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| TENNESSEE STATE BOARD OF EDUCATION | |
| COORDINATED SCHOOL HEALTH PROGRAM POLICY | 4.204 |

Policy Sections

- I. **Purpose**
- II. **Program Components**
- III. **Requirements of CSH Programming**

I. **Purpose.** The purpose of the Coordinated School Health (CSH) program is to improve student health and the capacity to learn through the support of families, communities, and schools. Each comprehensive plan for a CSH program shall respond to the needs of students, families, and the community; emphasize a positive youth development approach; demonstrate evidence of effectiveness; and make efficient use of school and community resources. This policy sets forth the minimum standards for LEAs to use in developing their own guidelines and procedures that address the health needs of their students and improve student opportunities for academic achievement.

II. **Program Components.** Each CSH program shall consist of the following eight (8) interactive components, based on the model developed by the Centers for Disease Control and Prevention:

(1) **Comprehensive Health Education.** Health education is a planned, sequential, pre-K-12 curriculum and program that addresses the physical, mental, emotional, and social dimensions of health. The activities of the curriculum and program are integrated into the daily life of students and designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The curriculum and program include a variety of topics such as personal health, family health, community health, consumer health, environmental health, family living, mental and emotional health, injury prevention and safety, CPR, nutrition, prevention and control of disease, and substance use and abuse. When provided by qualified, trained teachers, health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others.

(2) **Health Services.** Health services are provided by or supervised by school nurses in order to appraise, protect, and promote the health of students. These services include health assessments, planning, coordination of services, and direct care for all children, including those with special health care needs. Health services are designed and coordinated with community health care professionals to ensure early intervention, access, and referral to primary health care services; to foster appropriate use of primary health care services; to prevent and control

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communicable disease and other health problems; to provide emergency care for student and staff illness or injury; to provide daily and continuous services for children with special health care needs; to plan for the management of chronic health conditions (such as asthma or diabetes); to promote and provide optimum sanitary conditions for a safe school facility and school environment; and to provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as school nurses, nurse practitioners, physicians assistants, dentists, health educators, and allied health personnel including speech therapists and occupational or physical therapists provide these services.

- (3) **Nutrition Services.** Nutrition services ensure access to a variety of nutritious, affordable, and appealing meals in school that accommodate the health and nutrition needs of all students. School nutrition programs provide meals that meet federal nutrition standards for National School Lunch and Breakfast Programs and reflect the U.S. Dietary Guidelines for Americans and other criteria to meet the complete nutrition needs of students. Each school's nutrition program also offers a learning laboratory for classroom nutrition and health education that helps students develop skills and habits in selecting nutritionally appropriate foods and serves as a resource by connecting nutrition-related community services with educational programs. Qualified professionals such as experienced, knowledgeable school food supervisors and registered dietitians provide these services.

- (4) **Physical Education and Physical Activity.** A comprehensive school physical activity program (CSPAP) is the national framework for physical education and youth physical activity. A CSPAP reflects strong coordination across five (5) components: physical education, physical activity during school, physical activity before and after school, staff involvement, and family and community engagement. Physical education serves as the foundation of a CSPAP and is an academic subject characterized by a planned, sequential pre-K-12 curriculum that follows the national standards for physical education. Physical education provides cognitive content and instruction designed to develop motor skills, knowledge, and behaviors for healthy active living, physical fitness, sportsmanship, self-efficacy, and emotional intelligence. Through a variety of planned individual and cooperative physical activities and fitness assessments, quality physical education promotes each student's optimum physical, mental, emotional, and social development and provides fitness activities and sports that all students, including students with special needs, can enjoy and pursue throughout their lives. Qualified professionals such as physical education teachers and physical activity specialists, provide physical education and related fitness activities.

- (5) **Healthy School Environment.** A healthy school environment concerns the quality of the physical and aesthetic surroundings; the psychosocial climate, safety, and

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culture of the school; the school safety and emergency plans; and the periodic review and testing of the factors and conditions that influence the environment. Factors and conditions that influence the quality of the physical environment include the school building and the area surrounding it; transportation services; any biological or chemical agents inside and outside the school facilities that are detrimental to health; and physical conditions such as temperature, noise, lighting, air quality, and potential health and safety hazards. The quality of the psychological environment includes the physical, emotional, and social conditions that affect the safety and well-being of students and staff. Qualified staff such as facilities and transportation supervisors, principals, school and community counselors, social workers, psychologists, school health nurses, health educators, and school resource officers assess and plan for these factors and conditions in the school environment.

- (6) **School Counseling, Psychological, and Social Services.** Counseling, mental health, and social services are provided to assess and improve the mental, emotional, and social health of every student. All students receive these services, including developmental classroom activities and preventative educational programs, in an effort to enhance and promote academic, personal, and social growth. Students who may have special needs are served through the administration and interpretation of psychometric and psychoeducational tests, observational assessments, individual and group counseling sessions, crisis intervention for emergency mental health needs, family/home consultation, and/or referrals to outside community-based agencies when appropriate. The professional skills of counselors, psychologists, and social workers, along with school nurses, are utilized to provide coordinated "wrap around" services that contribute to the mental, emotional, and social health of students, their families, and the school community. Qualified professionals such as school and community counselors, school and community psychologists, school nurses, social workers, and qualified staff from community agencies provide these services.

- (7) **Student, Family, and Community Involvement.** Involvement of students, parents, community representatives, health specialists, and volunteers in schools provides an integrated approach for enhancing the health and well-being of students both at school and in the community. School health advisory councils, coalitions, and broadly-based constituencies for school health can build support for school health programs. School administrators, teachers, and school health staff shall actively solicit family involvement and engage community resources, expertise, and services to respond effectively to the health-related needs of students and families for all school health components. Qualified professionals such as principals, teachers, and school health staff, along with parents and volunteers, provide leadership in this area.

