

2016 | **STATE**  
Honor  
Roll 

Asthma and Allergy  
Policies for Schools  
[StateHonorRoll.org](http://StateHonorRoll.org)



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## **Message from AAFA**

The Asthma and Allergy Foundation of America (AAFA) is pleased to share the 2016 State Honor Roll™ of Asthma and Allergy Policies for Schools Report (State Honor Roll; SHR). The report describes states with the best public policies for people with asthma, food allergies, anaphylaxis and related allergic diseases in U.S. elementary, middle and high schools.

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. AAFA is committed to working on behalf of individuals with allergies and asthma and their families and caregivers. We are dedicated to improving the quality of life for people with asthma and allergic diseases through education, advocacy and research. We look forward to ongoing collaborations with diverse stakeholders, including researchers, payers, scientists, clinicians, and policymakers to improve the quality of life for people with allergies and asthma. And we will continue to promote public policy initiatives that improve and protect quality of life and treatment options for those affected by asthma and allergies.

AAFA would like to acknowledge and thank Laurel Francoeur, JD; Larissa Kaczaniuk; Mary-Beth Malcarney, JD, MPH; and Sarah Young, MPH for their contributions to data collection, analysis and writing. AAFA also wishes to thank the broad and diverse range of subject matter experts and stakeholders who helped develop the approach and methodology used to produce this report. AAFA also acknowledges with appreciation the support received for this report, including an unrestricted educational grant from Genentech, and donations from individuals, families, caregivers and other supporters.

Sincerely,  
Cary Sennett, MD, PhD  
President and CEO

Meryl Bloomrosen, MBI, MBA  
Senior Vice President, Policy, Advocacy and Research

### **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. The text, data for the indicators and assessment of states are current, to the best of AAFA's knowledge, as of July 15, 2016. More 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](http://www.StateHonorRoll.org).

AAFA's 2016 State Honor Roll (SHR) Report of Asthma and Allergy Policies for Schools was supported in part by a grant from Genentech.



## 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 13.8 million missed school days each year.<sup>1</sup> About one in 10 children in the US (6.3 million) have asthma, and asthma is the third leading cause of hospitalizations in children.<sup>2</sup> Approximately \$56 billion dollars in direct and indirect costs and productivity are lost to childhood asthma each year.<sup>3</sup> The prevalence of food allergies among children increased between 1997 and 2007, and in 2006, about 88% of schools in the United States have one or more children with food allergies.<sup>4</sup> Each year, AAFA considers a comprehensive list of policies covering medication, access to care and treatment and the school environment, and then reviews state statutes, regulations and guidances to assess how each state's policies compares to the baseline standards.

### The main goals of the report are 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
- 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
- Help school system and district personnel set standards and benchmarks by providing the best practices and the experience of other schools



1 Centers for Disease Control and Prevention. Asthma. <http://www.cdc.gov/asthma/default.htm>. (accessed on 9/13/16)

2 Centers for Disease Control and Prevention. National Center for Health Statistics. <http://www.cdc.gov/nchs/fastats/asthma.htm> (accessed on 9/13/16)

3 Centers for Disease Control and Prevention. National Surveillance of Asthma: United States, 2001-2010. [http://www.cdc.gov/nchs/data/series/sr\\_03/sr03\\_035.pdf](http://www.cdc.gov/nchs/data/series/sr_03/sr03_035.pdf) (accessed on 9/13/16)

4 Centers for Disease Control and Prevention. Health Schools. Food Allergies in Schools. <https://www.cdc.gov/healthyschools/foodallergies/index.htm> (accessed on 9/13/16)

## **The 2016 Honoree States**

We have named 15 states<sup>5</sup> to **AAFA's 2016 State Honor Roll™ of Asthma and Allergy Policies for Schools** ([www.StateHonorRoll.org](http://www.StateHonorRoll.org)) with six of them remaining on the list since our first report in 2008 – **specifically, Connecticut, Massachusetts, New Jersey, Rhode Island, Vermont, and Washington**. 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. Stakeholders including policymakers, regulators, parents, caregivers and families, school administrators and personnel, and health and public health professionals can look to these states as models.

The 2016 State Honor Roll list includes (in alphabetical order):

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

## **About AAFA's School Policy Standards**

AAFA assesses state (not local)-level school policies because of the potential to affect students uniformly throughout the state, although AAFA recognizes that policy implementation is likely to vary within a state and even within school districts. As described in the methodology section of this report, 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 core policy standards in place. States with a minimum of 18 of the 23 policy standards in place were named Honor Roll states, and considered to be at the

<sup>5</sup> 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.”

forefront of asthma and allergy school health. AAFA recognizes these states as good models for policymakers, administrators, teachers, parents and advocates.

The full report presents the methodology, findings, performance of all 50 states on core policy standards and “extra credit” indicators, highlights of 2016 State Honor Roll and profiles of all 50 states and the District of Columbia.

## **What’s New in the 2016 Report**

One state – New York – achieved Honor Roll status for the first time. New York law was amended in July of 2015 to shield schools from liability in cases of self-administration and emergency administration of asthma and allergy medications, making New York compliant with 18 core policy standards.

Connecticut became the first state to meet every core policy standard.

This year, a new extra credit indicator was added – *state allows or requires either by legislation, regulation or policy, asthma rescue medicine (i.e. albuterol) stocking and authority to administer in schools*. Nine states allow public schools to stock albuterol and one state, New Jersey, requires public schools to do so. For more information about albuterol stocking policies, please visit <http://cqrcengage.com/aafa/albuterol>.

