Privacy & Confidentiality: HIPAA/FERPA & COVID-19

COVID-19 Listening & Learning Session

Friday, August 21, 2020 9:00 AM to 10:00 AM
Mission: We support communities in building and sustaining quality school-based health programs.

Target Audience: School districts, community stakeholders, and the healthcare providers that serve them.

Access to Resources & Best Practices

Peer-to-Peer Networking Across MO Programs

Advocacy & Coalition Building

Technical Assistance

Data Collection & Evaluation

Training & Education
Welcome!

ACCESS Family Care
BJC HealthCare
Central Ozarks Medical Center
Cerner
Children’s Mercy
Citizen’s Memorial Hospital
Clarity Healthcare
Clay County Health Department
Complete Family Medicine
Comtrea
FCC Behavioral Health
Freeman Health System
HCC of Rural Missouri
Jordan Valley Community Health Center
Katy Trail Community Health
Missouri Highlands
Polk County Health Center
ReDiscover
St. Louis Children’s Hospital
Samuel U. Rodgers Health Center
Southern Missouri Community Health
The Tooth Truck, Inc.
Affton School District
Belton School District #124 Billings
Buder Elementary
Camdenton School
Columbia Public Schools
Confluence Charter Schools
Ewing Marion Kauffman School
Fulton Public Schools
Higbee School District
Kansas City Public Schools
KIPP St. Louis Public Schools
Kirkwood School District
La Salle Middle School
Lee’s Summit
Mexico Public Schools
Moberly Public Schools
Premier Charter School
Richmond School
Rockwood School District
Waynesville School District
Webster Groves School District
Asthma Ready Communities
Kansas City Health Department
Missouri Care Health Plan
Missouri Foundation for Health
Missouri Primary Care Association
Missouri School Counselor Association
MO Coalition for Community Behavioral Healthcare
MO DHSS
MO DSS
MO State Board of Nursing
Missouri School Boards’ Association
MU Extension
Nurses Moving Forward, LLC
Oregon Health Authority
St. Louis Psychoanalytic Institute
Washington University in St. Louis
University of Missouri
Overview for Today’s Session

• 2020/2021 Start of School Landscape

• Confirmed or Suspected COVID-19 Cases in the School Community

• HIPAA & COVID-19
  • Suzanne Smith, Chief Network Development Officer, Health Care Collaborative of Rural Missouri

• FERPA & COVID-19
  • Susan Goldammer, Associate Executive Director, Missouri School Boards’ Association
2020/2021 Start of School Landscape: Phases & Learning Models

**Completely Virtual Learning**
- Synchronous instruction
- Asynchronous instruction

**Hybrid Model**
- Parents/families choose either in-person or virtual
- Alternate students on alternate days

**In-Person**
- Significant changes to day-to-day
2020/2021 School-Based Health Program Operations

- Closed to students/community because school building will remain closed; some moving to telehealth operations

- Open to combination of staff/students/community even though school building will remain closed

- Open with significant changes to operations, especially for mobile programs (e.g., oral health, vision, & screening programs)
Role of SBH Programs to Support School Reopening

- Closing the immunization gap critical to re-opening schools
- Providing COVID testing if approved (or any other diagnostic testing)
- Supporting tracking cases & quarantine efforts to reduce exposure & spread
- Providing preventative & urgent care & behavioral/mental health services to address gaps & reduce ED visits
- Providing medical supplies (i.e. PPEs, thermometers, etc.) that schools/school nurses may not be able to access
- Supporting the establishment of school cleaning & sanitizing procedures
- Educating staff on the symptoms of COVID-19, helping to establish protocols for screening & assessing symptoms & providing basic health education
Symptomatic Students & Staff: Privacy & Confidentiality Considerations

• HIPAA—federal law that gives patients rights over their health information and sets rules and limits on who can look at and receive your health information.
  • Applies to records of SBH programs that are funded, administered, and operated by or on behalf of a public or private health or social services agency, such as a FQHC or hospital/health system.
Health Care Collaborative of Rural Missouri & Live Well Community Health Centers

• HCC is a Rural Health Network located in Central Missouri that serves Lafayette, Ray, Carroll, Saline, & Eastern Jackson counties.

• We are the first and only Rural Health Network in the country to own and operate our own Federally Qualified Health Centers (Live Well Community Health Centers). We have 5 FQHC’s located in Lexington, Buckner, Waverly, Concordia, & Carrollton. We also operate two school-based telehealth clinics located in the Orrick and Odessa School Districts.

