



Guidance for Missouri School-Based Health Programs During the COVID-19 Pandemic

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About this Resource

This resource was developed to support school-based health program (SBH) staff and their school district partners in the reopening of services to students following school reopening during the COVID-19 pandemic.

The Alliance would like to thank the Membership Development and Education Committee of the Board of Directors for their support in the development of this guidance. A special thanks also to the Missouri School Board's Association Center for Education Safety for the timely development of guidance on the reopening and reopening of schools, which was the foundation for developing this guidance specifically for SBH programs.

This document will be updated periodically to remain timely. The guidance and considerations presented herein are intended to be used as a template for guiding local discussions. Given variation in the impact of the COVID-19 pandemic across Missouri as well as the unique local response, **all decisions should be made in close collaboration with local school districts and public health authorities.**

For questions or suggestions for improvement, please contact the Alliance at info@moschoolhealth.org or (800) 807-8494.

About the Show-Me School-Based Health Alliance of Missouri

The Show-Me School-Based Health Alliance (MOSBHA) is the Missouri state affiliate of the National School-Based Health Alliance, established to improve the health of children and youth by advancing and advocating for school-based health (SBH) programs. MOSBHA connects stakeholders from across the state to learn from and inspire each other and to leverage resources and expertise to increase access to healthcare for children by promoting the continued growth of SBH.

SBH programs are critical healthcare access points that provide comprehensive services—primary, behavioral/mental, and oral health care as well as prevention and early intervention services—to children and adolescents in their school, a location that is safe, convenient, and accessible. Some SBH programs in Missouri also serve families, school staff, and the community. SBH programs provide care through partnerships between school districts and SBH providers, which include federally qualified health centers, local health departments, community health centers, hospitals, and other community institutions. Currently, 55 organizations sponsor 684 SBH programs in Missouri, serving over 520,428 students. They operate in rural, urban, and suburban Missouri communities, serving primarily low-income and medically underserved children and adolescents who may otherwise have untreated chronic health conditions.

Decades of research support the role of SBH programs in reducing health care costs and removing barriers to health care as well as improving attendance and school connectedness. The Community Preventive Services Task Force, an independent panel of public health and prevention experts, recommends school-based health centers, one type of SBH program, as an “effective intervention for improving health equity and influencing health and educational outcomes.” SBH programs have many benefits, including improved student health outcomes, continuity of care, and access to health care. They also increase student attendance and graduation rates and decrease dropout rates as well as faculty and staff sick days for those programs who serve them in addition to students. Due to the positive impact of SBH programs, they result in cost savings for state government and the healthcare and education systems.

Letter from the MOSBHA Executive Director

To Missouri school districts & school-based health & mental health providers,

Due to COVID-19, Missouri children and adolescents will likely not be in school again before the start of the 2020/2021 school year. For many who rely on school-based health (SBH) programs, this will lead to months of untreated chronic illness, missed preventive care visits and required vaccinations, and compounded unmet mental health needs as access to these programs has been limited. Many students and staff will also return to school with the added trauma of having lost loved ones and the stress of economic instability within their families.

We also know that COVID-19 will continue to be a threat in many communities when school returns, and SBH programs will have a critical role to play as frontline responders in schools to control further spread. When schools reopen, SBH programs can also provide preventative and routine healthcare related to COVID-19, as well as other key physical, oral, and mental healthcare services for Missouri's most vulnerable youth.

Healthcare programs and schools/districts must develop and maintain a collaborative effort—now more than ever—to address student and school community needs. This document was created to support and foster additional collaboration between existing SBH programs and the school communities they serve as well as encourage school districts and healthcare providers to consider partnerships to address student needs. Our guidance was based on [school reopening guidance provided in the Missouri School Boards' Association's Pandemic Recovery Considerations](#), which we recommend as an additional resource for schools and their SBH program partners.

In addition to planning for the safe reopening of students, we urge you to also prioritize the social/emotional well-being of students through your SBH program efforts as well as support you provide to school district partners. A heightened awareness of and attention to trauma and mental health will be critical as well as diligence to measures to prevent discrimination and stigmatization surrounding COVID-19. Additional focus should be given to crisis response and maintaining fair discipline practices, as students will return to school after several months of disruption in their daily routines.

Please do hesitate to reach out to us as you collaborate to plan for reopening your SBH programs and schools amidst the COVID-19 pandemic.

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Checklist of Considerations for Missouri School-Based Health Programs: Planning for the 2020-2021 School Year

Operations & Physical Space

- **Create and/or adapt protocols for screening for the Coronavirus.**
 - Develop and implement screening questions and temperature check protocols for before students/patients enter the SBH program space.
 - Consider separating sick and well visits to prevent potential spread while still providing preventative and routine care. Solutions may include scheduling sick vs. well appointments for different times of the day or separating sick and well within the clinic space if possible.
 - Create plans for isolation of suspected/symptomatic students. SBH programs with permanent physical space within the school building may also be able to support the school by providing additional space to support isolation measures.
 - Consider who will have access to the center, including parents if accessing to attend an appointment with their child or to take them home.

- **Develop plan for social distancing of students and staff.**
 - Current guidance from the Centers for Disease Control and Prevention recommends maintaining 6 feet of distance between people. Following this guidance, determine flow of traffic through the center.
 - Consider using tape, signs, or other markers to alert students and visitors of where to stand.
 - Consider current staffing within the SBH program space and whether altering schedules or implementing a work-from-home policy for some SBH program staff would help to maintain social distancing.

- **Determine if program will be testing for Coronavirus or referring to testing site.**
 - If referring to testing sites, know when testing sites near your center are open and their testing criteria. Access a list of [Missouri testing sites here](#).
 - If testing within the SBH program, create the appropriate protocols, working closely with your sponsoring agency and school leadership.

