



SCHOOL BOARD OF BREVARD COUNTY, FLORIDA  
**School Board Policy Executive Summary**  
 Form D

<b>Policy Number:</b>	2410
<b>Title of Policy:</b>	School Health Services
<b>Cabinet Member:</b>	Christine Moore
<b>Purpose of Revisions:</b>	The purpose of the proposed revisions to the policy is to ensure compliance with all applicable federal and state laws, Florida State Board of Education Rules, Board policies, administrative rules, procedures, and guidelines. In addition, the proposed revisions promote transparency and accountability.
<b>Tentative Schedule:</b>	<ul style="list-style-type: none"> <li>• Cabinet – 9/12/22 (Have to Legal by the week prior to Cabinet)</li> <li>• Work Session – 10/11/22</li> <li>• Rule Development (Public Hearing) – 10/25/22</li> <li>• School Board Meeting Information – 10/25/22</li> <li>• School Board Meeting Approval – 12/13/22</li> <li>• Effective Date – upon approval</li> </ul>
<b>Summary of Proposed Policy Revisions:</b>	<p>Specific revisions include:</p> <ul style="list-style-type: none"> <li>• Notification to parents/legal guardian of each health care service offered at their student’s school and option to withhold consent</li> <li>• COVID-19 Prohibitions</li> <li>• Guidelines for contracting with Mental Health Service Providers including:               <ol style="list-style-type: none"> <li>1. Timeline for assessment after referral</li> <li>2. Parents/legal guardians, as well as other individuals living in a household with a student receiving services under contract, will receive information about other behavioral health services available through the school or local community-based behavior health services providers.</li> </ol> </li> <li>• These proposed revisions do encompass the suggested language from NEOLA.</li> </ul>
<b>Specific Authority:</b>	F.S. 39.201 F.S. 381.00319 F.S. 381.0056 F.S. 349.495(7) F.S. 394.463 F.S. 1001.42 F.S. 1002.20 F.S. 1002.22 F.S. 1003.22 F.S. 1003.225 F.S. 1011.62 F.S. 1003.453 F.A.C. 64F-6.002 Legal References



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<b>Next Steps:</b>	<ul style="list-style-type: none"><li>• Revisions to internal procedures</li><li>• Training for BPS employees regarding revisions to policy and revised procedures</li></ul>

**Current  
Version**

## 2410 - School Health Services

### A. School Health Services

1. The School Board shall cooperate with the Brevard County Department of Health (DOH) to address all school health matters as required by the School Health Services Act ([F.S. 381.0056](#)). The District, including the School Health Advisory Committee (SHAC), and the Brevard County Health Department shall jointly develop a [School Health Services Plan](#) approved by the Board.
2. The School Health Services Plan and the [Annual School Health Report](#) will describe the services to be provided, the responsibility for provision of the services, the anticipated expenditures to provide the services, and evidence of cooperative planning by the District, including the SHAC, and the Brevard DOH. Each SHAC must, at a minimum, include members who represent the eight (8) component areas of the Coordinated School Health Model as defined by the Centers for Disease Control and Prevention.
3. The Superintendent or designee, in addition to the SHAC, shall develop the School Health Services Plan jointly with the Brevard DOH and submit it to the Board for approval.
4. The School Health Services Plan will be completed biannually and approved and signed by the Superintendent, Board Chairperson, and Brevard DOH medical director or administrator. The School Health Services Plan shall be reviewed each year for the purpose of updating the plan. Amendments shall be signed by the Superintendent and the Brevard DOH medical director or administrator.
5. The School Health Services Plan is to include, at a minimum, provisions for all of the following:
  - a. health appraisal
  - b. records review
  - c. nurse assessment
  - d. nutrition assessment
  - e. a preventive dental program;
  - f. vision screening
  - g. hearing screening
  - h. scoliosis screening at the appropriate age
  - i. growth and development screening
  - j. health counseling
  - k. referral and follow-up of suspected or confirmed health problems by the Brevard County Health Department
  - l. meeting emergency health needs in each school
  - m. county health department personnel to assist school personnel in health education curriculum development
  - n. referral of students to appropriate health treatment, in cooperation with the private health community whenever possible
  - o. 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
  - p. 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
  - q. 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
  - r. notification to the local non-public schools of the school health services program and the opportunity for representatives of the local non-public schools to participate in the development of the cooperative health services plan
  - s. budget and staffing information
  - t. number and levels of public and non-public schools and number of students served
  - u. communicable disease policies
  - v. immunization policies
  - w. initial school entry health examination policy

