN consults with parents for care plan development whenever possible. Additionally, contact with the medical provider may be necessary to clarify or elaborate on condition, treatment, limitations etc. These consultations provide the RN with necessary information in providing the most effective and appropriate care for the student. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL po 5335</u></p> |
| <p>14. Maintain Health-Related Student Records s. 381.0056(4)(a)(16), F.S.; s. 1002.22, F.S.; Rule 64F-6.005(1)(2), F.A.C.</p> | <p>14a. Maintain a cumulative health record for each student that includes required information.</p> | <p>A Health record is required for each student enrolled in a Florida public school. These records are kept in the clinic in a locked cabinet and follow the student throughout their entire academic career. Currently the record (health cum) is both electronic and paper. The health record includes, FL680, health history, screenings, health exam, IHP and EP, physicians orders and consents for meds or treatment. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL po 5320</u> and in the Clinic Policy Manual under maintenance of health records and record keeping</p> |
| <p>15. Nonpublic School Participation s. 381.0056(4)(a)(18), F.S.; s. 381.0056(5)(a)-(g), F.S.</p> | <p>15a. Notification to the local nonpublic schools of the school health services program, allowing the nonpublic school to request participation in the school health services program provided they meet requirements.</p> | <p>The RN program specialist attends Title I meetings for private schools and offers school health services to any private school requesting these services. These services include but are not limited to record review for school entry compliance, medication training and child specific training for any school who has a student with a medical condition, health screenings, information on communicable illnesses and care plan development.</p> |

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| <p>16. Provision of Health Information for Exceptional Student Education (ESE) Program Placement s. 381.0056(4)(a)(17), F.S.; Rules 6A-6.0331, F.A.C.; 64F-6.006, F.A.C.</p> | <p>16a. The District School Board will ensure that relevant health information for ESE staffing and planning is provided.</p> | <p>The Registered nurse will attend staffings for students with special needs. These staffings include 504 meetings and IEP meetings. In addition to attending these meetings, Nursing care plans will be written for these students with medical conditions and these care plans will become part of the IEP or 504 plan when applicable. During these meetings the RN will act to advocate on behalf of the student to provide interventions that are specific to that student and will help him/her achieve their educational goals.</p> |
| <p>17. Provide In-service Health Training for School Personnel s. 381.0056(6)(b), F.S.; Rule 64F-6.002, F.A.C.</p> | <p>17a. The District School Board will ensure that district staff are provided with training to assist with the day-to-day and emergency health needs of students.</p> | <p>School Health professionals, teachers and other school staff are trained in medication administration and also in child specific care of students with medical conditions. These trainings are provided every school year to those that have contact with any student that may have both day to day and emergent health needs. Staff will need to demonstrate competency in skills required before they are permitted to care for these students. This is at the discretion of the RN delegating these treatments.</p> |
| <p>18. Health Services and Health Education as Part of the Comprehensive Plan for the School District. s. 381.0056(6)(a), F.S.; Rule 64F-6.002, F.A.C.</p> | <p>18a. The District School Board will ensure that school-based health services and health education are provided to public school children in grades pre-kindergarten - 12.</p> | <p>District School Board representatives and school based staff along with the Dept of health staff collaborate to provide any health services in compliance with statutes</p> |
| <p>19. Physical Facilities for Health Services s. 381.0056(6)(c), F.S.; State Requirements for Educational facilities, 2014 and/or State Requirements for Existing Educational Facilities 2014</p> | <p>19a. The District School Board will ensure that adequate health room facilities are made available in each school and meet the Florida Department of Education requirements.</p> | <p>Each public school in the district has facilities for the treatment of students in the school. Each clinic is maintained by the full time school health professional who is responsible for the clinic maintenance and organization. Each clinic has cot(s), running water, restroom, locked cabinets, refrigerator, first aid supplies, telephone, emergency cart, walkie talkie/intercom, computer, bio-hazard container, sanitizing supplies to name a few.</p> |
| <p>20. Helping Children be Physically Active and Eating Healthy s. 381.0056(6)(d), F.S.</p> | <p>20a. The District School Board will ensure that at the beginning of each school year, a list of programs and/or resources is made</p> | <p>Food and Nutrition Services is an extension of the educational program in schools and is operated under the federally funded National School Lunch Act. The program is</p> |