- **Evaluate the role of telemedicine in your program.**
 - Consider if your program will provide telemedicine visits if the school district resorts to e-learning again.
 - Consider consent processes for telemedicine visits—confirm you with organization’s legal department what adaptations need to be made to existing consent.
 - For programs who offer telemedicine exclusively, consider infection control/PPE measures for the operator.

- **Understand HIPAA/FERPA and privacy/confidentiality related to COVID-19 reporting, tracking, isolation, risk reduction, etc. etc.**
 - See Appendix A for additional for school district officials as well as Appendix B for additional guidance on HIPAA/FERPA for school nurses and SBH providers during COVID-19.

Infection Control

- **Develop or adapt written protocol for disinfecting the SBH program space using EPA-approved cleaning products.**
 - Follow guidance from the CDC on cleaning and disinfecting in their [Cleaning and Disinfecting Guide](#).
 - A list of EPA approved products is available [here](#).
 - An alternative cleaning solution is bleach solution. Combine 1/3rd cup bleach per gallon of water.
- **Procure adequate PPEs, including masks for staff and students, gloves, and gowns.**
 - Educate staff about use of PPE. Post instructions or infographics as reminders. See Appendix A for detailed recommendations on PPEs.
 - Consider protocols for the conservation of PPEs—see Appendix B for additional guidance on conserving PPEs during COVID-19.
- **Consider updating protocols to address asthma exacerbation without the use of a nebulizer.**
 - Consider the use of MDIs (metered dose inhalers) in place of the use of a nebulizer.
- **Promote prevention of infection including handwashing in the clinic and encourage it throughout the school day.**
 - Several posters/resources for educating about handwashing include the [Stop the Spread Poster](#), [CDC Handwashing Resources](#), and [MODHSS Cover Your Cough and Handwashing Posters](#)

Addressing Student Needs

- **If you do not already screen for these, consider implementing systemic screening for food insecurity and depression.**
 - Prepare resource handouts or work with a community partner to prepare resource guides to assist families in enrolling in Medicaid and SNAP benefits.
 - Determine clinic protocol for screening, scoring, and connecting to resources during patient visits. Screening tools to consider, based on population, include PREPARE, Arizona Self Sufficiency Matrix, and the Healthy Kids Social Service Assessment.
- **Heighten efforts to collect signed parent/guardian consent forms.**
 - Considering that students may need to be seen quickly, consider changes to the process if student w/o consent presents w/ symptoms.

- **Communicate, in partnership with school district partners, the services offered at the school-based site and reiterate enhanced infection control measures to help assure parents/guardians it is safe for students to be seen by the SBH program.**
 - Develop combined communication plan with school leadership. Determine who communicates what and through which communication channels.
 - Consider posting SBH information and updates on district website or social media platforms as appropriate.

Support & Collaboration with School District Partners

- **Collaborate early and often with school administrators and school nurses.**
 - Schedule periodic meetings throughout the summer.
 - Support school district in making decisions related to the school reopening process. It is essential to include all community stakeholders as school and SBH reopening plans are developed to ensure that each organization is following current policies and procedures.
 - Help to establish protocols related to screening and assessing symptoms and the establishment of school cleaning and sanitizing procedures.
 - Review and update the plan on a regular basis to ensure the highest level of success in responding to and meeting the healthcare needs of the students.
 - If possible, support school staff and school nurses with medical supplies such as PPEs and thermometers.
- **Determine health priorities to address student needs.**
 - Given the lapse in care many students will have experienced throughout school closures and COVID-19, discuss with school partners what the school-based health program should prioritize. Immunizations? Mental health? Reproductive health?
- **Review plans for addressing suspected COVID-19 cases of students or staff.**
 - Determine if the SBH program will assist in the determination of suspected cases of COVID-19 or provide a space for student isolation.
 - Discuss who can receive your school-based health services and if it changes given COVID-19—students only, students and staff, community members, etc.?
- **Partner to provide education for school staff on the symptoms of COVID-19.**
 - Help to provide education on the signs and symptoms of COVID-19, when students should be sent to the nurse’s office and/or the SBH program, and precautions to take.
- **Review plans for students in crisis or who are suicidal.**
 - Determine how the SBH program will play a role to support crises.
- **Partner to prepare trainings on trauma-informed practices and resiliency for teachers and SBH program staff.**

- Leverage local trauma-informed practice trainings and resources to prioritize resiliency in responding to student needs.

Community Partnerships

- **Reach out to your local health department as early as possible and determine their role and expectations.**
 - Some local health departments have received additional funding to provide PPEs for local entities such as schools and they will be key partners if they are contact tracing.
- **Consider developing a community-based task force to address student needs and determine what stakeholders should be present.**
 - Key partners to engage may include school leadership, your local health department, parent/teacher organization, or hospital/health system.
- **Collaborate with school social workers and community partners to create resource referral lists (or on-site services) for students and families.**
 - Clearly define roles and responsibilities of SBH staff and school support staff as they relate to addressing student needs.
 - Critical referrals to have ready include mental health resources, food, housing, utility assistance, and employment support/workforce development.

