

Table of Contents
Section IV: Program Administration

Chapter 16	16 - 1
Program Management	
Funding Sources	
Local Policy Development	
Staffing Ratio Recommendations	
Background Screening Requirement	
School Health Room	
School Health Plan and Report	
Chapter 17	17 - 1
Personnel / Human Resources	
School Nurse Training and Preparation	
Licensed Practical Nurses	
School Health Aides/Paraprofessionals/UAP	
Volunteers	
Volunteer School Nurse Program	
Private Duty Nurses/Agency Nurses (Hold Harmless Example)	
Staff Monitoring, Supervision, and Evaluation	
Staff Development and Professional Networking Opportunities	
Chapter 18	18 - 1
Documentation	
HIPAA & FERPA	
Coding/Data Collection	
Medicaid (Administrative Claiming, Certified Match)	
Confidentiality & Educational Need to Know	
Electronic transfer of records	
Health Room Visit Records	
Medication Documentation	
Chapter 19	19 - 1
Evaluation of School Health Services	
Quality Improvement Planning	
Assessment Tools	
Quality Improvement Site Visits	
Chapter 20	20 - 1
DOH/DOE Interagency Collaboration, Partnerships	
Policy Development	
School Health Advisory Committee	
Contracts (Model Attachment)	

Chapter 21	21 - 1
Facilities, Equipment, and Supplies	
Environmental health	
Health Room	
Health Room Equipment and Supplies	
Use of Health Room Facilities in Emergency/Disaster	
Chapter 22	22 - 1
Community and Parent Involvement	
School Health Advisory Committee	
Conducting a Community Needs Assessment	
Parental Consent, Sharing Information, Access	
Partnerships	
School-based Committees	

Chapter 16 Program Management

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

Funding Sources

Funding may come from a variety of sources, including legislative appropriations through the Florida Department of Health, local school districts, local governments, taxing districts, and public/private community partners. School Health categorical funding is allocated on Schedule C for the local county health departments to provide services within each specific category (basic, comprehensive, and full service).

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

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

Full Service School Health Program funding is allocated to all 67 Florida counties. Historically, the Full Service funding was awarded based on competitive grants through the Department of Education (DOE). When the legislature shifted Full Service Schools to the Department of Health (see timeline in Appendix J), those counties participating in the Full Service program under DOE continued to receive funding, although not necessarily in the same amount. The current funding allocation methodology allows for a base amount of \$40,000 to each of the 67 counties and an additional amount based on student FTE from 1998. Proviso language in the Appropriations Bill requires that administrative costs for Full Service School services be limited to not more than 5 percent.

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

Local Policy Development

All county health departments and local education agencies shall each designate one person to be responsible for the coordination of planning, development, implementation and evaluation of the local school health program. Those two individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services.

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

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

Staffing Ratio Recommendations

Various state, federal and professional organizations have promoted standards regarding the number of registered nurses (RN) to students necessary to provide essential health care services in schools. Considering these recommendations, which range from 1 to 750 - 1 to 1,500, good public policy would dictate that a nurse in every school would best serve the health needs of the majority of students. This is especially true today as Florida's kindergarten through 12th grade student populations include larger and larger numbers of students with chronic, acute and complex medical conditions.

Through the history of Florida's school health program, health and education professionals have considered standards for the level of RN staffing in Florida's schools. As early as June 1972, the National Association of School Nurses (NASN) adopted a standard of one RN for every 750 students -- a standard the association still maintains. In 1990, a joint taskforce from the Department of Health and Rehabilitative Services and Department of Education recommended one RN for every 1,500 students in Florida schools.

The reauthorization of the Individuals with Disabilities Education Act in 1994 mandated that all students have a free, appropriate public education in the least restrictive environment. This increased the demand for health care services for students integrated into the regular student population that previously could not attend school, in addition to students with chronic conditions. Many of these students need the presence of professional nursing staff that can perform nursing assessments, provide complex procedures, and respond to medical crises.

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

regular and special needs students. In 2007, only 604 or 20% of Florida schools have a full-time (six to eight hours per day), resident RN on campus.

