



Asthma and Allergy Policies for Schools

www.StateHonorRoll.org



A Report by the

Asthma and Allergy
Foundation of America

8201 Corporate Drive, Suite 1000
Landover, MD 20785
1-800-7-ASTHMA
info@aafa.org



Contents

EXECUTIVE SUMMARY	6
DOES YOUR STATE MAKE-THE-GRADE? (MAP)	8
CHART 1: <i>2015 State Honor Roll – Performance on Core Policy Standards</i>	9
CHART 2: <i>2015 Performance of All States on Core Policy Standards</i>.....	10
CHART 3: <i>2015 Performance of All States on Extra Credit Indicators</i>	12
INTRODUCTION.....	14
METHODOLOGY.....	19
TABLE OF AAFA'S POLICY STANDARDS	23
FINDINGS.....	25
RECOMMENDATIONS.....	34
STOCKING EPINEPHRINE IN SCHOOLS – STATE LAWS IN 2015 (MAP).....	38
SPOTLIGHT ARTICLE I: <i>Implementating Epinephrine Stocking Laws</i>.....	38
SPOTLIGHT ARTICLE II: <i>Entity Laws Aim to Protect Beyond School</i>.....	43
STATE PROFILES	46
ALABAMA.....	46
ALASKA.....	48
ARIZONA.....	49
ARKANSAS.....	51

CALIFORNIA..... 53

COLORADO..... 55

CONNECTICUT 57

DELAWARE 59

DISTRICT OF COLUMBIA 61

FLORIDA..... 63

GEORGIA..... 65

HAWAII 67

IDAHO..... 69

ILLINOIS 71

INDIANA 73

IOWA..... 75

KANSAS 77

KENTUCKY 78

LOUISIANA 80

MAINE..... 82

MARYLAND 84

MASSACHUSETTS..... 86

MICHIGAN..... 88

MINNESOTA..... 90

MISSISSIPPI..... 92

MISSOURI..... 94

MONTANA..... 96

NEBRASKA..... 98

NEVADA 100

NEW HAMPSHIRE 102



NEW JERSEY.....	104
NEW MEXICO	106
NEW YORK.....	108
NORTH CAROLINA.....	110
NORTH DAKOTA.....	112
OHIO	113
OKLAHOMA.....	115
OREGON.....	117
PENNSYLVANIA.....	119
RHODE ISLAND.....	121
SOUTH CAROLINA.....	123
SOUTH DAKOTA.....	125
TENNESSEE	126
TEXAS	128
UTAH.....	130
VERMONT.....	132
VIRGINIA.....	134
WASHINGTON.....	136
WEST VIRGINIA	138
WISCONSIN	141
WYOMING.....	143

Acknowledgements

The Asthma and Allergy Foundation of America (AAFA) produced this report. Its primary author, Charlotte W. Collins, JD, oversaw data collection and analysis. Meryl Bloomrosen, MBA, MBI, reviewed, edited and produced the report. Mike Tringale, MSM, Sarah Young, MPH, and Larissa Kaczaniuk assisted in its production. The following individuals from the Health Policy & Management Department of the Milken Institute of Public Health of the George Washington University, under the supervision of Katherine Horton, RN, MPH, JD, conducted the primary research: Xavier Hardy, Rosalind Fennell, Molly Benoit, and J. Alison Alfer.

AAFA also acknowledges with appreciation support, including an unrestricted educational grant from Mylan Specialty Pharma, L.P., Genentech, Inc. and individual donations from patients, families and supporters.

Disclaimer

AAFA prepared this report and is responsible for its content. The statements and views expressed in this study are solely the responsibility of AAFA and do not necessarily represent the positions, views or approaches of Mylan Specialty Pharma, L.P., or Genentech, Inc.

The text, data for the indicators and assessment of states are current, to the best of AAFA's knowledge, as of April 15, 2015. Recent legislative actions may alter the material, assessment and conclusions. This report does not constitute medical or legal advice. Before relying on this report to assess the status of policies in a specific school, school system, school district, state subdivision or state, check with an appropriate professional. AAFA will endeavor to offer updated resource information on www.StateHonorRoll.org.

About the Asthma and Allergy Foundation of America (AAFA)

AAFA is a not-for-profit organization dedicated to improving the quality of life for people with asthma and allergies through education, advocacy and research. The mission of the Kids With Food Allergies (KFA) Division of AAFA is to improve the day-to-day lives of families raising children with food allergies and empower them to create a safe and healthy future for their children. For more asthma and allergy statistics or support, visit www.aafa.org, or call toll-free 1-800-7-ASTHMA.

For additional information or to speak with AAFA about report content or to arrange an interview with an AAFA spokesperson or other asthma/allergy expert, contact:

AAFA's Department of External Affairs
202-466-7643 x248
info@aafa.org

EXECUTIVE SUMMARY

Asthma and allergies have a profound impact on American children. Asthma is the leading cause of school absences due to a chronic illness, accounting for about 10.5 million missed school days each year. About one in ten children in the US (6.8 million) have asthma with over four million annual asthma attacks and 218 reported deaths among children in 2013. Approximately \$56 billion dollars in direct and indirect costs and productivity are lost to childhood asthma each year. Six million school-aged children have food allergies putting them at risk for anaphylaxis, the most severe form of allergic reaction. In addition, an estimated ten million have other allergic diseases such as nasal and skin allergies. Each year, AAFA identifies a comprehensive list of policies covering medication, access to care and the school environment, and then reviews state statutes to assess how each state's legislation compares to the baseline standards.

The 2015 Honoree States

We have named fourteen states¹ to AAFA's **2015 State Honor Roll™ of Asthma and Allergy Policies for Schools** (www.StateHonorRoll.org) with six of them remaining on the list since our first report in 2008. These states have exhibited consistent leadership in developing comprehensive statewide school policies that address the needs of students with asthma, food allergies, and other related allergic diseases. Policy makers, parents, caregivers and families, school administrators and personnel, and health professionals should look to these states as models.

The 2015 State Honor Roll list includes (in alphabetical order):

- **Connecticut**
- **Delaware**
- **District of Columbia**
- **Illinois**
- **Indiana**
- **Massachusetts**
- **Mississippi**
- **New Jersey**
- **New Mexico**
- **North Carolina**
- **Rhode Island**
- **Vermont**
- **Washington**
- **West Virginia**

The goal of AAFA's 2015 State Honor Roll report is to provide a blueprint for advocates and policymakers to address and improve public policies that support the needs of students with asthma, food allergies, and other related allergic diseases in public elementary, middle and high schools.

¹ The District of Columbia, while not a state, enacts and administers laws for the Washington, DC Public School System similar to those AAFA reviews and assesses in the 50 states. For the sake of simplifying terminology in this report, we may refer to DC under the general umbrella of "states."

What's New in the 2015 Report

Four states – *Delaware, Illinois, New Mexico, and North Carolina* – achieved Honor Roll status for the first time and one – *Indiana* – resumed its place on the list after a one-year absence.

Momentum surged as states authorized schools to keep medications on hand to treat severe allergic reactions. Almost all states now allow this critical, potentially life-saving measure, and ten states now require that schools keep epinephrine auto-injectors on hand.

All states now allow pupils the right to carry and use their anaphylaxis and asthma inhaler medications while at school. In 2014, New York became the last state to require schools to allow pupils to carry and use anaphylaxis medications on themselves at school.

States' commitment to increase school nursing ratios continues to lag, leaving this burden to local school districts. Most schools do not have access to a full time nurse; one in four schools have no school nurse coverage. Noteworthy progress occurred when a metropolitan school district in North Carolina succeeded in putting a nurse in every school. New laws for stocking epinephrine auto-injectors mean little until the law is implemented. Such implementation requires practices for training personnel, approaches for recognizing symptoms and administering medication in accordance with state law.

Beyond anaphylaxis related medication policies, states have done little to improve school policies in recent years. The exception is Mississippi, which in 2014 passed a comprehensive bill of protections for children with asthma and severe allergies, including allowing schools to stock epinephrine auto injectors and recommending indoor air quality policies for schools. This law expressed six of our core policy standards. Mississippi advocates ably demonstrated the persistence needed to get a strong model law enacted.

The trend to ban tobacco use at schools and on school buses seems to have tapered off with no new statewide laws in this area. Most states already limit smoking on campus and at non-school areas where students are present, such as school-sponsored events. Few states fund tobacco cessation programs for school students and staff.

About AAFA's School Policy Standards

AAFA assesses state-level school policies because of the potential to affect students uniformly throughout the state, although AAFA recognizes that policy implementation may vary within a state. AAFA research and policy experts, in consultation with leaders in the fields of medicine, education and advocacy, identified 23 “core policy standards” grouped into three broad categories related to asthma and allergies. Researchers determined which states had the 23 core policy standards in place and considered these states to be at the forefront of asthma and allergy school health. States with a minimum of 18 of the 23 policy standards in place were named Honor Roll states. AAFA recognizes these states as good models for policymakers, administrators, teachers, parents and advocates in other states.

The full report presents the methodology, findings, performance of all 50 states on core policy standards and “extra credit” indicators, highlights of 2015 State Honor Roll and profiles of all 50 states and the District of Columbia.

DOES YOUR STATE MAKE-THE-GRADE?

This map shows the fourteen states named to the Asthma and Allergy Foundation of America's (AAFA) report, **2015 State Honor Roll™ of Asthma and Allergy Policies for Schools**. To download the full report, get additional information on policies that promote and protect people with asthma and allergies, and find more resources and support, visit www.StateHonorRoll.org.

2015 AAFA Honor Roll States

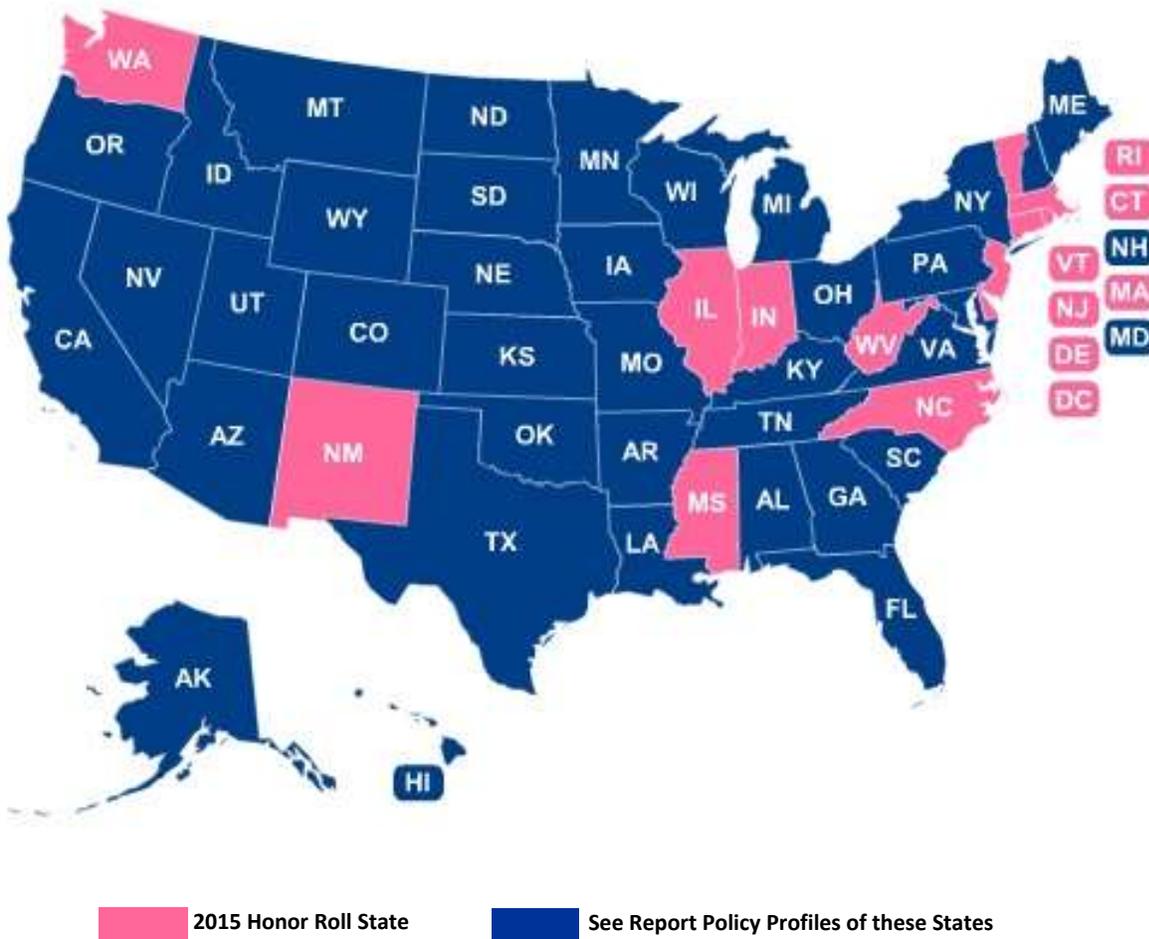


Chart 1: 2015 State Honor Roll™ - Performance on Core Policy Standards²

The 2015 "State Honor Roll™ of Asthma and Allergy Policies for Schools" is a research project of the Asthma and Allergy Foundation of America® (AAFA) to identify states with the most comprehensive and preferred state-wide public policies supporting people with asthma, food allergies, anaphylaxis and related diseases in U.S. elementary, middle and high schools. This report is intended to provide a blueprint for asthma and allergy advocates to develop better school-based policies and practices. The table below illustrates factors and policy standards that researchers used to compare and score all 50 states and the District of Columbia. Displayed here are the "Honor Roll" states -- states with a minimum of 18 of the 23 policy standards identified by AAFA researchers as quality state policies in the areas of: Medication & Treatment, Awareness, and School Environment. Visit www.StateHonorRoll.org or call 1-800-7-ASTHMA for more information.



		Medication & Treatment											Awareness		School Environment									
		Medication Policies					Identification and Reporting				Management Policy		Health Services Capacity	Awareness in Schools		Indoor Air Quality			Outdoor Air Quality		Tobacco Policy			
		* (See Descriptions of "Core Policy Standards" Below)																						
2014 State Honor Roll™ Roster	Total Score (out of 23 total possible)	Policy Standard 1	Policy Standard 2	Policy Standard 3	Policy Standard 4	Policy Standard 5	Policy Standard 6	Policy Standard 7	Policy Standard 8	Policy Standard 9	Policy Standard 10	Policy Standard 11	Policy Standard 12	Policy Standard 13	Policy Standard 14	Policy Standard 15	Policy Standard 16	Policy Standard 17	Policy Standard 18	Policy Standard 19	Policy Standard 20	Policy Standard 21	Policy Standard 22	Policy Standard 23
Connecticut	21	●	●	●	○	●	●	●	○	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Delaware	18	●	●	●	○	●	●	●	●	●	●	●	●	○	○	○	●	○	●	○	●	●	●	●
District of Columbia	18	●	●	●	○	○	●	●	●	○	○	○	●	●	●	●	●	●	●	●	●	●	●	●
Illinois	18	●	●	●	●	●	●	●	●	○	●	○	○	●	●	○	○	○	●	●	●	●	●	●
Indiana	18	●	●	●	○	●	●	●	○	○	●	●	○	●	●	●	●	●	●	●	○	●	●	●
Massachusetts	20	●	●	●	○	●	●	●	●	●	●	●	●	●	●	○	○	●	●	●	●	●	●	●
Mississippi	18	●	●	●	○	●	●	●	●	○	●	●	○	●	●	●	●	●	●	○	○	●	●	●
New Jersey	20	●	●	●	○	●	●	●	○	●	●	○	●	●	●	●	●	●	●	●	○	●	●	●
New Mexico	18	●	●	●	○	●	○	●	○	●	●	○	○	●	●	○	●	●	●	●	○	○	●	●
North Carolina	18	●	●	●	○	●	○	●	○	●	●	○	○	●	●	○	●	●	●	●	○	○	●	●
Rhode Island	20	●	●	●	○	●	●	●	●	●	●	○	○	●	●	○	●	●	●	●	●	●	●	●
Vermont	21	●	●	●	○	●	●	●	●	●	●	●	●	●	●	○	●	●	●	●	●	●	●	●
Washington	19	●	●	●	○	●	●	●	●	●	●	○	○	●	●	○	●	●	●	●	○	○	●	●
West Virginia	19	●	●	●	●	●	●	●	●	○	○	○	○	○	●	●	●	●	●	●	●	●	●	●

* Descriptions of Core Policy Standards	Standard	Description
	1	State requires physician's written instructions to be on file to dispense prescription medication to students.
	2	State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
	3	State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
	4	State policies or procedures shield school personnel from liability for unintended injuries.
	5	State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
	6	State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
	7	State requires a procedure updating health records periodically.
	8	State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
	9	State requires a student health history form that includes asthma/allergy information to be maintained for each student.
	10	State requires schools to have emergency protocols for asthma.
	11	State requires schools to have emergency protocols for anaphylaxis.
	12	Nurse-to-student ratio is 1:750 or better.
	13	State recognizes problem of asthma in schools and has begun to address it.
	14	State recognizes problem of allergy in schools and has begun to address it.
	15	State has mandated that all schools must have IAQ management policies.
	16	State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & and other items important in asthma/allergy management).
	17	State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
	18	State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
	19	State requires schools to notify parents of upcoming pesticide applications.
	20	State limits school bus idling time and establishes proximity restrictions.
	21	All smoking is prohibited in school buildings and on school grounds.
	22	All smoking is prohibited on school buses and at school-related functions.
	23	Tobacco use prevention is required in health education curriculum.

² Note that the numbering of core policy standards and extra credit indicators is changed from 2008 – 2013 reports; new standards and indicators were added and some were replaced. Check carefully before attempting to compare individual standards to prior years. For more details, see the Methodology section.

Chart 2: 2015 State Honor Roll™ - Performance of All States on Core Policy Standards³

The 2015 "State Honor Roll™ of Asthma and Allergy Policies for Schools" is a research project of the Asthma and Allergy Foundation of America® (AAFA) to identify states with the most comprehensive and preferred state-wide public policies supporting people with asthma, food allergies, anaphylaxis and related diseases in U.S. elementary, middle and high schools. This report is intended to provide a blueprint for asthma and allergy advocates to develop better school-based policies and practices. The table below illustrates factors and policy standards that researchers used to compare and score all 50 states and the District of Columbia. Displayed here are the "Honor Roll" states -- states with a minimum of 18 of the 23 core policy standards identified by AAFA researchers as quality state policies in the areas of: Medication & Treatment, Awareness, and School Environment. Visit www.StateHonorRoll.org or call 1-800-7-ASTHMA for more information.



Key

- State Policy Exists
- State Policy Does Not Exist
- 2015 Honor Roll State

		Medication & Treatment											Awareness		School Environment									
		Medication Policies					Identification and Reporting				Management Policy		Health Services Capacity	Awareness in Schools		Indoor Air Quality			Outdoor Air Quality		Tobacco Policy			
States	Total Score (out of 23 total possible)	Policy Standard 1	Policy Standard 2	Policy Standard 3	Policy Standard 4	Policy Standard 5	Policy Standard 6	Policy Standard 7	Policy Standard 8	Policy Standard 9	Policy Standard 10	Policy Standard 11	Policy Standard 12	Policy Standard 13	Policy Standard 14	Policy Standard 15	Policy Standard 16	Policy Standard 17	Policy Standard 18	Policy Standard 19	Policy Standard 20	Policy Standard 21	Policy Standard 22	Policy Standard 23
* (See Descriptions of "Core Policy Standards" Below)																								
Alabama	11	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Alaska	9	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Arizona	14	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Arkansas	13	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
California	15	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Colorado	14	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Connecticut	21	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
Delaware	18	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
District of Columbia	18	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
Florida	15	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Georgia	7	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Hawaii	15	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Idaho	11	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Illinois	18	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
Indiana	18	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
Iowa	16	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Kansas	10	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Kentucky	16	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Louisiana	14	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Maine	16	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Maryland	17	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Massachusetts	20	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
Michigan	15	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Minnesota	15	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Mississippi	18	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
Missouri	9	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Montana	11	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Nebraska	11	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Nevada	13	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
New Hampshire	16	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
New Jersey	20	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
New Mexico	18	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
New York	17	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
North Carolina	18	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
North Dakota	10	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Ohio	11	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Oklahoma	8	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Oregon	17	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Pennsylvania	16	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Rhode Island	20	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	

Continued, Next Page

³ Note that the numbering of core policy standards and extra credit indicators is changed from 2008 – 2013 reports; new standards and indicators were added and some were replaced. Check carefully before attempting to compare individual standards to prior years. For more details, see the Methodology section.

Key

- State Policy Exists
- State Policy Does Not Exist
-  2015 Honor Roll State

States	Total Score (out of 23 total possible)	Medication & Treatment											Awareness		School Environment									
		Medication Policies					Identification and Reporting				Management Policy		Health Services Capacity	Awareness in Schools		Indoor Air Quality			Outdoor Air Quality		Tobacco Policy			
		Policy Standard 1	Policy Standard 2	Policy Standard 3	Policy Standard 4	Policy Standard 5	Policy Standard 6	Policy Standard 7	Policy Standard 8	Policy Standard 9	Policy Standard 10	Policy Standard 11	Policy Standard 12	Policy Standard 13	Policy Standard 14	Policy Standard 15	Policy Standard 16	Policy Standard 17	Policy Standard 18	Policy Standard 19	Policy Standard 20	Policy Standard 21	Policy Standard 22	Policy Standard 23
*(See Descriptions of "Core Policy Standards" Below)																								
South Carolina	12	●	●	●	○	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
South Dakota	5	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Tennessee	15	●	●	●	○	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Texas	13	●	●	●	○	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Utah	15	●	●	●	○	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Vermont 	21	●	●	●	○	●	●	●	●	●	●	●	●	●	●	○	●	●	●	●	●	●	●	●
Virginia	17	●	●	●	○	●	●	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○
Washington 	19	●	●	●	○	●	●	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○
West Virginia 	19	●	●	●	○	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Wisconsin	12	●	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Wyoming	7	○	●	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

* Descriptions of Core Policy Standards

1	State requires physician's written instructions to be on file to dispense prescription medication to students.
2	State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3	State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
4	State policies or procedures shield school personnel from liability for unintended injuries.
5	State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6	State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7	State requires a procedure updating health records periodically.
8	State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9	State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10	State requires schools to have emergency protocols for asthma.
11	State requires schools to have emergency protocols for anaphylaxis.
12	Nurse-to-student ratio is 1:750 or better.
13	State recognizes problem of asthma in schools and has begun to address it.
14	State recognizes problem of allergy in schools and has begun to address it.
15	State has mandated that all schools must have IAQ management policies.
16	State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & and other items important in asthma/allergy management).
17	State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18	State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19	State requires schools to notify parents of upcoming pesticide applications.
20	State limits school bus idling time and establishes proximity restrictions.
21	All smoking is prohibited in school buildings and on school grounds.
22	All smoking is prohibited on school buses and at school-related functions.
23	Tobacco use prevention is required in health education curriculum.