- x. health services reporting procedure
  - y. advisory committee activities and membership
6. School District and County Public Health Unit personnel are responsible for coordinating health services. The School Health Services Plan will describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of funding source.
  7. Protocols for supervision of School Health Services personnel shall be described in the School Health Services Plan to assure that such services are provided in accordance with statutory and regulatory requirements and professional standards. These shall be kept on file at the Brevard DOH.
  8. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the Brevard DOH medical director in conjunction with the Board, School Health Advisory Committee, the District medical consultant, or the student's private physician.

## **B. Involuntary Mental Health Examination of Students**

1. Before a principal/designee contacts a law enforcement officer for possible removal of a student from school for involuntary examination, the principal must verify that the school has used de-escalation strategies and initiated outreach to a Mobile Response Team (MRT), unless the principal reasonably believes that any delay in removing the student will increase the likelihood of harm to the student or others.
2. A reasonable attempt must be made to notify a student's parent, guardian, or caregiver if the student is removed from school, school transportation, or a school-sponsored activity to be taken to a receiving facility for an involuntary examination pursuant to [F.S. 394.463](#), including and subject to the requirements and exceptions established under [F.S. 1002.20 \(3\)](#) and [F.S. 1002.33 \(9\)](#), as applicable.
3. Reasonable attempts to notify means the exercise of reasonable diligence and care by the principal to make contact with the student's parent, guardian, or other known emergency contact whom the student's parent or guardian has authorized to receive notification of an involuntary examination. At a minimum, the principal must take the following actions:
  - a. Use available methods of communication to contact the student's parent, guardian, or other known emergency contact including, but not limited to, telephone calls, text messages, e-mails, and voicemail messages following the decision to initiate an involuntary examination of the student;
  - b. Document the method and number of attempts made to contact the student's parent, guardian, or other known emergency contact, and the outcome of each attempt.
4. The principal who successfully notifies any other known emergency contact may share only the information necessary to alert such contact that the parent or caregiver must be contacted. All such information must be in compliance with federal and state law.
5. The principal may delay notification for no more than twenty-four (24) hours after a student is removed if the principal deems the delay to be in the student's best interest and if
  - a. a report has been submitted to the central abuse hotline, pursuant to [F.S. 39.201](#), based upon knowledge or suspicion of abuse, abandonment, or neglect; or
  - b. the principal reasonably believes that such delay is necessary to avoid jeopardizing the health and safety of the student.
6. Upon the receipt of the state required reporting procedure, the Superintendent will annually report to the Florida Department of Education the number of involuntary examinations, as defined in [F.S. 394.455](#), which are initiated at a school, on school transportation, or at a school-sponsored activity.

## **C. Contact with Mental Health Professionals During a Student Crisis**

1. During a student crisis situation, school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to [F.S. 394.463](#), unless the child poses an imminent danger to themselves or others, before initiating an involuntary examination pursuant to [F.S. 394.463](#). Such contact may be in person or using telehealth as defined in [F.S. 456.47](#). The mental health professional may be available to the District either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, or the local mobile response team or be a direct or contracted District employee.

#### **D. Mental Health Services**

1. Mental health counseling services, case management services, and human and social services may be provided to students at a school site under mutual agreements with community-based public or private agencies. Each service provided shall be on a case-by-case basis with prior written approval of the student's parent or guardian. If a parent has requested a private individual or agency to perform these services, the parent and agencies will follow the BPS approval process for approval for outside providers.
2. The Superintendent shall work to assist schools in providing information to children and families by providing a directory of referral sources for professional mental health services for children and families in need of such services. All schools should reference the Referral Sources for Children and Families Manual for licensed Mental Health Professionals. The following information should be listed in the directory:
  - a. the location of a Referral Sources Manual
  - b. information on mental health referral
  - c. information on substance abuse referrals
  - d. phone numbers and addresses of mental health providers
  - e. a copy of the District's release letter for obtaining assistance
  - f. additional resource for outpatient/inpatient services
  - g. inpatient unit services for District children and adolescents
  - h. employee assistance programs and contacts