Background Screening Requirement

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

In 2005 the Florida legislature passed the Jessica Lunsford Act to address the issue of sexual predators on school campuses. The Jessica Lunsford Act also amended [s. 1012.465, F.S.](#), which details level 2 background screening requirements for school district contractual personnel and certain non-instructional school district employees. Since that time, some school districts have locally applied s. 1012.465, F.S. to county health department employees working in the schools. This interpretation of the law and local policy have resulted in duplicate screening of CHD employees that conflicts with level 2 screening under ss. 381.0059 and 435.04, F.S. The Department of Education General Counsel has interpreted the level 2 background screening requirements as follows: "Since s. 381.0059, F.S., is the more specific statute and the Lunsford Act (s. 1012.465, F.S.) is a general statute, our interpretation is that the more specific controls and therefore school districts should accept the results of the level 2 screenings provided pursuant to s. 381.0059 for school health personnel, with no additional screenings required."

School Health Room

School health room requirements are addressed in detail in the "environmental health" section of these guidelines.

School Health Plan and Report

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

1. Health appraisal;
2. Records review;
3. Nurse assessment;
4. Nutrition assessment;
5. A preventive dental program;
6. Vision screening;
7. Hearing screening;
8. Scoliosis screening;
9. Growth and development screening;
10. Health counseling;

11. Referral and follow-up of suspected or confirmed health problems by the local county health department;
12. Meeting emergency health needs in each school;
13. County health department personnel to assist school personnel in health education curriculum development;
14. Referral of students to appropriate health treatment, in cooperation with the private health community whenever possible;
15. Consultation with a student's parent or guardian regarding the need for health attention by the family physician, dentist, or other specialist when definitive diagnosis or treatment is indicated;
16. Maintenance of records on incidents of health problems, corrective measures taken, and such other information as may be needed to plan and evaluate health programs; except, however, that provisions in the plan for maintenance of health records of individual students must be in accordance with [s. 1002.22, F.S.](#);
17. Health information which will be provided by the school health nurses, when necessary, regarding the placement of students in exceptional student programs and the reevaluation at periodic intervals of students placed in such programs; and
18. Notification to the local nonpublic schools of the school health services program and the opportunity for representatives of the local nonpublic schools to participate in the development of the cooperative health services plan.

If there are changes in the plan during the two year period, the county health department is responsible for sending a plan update to the state school health program office. The plan is developed jointly by representatives of the county health department, local school district, participating nonpublic schools, and the local School Health Advisory Committee (SHAC) and requires signatures of key participants. Community partners providing school health services would also be involved in this planning process. The plan should coordinate with and be congruent with the school improvement plans developed by individual schools. The county plans will include a narrative describing how, what, and by whom services will be provided and the standards for those services.

Each county in Florida is required to complete and submit the *Annual School Health Services Report* to the Department of Health. Completion of the report format should be developed by representatives of the county health department, local education agency, nonpublic schools, public-private partners that provide school health services and the local SHAC. Information on school health services activities not routinely reported through the Health Management System (see Coding/Data collection section) is collected in the *Annual School Health Services Report*. Additional county initiatives can be reported in a narrative attachment submitted at the same time.

School Health Services Plans and Annual School Health Services Reports are reviewed by each county's Department of Health state school health liaison. Liaisons will request any needed revisions or additions. The final plans and reports are used throughout the

year for multiple information and data needs. They are maintained electronically and in hard copies kept in permanent county files.

Chapter 17

Personnel / Human Resources

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

School Nurse Training and Preparation

Professional registered nurses vary in their nursing educational preparation. Throughout Florida, school nurses possess Associate of Science in Nursing, Diploma in Nursing, Bachelor of Science in Nursing, and many other professional credentials. It is important to note that only a professional registered nurse can be identified as a school nurse.

Although voluntary, it is desirable for a school nurse to become nationally certified. In order to become a Nationally Certified School Nurse (NCSN), an RN must have a bachelor degree or higher. The exam for certification is open to any nurse having a Bachelor degree with any major. Candidates for certification must be working in school health services, and it is recommended that they have at least 3 years of experience in school health for optimal exam results. Professional certification provides an ongoing, quality credentialing process for eligible school nurses and assures a national standard of preparation, knowledge, and practice. The National Board for Certification of School Nurses endorses the concept of voluntary certification by examination for all school nurses (see Appendix A for the Internet link).