Chart 3: 2015 Performance of All States on Extra Credit Indicators

The 2015 "State Honor Roll™ of Asthma and Allergy Policies for Schools" is a research project of the Asthma and Allergy Foundation of America® (AAFA) to identify states with the most comprehensive and preferred state-wide public policies supporting people with asthma, food allergies, anaphylaxis and related diseases in U.S. elementary, middle and high schools. The table below illustrates "extra credit" indicators that AAFA researchers used to compare and score all 50 states and the District of Columbia. For details, see the full report at www.StateHonorRoll.org or call 1-800-7-ASTHMA.



Key

- State Policy Exists
- State Policy Does Not Exist
- 2015 Honor Roll State

States	Total Score (out of 12 total possible)	Medication & Treatment					Awareness		School Environment					
		Medication		Management Policy		Health Services Capacity		Awareness in Schools		Indoor Air Quality			Outdoor Air Quality	Tobacco Policy
		Extra Credit Indicator A	Extra Credit Indicator B	Extra Credit Indicator C	Extra Credit Indicator D	Extra Credit Indicator E	Extra Credit Indicator F	Extra Credit Indicator G	Extra Credit Indicator H	Extra Credit Indicator I	Extra Credit Indicator J	Extra Credit Indicator K	Extra Credit Indicator L	
* (See Descriptions of "Extra Credit" Indicators on Next Page)														
Alabama	1	○	○	○	○	○	●	○	○	○	○	○	○	
Alaska	1	○	○	○	○	○	○	○	○	○	○	○	○	
Arizona	2	○	○	○	○	○	○	○	○	○	○	○	○	
Arkansas	3	○	○	○	○	○	○	○	○	○	○	○	○	
California	9	●	●	●	○	○	○	○	○	○	○	○	○	
Colorado	7	○	○	○	○	○	○	○	○	○	○	○	○	
Connecticut	8	○	○	○	○	○	○	○	○	○	○	○	○	
Delaware	4	○	○	○	○	○	○	○	○	○	○	○	○	
District of Columbia	6	○	○	○	○	○	○	○	○	○	○	○	○	
Florida	6	○	○	○	○	○	○	○	○	○	○	○	○	
Georgia	5	○	○	○	○	○	○	○	○	○	○	○	○	
Hawaii	8	○	○	○	○	○	○	○	○	○	○	○	○	
Idaho	3	○	○	○	○	○	○	○	○	○	○	○	○	
Illinois	6	○	○	○	○	○	○	○	○	○	○	○	○	
Indiana	6	○	○	○	○	○	○	○	○	○	○	○	○	
Iowa	3	○	○	○	○	○	○	○	○	○	○	○	○	
Kansas	1	○	○	○	○	○	○	○	○	○	○	○	○	
Kentucky	5	○	○	○	○	○	○	○	○	○	○	○	○	
Louisiana	2	○	○	○	○	○	○	○	○	○	○	○	○	
Maine	5	○	○	○	○	○	○	○	○	○	○	○	○	
Maryland	7	○	○	○	○	○	○	○	○	○	○	○	○	
Massachusetts	7	○	○	○	○	○	○	○	○	○	○	○	○	
Michigan	5	○	○	○	○	○	○	○	○	○	○	○	○	
Minnesota	7	○	○	○	○	○	○	○	○	○	○	○	○	
Mississippi	5	○	○	○	○	○	○	○	○	○	○	○	○	
Missouri	6	○	○	○	○	○	○	○	○	○	○	○	○	
Montana	2	○	○	○	○	○	○	○	○	○	○	○	○	
Nebraska	3	○	○	○	○	○	○	○	○	○	○	○	○	
Nevada	5	○	○	○	○	○	○	○	○	○	○	○	○	
New Hampshire	3	○	○	○	○	○	○	○	○	○	○	○	○	
New Jersey	9	○	○	○	○	○	○	○	○	○	○	○	○	
New Mexico	6	○	○	○	○	○	○	○	○	○	○	○	○	
New York	6	○	○	○	○	○	○	○	○	○	○	○	○	
North Carolina	4	○	○	○	○	○	○	○	○	○	○	○	○	
North Dakota	3	○	○	○	○	○	○	○	○	○	○	○	○	
Ohio	3	○	○	○	○	○	○	○	○	○	○	○	○	
Oklahoma	2	○	○	○	○	○	○	○	○	○	○	○	○	
Oregon	6	○	○	○	○	○	○	○	○	○	○	○	○	
Pennsylvania	3	○	○	○	○	○	○	○	○	○	○	○	○	
Rhode Island	4	○	○	○	○	○	○	○	○	○	○	○	○	

Continued, Next Page

⁴ Note that the numbering of core policy standards and extra credit indicators is changed from 2008 – 2013 reports; new standards and indicators were added and some were replaced. Check carefully before attempting to compare individual standards to prior years. For more details, see the Methodology section.

Key

- State Policy Exists
- State Policy Does Not Exist
-  2015 Honor Roll State

States	Total Score (out of 12 total possible)	Medication & Treatment					Awareness			School Environment				
		Medication		Management Policy		Health Services Capacity	Awareness in Schools			Indoor Air Quality			Outdoor Air Quality	Tobacco Policy
		Extra Credit Indicator A	Extra Credit Indicator B	Extra Credit Indicator C	Extra Credit Indicator D	Extra Credit Indicator E	Extra Credit Indicator F	Extra Credit Indicator G	Extra Credit Indicator H	Extra Credit Indicator I	Extra Credit Indicator J	Extra Credit Indicator K	Extra Credit Indicator L	
* (See Descriptions of "Extra Credit" Indicators Below)														
South Carolina	3	○	○	●	○	○	○	○	○	○	○	○	○	○
South Dakota	2	○	○	○	○	○	○	○	○	○	○	○	○	○
Tennessee	5	○	○	○	○	○	○	○	○	○	○	○	○	○
Texas	2	○	○	○	○	○	○	○	○	○	○	○	○	○
Utah	4	○	○	○	○	○	○	○	○	○	○	○	○	○
Vermont 	8	○	●	●	○	●	●	●	●	●	●	○	○	○
Virginia	6	○	○	○	○	○	○	○	○	○	○	○	○	○
Washington 	9	○	●	●	○	●	●	●	●	●	●	●	○	○
West Virginia 	7	○	○	○	○	○	○	○	○	○	○	○	○	○
Wisconsin	3	○	○	○	○	○	○	○	○	○	○	○	○	○
Wyoming	1	○	○	○	○	○	○	○	○	○	○	○	○	○

* Descriptions of
Extra Credit Indicators

A	State requires anaphylaxis - Epinephrine - stocking and authority to administer in schools.
B	State has or is preparing an explicit <i>asthma</i> program with policies, procedures and resources for schools to manage students with asthma.
C	State has or is preparing an explicit <i>anaphylaxis</i> program with policies, procedures and resources for schools to manage students with allergies.
D	State has adopted policy that each school will have one full-time nurse.
E	State has adopted policy stating that school districts provide case management for students with chronic conditions such as asthma.
F	State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
G	State sponsors or provides funding for staff training in food allergies.
H	State makes funding or resources available for technical IAQ assistance to schools.
I	State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.
J	State requires school facility design standards that include low emission construction materials, pollutant source controls, durable and easy to clean surfaces and floors, moisture/mold controls.
K	State has implemented or actively promotes diesel school bus engine retrofitting program.
L	State requires districts or schools to provide tobacco use cessation services to students.

INTRODUCTION

Asthma – including allergic (extrinsic) asthma, non-allergic (intrinsic) asthma, and exercise-induced asthma – is a chronic disease of the airways in the lungs in which airways become blocked, narrowed or constricted due to a variety of allergens and irritants causing moderate, severe and even life-threatening breathing difficulties.

Allergy – including food allergies, anaphylaxis, nasal allergies and many other related allergic diseases – is a chronic disease of the immune system that triggers over-reactive immune responses to different types of allergens, which can cause a variety of moderate, severe and even life-threatening physical reactions.

The terms “asthma” and “allergy” represent a variety of independent but related diseases that have become some of the most common childhood conditions in the US, and therefore, they have become some of the most common diseases affecting schools. Schools play a key role in asthma and allergy management because asthma and allergies in children are increasingly prevalent. Parents, families, caregivers and lawmakers are interested in promoting treatment and prevention in schools. Evidence suggests that effective school asthma and allergy prevention and management programs can deliver multiple benefits in terms of student health, performance and academic achievement⁵.

The Asthma and Allergy Foundation of America’s (AAFA) annual report, the **State Honor Roll™ of Asthma and Allergy Policies for Schools**, assesses state-wide school policies across key parameters of asthma and allergy prevention and management. This annual evaluation identifies and celebrates exemplary state efforts, and ongoing state progress –important steps in promoting school health.

AAFA reviewed existing state laws that guide medication and treatment policies in school settings, school asthma and allergy awareness, and school environmental factors, including air quality and tobacco policies. Based on this assessment, AAFA created the State Honor Roll.

For 2015, AAFA conferred State Honor Roll status on fourteen states: Connecticut, Delaware, Illinois, Indiana, Massachusetts, Mississippi, New Jersey, New Mexico, North Carolina, Rhode Island, Vermont, Washington, West Virginia and the District of Columbia (DC). These states and DC not only offer guidance to schools, but they also perform best at requiring school compliance with the core set of standards selected by AAFA.

For state summaries for all 50 states and DC, see pages 46-146 of this report, and the online [2015 State Honor Roll Profiles Interactive Map](#).

AAFA does not intend for this report to be an analysis of local school or district-level policies and practices. This report does not track, depict, or evaluate the actual implementation of policies, practices or procedures at the school level. For details on AAFA’s methodology and selection, see the [Methodology](#) section of this report.

⁵ National Asthma Control Initiative, Schools and Childcare Settings ([accessed at http://www.nhlbi.nih.gov/health-pro/resources/lung/naci/audiences/schools-childcare.htm](http://www.nhlbi.nih.gov/health-pro/resources/lung/naci/audiences/schools-childcare.htm), 8/1/15).

Project Goals

- To provide parents with information that will enable them to assess the asthma and allergy policies at their children's schools and advocate for improvements
- To provide legislators, state governors and administrators, and other policymakers with an overview of how school policies and practices in their state compare to others and provide models for improvement
- To help school system and district personnel set standards and benchmarks by providing the best practices and the experience of other schools

Asthma in Schools

This section lists selected factoids about the impact of asthma in schools that should be important for policy makers:

- 6.8 million U.S. children under the age of 18 report having asthma^{6,7}
- Four million school aged children had an asthma attack in the last year⁸
- Childhood asthma prevalence more than doubled from 1980 to 1996 and remains at historically high levels⁹
- African American children are 2 times more likely to have asthma than white children¹⁰
- African Americans are three times more likely to die from asthma than whites¹¹
- In 2009, 1 in 5 children with asthma went to an emergency department for asthma-related care¹²
- Asthma is leading chronic disease in children and the leading cause of missed school days¹³
- In 2008, 10.5 million school days were missed due to asthma among the more than 4 million children who reported at least one asthma attack in the preceding year¹⁴
- Asthma is the third-ranking cause of hospitalization among children under 15¹⁵
- 218 children died from asthma in 2013¹⁶



Asthma is the most common chronic condition in children today.

6 [Centers for Disease Control and Prevention FastStats](http://www.cdc.gov/nchs/fastats/asthma.htm), 2012 (accessed at <http://www.cdc.gov/nchs/fastats/asthma.htm>, 6/23/15)

7 American Association of School Administrators. *A Childhood Epidemic*. School Governance & Leadership, Spring 2003

8 Asthma Prevalence, Health Care Use, and Mortality, United States, 2005 - 2009, National Center for Health Statistics, <http://www.cdc.gov/nchs/data/nhsr/nhsr032.pdf>. (accessed 6/30/15)

9 IBID

10 [Centers for Disease Control and Prevention FastStats](http://www.cdc.gov/nchs/fastats), 2012 (accessed 6/23/15)

11 Trends in Asthma Prevalence, Health Care Use, and Mortality in the United States, 2001–2010 (accessed at <http://www.cdc.gov/nchs/data/databriefs/db94.pdf>, (accessed 6/30/15)

12 Centers for Disease Control and Prevention. Asthma's Impact on the Nation: National Asthma Control Program. July 3, 2012. http://www.cdc.gov/asthma/impacts_nation/default.htm (accessed 6/30/15)

13 Center for Disease Control and Prevention. Asthma Facts: CDC's National Asthma Control Program Grantees (2013) http://www.cdc.gov/asthma/pdfs/asthma_facts_program_grantees.pdf (accessed 6/23/2015)

14 Center for Disease Control and Prevention. National Center for Health Statistics. National Health Statistics Report, 2005-2009

15 DeFrances CJ Cullen KA, Kozak LJ. National Hospital Discharge Survey: 2005 Annual Summary with Detailed Diagnosis and Procedure Data. National Center for Health Statistics. Vital Health Statistics 12 (165); 2007

16 Centers for Disease Control and Prevention. [Most Recent Asthma Data 2013](#), (accessed 6/29/2015)

- More than half (59%) of children who had an asthma attack missed school because of asthma in 2008¹⁷
- According to the Centers for Disease Control and Prevention, asthma-friendly schools provide a safe, supportive learning environment for students and have policies and programs in place to help students keep their asthma under good control¹⁸
- Asthma costs grew to \$56 billion in 2007¹⁹

Allergy in Schools

This section lists selected factoids about the impact of allergies in schools that should be important for policy makers:

- Studies of fatalities due to anaphylaxis have shown that the majority of cases occurred outside the home, with a significant number occurring at school^{20,21}
- Hospitalizations for anaphylaxis have increased more than four-fold among young people, with food-induced anaphylaxis being the most common cause²²
- Estimated hospitalization costs for food anaphylaxis are about \$5,000 per incident, with a reported incidence of 2.8 per 100,000 hospital admissions²³
- Food allergy is the most common cause of anaphylaxis outside of the hospital and is responsible for approximately 30,000 anaphylactic episodes and 150 to 200 deaths each year in the US^{24,25,26}
- It is estimated that 6 million children have food allergies in the US for 2011²⁷
- Children with food allergy are two to four times more likely to have other related conditions such as asthma and other allergies, compared with children without food allergies²⁸
- The incidence of food allergy and food-induced anaphylaxis has been rising in recent years^{7,8,29,30}

A significant number of anaphylaxis deaths occur at school.

17 IBID

18 Centers for Disease Control and Prevention. America Breathing Easier brochure 2009 (accessed http://www.cdc.gov/asthma/pdfs/breathing_easier_brochure.pdf (6/30/15))

19 CDC Vital Signs, May 2011, <http://www.cdc.gov/vitalsigns/Asthma/> (accessed 6/30/15).

20 Bock SA, Munoz-Furlong A, Sampson HA. Fatalities due to anaphylactic reactions to foods. *Journal of Allergy and Clinical Immunology*. 2001;107(1):191-93.

21 Bock SA, Munoz-furlong A, Sampson HA. Further fatalities caused by anaphylactic reactions to food, 2001-2. *Journal of Allergy and Clinical Immunology*. 2007;119(4):1016-18.

22 Gupta, Ruchi S. The Prevalence, Severity, and Distribution of Childhood Food Allergy in the United States. *Pediatrics*; originally published online June 20, 2011; DOI: 10.1542/peds.2011-0204.

23 Mulla ZD, Simon MR. Hospitalizations for anaphylaxis in Florida: epidemiologic analysis of a population-based dataset. *International Archives of Allergy and Immunology*. 2007;144(2):128-136.

24 Kemp SF, Lockey RF, Wolf BL, Leiberman P. Anaphylaxis: a review of 266 cases. *Archives of Internal Medicine* 1995;155(16):1749-54.

25 Yocum MW, Khan DA. Assessment of patients who have experienced anaphylaxis: a 3-year survey. *Mayo Clinical Proceedings* 1994;69:16-23.

26 Sampson HA. Anaphylaxis and emergency treatment. *Pediatrics* 2004;111(6):1601-08.

27 Gupta, et.al, The Prevalence, Severity and Distribution of Childhood Food Allergy in the United States, *Pediatrics*, Volume 128, No.1 (July 2011) (accessed 6/23/2015 at <http://pediatrics.aappublications.org/content/128/1/e9.full.pdf>).

28 IBID.

- The incidence of peanut and tree nut allergy among children appears to have tripled between 1997 and 2008³¹
- Food allergies disproportionately affect children due to the immaturity of their immune systems; an estimated 6-8% of children versus only 3.7% of adults have food allergies³²
- Black children have significantly higher odds of food allergy compared with white children, but had significantly lower odds of having the allergy diagnosed³³
- Insect stings and exposure to latex may also trigger anaphylaxis in sensitized children
- In a school of 500 children, approximately two will be allergic to insect stings, or more in southern areas where imported fire ants are a menace³⁴

Asthma and Allergy Milestones

This section describes progress of public policy initiatives, reports and guidance relevant to allergy and asthma in schools:

- 1975 – Congress enacts *The Education for All Handicapped Children Act* [reauthorized in 1997 as *The Individuals with Disabilities Education Act (IDEA)*] requiring schools to promote the health, development and achievement of students with disabilities and other health impairments, including asthma
- 1991 – National Asthma Education and Prevention Program (NAEPP) develops *Managing Asthma: A Guide for Schools*
- 1995 – US Environmental Protection Agency (EPA) develops *Indoor Air Quality Tools for Schools*
- 2000 – EPA develops *Managing Asthma in the School Environment*
- 2002 – Rand Corporation releases *Improving Childhood Asthma Outcomes in the United States: A Blueprint for Policy Action* recommends school-based asthma management programs
- 2002 – Centers for Disease Control and Prevention (CDC) develops *Strategies for Addressing Asthma Within a Coordinated School Health Program*, funding demonstration programs in 20 states and 7 cities for reducing asthma episodes and related absences
- 2004 – Food Allergen Labeling and Consumer Protection Act of 2004 (Public Law 108-282, Title II) is enacted
- 2004 – *Asthmatic Schoolchildren’s Treatment and Health Management Act* is enacted, which rewards states that pass laws protecting students’ rights to carry and self-administer asthma and/or anaphylaxis medications by giving them federal funding preference for asthma-related programs

29 Wang J, Sampson HA. Food anaphylaxis. *Clinical and Experimental Allergy*. 2007;37(5):651-60.

30 Keet CA, Wood RA. Food allergy and anaphylaxis. *Immunology and Allergy Clinics of North America*. 2007;27(2):193-212.

31 Report of the Expert Panel on Food Allergy Research. National Institute of Allergy and Infectious Disease, National Institutes of Health, 2006. www.niaid.nih.gov (accessed 6/30/15).

32 Report of the Expert Panel on Food Allergy Research. National Institute of Allergy and Infectious Disease, National Institutes of Health, 2006. www.niaid.nih.gov (accessed 6/30/15).

33 Gupta, Ruchi S. The Prevalence, Severity, and Distribution of Childhood Food Allergy in the United States. *Pediatrics*; originally published online June 20, 2011; DOI: 10.1542/peds.2011-0204

34 Kagy L, Blaiss MS. Anaphylaxis in Children. *Pediatric Annals*. 1996;27(1):727-34.

- 2005 – National Association of State Boards of Education (NASBE) develops *Fit, Healthy and Ready to Learn*, a complete blueprint for developing a school asthma management program, as well as models of successful existing state approaches
- 2005 – *Healthy People 2010* national health objectives include goals for reducing asthma³⁵
- 2007 – National Heart, Lung, and Blood Institute (NHLBI) updates *US Guidelines for the Diagnosis and Management of Asthma*³⁶.
- 2008 – Asthma and Allergy Foundation of America (AAFA) issues the first annual *State Honor Roll of Asthma and Allergy Policies for Schools*
- 2009 – AAFA's *Power Breathing*TM asthma education program for adolescent students is shown to be a cost-effective intervention on par with pharmaceutical interventions³⁷
- 2010 – *US Guidelines for Diagnosis and Management Food Allergy* are released³⁸
- 2011 – *Food Allergy and Anaphylaxis Management Act* is signed into law³⁹
- 2011 – Food Safety Modernization Act is signed into law⁴⁰
- 2012 – The US issued the *Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities*⁴¹, promoting coordination of programs supporting asthma care for children
- 2012 – EPA first-ever guidelines for state agencies to address environmental health at school including a model K-12 school environmental health program⁴²
- 2013 – Congress enacts the *Emergency Access to Epinephrine Act*, encouraging states to require stocking epinephrine auto-injectors in schools⁴³
- 2013 – CDC issues *Voluntary Guidelines For Managing Food Allergies in Schools and Early Care and Education Programs*⁴⁴
- 2014 – New York becomes the final state to allow students to possess and self-administer allergy medications in an emergency⁴⁵
- 2015 – Nearly every state (46) has approved laws making epinephrine auto-injectors available to schools for allergic emergencies.