Summary Checklist of Considerations for MO School-Based Health Programs: Planning for the 2020-2021 School Year

✓	Responsible	Task
		Operations & Physical Space
		Create and/or adapt protocols for screening for the Coronavirus.
		Develop a plan for social distancing students and staff.
		Determine if program will be testing for Coronavirus or referring to a testing site.
		Evaluate the role of telemedicine in your program.
		Understand HIPAA/FERPA and privacy/confidentiality related to COVID-19 reporting, tracking, isolation, risk reduction, etc. etc.
		Infection Control
		Develop or adapt written protocol for disinfecting the SBH program space using EPA-approved cleaning products.
		Procure adequate PPEs, including masks for staff and students, gloves, and gowns.
		Consider updating protocols to address asthma exacerbation without the use of a nebulizer.
		Promote prevention of infection including handwashing in the clinic and encourage it throughout the school day.
		Address Student Needs
		If you do not already screen for these, consider implementing systemic screening for food insecurity and depression.
		Heighten efforts to collect signed parent/guardian consent forms.
		Communicate, in partnership with school district partners, the services offered at the school-based site and reiterate enhanced infection control measures to help assure parents/guardians it is safe for students to be seen by the SBH program.
		Support & Collaborate with School District Partners
		Collaborate early and often with school administrators and school nurses.
		Determine health priorities to address student needs.
		Review plans for addressing suspected COVID-19 cases of students or staff.
		Partner to provide education for school staff on the symptoms of COVID-19.
		Review plans for students in crisis or who are suicidal.
		Partner to prepare trainings on trauma-informed practices and resiliency for teachers and SBH program staff.
		Leverage Community Partnerships
		Reach out to your local health department as early as possible and determine their role and expectations.
		Consider developing a community-based task force to address student needs and determine what stakeholders should be present.
		Collaborate with school social workers and community partners to create resource referral lists (or on-site services) for students and families.

Guidance for School Reopening

Resources

- [Pandemic Recovery Considerations: Re-Entry and Reopening of Schools](#) from the Missouri School Board Association's Center for Education Safety includes Missouri-specific considerations for school reopening and is a critical resource for planning.
- The Missouri Department of Health and Senior Services (DHSS) and the Department of Elementary and Secondary Education (DESE) released a document that answers frequently asked questions (FAQs) about K-12 school reopening health-related guidance that is [accessible here](#).
- [Guidance for Preparing a Safe Return to School in Fall 2020](#) from the Centers for Disease Control and Prevention will continuously be updated with national guidance on school reopening.
- The [Return to School Roadmap](#) is informed by best practices in public health and education emergency operations. This interactive guide from The Opportunity Labs provides information on both the school district and individual school levels.
- The National Association of School Nurses has released [several resources](#) providing guidance for school nurses through planning for and returning to school, including [Guidance for Healthcare Personnel on the Use of Personal Protective Equipment \(PPE\) in Schools During COVID-19](#).
- The [Washington University Pediatric and Adolescent Ambulatory Research Consortium](#) and [Children's Mercy Kansas City](#) have both provided resources on reopening schools, including [algorithms for decision-making on screening and assessing COVID-19 in children](#) and [considerations for testing and managing COVID-19 in children](#).

Additional Guidance for School Districts without an SBH Program

- Proactively reach out to local health department to understand how they may be able to help support, including potentially providing PPEs and other supplies.
- Reach out to federally qualified health centers (FQHCs) in your area for potential support. Visit [the Missouri Primary Care Association](#) for a map of FQHCs in Missouri

Appendix A—FERPA COVID-19 CASE GUIDANCE: SCHOOL DISTRICT OFFICIALS

FERPA COVID-19 Case Guidance: School District Officials

FERPA Basics

The [Family Educational Rights and Privacy Act \(FERPA\)](#) are federal laws that protect the confidentiality of records maintained by public schools, including health records. This guidance was created to support **school district officials** in understanding the application of FERPA related to the sharing of information on suspected or confirmed COVID-19 cases. The purpose of this document is to assist school officials in protecting student privacy in the context of COVID-19 as they consider the disclosure of personally identifiable information (PII) from student education records to individuals and entities who may not already have access to that information. School officials should work with their state and local public health officials to determine the information needed to address this public health concern. Understanding how, what, and when information can be shared is a critical part of preparedness. A sister resource [with information on HIPAA & FERPA pertinent to school nurses and school-based health program staff](#) is also available.

NOTE: This guidance should be used to support local decision-making and the development or updating of local policies. It is not intended as legal advice.

Guidance for the Sharing of Records that Fall Under FERPA

When a school district encounters a student with a confirmed or suspected case of COVID-19, there are several audiences with whom the district will want to disclose information related to the sick student.

- Information about the student's condition may need to be shared with the **local health department** (LHD) for the purpose of complying with reporting laws. The Missouri Department of Health and Senior Services 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*.¹ LHDs may also contact a school district for information about a student in order to trace contacts related to suspected or confirmed cases of COVID-19. For example, they could request information such as attendance records, parent/student names, and contact information.
- School districts may feel the need to share information with **parents/guardians** of other students so that they may be aware and take necessary additional precautions to protect their student(s) as well as to prevent inaccurate rumors from spreading.
- **Faculty and school staff** will need to receive information about confirmed or suspected cases to take necessary additional precautions to protect students. Information should only be shared with faculty and school staff on a need to know basis.
- **School-based health program staff** may also need to be made aware of positive or suspected cases, either if students are referred to them with symptoms or to also take necessary additional precautions to protect students and other patients.

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—Guidance for Sharing Records that Fall Under FERPA

Depending on the circumstances, information may be disclosed in the following circumstances:

<p>Information is not personally identifiable.</p>	<p>Information may always be shared as long as a student is not directly or indirectly identified. For example, stating that there has been 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 the one.</p> <p>However, in a smaller district such a statement may not be appropriate in situations where very few students have been absent due to illness. When sharing information about a positive case, disclose the minimum amount of information required by each audience to take the necessary steps to protect themselves. It is often sufficient to release there was a positive case without sharing the student’s name or even classroom.</p>
<p>Parent/guardian (or sometimes student) consent.</p>	<p>If the district obtains written permission from the parent/guardian or eligible student, personally identifiable information about the student may be legally shared under FERPA. A student is “eligible” to consent if the student is 18 or is enrolled in postsecondary education.</p>
<p>A health and safety emergency.</p>	<p>FERPA’s health or safety emergency exception allows for the release of information without signed consent if:</p> <ul style="list-style-type: none"> ○ There is an “articulable and significant threat” to the health or safety of others AND ○ It is necessary to protect the health or safety of the student or other individuals. <p>Thus, if a student tests positive for COVID-19 and the health department needs to contact all of the parents of the students in the same classroom, the school district can share with the health department contact information for those families if there is a current threat to the safety of those students. Although educational agencies and institutions can often address threats to the health or safety of students or other individuals in a manner that does not identify a particular student, FERPA permits educational agencies and institutions to disclose, without prior written consent, PII from student education records to appropriate parties in connection with an emergency, if knowledge of that information is necessary to protect the health or safety of a student or other individuals.</p> <p>Note: If the district uses this exception the information may only be shared with persons who need to know the information to address the threat (i.e., public health officials, trained medical personnel, and parents, including parents of an eligible student) are the types of appropriate parties to whom PII from education records may be disclosed under this FERPA exception. Within a reasonable period of time after a disclosure is made under this exception, an educational agency or institution must record in the student’s education records the articulable and significant threat that formed the basis for the disclosure and the parties to whom information was disclosed. <i>34 C.F.R. § 99.32(a)</i>²</p>

<p>Directory Information and Limited Directory Information</p>	<p>The district can designate some information contained in student records as not harmful or an invasion of privacy if released without signed consent. This is commonly referred to as “Directory Information.” If parents and student are notified of the definition of Directory Information and are given an opportunity to opt out and they do not opt out, then the school can disclose the information to any person without written consent. Directory Information can include some or all of the following information about a student:</p> <p style="padding-left: 40px;">Name, address, phone number, e-mail address, photograph, birthdate, grade level, enrollment status, dates of attendance, participation in activities and sports.</p> <p>If a parent or student has not notified the district that they do not want this information released, the district may legally release this information under FERPA to the health department without parent consent. For 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.</p> <p>Be careful! Just because a student’s name is listed in Directory Information does not mean that the school can announce to anyone the name of the student that tested positive for COVID-19. In the above circumstance, the school is not just releasing a name—it is releasing medical information about the student. Medical information cannot be Directory Information under FERPA because many feel it is an invasion of privacy to release it.</p> <p>Some districts have “Limited Directory Information,” which means that some information can only be released to identified persons or entities – not anyone in the community. For example, many districts only provide the address and phone number of students to governmental entities, not the general public. Before releasing information under the Directory Information exception, read the notice provided to the parents and student very closely to make sure that the district is only releasing information it said it would release.</p>
<p>Employee (or Contractor or Consultant) with a Legitimate Educational Interest</p>	<p>Employees with a legitimate educational interest may access student records even without signed consent. The definition of an “employee” is defined broadly to include contractors, consultants, volunteers, or others that 1) perform a service for which the school would otherwise use an employee, 2) is under the direct control of the school, and 3) that agrees not to redisclose the information unless allowed by law.</p> <p>Note: This includes school-based health (SBH) providers who are providing services within the school. If a school contracted with a health care provider to provide school nursing services, health information contained in a student’s records could be shared with the contracted nurse as long as there was a legitimate educational reason for sharing the information.</p>

Other Recommendations for FERPA & COVID-19 Cases

- Make all disclosures of information on a case-by-case basis based on the current situation.
- School districts, in planning for school reopening, may consider developing and collecting signed consent forms delineating when, what, and to whom student information will be shared related to COVID-19.
- When sharing information about a positive case, disclose the minimum amount of information required by each audience to take the necessary steps to protect themselves. It is often sufficient to release there was a positive case without sharing the student's grade, classroom, or building.
- Document, in the student record, when information is released, to whom, and for what purpose.²
- Even when it is legal to disclose information in a student record, the district must be careful to only do so when necessary and to protect students against discrimination or bullying that may result from the disclosure.

Schools w/ School-Based Health Program Partners

If the school or district in partnership with a school-based health (SBH) program, whose records typically adhere to the [Health Insurance Portability and Accountability Act \(HIPAA\)](#), becomes aware of a student with a confirmed or suspected case of COVID-19, information about this student may need to be shared with the school community.

Generally, information stored in the student's educational record must be protected in accordance with FERPA, whereas HIPAA protects the privacy of patient health information held by healthcare providers. **The two laws cannot apply to the same record at the same time.** To determine whether records in a school environment are subject to FERPA or HIPAA, consider the source of the information.

- FERPA applies to personally identifiable student records maintained by schools or education institution that receive federal funding, such as those records maintained by a school nurse.
- HIPAA 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 federally qualified health center, hospital/health system, or local health department.

Both HIPAA and FERPA allow for the disclosure of records, or information contained in those records, to a third party in a variety of circumstances. However, the easiest and best method under both HIPAA and FERPA is to obtain written consent from a parent or guardian of a student. In some circumstances the student themselves can consent to releasing the records. Under FERPA the student must be 18 or enrolled in a post-secondary institution. Under HIPAA the student must be 18 or otherwise eligible to consent under state law. **Many school districts and healthcare providers co-develop a HIPAA/FERPA compliant consent form.** The form stipulates what information will be shared with whom and is required to be signed, along with a consent to treat, before a student is eligible to receive SBH services.³

Key Considerations for Navigating HIPAA/FERPA with COVID-19 Cases

- School districts should work in collaboration with their SBH providers for any communication to students, parents, teachers, and the community to assure streamlined, joint messaging. SBH providers

and their school districts may also have agreements related to communication in their memorandum of understanding (MOU), which should always be followed.

- Like FERPA, HIPAA allows for the release of information without signed consent for the purpose of public health, including to public health authorities and to persons at risk of contracting or spreading disease.
- Information should only be disclosed as necessary to prevent or control the spread of the disease and only the minimum necessary information should be shared.

