

APPENDIX: Detailed Profiles of 2009 Honor Roll States

AAFA selected states for its 2009 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 adopted laws or policies that have state-wide applicability and meet each of 18 AAFA policy standards. The six states named to the Honor Roll met at least 15 of the 18 core policy standards and exhibited strong performance consistently across the policy categories and domains.

- Connecticut
- Massachusetts
- New Jersey
- Rhode Island
- Vermont
- Washington

CONNECTICUT

Connecticut proactively addresses asthma and allergies in its schools using a combination of legal requirements and voluntary programs.

Medication & Treatment

Medication Policies

Public Health Code 10-212a-2 (1995) governs the administration of medications. It does not require the administration of medications in schools, but gives authority to local boards to determine whether medications may be administered and by whom, including licensed personnel, teachers, principals, and students themselves. The law requires schools that administer medication to maintain a record for each student, including the name of the student, the medication, the authorized prescriber, the dosage of medication, the route and frequency of administration, the date the medication was ordered, quantity received, and the date the medication is to be reordered.

Each board that allows the administration of medications in its schools must establish policies and procedures to be followed in the event of a medication emergency and ensure that schools in its jurisdiction have ready access to such procedures and policies, as well as the local poison information center telephone number, the individuals or facilities to be contacted in an emergency, and the name of the person responsible for decision making in the absence of the school nurse.

Section 3 of the same Public Health Code describes the requirements for training school personnel who may administer medications, and Section 4 spells out specifications regarding self-medication by students. Schools that permit the administration of medications must keep extensive documentation according to Section 6 of the Code. Section 7 covers supervision, including periodic review and updating of documentation. In Connecticut, all levels of emergency medical technicians are allowed to carry and trained to use epinephrine auto-injectors.

Identification and Reporting

Connecticut House Bill 7505 directs local boards of education to require that each child have a health assessment that includes an asthma diagnosis before enrollment in public school and at grades 6/7 and 10/11. It also requires each local school board to (a) report annually the number of students diagnosed with asthma, including demographics on each child, and (b) establish a program for the early identification and treatment of pediatric asthma. Public Act 05-104 specifies that life-threatening allergies must also be diagnosed and recorded.

Asthma and Allergy Management Policies

Connecticut Public Act No. 05-104 (2005) requires the Department of Education to develop guidelines for the management of students with life-threatening food allergies and make them available to each local and regional board of education by January 2006, then requires all schools/districts to develop and implement their own plans based on these guidelines by July 2006. The guidelines include:

- Education and training for school personnel on managing students with anaphylaxis and administering medication with a cartridge injector
- Procedures for responding to emergency situations
- A process for developing individualized health care plans and food allergy action plans
- Protocols to prevent exposure to food allergens

Chapter 170 Sec. 10-220f (1998) allows local and regional boards of education to establish school district safety committees to review the adequacy of emergency response procedures at each school. The State Board of Education's *Position Statement on Student Support Services* (2001) recommends that school districts establish school based and/or district-wide support services teams to assess school health needs and coordinate the delivery of services including crisis response.

Health Services Capacity

Public Act 04-181(a) specifies that each local or regional board of education shall appoint one or more school nurses or nurse practitioners. Further, each school has a physician medical advisor. The state recommends, but does not require, a nurse-to-student ratio of 1:750. According to recent CDC surveys, about two-thirds of Connecticut public schools have a full-time nurse and 90% of Connecticut school districts have health teams.

Connecticut supports 50 school-based health centers, a ratio of about one for every 22 public schools. These facilities provide a full range of outpatient physical and mental health services to students enrolled in Connecticut public schools.

Connecticut schools are required to provide case management for students with asthma, as well as referrals to local health services as needed. If asthma or anaphylaxis episodes occur, the school nurse is required to file a written report with the health authorities.

Information that is more detailed is provided in the Connecticut Board of Education's position paper on *Student Support Services*.

Awareness

Connecticut Public Act No. 05-104 (2005) requires training for faculty, school staff and foodservice personnel in procedures for dealing with allergic reactions to foods. Connecticut

also requires foodservice personnel to receive training in serving students with special dietary needs.

A Manual for Managing Asthma in Connecticut Schools, following the model of the Coordinated School Health Program, was developed by the Connecticut Department of Public Health and Coordinated School Health Partnership and was distributed as a guide to all school staff involved in student health and health services. The manual provides detailed guidance about the roles and responsibilities of school administrators, teachers, nurses, coaches and custodial staff; students and families; and health care providers. The school nurse is designated to coordinate student care with the student's parents or guardians and health care provider. The Connecticut Board of Education has published a position paper on *School-Family-Community Partnerships*.