• We offer a Network of resources staffed by Community Health Workers that work in tandem with our primary care, dental, and behavioral health providers.
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• We have over 60 different organizations that are a part of our Network that help to coordinate resources that focus on the Social Determinants of Health for all of our patients/clients.
The Live Well Community Health Centers started a drive-thru COVID-19 testing site in Lexington the first part of April and continued that once a week for 20 weeks. We are now testing 5 days a week at all of our clinics with no out of pocket cost. We are the only clinic in Lafayette County to do the tests.

We have worked very closely with our local health department to be able to be a resource to them and vice versa.
Lafayette County Mask Mandate Order – School have own plans
Weekly School Meeting via zoom with Schools, Lafayette County Health Department, and HCC convened by HCC.
PPE packs, loop masks, hand sanitizer available.
• The School Districts that we work with asked if there could be a COVID-19 Procedure that they could all use and be consistent in our area.

• Amanda Arnold, Chief Clinic & Quality Officer for HCC worked with the Lafayette County Health Department to come up with the following suggested procedure.
Students and Staff—

If a symptomatic student/staff presents to the health room, they will be escorted to the designated COVID 19 room. Symptoms are defined as cough, fever, chills, sneezing, aches and pains, shortness of breath, loss of taste/smell, sore throat, headaches, fatigue, diarrhea, nausea/vomiting, and abdominal pain. At this time the students parents will be called to come and pick up their child within ___ hours and staff will be required to leave work immediately. The school district will require the student/staff to have a COVID 19 test performed.
The student/staff can have a Rapid Antigen Test performed to determine if they are positive or negative. If they are positive, the student/staff will be required to have a follow up COVID 19 Diagnostic PCR (polymerase chain reaction) test. Rapid Antigen Tests are not considered a diagnostic test for COVID-19 so the health department cannot quarantine anyone based on the result of the rapid antigen test which is why we require the need for a follow up COVID 19 Diagnostic PCR Test to determine if they have an active COVID 19 infection. The newest recommendations are suggesting that a negative test needs to be followed up with a diagnostic PCR test as well.
Testing

If the COVID-19 test is negative, the student/staff can return to school as long as they have been fever free without the use of fever-reducing medications for more than 24 hours as well as improvement in their symptoms.
If the COVID 19 test is positive, the student/staff will be quarantined for 10 days from date of symptom onset. Contact tracing will take place at this time and all students/staff who had close contact with the student/staff will also be required to quarantine for 14 days from date of last exposure to the positive case. Close contact is defined as being within 6 feet of the student for a period of 15 minutes or more.
School Nurse

If the school nurse is within close contact of a student who tested positive for COVID-19, they are able to continue working as long as PPE is worn. If they become symptomatic, they will be required to quarantine and have a COVID-19 test performed. If the test is positive, they will be able to return to work 10 days from the date of symptom onset as well as being fever free without the use of fever reducing medications for a 24 hour period as well as improvement in their symptoms.
Health Care Collaborative of Rural Missouri &
Live Well Community Health Centers

Suzanne Smith
Health Care Collaborative of Rural Missouri
Chief Network Development Officer
Suzanne.smith@hccnetwork.org
660-243-4574
Susan Goldammer, Associate Executive Director
Missouri School Boards’ Association
• FERPA—federal law that protects the privacy of student education records by giving parents (and students 18 and over) certain rights with respect to their children’s records.
  • Applies to records maintained by schools or education institutions that receive federal funding, including those records maintained by the school nurse.
When a school district encounters a student with a confirmed or suspected case, there are several audiences with whom the district may want/need to disclose information about the student.

- Local public health agency
- Parents/guardians
- Faculty & school staff
- School-based health providers (if applicable)
Local Public Health Agency (LPHA)

• Missouri Department of Health and Senior Services (MODHSS) has added COVID-19 to the list of conditions both schools and health care providers must report under state regulation. 19 CSR 20-20.020

• LPHAs may also contact a school district for information about a student in order to trace contacts.
Other Audiences

Parents/Guardians

• Schools may feel the need to share some student information with parents/guardians of other students in order to take necessary precautions to prevent spread.

• May also need to prevent or dissolve inaccurate rumors.

Faculty & School Staff

• Will need to receive information about confirmed or suspected cases to take necessary precautions to protect other students.