Licensed Practical Nurses

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

School Health Aides / Paraprofessionals / Unlicensed Assistive Personnel

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

School health paraprofessionals function under the direct supervision of the principal and school nurse and must receive appropriate training to perform their duties. The training program for this group of workers varies by county in Florida. At a minimum, it must include CPR and First Aid training, orientation to health policies and procedures of the local school district, documentation and confidentiality of student records, bloodborne pathogen training, medication administration training, and child-specific training related to medication and treatment procedures prescribed to be done during the school day. Documentation of initial and periodic refresher training is required. Some counties provide a comprehensive training program that expands the capabilities of unlicensed health room staff. Successful completion of this type of training expands knowledge and skills and will help assure a higher level of competence in caring for students in the health room.

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

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

Unlicensed assistive personnel are not permitted to perform treatments that are only designated to licensed health professionals.

Qualifications for a school health paraprofessional should include:

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

Volunteers

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

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

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

Volunteer School Nurse Program

The *Volunteer School Nurse Program* was initiated in 2000-2001 to recruit retired, non-working nurses and other interested nurses to supplement and support the school health program and increase student access to nursing services. The local county school health and volunteer school nurse programs work as a collaborative team to develop strategies that provide supplemental services and support student access to care.

A full-time volunteer nurse coordinator manages each of the projects, including recruitment, orientation, training and supervision. During the 2002–2003 school year, 230 volunteer school nurses provided more than 11,820 hours of service valued at nearly \$300,000. Approximately 20% of the nurses who volunteered have been hired as school health nurses as vacancies occurred, thus creating a pool of nurses who already have program experience and have received program orientation. The positive outcomes of these volunteer projects have identified "best practice" models and provides structure for program replication in other counties and potentially statewide. See Appendix A for the Internet link.

Private Duty Nurses / Agency Nurses (Hold Harmless Example)

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

The private duty nurse is required to do the following:

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

If a "Hold Harmless" agreement is to be completed, advice of the school board attorney should be requested (see example in Appendix G).

Staff Monitoring, Supervision, and Evaluation

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

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

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

Staff Development and Professional Networking Opportunities

School nurses and other school health staff have unique training needs that should be addressed through continuing education opportunities and attendance at professional conferences. It is optimal for the county health department, in collaboration with the

local school district to ensure continuing education (CE) is provided or available for nursing license renewal and to meet the CE needs of school health licensed staff.

Individual counties may choose to conduct in-service training identified as appropriate for their staff or can work cooperatively with neighboring counties for the provision of staff development activities. Florida Area Health Education Centers (AHEC) may offer appropriate professional training and may provide presentations for CE for licensure.

School nurses should be permitted to attend statewide or regional training as staffing patterns and funding allow. Some examples of statewide/regional training are:

- Excellence in School Nursing Workshop
- DOH or DOE sponsored continuing education offerings
- Regional training on a particular subject that is a current “hot topic”
- Florida professional organizations and conferences (FSHA, FASN)
- National professional organizations and conferences (NASN, ASHA)

Chapter 18 Documentation

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.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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. See Appendix A for the Internet link.

Employees at county health departments (CHD) and their satellite clinics must protect CHD client records in accordance with HIPAA. See Appendix A for the Internet link to the Department of Health HIPAA forms.

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.

Family Educational Rights and Privacy Act (FERPA)

FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) is a 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. 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." More information about FERPA can be found at the U.S. Department of Education web site (see Appendix A for the Internet link).

State and Federal Laws Regarding Student Health and Educational Records

Although the Family Educational Rights and Privacy Act (FERPA) prevails over state laws regarding school health records, it is important to know what state law says. [Section 381.0056\(5\)\(a\)16, F.S.](#) specifies that school health programs must maintain records on incidents of health problems, corrective action, and information that is needed to plan and evaluate health programs; and that *School Health Services Plans* must contain provisions for maintenance of health records of individual students in accordance with [s. 1002.22, F.S.](#) This statute specifies that "health data" (that which is

in the cumulative health record and placed in the student's permanent cumulative record) are included in educational "records" and "reports". Records and reports are official records, files and data directly related to students that are created, maintained, and used by public educational institutions. These records and reports may be in any written, printed or electronic form, and maintained and used by the school or persons acting for the school. Exceptions to education records include:

- Records, such as 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.

The *Forum Guide to the Privacy of Student Information: A Resource for Schools* was written to help school and local education agency staff better understand and apply the Family Educational Rights and Privacy Act (FERPA), a federal law that protects privacy interests of parents and students in student education records. See Appendix A for a link to this document.