³⁵ <http://www.healthypeople.gov/2010/>

³⁶ National Asthma Education and Prevention Program Expert Panel Report 3, Guidelines for the Diagnosis and Management of Asthma, <http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.pdf> (accessed 6/30/15)

³⁷ Atherly A, Nurmagambetov T, Williams S, Griffith M. An economic evaluation of the school-based "Power Breathing" asthma program. *Journal of Asthma*. 2009; 46:596-599.

³⁸ Guidelines for the Diagnosis and Management of Food Allergy in the United States: Summary for Patients, Families, and Caregivers can be accessed at: <http://www.niaid.nih.gov/topics/foodAllergy/clinical/Pages/patients.aspx> (accessed 6/30/15)

³⁹ This bill was enacted as section 112 of the FDA Food Safety and Modernization Act, <http://www.gpo.gov/fdsys/pkg/USCODE-2011-title21/pdf/USCODE-2011-title21-chap27-subchapl-sec2205.pdf> (accessed 6/30/15)

⁴⁰ <http://www.fda.gov/Food/GuidanceRegulation/FSMA/ucm247548.htm> (accessed 8/1/15)

⁴¹ President's Task Force on Environmental Health Risks and Safety Risks to Children Coordinated Federal Action Plan to Reduce Childhood Asthma Disparities, http://www.epa.gov/childrenstaskforce/federal_asthma_disparities_action_plan.pdf (accessed 6/30/15)

⁴² State School Environmental Health Guidelines: <http://www.epa.gov/schools/guidelinstools/ehguide/> (accessed 6/30/15)

⁴³ [Public Law No. 113-48](#) (accessed 6/30/15)

⁴⁴ Centers for Disease Control and Prevention. *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*. Washington, DC: US Department of Health and Human Services; 2013

http://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf (accessed 6/30/15)

⁴⁵ [Asthma and Allergy Medication Self-Carry and Use in Schools Act: A09334B](#) (accessed 6/23/15)

METHODOLOGY

Policy Standards

AAFA began this project by developing standards to assess each state's performance in promoting asthma and allergy health in schools. We researched and evaluated criteria for assessing states regarding their asthma and allergy policies and efforts. Then, AAFA examined criteria used by other expert bodies. For clinical criteria, AAFA reviewed strategies for addressing asthma used in the CDC's *Coordinated School Health Program* model, the American School Health Association's *School-Based Asthma Management* resolution, the National Association of State Boards of Education's *Fit, Healthy, and Ready to Learn*, the *Guidelines for the Diagnosis and Management of Asthma*⁴⁶ and selected successful state models. AAFA's selected environmental parameters largely paralleled the strategies recommended in programs such as the Environmental Protection Agency's (EPA) *Tools for Schools*⁴⁷ and *Clean School Bus USA*.

Initial Validation and Selection of Policy Indicators

In 2007, the Foundation engaged independent consultants to test and validate its preliminary findings using a three-step process:

1. Review available documentation related to the study including methodology, state-by-state matrices of data, scoring, and data sources;
2. Conduct telephone interviews and a pilot survey with a core group of Key Opinion Leaders (KOLs) representing the following stakeholder groups: Public Health/Environmental Health/School Health; School Nurse/Nurse Coordinator; School Administration; Advocates and Parents; and
3. Administer a web-based survey fielded to individuals representing the stakeholder groups listed. Of the 60 invited to participate, 52 (87%) responded.

After evaluating the findings from the validation study, AAFA revised the methodology to address concerns raised by the KOLs:

- Simplified the assessment to eliminate weighting of indicators
- Significantly reduced the number of indicators to focus the research
- Structured a set of core indicators based on strong consensus by the KOLs – 68% or better
- Clarified that policies being assessed were state level rather than school or district level
- Focused on state-level policies that mandate or require school practices statewide

Relying on the KOL's feedback, AAFA refined the criteria to articulate a list of core policy standards to track states' progress. AAFA also noted those indicators on which there was not a consensus that met the threshold of 68% of the KOLs who responded to the survey.

⁴⁶ The Expert Panel Report 3 (EPR-3) Full Report 2007: Guidelines for the Diagnosis and Management of Asthma, developed by an expert panel commissioned by the National Asthma Education and Prevention Program (NAEPP) Coordinating Committee (CC), coordinated by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (accessed 6/30/15 at <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>)

⁴⁷ <http://www.epa.gov/iaq/schools/> (accessed 8/1/15)

AAFA recognized the importance of state's efforts on many of those indicators by creating a list of "extra credit indicators" if a substantial minority of KOLs identified the indicator as worthy of consideration with no significant resistance from KOLs.

Core Policy Standards

Core policy standards for the Honor Roll are those for which there was at least 68% consensus among the respondents to AAFA's validation survey. AAFA does not assign specific weighting to categories or indicators. A state's policy counts for a specific standard if it fully meets the standard. For all indicators except #12, #13 and #14, states must have a law requiring a school to comply with the standard expressed by the indicator. Thus, a state policy that recommends or advises schools to adopt smoke-free campus environments does not meet AAFA's core standard. AAFA's core policy standards are listed in [Table of AAFA's Policy Standards](#). States may use this set of core policy standards as a starting point for enhancing their school asthma and allergy policies.

Extra Credit Indicators

This study also explores a variety of indicators of enhanced efforts by states to protect the health of students with asthma and allergies. While these criteria do not meet the consensus level for core policy standards, they did receive a balance of 25% or more agreement of AAFA's KOLs for inclusion. AAFA weighs these important criteria in tracking states progress overall, but considered the feedback of KOLs in its decision to exclude them from the focused list of core standards. For example, some KOLs felt that a state's performance in meeting these extra credit indicators reflects a state's capacity and resources, preference for local or district level decision-making regarding school policies, and interpretation.

AAFA's Extra Credit Indicators are listed in [Table of AAFA's Policy Standards](#). States that have substantially implemented our core standards might use extra credit indicators to inform future policy efforts.

Other Indicators

AAFA does not assess states using indicators that either failed to gain a minimal consensus for extra credit status, or generated significant negative votes from KOLs. Because AAFA does not assess states on those indicators, they are not included in this report.

2013 Validation Study, Implemented in 2014

In 2013, AAFA undertook a study to validate the current State Honor Roll methodology, core policy standards and "extra credit" indicators. The process began with a web-based survey of individuals conducted by the same independent consultants used for the 2008 methodology development process. The consultants invited individuals selected by AAFA from the following stakeholder groups to participate: Public Health/Environmental Health/School Health; School Nurse/Nurse Coordinator; School Administration; and Advocates and Parents.

After the consultants compiled the surveys, they presented the results to a small group of experts convened by AAFA to discuss the findings and recommendations. Based on this process, AAFA selected new core standards, some of which had been "extra credit" indicators. These recommendations have been implemented in the revised [Table of AAFA's Policy Standards](#) for the 2015 State Honor Roll report.

Selection of States

2015 State Honor Roll Selection

AAFA selected states for its 2015 State Honor Roll based on their performance on the list of core policy standards. AAFA assessed each state's laws to determine if it has passed specific legislation or implemented public policies that have statewide applicability and meet each of 23 AAFA policy standards. The fourteen states named to the 2015 State Honor Roll meet at least 18 of the 23 standards and exhibit strong performance consistently across the policy categories and domains. AAFA set 18 as the minimum for selection in part because 80% of the 23 core policy standards is just over 18; a "B" or better seems a fitting threshold for an Honor Roll. As important, the 18 to 23 core policy standards required for State Honor Roll recognition reflect solid performance across all domains.

Study Challenges and Limitations

For this study, AAFA identified and reviewed laws and policies that existed and/or were enacted as of April 15, 2015. States may have enacted relevant laws and policies after the cut-off date for this assessment (April 15, 2015). A state is not counted as having met a core standard if it had a relevant policy that was pending, advised or recommended.

In assessing policies for recognition, AAFA seeks to identify laws that place definite requirements on schools and districts statewide. Moreover, AAFA does not count policies that are present or even those that are widely practiced at the sub-state level (meaning by local schools, local or regional school districts) unless the policy is universally required in schools across a state. In the 2008 methodology development process, some KOLs questioned whether this focus reflected a role that states do not play – mandating policies for schools and school districts. Understandably, some states might implement certain preferred policies at the school or district level rather than the state level. However, school level policies and practices are not within the scope of this project.

Note that AAFA recognized exceptions: Policy standards #12, #13 and #14. Policy standard #12 recognizes states that promote school nurse to student ratios of at least 1:750, without regard to whether the state's policy is a requirement or a recommendation to schools. Nursing services in school are important but inconsistently supported. The ratio embraced in the standard is minimal, yet lofty, given budgetary constraints and conflicting priorities. Thus, AAFA concludes that a state level recommendation, even if it is short of a mandate, is worthy of recognition.

Policy standards #13 and #14 recognize efforts by states to create awareness of asthma and allergy in schools. These two standards lack the definition of the others. However, these are the only standards initially identified by AAFA in the important domain of "education and awareness" that emerged from the KOLs consensus process. Because AAFA recognizes awareness as an important first step toward developing and funding training and education programs, AAFA chooses to retain these standards rather than eliminate the entire domain.

State resources play an important role in the selection process. Some KOLs commented that states do not allocate funding for programs related to those certain initiatives, like providing staff education and smoking cessation programs.

They felt that AAFA's study should not penalize states whose funding is limited. AAFA recognizes that allocating resources is more difficult in states whose budgets are stretched thin by other education and health care priorities.

AAFA is pleased with the participation of over 50 experts in 2007-2008 and over 75 in 2013 to develop the standards used to assess state laws and policies for this report. Those experts have hands on experience working with children, parents, and school personnel, including physicians, public health, environmental health and school health professionals, certified asthma educators, school and other nurses, national and state school administrators, patient advocates, and parents.

Based on the methodology described above, AAFA also adopted a group of Core Policy Standards for use in identifying Honor Roll States. Following the list of Core Policy Standards is the list of Extra Credit Indicators which are not used in determining Honor Roll States but can be used to help promote policies above and beyond the core standards.

TABLE OF AAFA'S POLICY STANDARDS⁴⁸

Core Policy Standards

Medication and Treatment	Medication	<ol style="list-style-type: none"> 1. State requires physician's written instructions to be on file to dispense prescription medication to students. 2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication. 3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication. 4. State policies or procedures shield school personnel from liability for unintended injuries.⁴⁹ 5. State requires local school districts to create asthma and anaphylaxis medication policy and provide resources, guidelines and parameters.
	Identification and Reporting	<ol style="list-style-type: none"> 6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis. 7. State requires a procedure updating health records periodically. 8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered. 9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
	Management Policy	<ol style="list-style-type: none"> 10. State requires schools to have emergency protocols for asthma. 11. State requires schools to have emergency protocols for anaphylaxis.
	Health Services Capacity	<ol style="list-style-type: none"> 12. Nurse-to-student ratio is 1:750 or better.
Awareness	Awareness in Schools	<ol style="list-style-type: none"> 13. State recognizes problem of asthma in schools and has begun to address it. 14. State recognizes problem of allergy in schools and has begun to address it.
School Environment	Indoor Air Quality	<ol style="list-style-type: none"> 15. State has mandated that all schools must have Indoor Air Quality (IAQ) management policies. 16. State has adopted a policy requiring that districts and schools conduct periodic inspections of heating, ventilation and air conditioning (HVAC) system & other items important in asthma/allergy management. 17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC,

⁴⁸ Note that the numbering of core policy standards and extra credit indicators has changed from 2008 – 2013 reports; new standards and indicators were added and some were replaced. Check carefully before attempting to compare individual standards to prior years. For more details, see the *Methodology* section.

⁴⁹ In order to meet the indicator, the state law must shield from liability in cases of self-administration or emergency administration by a school nurse or other school personnel; shield must apply to medication to treat both anaphylaxis and asthma. Note that these provisions are typically enacted as part of laws allowing schools to maintain a supply of epinephrine auto-injectors at schools or laws allowing students to carry and self-administer medications.

		HEPA (high efficiency particulate air) filters, carpeting, pesticide use. 18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
	Outdoor Air Quality	19. State requires schools to notify parents of upcoming pesticide applications. 20. State limits school bus idling time and establishes proximity restrictions.
	Tobacco Policy	21. All smoking is prohibited in school buildings and on school grounds. 22. All smoking is prohibited on school buses and at school-related functions. 23. Tobacco use prevention is required in health education curriculum.

Extra Credit Indicators

Medication and Treatment	Medication	A. State requires anaphylaxis - Epinephrine - stocking and authority to administer in schools.
	Management Policy	B. State has or is preparing an explicit <i>asthma</i> program with policies, procedures and resources for schools to manage students with asthma. C. State has or is preparing an explicit <i>anaphylaxis</i> program with policies, procedures and resources for schools to manage students with allergies.
	Health Services Capacity	D. State has adopted policy that each school will have one full-time nurse. E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.
Awareness	Awareness in Schools	F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures. G. State sponsors or provides funding for staff training in food allergies.
School Environment	Indoor Air Quality	H. State makes funding or resources available for technical IAQ assistance to schools. I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning. J. State requires school facility design standards that include low emission construction materials, pollutant source controls, durable and easy to clean surfaces and floors, moisture/mold controls.
	Outdoor Air Quality	K. State has implemented or actively promotes diesel school bus engine retrofitting program.
	Tobacco Policy	L. State requires districts or schools to provide tobacco use cessation services to students.

FINDINGS

Based on our review of relevant state laws and policies existing prior to and/or enacted as of April 15, 2015, our findings are presented and discussed in this section. First, the Honor Roll States for 2015 are listed, followed by a discussion of general trends for the three major categories of policies reviewed: Medication and Treatment Policies, Awareness Policies, and School Environment Policies. This discussion of findings also presents the performance of all states on each core policy standard, as well as the performance of the Honor Roll states on each core policy standard.

See also Chart 1: *2015 Honor Roll States*, Chart 2: *Performance of All States on Core Policy Standards*, and Chart 3: *Performance of All States on Extra Credit Indicators*

Overall

Those states that are addressing asthma and allergies are doing so through a variety of legislative, policy and regulatory activities. The number of states that have enacted laws and policies that follow the AAFA standards is growing. States are overwhelmingly embracing medication laws, led by a recent surge in laws authorizing schools to keep emergency medications on hand to treat anaphylaxis - severe allergic reactions. States' performance is poorest on meeting the recommended school nurse to student ratio.

These gaps should not mask steady improvement by states: The number of Honor Roll states increased by 133% since 2011, from six to 14 states. About three-fourths of states met at least half of the 23 core indicators, up from about two-thirds in 2009.

2015 State Honor Roll List (in alphabetical order):

- **Connecticut**
- **Delaware**
- **District of Columbia**
- **Illinois**
- **Indiana**
- **Massachusetts**
- **Mississippi**
- **New Jersey**
- **New Mexico**
- **North Carolina**
- **Rhode Island**
- **Vermont**
- **Washington**
- **West Virginia**

Discussion

AAFA evaluated all 50 states and the District of Columbia (Note: In this discussion, "states" includes the District of Columbia and the total number is 51, not 50).

We assessed states based on a list of 23 core policy standards organized into three categories and eight domains:

Category	Domain
Medication & Treatment	<ul style="list-style-type: none"> • Medication Policy • Identification & Reporting • Management Policy • Health Services Capacity
Awareness	<ul style="list-style-type: none"> • Awareness in Schools
School Environment	<ul style="list-style-type: none"> • Indoor Air Quality • Outdoor Air Quality • Tobacco Policy

The fourteen states selected for the State Honor Roll achieved 18 or more of 23 core policy standards. The geographic diversity of the awardees has grown. In the first four years of this report, four of the six Honor Roll states were located in the New England, only one was west of the Appalachians, and none was in the Southern or Midwestern regions of the US. In 2015, most US regions are represented.

Medication Policies

The first five standards concern state medication policies. These are fundamental provisions for managing health conditions at school:

1. State requires physician’s written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students’ right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students’ right to self-carry and self-administer prescribed anaphylaxis medication.
4. State policies or procedures shield school personnel from liability for unintended injuries.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.

As of June 2015, 46 states authorize or require schools to stock and use auto-injectable epinephrine devices to treat students in emergencies. See [**Stocking Epinephrine in Schools, State Laws in 2015**](#) on p.38 of this report for a roundup of states that have laws on stocking epinephrine auto-injectors at schools.

A majority of states have policies that meet four of these standards:

- Forty-six (90%) require that physician instructions for medications be kept on file in schools (Policy Standard #1)
- Fifty-one (all states and DC) (100%) have legislation protecting students’ rights to carry and self-administer emergency medication for asthma (Policy Standard #2)

- Fifty-one (all states and DC) (100%) have legislation protecting students' rights to carry and self-administer emergency medication for anaphylaxis (Policy Standard #3)
- Eight (16%) have laws explicitly protecting individuals from liability for unintended injuries related to using asthma and anaphylaxis medications including emergency use and self-administration at school (Policy Standard #4)
- Forty-three (84%) have laws requiring school district to create asthma and allergy medication policies and provide resources, guidelines and parameters (Policy Standard #5)

All Honor Roll states (100%) require that a physician's instructions be on file at the school in order for the school nurse or aides to administer medication. All states (100%) have enacted self-carry/self-administer medication legislation for asthma and allergy/anaphylaxis medications.

Permission to carry and self-administer prescription medication is generally conditioned upon several factors, including parental authorization, providing a prescription and written statement from the student's physician, demonstrating that the student is competent and responsible to self-carry and administer, and releasing a school from liability for acts or omissions related to the student's use of approved medication. Some states formalize this process. For example, the Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Guidelines calls for a signed "contract" that details the roles and responsibilities of the school nurse, the student, the student's parents or guardian, and the healthcare provider. Most states require that the school repeat the authorization process annually, and with submission of a new prescription and, restocking supplies of the medication. These safeguards help ensure that self-medication laws are implemented responsibly.

We also track laws that limit the liability of those who in good faith assist a child in an asthma or allergy emergency. We consider these protections important in giving well-intentioned school staff comfort from the thought that a parent might sue them if the student they try to assist is injured. Note that the benefit of administering epinephrine in the case of a severe allergic reaction outweighs any risk of injury. However, the fear of lawsuits should not be a reason to delay potentially life-saving treatment.

Virtually every state that allows schools to stock epinephrine for allergic reactions offers some protection for well-intentioned school staff who act in an emergency, only eight states have laws that apply to both asthma and allergy medications administered by a third party during an emergency. *Only two Honor Roll states (14%), Illinois and West Virginia, meet this standard.*

Identification, Tracking and Reporting of Students with Asthma and Allergy

Identifying students with asthma and allergies and keeping updated records is a basic step in managing these conditions. The following standards evaluate policies regarding identification, tracking and reporting:

6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.

Most states have requirements for tracking and assessing students with asthma or allergies:

- Thirty-six (71%) require that schools have procedures to identify and track students with asthma or severe allergies (Policy Standard #6)
- Thirty-nine (76%) require that schools have a mechanism for periodically updating student health records (Policy Standard #7)
- Twenty-two (43%) require that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered (Policy Standard #8)
- Twenty-six (51%) require a student health history form that includes asthma/allergy information to be maintained for each student (Policy Standard #9)

Based on informal input from school nurses who participated in developing this report (see Methodology section) usually the school nurse in conference with the student's parents or guardians and physician review the student's health history annually. *Thirteen Honor Roll states (93%) have policies requiring schools to identify students with chronic conditions, including asthma and anaphylaxis, and to maintain and periodically update records for these students.* In general, policies regarding chronic health conditions are less consistent than policies aimed at preventing the spread of communicable diseases.

Based on informal input from school nurses who participated in developing this report (see Methodology section) even if a state's policy requires surveillance and documentation of students with asthma or allergies, practices may vary at the local district or school level. Conversely, many schools and districts have implemented these practices in the absence of mandates. Although documentation of asthma or anaphylaxis episodes (or any serious illness at school) is often included in school nurse guidelines and is widely practiced, only twenty-two states have laws requiring such reporting. By comparison, ten Honor Roll states (71%) require written reports for any incident of serious illness at school.

Management Policies

Schools should have emergency plans in place to deal quickly and smoothly with asthma and anaphylaxis episodes. The following standards pertain to such urgent circumstances:

10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Yet, only about half of states have responded with mandatory policies for schools that meet these standards:

- Twenty-four (47%) require that schools develop emergency protocols for asthma and anaphylaxis episodes (Policy Standard #10) and thirty-four states (67%) require that schools develop emergency protocols for anaphylaxis (Policy Standard #11)

Eleven Honor Roll states (79%) mandate that schools have protocols for asthma and anaphylaxis emergencies.

States employ a wide variety of approaches for dealing with asthma and allergy emergencies. Some states, including Alabama, California, Connecticut, Indiana, Maryland, Nebraska, Rhode Island, Vermont, Virginia and Washington, have legislation that requires schools to develop emergency procedures specifically for asthma and/or anaphylaxis.

Ohio now requires written food allergy policies for public and chartered schools. Oregon and Florida mandate that all schools have written protocols for medical emergencies without specifying either asthma episodes or anaphylaxis. Others, such as Alaska, Colorado, Kansas, Massachusetts, Mississippi, New Mexico, North Carolina and North Dakota, require that the student's health care provider develop an emergency protocol as part of the authorization to self-carry and self-administer prescribed medications. The state education code in New Mexico also requires each school to develop a wellness policy that includes emergency procedures for asthma episodes and anaphylaxis. Another approach used by some states, including Arizona, Delaware, New Jersey and New York, is to require that all students with special health care needs have Individual Health Care Plans (IHCPs) that include emergency procedures.