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| | <p>available to the parent/guardian so they can help their children be physically active and eat healthy foods.</p> | <p>administered by the United States Department of Agriculture and the Florida Department of Agriculture and Consumer Services. Food and Nutrition Services provides nutritious meals that give every HCS student the opportunity to make educated, healthy food choices that will have long-term health, academic, and physical outcomes. The purpose of Food and Nutrition Services is to provide a variety of nutritious choices for breakfast and lunch that meet the Dietary Guidelines for Americans, offering a high level of customer service to all patrons, valuing cultural diversity, and hiring and training the best staff possible. The Food and Nutrition Program make sure all menus are accessible on the district website as well as on their facebook page Hernando School Food as well as through our parent portal Linq Connect. Parents are able to view menus as well as see the nutrient analysis of each food item.</p> |
| <p>21. Inform Parent/Guardian of the Health Services Provided <u>s. 381.0056(6)(e), F.S.</u> <u>s. 1001.43(7), F.S.</u> <u>s.1004.06, F.S.</u></p> | <p>21a. The District School Board will ensure that at the beginning of each school year, the parent/guardian will be informed in writing that their children will receive specified health services as provided for in the district health services plan and the opportunity to request an exemption of any service(s) in writing.</p> | <p>Each new school year a copy of the consent form is sent home to parents of newly enrolled students. This form is also available online for parents to complete. No treatment, screening, lice check will be given to a student without the consent unless it is deemed an emergency. If a student goes to the clinic without consent, the parent is notified that the student is there and that they must complete the consent for treatment that is being sent home.</p> |
| <p>22. Declaring a Communicable Disease Emergency <u>s. 1003.22(9), F.S.;</u> <u>Rule 64F-6.002(2)(d), F.A.C.</u></p> | <p>22a. The county health department director, administrator or the state health officer may declare a communicable disease emergency in the event of any communicable disease for which immunization is required by the Florida Department of Health in a Florida public or private school. A communicable disease policy must be developed and needs to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.</p> | <p>The DOH epidemiology department works closely with school health to inform LEA staff about specific communicable diseases. LEA staff track certain communicable illnesses and have written information re: reportable diseases in Florida. LEA staff have written guidelines RE: coordination of any suspected or confirmed communicable disease affecting schools. LEA staff keep close tabs on compliance of students in reference to vaccines. A book is maintained and updated with those students not compliant with their vaccines. This list is easily accessible in case of an outbreak in a school so students can be identified quickly. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601,</u> <u>(352)797-7000 BoardDocs® PL POLICY 8420.01</u></p> |

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| <p>23. Administration of Medication and Provision of Medical Services by District School Board Personnel s. 1006.062(1)(a), F.S.;</p> | <p>23a. The District School Board will include provisions to provide training, by a registered nurse, a licensed practical nurse, a physician or a physician assistant (pursuant to Chapter 458 or 459, F.S.), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.</p> | <p>Hernando policy # 5330 in use of medications describes who may administer medications and who may attend the RN lead training. The administration is also addressed in the clinic policy manual and also in the clinic procedure manual. This training is offered every school year and the employee is required to have cpr and first aid if they are administering medications both over the counter and prescription. The training is only offered by the RN and the RN will decide if the staff may be delegated to based upon competency. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL #5330</u> and in the Clinic Policy Manual under In service for the School Health Professional</p> |
| <p>24. Policy and Procedure Governing the Administration of Prescription Medication s. 1006.062(1)(b), F.S.; Rule 64B9-14, F.A.C.</p> | <p>24a. The District School Board will adopt policies and procedures governing the administration of prescription medication by district school board personnel and be consistent with delegation practices.</p> | <p>The policy and procedure for medication administration are both outlined in the policy and procedure manual for Hernando County. It is listed in section IX of the policy Manual and also in Board docs. The policy outlines who may administer medications, at what time and what must be present to administer the medication along with other specifications required for med administration. This task will only be delegated by the RN (as outlined in the Nurse Practice Act), and only after the individual has attended training (child specific) and has been signed off by the RN. Additionally, the RN will conduct periodic return demonstrations to verify competency. <u>Welcome - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy # 5330</u></p> |
| <p>25. Policy and Procedure for Allowing Qualified Patients to use Marijuana. s. 1006.062(8), F.S.; s. 381.986, F.S.</p> | <p>25a. Each district school board shall adopt a policy and a procedure for allowing a student who is a qualified patient, as defined in s. 381.986, to use marijuana obtained pursuant to that section.</p> | <p>The medical marijuana policy po 5330.02 was adopted on February 5, 2019. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL po 5330.02</u> No clinic or other school staff are permitted to administer medical marijuana and a parent or caregiver may only administer if they comply with the policies and procedures set forth by the Hernando county school board</p> |

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| | <p>25b. Pursuant to the district policy, develop procedures to follow when parents of students, that are qualified patients, request that medical marijuana be administered to their child at school.</p> | <p>See the policy and procedure above. This policy is in effect for every public school in the district <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy# 5330.02</u></p> |
| | <p>25c. Ensure that all school health room/clinic staff and school staff designated by principals have read and have on file the school district policy on medical marijuana.</p> | <p>Policy for clinic staff is reviewed every orientation and the school district has reviewed the policy and the location of the policy with administrative staff. Clinic staff sign off each year that they have read and understand the policy that has been shared with them.</p> |