Almost all states now allow schools to keep medications on hand to treat severe allergic reactions, and 12 states actually require schools keep epinephrine auto-injectors on hand. Massachusetts is currently the only state that does not allow for epinephrine stocking; however, Massachusetts currently has a bill pending that, if passed, would allow epinephrine stocking. However, new laws for stocking epinephrine auto-injectors are insufficient until the law is implemented. Such implementation requires procedures, processes and practices for training personnel, approaches for recognizing symptoms and administering medication in accordance with state legislation, regulation or policy.

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. It is noteworthy that Hawaii has proposed funding for a full-time nurse in every public school. Beyond anaphylaxis-related medication policies, it appears that states have done



little to improve school-related public policies in recent years. However, New York has pending bills that would require reporting of asthma prevalence in schools and would establish new protocols for the management and training of staff regarding asthma emergencies. Likewise, Illinois has passed a law that revises school protocols for asthma recognition and treatment and has proposed laws to strengthen epinephrine training requirements and to allow for the stocking of epinephrine on school buses.

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. Some states, such as Maryland, are considering bills that would ban e-cigarettes in addition to traditional cigarettes. Few states fund tobacco cessation programs for school students and staff.





# Chart 1: 2016 State Honor Roll™ - Performance on Core Policy Standards<sup>6</sup>



The 2016 "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](http://www.StateHonorRoll.org) or call 1-800-7-ASTHMA for more information.

Key		Medication and Treatment											Awareness		School Environment									
✓ State Policy Exists	2016 Honor Roll State	Medication Policies				Identification and Reporting				Management Policy	Health Services Capacity	Awareness in Schools		Indoor Air Quality			Outdoor Air Quality			Tobacco Policy				
2016 State Honor Roll™ Roster	Total Score (out of 23 total possible)	* (See Descriptions of "Core Policy Standards" Below)																						
		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	23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delaware	18	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓	✓	✓	✓
District of Columbia	19	✓	✓	✓	✓		✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Illinois	19	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓				✓	✓	✓	✓	✓	✓
Indiana	18	✓	✓	✓		✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Massachusetts	20	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓
Mississippi	19	✓	✓	✓		✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New Jersey	20	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New Mexico	18	✓	✓	✓		✓	✓	✓		✓	✓	✓		✓	✓			✓	✓	✓	✓	✓	✓	✓
New York	18	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
North Carolina	19	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rhode Island	20	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vermont	21	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓
Washington	19	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓			✓	✓	✓	✓	✓	✓	✓
West Virginia	19	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

- \* 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 and 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 application.
  - 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.

<sup>6</sup> Note that the numbering of core policy standards and extra credit indicators has changed from the numbering use in reports in 2008 – 2013 reports; Beginning in 2014, 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: 2016 State Honor Roll - Performance of All States on Core Policy Standards<sup>7</sup>



The 2016 "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](http://www.StateHonorRoll.org) or call 1-800-7-ASTHMA for more information.

Key		Medication and Treatment											Awareness		School Environment									
	State Policy Exists	Medication Policies					Identification and Reporting			Management Policy	Health Services Capacity	Awareness in Schools		Indoor Air Quality			Outdoor Air Quality		Tobacco Policy					
	2016 Honor Roll State	* (See Descriptions of "Core Policy Standards" Below)																						
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
Alabama	11	✓	✓	✓	✓	✓					✓	✓			✓							✓	✓	✓
Alaska	9		✓	✓		✓				✓	✓	✓					✓		✓	✓				
Arizona	15	✓	✓	✓		✓			✓		✓	✓		✓	✓		✓	✓	✓	✓			✓	✓
Arkansas	13	✓	✓	✓	✓	✓	✓	✓				✓	✓		✓		✓	✓					✓	
California	15	✓	✓	✓		✓					✓	✓		✓	✓		✓	✓	✓	✓	✓		✓	✓
Colorado	15	✓	✓	✓	✓	✓	✓	✓			✓	✓		✓	✓		✓	✓					✓	✓
Connecticut	23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delaware	18	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓	✓	✓	✓
District of Columbia	19	✓	✓	✓	✓		✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Florida	16	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓		✓	✓	✓	✓				
Georgia	7	✓	✓	✓									✓		✓						✓			✓
Hawaii	15	✓	✓	✓			✓	✓	✓	✓				✓	✓		✓	✓			✓	✓	✓	✓
Idaho	11		✓	✓		✓	✓	✓		✓					✓		✓	✓					✓	✓
Illinois	19	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓				✓	✓	✓	✓	✓	✓
Indiana	18	✓	✓	✓		✓	✓	✓			✓	✓		✓	✓	✓	✓	✓	✓	✓			✓	✓
Iowa	17	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓		✓			✓	✓	✓
Kansas	10	✓	✓	✓		✓		✓				✓			✓				✓				✓	✓
Kentucky	16	✓	✓	✓		✓	✓	✓		✓		✓		✓	✓	✓		✓	✓	✓			✓	✓
Louisiana	14	✓	✓	✓		✓	✓		✓	✓				✓	✓		✓	✓	✓			✓	✓	✓
Maine	16	✓	✓	✓		✓	✓		✓					✓	✓	✓	✓	✓	✓	✓	✓			✓
Maryland	17	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓		✓		✓	✓	✓			✓
Massachusetts	20	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓
Michigan	15	✓	✓	✓		✓		✓	✓					✓	✓		✓	✓	✓	✓	✓		✓	✓
Minnesota	15		✓	✓		✓	✓	✓						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mississippi	19	✓	✓	✓		✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Missouri	9	✓	✓	✓		✓	✓	✓						✓	✓									✓
Montana	11	✓	✓	✓	✓									✓	✓		✓	✓		✓			✓	✓
Nebraska	11	✓	✓	✓	✓	✓		✓			✓	✓		✓	✓									✓
Nevada	13	✓	✓	✓			✓	✓	✓	✓		✓			✓						✓	✓	✓	✓
New Hampshire	17	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓			✓	✓	✓		✓	✓	✓	
New Jersey	20	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New Mexico	18	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓

<sup>7</sup> Note that the numbering of core policy standards and extra credit has changed from the numbering use in reports in; Beginning in 2014, 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		Medication and Treatment												Awareness		School Environment								
✓	State Policy Exists	Medication Policies				Identification and Reporting				Management Policy		Health Services Capacity		Awareness in Schools		Indoor Air Quality			Outdoor Air Quality		Tobacco Policy			
🏆	2016 Honor Roll State																							
States	Total Score (out of 23 total possible)	* (See Descriptions of "Core Policy Standards" Below)																						
		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
New York	18	✓	✓	✓	✓		✓	✓		✓		✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
North Carolina	19	✓	✓	✓		✓	✓	✓		✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
North Dakota	10		✓	✓				✓			✓	✓			✓	✓				✓			✓	✓
Ohio	12	✓	✓	✓	✓	✓						✓			✓	✓		✓	✓	✓	✓			✓
Oklahoma	8	✓	✓	✓		✓		✓							✓	✓								✓
Oregon	17	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓			✓	✓				✓	✓		✓	✓
Pennsylvania	16	✓	✓	✓	✓	✓	✓	✓		✓		✓			✓	✓			✓	✓	✓		✓	✓
Rhode Island	20	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓			✓	✓		✓	✓	✓	✓	✓	✓	✓
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 and 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: 2016 Performance of All States on Extra Credit Indicators<sup>8</sup>



The 2016 "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. Displayed in RED are the "Honor Roll" states for this year. For details, see the full report at [www.StateHonorRoll.org](http://www.StateHonorRoll.org) or call 1-800-7-ASTHMA.

Key		Medication and Treatment					Awareness		School Environment					
	State Policy Exists	Medication		Management Policy	Health Services Capacity		Awareness in Schools		Indoor Air Quality	Outdoor Air Quality	Tobacco Policy			
	2016 Honor Roll State													
States		* (See Descriptions of "Extra Credit" Indicators on Next Page)												
Total Score (out of 13 total possible)	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	Extra Credit Indicator M	
Alabama	3		✓		✓									
Alaska	1												✓	
Arizona	3				✓				✓				✓	
Arkansas	3				✓				✓	✓				
California	9	✓		✓	✓		✓	✓	✓		✓	✓	✓	
Colorado	8		✓		✓		✓	✓		✓	✓	✓	✓	
<b>Connecticut</b>	9	✓		✓	✓		✓	✓	✓	✓	✓	✓		
<b>Delaware</b>	4	✓				✓			✓				✓	
<b>District of Columbia</b>	7	✓		✓	✓		✓	✓	✓	✓				
Florida	6			✓	✓		✓	✓	✓				✓	
Georgia	6		✓	✓	✓		✓	✓					✓	
Hawaii	9			✓	✓	✓	✓	✓	✓	✓			✓	
Idaho	3						✓	✓					✓	
<b>Illinois</b>	6			✓	✓		✓	✓		✓			✓	
<b>Indiana</b>	6			✓			✓	✓	✓		✓		✓	
Iowa	3						✓	✓	✓					
Kansas	1								✓					
Kentucky	5						✓	✓	✓	✓			✓	
Louisiana	2						✓	✓						
Maine	5						✓	✓	✓			✓	✓	
Maryland	7	✓		✓	✓		✓			✓		✓	✓	
<b>Massachusetts</b>	7			✓	✓		✓	✓	✓		✓	✓		
Michigan	5	✓		✓			✓	✓	✓				✓	
Minnesota	7			✓	✓		✓	✓	✓				✓	
<b>Mississippi</b>	6						✓	✓	✓	✓	✓	✓	✓	
Missouri	7		✓	✓			✓	✓	✓				✓	
Montana	2								✓				✓	
Nebraska	3	✓		✓									✓	
Nevada	4	✓					✓						✓	
New Hampshire	5		✓		✓				✓			✓	✓	

<sup>8</sup> Note that the numbering of core policy standards and extra credit indicators has changed from the numbering use in reports in Beginning in 2014, 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		Medication and Treatment					Awareness			School Environment				
✓	State Policy Exists	Medication		Management Policy	Health Services Capacity	Awareness in Schools			Indoor Air Quality			Outdoor Air Quality	Tobacco Policy	
🏆	2016 Honor Roll State													
States	Total Score (out of 12 total possible)	* (See Descriptions of "Extra Credit" Indicators Below)												
		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	Extra Credit Indicator M
New Jersey	🏆 10	✓	✓	✓	✓		✓	✓	✓	✓			✓	✓
New Mexico	🏆 7	✓	✓	✓			✓	✓	✓	✓				
New York	🏆 7		✓		✓		✓			✓	✓		✓	✓
North Carolina	🏆 4	✓						✓	✓				✓	
North Dakota	3			✓				✓		✓				
Ohio	4		✓					✓		✓			✓	
Oklahoma	2				✓								✓	
Oregon	6			✓	✓			✓	✓	✓			✓	
Pennsylvania	3								✓			✓	✓	
Rhode Island	🏆 4			✓	✓				✓				✓	
South Carolina	3				✓				✓				✓	
South Dakota	2							✓	✓					
Tennessee	5			✓	✓				✓	✓				✓
Texas	1												✓	
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 allows and/or requires asthma rescue medication - albuterol -stocking and authority to administer in schools.
- C State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.
- D 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 that each school will have one full-time nurse.
- F State has adopted policy stating that school districts provide case management for students with chronic conditions such as asthma.
- G State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.
- H State sponsors or provides funding for staff training in food allergies.
- I State makes funding or resources available for technical IAQ assistance to schools.
- J State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.
- K 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.
- L State has implemented or actively promotes diesel school bus engine retrofitting program.
- M 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. Stakeholders such as parents, families, caregivers, policymakers and educators 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 achievement.<sup>9</sup>