• May ask questions about positive cases and/or also contribute to inaccurate rumors.
Before school districts share personally identifiable information about a student, which is contained in a student record maintained by the district, the district must make sure that it can legally disclose the information.
Applicable Exceptions Under FERPA

- Information is not personally identifiable.
  - Information can always be shared as long as a student is not directly or indirectly identified.

- Example: Stating that there is an elementary student that has tested positive in a large district is typically not a problem because it is difficult to determine which student of many was positive.

- HOWEVER—in a smaller district, such a statement may not be appropriate if very few students have been absent due to illness.

- Always disclose the minimum amount of information required by each audience to take the necessary steps to protect themselves.
Applicable Exceptions Under FERPA

• Parent/guardian (or sometimes student) consent.
  • If the district obtains written permission from the parent/guardian (or student if they are 18 or enrolled in postsecondary education), personally identifiable information about the student may be legally shared.

• Employee (or contractor or consultant) with a legitimate education interest.
  • Employees with a legitimate educational interest may access student records even without signed consent.
  • May include school-based health providers who:
    • Are performing a function that would otherwise be performed by a school employee; (like a school nurse)
    • Are under the direct control of the district with respect to the records; and
    • Agree not to disclose the student records in violation of law.
Applicable Exceptions Under FERPA

• A health and safety emergency.
  • Allows for release of information w/o signed consent if:
    1) there is an articulable and significant threat to the health or safety of others
       **AND**
    2) it is necessary to protect the health or safety of the student or others.

• Example: If LPHA needs to contact all parents of students in the same classroom as a positive case, the LEA can share information with the LPHA if there is a current threat to the safety of those students or others.

• Within a reasonable period, after a disclosure is made under this exception, the educational agency must record in the student’s education records the articulable and significant threat that formed the basis for the disclose and the parties to whom information was disclosed. *34 C.F.R. § 99.32(a)*
Applicable Exceptions Under FERPA

- **Directory Information and Limited Directory Information**
  - Can designate some information contained in student records as not harmful or an invasion of privacy if released without signed consent—commonly referred to as Directory Information.
  
  - Need to notify parents and students of the definition of Directory Information and provide an opportunity to opt out.
  
  - Example: If the health department notifies the school district that a specific student tested positive for COVID-19 and asked if that person was a student in the school, which grade the student was in, how long the student attended and if the student participates in activities and sports, the district could share that information without first obtaining written parent consent.

  - Be careful! Medical information cannot be Directory Information under FERPA.
Other Considerations

- School leadership should work closely with school nurse leadership and staff to plan for how to approach sharing information if need were to arise.

- Make all disclosures of information on a case-by-case basis based on the current situation.

- Consider developing & collecting signed consent forms delineating when, what, and to whom student information will be shared related to COVID-19.

- Always disclose the minimum amount of information required by each audience to take the necessary steps to protect themselves/others.
SUMMARY: Confirmed or Suspected Cases in the School Community

• Students who become symptomatic at school require immediate isolation – recommended for schools to have an isolation space.

• Manage symptomatic students and staff depending on symptoms and exposure—see School Nurse Algorithm from Washington University.

• Assist with contact tracing & disease mitigation—see Protocols from Washington University.
  • It is the responsibility of your LPHA to contact the person confirmed with COVID-19, inform direct contacts of their possible exposure, and give instructions to those involved.
  • Schools should be ready to assist—given that they may learn of infections before the LPHA—with keeping potential close contacts at home.
SUMMARY: Other Considerations

- Designate a point of contact at both the school and district levels with whom LPHAs will coordinate regarding COVID-19 exposures.
  - Consider designating this contact or at least one staff member to pursue training in contact tracing to inform school/district operations.
  - The Johns Hopkins Coronavirus Resource Center offers a free, six-hour online course.

- Work collaboratively to develop a tactical contact tracing plan that clearly defines roles, responsibilities, and contacts at each LPHA, school district, school building, and SBH program.
  - Standardize quarantine and testing protocols for members of the school community to reduce confusion and ensure efficiency.
Key Resources—Toolkits & Other Info

- MOSBHA’s FERPA COVID-19 Case Guidance for School District Officials
- MOSBHA’s HIPAA/FERPA COVID-19 Case Guidance: School Nurses & School-Based Health Program Staff
- MSBA’s Pandemic Recovery Considerations
- DHSS & DESE Address FAQs about School Reopening
- Johns Hopkins Coronavirus Resource Center Contact Tracing Training
MOSBHA Listening & Learning Sessions