The ultimate authority on health records maintenance at schools is FERPA. Generally, schools must have written permission from the parent in order to release any information from a student's education record. FERPA also gives parents the right to review and confirm the accuracy of student records. Close adherence to FERPA's provisions will adequately protect student health records. The primary rights of parents and eligible students under FERPA are: the right to inspect and review student records, the right to seek to amend student records, and the right to have some control over the disclosure of information from student records. School health programs should work closely with school district and school administrators to comply with FERPA by designating locations for student health records, security procedures, mechanisms to ensure parent/student rights, and procedures for preventing inappropriate release of information. This will ensure that both student health and safety needs and educational goals are addressed. The following are suggested records maintenance procedures:

Records that must be in the student cumulative health records are:

- Florida certificate of immunization and/or exemption
- Florida school entry health exam or equivalent
- School health screening dates, results, referrals, follow-up and outcomes
- Notation on the student cumulative health record indicating the existence and location of additional student health information (if applicable).
- Cumulative health records may also contain emergency health information, health histories and IHCPs (especially to help meet the goals of a student's IEP

or 504 Plan). However, including this information is not recommended unless the school has no health room staff.

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

Records with confidential student health information, created by a licensed health or mental health care professional or their designee, should not be part of the student cumulative health record, and should be kept in a confidential professional treatment record, or similar file, maintained in a locked file cabinet in a secure location (generally in the health room or nurses office) designated by the school principal. These professional treatment records should be individually retrievable, used only in conjunction with the provision of health services, and stored and released according to the provisions of FERPA. Student treatment records should be exchanged from one school health staff person to another – they should not be transferred with the students permanent cumulative folder and cumulative health record.

The student treatment record includes:

- Documentation of nursing assessments and counseling sessions, individualized health care plans and supporting documents
- Documentation of physician's orders and parental permission to administer medication or medical treatments in school, and individual student medication records and treatment logs
- Documentation of any consultations with school personnel, students, parents, guardians, or medical service providers, about a student's health problem, recommendations made and results
- Documentation of injuries and episodes of sudden illness referred for emergency health care (also follow procedures for reporting incidents to risk management)
- Student specific information generated for health services billing purposes

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

Additional guidance regarding student health information includes the following:

- Access to the health information contained on student emergency health information records must be restricted to school and health room staff for the provision of routine or emergency health care, and the protection of student health and safety while at school, authorized school activities, or en route to and from either.
- When 911 is called, the emergency medical technician (EMT) or paramedic should be given a copy of the student emergency health record and other information regarding the student's pre-existing health conditions and medications, and the current health emergency. This is permitted by both state and federal laws.
- Access to individualized health care plans should be restricted to professional and paraprofessional school health staff or designees, and school staff with a legitimate educational need-to-know for the provision of routine or emergency health care, implementation of a student's individual educational plan, plan under Section 504 of the Rehabilitation Act of 1973 or similar educational plan for students not classified under Exceptional Student Education (ESE) or Section 504.
- School health room logs should only be utilized to record student visits to the school health room, coded types of presenting health problem, services provided and outcomes; and must not be used to document notes with individually identifiable health information.
- Professional nursing notes should be maintained in a secure location only accessible by the originator.

Coding / Data Collection

The importance of complete and accurate data collection from all participants providing school health services cannot be overemphasized. Services coded into the Health Management System (HMS) and annual report data is used throughout the year to answer questions from legislators, agencies, professional organizations, special interest groups, the general public and to identify department goals. This data defines unmet needs, state and partner expenditures for school health services, student and county specific issues, chronic disease trends affecting student health care, and many other growing concerns. A complete statewide picture of local school health services enables local, regional and state decision makers to better understand the scope and importance of school health.

The Department of Health, through data collected by each county health department (CHD), monitors the statewide provision of school health services. Each CHD must enter all school health services into the HMS, which in turn provides accurate quarterly reporting. School health employees (CHD, school district, volunteers, partners) must submit their data to the CHD in the format and frequency specified by the CHD school health coordinator to facilitate **accurate** and **timely** data entry. The School Health Personal Health Coding Pamphlet (see Appendix A for Internet link) gives up-to-date information and service codes to be used. HMS allows coding of individual employee

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

- CHD staff must submit their services data within two weeks from the date of service.
- Contracted providers must submit services data monthly, within two weeks after the end of the month.
- Non-contracted, non-CHD providers submit data no less than once per quarter, within 2 weeks after the end of the quarter.
- End-of-year data should be submitted within 45 days after the end of the state fiscal year (July 1 to June 30).