The Asthma and Allergy Foundation of America’s (AAFA) **State Honor Roll™ of Asthma and Allergy Policies for Schools** annual report, 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, regulations and guidances that address 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 2016, AAFA conferred State Honor Roll status on 15 states: Connecticut, Delaware, the District of Columbia (DC), Illinois, Indiana, Massachusetts, Mississippi, New Jersey, New Mexico, New York, North Carolina, Rhode Island, Vermont, Washington, and West Virginia. These locations comply with at least 18 of AAFA’s core set of standards.

For state summaries for all 50 states and DC, see pages 51-203 of this report, and the online [2016 State Honor Roll Interactive Map](#).

<sup>9</sup> National Asthma Control Initiative, Schools and Childcare Settings. <http://www.nhlbi.nih.gov/health-pro/re-sources/lung/naci/audiences/schools-childcare.htm>, (accessed on 9/13/16)

For details on AAFA’s methodology and selection, see the [Methodology](#) section of this report. As noted, this project does not describe or analyze local school or district-level policies and practices; nor does this project address the actual implementation of policies, practices or procedures at the school level.

## **Project Goals**

**The main goals of the report are 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
- Inform legislators, state governors and administrators, and other policymakers about how school policies and practices in their state compare to others and provide models for improvement
- 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 facts about the impact of asthma in schools:

- 6.3 million U.S. children under the age of 18 report having asthma<sup>10</sup>
- Asthma is the third leading cause of hospitalizations in children<sup>11</sup>
- African American children have recently seen the greatest rise in asthma. One in six African American children have asthma<sup>12</sup>
- African Americans are three times more likely to die from asthma than whites.<sup>13</sup>
- Asthma is the leading chronic disease in children<sup>14</sup>
- In 2009, one in five children with asthma went to an emergency department for asthma-related care<sup>15</sup>
- Asthma is one of leading cause of missed school days for children<sup>15</sup>
- In 2013, 13.8 million school days were missed due to asthma<sup>14</sup>
- In 2014, 187 children died from asthma<sup>15</sup>

*Asthma is the leading chronic disease in children.*

10 Centers for Disease Control and Prevention. Fast Stats. <http://www.cdc.gov/nchs/fastats/asthma.htm>. (accessed on 8/15/16)

11 Centers for Disease Control and Prevention. National Surveillance of Asthma: United States 2001-2010. [http://www.cdc.gov/nchs/data/series/sr\\_03/sr03\\_035.pdf](http://www.cdc.gov/nchs/data/series/sr_03/sr03_035.pdf). (accessed on 8/15/2016)

12 Heron M. Hoyert D. Murphy S, Xu Jiaquan, etc. National Vital Statistics Reports: Deaths Final Data for 2006. 2009; 57(14). [http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57\\_14.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf) (accessed on 8/15/2016)

13 American Lung Association. Trends in Asthma Morbidity and Mortality. 2012. <http://www.lung.org/assets/documents/research/asthma-trend-report.pdf> (accessed on 8/15/2016)

14 Centers for Disease Control and Prevention. Asthma: Asthmastats. [http://www.cdc.gov/asthma/asthma\\_stats/default.htm](http://www.cdc.gov/asthma/asthma_stats/default.htm) (accessed on 8/15/2016)

15 Centers for Disease Control and Prevention. Most Recent Asthma Data. [http://www.cdc.gov/asthma/most\\_recent\\_data.htm](http://www.cdc.gov/asthma/most_recent_data.htm). (accessed on 8/15/2016)

- 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 control<sup>16</sup>
- In 2007, the cost of asthma increased to \$56 billion/year in the US<sup>17</sup>

## **Allergy in Schools**

This section identifies selected facts about the impact of allergies in schools:

- Studies of fatalities due to anaphylaxis have shown that the majority of cases occurred outside the home, with a significant number occurring at school<sup>18</sup>
- Hospitalizations for anaphylaxis have increased more than four-fold among young people, with food-induced anaphylaxis being the most common cause<sup>19</sup>
- Estimated hospitalization costs for food anaphylaxis are about \$5,000 per incident<sup>20</sup>
- From 2004 to 2006, there were approximately 9,500 food allergy hospital discharges per year among children under the age of 18<sup>21</sup>
- It is estimated that six million children have food allergies in the US for 2011<sup>22</sup>
- From 1997 to 2007 the prevalence of reported food allergies increase 18%<sup>23</sup>
- From 2003 to 2006 an estimated average of 317,000 food allergy-related ambulatory care visits to emergency and outpatient departments were reported<sup>23 14</sup>