#### **E. Water Safety and Swimming Certification**

- 1. Beginning with the 2022-2023 school year, each school shall provide information on the important role water safety education courses and swimming lessons play in saving lives to a parent who initially enrolls their child in the school, or the student if the student is 18 years of age or older. The information will be provided electronically or in hard copy and must include local options for age-appropriate water safety courses and swimming lessons that result in a certificate indicating successful completion, including courses and lessons offered for free or at a reduced price.

The Superintendent or designee shall develop and update as needed administrative procedures to implement this policy.

Adopted May 1, 2002  
Revised 2/8/2022

Legal

[F.S. 381.0056](#)

[F.S. 1003.22](#)

[F.S. 39.201](#)

[F.S. 394.463](#)

[F.S. 394.495 \(7\)](#)

[F.S. 1002.22](#)  
[F.S. 1003.225](#)  
[F.S. 1003.453](#)  
[F.S. 1011.62](#)  
[F.A.C. 64D-3.011](#)  
[F.A.C. 64F-6.002](#)

Cross References

ap5350 – STUDENT SUICIDE AWARENESS AND PREVENTION PROCEDURES

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# Neola Template





Book: Local Policies for Update  
Section: Special Update - May 2022  
Title: Revised Policy - Special Update - May 2022 - SCHOOL HEALTH SERVICES  
Number: po2410

### Revised Policy - Special Update

#### 2410 - SCHOOL HEALTH SERVICES

##### **School Health Services**

The School Board shall cooperate with the \_\_\_\_\_ Health Department to address all school health matters as required by the School Health Services Act (F.S. 381.0056). The District, including the school health advisory committee, and the \_\_\_\_\_ Health Department shall jointly develop a school health services plan approved by the Board. The Student Services Procedures Manual and the Student/Parent Elementary and Secondary Handbook should be referenced.

The school health services plan will describe the services to be provided, the responsibility for provision of the services, the anticipated expenditures to provide the services, and evidence of cooperative planning by the District, including the school health advisory committee, and the \_\_\_\_\_ Health Department. Each school health advisory committee must, at a minimum, include members who represent the eight (8) component areas of the Coordinated School Health model as defined by the Centers for Disease Control and Prevention.

The Superintendent, in addition to the school health advisory committee, shall develop the school health services plan jointly with the \_\_\_\_\_ Health Department and submit it to the Board for approval.

The school health services plan will be completed biennially and approved and signed by the Superintendent,

Board Chairperson, \_\_\_\_\_ Health Department medical director or administrator, and the Department of Health's district administrator. The school health services plan shall be reviewed each year for the purpose of updating the plan. Amendments shall be signed by the Superintendent and the \_\_\_\_\_ Health Department medical director or administrator.

The school health services plan is to include, at a minimum, provisions for all of the following:

health appraisal;

records review;

nurse assessment;

nutrition assessment;

a preventive dental program;

vision screening;

hearing screening;

scoliosis screening at the appropriate age;

growth and development screening;

health counseling;

referral and follow-up of suspected or confirmed health problems by the  
\_\_\_\_\_ Health Department;

meeting emergency health needs in each school;

county health department personnel to assist school personnel in health education curriculum development;

referral of students to appropriate health treatment, in cooperation with the private health community whenever possible;

consultation with a student's parent or guardian regarding the need for health attention by the family physician, dentist, or other specialist when definitive diagnosis or treatment is indicated;

maintenance of records on incidents of health problems, corrective measures taken, and such other information as may be needed to plan and evaluate health programs; except, however, that provisions in the plan for maintenance of health records of individual students must be in accordance with F.S. 1002.22;

health information which will be provided by the school health nurses, when necessary, regarding the placement of students in exceptional student programs and the reevaluation at periodic intervals of students placed in such programs;

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;

a reasonable attempt to notify a student's parent, guardian, or caregiver if the student is removed from school, school transportation, or a school-sponsored activity to be taken to a receiving facility for an involuntary examination pursuant to F.S. 394.463, including and subject to the requirements and exceptions established under F.S. 1002.20 (3) and F.S. 1002.33 (9), as applicable.