References

1. Missouri Register (2020). COVID-19 Emergency Amendment and Waivers of Administrative Rules. Retrieved from <https://www.sos.mo.gov/CMSImages/AdRules/moreg/2020/v45n5Mar2/v45n5a.pdf>
2. U.S. Department of Education (2018). Family Educational Rights and Privacy Act (FERPA). Retrieved from <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
3. Gudeman, R. (2018). HIPAA or FERPA? A Primer on Sharing School Health Information in California, 2nd Edition - National Center for Youth Law. Retrieved from <https://youthlaw.org/publication/hipaa-or-ferpa-a-primer-on-sharing-school-health-information-in-california-2nd-edition/>

Additional Resources

- [Student Privacy During the COVID-19 Pandemic](#) from the School Superintendents Association and Future of Privacy Forum
- [FERPA & Coronavirus Disease 2019 \(COVID-19\) Frequently Asked Questions](#) from the U.S. Department of Education
- [FERPA and COVID-19 Virus DOE Guidelines](#) from the National Law Review

This resource was developed by the Show-Me School-Based Health Alliance’s HIPAA/FERPA Workgroup.

*The **Show-Me School-Based Health Alliance of Missouri** is the statewide affiliate of the National School-Based Health Alliance. We support communities in building and sustaining quality school-based health programs.*

Our vision is that every child and youth in Missouri has an equal opportunity to success by assuring access to high-quality health care.

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Appendix B—HIPAA/FERPA COVID-19 CASE GUIDANCE: SCHOOL NURSES & SCHOOL-BASED HEALTH PROGRAM STAFF

HIPAA/FERPA COVID-19

Case Guidance:

School Nurses & School-Based Health Program Staff

About This Guidance

The [Health Insurance Portability and Accountability Act \(HIPAA\)](#) and the [Family Educational Rights and Privacy Act \(FERPA\)](#) are federal laws that protect privacy and confidentiality that apply in school-based health (SBH) settings. This guidance was created to support **school nurses** and **school-based health program providers** in understanding the application of these policies related to the sharing of information on suspected or confirmed COVID-19 cases.

NOTE: This guidance should be used to support local decision-making and the development or updating of local policies. It is not intended as legal advice.

HIPAA vs. FERPA: The Basics

Generally, information stored in the student's educational record must be protected in accordance with FERPA, whereas HIPAA protects the privacy of patient health information held by healthcare providers. **The two laws cannot apply to the same record at the same time.** To determine whether records in a school environment are subject to FERPA or HIPAA, consider the source of the information.

- FERPA applies to personally identifiable student records maintained by schools or education institution that receive federal funding, such as those records maintained by a school nurse.
- HIPAA 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 federally qualified health center, hospital/health system, or local health department.

Both HIPAA and FERPA allow for the disclosure of records, or information contained in those records, to a third party in a variety of circumstances. However, the easiest and best method under both HIPAA and FERPA is to obtain written consent from a parent or guardian of a student. In some circumstances the student themselves can consent to releasing the records. Under FERPA the student must be 18 or enrolled in a post-secondary institution. Under HIPAA the student must be 18 or otherwise eligible to consent under state law. **Many school districts and healthcare providers co-develop a HIPAA/FERPA compliant consent form.** The form stipulates what information will be shared with whom and is required to be signed, along with a consent to treat, before a student is eligible to receive SBH services.¹

Given the unique circumstance of COVID-19, school nurses and school-based health program providers should include discussions around HIPAA/FERPA and the sharing of information related to COVID-19 cases as part of their planning for the 2020/2021 school year. Understanding how, what, and when information can be shared is a critical part of preparedness.

Guidance for Records that Fall Under FERPA

As the school nurse, if you encounter a student with a confirmed or suspected case of COVID-19, there are several audiences who may need to know information about the sick student or who may ask questions if they hear of the case. Work with your school and district leadership to establish policies related to each group, including the following:

<p>Local Health Departments</p>	<p>Information about the student’s condition may need to be shared with the local health department (LHD) for the purpose of complying with reporting laws. The Missouri Department of Health and Senior Services has added COVID-19 to the list of conditions both schools and health care providers must report under state regulation. <i>19 CSR 20-20.020.</i>²</p> <p>LHDs may also contact a school district for information about a student in order to trace contacts related to suspected or confirmed cases of COVID-19. For example, they could request information such as attendance records, parent/student names, and contact information. Establish a protocol for responding to LHD inquiries to your school, working closely with school leadership and your community’s LHD.</p>
<p>Parents/Guardians</p>	<p>School districts may feel the need to share information with parents/guardians so that they may be aware and take necessary additional precautions to protect their student(s) and to prevent inaccurate rumors from spreading. All instances of sharing information with parents/guardians should be made in close partnership with school leadership.</p>
<p>School-Based Health Program Staff</p>	<p>School-based health program staff may also need to be made aware of positive or suspected cases, either if students are referred to them with symptoms or to also take necessary additional precautions to protect students and other patients. Existing MOUs between SBH programs and your school district may already delineate how health information is shared between partners. Information should only be shared with SBH program staff on a need to know basis and should always follow the stipulations of the MOU. In preparation for the 2020/2021 school year, include discussions about sharing information related to confirmed or suspected case of COVID-19 with your SBH program partners.</p>
<p>Faculty and School Staff</p>	<p>Faculty and school staff will need to receive information about confirmed or suspected cases to take necessary additional precautions to protect students. School administration can also expect staff to raise questions to each other. Information should only be shared with faculty and school staff on a need to know basis. Plan with school leadership how you will communicate information to confirmed or suspected cases and how you will respond to questions to ensure student confidentiality is protected.</p>

Before the district shares information about a personally identifiable student that is contained in a student record maintained by the district, the district must make sure that it can legally disclose the information.

Reference [FERPA COVID-19 Case Guidance for School District Officials here](#) to understand applicable FERPA exceptions for legally disclosing COVID-19 cases.