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| <p>26. Students with Asthma Carrying a Metered Dose Inhaler s. 1002.20(3)(h), F.S.; National Association of School Nurses (NASN) Position Statement, The Use of Asthma Rescue Inhalers in the School Setting</p> | <p>26a. Students with asthma whose parent/guardian and physician provide written approval, may carry a metered dose inhaler on their person while in school. Ensure written authorization for use of metered dose inhaler at school is completed and signed by health care provider and parent/guardian.</p> | <p>Hernando policy 5330.01 section A self administered medication addresses students with the need and authorization to carry a metered dose asthma inhaler. Policy states that students may carry their inhaler and self administer the inhaler as long as the written Medication authorization and the contract to carry is provided. These documents must contain the name of the student, the name of the medication, the route time and special circumstances the medication is to be administered. Both forms must contain the signature of both the parent and the provider. Students who carry their metered dose inhaler must act responsibly and appropriately with the medication. If they are found to be abusing this request, they will be counseled in the proper use of the inhaler. If a student is carrying his/her inhaler, a staff member may assist them in administration as long as there are orders in place for the inhaler use.</p> <p><u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL 5330.01 AND 5780 AND 5335 C also located in the Clinic Procedure Manual</u></p> |
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| | <p>26b. If the school district has chosen to maintain supplies of short-acting bronchodilators and components from a wholesale distributor or manufacturer as defined in s. 499.003, F.S., the participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize symptoms of respiratory distress and to administer a short-acting bronchodilators or components. The protocol shall include:</p> <ul style="list-style-type: none"> (1) Guidance for administering short-acting bronchodilators or components in instances of respiratory distress for a student with a known diagnosis of asthma. (2) If approved by the school district, guidance for administering short-acting bronchodilators or components in instances of respiratory distress for students with no known diagnosis of asthma. (3) A school nurse or trained school personnel shall only administer short-acting bronchodilators and components to students if they have successfully completed training and believe in good faith that the student is experiencing respiratory distress. | <p>Hernando county does not have a policy for maintaining supplies of short acting bronchodilators at this time. Only inhalers that are specifically ordered for a student may be used. We are hoping to possibly initiate this within the next school year or so, once we have a permanent medical director.</p> |
| | <p>26c. The school district or school shall provide written notice to the parent of each student enrolled in the school district or school of the school's adopted protocol. The public school must receive prior permission from the parent or guardian to administer a short-acting bronchodilator or components to a student.</p> | <p>N/A</p> |

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| <p>27. Students with Life Threatening Allergies s. 1002.20(3)(i), F.S.; Rules 6A-6.0251, F.A.C.; 64F-6.004(4), F.A.C.; NASN Position Statement on Rescue Medications in School; Students with Life-Threatening Allergies, 2017 Updated Guidance</p> | <p>27a. Ensure that written parent/guardian and physician authorization has been obtained from students who may carry an epinephrine auto-injector and self-administer while enroute to and from school, in school, or at school-sponsored activities.</p> | <p>Hernando policy # 5330.01 B addresses the use of epinephrine auto-injectors for life threatening allergies. These auto injectors may be kept in the clinic or the student may carry them. Proper paperwork must be submitted before this medication can be permitted in school. If the medication is to be kept in the clinic , a medication authorization will need to be on file outlining the specific medication and times and route for useage. If the medication is to be carried by the student, the Contract to carry must also be submitted. Both of these forms must be completed and signed by both the provider and the parent. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL 5330.01 NS 5780 also available in the Clinic Procedure Manual</u></p> |
| | <p>27b. For students with life threatening allergies, the RN shall develop and update annually IHP that includes an ECP, in cooperation with the student, parent/guardian, physician and school staff. The IHP shall include child-specific training to protect the safety of all students from the misuse or abuse of auto-injectors. The ECP shall direct that 911 will be called immediately for an anaphylaxis event and have a plan of action for when the student is unable to perform self-administration of the epinephrine auto-injector.</p> | <p>Hernando policy # 5335 Any student with a life threatening allergy or any other chronic health condition once identified will have an IHP and EP and if applicable a 504. The IHP will address care for the student on a daily basis and identify his/her needs and interventions needed to make the student safe and successful. The EP will address the students health care management during an emergency. These plans will address the use of medications both over the counter and prescription and the training of teachers and staff. They will also give the student some autonomy in modifying activities as needed and allow him/her to participate in activities to the best of their ability. If the student rides the bus , a copy of the DMMP, IHP and EP is sent to transportation and the bus driver is trained on Emergency Care if the student is carrying supplies on the bus. If not, the driver is instructed to call dispatch and dispatch is to call 911.</p> <p><u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL 5330.01 AND 5780 AND 5335 A AND B</u></p> |

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| <p>28. Epinephrine Auto-injectors Use and Supply s. 1002.20(3)(i)(2), F.S.</p> | <p>28a. If the school district has chosen to maintain supplies of epinephrine auto-injectors from a wholesale distributor or manufacturer as defined in s. 499.003, F.S., the School District Board will insure that a standing order and written protocol be developed by a licensed physician and is available at all schools where the epinephrine auto-injectors are stocked. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection.</p> | <p>Hernando County does not have a policy in maintaining STOCK supplies of epinephrine auto injectors. We are hoping to possibly initiate this within the next school year or so, once we have a permanent medical director.</p> |
| <p>29. Emergency Allergy Treatment s. 381.88, F.S.</p> | <p>29a. The School District Board will ensure that school staff, who are designated by the principal, (in addition to school health staff in the school clinic), to administer stock epinephrine auto-injectors (not prescribed to an individual student) are trained by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity approved by the Florida Department of Health.</p> | <p>N/A</p> |
| | <p>29b. The curriculum must include at a minimum: (a) Recognition of the symptoms of systemic reactions to food, insect stings, and other allergens; and (b) The proper administration of an epinephrine auto-injector.</p> | <p>N/A</p> |
| <p>30. Diabetes Management s. 1002.20(3)(j), F.S.; Rule 6A-6.0253, F.A.C.-Diabetes management</p> | <p>30a. Students with diabetes must have a Diabetes Medical Management Plan (DMMP) from the student's health care provider that includes medication orders and orders for routine and emergency care.</p> | <p>Every attempt possible is made to get the DMMP from the parent/guardian and the provider. The DMMP from the National Diabetes Education Program (NDEP) is provided to each parent of a child with Diabetes either at the end of the previous school year or over the summer or upon request. Physicians either complete</p> |