Reasonable attempt to notify means the exercise of reasonable diligence and care by the principal to make contact with the student's parent, guardian, or other known emergency contact whom the student's parent or guardian has authorized to receive notification of an involuntary examination. At a minimum, the principal must take the following actions:

Use available methods of communication to contact the student's parent, guardian, or other known emergency contact including, but not limited to, telephone calls, text messages, e-mails, and voicemail

messages following the decision to initiate an involuntary examination of the student;

Document the method and number of attempts made to contact the student's parent, guardian, or other known emergency contact, and the outcome of each attempt.

The principal who successfully notifies any other known emergency contact may share only the information necessary to alert such contact that the parent or caregiver must be contacted. All such information must be in compliance with Federal and State law.

budget and staffing information;

number and levels of public and nonpublic schools and number of students served;

communicable disease policies;

immunization policies;

initial school entry health examination policy;

health services reporting procedure;

advisory committee activities and membership; and

School District and county public health unit personnel responsible for coordinating health services.

The school health services plan will describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of funding source.

Protocols for supervision of school health services personnel shall be described in the school health services plan to assure that such services are provided in accordance with statutory and regulatory requirements and professional standards. These shall be kept on file at the District and the \_\_\_\_\_ Health Department.

Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the \_\_\_\_\_ Health Department medical director in conjunction with the Board, school health advisory committee, the District medical consultant, or the student's private physician.

### **Notice to Parents**

At the beginning of the school year, the District will notify parents of each healthcare service offered at their student's school and of the option to withhold consent or decline any specific service.

### **COVID-19 Prohibitions**

Neither the Board nor any Board agent or employee may:

impose a COVID-19 vaccination mandate for students; or

prohibit a student from attending school or school-sponsored activities, prohibit a student from being on school property, or subject a student to restrictions or disparate treatment, based on an exposure to COVID-19, so long as the student remains asymptomatic and has not received a positive test for COVID-19.

### **Involuntary Examinations of Students**

Before a principal contacts a law enforcement officer for possible removal of a student from school for involuntary examination, the principal must verify that the school has used de-escalation strategies and initiated outreach to a mobile response team, unless the principal reasonably believes that any delay in removing the student will increase the likelihood of harm to the student or others.

The principal may delay notification for no more than twenty-four (24) hours after a student is removed if the principal deems the delay to be in the student's best interest and if (1) a report has been submitted to the central abuse hotline, pursuant to F.S. 39.201, based upon knowledge or suspicion of abuse, abandonment, or neglect; or (2) the principal reasonably believes that such delay is necessary to avoid jeopardizing the health and safety of the student.

The Superintendent is required to annually report to the Florida Department of Education the number of involuntary examinations, as defined in F.S. 394.455, which are initiated at a school, on school transportation, or at a school-sponsored activity.

### **Contact with Mental Health Professionals During a Student Crisis**

During a student crisis situation, school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to F.S. 394.463, unless the child poses an imminent danger to themselves or others, before initiating an involuntary examination pursuant to F.S. 394.463. Such contact may be in person or using telehealth as defined in F.S. 456.467. The mental health professional may be available to the District either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, or the local mobile response team or be a direct or contracted District employee.

### **Mental Health Services**

Mental health counseling services, case management services, and human and social services may be provided to students at a school site under mutual agreements with community-based public or private agencies. Each service provided shall be on a case-by-case basis with prior written approval of the student's parent or guardian.

The Superintendent shall work to assist schools in providing information to children and families by providing a directory of referral sources for professional mental health services for children and families in need of such services. All schools should reference the Referral Sources for Children and Families Manual for licensed Mental Health Professionals. The following information should be listed in the directory:

the location of a Referral Sources Manual

information on mental health referral

information on substance abuse referrals

phone numbers and addresses of mental health providers

a copy of the District's release letter for obtaining assistance

additional resource for outpatient/inpatient services

inpatient unit services for District children and adolescents

employee assistance programs and contacts

The Superintendent shall develop and update as needed administrative procedures to implement this policy.