Key Recommendations

- Make all disclosures of information on a case-by-case basis based on the current situation.
- Information may always be shared as long as a student is not directly or indirectly identified. When sharing information about a positive case, disclose the minimum amount of information required by each audience to take the necessary steps to protect themselves. It is often sufficient to release there was a positive case without sharing the student's name or even classroom, always considering the release of information on a case-by-case basis to consider to whom information is being shared and for what purpose.
- School districts, in planning for school reopening, may consider developing and collecting signed consent forms delineating when, what, and to whom student information will be shared related to COVID-19. Discuss this option with school leadership
- When sharing information about a positive case, disclose the minimum amount of information required by each audience to take the necessary steps to protect themselves. It is often sufficient to release there was a positive case without sharing the student's grade, classroom, or building.
- Document, in the student record, when information is released, to whom, and for what purpose.³
- Even when it is legal to disclose information in a student record, the district must be careful to only do so when necessary and to protect students against discrimination or bullying that may result from the disclosure.

Records that Fall Under HIPAA

If the SBH program, whose records typically must adhere to HIPAA, becomes aware of a student with a confirmed or suspected case of COVID-19, information about this student may need to be shared with the school community.

Sharing Information with School Districts

The primary audience for SBH programs to share information related to confirmed or suspected cases of COVID-19 is the school district, including school nurses, district leadership, and staff/teachers. Under HIPAA, it is generally easier to share student-related health information with the school district than the other way around—entities covered under HIPAA may disclose information as necessary to treat the patient and in order to prevent or control the spread of disease.⁴ SBH program providers should adhere to existing agreements with their district partner in terms of information they may share with their school district partners.

Key Recommendations

- For SBH providers, all communication to students, parents, and teachers should be approved by their school district partners before disseminating. This will assure streamlined, joint messaging. SBH providers and their school districts may also have agreements related to communication in their memorandum of understanding (MOU), which should always be followed.
- Like FERPA, HIPAA allows for the release of information without signed consent for the purpose of public health, including to public health authorities and to persons at risk of contracting or spreading disease.
- Information should only be disclosed as necessary to prevent or control the spread of the disease and only the minimum necessary information should be shared.

References

1. Gudeman, R. (2018). HIPAA or FERPA? A Primer on Sharing School Health Information in California, 2nd Edition - National Center for Youth Law. Retrieved from <https://youthlaw.org/publication/hipaa-or-ferpa-a-primer-on-sharing-school-health-information-in-california-2nd-edition/>
2. Missouri Register (2020). COVID-19 Emergency Amendment and Waivers of Administrative Rules. Retrieved from <https://www.sos.mo.gov/CMSImages/AdRules/moreg/2020/v45n5Mar2/v45n5a.pdf>
3. Reddy, A., & Vance, A. (2020). Student Privacy During the COVID-19 Pandemic. Retrieved from [https://aasa.org/uploadedFiles/AASA_Blog\(1\)/COVID-19%20Student%20Privacy%20FAQs%2003-20-2020.pdf](https://aasa.org/uploadedFiles/AASA_Blog(1)/COVID-19%20Student%20Privacy%20FAQs%2003-20-2020.pdf)
4. Services, U. S. D. o. H. a. H. (2020). COVID-19 & HIPAA Bulletin Limited Waiver of HIPAA Sanctions and Penalties During a Nationwide Public Health Emergency. Retrieved from <https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>
5. Missouri Register, (2020). COVID-19 Emergency Amendment and Waivers of Administrative Rules. Retrieved from <https://www.sos.mo.gov/CMSImages/AdRules/moreg/2020/v45n5Mar2/v45n5a.pdf>

Additional Resources

- [Student Privacy During the COVID-19 Pandemic](#) from the School Superintendents Association and Future of Privacy Forum
- [FERPA & Coronavirus Disease 2019 \(COVID-19\) Frequently Asked Questions](#) from the U.S. Department of Education
- [FERPA and COVID-19 Virus DOE Guidelines](#) from the National Law Review

This resource was developed by the Show-Me School-Based Health Alliance’s HIPAA/FERPA Workgroup.

*The **Show-Me School-Based Health Alliance of Missouri** is the statewide affiliate of the National School-Based Health Alliance. We support communities in building and sustaining quality school-based health programs.*

Our vision is that every child and youth in Missouri has an equal opportunity to success by assuring access to high-quality health care.

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Appendix C—COVID-19 PERSONAL PROTECTIVE EQUIPMENT BY RESPIRATORY PROTECTION TYPE

COVID-19 Personal Protective Equipment by Respiratory Protection Type*

Facemask or Cloth Face Covering Recommended

Any team member not interacting with patients or with limited public interactions should wear masks or cloth face coverings if six feet of social distance cannot be maintained. Wear gloves only if there's possible exposure to body fluids.



Examples: Office-based worker with no patient contact and minimal public interactions

Isolation Mask Recommended

Any team member interacting with patients who are negative for COVID-19 or any team member with significant public interaction are encouraged to wear isolation mask and gloves (only if possible exposure to body fluid).



Isolation Mask Highly Recommended

Any team member participating in the care of patients who are positive for COVID-19 or with patients with respiratory symptoms where diagnosis not established, must wear isolation mask, eye protection, gown and gloves.