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- (8) **School Staff Wellness.** Health promotion opportunities for staff such as health assessments, health education, and physical fitness activities are provided to all school staff to improve their health status. These opportunities encourage staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and greater personal commitment to the overall coordinated school health program. Healthy school employees—including teachers, administrators, bus drivers, cafeteria and custodial staff, and contractors—are more productive and less likely to be absent. Employee wellness programs and healthy work environments can improve a district’s bottom line by decreasing employee health insurance premiums, reducing employee turnover, and cutting costs of substitutes. Qualified professionals such as principals, supervisors, health educators, school nurses, and school personnel/human resources directors provide leadership in this area.

III. Requirements of CSH Programming. Each LEA shall develop programming pursuant to T.C.A. § 49-1-1002 and shall:

- (1) Employ a local coordinator/supervisor of school health programs for the LEA. The coordinator/supervisor of school health programs for the LEA shall, at a minimum, hold a bachelor’s degree in the fields of education, nursing, health services administration, social services, psychology/mental health services, or nutrition or have documented experience in either supervising or implementing one (1) or more of the coordinated school health components areas. The school health coordinator shall: help maintain active school health councils; facilitate health programming; organize activities addressing the CSH components; and facilitate actions to achieve a successful CSH program;
- (a) LEAs with 3,000 or more students shall establish a full-time school health coordinator/supervisor position.
- (b) LEAs with fewer than 3,000 students shall establish, at a minimum, a part-time school health coordinator/supervisor position provided that at least fifty percent (50%) of the coordinator/supervisor’s job duties shall be related to school health programs.
- (2) Establish an Advisory Council on School Health that is representative of the LEA’s staff, students, parents, civic organizations, community agencies, faith community, minority groups, and other stakeholders concerned with the health and wellness of students with at least two-thirds of the members being non-school personnel. The Advisory Council shall be responsible for recommending procedures and programs to the LEA and shall develop and maintain an active working relationship with the county health council;

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- (3) Establish a Staff Coordinating Council on School Health for the LEA that is representative of all eight (8) components of the CSH program. The Staff Coordinating Council shall seek to maximize coordination, resources, services, and funding for all school health components;
- (4) Establish a Healthy School Team at each school in the LEA that is representative of all eight (8) components of the CSH program. The team shall include the principal, teachers, staff, students, parents, and community members with at least one-half of the team members being non-school personnel. The Healthy School Team shall assess needs and oversee planning and implementation of school health efforts at the school site;
- (5) Establish local guidelines and procedures to help schools implement and coordinate each of the eight (8) CSH components and other school health efforts (i.e. health physicals, breakfast and lunch programs, vending machines, concession stands, nutrition education, tobacco and drug education, HIV/AIDS, family life curriculum, health education curriculum, physical education and fitness curriculum and programs, staff health and wellness programs, safety and emergency plans, and medications and health care services). The guidelines and procedures should be organized into a manual that can be used by school health personnel, advisory councils, staff coordinating councils, and healthy school teams;
- (6) Conduct professional development training for school officials and other school leadership responsible for implementing a CSH program. LEAs shall also provide annual professional development related to the eight (8) components of the CSH program;
- (7) Develop and maintain a system of assessing and identifying the health and wellness needs of students, families, and staff. This assessment system may include the review of information from the Youth Risk Behavior Survey, Youth Tobacco Survey, school health profile data, or local surveys;
- (8) Incorporate results from the Center for Disease Control and Prevention's school health index into all school improvement plans required to be submitted each year pursuant to T.C.A. § 49-1-613;
- (9) Develop and maintain comprehensive pre-K-12 health education and physical education programs;
- (10) Ensure the LEA's annual budget includes funding to support the implementation of the eight (8) CSH components. Funding should come from a variety of sources and not solely from state funding;

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- (11) Identify and secure additional financial and/or technical assistance through collaborations and partnerships with community agencies and organizations;
- (12) Establish a system for evaluation and monitoring to assess the effectiveness of CSH programs in promoting healthy behaviors and improved academic outcomes; and
- (13) Ensure compliance with:
 - (a) T.C.A. § 49-6-1301 - 1308, and T.C.A. § 68-1-1205 regarding Family Life Curriculum and any aspect of family planning or contraception in schools;
 - (b) T.C.A. § 49-50-1603, the State Board of Education’s Administration of Medication in a School Setting Policy 4.205, State Board School and Student Health Services Rules 0520-01-13, and the guidelines set by the Department of Education and the Department of Health regarding the administration of medications and the secure storage of medications, recordkeeping, and the orientation and training of all school personnel that handle medications by a school health nurse or a licensed health care professional;
 - (c) T.C.A. § 49-3-359 regarding requirements to employ or contract for school health nurses or the required notification to the department of education of the LEA’s election not to do so;
 - (d) T.C.A. §§ 63-7-101 - 116 and Administrative Rules regarding the professional practice of nurses, including the supervision of school health nurses by a Registered Nurse, Certified Nurse Practitioner, and/or physician;
 - (e) T.C.A. § 49-5-302 regarding school counseling programs, and T.C.A. § 49-6-303 regarding the employment of licensed school counselors and the professional practice of school counselors; and
 - (f) All laws, rules, and regulations regarding the qualifications for individuals employed, contracted, or otherwise engaged in providing professional services in any of the components of a CSH program.