A number of states have developed extensive asthma and allergy guidelines for schools, including asthma or allergy action plans and emergency treatment forms. However, state law does not necessarily require implementation of these guidelines. Examples include California, Michigan, Minnesota, Missouri (asthma), West Virginia (asthma and allergies) and Hawaii (students with special health needs). Many schools use Asthma or Allergy Action Plans (AAPs) that include emergency procedures, whether mandated or not. West Virginia has now joined the list of states with Asthma Action Plans (AAP) in schools.

Other states tend to have crisis response plans that may or may not stipulate medical protocols.

Health Services Capacity

The National Association of School Nurses, as well as the goals of *Healthy People 2020*, recommends that schools employ at least one nurse per 750 students of the general population⁵⁰. Our core policy standard related to health services capacity mirrors this recommendation:

12. Nurse-to-student ratio is 1:750 or better.

While the value of school nursing is seldom disputed, states are not using policy to address the need. In fact, states have made no progress since 2013:

- Only 8 (16%) require or recommend as state policy that schools employ nurses at a level that meets the standard of at least one nurse per 750 students (Policy Standard #12)

Only one Honor Roll State requires a nurse to student ratio of one nurse to 750 students (1:750): Vermont. Vermont also requires each school to have full time coverage by either a school nurse or a trained associate, and a consulting physician. Another Honor Roll state, the District of Columbia, requires a minimum registered nurse staffing level of 20 hours per school (but allows licensed practice nurse (LPN) as supplementation).

Connecticut, also an Honor Roll State, recommends but does not require a nurse to student ratio of 1:750. State law further specifies that each local or regional board of education shall appoint one or more school nurses or nurse practitioners and a physician medical advisor.

⁵⁰ United States Department of Health and Human Services, Office of Disease Prevention and Health Promotion, *Healthy People 2020* ECBP 5.1 Data Details (accessed at http://www.healthypeople.gov/node/4258/data_details, 8/1/15).

In Massachusetts, an Honor Roll State, the *recommended* nurse-to-student ratio is one full time equivalent (FTE) certified nurse per 250 to 500 students. Another Honor Roll State, Delaware, requires a full time nurse for every school. Non-Honor Roll States Georgia, Iowa, and Arkansas approach this standard. Arkansas sets one nurse to 750 students as the appropriate staffing level but only upon availability of state funds. Mississippi, an Honor Roll State, does not require a specific nurse-to-student ratio, but does require an annual evaluation of school nurses, including collection of data on the nurse-student ratio.

New Jersey, another Honor Roll State, approaches compliance with this standard by requiring each district board of education to appoint at least one school physician and one full time equivalent certified school nurse. Moreover, New Jersey law specifies that the exact number of nurses per school or per district be determined according to its size and needs. No other state requires or provides such recommendations by their departments of education and/or health.

States face increased pressure as they deliver health services in a time of multiplying demands. According to the National Association of School Nurses, the Healthy People standard of one nurse to 750 well pupils was being met in only 13 states for 2020, and that standard may not be adequate to meet the needs of growing numbers of school-aged children with chronic diseases like asthma, diabetes and autism.

Awareness in Schools

Raising awareness of asthma and allergies in school is a fundamental step in moving toward developing policies to promote the health and safety of affected students. However, assessing statewide policies in this domain is complicated because specific policies to support awareness activities tend to be locally based. As a result, a state's policy rubric may not accurately reflect school level programs about asthma and allergy. Thus, the policy standard for this domain is articulated with more generality:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

These standards target states that have a state asthma plan with goals and strategies for schools; those that are in the process of implementing a Coordinated School Health Program (CSHP) following the CDC model; and those that have school-specific asthma or allergy management programs, including the provision of epinephrine auto-injectors for cases of suspected anaphylaxis.

- Thirty-two (63%) have policies and programs that specifically address asthma and forty-nine (96%) have policies and programs that specifically address allergies (Policy Standards #13 and 14)

25% of public schools have no nurse at all.
- National Association of School Nurses

The CSHP model developed by CDC includes strategies for addressing asthma, and CDC funds CSHP demonstration programs in many localities and states. A key area of opportunity for states is in providing or sponsoring training for school staff and pupils to promote asthma and allergy awareness. Many of the states that complied with policy standard #14 above did so in the context of the wave of new laws allowing schools to obtain and use epinephrine auto-injector in case of allergic emergencies.

Less than a quarter of states sponsor or require school districts to provide asthma awareness training for staff, and about half require inclusion of asthma and allergy topics in student curricula. Mississippi law requires states to take action specific actions toward managing asthma in schools, and that law was improved and extended in 2014.

Indoor Air Quality (IAQ)

School environmental quality, including air quality, is an important consideration for children's health. Parents should be concerned about air quality inside schools since many US school buildings are aged and in poor condition. Even brand new buildings and renovated classroom space can harbor mold and building materials that produce off-gases that trigger allergy and asthma problems. Integrated pest management (IPM) is a key driver of the indoor environment. AAFA's core policy standards include four related to indoor air quality (IAQ):

15. State has mandated that all schools must have IAQ management policies.
16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.

States' overall performance in this domain remains weaker than other domains. No additional states have added the policies in this category since our 2014 report.

- Twelve (24%) mandate that all schools must have IAQ policies (Policy Standard #15)
- Thirty-one (61%) mandate inspections of HVAC system & other items important in asthma/allergy management (Policy Standard #16)
- Thirty-one (61%) have IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use) (Policy Standard #17)
- Thirty-eight (75%) recommend or require that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school (Policy Standard #18)

Note that regulatory agencies such as Occupational Safety and Health Agency (OSHA) may regulate individual components of IAQ. *Among the Honor Roll states, seven (50%) have mandatory IAQ policies for schools (Connecticut, District of Columbia, Indiana, Mississippi, New Jersey, North Carolina and West Virginia).* Other states with mandatory IAQ policies include Maine and Wisconsin.

School districts and schools themselves may initiate sound environmental policies and practices without a requirement from their states. In an analysis of the 2012 School Health Policies and Programs Study data collected by the CDC, 78.4% of all school districts nationally require inspections of the HVAC system⁵¹. Twelve Honor Roll States (86%) mandate such inspections.

51 Jones SE, Axelrad R, Wattigney WA. Healthy and safe school environment, Part II, physical school environment: results from the School Health Policies and Programs Study 2006. *Journal of School Health*, 2007; 77(8):544-56.

Sometimes states require schools to follow environmental policies that are not IAQ policies per se, but nonetheless do regulate some components of IAQ such as the HVAC system, use of HEPA filters, carpeting and pesticides. *Twelve Honor Roll States (86%) regulate specific components of IAQ.*

Exposure to pests like roaches, rodents, and dust mites can trigger asthma and allergic reactions. Insect bite and bee stings can trigger anaphylaxis in people who have sensitivities. However, when chemicals in pesticides are the source of irritants for those people with sensitivities, sound management is paramount. Integrated pest management (IPM) techniques extend to non-pesticide tactics like creating barriers to pest infestation. AAFA's core policy standards recommend use of IPM or, alternatively, banning pesticide use inside buildings. All Honor Roll States require IPM or ban pesticides inside buildings.

Outdoor Air Quality

States are trending toward taking steps to improve outdoor air quality for school pupils. Because pesticides can be an asthma trigger, two core standards (#19 and 20) require schools to notify parents of upcoming pesticide applications:

19. State requires schools to notify parents of upcoming pesticide applications.
20. State limits school bus idling time and establishes proximity restrictions.
 - Twenty-seven (53%) meet this standard (Policy Standard #19)
 - Nineteen (37%) meet Policy Standard #20

Some regulations specify that parents request advance written notice and some require posting of signs to notify the neighborhood. Twelve Honor Roll states (86%) require that schools notify parents about scheduled pesticide applications.

States are also engaged in improving outdoor air quality by limiting idling by school buses and retrofitting diesel school buses with new technologies designed to reduce emissions.

The District of Columbia, Maine, North Carolina and 16 other states have adopted limits on school bus idling. A number of states, like Colorado, Idaho, Montana, North Dakota, South Dakota, Utah, and Wyoming received funding from EPA (under the American Recovery and Reinvestment Act of 2009) to support statewide efforts to retrofit diesel school buses. Nine Honor Roll States (64%) meet this standard.

Want to link with stewards of school environmental health? [The School Health and Indoor Environments Leadership Development \(SHIELD\) Network](#) is a place for webinars, tools and events to improve health at school.

[Towards Healthier Schools 2015: Progress on America's Environmental Health Crisis for Children](#) by the Coalition for Healthier Schools, presents state-by-state data and a policy report.

Tobacco Policies

School tobacco policies are an important component of a healthy school environment, particularly smoking policies since secondhand smoke can be an asthma trigger. Three core policy standards involve tobacco prevention policies:

21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Clearly, states are making tobacco prevention among school pupils a high priority:

- Forty-five (78%) have policies forbidding smoking by anyone in any school building or on school grounds (Policy Standard #21)
- Thirty-three (65%) have policies forbidding smoking at school-sponsored events and on school buses (Policy Standard #22)
- Thirty-seven (73%) require that schools teach tobacco use prevention as part of their health education curriculum (Policy Standard #23)

All of the Honor Roll states prohibit smoking for all people in all school-related sites.

A closer look at these data, based on the CDC's 2006 SHPPS⁵², updates from individual state websites and the school policy database of the National Association of School Boards of Education, reveals that smoking is prohibited in schools for students in all but four states (92%).

States are more flexible with regard to faculty, staff and visitors and may provide designated smoking areas for adults. Some states specifically list sports stadiums and other open areas in their prohibitions as well.

The trend toward enacting state laws to curb tobacco use among students and staff at schools has slowed. In fact, respondents to the SHPPS confirm the shift from attention to tobacco use policies. They report that state and school district funding for professional development related to tobacco use cessation and prevention dropped between 2000 and 2012⁵³.

For tips on reducing your child's exposure to tobacco smoke at school, see [EPA's IAQ Reference Guide, Appendix F: Secondhand Smoke](#)

52 The School Health Policies and Programs Study (SHPPS) 2006, Centers for Disease Control and Prevention, http://www.cdc.gov/healthyyouth/shpps/2006/summaries/pdf/State_Level_Summaries_SHPPS2006.pdf (accessed 6/30/15)

53 The School Health Policies and Practices Study (SHPPS) 2012, Centers for Disease Control and Prevention. Washington, DC: US Department of Health and Human Services, 2013, http://www.cdc.gov/healthyyouth/shpps/2012/pdf/shpps-results_2012.pdf (accessed 6/30/15) See page 60.

RECOMMENDATIONS

The purpose of this section is to make recommendations based on our 2015 report findings, to advocates and policymakers on addressing and improving public policies that support the needs of students with asthma, food allergies, and other related allergic diseases in public elementary, middle and high schools.

AAFA encourages parents, caregivers, educators and policy makers to celebrate every victory. For example:

- States continued the trend to authorize schools to stock life-saving epinephrine; ten states now *require* that schools keep a supply on hand for emergency use and 36 others allow their school districts that option.
- New York became the final state to enact a law assuring students the right to carry and use epinephrine auto-injectors on themselves in an allergy emergency.

Advocates should use policy accomplishments to build and strengthen their organizing so that they can achieve wins on other policy standards.

See Spotlight Article I: [From Statehouse to Schoolhouse: Implementing Epinephrine Stocking Laws](#) on p.39 of this report to hear from parents of allergic children about the risk they face at school.

Improve State Policies

Improve Access to Medication. All states have adopted medication policies that allow pupils to carry and self-administer asthma and allergy medications at school, a result of more than a decade of concerted advocacy.

Recently, many communities shifted their focus to making sure that schools are allowed to stock medications so that any student gets help when and if they need it, whether they have a prescription or not. Since 2012, virtually every state has considered these laws, and 46 have passed laws either allowing or requiring schools more flexibility in administering epinephrine to any child experiencing an anaphylaxis emergency, with or without a doctor's prescription.

Recommendation 1: Advocates should continue to push to require epinephrine stocking in schools as well as reasonable supportive policies to make sure that the medication can be administered immediately. Lawmakers should join parents and school leaders to assure that lives are not lost over lack of appropriate paperwork, lack of training, fear of liability, not having medications stocked at schools or the money to obtain them.

See Spotlight Article II: [Entity Laws Aim To Protect Children Beyond the School Campus](#) on p.43 of this report.

State lawmaking may offer advocates an opportunity to promote anaphylaxis beyond the school settings. Many states are considering bills that would allow restaurants, theme parks and other entities that serve food to keep epinephrine auto-injectors at their locations in case of emergencies.

Advocates should recognize the important role played by a community's emergency medical services as a part of anaphylaxis treatment.

Food allergy guidelines recommend calling for medical attention in cases of anaphylaxis even if recommended epinephrine is administered. Yet, many emergency responders do not carry or administer epinephrine. Schools and parents need to obtain clarity about their communities' emergency medical system capabilities.

Recommendation 2: Increase the Number of School Nurses. The standard we adopted for this report, nurse to student ratio of 1:750 or better, is hardly optimal.⁵⁴ That ratio relates to a population of well children; the National Association of School Nurses recommends 1:125 ratio of nurses to chronically ill and disabled student populations.⁵⁵ K-12 students in the US increasingly suffer chronic diseases like asthma. In many schools, particularly those in low-income area or with a disproportionate percentage of minority students, asthma prevalence is large and growing.⁵⁶ Because so few states meet this core policy standard of providing nurse to student ratio of 1:750 or better, school health advocates need to continue efforts to improve health services capacity. The rise in chronic diseases like asthma and diabetes accelerates the urgency of providing qualified school nurses for school pupils. School nurses play a vital role because they are usually the professionals tasked with preparing or coordinating Individual Health Care Plans and Emergency Treatment Plans, and training other school staff, and implementing new laws authorizing schools to stock and use epinephrine auto-injectors in an allergy emergency. These policies become empty promises without the addition of the within school clinical expertise and leadership that nurses can provide.

Schools and states are understandably limited by state and local budgets in the school nursing services they can reasonably deliver. Rural states face logistical challenges covering great distance with scarce nursing staff, while population density creates compelling practical challenges in funding and attracting numbers of nurses sufficient to cover schools in urban settings. The school nursing shortage, coupled with widespread lack of emergency protocols in schools, means schools could be unprepared to respond to asthma or anaphylaxis emergencies.

Teachers: Find free lesson plans on Indoor Air Quality offered by



Simply adding duties to an already overburdened school nursing department is counterproductive. Advocates should include a business case and value proposition along with health and other information to help justify funding to provide schools with an adequate number of nurses or health aides to assist them. Advocates and lawmakers in a metropolitan area modeled this winning formula in 2014 when the Charlotte-Mecklenburg (North Carolina) government approved having a nurse in every public school in its system⁵⁷.

⁵⁴ A [January, 2015 position statement of the National Association of School Nurses](#) cites reasoning supporting the assertion that for the 1:750 ratio may be inadequate, saying: "In addition to the laws that established rights for children with disabilities to attend school, medical advances have increased the number of students with special healthcare needs in schools. ...Students who in the past would have been cared for in therapeutic settings now attend and must receive care in schools (Fauteux, 2010). Furthermore, the percentage of students who have chronic conditions such as asthma and diabetes, which require health care at school, has increased significantly (Van Cleave, Gortmaker, & Perrin, 2010; CDC, 2011a).

⁵⁵ Health, Mental Health, and Safety Guidelines for Schools, American Academy of Pediatrics (accessed at <http://www.nationalguidelines.org/guideline.cfm?guideNum=4-03>, 8/1/15)

⁵⁶ See NASN Position statement at note 55, above.

⁵⁷ Hansen, P. *For first time, every CMS school will have full-time nurse*, WSOC-TV, Cox Media Group (8/21/2014) (accessed at <http://www.wsoc.com/news/news/local/first-time-every-cms-school-will-have-full-time-nu/ng6qH/>, 8/1/2015).

In addition, states can pursue ways to supplement nurses appropriately with certified trained staff and dedicated volunteers who can assist with clerical and administrative duties.

Recommendation 3: Snuff out Smoking. States are succeeding in implementing smoke-free campuses. As states move progressively to provide related programs, like smoking cessation, they face adding costs to schools. Advocates should pursue funding aggressively to support these services. States should also pay close attention to patterns of E-cigarette use among school-aged children and investigate the need for improving public policies.

Recommendation 4: Refresh Programs to Improve Air Quality. In previous State Honor Roll reports, we noticed that activity promoting air quality at schools has slowed. New incentives and funding sources for states and school districts are needed in order to regain momentum for keeping school buildings and grounds safer for students and staff by reducing sources of air pollution using school design, site selection and other tactics.

Take Action

AAFA's public policy and advocacy program focuses on priorities that are important for people who are living with asthma and allergies. AAFA's public policy targets include: access to affordable, quality health care for the treatment and management of asthma and allergies in patients; increased funding for basic, clinical, preventative, and health services research; and prevention, screening, environmental and lifestyle interventions that reduce the incidence and adverse effects of asthma and allergies.

If you are interested in promoting student health in your state, AAFA can help.

- Log on to www.StateHonorRoll.org and use the State Honor Roll report as a template to assess your state's school policies
- Browse our [Action Center](#) and join our [Action Network](#). We will send you important updates regarding our issues and how you can speak out on important issues
- Follow us on [Facebook](#) and [Twitter](#) to stay informed about policy progress
- Identify others who are interested in school policies by joining one of [AAFA's educational support groups](#) or starting a new one
- Speak to school officials, school nurses, teachers, fellow parents, student groups
- Use our tools to improve asthma and allergies in our school systems
- Get support from the nation's most robust online community for parents of children with food allergies: [Kids with Food Allergies \(KFA\)](#) and KFA on [Facebook](#)
- Connect with an AAFA Regional Chapter in your area; five [AAFA Chapters](#) provide a variety of services and advocacy at the state, regional and/or local level, driven by the energy of dedicated volunteers

[The Advocates' Toolkit: Making an Impact on Anaphylaxis](#) can help you build a winning case!



Support AAFA by becoming an advocate in your local community or through a gift. You can memorialize a person who is no longer with us, celebrate a birthday, anniversary or other milestone to honor a friend or family member who is living with asthma or allergies, or support new research initiatives for asthma and allergies. <http://aafa.org/donation.cfm>

Self Help

Parents of students who suffer with asthma and allergies can help themselves with proven tools and advice based on sound medical guidelines.

- *See a doctor:* especially at the start of the school year, make sure your child has a chance to visit a medical professional to evaluate asthma control, prescribe the right medications to treat symptoms and emergencies, and make adjustments as needed. A medical visit is also the right time to ask for an up-to-date written asthma or allergy action plan.
- *Take your child's written asthma or allergy action plan to school:* This powerful tool serves as a reminder of what to do in an asthma or allergy emergency. Keep one at home, and share with other family members and caregivers, too.
- *Take medicines as prescribed:* Make sure your child can carry and use medications at school when needed. If the child is too young to train to properly use medications, make sure that the school nurse (if available) or other responsible school staff is prepared to handle your child's medication needs.
- *Be aware of school indoor environment:* Especially if your child's symptoms are worse at school, try to notice the presence of mold, pests, and other allergy and asthma triggers. Report problems and work with school administrators to remediate environmental triggers.
- Download our [Quick Report Card for Schools](#) Use it to assess your school's asthma and allergy preparedness

For more ideas, visit [At School with Asthma](#) or [Back to School Basics](#). And, visit AAFA's Education section to find programs for school-aged children and school staff, including:

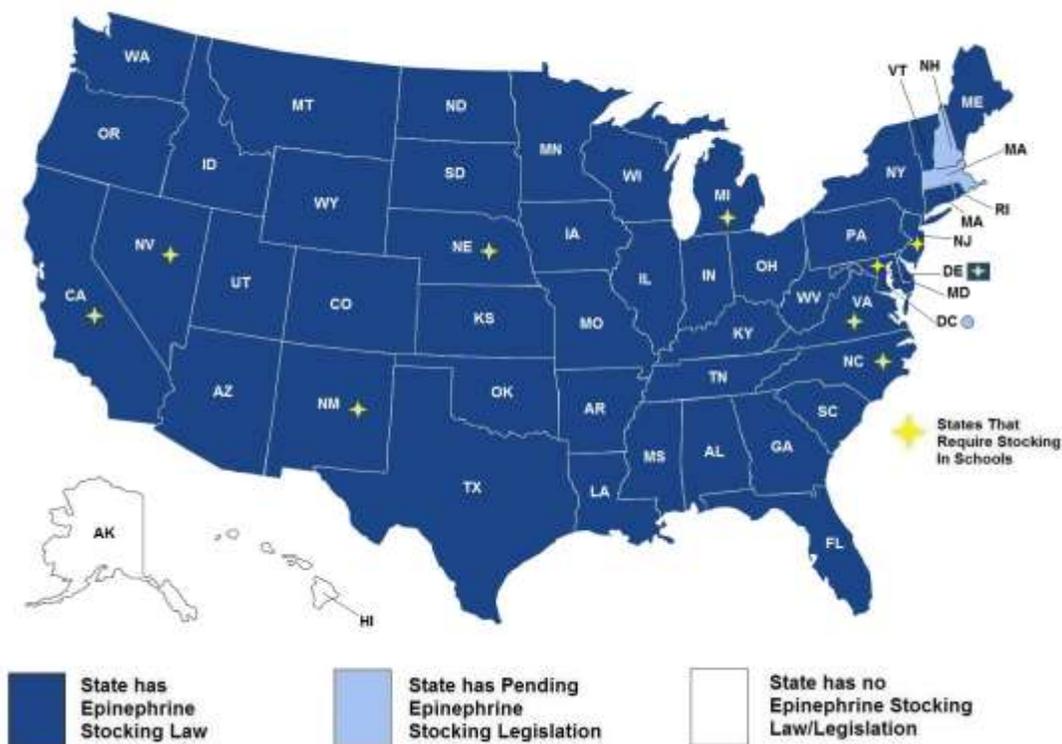
- Programs For Schools or Adults
 - Asthma Management at School – [Meeting in a Box](#)[™]
 - *Ready? Set? Go with Asthma!*[™] [Exercise-Induced Asthma Education Program](#)
- Programs for Children, Parents and Caregivers
 - [Asthma Basics for Children](#)[™]
 - [You Can Control Asthma](#)[™]
 - [Wee Wheezers](#)[™]
 - [Wee Breathers](#)
- Programs for Teens
 - [Power Breathing](#)[™]

STOCKING EPINEPHRINE IN SCHOOLS STATE LAWS IN 2015

AAFA recommends that states require schools to stock epinephrine auto-injectors for emergency use. As of June 15, 2015, most (46) states allow schools to keep a supply of epinephrine auto-injectors at school. Only ten states follow AAFA's recommendation of an even more stringent law that requires schools to keep these potentially life-saving devices at school.