16 Centers for Disease Control and Prevention. Healthy Schools: Asthma Guidelines and Strategies. <https://www.cdc.gov/healthyschools/asthma/strategies.htm> (accessed on 8/15/2016)

17 Centers for Disease Control and Prevention. Vital Signs. <https://www.cdc.gov/healthyschools/asthma/strategies.htm> (accessed on 8/15/2016)

18 Bock SA, Munoz-Furlong A, Sampson HA. Fatalities due to anaphylactic reactions to foods. JACI. 2001;107(1)191-93. <http://www.ncbi.nlm.nih.gov/pubmed/11150011> (accessed on 8/15/2016)

19 Gupta, Ruchi S. The Prevalence, Severity, and Distribution of Childhood Food Allergy in the United States. Pediatrics. 2011. <http://pediatrics.aappublications.org/content/128/1/e9?download=true> (accessed 8/15/2016)

20 Mulla ZD and Simon MR. Hospitalizations for anaphylaxis in Florida: epidemiologic analysis of a population based dataset. International Archives of Allergy and Immunology. 2007; 144(2). <https://www.ncbi.nlm.nih.gov/pubmed/17536221> (accessed on 8/15/2016)

21 Centers for Disease Control and Prevention. Food Allergy Among US Children: Trends in Prevalence and Hospitalizations. NCHS. 2008. <http://www.cdc.gov/nchs/products/databriefs/db10.htm> (accessed 8/15/2016)

22 Gupta, et.al, The Prevalence, Severity and Distribution of Childhood Food Allergy in the United States, Pediatrics, Volume 128, No.1 (July 2011) <http://pediatrics.aappublications.org/content/128/1/e9.full.pdf> (accessed 8/15/2016)

23 Branum AM and Lukacs SL. Food allergy among children in the United States. Pediatrics. 2009;124(6). <http://www.ncbi.nlm.nih.gov/pubmed/19917585> (accessed on 8/15/2016)



## **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
- **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 asthma<sup>24</sup>
- **2007** – National Heart, Lung, and Blood Institute (NHLBI) updates *US Guidelines for the Diagnosis and Management of Asthma*<sup>25</sup>.
- **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™* asthma education program for adolescent students is shown to be a cost-effective intervention on par with pharmaceutical interventions<sup>26</sup>

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

25 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 9/13/16)

26 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.

- **2010** – US *Guidelines for Diagnosis and Management Food Allergy* are released<sup>27</sup>
- **2011** – *Food Allergy and Anaphylaxis Management Act* is signed into law<sup>28</sup>
- **2011** – *Food Safety Modernization Act* is signed into law<sup>29</sup>
- **2012** – The US issued the *Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities*<sup>30</sup>, 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 program<sup>31</sup>
- **2013** – Congress enacts the *Emergency Access to Epinephrine Act*, encouraging states to require stocking epinephrine auto-injectors in schools<sup>32</sup>
- **2013** – CDC issues *Voluntary Guidelines For Managing Food Allergies in Schools and Early Care and Education Programs*<sup>33</sup>
- **2014** – New York becomes the final state to allow students to possess and self-administer allergy medications in an emergency<sup>34</sup>
- **2015** – The *Every Student Succeeds Act (ESSA)* was signed by President Obama, replacing the *No Child Left Behind* law by removing the reliance on standardized testing and focusing on reforms to guarantee equal access to all students<sup>35</sup>
- **2015** – The National Academies of Sciences, Engineering and Medicine, Institute of Medicine commissions *Food Allergies: Global Burden, Causes, Treatment, Prevention and Public Policy* to study the growing problem of food allergies and best practices for their management. AAFA provides support, testimony and guidance for the study<sup>36</sup>
- **2015** – *Learning Early About Peanut (LEAP)* study is published which changes scientific thinking about early introduction of peanut to an infant’s diet to prevent peanut allergy<sup>37</sup>
- **2016** – All but one state has approved laws making epinephrine auto-injectors available to schools for allergic emergencies. The exception, Massachusetts, has a bill pending that would require public schools to stock epinephrine<sup>38</sup>

27 Guidelines for the Diagnosis and Management of Food Allergy in the United States: Summary for Patients, Families, and Caregivers: <http://www.allergywatch.org/niaid/patients.pdf> (accessed on 9/13/16)

28 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 on 9/13/16)

29 <http://www.fda.gov/Food/GuidanceRegulation/FSMA/ucm247548.htm> (accessed on 9/13/16)

30 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](http://www.epa.gov/childrenstaskforce/federal_asthma_disparities_action_plan.pdf) (accessed on 9/13/16)

31 State School Environmental Health Guidelines: <https://www.epa.gov/schools/state-school-environmental-health-guidelines> (accessed 9/13/16)

32 [Public Law No: 113-48](#) (accessed on 9/13/16)

33 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](http://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf) (accessed on 9/13/16)

34 Asthma and Allergy Medication Self-Carry and Use in Schools Act: A09334B (accessed on 9/13/16)

35 <https://www.gpo.gov/fdsys/pkg/BILLS-114s1177enr/pdf/BILLS-114s1177enr.pdf>

36 <http://www.nationalacademies.org/hmd/Activities/Nutrition/FoodAllergies.aspx>

37 <http://www.neim.org/doi/full/10.1056/NEJMoa1414850>

38 [Mass. Bill H.415 \(2015\)](#). An Act relative to emergency stock epinephrine in schools

# METHODOLOGY

## Policy Standards

AAFA initiated 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 public 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*<sup>39</sup> 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*<sup>40</sup> 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.