• Trauma & Mental Health: Addressing Student & Staff Needs
  • Friday, September 11 | 9:00 am to 10:00 am | Registration Link

• Topic TBD based on participant feedback & emergent issues
  • Friday, September 25 | 9:00 am to 10:00 am | Registration Link

Kindly complete today’s evaluation here!
Resources

National School-Based Health Alliance
[w] www.sbh4all.org

Show-Me School-Based Health Alliance of MO
[w] www.moschoolhealth.org
[p] 800-807-8494
[e] info@MOSchoolHealth
[s] @MOSchoolHealth

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Thank you to those whose financial and in-kind contributions support our efforts!

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Appendix – Additional Resources
Symptomatic Students & Staff: School Nurse Algorithm

Developed by the Washington University Pediatric & Adolescent Ambulatory Research Consortium

School Nurse Algorithm: Screen all students for potential COVID-19 symptoms or exposure:
- Any new **cough**, difficulty breathing, loss of taste/smell, fever (≥100.4°F), congestion/runny nose, nausea/vomiting/diarrhea, sore throat, headache, myalgia, or exposure* to COVID-19 positive person?

-1 low-risk symptom
  - No exposure

- ≥2 low-risk symptoms OR
  -1 high risk symptom***
  - No exposure

Evaluation by Healthcare Provider

- Return to school 24 hr after symptom resolution
- Negative swab**
- Lab testing and evaluation; alternative diagnosis likely
- Positive swab**
  - Return to school after 24 hrs afebrile and symptoms improving
  - Return to school after 24 hrs afebrile and symptoms improving and approval of local health department (typically 10-14 days); for St. Louis City, also release by primary care provider required; quarantine contacts
  - Return to school after 14 days from last contact unless symptoms develop. If symptoms develop, obtain swab**.

*Exposure defined as close contact >15 minutes with no mask.
**Swab refers to SARS-CoV-2 PCR test
***High risk symptoms (bolded) include cough, difficulty breathing and loss of taste or smell

Prepared by David Rosen et al. revised 7/20/2020
Protocols for Schools Assisting Health Department in Close Contact Identification: St. Louis City/County Example

Developed by the Washington University Pediatric & Adolescent Ambulatory Research Consortium

### Protocol for Schools Assisting Health Department in Close Contact Identification for COVID-19 Cases among Students

- **Contacts identified:** Students with close contact with the positive student:
  - During the student’s infectious period (48 hours before and for 10 days after symptoms developed)
  - Within 6 feet
  - Contact >15 minutes

- **Classroom contacts seated within 6 feet in the front, side, and back of student**
- **Lunch contacts within 6 feet for > 15 minutes**
- **Free period contacts within 6 feet for > 15 minutes**
- **Transportation contacts within 6 feet for > 15 minutes**
- **Sports team or extracurricular contacts within 6 feet for > 15 minutes**

**Positive** student*: AND household contacts** immediately excluded from school until approved by the Health Department for return to school.

- Health Department will determine which students should be quarantined and excluded from school.**

**Face covering** usage may be considered for those students who can reliably be expected to wear and report compliance with mask usage.

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**Health Department**

<table>
<thead>
<tr>
<th>Health Department</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Louis County case reporting (<a href="mailto:cdcs.doh@stlouisco.com">cdcs.doh@stlouisco.com</a>)</td>
<td>1-314-615-2660</td>
</tr>
<tr>
<td>St. Louis County provider question (<a href="mailto:provider-COVID@stlouisco.com">provider-COVID@stlouisco.com</a>)</td>
<td>1-314-657-1499</td>
</tr>
<tr>
<td>St. Louis County school nurse liaison (<a href="mailto:School-COVID@stlouis.com">School-COVID@stlouis.com</a>)</td>
<td>1-314-657-1453</td>
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<tr>
<td>St. Louis City</td>
<td></td>
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<tr>
<td>St. Louis City school reporting (<a href="mailto:casereporting@stlouis-mo.gov">casereporting@stlouis-mo.gov</a>)</td>
<td>636-949-1899</td>
</tr>
<tr>
<td>St. Charles County</td>
<td></td>
</tr>
<tr>
<td>Missouri Department of Health</td>
<td>877-435-8411</td>
</tr>
<tr>
<td>Illinois Department of Health</td>
<td>800-889-3931</td>
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</tbody>
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Prepared by Rachel Orschen, revised: 8/3/2020