Use of lists containing multiple students with their health condition information is not supported by the basics of NPAs and protection of confidentiality responsibility of the professional nurse. In addition, as seen below, FERPA prohibits improper disclosure. Lists put the information at risk for sharing with those without "legitimate educational interest" in that they can be copied and distributed outside of the nurse's control, at risk if subpoenaed. It has been an acceptable practice for years but still comes up.

FERPA does not protect the confidentiality of information in general. FERPA **prohibits the improper disclosure of information contained in the education record.** FERPA does not apply to one's opinions or observations unless it is entered into the record. However, you must consider the fact that confidentiality of facts learned in the course of your nursing duties may be required by the virtue of your nursing license.

It is not enough to give a list with diagnosis'. The RN must give instructions of what to do (if you see this : do this) . So a Care Plan is necessary. I provide an individual Care Plan for each student to those staff with a need to know. I send one student Care Plan in a email BCC to each staff with the need to know. Depending on the grade and student activities, that is usually one email to class teacher, specialist (art, music, language, etc) and Athletics (the AD who communicated to the coaches and PE staff). I request they keep it confidential, not to make copies, to make it available to subs. I suggest they create a folder on their desktop with all of them in it. Remember, not all students have special needs so as in your example, your AD isn't getting 400 students information but only the number of students with special needs. For most teachers, they end up getting between 3 - 8 emails on average. Even if it more, it is not cumbersome to move the attached Care Plan to a folder.

For the Heads of Divisions (lower, middle, upper) I sit down with them and do it verbally for their entire division. They take notes and they are allowed to make their own list. I also cc them on all ECP. They understand the list is for their personal use and they may not distribute it to their staff. I have become aware of division heads creating a list for their entire division and distributing it to all. I can't do much about that other than point out the regulations and possible consequences. But if I did it correctly then I can't be held responsible or at risk.

As part of our Crisis Plan, every class in middle and lower school, have a emergency GO Bag with the required emergency medications along with a copy of the Care Plan (making the information additionally available and accessible). This can be pointed out to the substitute to look at and review so they are informed. Upper school students are required to carry their medications on them and they also have a copy of the Care Plan to keep in bag with medication.

Staff are required to notify the school nurse 2 weeks in advance of any class trip or after school activities. I review the list of students attending and if there are students with special needs, they are asked to come to the Health Office. I review the list and review their training.

All of this seems cumbersome but I find it is actually streamline, gives me the control I need, and documents the communication.

When a student is having a problem I don't believe staff think "that's an asthmatic". I also don't want the situation where they may think "that student isn't on the list so this isn't serious". I want staff to recognize emergencies and know what do to regardless of a diagnosis that puts the student on a list. I provide ALL staff with information about basic signs, symptoms and response they need to be aware of for breathing, allergy, seizure, bleeding, head injury, etc. ; so they are empowered regardless of any know diagnosis.

Additional info on FERPA and student privacy.

National Forum on Education Statistics (2006). Forum Guide to the Privacy of Student

Information: <u>A Resource for Schools (NFES 2006-805</u>). U.S. Department of Education, Washington, DC, National Center for Education Statistics.

National Association of School Nurses, <u>Issue Brief - Privacy Standards for</u> <u>Student Health Records, 2004</u>.