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

<sup>39</sup> 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 <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm> (accessed on 9/13/16)

<sup>40</sup> <http://www.epa.gov/iaq/schools/> (accessed 8/1/15)

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 the KOLs who responded to the survey.

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, regulation or formal guidance - 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.

## Extra Credit Indicators

This report also includes a variety of indicators of enhanced efforts by states to protect the health of students with asthma and allergies. While these criteria did 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.

*This year, a new extra credit indicator was added. State allows or requires either by legislation, regulation or policy, asthma rescue medicine (i.e. albuterol) stocking and authority to administer in schools. For more information about albuterol stocking policies, please visit [www.cqrcengage.com/aafa/albuterol](http://www.cqrcengage.com/aafa/albuterol)*

## 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. However, as previously noted, in 2016 AAFA added a new indicator to enable tracking the implementation of state-level laws, regulations or guidance about albuterol-stocking in schools.

## **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. Participants came from the following stakeholder groups: 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 were implemented in the revised Table of AAFA’s Policy Standards for subsequent State Honor Roll reports. In 2016, AAFA added another extra credit indicator—“State allows and/or requires asthma rescue medicine – albuterol–stocking and authority to administer in schools” to track state policy changes in this key area.

## **Selection of States**

### **2016 State Honor Roll Selection**

AAFA selected states for its 2016 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 15 states named to the 2016 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 are 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 July 15, 2016. States may have enacted relevant laws and policies after the cut-off date for this assessment (July 15, 2016). A state is not counted as having met a core standard if it had a relevant policy that was pending, advised or recommended at the time of data collection.

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 appreciates 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 although not used in determining Honor Roll States - can be used to help promote policies above and beyond the core standards.

# TABLE OF AAFA'S POLICY STANDARDS<sup>41</sup>

## Core Policy Standards

Medication and Treatment	Medication	<ol style="list-style-type: none"> <li>1. State requires physician's written instructions to be on file to dispense prescription medication to students.</li> <li>2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication.</li> <li>3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication.</li> <li>4. State policies or procedures shield school personnel from liability for unintended injuries.<sup>42</sup></li> <li>5. State requires local school districts to create asthma and anaphylaxis medication policy and provide resources, guidelines and parameters.</li> </ol>
	Identification and Reporting	<ol style="list-style-type: none"> <li>6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma and anaphylaxis.</li> <li>7. State requires a procedure updating health records periodically.</li> <li>8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered.</li> <li>9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.</li> </ol>
	Management Policy	<ol style="list-style-type: none"> <li>11. State requires schools to have emergency protocols for asthma.</li> <li>12. State requires schools to have emergency protocols for anaphylaxis.</li> </ol>
	Health Services Capacity	<ol style="list-style-type: none"> <li>13. Nurse-to-student ratio is 1:750 or better.</li> </ol>
Awareness	Awareness in Schools	<ol style="list-style-type: none"> <li>14. State recognizes problem of asthma in schools and has begun to address it.</li> <li>15. State recognizes problem of allergy in schools and has begun to address it.</li> </ol>
School Environment	Indoor Air Quality	<ol style="list-style-type: none"> <li>16. State has mandated that all schools must have Indoor Air Quality (IAQ) management policies.</li> <li>17. State has adopted a policy requiring that districts and schools conduct periodic inspections of heating, ventilation and air conditioning (HVAC) system and other items important in asthma/allergy management.</li> <li>18. State has IAQ policies that include specific components important in asthma/allergy management - HVAC, HEPA (high efficiency particulate air) filters, carpeting, and pesticide use.</li> <li>19. State recommends/requires that districts or schools use Integrated Pest Management (IPM) techniques OR ban use of pesticides inside school.</li> </ol>

41 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.

42 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.

School Environment	Outdoor Air Quality	20. State requires schools to notify parents of upcoming pesticide applications. 21. State limits school bus idling time and establishes proximity restrictions.
	Tobacco Policy	22. All smoking is prohibited in school buildings and on school grounds. 23. All smoking is prohibited on school buses and at school-related functions. 24. 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. B. State allows and/or requires asthma rescue medicine - albuterol - stocking and authority to administer in schools.
	Management Policy	C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma. D. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.
	Health Services Capacity	E. State has adopted policy that each school will have one full-time nurse. F. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.
Awareness	Awareness in Schools	G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures. H. State sponsors or provides funding for staff training in food allergies.
School Environment	Indoor Air Quality	I. State makes funding or resources available for technical IAQ assistance to schools. J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning. K. 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	L. State has implemented or actively promotes diesel school bus engine retrofitting program.
	Tobacco Policy	M. State requires districts or schools to provide tobacco-use cessation services to students.

# FINDINGS

Based on our review of relevant state laws, regulations and guidances existing prior to and/or enacted as of July 15, 2016, our findings are presented and discussed in this section. First, the Honor Roll States for 2016 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: *2016 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 such laws and policies that meet AAFA's standards is growing. States are overwhelmingly embracing medication-related laws, led the prior 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 15 states. About three-fourths of states met at least half of the 23 core indicators, up from about two-thirds in 2009.

### **2016 State Honor Roll List** (in alphabetical order):

- **Connecticut**
- **Delaware**
- **District of Columbia**
- **Illinois**
- **Indiana**
- **Massachusetts**
- **Mississippi**
- **New Jersey**
- **New Mexico**
- **New York**
- **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 23 core policy standards organized into three categories and eight domains:

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

The 15 states identified for the State Honor Roll achieved 18 or more of 23 core policy standards. The Honor Roll states in 2016 are the same as the Honor Roll states in the report in 2015, with the addition of New York. Over time, 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. Once again, in 2016, most US regions are represented.