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| | | <p>that form or submit the one they use in their practice. All aspects of care are addressed. If the form is missing any information, the office and parent are contacted by the RN and the form is then resubmitted to the school. Both the name of the provider and also the parent must be on the form and the signatures of both the provider and parent or guardian as well.</p> <p><u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL #5330, 5335, 5330.01 5780 and in the policy manual under section VII Students with special health care needs. "Diabetes" also located in the Clinic Policy Manual under Diabetes and the Clinic Procedure Manual.</u></p> |
| | <p>30b. An IHP will be developed from the DMMP by the RN in collaboration with the parent/guardian, student, health care providers and school personnel for the management of diabetes while enroute to and from school, in school, or at school-sponsored activities.</p> | <p>Once the DMMP is returned to the school, a copy is made for the RN. In most cases the parent is then contacted and the IHP and EP is formulated. The IHP addresses daily care for the student and the specific treatments required to keep the student safe at school. The school health professional and teacher are also consulted to establish, testing, meals, snack, treatment, physical activity and transportation issues as well as care of student while attending a field trip or other school related event. The health professional is child specifically trained for care of that student during the day at school and on field trips. The teacher and other need to know staff are also offered training to care for the student during the school day based off of the DMMP and IHP.</p> <p><u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy # 5330, 5335, 5330.01, 5780 and in the policy manual under section VII Students with special healthcare needs, "Diabetes"</u></p> |
| | <p>30c. An ECP will be developed as a child-specific action plan to facilitate quick and appropriate responses to an individual emergency in the school setting.</p> | <p>Each student with Diabetes will have an EP based off of the DMMP completed by the provider. The EP will address each students emergency needs and any medication or treatment necessary to keep the student safe and healthy while in school. Emergency care will be provided by any staff who is child specific trained for the care and treatment of each student with Diabetes.If the student rides the bus , a copy of the DMMP, IHP and EP is sent to transportation and the bus driver is trained on Emergency Care if the</p> |

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| | | <p>student is carrying supplies on the bus. If not, the driver is instructed to call dispatch and dispatch is to call 911. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy # 5330, 5335, 5330.01, 5780 and in the policy manual under section VII Students with special healthcare needs, "Diabetes"</u></p> |
| | <p>30d. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe management of diabetes.</p> | <p>The DMMP, IHP and EP are kept in the clinic in the Diabetes log book. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy # 5330, 5335, 5330.01, 5780 and in the policy manual under section VII Students with special healthcare needs, "Diabetes"</u></p> |
| <p>31. Diabetes Self-Management s. 1002.20(3)(j), F.S.; Rule 6A-6.0253, F.A.C.-Diabetes management</p> | <p>31a. Students with diabetes that have physician and parent/guardian approval may carry their diabetic supplies and equipment and self-manage their diabetes while enroute to and from school, in school, or at school-sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student can perform without assistance for diabetic self-management, including hypoglycemia and hyperglycemia.</p> | <p>Along with the DMMP, the student, medical provider and parent/guardian must provide and sign a Contract to Carry for Diabetic supplies. The contract to carry is kept with the DMMP and the IHP and EP. The student with a contract to carry is given permission to carry all Diabetic supplies on their person during school, to and from school and activities after school. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL # 5330.01</u></p> |
| | <p>31b. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe self-management of diabetes.</p> | <p>The RN develops the IHP and the EP based off of the DMMP, parental input and discussion with student and school staff. The IHP addresses the day to day management of the student in school with Diabetes. All aspects of the student day is addressed including, to and from school, meals, activities, field trips, testing, sports, snacks and special school events (parties). The EP addresses diabetic management in case of emergency during this time as well. This includes treatment for high and low blood sugar, emergency medication and first aid and when to call 911. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL</u></p> |