See Appendix A for the Internet link to school health data entered into HMS.

Each comprehensive and full service school must have a separate, locally established district area unit (DAU) number that is used for HMS data entry. This allows the CHD and DOH to separate school health HMS data by program. DAU numbers also allows DOH to verify whether adequate numbers of services are being provided with the funds that are allocated by program. Each CHD has a "super-user" (usually the computer systems administrator) that assigns DAU numbers to new schools or deletes DAU numbers for schools no longer part of CSHSP or Full Service. Refer to the *Personal Health Coding Pamphlet*, DHP 50-20, Chapter 3 for additional information about creating DAU numbers (see Appendix A for the Internet link to the abbreviated school health version of DHP 50-20).

Medicaid

County health department and school districts may receive funding from Medicaid for school health services.

School District Medicaid Administrative Claiming

The School District Administrative Claiming (SDAC) program is a federally funded program administered by the Agency for Health Care Administration (AHCA) in coordination with the Department of Education. The SDAC program allows school districts to be reimbursed for some of their costs associated with school-based health and outreach activities. In general, the types of school-based health and outreach activities funded under SDAC are the referral of students/families for Medicaid eligibility determinations, the provision of health care information and referral, coordination and monitoring of health services and interagency collaboration. The *Medicaid School-Based Administrative Claiming Guide* offers more detailed information. The guide is downloadable from the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services website. See Appendix A for the Internet link.

School District Certified Match Program

The Medicaid Certified School Match Program allows school districts to enroll as providers of school-based, health-related Medicaid services to eligible students. Direct services are provided to students enrolled in Medicaid who qualify for services under Individuals with Disabilities Education Act of 2004, Part B (ages 3 – 21) or C

(birth – age 2), and who have reimbursable services identified on the individual education plans or family support plans. Reimbursable services include:

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

Additional information about the *Individuals with Disabilities Education Improvement Act* (IDEA 2004) can be found in Section III, Chapter 5 of these guidelines. See Appendix A for the Internet link with information on school district Medicaid Certified Match.

County Health Department Certified Match

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

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

School Health Programs can bill for nursing services provided on a one-to-one basis. Examples are:

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

Information to determine which students are eligible must be provided to the CHD by the school district, if requested.
See Appendix A for the Internet link with information on CHD Medicaid Certified Match.

Confidentiality & Educational Need to Know

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

Electronic Transfer of Records

More and more information is being transferred electronically, including school records. The same safeguards regarding confidentiality and privacy must be maintained for electronic records as paper records. Computers used for recording and accessing student health information should have password protection, screensavers set for five minutes or less, and security screens on computer monitors, whenever possible. When a student transfers, a hard copy of the student's immunization certification, physical exam form and health screening record should be forwarded to the receiving school for maintenance in the student's cumulative health folder.

Health Room Visit Records

Student visits to the school health room are documented in a written and/or electronic format, must comply with Florida Records Retention regulations and be maintained for 7 years (see Appendix E). Since 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, and the licensed nurse may utilize problem focused assessment with the use of nursing diagnoses in more complex cases. In districts where there is a unlicensed assistive paraprofessional in the health room, documentation will likely be more cursory.

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

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

- An NCR multi-copy form for clinic visits. One copy can be filed in individual student folders and another can be grouped and filed by date.
- A daily log, similar to the comprehensive program coding sheet. On this form each student visit can be categorized by the presenting health problem.

- Electronic record keeping is a very efficient method. Data is entered once as each student visits the health room, but it can be accessed by student, health problem, date, or any other fields programmed in the software being used. There are several school health software programs commonly used for documentation and data collection, some commercially available, and others developed by school districts and county health departments. Information is available through the School Health Program Office in Tallahassee.

Medication Documentation

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

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

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

Chapter 19

Evaluation of School Health Services

Quality Improvement Planning

The progress of each county health department is reported quarterly through the DOH Secretary's Quarterly Performance Report. This report uses Health Management System (HMS) data to report county compliance with a number of program specific indicators, such as screening referral outcome completions for school health. These indicators have been selected to represent a program's measurable outcomes and can help show a program's overall success. These reports should be used as a program management tool.