Where does your state stand on stocking epinephrine in schools in 2015?

This map shows the status of epinephrine auto-injector stocking laws in the United States⁵⁸.



⁵⁸ Based on state laws as of June 15, 2015.

2015 SPOTLIGHT ARTICLE I

From Statehouse to Schoolhouse: Implementing Epinephrine Stocking Laws

No nationwide campaign takes-off without widespread recognition that there is a problem. In 2012, a first-grader died from an allergic reaction while at school. Her sudden death shocked the nation.⁵⁹ Food allergy advocates believed that her death might have been prevented if the medication epinephrine had been administered in time. Reportedly, none was available to her at school. Most states had already allowed students to carry and use their own epinephrine at school. However, only a handful of states allowed schools to stock epinephrine auto-injectors for emergencies. By law, schools were not allowed to treat allergic reactions with the epinephrine unless the medication was prescribed by a medical professional for a specific student. The problem was in the law.

Fortunately, over the following 3 years, lawmakers acted. On November 13, 2013, President Obama signed the School Access to Emergency Epinephrine Act into law. This federal law encouraged states to implement policies requiring schools to stock undesignated epinephrine auto-injectors for use in emergencies.



By 2015, food allergy advocates could celebrate an important milestone. Lawmakers in 46 states approved laws making epinephrine auto-injectors available to their schools for allergy emergencies.

Getting epinephrine school stocking laws on the books is a first step on the path to getting epinephrine auto-injectors into the schools. The next step is implementing these laws. Implementing a law is arguably more complex than passing a law because multiple public agencies and private sector organizations may be involved, and each may have its own decision-making processes and time-lines.

In the case of school epinephrine stocking laws, the public agencies involved might include the office of the governor, state departments of education and health, local school districts and systems, state attorney general offices, and potentially other state health and medical regulatory bodies. Parents, families and caregivers can also participate. Professional and trade associations, unions, and clinical specialty societies may also become involved.

In general, these laws include provisions to address four major target areas:

Enabling schools to acquire and keep epinephrine on-hand. In order for schools to stock epinephrine auto-injectors, they must be able to acquire them legally. These devices are available by prescription only. Therefore, the school stocking laws have to modify the prescription requirement for schools by authorizing doctors or other prescribers to write a prescription to a school rather than to a specific patient. Doing so could involve having state medical licensing boards enable such arrangements by regulation or rule.

⁵⁹ Dybuncio, M., Student's Death Spotlights Food Allergies in School, CBS News, 1/13/12 (accessed at <http://www.cbsnews.com/news/students-death-spotlights-food-allergies-in-school/>, 8/1/15).

School systems have a major role to play in order to assure that the requirements of the law are understood and carried out consistently. They have to develop forms that align with the new laws, such as forms for schools to report when and why the medication is used. School systems may have to develop agreements with physicians or other prescribers for schools to use when ordering the epinephrine auto-injectors. In addition, they set minimum levels of the devices to stock at schools and need to identify, develop and establish standard operating processes and procedures. Training for non-clinical, non-licensed school personnel is needed. However, laws vary about permitting a school to designate one or more non-nurse staff members to receive training so they can administer the medication in an emergency. State laws and nurse practice acts differ from state to state, so each school district and each school nurse must ensure before enacting any protocol that it is consistent with applicable state laws and regulations, including those governing delegation.⁶⁰

State agencies can help enable implementation by communicating clearly with schools and other stakeholders. For example, in order to clarify the myriad of requirements under the recent laws state governing allergy and asthma medications at school, the Illinois State Board of Education published [guidance](#) for schools in a simple question and answer table.

Physicians need guidance, too. For example, Illinois developed a [toolkit for physicians](#) to help them navigate the process of setting standing orders of the medication for schools. State licensing boards and even malpractice insurance carriers may become involved.

Importantly, school systems must also budget and allocate resources to purchase epinephrine auto-injectors. As a way of easing the cost burden to school systems, one manufacturer (Mylan, L.P.) is offering free devices to systems that have signed prescriptions.⁶¹

Authorizing people (other than the students themselves) to appropriately administer epinephrine to children. Allowing states to keep emergency medications on hand is insufficient if school staff or other third parties hesitate, do not know how, or refuse to use them on a student. In addition to relying on school nurses on site, states are implementing other ways to help overcome this challenge. Training designated school staff in addition to school nurses, and volunteers to recognize the signs and symptoms of anaphylaxis and how to access and use the epinephrine auto-injector is paramount. School systems may specifically develop and offer such training programs. Some may require training for certain staff and authorized volunteers. Caution is encouraged to assure that training that it is consistent with applicable state laws and regulations, including those governing delegation, as well as applicable school district policies and procedures.⁶²

Encouraging people to act swiftly and appropriately in an emergency. In general, laws do not require people to act to save a life. To the contrary, they are discouraged from doing so by laws that may hold them responsible for injuring a person while they sincerely try to save a life.

Therefore, stock epinephrine in school laws contain provisions allowing people to act without fear of liability for administering epinephrine auto-injectors as long as they have acted in good faith, not intending to injure.

⁶⁰ <https://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis/EpinephrinePoliciesProtocolsandReporting> Accessed July 26, 2015

⁶¹ <https://www.epipen4schools.com>

⁶² <https://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis/GetTrained> Accessed July 26, 2015

These laws also encourage action by providing for training. Training enables people to recognize signs and symptoms of severe allergic reactions and to administer the epinephrine auto-injector properly. Training enhances confidence and minimizes delay.

Evaluation, tracking emergency incidents and reporting results. How effective is stocking epinephrine auto-injectors at schools? In order to maintain the practice of stocking these medications, advocates need to show positive results. Reporting incidents to a publically accessible database can help to facilitate improvements in allergy care and treatment at school. Some laws detail reporting requirements like keeping track of the times when epinephrine auto injectors are used at schools and the circumstances of their use. Whether required by law or not, school systems should put incident tracking in place as part of stocking programs.

The Implementation Process

Typically, these laws leave it up to a school district to adopt detailed rules and forms that implement the targets listed above. The specific provisions of these laws vary from state to state and so does the implementation process. Some laws include more detail than others do and others delegate most of the detail to other administrative bodies to develop and enforce. For instance, some laws say schools must keep the medications in a locked location⁶³, but others leave it up to the schools or school district to determine who will have access and where it will be maintained.⁶⁴

Getting Involved

State agencies, including departments of education, health, and professional licensing bureaus, must follow what is referred to as "due process" before implementing rules and regulations that are effective. Typically, "due process" means that after the agency drafts new rules and regulations to spell out what is required under new laws, they must provide the public with notice and an opportunity to comment. State agencies may be obligated to provide public notice and a chance to comment as they develop rules implementing school stocking. For instance, parents may have a chance to hear about new rules and to comment at public school board meetings.

Because of strong advocacy by parents to get new school epinephrine stocking laws passed, school administrators who are tasked with writing implementation rules may consult them during the drafting process. Whether or not this is the case, the obligation to share draft rules and accept public comment may provide an important chance for advocates to intervene.

The ultimate point of evaluation is at the school. Simply checking in with the school nurse or administration office with specific questions can help parents and other caregivers evaluate the four implementation targets presented in this article.

⁶³ For example, Louisiana [LA 2012 SB 119 chaptered Act 624](#)

⁶⁴ For example, California SB 1266, 2015 (http://www.leginfo.ca.gov/pub/13-14/bill/sen/sb_1251-1300/sb_1266_bill_20140915_chaptered.html), accessed 8/1/15)

Key Questions for Parents and Caregivers Regarding Implementation



Once parents, families, caregivers and guardians have information about how schools approach these questions, they will be in a better position to evaluate whether the implementation of these laws is succeeding where it counts – at school.

Resources

To effectively manage food allergies and the risks associated with these conditions, many people inside and outside the school or early childhood education (ECE) program should come together to develop a comprehensive plan. The US Centers for Disease Control, in collaboration with other organizations offers guidelines for preparing a Food Allergy Management and Prevention Plan (FAMPP).⁶⁵ This plan should include all strategies and actions needed to manage food allergies in the school or ECE program.

⁶⁵ Centers for Disease Control and Prevention. Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs. Washington, DC: US Department of Health and Human Services; 2013 (accessed at http://www.cdc.gov/healthyouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf, 8/1/15)

2015 SPOTLIGHT ARTICLE II

"Entity Laws" Aim to Protect Children Beyond the School Campus

Food allergies – the most common cause of severe allergic reactions – can be triggered anywhere food is prepared and consumed, not just at schools. Therefore, parents, caregivers and families of food allergic individuals are wise to seek ways to protect children at risk of severe allergic reactions beyond the K-12 school setting. Focus is widening to consider epinephrine stocking laws beyond schools and into other “entities” where food is present, such as off-campus activities, sports and recreation venues, summer camps, colleges and universities, and public restaurants.

Food allergy advocates would like for those who handle, prepare, cook or sell food to be better educated about reducing risks of allergic reactions. Patient advocates would also appreciate knowing that the first-line treatment, epinephrine, is readily available to the public in easy to use auto-injector form, much like AEDs⁶⁶ are available in public places like airports and sports arenas for heart attack symptoms. Many would like widespread training for employees to prepare them to administer epinephrine immediately.



Thus, the next milestone for states to consider expanding access to epinephrine for emergencies is extending stocking laws to other entities in addition to K-12 schools. Strategies are under way to help promote this aim.

Some efforts are being undertaken without government involvement. Private sector organizations and corporations are voluntarily acting to promote awareness and to make epinephrine auto-injectors available for emergencies. For instance, Disney Theme Parks and Mylan LLP have joined to promote awareness and prevention at Disney parks and cruise ships.⁶⁷ Park nurses have access to EpiPen® (epinephrine) Auto-Injectors. Facility maps now include locations where guests can find the devices at Disney theme parks and on Disney cruise ships. Disney plans to offer educational materials and programs to promote allergy awareness. Expanding this model to other businesses would represent significant progress.

Voluntary actions are promising but the impact is limited. In addition, current laws can create roadblocks. For instance, an individual using an epinephrine auto-injector on another person might be concerned that such actions could be considered illegally practicing medicine. Potential legal liability may discourage innovative programs. Thus, advocates are considering laws that will enable and encourage interested businesses and individuals to increase awareness and prevention, and to make epinephrine available to treat anaphylaxis.

⁶⁶ AEDs, or automated external defibrillators, are portable units for sensing and treating irregular heart rhythms associated with cardiac arrest.

⁶⁷ *Mylan Signs Strategic Alliance Agreement with Walt Disney Parks and Resorts to Enhance Access to EpiPen® (epinephrine) Auto-Injectors*, PR Newswire, November 7, 2014 (accessed at <http://www.prnewswire.com/news-releases/mylan-signs-strategic-alliance-agreement-with-walt-disney-parks-and-resorts-to-enhance-access-to-epipen-epinephrine-auto-injectors-281903761.html>, 8/1/15)

State Entity Laws Beyond K-12 Schools

States are beginning to consider "entity laws" to extend the protective zone of epinephrine auto-injector availability beyond K-12 schools to other settings where food is eaten. Several states (Colorado, Florida, New York, North Dakota, Ohio, Oregon, and Utah) have enacted entity laws. Many others are considering them. How the laws affect people with food allergies and which types of entities are affected varies from state to state, but a trend is developing. This section summarizes the laws generally. Be sure to check your state law before making any assumptions.

Eligibility. The laws do not require individuals, businesses or any other entity to participate. However, they typically allow individuals, businesses or organizations to participate under the law assuring that those who experience severe allergic reactions have access to an epinephrine auto-injector.

For businesses and organizations, participation means that they are allowed or "authorized" to acquire an epinephrine auto-injector and store it on their site. The list of those that may be authorized usually includes venues that offer activities aimed at children, like summer camps, day camps, sports camps, colleges, pre-schools, day care centers, and theme parks. For instance, the Florida law's eligibility list includes, but is not limited to, restaurants, recreation camps, youth sports leagues, theme parks and resorts, and sports arenas.⁶⁸ Some state laws include other entities that are not necessarily named in the law as long as they take steps to set out in the law to participate. Note that both eligibility and any process to become an authorized business or organization entity vary from state to state.

These laws allow physicians and other named medical providers to prescribe epinephrine auto-injectors to a named authorized entity. Note that New York State requires that the authorized individual or entity have a collaborative agreement with an emergency care provider.

For individuals, participation means being able to administer the medication to another person if the individual believes in good faith that the person is experiencing a severe allergic reaction. Individuals may participate after they become certified to participate. Certification requirements are described by state law and generally require successful completion of a training program and paying a fee. Again, the specific requirements for certification will vary based on each state's law.

Training. Typically, these laws allow an individual over the age of 18 to become certified to administer epinephrine auto-injectors if he or she is properly trained. The required training covers recognizing the signs and symptoms of anaphylaxis and properly using epinephrine auto-injectors. Some laws specify that the training be provided by a specific organization such as a health department, a national organization or a training program approved by the state health department.

Liability Protection. An important feature of these laws is protecting businesses, entities, individuals and physicians or other licensed prescribers, like physicians assistants or advanced practice nurses, from being sued for actions taken (or not taken) as epinephrine auto-injectors are obtained, dispensed, stored, or used, or in training individuals to administer them. Entity laws generally protect participating organizations, their eligible staff and volunteers, as well as other authorized individuals from being held liable for unintentional injury associated with

⁶⁸ Florida HB 1131 (enrolled as Section 381.88, Florida Statutes), (accessed <https://legiscan.com/FL/bill/H1131/2014>, 8/1/15)

administering (or failing to administer) epinephrine auto-injectors. The laws also protect prescribing physicians and pharmacists from liability for writing prescriptions and dispensing to authorized entities.

Impact

Entity laws represent a potential breakthrough for people living with food allergies. These laws help promote awareness of the severity and challenges of food allergies and training programs for food industry personnel. Wherever they go to work, workers will take their food allergy knowledge, awareness and skills with them. Organizations that serve people with food allergies like childcare centers, camps and sports leagues will be able to obtain and keep epinephrine auto-injectors on hand for emergencies. As states with such entity laws gain additional experience with them, the food allergy community can look to the early “adopters” of such legislation to obtain insights and lessons learned for potential applicability in other states.

In the future, epinephrine auto-injectors may be readily available in clearly identified units as standard equipment in office buildings, malls, religious institutions and buildings, restaurants, airports, parks, movie theaters and ballparks, and every public venue imaginable.

STATE PROFILES

ALABAMA

Overall, Alabama meets eleven of 23 core policy standards and one of twelve extra credit indicators.

Medication and Treatment Policies:

Meets seven of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
4. State policies or procedures shield school personnel from liability for unintended injuries.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Awareness Policies:

Meets one of two core policy standards in this category.

14. State recognizes problem of allergy in schools and has begun to address it.

Meets one of two extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.

School Environment Policies:

Meets three of nine core policy standards in this category:

21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Policy Gaps:

Identification and Reporting, Nurse to Student Ratio, Indoor and Outdoor Air Quality Policies

Noteworthy:

Epinephrine in Schools: In 2014, Alabama enacted [Ala. Code § 16-1-48](#) - *Anaphylaxis preparedness program*, a law that allows schools to develop plans with physicians that include stocking epinephrine auto-injectors in schools. The law requires the Department of Education to develop an anaphylaxis preparedness program to be adopted by each local board of education and implemented in each K-12 public school commencing with the 2015-2016 scholastic year. The program incorporates education programs that address food allergies, identification and management of chronic illnesses, and development of a planned response to anaphylaxis-related emergencies at schools.

Epinephrine Stocking:

Tobacco Use and Prevention: In 2010, Alabama issued the [State Plan for Tobacco Use Prevention and Control: 2010 - 2015.](#)

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

ALASKA

Overall, Alaska meets nine of 23 core policy standards and one of twelve extra credit indicators.

Medication and Treatment Policies:

Meets six of twelve core policy standards in this category:

2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

School Environment Policies:

Meets three of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.

Meets one of five extra credit indicators in this category:

- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Identification and Reporting, Nurse to Student Ratio, Awareness, Tobacco Indoor and Outdoor Air Quality Policies

Noteworthy:

Asthma and Allergies in Schools: The Alaska Department of Health offers an Interactive [Asthma Action Plan](#), and a [student allergy and anaphylaxis care plan](#).

Indoor Air Quality: As part of the application to become an "[Alaska Green Ribbon School](#)", school applicants have to demonstrate an integrated school environmental health program, which includes asthma control measures and implementation of an indoor air quality program.

Tobacco Use and Prevention: [Alaska's 2013 spending bill](#) budgets funding for tobacco cessation education. While funds are not directly distributed to schools, it is available to them. There is no requirement that schools must offer tobacco cessation programs, and no guarantee that a similar appropriation will be made in subsequent years.

Sources:

[State Education Agency Website](#)

State Legislature Websites:

Senate: <http://senate.legis.state.ak.us/>

House: <http://house.legis.state.ak.us/>

ARIZONA

Overall, Arizona meets fourteen of 23 core policy standards and two of twelve extra credit indicators.

Medication and Treatment Policies:

Meets six of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

School Environment Policies:

Meets six of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA filters, carpeting, pesticide use).
18. State recommends that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.

Meets two of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Identification and Reporting, Nurse to Student Ratio.

Noteworthy:

Epinephrine Auto-Injectors in School: A 2013 law, [SB 1421](#), allows school districts and charter schools to stock epinephrine auto-injectors, allows trained school employees to administer the devices at school or school activities, allows school districts and charter schools to purchase the medical devices if the state does not budget enough for school to maintain 2

juvenile doses and 2 adult doses, and directs the health and education departments to develop regulations. The law shields school personnel from civil liability in instances when school personnel assist a student in an emergency, but the law is limited to epinephrine and does not address liability related to asthma medication.

Indoor Air Quality: Arizona requires school boards to conduct an environmental assessment for new school construction and schools are required to ensure that HVAC systems meet maintenance criteria set by the Board.

Tobacco Use and Prevention: [Arizona's Steps to a Healthier Arizona](#) Initiative aims to help Americans live longer, better, and healthier lives by reducing the burden of diabetes, obesity, and asthma and includes school interventions. Funded under a grant from CDC, the program addresses three risk factors:

- Inadequate nutrition
- Physical inactivity
- Tobacco use

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

[Arizona Resource Guide for Children with Life Threatening Allergies](#)

ARKANSAS

Overall, Arkansas meets thirteen of 23 core policy standards and three of twelve extra credit indicators.

Medication and Treatment Policies:

Meets nine of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
4. State policies or procedures shield school personnel from liability for unintended injuries.⁶⁹
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
11. State requires schools to have emergency protocols for anaphylaxis.
12. Nurse-to-student ratio is 1:750 or better.

Meets one of five extra credit indicators in this category:

- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

School Environment Policies:

Meets three of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
21. All smoking is prohibited in school buildings and on school grounds.

Meets two of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.

Policy Gaps:

⁶⁹ In order to meet the indicator, the state law must shield from liability in cases of self-administration or emergency administration by a school nurse or other school personnel; shield must apply to medication to treat both anaphylaxis and asthma. Note that these provisions are typically enacted as part of laws allowing schools to maintain a supply of epinephrine auto-injectors at schools or laws allowing students to carry and self-administer medications.

Asthma Management and Awareness; Outdoor Air Quality

Noteworthy:

Epinephrine Auto-Injectors in Schools: A 2013 law allows school nurses in school districts and charter schools to provide and administer epinephrine auto-injectors to students with prescriptions on file or who the school nurse in good faith believes is having an anaphylactic reaction. [*2013 Arkansas Laws Act 757 \(H.B. 2011\)*](#).

The law shields school personnel from civil liability for unintentional injuries in instances when injury occurs during student self-administration of medication (specifically including a prescription inhaler). Arkansas also covers situations where school personnel assist a student in an emergency. The law covers both asthma inhalers and epinephrine auto-injectors.

School Nurses: Arkansas enacted an a law establishing a nurse to student ratio of no fewer than one full-time equivalent per 750 students; in districts having a high concentration of disabled students, the ration is reduced to one per 400 students. However, the provisions are effective only upon the availability of state funds.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

CALIFORNIA

Overall, California meets fifteen of 23 core policy standards and nine of twelve extra credit indicators.

Medication and Treatment Policies:

Meets five of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets three of five extra credit indicators in this category:

- A. State requires anaphylaxis - Epinephrine - stocking and authority to administer in schools.
- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets all core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets all extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets eight of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets four of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.

- J. State requires school facility design standards that include low emission construction materials, pollutant source controls, durable and easy to clean surfaces and floors, moisture/mold controls.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.
- L. State requires districts or schools to provide tobacco use cessation services to students.

Policy Gaps:

Identification and Reporting; Nurse to Student Ratio.

Noteworthy:

Epinephrine Auto-Injectors in School: In September 2014, California passed a law, [Senate Bill 1266](#), requiring schools to provide emergency epinephrine auto-injectors to school nurses and trained personnel. The law also requires that school districts, county offices of education, or charter schools defend and indemnify employees and volunteers who administer auto-injectable epinephrine. In addition, the California Department of Education offers [training standards for the use of epinephrine auto-injectors](#).

