

NEW JERSEY

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

Medication & Treatment

Medication Policies

New Jersey Administrative Code 6A:16-1.4 (2001) states that each district board of education shall develop and adopt written policies and programs governing the administration of medications to students under a physician's order and the emergency administration of an epinephrine auto-injector to a student for anaphylaxis.

New Jersey Administrative Code 6A:16-2.3 (2001) requires each district board of education to develop and adopt written administration of medication policies and procedures in consultation with a school physician. The statute authorizes the school physician, a certified or non-certified school nurse, a substitute school nurse, the student's parent or guardian, the student (if approved to self-administer), and other designated and trained school employees to administer medication.

N.J.S.A. 18A:40-12.3 (2001) permits the self-administration of asthma medication by a student for asthma or another potentially life-threatening illness, provided that written authorization for self-administration of medication and written certification of the student's ability to self-administer from the parent is given, and written notification of the district's exemption from liability resulting from injury is given to and signed by the parents.

N.J.S.A. 18A:40-12.5 (2007) requires each board of education or chief administrator to develop a policy for the emergency administration of epinephrine via a pre-filled auto-injector mechanism to a pupil for anaphylaxis. The policy must require:

- Placement of a pupil's prescribed epinephrine in a secure but unlocked location easily accessible by the school nurse and designees
- The school nurse or designee to be promptly available on-site at the school and school-sponsored functions in the event of an allergic reaction
- Transportation of the pupil to a hospital emergency room by emergency services personnel after the administration of epinephrine

This law also specifies that epinephrine auto-injectors be kept in all classrooms.

N.J.S.A. 18A:40-12.5 (2007) requires each local board or chief administrator to inform parents or guardians in writing that if the administration of epinephrine procedures are followed, the district and its employees shall have no liability as a result of any injury arising from the administration of the epinephrine auto injector to the student. The parents or guardians are then required to sign a statement acknowledging their understanding of this statute.

N.J.S.A. 18A:40-12.6 (1997) allows school employees to administer epinephrine auto-injectors if they have received proper training by the school nurse. In New Jersey, all levels of emergency medical technicians are allowed to carry and trained to use epinephrine auto-injectors.

Identification and Reporting

New Jersey Administrative Code 6A:16-2.2 (2001) requires students to receive a medical examination upon school entry and at least one time during each developmental stage (early childhood, pre-adolescence, adolescence). Parents are notified that these exams should be performed by the family physician, who must enter the information on a state form, which is sent to the school and maintained in the student's health records.

N.J.S.A. 18A:40-4 (1997) and New Jersey Administrative Code 6A:16-1.5 (2001) require a health record to be kept for each pupil.

N.J.S.A. 18A:40-12.7 (1997) stipulates that each public and nonpublic school shall have and maintain for the use of pupils at least one nebulizer in the office of the school nurse or similar accessible location.

Asthma and Allergy Management Policies

Under New Jersey Administrative Code 6A:16-1.4, district school boards are required to develop and adopt written policies and procedures governing the provision of school health services, including the treatment of asthma and the handling of medical emergencies.

The New Jersey Department of Education (NJDOE), Office of Education Support Services has developed the *School Health Services Guidelines* to assist school nurses in providing a comprehensive health program in the context of the requirements of New Jersey Statutes and regulations. These *Guidelines* instruct certified school nurses to:

- Develop an asthma management program for their school
- Develop school policies and procedures to meet the needs of students with asthma, referencing P.L. 1993, c. 308 supplementing N.J.S.A. 18A:40-12.3
- Individualize an asthma action plan for students with asthma, signed by the student's parent or guardian and healthcare provider
- Write an Individualized Healthcare Plan (IHP or IHCP) and Individualized Emergency Healthcare Plan (IEP) as appropriate, in collaboration with the student, the parent/guardian and the student's healthcare provider

In addition, the Pediatric/Adult Asthma Coalition of New Jersey (PACNJ) provides resources to make schools ready for students with asthma, including nurse and teacher training materials, Tools for Schools, the no-idling pledge, certification that the school has a nebulizer, and Asthma Action Plan training module. By June 2008, 402 schools had been awarded the PACNJ Asthma Friendly Schools Award using this program. The Asthma Action Plan is collaborative among NJPAC, New Jersey Department of Health and Human Services (NJDHSS) and NJDOE.

N.J.S.A. 18A:40-12.8 requires that an asthma treatment plan be prepared by the student's physician for each pupil authorized to use asthma medication or a nebulizer. According to the *School Health Services Guidelines*, school nurses are responsible for coordinating management of students with asthma with their parents/guardians, healthcare providers, school personnel, and community agencies.

N.J.S.A 18A:40-12.6a (2007) requires the NJDOE to establish and disseminate guidelines to each local board of education and each nonpublic school for the development of a policy for management of food allergies in the school setting. Senate Resolution 111 (2003) urges school districts to provide education and information for students and staff on the severe dangers faced by children who are allergic to peanuts and to establish peanut-free areas in their cafeterias.