## **Medication Policies**

The first five standards concern state medication-related policy standards. 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.



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

- Forty-seven (92%) 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)
- Fourteen (27%) 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 other trained school personnel 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.

We also track laws, regulations and guidance that limit the liability of those who in good faith assist a child in an asthma or allergy emergency, since such limitations make it more likely that the policies will be implemented.

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. Some states have laws that apply to both asthma and allergy medications administered by a third party during an emergency.

## **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 policy standards evaluate state efforts regarding identification, tracking and reporting:

6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma and 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-seven (73%) 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-four (47%) 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)

AAFA understands that usually the school nurse in conference with the student's parents or guardians and physician review the student's health history annually. *Fourteen 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. Schools that receive federal funding, which includes virtually every public school, have a duty to identify students with chronic health conditions that might constitute a disability under the Rehabilitation Act of 1973, Section 504.

AAFA is also aware that 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, we understand that many schools and districts have implemented surveillance practices in the absence of state level mandates. Twenty-four states have laws requiring documentation of asthma or anaphylaxis episodes. By comparison, 11 Honor Roll states (73%) 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 mandatory policies for these standards:

- Twenty-five (49%) require that schools develop emergency protocols for asthma and anaphylaxis episodes (Policy Standard #10) and 35 states (69%) require that schools develop emergency protocols for anaphylaxis (Policy Standard #11)
- Twelve Honor Roll states (80%) 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 federal Office of Disease Prevention and Health Promotion, as part of its national health initiative titled *Healthy People 2020*, recommends that schools employ at least one nurse per 750 students of the general population.<sup>43</sup> 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:

*While the value of school nursing is seldom disputed, states are not using policy to address the need.*

- Only eight (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.

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

<sup>43</sup> United States Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2020 ECBP 5.1 Data Details [http://www.healthypeople.gov/node/4258/data\\_details](http://www.healthypeople.gov/node/4258/data_details) (accessed on 9/13/16)

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.

Hawaii currently has a bill pending that, if passed, would provide funding for one full-time nurse in every public school in the state.

## **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 policy statement 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-five (69%) have policies and programs that specifically address asthma and 49 (96%) have policies and programs that specifically address allergies (Policy Standards #13 and 14)

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 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.

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 and 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.

Massachusetts currently has a bill pending that would require public schools whose population of asthmatic children is 20% or more to develop and IAQ management plan that includes the use of HEPA filters.

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 system.<sup>44</sup> *Twelve Honor Roll States (86%) mandate such inspections.*

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.

*School districts and schools themselves may initiate sound environmental policies and practices without a requirement from their states.*

## **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)
  - Twenty (39%) meet Policy Standard #20

44 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.

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. As of March 23, 2016, Florida law limits unnecessary bus idling but because the law does not limit the amount of idling time, Florida did not meet this standard.

## **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.

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

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 this data, based on the CDC's 2006 SHPPS<sup>45</sup>, 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 2012<sup>46</sup>.

45 The School Health Policies and Programs Study (SHPPS) 2006, Centers for Disease Control and Prevention, [http://www.cdc.gov/healthyouth/shpps/2006/summaries/pdf/State\\_Level\\_Summaries\\_SHPPS2006.pdf](http://www.cdc.gov/healthyouth/shpps/2006/summaries/pdf/State_Level_Summaries_SHPPS2006.pdf) (accessed on 9/13/16)

46 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/healthyouth/shpps/2012/pdf/shpps-results\\_2012.pdf](http://www.cdc.gov/healthyouth/shpps/2012/pdf/shpps-results_2012.pdf) (accessed on 9/13/16) See page 60.

# RECOMMENDATIONS

The purpose of this section is to make recommendations to stakeholders including advocates and policymakers based on our 2016 report findings. We offer these suggestions and possible action items, to further 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.

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

- States continued the trend to authorize schools to stock life-saving epinephrine; 10 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 grassroots organizing so that they can achieve wins on other policy standards.

## **Improve State Policies**

States may use this set of core policy standards as a starting point for enhancing their school asthma and allergy policies. States that have substantially implemented our core standards might use extra credit indicators to inform future policy efforts.

**Recommendation 1: Advocates should continue efforts to require albuterol stocking in schools as well as reasonable supportive procedures and processes to make sure that the medication can be administered immediately.** 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. Virtually every state now allows schools to stock epinephrine for allergy emergencies. Some have expanded this to include stocking for asthma rescue medication. However, currently only 10 states allow for albuterol stocking. Thus, there is a disparity between school-based treatment of allergic disease and asthma that should be addressed.

See [Spotlight Article I: on p. 44](#) of this report to further explain the need for school stocking of albuterol.

In March 2016, Representatives Phil Roe (R-TN) and Steny Hoyer (D-MD) introduced the [School-Based Asthma Management Programs Act](#) (HR 4662). This legislation

would encourage states to improve asthma care in schools by giving preference for federal grants to states that adopt certain asthma management programs and policies. One of those policies is the stocking of asthma rescue medications for use when a child's own medication is not readily available. If this bill is passed, we expect that more states will enact policies to allow for albuterol stocking.

In addition, the Every Student Succeeds Act ("ESSA") is a national education bill passed in 2015 that replaces No Child Left Behind and sets new standards for public schools in education and health. ESSA Title IV has allocated more than \$1.6 billion in funding for school districts nationwide to help schools create comprehensive asthma policies and training. These funds may be a means for schools to obtain supplies of asthma emergency medication.

