

<b>TENNESSEE STATE BOARD OF EDUCATION</b>	
<b>COORDINATED SCHOOL HEALTH PROGRAM POLICY</b>	<b>4.204</b>

### 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 local education agency (LEA) shall annually submit a CSH plan to the Tennessee Department of Education for approval. Each plan must include how the LEA intends to spend funds for student health and wellness, how the LEA currently addresses the health needs of students, and who will serve as the school health coordinator. This policy sets forth the minimum standards for LEAs to use in developing their own guidelines, procedures, and plans that address the health needs of their students and improve student opportunities for academic achievement.

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

(1) **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 enhance the educational process by promoting, improving, and maintaining health and wellness for students. Health services enable students to attend school in a safe learning environment, reducing health-related barriers to learning. Health services intervene with actual and potential health problems, including providing first aid, emergency care, and assessment and planning for the management of chronic conditions such as asthma or

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diabetes. Health services, provided by and/or supervised by school nurses, connect school staff, students, families, community, and healthcare providers to promote the healthcare of students and a healthy and safe school environment. Health services personnel may include qualified healthcare professionals, such as school nurses, health aides, and unlicensed assistive personnel. School districts develop job descriptions for these roles and should ensure that school staff assigned health-related tasks are working within their job descriptions and their scope of practice.

- (3) Nutrition. School nutrition programs promote all students to have access to a variety of nutritious, appealing, and free and reduced-priced meals that support their health and well-being. These programs provide meals that meet federal nutrition standards for the National School Lunch Program and School Breakfast Program, reflecting the U.S. Dietary Guidelines for Americans and other requirements to meet the nutritional needs of students. Each school's nutrition program also serves as a learning environment for classroom nutrition and health education that helps students develop skills and habits in selecting nutritionally appropriate foods. These programs are led by qualified school nutrition professionals, including experienced school food service directors, chefs, and registered dietitians, who ensure program compliance, operational excellence, and student-focused service.
  
- (4) Physical Education and Physical Activity. Physical education (PE) is an essential part of students' overall development and well-being. It is a structured, standards-based academic subject that follows a planned, sequential Pre-K – 12 curriculum. Quality PE programs provide developmentally appropriate instruction across a wide range of movement and activity areas, including motor skills, fitness, rhythm and dance, cooperative games, and team and individual sports. Effective PE goes beyond physical movement; it helps build students' self-confidence, teamwork, and decision-making skills while also reinforcing the importance of regular physical activity. Physical activity, while different from PE, is also a critical element of student success. It may occur at any time throughout the school day and in a variety of settings, before, during, or after school. To create a culture of movement, schools are encouraged to adopt a Comprehensive School Physical Activity Program (CSPAP). This national framework promotes physical activity through five (5) key areas: physical education, physical activity during school, physical activity before and after school, staff involvement, and family and community engagement. State Board of Education [Physical Activity and Physical Education](#) Policy 4.206 outlines requirements for physical activity and physical education.
  
- (5) Healthy School Environment. A healthy school environment includes the quality of the physical and aesthetic surroundings, the climate, safety, and culture of the school, the school safety and emergency plans, and the periodic review and

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assessment 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. Developing and maintaining a healthy school environment requires collaboration among administrators, facilities and transportation staff, school nurses, school counselors, school social workers, health educators, school resource officers, and community partners. These professionals work together to assess conditions, implement safety plans, monitor environmental risks, and promote practices that protect and support everyone in the school community.

- (6) **School Counseling, Psychological, and Social Services.** Counseling, mental health, and social services are provided to assess and improve the mental, emotional, and social well-being 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. The professional skills of school counselors, school psychologists, and school social workers, along with school nurses, are utilized to provide coordinated "wrap around" services that contribute to the mental, emotional, and social well-being of students, their families, and the school community.
- (7) **Student, Family, and Community Involvement.** Involvement of students, parents, community representatives, health specialists, and volunteers in schools provides an integrated approach to enhancing the health and well-being of students both at school and in the community. School Health Advisory Councils and Healthy School Teams can build support for school health programs and engaging students, families and community members in school health efforts creates a more comprehensive support system. 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. Involving students in planning, decision-making, and implementation strengthens the relevance and effectiveness of school health initiatives while also promoting student voice.
- (8) **School Staff Wellness.** Health promotion opportunities for staff, such as health assessments, health education, and health-related fitness activities, are provided to all school staff to improve their health status. These opportunities encourage staff to adopt a healthy lifestyle that contributes to their improved health status and morale, as well as, a greater commitment to the overall coordinated school health program.

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**III. Requirements of CSH Programming.** Each LEA -shall:

- (1) Employ a local coordinator or supervisor of school health programs for the LEA. The coordinator or 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 or 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 Advisory 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 or 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 a School Health Advisory Council (SHAC) 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 SHAC is a district-level advisory group designed to strengthen communication, collaboration, and shared leadership to support school health priorities. The SHAC shall review the annual CSH plan. The SHAC 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;
- (3) Ensure that the school health coordinator serves as an active member of the district leadership team to support all eight (8) CSH components by giving regular updates on the coordination and integration of student health priorities. .
- (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;

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- (5) 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 Climate Survey, school health profile data, or local health and wellness-related surveys;
- (6) Incorporate results from the School Health Index into all school improvement plans required to be submitted pursuant to T.C.A. § 49-1-613;
- (7) Develop and maintain comprehensive pre-K-12 health education and physical education programs;
- (8) Ensure the LEA's annual budget includes funding dedicated to supporting the implementation of the eight (8) CSH components, the employment of a school health coordinator, and the development, implementation, and evaluation of the LEA's CSH plan
- (9) Identify and secure additional financial and/or technical assistance through collaborations and partnerships with community agencies and organizations;
- (10) Establish a system for evaluation and monitoring to assess the effectiveness of CSH programs in promoting healthy behaviors and improved academic outcomes; and
- (11) 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 report to the Tennessee 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

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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.