### **Contracts with Mental Health Service Providers**

The District may contract for mental health services with a community-based mental health service provider for mental health screening for the identification of mental health concerns. Any such agreement shall provide that students who may be at risk for mental health disorders and are referred to such a provider shall be assessed within fifteen (15) days of referral. Mental health services must be initiated within fifteen (15) days after identification and assessment, and support by community-based mental health service providers for students who are referred for community-based mental health services must be initiated within thirty (30) days after the school or District makes a referral.

Parents of a student receiving services under such a contract shall be provided information about other behavioral health services available through the student's school or local community-based behavioral health services providers by providing information about and Internet addresses for web-based directories or guides for local behavioral health services.

Individuals living in a household with a student receiving services under such a contract shall be provided information about behavioral health services available through other delivery systems or payors for which such individuals may qualify, if such services appear to be needed or enhancements in those individuals' behavioral health would contribute to the improved well-being of the student.

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Beginning with the 2022-2023 school year, each school shall provide information on the important role water safety education courses and swimming lessons play in saving lives to a parent who initially enrolls their child in the school or the student if the student is eighteen (18) years of age or older. The information will be provided electronically or in hard copy and must include local options for age-appropriate water safety courses and swimming lessons that result in a certificate indicating successful completion, including courses and lessons offered for free or at a reduced price.

F.S. 39.201

F.S. 381.00319

F.S. 381.0056

F.S. 349.495(7)

F.S. 394.463

F.S. 1001.42

F.S. 1002.20

F.S. 1002.22

F.S. 1003.22

F.S. 1003.225

F.S. 1011.62

F.S. 1003.453

~~F.A.C. 64D-3.011~~

F.A.C. 64F-6.002

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### Legal References

F.S. 39.201

F.S. 381.00319

F.S. 381.0056

F.S. 349.495(7)

F.S. 394.463



F.S. 1002.20

F.S. 1002.22

F.S. 1003.22

F.S. 1003.225

F.S. 1011.62

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F.A.C. 64F-6.002

F.S. 1001.42

# Redline Draft

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## **B. Notice to Parents**

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~~b.~~\_\_

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~~6.~~\_\_

## ~~C.~~ **Contact with Mental Health Professionals During a Student Crisis**

~~E.~~\_\_

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2. Parents of a student receiving services under such a contract shall be provided information about other behavioral health services available through the student's school or local community-based behavioral health services providers by providing information about and Internet addresses for web-based directories or guides for local behavioral health services.
3. Individuals living in a household with a student receiving services under such a contract shall be provided information about behavioral health services available through other delivery systems or payors for which such individuals may qualify, if such services appear to be needed or enhancements in those individuals' behavioral health would contribute to the improved well-being of the student.

**E.H. Water Safety and Swimming Certification**

- 1. Beginning with the 2022-2023 school year, each school shall provide information on the important role water safety education courses and swimming lessons play in saving lives to a parent who initially enrolls their child in the school, or the student if the student is 18 years of age or older. The information will be provided electronically or in hard copy and must include local options for age-appropriate water safety courses and swimming lessons that result in a certificate indicating successful completion, including courses and lessons offered for free or at a reduced price.

The Superintendent or designee shall develop and update as needed administrative procedures to implement this policy.

Adopted May 1, 2002  
Revised 2/8/2022

Legal

F.S. 39.201  
F.S. 381.00319  
F.S. 381.0056  
F.S. 349.495(7)  
F.S. 394.463  
F.S. 1001.42  
F.S. 1002.20  
F.S. 1002.22  
F.S. 1003.22  
F.S. 1003.225  
F.S. 1011.62  
F.S. 1003.453  
F.A.C. 64F-6.002

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F.S. 1003.22  
F.S. 39.201  
F.S. 394.463  
F.S. 394.495 (7)  
F.S. 1002.22  
F.S. 1003.225  
F.S. 1003.453  
F.S. 1011.62  
F.A.C. 64D-3.011  
F.A.C. 64F-6.002