Nurses are instructed to develop IHPs and IEPs for students who have been identified with special health needs and make them readily accessible in their individual health records.

Health Services Capacity

New Jersey Administrative Code 6A:16-2.1 (2001) requires each district board of education to appoint at least one school physician and one full-time equivalent certified school nurse to:

- Provide nursing services
- Train, direct, and supervise designated school staff in the emergency administration of epinephrine
- Develop a school nursing services plan assigning non-certified nurses to perform duties permitted under their licenses from the State Board of Nursing

New Jersey has a state Health Services Coordinator, and each district is required to a Health Services Coordinator as well. There are 31 school-based health centers, which offer a full range of outpatient medical services to students in facilities located on or near school campuses.

Schools are required to provide case management for students with chronic health conditions and to provide local health care navigation services as appropriate.

Awareness

Asthma awareness training is included in the health curriculum for all students, and the state requires that students with asthma or allergy be taught about self-managing their condition.

School nurses are responsible for coordinating activities for staff awareness and education regarding students with special health needs, including asthma and anaphylaxis. The *Guidelines* instruct nurses to “conduct general staff training to provide an overview of the student’s condition and healthcare needs. Include all staff who are in contact with the student, including bus drivers, lunchroom personnel and playground staff.” The state requires that training in food allergies covering the school’s program, policy and procedures be provided to faculty and other staff. In addition, foodservice personnel are required to be trained in serving students with special dietary needs, according to the guidelines of the U.S. Department of Agriculture for all schools participating in the National School Lunch and/or Breakfast programs.

Staff development requirements for school nurses include continuing education training in administration of medications; case management for students with chronic health conditions; identifying students with chronic health conditions; and teaching self-management to students with chronic health conditions.

Asthma awareness training covering the school’s asthma program, policy and procedures is required for teachers and other school staff. Tobacco use prevention training is required for health education teachers.

School Environment

Indoor Air Quality

Responsibility for healthy schools is shared among several state agencies and is primarily regulated by the labor code, since school districts are considered employers according to N.J.S.A. 34:13A-3.

N.J.S.A. 34:5A-10.2 (1997) prohibits the use of hazardous substances in any public school building or on school grounds when children are expected to be present. A program conducted by the New Jersey DHHS, the “Indoor Environments Program”, is targeted at reducing exposure to mold and other indoor environmental pollutants.

New Jersey Administrative Code 12:100-13.3-8 (1997) establishes regulations for HVAC maintenance and mold prevention practices, as well as agency inspections and enforcement. The regulations require that maintenance records are retained and made available to school employees upon request. The Public Employees Occupational Safety and Health (PEOSH) program provides an *Indoor Air Quality Standard Inspection Checklist* of compliance measures. School inspections may also be conducted by the state health agency in response to specific complaints, and the state health agency may provide technical assistance to schools on IAQ matters.

In addition, N.J.S.A. § 18A:7G-3, 9(b)(3) and 13(d) require the Department of Education to promulgate rules requiring school districts to have comprehensive maintenance plans for school facilities. Regulations adopted under the law (N.J. Admin. Code tit. 6, § 26A-2.1) require that maintenance activities include tests to monitor air quality.

Outdoor Air Quality

N.J.S.A. 13:1F-22b (2002) requires the superintendent of each school district to adopt and implement a school integrated pest management (IPM) policy for the school property, consistent with the Pesticide Control Act of 1971. The parents or guardians of all students and the staff members of each school must receive notification from the local school board or principal at least 72 hours before the application of pesticides (N.J.S.A. 13:1F-25, 2002). Further, N.J.S.A. 13:1F-26 (2002) requires the local school board to post prominent signs with notice of pesticide application -- either within or adjacent to the area to be treated and at each entrance to the school building or grounds to be treated.

New Jersey DEP promotes StoptheSoot.org, advocating both diesel retrofitting and anti-idling. New Jersey Administrative Code 7:27-14.2 limits idling of heavy-duty vehicles to three minutes. Buses may idle longer while picking up or discharging passengers, but not waiting for passengers. In addition, a voluntary anti-idling program is in effect. School officials and school-bus drivers are being asked to pledge voluntarily to eliminate idling; at least 68 school districts have signed the “no-idling pledge”.

Tobacco Policies

N.J.S.A. 26:3D-17 (2005) and New Jersey Administrative Code 6A:16-3.1(a)7 (2001) mandate the local board of education of each school district to make and enforce regulation prohibiting tobacco use anywhere in its buildings or on school grounds.

“School grounds” includes any school land or facilities used for academic or extracurricular programs by the district, according to New Jersey Administrative Code 6A:16-1.3 (2001). The

code further specifies that portions of land, school facilities, and other facilities owned by local municipalities or other individuals that are under exclusive use of the school district also constitute school grounds.