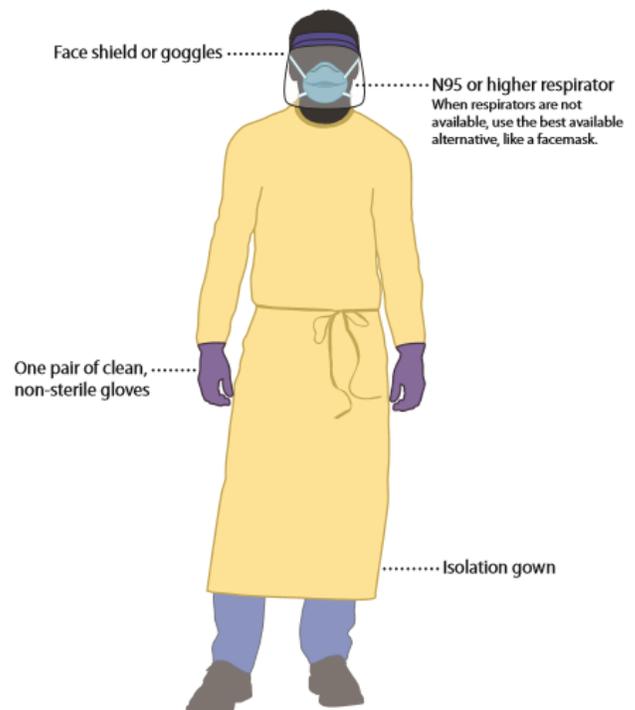
N95 Respirator Highly Recommended

Any team member participating in the care of patients who are positive for COVID-19 or patients under investigation (PUI) for COVID-19 that are having aerosol-generating procedures or other procedures of concern should wear an N95 respirator/PAPR/CAPR, eye protection, gown and gloves.

Examples: nebulizer therapy, high flow oxygen therapy, BiPAP or CPAP, suctioning, bronchoscopy, intubation, CPR

N95 respirators may also be used at the point of patient's first contact with the health system when judged appropriate by care providers, including initial evaluation of patients.

*Adapted from guidance provided by BJC HealthCare and Washington University Physicians. Images adapted from [How to Make Cloth Face Coverings](#), [Sequence for Putting on Personal Protective Equipment \(PPE\)](#), and [COVID-19 Personal Protective Equipment \(PPE\) for Healthcare Personnel](#) from the Centers for Disease Control and Prevention.



**Appendix D—RECOMMENDATIONS FOR THE CONSERVATION OF PPE DURING COVID-19
OUTBREAK FROM ESSE HEALTH**



Recommendations for the conservation of PPE during COVID-19 outbreak

Gowns

- Use a risk-based approach to prioritize the use of isolation gowns
- Consider alternatives – non-sterile surgical gowns and/or aprons
 - during patient care where splashes and sprays are anticipated, including aerosol-generating activities (e.g., nebulizer use)

Surgical facemasks

- Extend use where applicable
 - Staff continues wearing the same isolation masks between close contact encounters with several different patients, without removing the isolation mask between patient encounters.
 - Minimize unnecessary contact with the surface of the isolation mask, strict adherence to hand hygiene practices, and proper PPE donning and doffing technique.
 - Do not pull the isolation mask down around his neck or place on top of the head between patient encounters.
 - Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the isolation mask.
- Discard isolation mask if
 - Visibly soiled
 - Moist or wet
- Process for reusing
 - write first and last name and date of first use on a paper bag
 - after use, remove surgical mask per standard doffing sequence
 - If the facemask is NOT visibly soiled, torn or saturated, place on a paper towel, exterior side down.
 - Fold the paper towel with mask and place it in the pre-labeled bag for reuse.
 - Discard the mask if visibly soiled, moist, or wet.
 - To reuse, inspect the mask for damage. If not damaged, follow the below steps:
 - Perform hand hygiene
 - Retrieve mask from the bag and put on
 - Perform hand hygiene
 - Finish donning PPE as applicable
 - Perform hand hygiene anytime mask is touched

N95 respirator

- N95 respirators may be used by providers (Physicians and Advanced Practice Providers) that are in close contact with patients for greater than 5 minutes at a time.
- Respirators are to be used by the personnel involved with aerosol-generating procedures (e.g., nebulizer treatments).
- Extend use where applicable

- Staff continues wearing the same N95 between close contact encounters with several different patients, without removing the N95 between patient encounters.
- Minimize unnecessary contact with the surface of the N95, strict adherence to hand hygiene practices, and proper PPE donning and doffing technique.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the isolation mask.
- Reuse where applicable. A single wearer must only reuse N95 respirators.
- Discard N95 respirators if
 - Visibly soiled
 - Moist or wet
 - Following use during aerosol generating procedures
- Process for reusing
 - write first and last name and date of first use on a paper bag
 - after use, remove surgical mask per standard doffing sequence
 - If the facemask is NOT visibly soiled, torn or saturated, place it in the pre-labeled bag for reuse.
 - Discard the mask if visibly soiled, moist, or wet.
 - To reuse, inspect the mask for damage. If not damaged, follow the below steps:
 - Perform hand hygiene
 - Retrieve N95 from the bag and put on. Ensure a proper fit.
 - Perform hand hygiene
 - Finish donning PPE as applicable
 - Perform hand hygiene anytime N95 is touched
- Discard any N95 that is damaged or becomes hard to breathe through.
- Pack or store N95 masks between uses so that they do not become damaged or deformed.

Goggles/Eye Protection

- Touch goggles with clean hands only.
- Disinfect goggles after each patient encounter with alcohol or other disinfectant wipes.
- Store in a way to prevent contamination until next use.

References

BJC – Recommended Conservation Strategies as of April 8th, 2020.

Ask the expert: N95 respirator reuse. OSHA Healthcare Advisor. <http://blogs.hcpro.com/osha/2009/05/ask-the-expert-n95-respirator-reuse/>

CDC - Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings. <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

Updated 4/19/2020

Appendix E—MOSBHA CALLS FOR HEIGHTENED AWARENESS & PRIORITIZATION OF STUDENT MENTAL HEALTH

MOSBHA Calls for Heightened Awareness & Prioritization of Student Mental Health

Mental Health Needs of Missouri Children and Youth

Prior to COVID-19, youth mental health was already a major concern for Missouri educators & caregivers, with 24% of Missouri children reported to have one or more emotional, behavioral, or developmental condition during the 2017-2018 school year according to [Kids Count](#). Many students receive mental & behavioral health services through school-based mental health programs; nationally, [according to research presented by the National School-Based Health Alliance](#), 70% of children who receive mental health services access those services at school.