The school nurse is responsible for coordinating activities for staff awareness and education regarding students with asthma, including sharing Individual Health Care Plans as appropriate and coordinating with health and science teachers to include asthma awareness in the school health curriculum.

Staff development requirements include continuing education training or funding for school nurses in administration of medications; case management for students with chronic health conditions; identifying and tracking students with chronic health conditions; accessing benefits for students with disabilities; teaching self-management to students with chronic health conditions; and tobacco use cessation. Asthma awareness training covering the schools' asthma program, policy and procedures is required for all school staff. Tobacco use prevention training is required for health education teachers.

School Environment

Indoor Air Quality

Public Act No. 03-220 (2003) requires school boards to adopt and implement an indoor air quality program (IAQ) that provides for ongoing maintenance and facility reviews. Schools must be inspected every five years, and the boards must report conditions annually to the commissioner of education. Guidelines are provided in the Connecticut Board of Education's Position Paper on *Creating a Healthy School Environment*. Funding of IAQ projects has been approved by the state.

A consortium of state agencies and organizations, spearheaded by the Connecticut Departments of Public Health, Education, Environmental Protection, and Labor, has been formed to help schools implement the U.S. Environmental Protection Agency's (EPA) *Tools for Schools* program. As of 2007, a majority of Connecticut schools is using this program, and in 2005, the Hartford Public Schools won an Award for Excellence from the EPA.

Public Act 07-168 (2007) prohibits the application of pesticides on the grounds of any public or private school with students in grade eight or lower. The law also restricts the application of pesticides in or at a school to certified applicators described in section 22a-54 (2003), except in cases where pesticide is needed to eliminate an immediate threat to human health.

Statutes Chapter 170, Section 10-231c (2000) and Chapter 170, Section 10-231d (2000) limit the application of pesticides during school hours and require advance notice to parents and staff.

Outdoor Air Quality

The Connecticut Department of Environmental Protection (DEP) has made the reduction of diesel emissions in school buses a priority, based on health risks posed to children. The Connecticut General Assembly enacted Public Act No. 07-4 Sections 16-19 to reduce the exposure of children to diesel exhaust from school buses. The law created a school bus emission reduction account to reimburse school districts for the purchase, installation, and warranty of emission control technology (ECT) and closed crankcase ventilation systems (CCVs).

Connecticut received demonstration grants from the EPA's Clean School Bus program in 2003, 2004 and 2005 for retrofitting school buses in Fairfield, Old Lyme, Stamford, Bridgeport, Hartford, Newington, New Haven and Norwich.

Snapshots of Clean School Bus activities include:

- Forty school buses in Norwich are being retrofitted using funds from an enforcement action by the Connecticut DEP
- New Haven received a grant from the US EPA for the purchase of ultra-low sulfur diesel fuel (ULSD) for all of the city's 251 school buses; the availability of ULSD will position the city to retrofit those buses with advanced pollution controls in the future
- The Stamford division of the Connecticut Transit Authority is fueling its entire fleet of 48 buses with ULSD and 31 of the buses are fitted with advanced pollution controls

For more information on the National Clean Diesel Campaign, see www.epa.gov/otaq/diesel/grantfundarchive.htm#2006.

Connecticut also has anti-idling laws that are applicable to school buses. The Regulations of Connecticut State Agencies Title 22a, §174-18(b) (3) limits idling of all motor vehicles to three minutes. The Connecticut School Transportation Association partnered with the Connecticut DEP to develop a specific policy for school bus operators and provided outreach materials to disseminate the information to all fleets in the state. The policy instructs drivers to shut off their buses immediately upon reaching their destinations and not to idle while awaiting passengers, with certain exceptions due to weather or equipment factors.

Tobacco Policies

Statute Chapter 368, Section 19a-342 (2004) prohibits smoking in public places, including school buildings while school is in session or student activities are being conducted. The law also requires that signs stating that smoking is prohibited by state law must be posted in each building. An earlier statute, Chapter 943, Section 53-198 (1959), prohibits smoking on school buses.

Tobacco use prevention is required in the health curriculum for students as well as in training for teachers. The state has provided funding or staff development to schools and districts on how to implement a tobacco use prevention program. Smoking cessation services are provided for students, and continuing education training in tobacco use cessation is provided to school nurses.