

As required by F.S. 1014.06(1), parents or legal guardian must authorize healthcare services to be provided for their child by a healthcare practitioner or their delegate, as defined in F.S. 456.001 and 1006.062, should the need arise for such treatment, while their child is under the supervision of the school. Most **classroom teachers would not be considered healthcare practitioners under this statute. While our teachers' main responsibility is instruction, there may be times when they provide students with minor care in the form of band-aids or tissues. However, students in need of medical services or for whom teachers have medical concerns should be sent to the clinic.

1. Can I give a student a bandage without notifying a parent?

As the statute pertains to employees licensed as healthcare providers, there is no restriction to a classroom teacher handing a student a bandage(s). If there appears to be a more serious injury, bleeding through the bandage or a rash or swelling around the bandage, teachers should send the child to the clinic for parent notification or treatment.

2. Can I place a bandage on a student?

As the statute pertains only to employees licensed as healthcare providers, a classroom teacher could place a bandage on a student. However, wounds should be cleaned prior to a bandage being applied. If a wound requires cleaning and/or treatment, teachers should send the child to the clinic for parent notification or treatment.

3. Can I give students hand sanitizer?

Students should have access to hand sanitizer throughout the day and should use as needed.

4. Can I give a student hand sanitizer to apply to a bug bite?

If a bug bite is causing a child pain or distress, they should be sent to the clinic for parent notification or treatment.

5. When a student is placed into DCF custody does a new form need to be signed by DCF, guardian ad litem, or foster parent?

This depends on what legal paperwork that is presented to the school at the time. Please call Melinda Maynard or Ronna Schindler for specific questions. We will never answer a hypothetical legal question as there are too many unknown and nuanced factors.

6. Can I give a student an icepack or apply an icepack to students?

As the statute pertains to employees licensed as healthcare providers, there is no restriction to a classroom teacher handing a student an icepack. If there appears to be swelling or an injury requiring the application of an icepack, teachers should send the child to the clinic for parent notification or treatment.

7. Will BPS provide representation and liability insurance if a teacher is accused of violating this statute?

Per Board Policy 3420, Legal services can be provided for employees at the time the action is determined to be an outcome of duties performed for the Board within the scope of the employees' duties in acceptance with Florida Statutes 768.28. As long as the action giving rise to the litigation is determined to be within the scope of the employees' duties, the District will provide the representation.

8. Will consent forms be loaded into FOCUS or another platform where teachers can access them?

Starting with 2022/23 the healthcare consent will be part of the Healthcare Card each parent signs at registration.

9. Is there any specific guidance for PE teachers?

As the statute pertains to employees licensed as healthcare providers, there is no specific guidance for PE teachers. Best practice for any injury includes parent notification. This is best done at the time of the injury and as most PE teachers do not have immediate access to a school phone, the clinic is better able to complete parent notification and access if any treatment is needed.

10. Can a teacher check a student's temperature?

No. If a teacher is concerned a child is running a fever, the child should be referred to the clinic for parent notification and treatment.

11. Can a teacher provide feminine care products?

This has the potential to be embarrassing, so feminine care products should always be handled discretely which can best be done in the clinic as opposed to the classroom.

However, there is nothing in this statute that prevents this from either classroom teachers or health care providers.

12. Can a teacher instruct students to clean a wound?

For minor abrasions or cuts, teachers can and should recommend a child clean the wounded area. However, for anything that might be more serious, they should be sent to the clinic for parent notification or treatment. If there is a question about if a cut or wound is minor or serious, it should be considered serious.

13. Can you please give better explanation to parents as to what this means? Admin, nurses, teachers, AND parents all have a different interpretation. And each admin has a different interpretation.

Unfortunately, Title XLIX Parental Rights does not fall under the purview of Title XLVIII Early Learning – 20 Education, so the FDOE cannot make rules, interpret, or provide guidance to the Districts outside of direct statute language. It also doesn't fall under Title XXIX Public Health, so the FDOH cannot make rules, interpret, or provide guidance to their local DOHs outside of direct statute language. Title XLIX Parental Rights does not fall under any governing agency authorized to set rules and interpret, which makes everything more challenging. The language of the consent form is what we have until a governing agency can provide interpretation and provide guidance.

14. How can we help secondary students understand the importance of returning this form?

Individual administrations will have to work through what is the best way to reach their community.

15. How will this form impact what happens at the clinics?

The impact of the form on the clinics cannot be determined at this time. However, the impact on our healthcare providers in our clinics who treat a child without parent permission is clearly stated in the legislation.

16. As a teacher, is there anything I should be doing differently because a student doesn't have this form-filled out?

This question cannot be answered without first knowing what is being done in each specific classroom to begin with. For most of our teachers, this will have absolutely no impact. However, there may be classrooms where teachers provided more healthcare than should have ever been expected of them. For those classrooms, students should be referred more often to our clinics for parent notification and treatment.

**Some BPS employees do hold a licensure under 456.001 and 1006.062, these *may* include employees who provide specific ESE services, social workers and/or school counselors, athletic trainers, and nurses teaching BPS courses. In all cases, these employees should refer their students to the clinic for parent notification and medical treatment. If there are any specific questions from employees that fall into this category, I will be happy to respond.