Cross References

ap5350 – STUDENT SUICIDE AWARENESS AND PREVENTION PROCEDURES



# Clean Version



## 2410 - School Health Services

### A. School Health Services

1. The School Board shall cooperate with the Brevard County Department of Health (DOH) to address all school health matters as required by the School Health Services Act ([F.S. 381.0056](#)). The District, including the School Health Advisory Committee (SHAC), and the Brevard County Health Department shall jointly develop a [School Health Services Plan](#) approved by the Board.
2. The School Health Services Plan and the [Annual School Health Report](#) will describe the services to be provided, the responsibility for provision of the services, the anticipated expenditures to provide the services, and evidence of cooperative planning by the District, including the SHAC, and the Brevard DOH. Each SHAC must, at a minimum, include members who represent the eight (8) component areas of the Coordinated School Health Model as defined by the Centers for Disease Control and Prevention.
3. The Superintendent or designee, in addition to the SHAC, shall develop the School Health Services Plan jointly with the Brevard DOH and submit it to the Board for approval.
4. The School Health Services Plan will be completed biannually and approved and signed by the Superintendent, Board Chairperson, and Brevard DOH medical director or administrator. The School Health Services Plan shall be reviewed each year for the purpose of updating the plan. Amendments shall be signed by the Superintendent and the Brevard DOH medical director or administrator.
5. The School Health Services Plan is to include, at a minimum, provisions for all of the following:
  - a. health appraisal
  - b. records review
  - c. nurse assessment
  - d. nutrition assessment
  - e. a preventive dental program;
  - f. vision screening
  - g. hearing screening
  - h. scoliosis screening at the appropriate age
  - i. growth and development screening
  - j. health counseling
  - k. referral and follow-up of suspected or confirmed health problems by the Brevard County Health Department
  - l. meeting emergency health needs in each school
  - m. county health department personnel to assist school personnel in health education curriculum development
  - n. referral of students to appropriate health treatment, in cooperation with the private health community whenever possible
  - o. 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
  - p. 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
  - q. 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
  - r. notification to the local non-public schools of the school health services program and the opportunity for representatives of the local non-public schools to participate in the development of the cooperative health services plan
  - s. budget and staffing information
  - t. number and levels of public and non-public schools and number of students served
  - u. communicable disease policies
  - v. immunization policies
  - w. initial school entry health examination policy
  - x. health services reporting procedure

y. advisory committee activities and membership

6. School District and County Public Health Unit personnel are responsible for coordinating health services.
7. The School Health Services Plan will describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of funding source.
8. Protocols for supervision of School Health Services personnel shall be described in the School Health Services Plan to assure that such services are provided in accordance with statutory and regulatory requirements and professional standards. These shall be kept on file at the Brevard DOH.
9. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the Brevard DOH medical director in conjunction with the Board, School Health Advisory Committee, the District medical consultant, or the student's private physician.

#### B. Notice to Parents

At the beginning of the school year, the District will notify parents/legal guardian of each healthcare service offered at their student's school and of the option to withhold consent or decline any specific service.

#### C. COVID-19 Prohibitions

Neither the Board nor any Board agent or employee may:

1. Impose a Covid-19 vaccination mandate for students; or
2. Prohibit a student from attending school or school-sponsored activities, prohibit a student from being on school property, or subject a student to restrictions or disparate treatment, based on an exposure to COVID-19, so long as the student remains asymptomatic and has not received a positive test for COVID -19.