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| <p>32. Use of Prescribed Pancreatic Enzyme Supplements s. 1002.20(3)(k), F.S.; Rule 6A-6.0252, F.A.C.</p> | <p>32a. Develop and implement an IHP and ECP for management of the conditions requiring pancreatic enzyme supplements and to ensure that the student carries and self-administers such supplements as prescribed by the physician.</p> | <p>An EP and IHP will be formulated based upon the paperwork returned by the parent and physician. In addition to communication with the parent, provider and staff. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL 5335 f and in the Clinic Policy Manual under Cystic Fibrosis and in the Procedure Manual</u></p> |
| | <p>32b. Maintain documentation of health care provider and parental/guardian authorization for a student to self-carry and self-administer a prescribed pancreatic enzyme supplement while enroute to and from school, in school, or at school sponsored activities.</p> | <p>A student may carry his/her pancreatic enzymes for cystic fibrosis if the medication authorization is completed by the provider and the parent/guardian and the contract to carry is signed by parent , provider and student. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL 5330.01 C</u></p> |
| <p>33. Naloxone Use and Supply s. 1002.20(3)(o), F.S.</p> | <p>33a. If the school district has chosen to obtain and maintain supplies of naloxone the School District Board will insure that a written protocol regarding storage, accessibility and administration of naloxone be developed and available at all schools where naloxone is stocked.</p> | <p>Schools shall purchase a supply of the opioid antagonist naloxone from a wholesale distributor as defined in F.S. 499.003 or may enter into an arrangement with a wholesale distributor or manufacturer as defined in F.S. 499.003 for naloxone at fair-market, free, or reduced prices for use in the event that a student has an opioid overdose. The naloxone must be maintained in a secure location on the school's premises. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL po 5780 section o</u></p> |
| <p>34. Use and possession of headache medications s.1002.20(3)(p), F.S.</p> | <p>34a. The School District Board will develop a policy that ensures a student may possess and use a medication to relieve headaches while on school property or at a school-sponsored event or activity without a physician's note or prescription if the medication is regulated by the United States Food and Drug Administration for over-the-counter use to treat headaches.</p> | <p>Per FL Statute 1002.20 Students are allowed to carry headache medication, in its original bottle; the clinic is not responsible for administering or monitoring. Hernando County Clinic Policy Manual</p> |

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| <p>35. Administration of Medication and Provision of Medical Services by Nonmedical Assistive Personnel s. 1006.062(4), F.S.; Rules: 64B9-14.002(3), F.A.C., 64B9-14, F.A.C.;</p> | <p>35a. The School District Board will ensure that nonmedical assistive personnel be allowed to perform health-related services upon successful completion of child specific training by a registered nurse or advanced registered nurse practitioner, physician, or physician assistant.</p> | <p>The RN either school district or Department of Health is responsible for the training of nonmedical assistive personnel. This training includes making sure each school health professional has cpr and first aid and has attended medication training. Medication training is offered in the group setting and then individually for child specific training. The child specific training involves interventions specific to the individual student needs. This training is based off of the IHP and EP. Once the nonmedical assistive personnel is trained, they are asked to perform an initial return demonstration, to display competency. If the individual meets the criteria, the task may be delegated by the RN. If the assistive personnel does not display competency, no delegation is offered by the RN and further training is provided until the person demonstrates competency and confidence. Periodically, during the school year, the person performing this task will be reevaluated for competency.</p> <p><u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL 5330 and in the Clinic Policy Manual under Training.</u></p> |
| | <p>35b. An RN must document health related child-specific training for delegated staff. The delegation process shall include communication to the unlicensed assistant personnel (UAP) which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision. The documentation of training and competencies should be signed and dated by the RN and the trainee.</p> | <p>Each trained staff member will have a skills checklist that is kept in the clinic in the medication book. The skills checklist will be used to identify and highlight competencies and level of skills the RN is delegating to that individual person for each individual student. Some skills may or may not be delegated based upon the individual competency. The skills checklist will be signed and dated by both the delegating RN and the trainee. Return demonstrations are also included on the skills checklist and will be documented as they happen. The RN has the right to refuse delegation or revoke delegation as she deems necessary.</p> |

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| | <p>35c. The School District Board will ensure that the use of nonmedical assistive personnel shall be consistent with delegation practices per requirements.</p> | <p>District requirements for non medical assistive personnel for clinic is a high school diploma or GED, current licensure as an LPN, RN, CAN,CMA or approved medical training. The candidate must have a valid CPR and First aid certification prior to student contact.</p> |
| <p>36. Background Screening Requirements for School Health Services Personnel Chapter 435, F.S., s. 381.0059, F.S.; s. 1012.465, F.S.</p> | <p>36a. The District School Board and CHD will ensure that any person who provides services under this school health services plan must meet the requirements of a level 2 background screening.</p> | <p>The school district requires all clinic staff to have level 2 background screening per statute.</p> <p><u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL 4121.01</u></p> |
| <p>37. Involuntary Examination s. 394.463, F.S. including: s. 1002.20(3)(l), F.S.; s. 1002.33(9), F.S.; s. 381.0056(4)(a)(19), F.S.</p> | <p>37a. The School District Board will ensure that it develops policies and procedures for the implementation of this statutory requirement. A reasonable attempt must be made to notify a student’s parent/guardian, or caregiver before the student is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination.</p> | <p>School Board Policy addresses the involuntary examination process in compliance with Florida Statute. All staff who are school based mental health professionals are trained on this process and follow it. All school administrators are trained in the reporting process on the DOE IERS site to report and document when an Involuntary examination occurs.</p> <p><u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL policy # 5350 and 5610.01</u></p> |
| <p>38. Parental Consent for Health Care Services Section 1014.06, F.S.</p> | <p>38a. The School District Board must ensure that it develops policies and procedures for the implementation of the Parent’s Bill of Rights. Address the following statutory requirements: (1) Obtain written parental consent prior to providing, soliciting or arranging to provide health care services or prescribe medicinal drugs to a minor child. (2) Obtain written parental consent prior to a medical procedure to be performed on a minor child in its facility.</p> | <ol style="list-style-type: none"> 1. Parental consent is required prior to any medical treatment in schools. If a student comes to a school clinic, the staff checks for consent and if there is no consent on file, the parent is called and the student is given the paperwork for parent to sign. There is no prescribing of medications for students in Hernando County Schools by school staff. 2. Each year parental consent is required for any school health services. The parent may provide this consent online or on paper. No health services (except emergency) are performed on any student unless there is a consent for the current school year. If a student comes to the clinic in need of medical assistance, the clinic staff verify a consent is in place. If there is no consent for this school year, the parent is contacted and a consent is sent home for the parent to |

