

RHODE ISLAND

Rhode Island addresses asthma and anaphylaxis in its *Rules and Regulations for School Health Programs*, updated and amended in January 2007. These regulations require that all public and private schools “have a comprehensive school health program consisting of health education, health services and a healthful school environment, approved by the State Commissioner of Elementary and Secondary Education” (R16-21-SCHO, 2003). Rhode Island’s comprehensive school health program, entitled “Thrive”, is based on the Coordinated School Health Program model developed by the Centers for Disease Control and is detailed on its Web site, www.thriveri.org/index.html.

Medication & Treatment

Medication Policies

Section 18.0 of the Rules and Regulations for School Health Programs requires that the school physician for each public school develop protocols and procedures related to the administration of medication in schools. Section 19.9 directs that all school districts shall develop protocols or procedures to permit students to self-carry and/or self-administer prescription medication according to the conditions of a written agreement among the student, parent or guardian, certified school nurse-teacher or registered nurse, and licensed prescribing health care provider. RIGL 16-21-22 and RIGL 16-21-22 also ensure students’ right to carry and use prescription epinephrine auto-injectors and inhalers.

The Rules and Regulations specify conditions under which other school personnel may administer medications, the training required to do so, and protection against liability when medication is administered in an emergency situation. Regulations governing storage of medications indicate that extra epinephrine kits and inhalers should be available in the school.

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

Identification and Reporting

According to the *Rules and Regulations for School Health Programs*, any student with a chronic disease or a long-term health issue is entitled to have an individual health care plan (IHCP) and an emergency health care plan (ECP), developed collaboratively by the certified school nurse-teacher, the family, the student, and the primary care provider (Part III, Section 6.3). Any teachers, administrators, and other school personnel who may be involved in the care of the student must be informed of the plans.

IHCPs and ECPs include descriptions of all services that will be provided to the student, the people responsible for providing service, training requirements of these people, and other information.

The plan is entered into the student’s cumulative health record, which transfers with the student if the student moves to another school and is maintained by the school for a minimum of five years after the student turns 18 or leaves the school district (Part III, Section 14.3).

In addition to the IHCP and ECP, the health record includes documentation of any episodes of sudden illness, nursing assessments, consultations, and instructions and permissions regarding medications (Part III, Section 14.1).

Each school district must also develop procedures and protocols for documenting and implementing a follow-up and referral plan for students identified as needing additional services (Part III, Section 15.2).

Asthma and Allergy Management Policies

Schools are required to have written protocols and standing orders available in the event of acute illnesses, including anaphylaxis. These orders must be reviewed and updated at least annually by the school physician and must be reviewed annually by all school personnel who might have to be involved in managing an emergency situation (Part III, Section 17.1). Schools are required to develop procedures for addressing incidents of anaphylaxis and to provide training for any school personnel who might need to administer an epinephrine auto-injector during an emergency (Part III, Section 17.2).

A law passed in the 2007 legislative session specifically addresses the issue of peanut and tree nut allergies in schools (H5671 Sub A as amended). The law is mandatory for all elementary and middle schools and is recommended for high schools. If there is a student in a school identified with a peanut or tree nut allergy, the district/school must post a notice within the school in a conspicuous place at every point of entry and within the cafeteria providing notice that a student in the school has an allergy to peanuts/tree nuts; prohibit the sale of peanuts/tree nuts, peanut butter and other peanut-based products in the school cafeteria; designate a peanut/tree nut free table in the cafeteria; designate a table in the cafeteria as “peanut/tree nut” table; and designate one classroom per grade to be peanut/tree nut free. Families of all students in a class are notified if a child in that class has a food allergy.

Asthma is addressed not only within the comprehensive school health program, but also in a state-wide program, the Rhode Island Asthma Control Program. The Rhode Island Department of Health began this program in 1999 under a grant from CDC.

Health Services Capacity

Every public school has a certified school nurse-teacher assigned to provide services at that school (RIGL §16-21-8). While most middle and high schools have a full-time nurse, many elementary schools share a nurse between two or three schools in a district.

Rhode Island does not require a specific nurse-to-student ratio, but the Rules and Regulations direct school districts to provide “adequate and appropriate personnel” to conduct mandated population-based health services and individualized health services to all students.

The Rules and Regulations further state that at all times, during normal school hours at on-site school-sponsored activities, each school shall have available at least one person other than the certified school nurse-teacher who is trained, competent and responsible for the administration of basic first aid, including the administration of the epinephrine auto-injector.

Each district must employ a school physician to provide oversight, supervision, guidance, and consultation to the school nurses and to the district and schools in establishing appropriate health policies and protocols (RIGL §16-21-7). Schools also have access to health services coordinators at both the state and district-levels.

Rhode Island supports seven school-based health centers, a ratio of about one for every 48 public schools. These facilities provide a full range of outpatient physical and mental health services to students enrolled in Rhode Island public schools.

Awareness

Staff development requirements include continuing education training or funding for school nurses in identifying and tracking students with chronic health conditions and teaching self-management to students with chronic health conditions. Asthma and allergy awareness is included in the school health curriculum for all students.

School Environment

Indoor Air Quality

Rhode Island schools are governed by the state's Division of Occupational Safety standards, which address some, but not all potential triggers for asthma. Part IV, Sections 21-23 of the Rules and Regulations deal with standards for existing school buildings as well as new construction. The rules require annual inspections of schools, and schools cannot open if they have not passed inspection by the state's Fire Department, Department of Health, Department of Labor and Training, and Division of Occupational Safety by August 1 each year.

IAQ is addressed as a goal in the state's Asthma Control Program: Objective 3 calls for development of an instrument to test IAQ in Rhode Island public schools at least once every four years.

The Rules and Regulations prohibit the application of pesticides in any school building or on school grounds during school hours or planned activities, and require written notice to parents and staff on the board of education's policy on pesticide application as well as a description of any pesticide applications made at the school during the previous school year.

Parents or guardians may register to receive prior notice of pesticide application at their child's school. Rhode Island recommends that schools adopt an Integrated Pest Management (IPM) program and provides funding or staff development to train school personnel how to implement an IPM program.

Outdoor Air Quality

School bus retrofit projects have been undertaken in Warwick and Cranston with support from the U.S. Environmental Protection Agency. In 2006, the Warwick Public School Department became the first in Rhode Island to retrofit its entire fleet of 50 school buses. Using a Clean School Bus USA grant, Warwick applied a combination of diesel oxidation catalysts and crankcase controls to reduce emissions from each bus by more than 30%.

Rhode Island recently enacted anti-idling laws that cover school buses. All diesel engine motor vehicles including school buses are prohibited from idling more than five consecutive minutes in any 60-minute period by Air Pollution Control Regulation No. 45 of the Rhode Island Diesel Engine Anti-Idling Program, authorized by Rhode Island General Laws §23-23-29 and §31-16.1, effective July 19, 2007.

Tobacco Policies

All tobacco use must be prohibited on school premises and at school-sponsored activities, according to Rules and Regulations 2.2.3. Tobacco use prevention is required in the health curriculum for students and smoking cessation services are provided for all school personnel. The state also provides funding or staff development to schools/districts on how to implement a tobacco use prevention program.