#### D. Involuntary **Mental Health** Examination of Students

1. Before a principal/designee contacts a law enforcement officer for possible removal of a student from school for involuntary examination, the principal must verify that the school has used de-escalation strategies and initiated outreach to a Mobile Response Team (MRT), unless the principal reasonably believes that any delay in removing the student will increase the likelihood of harm to the student or others.
2. A reasonable attempt must be made to notify a student's parent, guardian, or caregiver if the student is removed from school, school transportation, or a school-sponsored activity to be taken to a receiving facility for an involuntary examination pursuant to [F.S. 394.463](#), including and subject to the requirements and exceptions established under [F.S. 1002.20 \(3\)](#) and [F.S. 1002.33 \(9\)](#), as applicable.
3. Reasonable attempts to notify means the exercise of reasonable diligence and care by the principal to make contact with the student's parent, guardian, or other known emergency contact whom the student's parent or guardian has authorized to receive notification of an involuntary examination. At a minimum, the principal must take the following actions:
  - a. Use available methods of communication to contact the student's parent, guardian, or other known emergency contact including, but not limited to, telephone calls, text messages, e-mails, and voicemail messages following the decision to initiate an involuntary examination of the student;
  - b. Document the method and number of attempts made to contact the student's parent, guardian, or other known emergency contact, and the outcome of each attempt.
4. The principal who successfully notifies any other known emergency contact may share only the information necessary to alert such contact that the parent or caregiver must be contacted. All such information must be in compliance with federal and state law.
5. The principal may delay notification for no more than twenty-four (24) hours after a student is removed if the principal deems the delay to be in the student's best interest and if
  - a. a report has been submitted to the central abuse hotline, pursuant to [F.S. 39.201](#), based upon knowledge or suspicion of abuse, abandonment, or neglect; or
  - b. the principal reasonably believes that such delay is necessary to avoid jeopardizing the health and safety of the student.

6. Upon the receipt of the state required reporting procedure, the Superintendent will annually report to the Florida Department of Education the number of involuntary examinations, as defined in [F.S. 394.455](#), which are initiated at a school, on school transportation, or at a school-sponsored activity.

#### **E. Contact with Mental Health Professionals During a Student Crisis**

During a student crisis situation, school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to [F.S. 394.463](#), unless the child poses an imminent danger to themselves or others, before initiating an involuntary examination pursuant to [F.S. 394.463](#). Such contact may be in person or using telehealth as defined in [F.S. 456.47](#). The mental health professional may be available to the District either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, or the local mobile response team or be a direct or contracted District employee.

#### **F. Mental Health Services**

1. Mental health counseling services, case management services, and human and social services may be provided to students at a school site under mutual agreements with community-based public or private agencies. Each service provided shall be on a case-by-case basis with prior written approval of the student's parent or guardian. If a parent has requested a private individual or agency to perform these services, the parent and agencies will follow the BPS approval process for approval for outside providers.
2. The Superintendent shall work to assist schools in providing information to children and families by providing a directory of referral sources for professional mental health services for children and families in need of such services. All schools should reference the Referral Sources for Children and Families Manual for licensed Mental Health Professionals. The following information should be listed in the directory:
  - a. the location of a Referral Sources Manual
  - b. information on mental health referral
  - c. information on substance abuse referrals
  - d. phone numbers and addresses of mental health providers
  - e. a copy of the District's release letter for obtaining assistance
  - f. additional resource for outpatient/inpatient services
  - g. inpatient unit services for District children and adolescents
  - h. employee assistance programs and contacts

#### **G. Contracts with Mental Health Service Providers**

1. The District may contract for mental health services with a community-based mental health service provider for mental health screening for the identification of mental health concerns. Any such agreement shall provide that students who may be at risk for mental health disorders and are referred to such a provider shall be assessed within fifteen (15) days of referral. Mental health services must be initiated within fifteen (15) days after identification and assessment, and support by community-based mental health service providers for students who are referred for community-based mental health services must be initiated within thirty (30) days after the school or District makes a referral.
2. Parents of a student receiving services under such a contract shall be provided information about other behavioral health services available through the student's school or local community-based behavioral health services providers by providing information about and Internet addresses for web-based directories or guides for local behavioral health services.
3. Individuals living in a household with a student receiving services under such a contract shall be provided information about behavioral health services available through other delivery systems or payors for which such

individuals may qualify, if such services appear to be needed or enhancements in those individuals' behavioral health would contribute to the improved well-being of the student.

**H. Water Safety and Swimming Certification**

- 1. Beginning with the 2022-2023 school year, each school shall provide information on the important role water safety education courses and swimming lessons play in saving lives to a parent who initially enrolls their child in the school, or the student if the student is 18 years of age or older. The information will be provided electronically or in hard copy and must include local options for age-appropriate water safety courses and swimming lessons that result in a certificate indicating successful completion, including courses and lessons offered for free or at a reduced price.

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Cross References

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