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| | | <p>opt in or out of treatment or the parent may complete the consent online.</p> <p><u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL 5780 HEALTH ISSUES A and 5780.01</u></p> |
| <p>39. Care of Students with Epilepsy or Seizure Disorders: Creates Section 1006.0626, F.S.</p> | <p>39a. Requires a school to provide epilepsy or seizure disorder care to a student under certain circumstances.</p> | <p>The school health professional as well as any other staff having direct contact with students with a seizure disorder must take the online training approved by the DOE. In addition any staff that will be caring for a student with seizures will also attend child specific training tailored to the specific needs of each student with seizures. These trainings will address how to recognize a seizure, symptoms and signs particular to each student, first aid treatment for students with seizures, emergency care and emergency medications for seizures.</p> <p><u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL and in the Clinic Policy Manual under Seizures and in the Procedure Manual.</u></p> |
| | <p>39b. Provide requirements for the implementation of an individualized seizure action plan for a student with epilepsy or a seizure disorder.</p> | <p>The ISAP will be completed by the physician and the parent/guardian. Once the ISAP is returned the RN will develop an IHP and an EP based on the ISAP and discussion with parent/guardian and or provider. First aid treatment of the student during a seizure and any medications ordered for the student must be included in the ISAP. The emergency medication will be kept with other emergency medications in the clinic or if needed to be kept in a classroom, the medication will be kept in a locked container with a child specific trained staff member to administer it in case of emergency.</p> <p><u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL and in the Clinic Policy Manual under Seizures and in the Procedure Manual.</u></p> |
| | <p>39c. Provide that an individualized seizure action plan remains in effect until certain criteria are met.</p> | <p>ISAP's remain in effect until the school year ends or until a change in treatment modalities is initiated by the provider. Once there is a change, the IHP and EP are updated to meet the changing needs of the student.</p> |

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| | <p>39d. Authorize a school to provide training and supports to a student in the absence of such a plan.</p> | <p>If the ISAP is not returned, a generic IHP and EP will be written by the RN explaining basic first aid care for the student in an emergency. Staff is Required to take this training, however there will be no medication administered. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL</u> and in the Clinic Policy Manual under Seizures and in the Procedure Manual.</p> |
| | <p>39e. Provide requirements for such plans; requiring a school nurse or appropriate school employee to coordinate the care of such students and verify the training of certain school employees relating to the care of the students.</p> <p>39f. Provide requirements for such training; based on guidance issued by the Department of Education.</p> | <p>The RN will only delegate care of this student to individuals who have taken the online training approved by DOE and also the child specific training. The RN notifies the administrator of each school that those in contact with each student must take a DOE approved training on epilepsy each year. The certification is kept in the clinic. The ISAP is followed for emergency care of the student. Each person trained is required to demonstrate competency in the task to be delegated. The person trained is shown how to perform each task and then is required to demonstrate how the task is to be performed. Periodic demonstrations are required. The RN has the right to refuse to delegate to a staff member if they do not feel the duty to be delegated can be provided in a safe manner. <u>Active Policies - 919 N. Broad Street, Brooksville, FL, 34601, (352)797-7000 BoardDocs® PL po 5335</u></p> |
| | <p>39g. Require schools to provide specified information to certain school employees</p> | <p>Parents are required to sign the Medical Condition Notification form which permits the school to share the information on the student with a medical condition with need to know staff.</p> |
| <p>40. Availability of menstrual hygiene products. s.1006.064, F.S.</p> | <p>40a. If the school district has chosen to make menstrual hygiene products available in each school at no charge within the district, the School District Board will ensure that students are informed about the product's availability and location.</p> | <p>Although clinics are not mandated to provide menstrual hygiene products, typically they will keep some supplies in the clinic. Menstrual hygiene products are available in each school clinic. Students are permitted to go to the school clinic as needed during the school day to obtain these products or to call home for additional supplies.</p> |

PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)

| Statute and/or Rule References | Program Standard/Requirement | Local Implementation Strategies and Activities |
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| <p>41. The provision of Comprehensive School Health Services. The services provided under This section are additional and are intended to supplement, rather than supplant, basic School Health services. s. 381.0057(6), F.S.; s. 743.065, F.S.</p> | <p>41a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.</p> | <p>n/a</p> |
| | <p>41b. Provide health activities that promote healthy living in each school.</p> | <p>n/a</p> |
| | <p>41c. Provide health education classes.</p> | <p>n/a</p> |
| | <p>41d. Provide or coordinate counseling and referrals to decrease substance abuse/ misuse.</p> | <p>n/a</p> |
| | <p>41e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.</p> | <p>n/a</p> |
| | <p>41f. Provide or coordinate health education classes to reduce the incidence of substance abuse or misuse, suicide attempts and other high-risk behaviors.</p> | <p>n/a</p> |
| | <p>41g. Identify and provide interventions for students at risk for early parenthood.</p> | <p>n/a</p> |
| | <p>41h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.</p> | <p>n/a</p> |

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| | 41i. Collaborate with interagency initiatives to prevent and reduce teen pregnancy. | n/a |
| | 41j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy. | n/a |
| | 41k. Refer all known pregnant students to staff for prenatal care and Healthy Start services. | n/a |

PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS

| Statute and/or Rule References | Program Standard/Requirement | Local Implementation Strategies and Activities |
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| 42. Full Service Schools s. 412.3026(1), F.S. | 42a. The State Board of Education and the Florida Department of Health shall jointly establish FSS to serve students from schools that have a student population at high risk of needing medical and social services. | Hernando County Schools are full service schools. |
| | 42b. Designate FSS based on demographic evaluations. | All Hernando county schools are full service schools. |
| | 42c. Provide nutritional services. | The food and nutrition department provides services and individualized menus for students with restrictive or special diets and nutritional needs. For those students with dietary restrictions, f/n staff follow guidelines set forth by the prescribing physician. The summer and holiday feeding program is also in place for students when school is not in session so these students will have free meals. Additionally, the schools partner with local churches and organizations to provide students with backpacks for weekend meals for those families in need. |

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| | 42d. Provide basic medical services. | Medical services are provided to students enrolled in Hernando schools. These medical services include health appraisals, nursing assessments, preventive dental screenings and services, child specific training, vision, hearing, scoliosis, and growth and development screenings; health counseling; referral and follow-up of suspected or confirmed health problems; first aid and emergency health services; assistance with medication administration; and health care procedures for students with chronic or acute health conditions. |
| | 42e. Provide referral to dependent children Temporary Assistance to Needy Families (TANF). | School based counselors and social workers provide this resource to families in need once identified. |
| | 42f. Provide referrals for abused children. | If a school health professional or any other school staff suspects child abuse or neglect, they are required to report this to DCF. Additionally, referrals to social work and guidance are made. |
| | 42g. Provide specialized services as an extension of the educational environment that may include nutritional services, basic medical services, aid to dependent children, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parent/guardian, and adult education. | As previously stated, nutritional services are offered, students may be referred out for medical services, the parent academy is in place to offer parenting classes and assistance to parents/guardians and grandparent caregivers. The truancy board is in place and meets monthly for the first 6 or 7 months and then every 2 weeks after that for students who are facing truancy. Additionally Students and Families in Transition is a resource for the homeless and they partner with local agencies and providers to provide health services, transportation, removes barriers for students to enroll in school to name a few of their services. |
| | 42h. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds. | Baycare and Phoenix counseling and Impact provides social services and counseling to students in Hernando County in addition to DJJ. |