Indoor Air Quality: CA laws set out requirements for clean floor surfaces in schools. CA also requires the state board of education to study and report on indoor air pollution in schools.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

COLORADO

Overall, Colorado meets fourteen of 23 core policy standards and seven of twelve extra credit indicators.

Medication and Treatment Policies:

Meets eight of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets one of five extra credit indicators in this category:

- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets four of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.

Meets four of five extra credit indicators in this category:

- I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.
- J. State requires school facility design standards that include low emission construction materials, pollutant source controls, durable and easy to clean surfaces and floors, moisture/mold controls.

- K. State has implemented or actively promotes diesel school bus engine retrofitting program.
- L. State requires districts or schools to provide tobacco use cessation services to students.

Policy Gaps:

Nurse to Student Ratio; Outdoor Air Quality.

Noteworthy:

Epinephrine Auto-Injectors in Schools: A 2013 law requires the state board of education to adopt rules on the management of students with life-threatening allergies, train users of epinephrine auto-injectors, and report incidences of anaphylaxis and the administration of epinephrine auto-injectors. Schools *have the discretion* to adopt a policy regarding epinephrine auto-injectors, but *must* create a policy if they acquire and maintain a stock supply of epinephrine auto-injectors. The law shields school personnel from liability for unintentional injury regardless of whether epinephrine is administered by the student or by a school employee. However, the law only addresses liability for epinephrine use, not asthma medications. [CO H.B. 1711](#)

Allergy Awareness in Schools: In 2009, Colorado enacted a law directing each school district and charter school institute to develop a policy to manage the risks posed by food allergies and anaphylaxis to students. The state now requires that the state Board of Education, in consultation with the Public Health and Environment Department, make rules to manage the risks posed by food allergies and anaphylaxis in public schools. In addition, state school districts and the state charter schools must develop policies that satisfy these rules. Colorado also requires schools to identify students with food allergies and keep records of student allergies and medications.

Indoor Air Quality Assistance: A 2013 law does not set aside specific funding/resources for IAQ assistance, but going forward, schools (and school districts) that receive state funding must ensure that all new or renovated buildings meet the highest energy efficiency standards available, including improving the indoor environmental quality of school buildings. [CO S.B. 279](#)

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

[Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act Guidelines \(C.R.S. 05-156\)](#)

CONNECTICUT

STATE HONOR ROLL 2008 - 2015

Overall, Connecticut meets twenty-one of 23 core policy standards and eight of twelve extra credit indicators.

Medication and Treatment Policies:

Meets ten of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.
12. Nurse-to-student ratio is 1:750 or better.

Meets two of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets all core policy standards in this category:

15. State has mandated that all schools must have IAQ management policies.
16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.

19. State requires schools to notify parents of upcoming pesticide applications.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets four of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.
- J. State requires school facility design standards that include low emission construction materials, pollutant source controls, durable and easy to clean surfaces and floors, moisture/mold controls.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Noteworthy:

Connecticut has been selected for the State Honor Roll since 2008.

Epinephrine in Schools: [Connecticut law](#) allows schools to stock epinephrine auto-injectors.

Medication Policy: The State Department of Education requires schools, before and after-school and school readiness programs to maintain an individual medication administration record for students who receive medications during school or program hours. The state also allows paraprofessionals to administer medications to students in the case of an emergency, if approved by the school board. A bill proposed in 2013 but not passed in Connecticut would have required children to have a health assessment prior to public school enrollment including a check box to indicate an asthma diagnosis.

Indoor Environmental Policy: Connecticut regulations set forth building construction standards for schools that include strategies to prevent mold. CT regulations also require schools to implement a “green cleaning program” and set forth building construction standards for schools that include strategies to prevent mold.

Sources:

State Education Agency Website: <http://www.sde.ct.gov/>

State Legislature Website: <http://www.cga.ct.gov/>

[Accommodating Special Dietary Needs: Guidance for School Nutrition Programs](#) (revised January 2013): Contains guidance on accommodating special dietary needs in school nutrition programs, based on federal laws, U.S. Department of Agriculture (USDA) requirements and Connecticut laws and regulations.

DELAWARE

STATE HONOR ROLL 2015

Overall, Delaware meets eighteen of 23 core policy standards and four of twelve extra credit indicators.

Medication and Treatment Policies:

Meets eleven of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.
12. Nurse-to-student ratio is 1:750 or better.

Meets two of five extra credit indicators in this category:

- A. State requires anaphylaxis - Epinephrine - stocking and authority to administer in schools.
- D. State has adopted policy that each school will have one full-time nurse.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

School Environment Policies:

Meets six of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets two of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Asthma Awareness

Noteworthy:

Epinephrine Stocking in Schools: [Delaware law](#) requires schools to provide emergency medications for allergic reactions and training for school personnel.

School Nurses: Delaware is one of the few states in the nation that addresses the urgent need for school nurses by requiring one full time nurse per school.

Medication Policy: A 2012 law expands the ability of persons to assist in the administration of medications to students by including coaches or persons hired or contracted by schools serving students in kindergarten through grade 12 during approved school activities outside the traditional school day and off-campus activities. [S.B. 257](#)

Pesticide Notification: Delaware law does not require schools to notify parents of pesticide applications, but it does require pesticide applicators to be knowledgeable about children's sensitivity to pesticide applications. [Delaware Pesticide Rules and Regulations.](#)

Outdoor Air Quality: New regulations effective in 2012 indicates that school buses should have cleaner air, but does not specifically require [diesel retrofitting](#).

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

DISTRICT OF COLUMBIA

STATE HONOR ROLL 2012 - 2015

Overall, the District of Columbia meets eighteen of 23 core policy standards and six of twelve extra credit indicators.

Medication and Treatment Policies:

Meets seven of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
12. Nurse-to-student ratio is 1:750 or better.

Meets two of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets all core policy standards in this category:

15. State has mandated that all schools must have IAQ management policies.
16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.

23. Tobacco use prevention is required in health education curriculum.

Meets two of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.

Policy Gaps:

Emergency Management

Noteworthy:

The District of Columbia has been selected for the State Honor Roll since 2012.

Comprehensive Health Policies: The District of Columbia enacted a law establishing a Healthy Schools Fund that includes directives to prohibit vehicles from idling near schools, implements the EPA's Indoor Air Quality Tools for Schools programs, and requires a plan to operate school health centers by 2015.

Medication Policy: DC requires training for all school personnel on administering medication during an asthma or anaphylaxis emergency.

Tobacco Use and Prevention: Health education for DC students must include tobacco among its content areas.

Sources:

[DC Council website](#)

[DC State Education Agency Website](#)

FLORIDA

Overall, Florida meets fifteen of 23 core policy standards and six of twelve extra credit indicators.

Medication and Treatment Policies:

Meets nine of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets two of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets four of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.

Meets two of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Nurse to Student Ratio; Tobacco Policies.

Noteworthy:

Epinephrine in Schools: A 2013 Florida law authorizes both public and private schools to maintain a supply of epinephrine auto-injectors in a secure location for use in an emergency by authorized students and trained school personnel. Schools that choose to purchase and maintain a supply of epinephrine auto-injectors must adopt a protocol developed by a licensed physician for the administration of an epinephrine auto-injector by trained school personnel. The law provides immunity from liability for public and private school employees and agents for any injury arising from the use of an epinephrine auto-injector administered by trained school personnel. [Laws of Florida, Chapter 2013-63](#)

Tobacco Use Prevention: Florida has enacted legislation aimed at reducing tobacco use by conducting education programs primarily targeting youth and their parents. The campaign, conducted by the Department of Health with input from a multidisciplinary advisory council, included training for teachers, youth school programs, and information about tobacco use cessation. [F.S.A. § 381.84: Comprehensive Statewide Tobacco Education and Use Prevention Program](#)

Sources:

State Education Agency Website: <http://www.fldoe.org/>

State Legislature Websites:

- [Senate](#)
- [House of Representatives](#)

GEORGIA

Overall, Georgia meets seven of 23 core policy standards and five of twelve extra credit indicators.

Medication and Treatment Policies:

Meets four of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to student.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
12. Nurse-to-student ratio is 1:750 or better (for elementary schools).

Meets two of five extra credit standards in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets two of nine core policy standards in this category:

20. State limits school bus idling time and establishes proximity restrictions.
23. Tobacco use prevention is required in health education curriculum.

Meets one of five extra credit indicators in this category:

- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Identification and Reporting; Emergency Management; Indoor Air Quality.

Noteworthy:

Epinephrine in Schools: A 2013 Georgia law authorizes both public and private schools to maintain a supply of epinephrine auto-injectors, authorizes licensed health practitioners to prescribe a supply for schools, and authorizes pharmacists to fill such prescriptions. The law also authorizes any trained school employee or agent to provide or administer auto-injectable epinephrine. The law provides immunity from liability for school personnel for any injury arising from the use of an epinephrine auto-injector administered by trained school personnel.

The law covers school personnel in instances where school personnel assist a student in an emergency. Unlike other state laws, the Georgia law does not appear to shield the school from liability where a student self-administers medication. (Georgia [HB 337](#))

Health Services Capacity – School Nurse to Pupil Ratio: In January 2013, Georgia passed an Act – Education; require that the Quality Basic Education Formula is fully funded by the General Assembly (SB 42) – which serves to restore funding to school districts to hire all kinds of school personnel, including nurses. The law states “It is the intent of the General Assembly that all of the austerity cuts made to local school systems since 2002 are fully restored in the General Appropriations Act for Fiscal Year 2014.” While the law does not include a requirement that schools provide a nurse per 750 students, the law does make it easier for schools to fund nursing positions.

Outdoor Air Quality: The state has also limited unnecessary [school bus idling](#).

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

HAWAII

Overall, Hawaii meets fifteen of 23 core policy standards and eight of twelve extra credit indicators.

Medication and Treatment Policies:

Meets seven of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.

Meets three of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.
- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets six of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets three of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.
- L. State requires districts or schools to provide tobacco use cessation services to students.

Policy Gaps:

Emergency Management and Nurse to Student Ratio.

Noteworthy:

Epinephrine in Schools: The Hawaii Legislature considered but did not pass a new law that would have permitted Department of Health employees and agents to volunteer to administer auto-injectable epinephrine to students in anaphylactic shock and would have required the Department of Health to provide training to these volunteers. The proposed measure would have required a student's parent or guardian to provide supplies to administer the epinephrine. SB 241 SD-1: http://www.capitol.hawaii.gov/session2013/Bills/SB241_SD1_.HTM

Air Quality: Hawaii's diesel retrofit program is funded in part by the West Coast Collaborative, a partnership among leaders from the federal, state and local governments and the private sector whose goal is to reduce diesel emissions along the West Coast of the US. The Collaborative is part of EPA's National Clean Diesel Campaign.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

IDAHO

Overall, Idaho meets eleven of 23 core policy standards and three of twelve extra credit indicators.

Medication and Treatment Policies:

Meets six of twelve core policy standards in this category:

2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets four of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
21. All smoking is prohibited in school buildings and on school grounds.
23. Tobacco use prevention is required in health education curriculum.

Meets one of five extra credit indicators in this category:

- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Emergency Management and Nurse to Student Ratio.

Noteworthy:

Epinephrine in Schools: [Idaho law](#) allows schools to obtain and use epinephrine auto-injectors for allergic reactions.

Outdoor Air Quality: Idaho provided funding for a diesel retrofitting program, sourced in part by federal stimulus funds (American Reinvestment and Recovery Act of 2009).

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

ILLINOIS

STATE HONOR ROLL 2015

Overall, Illinois meets eighteen of 23 core policy standards and six of twelve extra credit indicators.

Medication and Treatment Policies:

Meets ten of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
4. State policies or procedures shield school personnel from liability for unintended injuries.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets two of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets six of nine core policy standards in this category:

18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.

23. Tobacco use prevention is required in health education curriculum.

Meets two of five extra credit indicators in this category:

- I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Nurse to Student Ratio; Indoor Air Quality

Noteworthy:

Epinephrine in Schools: In 2011, Illinois amended its medication self-administration law to permit school districts or nonpublic schools to allow administration of medication by school nurses. Parents waive civil liability for any injury arising from using epinephrine auto-injector except for willful or wanton conduct. The same law allows school districts or nonpublic schools to maintain a supply of epinephrine auto-injector in a locked, secure location at school for use when necessary. The state must begin reporting administration of emergency epinephrine beginning October 2015. [Public Act 097-0361 Section 5](#). In 2014, Illinois refined the law to help protect school personnel from civil liability in case of injury related to using auto-injectable epinephrine at school.

Indoor Air Quality: Illinois law sets standards promoting environmentally-friendly construction materials, and cleaning and maintenance products. [105 ILCS 230/5-40](#). For large cities (over 500,000 residents), the school board must set minimum school facility performance standards that include indoor air quality. [Illinois P.A. 97-473](#)

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

INDIANA

STATE HONOR ROLL 2013, 2015

Overall, Indiana meets eighteen of 23 core policy standards and six of twelve extra credit indicators.

Medication and Treatment Policies:

Meets eight of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets two of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets eight of nine core policy standards in this category:

15. State has mandated that all schools must have IAQ management policies.
16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.

23. Tobacco use prevention is required in health education curriculum.

Meets two of five extra credit indicators in this category:

- J. State requires school facility design standards that include low emission construction materials, pollutant source controls, durable and easy to clean surfaces and floors, moisture/mold controls.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Identification and Reporting; Nurse to Student Ratio

Noteworthy:

Epinephrine in Schools: In 2014, Indiana passed [SB 245](#), allowing health care providers to prescribe auto-injectable epinephrine to a school or school district. The law also protects certain school employees and health care providers from civil liability.

Indoor Air Quality:

In 2010, Indiana enacted a law establishing an indoor air quality inspection, evaluation and employee and parent notification program to assist schools in improving indoor air quality. Regulations implementing this law are in place and include requirements for mold removal within 48 hours. [410 Ind.Admin.Code Article 33](#).

Sources:

[Indiana State Department of Health](#)
[State Education Agency Website](#)
[State Legislature Website](#)

IOWA

Overall, Iowa meets sixteen of 23 core policy standards and three of twelve extra credit indicators.

Medication and Treatment Policies:

Meets ten of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.
12. Nurse-to-student ratio is 1:750 or better.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets five of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets one of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.

Policy Gaps:

Outdoor Air Quality

Noteworthy:

Epinephrine in Schools: In April 2015, Iowa passed a law, [Senate File 462](#), allowing schools to stock epinephrine for administration by trained personnel and protecting school personnel from civil liability for administering epinephrine in good faith.

School Nurses: Iowa has stated a goal of one nurse for every 750 students.

Tobacco Use Prevention: Iowa passed landmark legislation, the Smokefree Air Act, which took effect on July 1, 2008. The Act prohibits smoking in and around school buildings, including but not limited to, school vehicles and private buildings on school property. The law provides that schools post “no smoking” signs and provides penalties for individuals who violate the law. [Fact Sheet on Iowa Smokefree Air Act and Implications for Public Schools](#)

Sources:

[State Education Agency Website](#)
[State Legislature Website](#)

KANSAS

Overall, Kansas meets ten of 23 core policy standards and one of twelve extra credit indicators.

Medication and Treatment Policies:

Meets six of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
7. State requires a procedure updating health records periodically.
11. State requires schools to have emergency protocols for anaphylaxis.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

School Environment Policies:

Meets three of nine core policy standards in this category:

18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.

Meets one of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.

Policy Gaps:

Identification and Reporting; Nurse to Student Ratio; Indoor and Outdoor Air Quality.

Noteworthy:

Epinephrine in Schools: [Kansas law](#) allows anyone to administer epinephrine at school, on school property or at a school-sponsored event if they exhibit the signs and symptoms of anaphylaxis or shock. A school may keep epinephrine kits on the premises if it has a supervising consulting pharmacist to develop procedures, control and accountability. The state shields any person administering epinephrine from liability for injuries if the person acts in good faith or gratuitously, and if the actions are reasonably prudent.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

[Epinephrine practices in schools](#)

KENTUCKY

Overall, Kentucky meets sixteen of 23 core policy standards and five of twelve extra credit indicators.

Medication and Treatment Policies:

Meets eight of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets one of five extra credit indicators in this category:

- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets one of two extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.

School Environment Policies:

Meets six of nine core policy standards in this category:

15. State has mandated that all schools must have IAQ management policies.
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
21. All smoking is prohibited in school buildings and on school grounds.
23. Tobacco use prevention is required in health education curriculum.

Meets three of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.

K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Nurse to Student Ratio

Noteworthy:

Epinephrine in Schools: A 2013 law, HB 172, provides for students with life-threatening allergies to have access to an epinephrine auto-injector in school; requires schools to have written emergency anaphylactic reaction response plans; allows schools to purchase epinephrine auto-injectors; requires schools to keep an epinephrine auto-injector in a minimum of 2 secure but unlocked locations in the school; and exempts authorized persons from civil liability for administering or assisting with the administration of epinephrine. [Kentucky HB 172](#)

Asthma Awareness Month: On May 7, 2014, the Governor of Kentucky signed a proclamation establishing May 2014 as [Asthma Awareness Month](#) in Kentucky.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

LOUISIANA

Overall, Louisiana meets fourteen of 23 core policy standards and two of twelve extra credit indicators.

Medication and Treatment Policies:

Meets seven of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.

Meets one of five extra credit indicators in this category:

- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets one of two extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.

School Environment Policies:

Meets five of nine core policy standards in this category:

17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Policy Gaps:

Emergency Management; Nurse to Student Ratio; Outdoor Air Quality.

Noteworthy:

Medication Policy: Louisiana requires public school authorities to permit self-administration of medications by a student with asthma or use of auto-injectable epinephrine by a student at risk of anaphylaxis. In January 2015, the Department of Education released the updated resource handbook for school nurses and school administrators, [School-Based Nursing Services in Louisiana Schools](#). The handbook places particular emphasis on protocols and policies regarding allergy and asthma care and management.

Epinephrine in Schools: A 2012 law, [LA 2012 SB 119 chaptered Act 624](#), allows schools to purchase epinephrine auto-injectors for use in suspected allergic emergencies.

Pesticide Management: Louisiana does not require parents to be notified for pesticide applications, but the state does have an extensive school pesticide safety regulation. This includes requiring school authorities to submit an annual integrated pest management plan for each school. [LSA-R.S. § 3381 School Pesticide Safety](#)

Sources:

[State Education Agency Website](#)
[State Legislature Website](#)

MAINE

Overall, Maine meets sixteen of 23 core policy standards and five of twelve extra credit indicators.

Medication and Treatment Policies:

Meets six of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets eight of nine core policy standards in this category:

15. State has mandated that all schools must have IAQ management policies.
16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
23. Tobacco use prevention is required in health education curriculum.

Meets three of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.
- L. State requires districts or schools to provide tobacco use cessation services to students.

Policy Gaps:

Emergency Management; Nurse to Student Ratio

Noteworthy:

Epinephrine in Schools: [Maine law](#) allows schools to stock epinephrine auto-injectors.

Outdoor Air Quality: Maine's [Clean School Bus Program](#) includes a number of initiatives aimed at reducing exposure to exhaust. Efforts include a statewide program to reduce school bus idling and create no idling zones around all school facilities, retrofitting over 500 buses with emissions technology, and eliminating mercury components in all new school buses.

Indoor Air Quality: The Maine Department of Agriculture, Conservation, and Forestry has scheduled numerous trainings, workshops, and webinars on [integrated pest management in schools](#).

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

MARYLAND

Overall, Maryland meets seventeen of 23 core policy standards and seven of twelve extra credit indicators.

Medication and Treatment Policies:

Meets ten of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets four of five extra credit indicators in this category:

- A. State requires anaphylaxis - Epinephrine - stocking and authority to administer in schools.
- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.
- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

School Environment Policies:

Meets five of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
21. All smoking is prohibited in school buildings and on school grounds.
23. Tobacco use prevention is required in health education curriculum.

Meets three of five extra credit indicators in this category:

- I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.
- L. State requires districts or schools to provide tobacco use cessation services to students.

Policy Gaps:

Nurse to Student Ratio

Noteworthy:

Asthma and Allergy Medication in School: The [Maryland State School Health Services' Guidelines for the Administration of Medication in Schools](#) addresses planning and documenting the needs of students who require medication and self-administration of medication. Maryland requires schools to allow students to carry an asthma inhaler, provided that (a) the student's physician writes a prescription and completes the state medication form, and (b) the school nurse reviews the student's technique. The state requires local boards of education, with the local health department, to formulate written policies regarding the storage and administration of medication during school hours and school-sponsored activities.

All persons other than registered nurses (RNs) or licensed practical nurses (LPNs) who administer medication in schools on a routine basis, regardless of position, do so under the supervision of the RN. To meet this requirement, personnel administering medication must successfully complete a 20-hour medication administration training program course that is approved by the Maryland Board of Nursing (MBON). Medication technicians are certified by the MBON. The certification must be renewed every two years.

In MD, all levels of emergency medical technicians are allowed to carry and are trained to use epinephrine auto-injectors.

Epinephrine in School: A 2012 Maryland law requires counties to implement policies allowing school personnel to acquire and use epinephrine auto-injectors for emergency use on students whether or not they have a prescription. [SB 621 Frequently Asked Questions](#)

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

MASSACHUSETTS

STATE HONOR ROLL 2008 - 2015

Overall, Massachusetts meets 20 of 23 core policy standards and seven of twelve extra credit indicators.

Medication and Treatment Policies:

Meets eleven of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.
12. Nurse-to-student ratio is 1:750 or better.

Meets two of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets seven of nine core policy standards in this category:

17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.

19. State requires schools to notify parents of upcoming pesticide applications.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets three of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- J. State requires school facility design standards that include low emission construction materials, pollutant source controls, durable and easy to clean surfaces and floors, moisture/mold controls.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Noteworthy:

Massachusetts has been selected for the State Honor Roll since 2008.