With school closures beginning in mid-March 2020 and extending through the end of the 2019-2020 school year, access to services previously received during school hours has essentially ceased. Given the unique combination of the public health crisis, social isolation, and economic recession, [as expanded upon in a recent JAMA Pediatrics article](#), the COVID-19 pandemic will likely worsen existing mental health problems and lead to more cases among children and adolescents.

Further, students, as well as teachers and staff, who may have suffered the loss of family members and loved ones as well as significant changes to life circumstances due to COVID-19, will return to school dealing with grief. The stress associated with this virus may understandably increase worry and anxiety in our students, staff, families, and communities.

Role of School-Based Health Programs

School-based mental health programs (SBMHP) are in a critical role to respond to the mental health needs of children and adolescents exacerbated by COVID-19. SBMHPs, typically sponsored by community mental health centers (CHMCs) or federally qualified health centers (FQHCs), provide a continuum of support for students, including prevention and promotion curriculum, family and group psychoeducation and therapy programs, and individualized counseling & therapy.

Other types of school-based health (SBH) programs, such as school-based health centers and telehealth programs, are also in a position to address mental health needs exacerbated by COVID-19. These programs often have staff with trauma training and address holistic student needs through referrals and wraparound services, both of which may be further leveraged to support students.

What Schools & SBH Providers Can Do: Student Mental Health

- Prioritize addressing mental health needs by convening all stakeholders early & often.
- Define common goals between all partners & streamline efforts to reduce duplication of efforts.
- Leverage the resources and expertise of all partners to create a holistic & multi-tiered response.
- Address the mental health & well-being of teachers & staff, in addition to students.

What You Can Do—Guidance for School and School-Based Health Program Partners

The Alliance's vision is that **every child and youth in Missouri has an equal opportunity to succeed** by assuring access to high quality health and mental health care. Educators and healthcare providers—now more than ever—can leverage their cross-sector partnerships to address the heightened need of our students. To

that end, we have provided the below guidance and resources for you to use and share with others in your networks.

- **Prioritize addressing mental health needs by convening all stakeholders early and often in preparation for the 2020/2021 school year.**
 - Critical stakeholders may include SBH program partners, school nurses, school counselors or social workers, school leadership, teachers, parents, and students. It is important to include as many voices as possible to understand the mental health needs, as well as existing resources and supports, unique to each school and community.
 - If you have not previously worked with a community mental health center, they may be able to support by providing training, expertise, or resources as well as accept referrals. The MO Department of Health has a map of community mental health centers – [access here to find a provider in your area](#).

- **Define common goals between all partners and streamline efforts to reduce duplication of efforts.**
 - Include messaging to address mental health needs in school’s reentry communication plan to ensure consistent messages. The [Missouri School Boards’ Association’s Pandemic Recovery Guidance](#) includes extensive guidance on developing an effective communications procedure.
 - The National Association of School Psychologists and the American School Counselor Association developed [a guide on school reentry considerations and supporting student social and emotional learning \(SEL\) amidst COVID-19](#) which may be helpful in determining priorities. CASEL also developed [a guide to leverage SEL](#) in preparation for school reopening.

- **Leverage the resources and expertise of all partners to create a holistic and multi-tiered response to mental health needs.**
 - Consider providing youth mental health first aid (YMHFA) to school staff and educators to understand common mental health challenges for youth and how to assist them. The [Center for Education Safety at the MSBA provides YMHFA](#) to all Missouri schools at no cost.
 - SBH programs who did not previously provide mental health services in the school setting should explore leveraging their sponsoring organization’s mental health resources to refer students to increase access to mental health care.
 - SBH programs have a critical opportunity to support the schools they serve in their crisis management efforts, such as ensuring that all communications and services provided to students and parents are developed and disseminated with a trauma-informed lens.
 - Plan for conducting ongoing behavior/mental health monitoring and assessment for the school community. [See example screening form and questions here](#).
 - SBH programs and school staff can work together to develop and provide educational materials on loss and coping with stress for families, staff, and parents. The National Association of School Psychologists provides [tips for teachers and administrators](#) on addressing grief.
 - SBH providers can support school faculty and staff in identifying families in need of long-term physical and mental health support and intervention.

- **Address the health and well-being of teachers and staff, in addition to students, to support an environment of mental wellbeing.**
 - Schools and/or SBH programs can work together to provide counseling support services available to faculty and staff via Employee Assistance Programs that are available.
 - The SBH program can support schools to provide information to staff on signs and symptoms of mental health issues or crisis to observe in themselves and in students.

Mental Health Resources

DISASTER DISTRESS HELPLINE
Phone: 1-800-985-5990
Text: "TalkWithUs" to 66746
Website: <https://dmh.mo.gov/disaster-services>

THE CRISIS TEXT LINE
Text: MOSAFE to 741741
Website: <https://www.crisistextline.org/>

NATIONAL SUICIDE PREVENTION LIFELINE
Phone: 1-800-273-TALK (8255)
Website: <https://suicidepreventionlifeline.org/>

The graphic is a red rectangular box with white text. It is titled "Mental Health Resources" at the top left. Below the title, there are three sections of information, each with a bold heading and contact details. The first section is "DISASTER DISTRESS HELPLINE" with phone, text, and website information. The second section is "THE CRISIS TEXT LINE" with text and website information. The third section is "NATIONAL SUICIDE PREVENTION LIFELINE" with phone and website information. The box is set against a light gray background with a black bar at the bottom.