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

Assessment Tools

Each county should have systems in place to assess the effectiveness of the school health program. Satisfaction surveys and focus groups of students, parents, and school staff can be helpful in determining program strengths and areas needing improvement. The "Excellence in School Nursing, Orientation for School Nurses" workbook contains some excellent assessment tools that can be used in quality improvement planning. 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. See Appendix C for an example.

Quality Improvement Site Visits

Onsite monitoring visits to each county are conducted periodically by the Department of Health School Health Services Program office. The purpose of the onsite visits is to provide technical assistance for all aspects of the school health services program. These site visits are preceded by a desk audit that looks at several consecutive years of the county's school health data. See Appendix C for *School Health Room Review* and *School Health Records Review* forms.

Chapter 20

DOH/DOE Interagency Collaboration and Partnerships

Policy Development

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

School Health Advisory Committee

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

The SHAC must have members who represent the eight components of the Coordinated School Health Program model as defined by the Centers for Disease Control and Prevention. Wherever possible, it is recommended that the SHAC have a pediatrician in its membership. Smaller counties with a limited ability to recruit necessary community representatives on their SHAC, may choose to participate in a multi-county advisory committee.

The Coordinated School Health Program has developed a manual, "Promoting Health and Academic Success Through Collaboration and Partnerships; A Guide for Florida's School Health Advisory Committees", and a companion document. This document is a DOH and DOE approved reference to assist in the development and management of school health advisory committees (see Appendix I).

Contracts (Model Attachment)

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

The School Health Program Office provides a Model Attachment I format each year to be used by counties when contracting school health services to other entities. All contracts totaling \$250,000 or more must be sent to headquarters for review prior to execution. All contracts for less than \$250,000 can be executed locally, without input from headquarters.

CHDs must submit hard copies of completed contract monitoring tools for the previous year's contracts paid for with Schedule C funds, and hard copies of the executed contracts and attachments for the current year. These documents may be submitted with the annual school health services report.

Chapter 21 Facilities, Equipment and Supplies

Environmental Health

The objective of the environmental health program is to minimize the risk of environmentally related injury and disease in Florida's public and private schools. The Department of Education (DOE) and Department of Health (DOH) are jointly responsible under State law for regulating school environments. County health departments are responsible for enforcing minimum environmental health standards. In particular, DOH county health departments inspect the environmental health aspects of school buildings, grounds, shops, cafeterias, laboratories, restrooms, first aid rooms and any other area where school activities are conducted.

Environmental health specialists provide school management with environmental health safety and hygiene guidance by discussing inspection results and by relating the public health reason for any required corrections. [Section 381.0056, F.S.](#), states that the school board and superintendent must cooperate with the county health department in all matters that deal with the health and welfare of school children.

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

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

The planning and location of the school determine many of the environmental factors that may affect health. During plan development for new school construction, input from a number of professional disciplines will ensure the best possible school facility.

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

- County health department personnel inspect school sites to ensure water supply and sewage disposal systems will meet sanitary standards.
- Playground equipment must be inspected to ensure it does not pose unnecessary threats of accidental injury.
- Buildings must be constructed to prevent entry of insects and rodents.
- Potable water is necessary for good health and well-being.
- County health department environmental health personnel inspect schools to ensure that waste disposal systems meet minimum standards and the systems operate in a manner not to create sanitary nuisances. School facilities are also

inspected to see that there is an adequate number of toilets, lavatories, showers, drinking fountains, and other plumbing fixtures.

- Lighting, heating, ventilation and air conditioning standards are also essential for optimal health and safety.
- School food service administrators and health authorities provide minimum sanitation standards for food service operations in schools to prevent food-borne illnesses ([s. 381.0072, F.S.](#)).
- Environmental health specialists inspect the food service facilities in Florida's public and private schools at least quarterly. Inspection of facilities and evaluation of food storage, preparation, and serving techniques are made to reduce the possibility of disease transmission caused by food contaminated with microbiological pathogens. School sanitation standards are detailed in [Chapter 64E-13, F.A.C.](#)

Health Room

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

The school health room should:

- Be located away from noisy, congested areas and preferably near the administrative office
- Be of sufficient size and layout to permit use for first aid, physical examinations, health conferences, and for student isolation or observation
- Have direct line-of-sight from the health room staff desk to the cot area
- Be equipped with minimum facilities such as: sink for hand washing, locking medicine cabinet, supply storage, and examining equipment
- Preferably have a toilet facility included in the health room or at the very least be located adjacent to a toilet facility
- Be of sufficient size and equipped with privacy screening to permit examination of students who are unclothed
- Be appropriately staffed during school hours to serve the needs of students
- Be equipped with a telephone extension, computer hook up, and internet access
- Be considered an essential facility. The health room is the focal point for operation of an effective school health program and provides direct services to students. The lack of an adequate health room will seriously hamper the delivery of school health services.

Health Room Equipment and Supplies

[Chapter 64F-6.004, F.A.C.](#) requires that the school principal or designated person shall be responsible to assure first aid supplies, emergency equipment and facilities are maintained. Minimal health room equipment is as follows:

- Bed or cot: the number of cots is based upon student population – 3/500 students, 4/500-1000 students, plus 1 additional cot for each 1000 students
- A separate cot area for boys and girls is essential at the secondary level (curtains can be used to separate these areas)
- Desk, chair, and file cabinet
- Computer with internet access for record keeping and accessing health information
- First aid equipment (such as AED, CPR face shield, etc.)
- Covered trash container, biohazard trash container, sharps disposal container
- Accurate scale for measuring student weight, accurate measuring device for determining student height
- Wheel chair or stretcher for transporting ill or injured students
- Vision screening device
- Audiometer for conducting hearing screening (in cooperation with speech/language pathologist)
- Examining equipment such as exam table, gooseneck lamp, and stool are recommended for school sites providing ARNP or physician services

Recommended health room supplies

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

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

Use of Health Room Facilities in Emergency/Disaster

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

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

Chapter 22 Community and Parent Involvement

School Health Advisory Committee (SHAC)

Since parents and community members have a unique perspective on school health issues, they need to be involved as members of the SHAC. The eight components of the Coordinated School Health Program recommended for SHAC composition do not address specifically who should be included; however, examples may be community health care practitioners, parents, representatives from health insurers, health educators, school health representatives from both the county health department and the school district, clergy, employees from parks and recreation, etc.

Recommendations for parent and community membership on SHAC can be solicited from school administrators, school nurses, and health department personnel. The best candidates may already be members of another committee. Choosing a parent to be the chairperson of the SHAC will reflect community involvement and collaboration that is independent of the CHD or school district. Examination of the community agencies most involved with school health issues is often a good starting point for finding SHAC members from the community. See Section IV, Chapter 20 in these *Guidelines* for additional information.

Conducting a Community Needs Assessment

A community needs assessment is one tool that can be utilized to determine school health priorities. This process requires a great deal of time and funding, and must involve key groups in the community to determine the data that is needed. An Internet search on this topic will yield many resources to assist in planning and implementing a community needs assessment.

The Centers for Disease Control and Prevention *School Health Index* (see Appendix A for the Internet link) is a helpful tool for assessing needs of a school health program.

Parental Consent, Sharing Information, Access

As discussed earlier in this section of the *Guidelines*, the Family Educational Rights and Privacy Act (FERPA) governs school records. Whenever student records are to be shared or others are to be granted access to those records, written parental consent (or student consent if age 18 or above) is required. School districts may use a variety of means to obtain parental consent at the beginning of each school year. Districts should consult with their legal advisors to determine appropriate language to satisfy local needs. Some governmental entities or agencies are granted the right of access as detailed in [s. 1002.22, F.S.](#)

Directory information, according to FERPA, is information that is generally not considered harmful or an invasion of privacy, and can be released without written consent, unless parents have advised the district otherwise according to district procedures. FERPA includes the following as directory information: the student's name, address, telephone listing, electronic mail address, photograph, date and place of birth,

grade, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees, honors, and awards received, and the most recent educational agency or institution attended by the student. This exception is to allow local education agencies to publish such information in certain school publications. School districts must use discretion in releasing students' directory information. See Appendix A for the Internet link to FERPA.

Partnerships

Public and private partnerships may be available to provide staff or funding for enhanced school health services. Such entities as the 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) are those commonly recognized in Florida.

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. See Section II for additional information on Full Service Schools.

School-based Committees

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