Asthma and Allergy Medications in School: Massachusetts enacted a law in 2013 requiring school districts to allow students with life-threatening allergies to possess and administer epinephrine, in accordance with state health department regulations. The same law allows school districts to store epinephrine in a secure but unlocked place as determined by the school nurse. [Chapter 432: An Act Relative To Access To Epinephrine In Schools](#)

Sources:

[State Education Agency Website](#)
[State Legislature Website](#)

MICHIGAN

Overall, Michigan meets fifteen of 23 core policy standards and five of twelve extra credit indicators.

Medication and Treatment Policies:

Meets six of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.

Meets two of five extra credit indicators in this category:

- A. State requires anaphylaxis - Epinephrine - stocking and authority to administer in schools.
- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets one of two extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.

School Environment Policies:

Meets seven of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets two of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Emergency Management; Nurse to Student Ratio

Noteworthy:

Right to Possess and Use Medications in Schools: Michigan school pupils are allowed to possess and self-administer metered dose inhaler or dry powder asthma medications and auto-injectable epinephrine to treat anaphylaxis. The pupil must have written permission from a health provider and parent or guardian if the pupil is a minor child. These approvals must be received by school administration and on file at the school. If these conditions are not met, school staff is not liable for injuries resulting from a pupil being prohibited from using these medications. [MCL.380.1179](#)

Epinephrine in Schools: A 2013 [Michigan law](#) allows schools to acquire and maintain a supply of epinephrine auto-injectors for emergencies.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

MINNESOTA

Overall, Minnesota meets fifteen of 23 core policy standards and seven of twelve extra credit indicators.

Medication and Treatment Policies:

Meets five of twelve core policy standards in this category:

2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.

Meets three of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.
- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets eight of nine core policy standards in this category:

15. State has mandated that all schools must have IAQ management policies.
16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.

Meets two of five extra credit indicators in this category:

H. State makes funding or resources available for technical IAQ assistance to schools.

K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Identification and Reporting; Emergency Management; Nurse to Student Ratio.

Noteworthy:

Epinephrine in Schools: A 2013 law amends a Model Policy for Minnesota schools to clarify use of epinephrine in emergencies. The new law requires public schools to allow students to self-possess and self-carry the devices unless a medical professional determines that the student is unable to do so; allows schools enter into arrangements with manufacturers of epinephrine auto-injectors to obtain epinephrine auto-injectors at fair-market, free, or reduced price; and the education commissioner may develop a policy including training recommendations. Non-public schools are not subject to the requirements but are encouraged to comply. [H.F. 630 including Possession and Use of Epinephrine Auto-Injectors Model Policy](#)

Pesticide Notification: Minnesota enacted the *Parents' Right-to-Know Act*, which requires schools to notify parents and employees at the beginning of the school year if certain toxic pesticides are planned to be applied during the year. Parents must also be notified that a schedule of planned applications is available for review and copying in the school offices. Parents may request advance notice of any changes to the schedule. Schools are not required to adopt an integrated pest management plan, but if they opt to do so, the plan must fulfill certain criteria that are detailed in the Act. [Parents' Right-To-Know Act](#)

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

MISSISSIPPI

STATE HONOR ROLL 2014 - 2015

Overall, Mississippi meets eighteen of 23 core policy standards and five of twelve extra credit indicators.

Medication and Treatment Policies:

Meets nine of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets one of two extra credit indicators in this category:

- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets seven of nine core policy standards in this category:

15. State has mandated that all schools must have IAQ management policies.
16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets four of five extra credit indicators in this category:

- I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.

- J. State requires school facility design standards that include low emission construction materials, pollutant source controls, durable and easy to clean surfaces and floors, moisture/mold controls.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.
- L. State requires districts or schools to provide tobacco use cessation services to students.

Policy Gaps:

Nurse to Student Ratio; Outdoor Air Quality

Noteworthy:

Comprehensive Asthma and Anaphylaxis Management; Epinephrine in Schools: The [Mississippi Asthma and Anaphylaxis Child Safety Act \(SB2218\)](#) allows schools to obtain and use auto-injectable epinephrine, allows students to possess and self-administer asthma and anaphylaxis medications; requires written instructions from a physician for asthma/anaphylaxis medication in schools; requires each child to have an asthma action plan on file at school, updated annually, that includes information about medication dosage and delivery, instructions to the school if the student is coughing or wheezing, and a recommendation for whether the student should self-administer medication. Further, it provides for emergency protocols for asthma; requires schools to conduct an indoor air quality assessment, develop long-range maintenance plans that include specific indoor air quality components, and implement a wellness policy that reduces children's exposure to asthma environmental irritants. Indoor environment requirements direct schools to implement an integrated pest management program and minimize the use of pesticides, provide comprehensive, in-service training on asthma for teachers and other staff, minimize harmful cleaning products, and adopt construction containment procedures for pollutants that trigger asthma.

The State Department of Education requires the local school health councils to support implementing an integrated pest management program and reducing school bus idling.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

MISSOURI

Overall, Missouri meets nine of 23 core policy standards and six of twelve extra credit indicators.

Medication and Treatment Policies:

Meets six of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.

Meets two of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets one of nine core policy standards in this category:

23. Tobacco use prevention is required in health education curriculum.

Meets two of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Emergency Management; Nurse to Student Ratio; Indoor and Outdoor Air Quality; Tobacco Policies

Noteworthy:

Epinephrine in Schools: [Missouri law](#) allows school nurses to keep pre-filled syringes of epinephrine on hand and administer them for suspected anaphylactic emergencies.

Asthma Medications in Schools: Missouri allows schools to stock, and school nurses and trained staff to administer, a rescue medication for asthma for any child who may suffer an asthma attack while at school regardless whether the patient has a diagnosis of asthma or has a prescription at school. [HB1188, 2012](#)

Allergy Awareness: Missouri law, Missouri [Revised Statutes Chapter 167.208](#) requires that each school district adopt an allergy prevention and response policy, with priority given to addressing potentially deadly food-borne allergies. In response, Missouri's state department of education developed a model policy for use by the school districts. The [2012 Guidelines for Allergy Prevention and Response](#) was adapted from the State of Washington's 2009 guidelines.

Sources:

[State Education Agency Website](#)
[State Legislature Website](#)

MONTANA

Overall, Montana meets eleven of 23 core policy standards and two of twelve extra credit indicators.

Medication and Treatment Policies:

Meets four of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
4. State policies or procedures shield school personnel from liability for unintended injuries.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

School Environment Policies:

Meets five of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
19. State requires schools to notify parents of upcoming pesticide applications.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.

Meets two of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Identification and Reporting; Emergency Management; Nurse to Student Ratio

Noteworthy:

Asthma Medications, Epinephrine in Schools: In 2013, Montana enacted a law that allows public and non-public schools to maintain a stock supply of epinephrine for anaphylaxis emergencies. The law requires schools to develop emergency protocols for epinephrine IF they maintain an epinephrine supply, including: schools are required to train authorized personnel on signs and symptoms of anaphylaxis, indications for administration of epinephrine, administration technique and the need for immediate access to an emergency responder; training is to be provided by a school nurse, certified health care professional or other health care professional; the epinephrine auto injector is to be kept in a secure, easily accessible location; and school employees.

Agents will not be liable for non-intentional injuries arising from administration of medications, including bronchodilators, inhaled corticosteroids, or auto-injectable epinephrine to a student.

[Montana S.B. 165](#)

Outdoor Air Quality: Montana used federal stimulus funding (from the American Reinvestment and Recovery Act of 2009) to power diesel emission reduction projects. These included replacing an estimated 31 school buses with new, low emission buses. Officials estimate 4.9 tons of pollution will be removed from the air annually.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

NEBRASKA

Overall, Nebraska meets eleven of 23 core policy standards and three of twelve extra credit indicators.

Medication and Treatment Policies:

Meets eight of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
4. State policies or procedures shield school personnel from liability for unintended injuries.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
7. State requires a procedure updating health records periodically.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets two of five extra credit indicators in this category:

- A. State requires anaphylaxis - Epinephrine - stocking and authority to administer in schools.
- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

School Environment Policies:

Meets one of nine core policy standards in this category:

23. Tobacco use prevention is required in health education curriculum.

Meets one of five extra credit indicators in this category:

- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Identification and Reporting; Nurse to Student Ratio; Indoor and Outdoor Air Quality; Tobacco Policies

Noteworthy:

Asthma Medications and Epinephrine in Schools: [Nebraska Rule 59](#) requires accredited schools and early childhood education programs to adopt emergency response to asthma and anaphylaxis protocols, including obtaining and maintaining necessary equipment and medication.

Tobacco Use and Prevention: Nebraska law prohibits smoking and/or the use of any tobacco product in a pupil transportation vehicle at all times. [Nebraska Department of Education Regulations Governing Driver Qualifications & Operational Procedures for Pupil Transportation Vehicles](#)

Sources:

[State Education Agency Website](#)
[State Legislature Website](#)

NEVADA

Overall, Nevada meets thirteen of 23 core policy standards and five of twelve extra credit indicators.

Medication and Treatment Policies:

Meets eight of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets two of five extra credit indicators in this category:

- A. State requires anaphylaxis - Epinephrine - stocking and authority to administer in schools.
- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

School Environment Policies:

Meets four of nine core policy standards in this category:

20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets three of five extra credit indicators in this category:

- I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.
- L. State requires districts or schools to provide tobacco use cessation services to students.

Policy Gaps:

Nurse to Student Ratio; Indoor Air Quality

Noteworthy:

Epinephrine in Schools: [A 2013 law](#) requires schools to keep auto-injectable epinephrine on hand. The law allows a physician to prescribe auto-injectable epinephrine to a public or private school for use on any person in an anaphylactic emergency; provides for schools to obtain auto-injectable epinephrine under certain conditions; requires schools, if feasible, to provide training to employees and to develop a comprehensive plan concerning anaphylaxis. In addition, each public school, including charter schools, must obtain a prescription for auto-injectable epinephrine to maintain the drug at the school. Private schools are allowed to obtain prescriptions to a supply of auto-injectable epinephrine at school. The law also requires training in the storage and administration of epinephrine to be provided to designated employees of a public or private school.

Tobacco Use Prevention: The Nevada Clean Indoor Air Act explicitly bans smoking in any public or private school building or on such school ground or property as well as in child care facilities, and on school buses. [NRS 202.2483](#)

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

NEW HAMPSHIRE

Overall, New Hampshire meets sixteen of 23 core policy standards and three of twelve extra credit indicators.

Medication and Treatment Policies:

Meets nine of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Awareness Policies:

Meets one of two core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.

School Environment Policies:

Meets six of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.

Meets three of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.
- L. State requires districts or schools to provide tobacco use cessation services to students.

Policy Gaps:

Nurse to Student Ratio
Epinephrine Stocking in Schools

Noteworthy:

Asthma Medication and Epinephrine in Schools: New Hampshire requires local boards to develop policies regarding the administration of medications during the school day. The rule specifies that asthma inhalers and epinephrine auto injectors may be possessed and self-administered by students, according to certain provisions such as parental authorization and health care provider instructions. The state protects school districts and employees from liability for damages resulting in a pupil's use of an epinephrine auto-injector or inhaler unless the damages were caused by willful or wanton conduct or disregard for the established criteria. State law requires the school nurse or principal to maintain at least one epinephrine auto-injector for the student's use in an accessible location if provided by the student. State law also gives the school nurse the responsibility of developing and communicating a system of documenting observations related to the prescriptions. All levels of emergency medical technicians are allowed to carry and trained to use epinephrine auto-injectors. [Technical Advisory: Medication During School Day, 311.02](#)

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

[Frequently Asked Questions about Delegation of Nursing Care in Schools](#) – asks about delegating administration of epinephrine to non-nursing professionals when student does and does not have a prescription.

NEW JERSEY

STATE HONOR ROLL 2008 - 2015

Overall, New Jersey meets 20 of 23 core policy standards and nine of twelve extra credit indicators.

Medication and Treatment Policies:

Meets ten of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets four of five extra credit indicators in this category:

- A. State requires anaphylaxis - Epinephrine - stocking and authority to administer in schools.
- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.
- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets eight of nine core policy standards in this category:

15. State has mandated that all schools must have IAQ management policies.
16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).

17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets three of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.
- L. State requires districts or schools to provide tobacco use cessation services to students.

Noteworthy:

New Jersey has been selected for the State Honor Roll since 2008.

Epinephrine in Schools: A 2015 New Jersey law, [***An Act Concerning the Emergency Administration of Epinephrine to Student for Anaphylaxis***](#), requires school to maintain supply of epinephrine and to administer to a student having an anaphylactic reaction.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

NEW MEXICO

STATE HONOR ROLL 2015

Overall, New Mexico meets eighteen of 23 policy standards and six of twelve extra credit indicators.

Medication and Treatment Policies:

Meets nine of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets three of five extra credit indicators in this category:

- A. State requires anaphylaxis - Epinephrine - stocking and authority to administer in schools.
- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets seven of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.

21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets one of five extra credit indicators in this category:

H. State makes funding or resources available for technical IAQ assistance to schools.

Policy Gaps:

Nurse to Student Ratio

Noteworthy:

Asthma and Allergy Medications in Schools: [New Mexico's Emergency Medication in Schools Act](#) law directs each New Mexico local education agency to adopt a written policy that meets its students' needs for prescription and non-prescription drugs, and authorizes stocking albuterol for respiratory emergencies and epinephrine for allergic reactions. The state allows students the right to carry and self-administer both asthma treatment medications and anaphylaxis emergency treatment medications. A statewide program overseen by the board of nursing has been established for certifying and training medication aides, and state agencies provide annual professional development for medication aides in the state. Emergency medical technicians are allowed to carry and trained to use epinephrine auto-injectors with approval of the Medical Director.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

NEW YORK

Overall, New York meets seventeen of 23 core policy standards and six of twelve extra credit indicators.

Medication and Treatment Policies:

Meets seven of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets two of five extra credit indicators in this category:

- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.
- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

School Environment Policies:

Meets all nine core policy standards in this category:

15. State has mandated that all schools must have IAQ management policies.
16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets four of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

L. State requires districts or schools to provide tobacco use cessation services to students.

Policy Gaps:

Nurse to Student Ratio.

Noteworthy:

Epinephrine in Schools: A [New York law](#) enacted in 2014 authorizes school nurses to administer epinephrine auto-injectors in an allergic emergency. The law also authorizes schools to obtain and maintain a supply of epinephrine auto-injectors. In addition, New York enacted the [Asthma and Allergy Medication Self-Carry and Use in Schools Act: A09334B](#) on October 30, 2014 and the law become effective on July 1, 2015. The new law requires school districts to allow students diagnosed with asthma or other respiratory condition to carry and use inhalers and further provides that students diagnosed with allergies are allowed to carry and use epinephrine auto-injectors.

Food Allergies in Schools: The Allergy and Anaphylaxis Management Act of 2007 requires New York's Commissioner of Health, in consultation with the Commissioner of Education, to develop policy guidelines for schools to prevent anaphylaxis and deal with medical emergencies resulting from it. Food service personnel are required to have training in serving students with special dietary needs, which includes serving special meals to students with food allergies provided a written statement from their physician is given. New York State staff development requirements include continuing education training or funding for school nurses in administration of medications; case management for students with chronic health conditions; identification and tracking of students with chronic health conditions; and teaching self-management to students with chronic health conditions. [Caring for Students with Life-Threatening Allergies](#)

Indoor School Environment: New York State law (*N.Y. Educ. Law § 409-i*) requires the establishment of guidelines and specifications for environmentally-sensitive cleaning and maintenance products for use in elementary and secondary school facilities. [New York Green Cleaning Program website.](#)

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

NORTH CAROLINA

STATE HONOR ROLL 2015

Overall, North Carolina meets eighteen of 23 core policy standards and four of twelve extra credit indicators.

Medication and Treatment Policies:

Meets eight of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
7. State requires a procedure updating health records periodically.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets one of five extra credit indicators in this category:

- A. State requires anaphylaxis - Epinephrine - stocking and authority to administer in schools.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

Meets one of two extra credit indicators in this category:

- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets all nine core policy standards in this category:

15. State has mandated that all schools must have IAQ management policies.
16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets two of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Nurse to Student Ratio

Noteworthy:

Epinephrine in Schools: In 2014, North Carolina passed a law requiring schools to obtain and maintain a supply of epinephrine for allergy emergencies. The law, [Article 25A section 115C-375.2A](#) of the General Statutes, also directs the school to develop an emergency action plan for using epinephrine auto injectors.

Nurse to Student Ratio: North Carolina's most populous county made progress in 2014 as Charlotte-Mecklenburg County approved funding for one nurse per school beginning in September 2014.

Asthma and Allergy Medications in Schools: North Carolina law, [Section 115C-375.2](#) (2005), requires local boards of education to adopt policies authorizing students with asthma or anaphylactic reactions to possess and self-administer asthma medication on school property, at school-sponsored events, and in transit to and from school. These district policies must include certain provisions:

- written authorization from the student's parent or guardian permitting the self-administration of medication
- a written statement from the student's health practitioner verifying the student's health condition and prescription of medication
- a written treatment plan for emergency protocol provided by the student's health practitioner
- back-up asthma medication to be kept on file in the school in the event of an emergency

All levels of emergency medical technicians are allowed to carry and trained to use epinephrine auto-injectors.

Tobacco Use Prevention: Using funds from its tobacco settlement trust fund, North Carolina developed the [NC Tobacco Free Schools](#) website. That site reports that all 115 school districts in the state have a tobacco free policy in place.

Sources:

[State Education Agency Website](#)
[State Legislature Website](#)

NORTH DAKOTA

North Dakota meets ten of 23 core policy standards and three of twelve extra credit indicators.

Medication and Treatment Policies:

Meets five of twelve core policy standards in this category:

2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
7. State requires a procedure updating health records periodically.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets one of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets one of two extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.

School Environment Policies:

Meets three of nine core policy standards in this category:

18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
21. All smoking is prohibited in school buildings and on school grounds.
23. Tobacco use prevention is required in health education curriculum.

Meets one of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.

Policy Gaps:

Nurse to Student Ratio; Indoor and Outdoor Air Quality.

Noteworthy:

Epinephrine in Schools: North Dakota has enacted a [law allowing schools to obtain and maintain a supply of epinephrine](#) for use in allergy emergencies.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

OHIO

Overall, Ohio meets eleven of 23 core policy standards and three of twelve extra credit indicators.

Medication and Treatment Policies:

Meets five of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
11. State requires schools to have emergency protocols for anaphylaxis.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

Meets one of two extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.

School Environment Policies:

Meets five of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
21. All smoking is prohibited in school buildings and on school grounds.

Meets two of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Identification and Reporting; Nurse to Student Ratio; Tobacco Policies

Noteworthy:

Epinephrine in Schools: Ohio permits schools to procure and use epinephrine auto-injectors ([Ohio Revised Code 3313.7110—Procurement of epinephrine auto-injectors for public schools](#)).

Food Allergies in Schools: Effective 2009, the State of Ohio requires the boards of education of all public and chartered school governing authorities to establish a written policy with respect to protecting students with peanut or other food allergies. [Ohio Food Allergy Policy Requirements and Guidance](#)

Tobacco Use Prevention: Ohio bans smoking on all school property via two separate laws. The Ohio Act "[Prohibition Against Tobacco Possession or Use](#) (R.C. § 3313.751), which addresses smoking in schools, only prohibits smoking among students. However, the [Smoke Free Workplace Act](#) (R.C. § 3794) addresses smoking by adults on school property as well.

Sources:

[State Education Agency Website](#)
[State Legislature Website](#)

OKLAHOMA

Overall, Oklahoma meets eight of 23 core policy standards and two of twelve extra credit indicators.

Medication and Treatment Policies:

Meets five of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
7. State requires a procedure updating health records periodically.

Meets one of five extra credit indicators in this category:

- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

School Environment Policies:

Meets one of nine core policy standards in this category:

21. All smoking is prohibited in school buildings and on school grounds.

Meets one of five extra credit indicators in this category:

- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Identification and Reporting; Emergency Management, Nurse to Student Ratio; Tobacco Policies

Noteworthy:

Epinephrine in Schools: [State law](#) allows Oklahoma schools to stock epinephrine auto-injectors. The law further requires school districts that elect to stock epinephrine auto-injectors to notify parents that a school nurse or other trained school employee may administer epinephrine auto-injectors to students who appear to be having an anaphylactic reaction, keep a parent's written liability waiver on file, designate a school employee to be responsible for obtaining the devices (at least 2 per school to be maintained in a secure location), directing school employees who administer the medication to contact 911, and directing the state board of education to develop a model policy for use by school districts.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

OREGON

Overall, Oregon meets seventeen of 23 core policy standards and six of twelve extra credit indicators.

Medication and Treatment Policies:

Meets ten of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
4. State policies or procedures shield school personnel from liability for unintended injuries.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets two of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets five of nine core policy standards in this category:

18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets two of five extra credit indicators in this category:

H. State makes funding or resources available for technical IAQ assistance to schools.

K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Nurse to Student Ratio; Indoor Air Quality

Noteworthy:

Epinephrine in Schools:

In 2013, Oregon amended prior law by requiring schools to create a process to allow parents to request that epinephrine auto-injectors be kept in a secure location in the student's classroom if a licensed health care professional confirms in writing that lack of immediate access may be life threatening. The amendment also protects the school, administrators, nurse, teacher, or other school employee from liability if they, in good faith, assist the student's self-administration of the medication. [H.B. 2749](#)

Also in 2013, Oregon passed a bill requiring the state education department to adopt policies allowing school personnel to acquire and use pre-measured doses of epinephrine for emergency use on students whether or not they have a prescription. The bill also requires training on recognizing symptoms of anaphylaxis and properly administering epinephrine.