PART IV: Detailed Description of Local Agency(s) Roles and Responsibilities

| Statute and/or Rule References | Program Standard/Requirement | Local Implementation Strategies and Activities |
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| <p>43. Command structure, accountability, outcome indicators, resource management, and data systems.</p> <p>Rules: 64F-6.002, F.A.C.</p> | <p>43a. Please describe how responsibilities and duties to operate the school health services program are divided among the agencies involved in implementation. Please review:</p> <ol style="list-style-type: none"> (1) Employing or contracting for all health-related staff, the supervision of all school health services personnel regardless of funding source. (2) List the agency responsible for the day-to-day school clinic operations and management oversight. (3) List the resources or tools that are shared between agencies within your school health program. (4) Explain who is responsible for performance evaluations of clinical operations, and how are the evaluations completed and documented. (5) Explain who is responsible for Quality Improvement planning, implementation, and tracking for school health operations. | <p>There is an MOA in place (see attached) and it designates which agency is responsible for duties. See attached MOA for the 24-25 school year. This MOA is revised in the winter of each school year and is reviewed by legal and the school board for approval for the upcoming school year.</p> <ol style="list-style-type: none"> 1. No school services are contacted to any other agency aside from DOH and DOE. As previously stated both agencies are responsible for the supervision of school health related staff. 2. Staffing of individual school clinics is the responsibility of the school district. They hire the staff and provide coverage for clinics if staff call out. There is a float LPN and 2 RN's that can provide coverage when short. The day to day happenings in the clinic are the responsibility of the District and DOH nurses to train staff on how to handle situations that may arise during the school day. Disciplinary responsibility is solely upon the district. 3. The clinic Policy manual, administrative guidelines, Emergency guidelines, Florida statute, both district and DOH staff work hand in hand to provide students with the needed resources available. 4. Performance evaluations are provided by both the district administrators and the district and DOH RN's. Each clinic is audited annually by the RN's both in the district and the DOH using the state auditing tool. The audit is reviewed with the clinic person as well as a report is created and reviewed with each administrator. This report contains clinic activity, training attendance, medication errors, physical audit findings of deficiencies or best practices in each clinic, requirements for clinic trained staff and # of 911 calls. Many times best practices are shared with other administrators so they may benefit from the other schools implementation. 5. This year the DOH RN's initiated a QI project based on the 2022-23 school year screening results and why we did not reach our expectations for that school year. QI planning is initiated by whomever discovers an issue and wants to resolve or improve conditions. All the |
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| | | <p>pieces are in place to continue this project for the 2024-25 school year.</p> |
| | <p>43b. Explain how the program collaborates in the planning and implementation of statutory requirements, rules, policies and routines. Please review the formal process used and each step taken during this collaborative task.</p> | <p>Meetings are held atleast monthly while school is in session, but during the summer months in preparation for the new school year, meetings are held atleast twice a month if not more frequent. Topics for the orientation and trainings are discussed and the plan for the year is discussed with student services and then is formalized. When new statutory requirements are presented to each county, the nurses meet to formalize the roll out in each school and provide each clinic with the information to implement these new policies. This information is also provided to each clinic via email and through clinic discussions with the RN. Questions are addressed and information is provided to each school both individually and also in the group setting.</p> |
| | <p>43c. Describe the communication between agencies. Please review how frequently agencies meet to discuss progress and challenges facing the program and when the school health services plan is reviewed each year for the purpose of updating the planning.</p> | <p>Communication between the DOE and DOH is done through phone conversations, emails, Teams meetings and in person meetings. Meetings are held as often as needed. Sometimes weekly for a few weeks and other times monthly. When a problem arises, discussion is initiated by one entity and a plan to resolve the issue is discussed between all involved parties. Once a plan is developed, implementation is initiated and is discussed amongst the clinic staff and administrators. The School Health Services Plan is reviewed in the Summer annually and any changes that are needed are discussed. We have not needed to revise any Plans thus far.</p> |
| | <p>43d. Please describe the data ownership and the responsibilities of data owners. Explain the requirements related to data sharing, agreements, data translation, and exchanges. Please review</p> <ol style="list-style-type: none"> (1) Who is responsible for data collection? (2) Who is responsible for data cleaning? (3) Who is responsible for data quality assurance? | <p>Data is provided by each school at the end of every week through the submission of the clinic EARS. The EARS reflect the activity that has transpired in the clinic each week. They submit their EARS on a generic form that is provided to each clinic.</p> <ol style="list-style-type: none"> 1.) Data is submitted to the Nursing Program Specialist and is usually entered into HMS at the beginning of the following week. |

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| | <p>(4) Where does services data reside? (5) Is there a formal data definitions and query manual?</p> | <p>2.) The Nursing Program Specialist is responsible for data cleaning and submits the necessary and applicable information into HMS. 3.) If there is a question about the data and it's validity, the Nursing Program Specialist reviews and verifies the information with the staff providing it. 4.) The services data resides in HMS 5.) There is a manual for coding and that is all that is used.</p> |
| | <p>43e. What is your step-by-step procedure and established timelines for the resolution of interagency conflicts. Please review a specific example of this process being utilized and its outcome.</p> | <p>Interagency conflicts are handled as they arise. If there is an issue both teams work together to resolve the issue to the satisfaction of both agencies, the benefit of the student while also adhering to Florida Statute and Hernando School policy. An example of this would be that last year some school administrators did not permit the clinic staff to hand out paper consents. This became a problem because parents were not filling out the consents on line and clinics were unable to screen students and treat these students in the clinic. A meeting was held with Student Services and the DOH and DOE Rn's to discuss the issue and resolve the problem. Shortly after the meeting, a notice went out to school administrators that paper consents were acceptable and the clinics were permitted to send them home to those students missing consent.</p> |
| | <p>43f. Please describe how agencies coordinate training and knowledge sharing to maintain consistency in the implementation of statutory requirements. Please review examples of coordinated training and knowledge sharing.</p> | <p>Trainings are set up for the beginning of the school year and then on all early release days. Both the DOH and DOE staff meet to decide what areas of training will be needed and highlighted during the school year. The location of each training is determined by the organizer. There are at minimum 5 early release trainings, and 2 orientation dates that are scheduled. Most of these trainings are a review of medical procedures and policies and the trainings are conducted by the Registered Nurses from both the DOH and DOE. Statutory requirements are discussed and reviewed at these trainings and also at nursing visits to each school site. Additionally there are 11 trainings for staff that are to back up the clinic as needed. These trainings are provided by both the DOH and DOE RN's.</p> |

END OF TEXT