[S.B.611](#)

Liability Shield: The law referenced above also addresses liability for asthma/anaphylactic medication use and shield school personnel from liability for unintentional injury in situations where a student self-administers bronchodilator or epinephrine medication and where school personnel administer these medications. [S.B.611](#)

School Emergency Protocols: In Oregon, all levels of emergency medical technicians are allowed to carry and trained to use epinephrine auto-injectors.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

PENNSYLVANIA

Overall, Pennsylvania meets sixteen of 23 core policy standards and three of twelve extra credit indicators.

Medication and Treatment Policies:

Meets nine of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
4. State policies or procedures shield school personnel from liability for unintended injuries.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
11. State requires schools to have emergency protocols for anaphylaxis.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

School Environment Policies:

Meets five of nine core policy standards in this category:

17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
21. All smoking is prohibited in school buildings and on school grounds.
23. Tobacco use prevention is required in health education curriculum.

Meets three of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- J. State requires school facility design standards that include low emission construction materials, pollutant source controls, durable and easy to clean surfaces and floors, moisture/mold controls.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Nurse to Student Ratio; Indoor Air Quality

Noteworthy:

Epinephrine in Schools: A 2014 Pennsylvania law ([House Bill 803](#)) permits school entities and nonpublic schools to authorize a trained school employee to administer an epinephrine auto-injector or provide an auto-injector to a student who is authorized to self-administer. The bill also creates civil immunity for to any person who administers an epinephrine auto-injector under the section.

In 2010, Pennsylvania enacted a law requiring school entities (including charter schools) to allow students to possess and self-administer both asthma inhalers and epinephrine auto-injectors in a school setting. This policy requires a written statement by a physician/nurse practitioner or physician assistant, and parent or guardian. The same law also added food allergy reaction management to the local wellness policy initiatives that schools are required to establish.

In 2011, the state department of education developed [Pennsylvania Guidelines for Management of Food Allergies in Schools, Recommendations & Resource Guide for School Personnel](#), which includes recommendations for schools to address the needs of food allergic students.

Air Quality in Schools: Pennsylvania law sets forth regulations for clean floors and adequate ventilation systems. **25 Pa. Code § 171.9 (Schools; Floors) and 25 Pa. Code § 171.14 – Schools; Heating Ventilation Systems.**

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

RHODE ISLAND

STATE HONOR ROLL 2008 - 2015

Overall, Rhode Island meets 20 of 23 core policy standards and four of twelve extra credit indicators.

Medication and Treatment Policies:

Meets ten of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets two of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

School Environment Policies:

Meets eight of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets two of five extra credit indicators in this category:

H. State makes funding or resources available for technical IAQ assistance to schools.

K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Noteworthy:

Rhode Island has been selected for the State Honor Roll since 2008.

Epinephrine in Schools: [RI Title 23.6.4-3 through 7](#), *An Act Relating to Health and Safety*, which permits schools to acquire and maintain a stock of epinephrine auto-injectors, also requires that entities that make epinephrine auto-injectors available report any incidents that involve the administration of an epinephrine auto-injector.

Asthma in Schools: On May 24, 2013, the Governor signed [Joint Resolution # 2013 - H 5153: The Whole Child Initiative](#) expressing the state's commitment that every child enters school healthy and ready to learn. The resolution notes that gaps in educational achievement continue to exist and are tied to disparities in health issues such as teen pregnancy, substance abuse, tobacco use, and *asthma*, along with environmental concerns such as lead poisoning and healthy housing.

Sources:

[State Education Agency Website](#)

[State General Assembly Website](#)

SOUTH CAROLINA

Overall, South Carolina meets twelve of 23 core policy standards and three of twelve extra credit indicators.

Medication and Treatment Policies:

Meets nine of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets one of five extra credit indicators in this category:

- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

Meets one of two extra credit indicators in this category:

- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets two of nine core policy standards in this category:

21. All smoking is prohibited in school buildings and on school grounds.
23. Tobacco use prevention is required in health education curriculum.

Meets one of five extra credit indicators in this category:

- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Nurse to Student Ratio; Indoor and Outdoor Air Quality

Noteworthy:

Epinephrine in Schools: A 2013 South Carolina law, [Safe Access to Vital Epinephrine \(Save\) Act](#), allows school districts and private schools to obtain and store supplies of epinephrine auto-

injectors for schools; authorizes physicians, as well as advance practice registered nurses and physician assistants to prescribe the devices to schools, and pharmacists to dispense prescriptions for epinephrine auto-injectors to schools; allows for administration or self-administration by students, school nurses or other designate personnel; requires school districts and private schools to develop and implement a plan for management of students with life-threatening allergies, including for administration and provision of epinephrine auto-injectors to students and other people; and provides immunity from liability with regard to use of epinephrine auto-injectors by schools.

Tobacco Use and Prevention: The State of South Carolina has a law that specifically [prohibits smoking by drivers or school pupils on school buses](#).

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

[“Blazin’ the Way” tobacco-free education grants](#)

SOUTH DAKOTA

Overall, South Dakota meets five of 23 core policy standards and two of twelve extra credit indicators.

Medication and Treatment Policies:

Meets three of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to student.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets one of nine core policy standards in this category:

21. All smoking is prohibited in school buildings and on school grounds.

Policy Gaps:

Identification and Reporting; Emergency Management; Nurse to Student Ratio; Indoor and Outdoor Air Quality.

Noteworthy:

Epinephrine in Schools: A [2014 law](#) allows any school to acquire and maintain a stock of epinephrine auto-injectors for use in an emergency situation of a severe allergic reaction causing anaphylaxis.

Medication Policy: In 2010, the State of South Dakota enacted a law providing for the self-administration of prescription asthma and anaphylaxis medication by students. In addition to requiring written physician and parental authorization, the law requires a written statement by the parent acknowledging the school districts limited liability for injury arising from the student's self-administration of prescription while on school property. [SB 83](#)

Sources:

[State Education Agency Website](#)
[State Legislature Website](#)

TENNESSEE

Overall, Tennessee meets fifteen of 23 core policy standards and five of twelve extra credit indicators.

Medication and Treatment Policies:

Meets ten of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets two of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets one of two extra credit indicators in this category:

- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets three of nine core policy standards in this category:

18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
21. All smoking is prohibited in school buildings and on school grounds.
23. Tobacco use prevention is required in health education curriculum.

Meets two of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- L. State requires districts or schools to provide tobacco use cessation services to students.

Policy Gaps:

Nurse to Student Ratio; Indoor and Outdoor Air Quality.

Noteworthy:

Epinephrine in Schools: A [2013 law](#) allows local school boards to adopt rules for maintaining a supply of epinephrine auto-injectors at schools, with at least two devices unlocked in secure locations; authorizes a physician to prescribe epinephrine auto-injectors to schools; authorizes school nurses or other trained school personnel to administer the devices for any student believed to be having a life-threatening anaphylactic reaction; and limits liability in case a student is injured.

Asthma Awareness: The Tennessee Legislature directed the state's health department to develop an asthma plan for the state. Partly because of this law, the Tennessee Department of Health issued [STAT Plan to Reduce Asthma in 2009](#). The Plan's objectives include:

- increase the opportunities for training and the number of students, staff, faculty, administration, coaches and school health professionals trained in asthma education and asthma management
- promote the 100% tobacco free schools policy and enforcement which follows the Centers for Disease Control and Prevention guidelines that all school buildings and school grounds are 100% tobacco free at all times
- continuously promote the federally recognized standard of one nurse per 750 students in grade K through 12 to improve school attendance and assist students with asthma in episode management
- in partnership with the Department of Education Coordinated School Health Program, develop and implement an emergency action plan for schools in the event of an acute asthma exacerbation
- all children with an asthma diagnosis will have an individualized asthma plan from the patient's medical home on file in the school, child care facility or other out-of-home group care setting and used in the home for asthma management
- at least 70 percent of the school systems will use the Indoor Air Quality- Tools for Schools program developed by EPA to improve indoor air quality

Air Quality: Some local efforts have been undertaken in Tennessee to retrofit diesel engine school buses with cleaner, more efficient equipment. For example, the Chattanooga-Hamilton County Air Pollution Control Bureau (CHCAPCB) in partnership with a local school bus contractor won a grant from the U.S. EPA to retrofit approximately 83 buses with diesel oxidation catalysts. Additionally, the CHCAPCB is working to develop other strategies to reduce emissions from school buses, such as anti-idling policies and cleaner fuels.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

[Possession and self-administration of asthma-reliever inhalers](#)

TEXAS

Overall, Texas meets thirteen of 23 core policy standards and two of twelve extra credit indicators.

Medication and Treatment Policies:

Meets five of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets one of two extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.

School Environment Policies:

Meets six of nine core policy standards in this category:

17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets one of five extra credit indicators in this category:

- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Identification and Reporting; Emergency Management; Nurse to Student Ratio.

Noteworthy:

Epinephrine in Schools: [Texas law](#) allows each school district and open-enrollment charter school to maintain, administer and dispose of epinephrine auto-injectors at each campus in the school or district.

Allergy Awareness in Schools: Texas has enacted a law [§ 38.015. Self-Administration Of Prescription Asthma Or Anaphylaxis Medicine By Students](#), requiring school districts and charter schools to adopt and administer a policy for the care of students with a diagnosed food allergy at risk for anaphylaxis based on guidelines developed by the commissioner of state health services in consultation with an ad hoc committee appointed by the commissioner of state health services.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

UTAH

Overall, Utah meets fifteen of 23 core policy standards and four of twelve extra credit indicators.

Medication and Treatment Policies:

Meets seven of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.

Meets one of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets one of two extra credit indicators in this category:

- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets six of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets two of five extra credit indicators in this category:

- K. State has implemented or actively promotes diesel school bus engine retrofitting program.
- L. State requires districts or schools to provide tobacco use cessation services to students.

Policy Gaps:

Emergency Management; Nurse to Student Ratio; Indoor and Outdoor Air Quality.

Noteworthy:

Epinephrine in School: The State of Utah has enacted the [Emergency Injection for Anaphylaxis Act](#), that allows a qualified teacher or other school employee to obtain a prescription for an epinephrine auto-injector, and requires primary and secondary schools to provide training in the use of epinephrine auto-injectors. Training is available to any teacher or other school employee who volunteers. Training topics include techniques for recognizing symptoms of anaphylaxis, emergency procedures, and standards and procedures for storage of auto-injectors.

A 2015 law [amending Utah Code 26-41-102](#) law provides liability protection for those who elect to store and use auto-injectors and do so in accordance with specified standards.

Tobacco Use Prevention: While not specific to the school setting, a 2013 law could have an impact on school age children. The law prohibits a person from smoking in a motor vehicle if a child who is 15 years of age or younger is a passenger in the vehicle except in certain circumstances; violating the smoking prohibition is an infraction and has a maximum fine of \$45.

Sources:

[Chapter No. 251 \(H.B. 13\)](#)
[State Education Agency Website](#)
[State Legislature Website](#)

VERMONT

STATE HONOR ROLL 2008 - 2015

Overall, Vermont meets 21 of 23 core policy standards and eight of twelve extra credit indicators.

Medication and Treatment Policies:

Meets eleven of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.
12. Nurse-to-student ratio is 1:750 or better.

Meets three of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.
- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets eight of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).

17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets three of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.
- J. State requires school facility design standards that include low emission construction materials, pollutant source controls, durable and easy to clean surfaces and floors, moisture/mold controls.

Noteworthy:

Vermont has been selected for the State Honor Roll since 2008.

Epinephrine in Schools: In 2013, Vermont passed a law allowing schools to stock epinephrine auto-injectors, The law allows a health care professional to prescribe epinephrine auto-injectors to a school, requires the health care professional to issue protocols for assessing a potential life-threatening emergency, and allows administering the medication and caring for the individual after administration of the medication. The bill also allows pharmacists to dispense the medication to a school and includes a provision immunizing school personnel from liability related to administration and student self-administration. The law does not address liability related to asthma inhalers. [No. 68](#)

Indoor Air Quality: A 2012 Vermont law states a commitment to improving air quality of schools and environmental health of students. Further, it directs cleaning service contractors with school districts to use only environmentally preferable cleaning products and to provide green training to each school district it provides with such products. [S.92 \(Act 68 of 2012\)](#) The state's "Envision Program", adopted in 1999, mandates that cleaning services contractors use cleaning products that are certified as environmentally preferable by an independent third party and that the distributors and manufacturers of these products provide training to contracting school districts at no costs to the districts. ["The Envision—Promoting Healthy School Environments program"](#).

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

[Managing Life-Threatening Allergic Conditions in Schools](#)

VIRGINIA

Overall, Virginia meets seventeen of 23 core policy standards and six of twelve extra credit indicators.

Medication and Treatment Policies:

Meets ten of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets three of five extra credit indicators in this category:

- A. State requires anaphylaxis - Epinephrine - stocking and authority to administer in schools.
- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets five of nine core policy standards in this category:

18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets one of five extra credit indicators in this category:

K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Policy Gaps:

Nurse to Student Ratio; Indoor and Outdoor Air Quality.

Noteworthy:

Epinephrine in Schools: A [2012 Virginia law](#) requires local school boards to develop policies for possession and administration of epinephrine in every school, to be administered by a school nurse or trained employee, on any student believed to be having an anaphylactic reaction.

Tobacco Use and Prevention: Virginia state law mandates that public school buildings and grounds must be smoke-free; thus, no smoking is permitted by anyone at any time. More specifically, Code §15.2-2801 prohibits smoking in the interior of any elementary, intermediate, and secondary schools, and further prohibits smoking in public school buses. Tobacco use prevention is required in the health curriculum for students by [8VAC20-320-10](#) and is included in the *Health Education Standards of Learning* from the DOE. Tobacco use prevention training is provided for health education teachers.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

WASHINGTON

STATE HONOR ROLL 2008 - 2015

Overall, Washington meets nineteen of 23 core policy standards and nine of twelve extra credit indicators.

Medication and Treatment Policies:

Meets ten of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.
10. State requires schools to have emergency protocols for asthma.
11. State requires schools to have emergency protocols for anaphylaxis.

Meets three of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.
- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets both core policy standards in this category:

13. State recognizes problem of asthma in schools and has begun to address it.
14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets seven of nine core policy standards in this category:

16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).

18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets four of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- I. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.
- J. State requires school facility design standards that include low emission construction materials, pollutant source controls, durable and easy to clean surfaces and floors, moisture/mold controls.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Noteworthy:

Washington has been selected for the State Honor Roll since 2008.

Epinephrine Auto Injector Law: A 2013 law, Chapter 268 ([S.B. 5104](#)) allows schools to maintain supply of epinephrine auto-injectors based on the number of students enrolled in the school. The law also requires the office of the superintendent of public instruction to review the state's anaphylaxis policy guidelines and make recommendations to the education committees of the legislature by December 1, 2013 regarding school policies on epinephrine auto-injectors in emergencies.

Indoor Air Quality: On May 1, 2013, the WA Department of Health adopted regulations to maintain minimum environmental health and safety standards for school facilities. The regulations are effective July 1, 2015 and address moisture control, mold prevention, and remediation; address certain standards for indoor air quality in schools; require schools to obtain construction project review and written approval from the local health officer regarding environmental health and safety requirements; and put in place other environmental health and safety requirements. Wash. Admin. Code 246-366A-070 Moisture control, mold prevention, and remediation.

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

[Guidelines for the Care of Students with Anaphylaxis](#)

[Health Services/Resources for Students with Asthma/Allergies plus information on administration of medication in schools \(March 2009\)](#)

WEST VIRGINIA

STATE HONOR ROLL 2014 - 2015

Overall, West Virginia meets nineteen of 23 core policy standards and seven of twelve extra credit indicators.

Medication and Treatment Policies:

Meets nine of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
4. State policies or procedures shield school personnel from liability for unintended injuries.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.
7. State requires a procedure updating health records periodically.
8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.

Meets three of five extra credit indicators in this category:

- B. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.
- E. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies.

School Environment Policies:

Meets all nine core policy standards in this category:

15. State has mandated that all schools must have IAQ management policies.
16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).

18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
19. State requires schools to notify parents of upcoming pesticide applications.
20. State limits school bus idling time and establishes proximity restrictions.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.
23. Tobacco use prevention is required in health education curriculum.

Meets two of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.
- K. State has implemented or actively promotes diesel school bus engine retrofitting program.

Noteworthy:

Epinephrine in Schools: A 2013 law allows schools to maintain and use epinephrine auto-injectors; allows the school nurse or other trained and authorized nonmedical school personnel to administer the device for emergency care or treatment of anaphylactic reactions; allows the physicians to prescribe epinephrine auto-injectors to schools; allows students who self-inject to use the school supply of epinephrine auto-injectors; provides immunity from liability for school nurses and trained and authorized nonmedical school personnel; and allows county school boards to participate in free or discounted manufacturer sponsored pharmaceutical programs to obtain epinephrine auto-injectors. [West Virginia SB 2729](#)

Asthma and Allergy Medication: West Virginia requires all county boards of education to develop a medication administration policy that establishes procedures to be followed for the administration of medication at each school. Students may carry and self-administer their own rescue inhaler medicine and auto-injectable epinephrine if certain conditions are met, including:

- written authorization is received from the parent/guardian
- a written statement is received from a licensed prescriber with information regarding appropriate usage
- the student has demonstrated the ability and understanding to self-administer the medication by passing an assessment by the school nurse
- the parent/guardian has exempted the school, county school board and its employees and agents are from liability for injury arising from the self-administration of medication
- permission is renewed annually

State policy allows non-certified school personnel to administer prescription and/or non-prescription medications if properly trained. Whenever emergency medication is used at school, the school nurse is required to document the circumstances, actions taken and the student's status, and to submit a written report to the administrator and county superintendent. The state allows emergency medical technicians to carry and trained to use epinephrine auto-injectors with approval of the local Medical Director.

Shield from Civil Liability: There are two laws in West Virginia addressing school liability. The first covers school personnel in instances where injury occurs when a student self-administers asthma medication; this law does not apply to anaphylaxis and does not cover school personnel in instances where school personnel assist a student in an asthma emergency. ***W. Va. Code Ann. § 18-5-22b.*** The second law covers school personnel in instances where school personnel assist a student in an anaphylactic emergency; this law does not cover asthma emergencies and does not cover school personnel where a student self-administers epinephrine. ***W. Va. Code Ann. § 18-5-22c.***

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

WISCONSIN

Overall, Wisconsin meets twelve of 23 core policy standards and three extra credit indicators.

Medication and Treatment Policies:

Meets five of twelve core policy standards in this category:

1. State requires physician's written instructions to be on file to dispense prescription medication to students.
2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma & anaphylaxis.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

Meets both extra credit indicators in this category:

- F. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- G. State sponsors or provides funding for staff training in food allergies. Meets two of three extra credit indicators in this category:

School Environment Policies:

Meets six of nine core policy standards in this category:

15. State has mandated that all schools must have IAQ management policies.
16. State has adopted a policy requiring that districts and schools conduct periodic inspections (of HVAC system & other items important in asthma/allergy management).
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).
18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
21. All smoking is prohibited in school buildings and on school grounds.
22. All smoking is prohibited on school buses and at school-related functions.

Meets one of five extra credit indicators in this category:

- H. State makes funding or resources available for technical IAQ assistance to schools.

Policy Gaps:

Identification and Reporting; Emergency Management; Nurse to Student Ratio; Outdoor Air Quality

Noteworthy:

Epinephrine in Schools: A 2014 Wisconsin law ([Wisconsin Statutes 118.2925 – Life-threatening allergies in schools; use of epinephrine auto-injectors](#)) allows schools to procure and maintain a supply of epinephrine for use in case of severe allergic reactions.

Air Quality: The State of Wisconsin gives extensive direction to school regarding promoting indoor and outdoor air quality. The Wisconsin Department of Natural Resources, Wisconsin Department of Public Instruction and the Wisconsin Center for Environmental Education's [Green and Healthy School's Program](#) offers directions to schools to address school bus idling, for example.

Pest Management for Schools: Wisconsin law requires school boards to authorize pesticide application in a school or on school grounds to be conducted only by persons who are certified in the applicable pesticide use categories and to post notice of each pesticide application in a school or on school grounds at the time of the application and for at least 72 hours following the application. [Pest Management Requirements for School Boards](#)

Sources:

[State Education Agency Website](#)
[State Legislature Website](#)

WYOMING

Wyoming meets seven of 23 core policy standards and one of twelve extra credit indicators.

Medication and Treatment Policies:

Meets five of twelve core policy standards in this category:

2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.
3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.
5. State requires local school districts to create asthma and anaphylaxis medication policy and provides resources, guidelines and parameters.
7. State requires a procedure updating health records periodically.
9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.

Meets one of five extra credit indicators in this category:

- C. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.

Awareness Policies:

Meets one of two core policy standards in this category:

14. State recognizes problem of allergy in schools and has begun to address it.

School Environment Policies:

Meets one of nine core policy standards in this category:

18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.

Policy Gaps:

Identification and Reporting; Emergency Management; Nurse to Student Ratio; Indoor and Outdoor Air Quality; Tobacco Policies

Noteworthy:

Epinephrine in Schools: [Wyoming law](#) allows schools to acquire and maintain a supply of epinephrine auto-injectors. School personnel are allowed to administer the medication to a student believed in good faith to be experiencing a severe allergic reaction.

Pest Management for Schools: Wyoming law requires commercial applicators or school personnel applying pesticides to post notice of each pesticide application in a school or on school grounds at least 12 hours prior to the application and, if the application is outdoors, signs shall remain for at least 72 hours following the application. School districts are required to notify student, teachers and staff. [Wyoming statute 37-7-375](#)

Sources:

[State Education Agency Website](#)

[State Legislature Website](#)