**Recommendation 2: Increase the Number of School Nurses.** The core policy standard for the nurse-to-student ratio of 1:750 or better may not be optimal.<sup>47</sup> 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.<sup>48</sup> 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.<sup>49</sup> Because so few states meet the core policy standard of providing a nurse-to-student ratio of 1:750 or better, school health and public health advocates need to continue efforts to improve school based health services capacity. The rise in chronic diseases like asthma and diabetes accelerates the urgency of providing qualified school nurses for students. 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, in implementing new laws authorizing schools to stock and use medications in an emergency.

Schools and states are often limited by state and local budget levels and restrictions as they contemplate how to provide school based nursing and health services. 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.<sup>50</sup>

47 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).

48 Health, Mental Health, and Safety Guidelines for Schools, American Academy of Pediatrics <http://www.nationalguidelines.org/guideline.cfm?guideNum=4-03> (accessed on 9/13/16)

49 See NASN Position statement at note 47, above.

50 University of Michigan Center of Excellence in Public Health Workforce Studies. Enumeration and Characterization of the Public Health Nurse Workforce: Findings of the 2012 Public Health Nurse Workforce Surveys. Ann Arbor, MI: University of Michigan 2013.

<http://www.rwjf.org/en/library/articles-and-news/2013/12/School-Nurse-Shortage-May-Imperil-Some-Children.html> (accessed on 9/13/16)



AAFA is concerned that the lack of access to school nurses coupled with widespread lack of emergency protocols in schools, means schools may be inadequately prepared to respond to asthma or anaphylaxis emergencies.

Simply adding duties to an already overburdened school nursing department is counterproductive. Advocates should develop 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 system.<sup>51</sup> In addition, states can pursue ways to supplement nurses appropriately with other certified trained staff and dedicated volunteers who can assist with clerical and administrative duties.

**Recommendation 3: Remove Barriers to Implementation.** Many states that have good policies in place do not always implement these policies effectively. Some of the reasons are due to lack of funds, staff or awareness. For example, in Massachusetts, school nurses may train lay people in the use of epinephrine, but it is not mandatory. Some schools experience the phenomena that no staff member volunteers to be trained, leaving no lay staff people in the school trained.<sup>52</sup> This hurts those with allergies as the nurse cannot always be present to give the life-saving medication. Schools should examine their policies closely to make sure they are worded in such a way that ensure that the spirit of the policy is being realized.

**Recommendation 4: Refresh Programs to Improve Air Quality.** There has been almost no change in state level activity promoting air quality in schools. 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. The U.S EPA has compiled a list of best practices for controlling pests in the school environment known as Integrated Pest Management. Some states have adopted these methods and have experienced good results. These programs significantly improve air quality by eliminating and reducing allergens from pests. See our Spotlight Article II for a more in-depth discussion of this issue.

*See Spotlight Article II: on [p. 48](#) of this report to understand the need for Integrated Pest Management.*

51 Hansen, P. For first time, every CMS school will have full-time nurse, WSOC-TV, Cox Media Group (8/21/2014) <http://www.wsoc.tv/news/news/local/first-time-every-cms-school-will-have-full-time-nurse> (accessed on 9/13/16)

52 See, e.g. <http://www.latimes.com/opinion/opinion-la/la-ol-school-epipen-20140916-story.html>

**Recommendation 5: Encourage Innovation and Partnerships Between the Public and Private Sectors Entities.** AAFA seeks to improve the legislative and regulatory environment for allergy and asthma related advocacy, research, and education. Through our advocacy and public policy efforts, AAFA engages Congress and the Federal Agencies on a spectrum of policy issues to optimize asthma and allergy care and care experience, improve population and public health, and advance research. AAFA supports ongoing and future efforts to help identify and resolve the complex underlying issues related to school health and encourages public policies that support innovation and discovery. AAFA believes that there is a need for continued and greater public-private sector collaboration to drive innovation at the local, state and national levels.

## **Take Action**

AAFA is committed to assuring that the most effective and cost-efficient care, treatments and therapies are available to people with asthma and allergic diseases. 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.

*Please visit AAFA's [Education section](#) to find programs for school-aged children and school staff.*

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

- Log on to [www.StateHonorRoll.org](http://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 your 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

## **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 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™](#)



## **2016 SPOTLIGHT ARTICLE I**

### **Stocking Asthma Rescue Medications: The Time Has Come**

Chronic disease among school-aged children is a major national public health concern. Asthma is the single most common chronic condition among children in the U.S., impacting one in 11 children (almost seven million children).<sup>1</sup> Many school-aged children with asthma and allergies have inadequate health insurance,<sup>2</sup> live in medically underserved communities, and have limited access to health care practitioners.<sup>3,4,5</sup> Therefore, schools are a vital point of entry to receiving needed health care services. Even where children have access to the care they need to manage their conditions, evidence-based practices require effective school-based policies and protocols to ensure that asthma is well managed, and that allergic reaction is treated in a timely and appropriate manner.<sup>6,7</sup>

Educators and school staff are accountable for ensuring that all students living with chronic illness have access to the services they need so that they can remain in the classroom ready to learn, rather than be sent home or to the hospital for emergency medical treatment. Proactively addressing chronic disease within schools is especially important given the impact poorly managed chronic disease has on educational achievement. Students with chronic conditions are at an increased risk of emotional or behavioral problems,<sup>8</sup> having to repeat a grade in school, and being placed in special education.<sup>9</sup> Poorly controlled asthma has

1 Asthma's Impact on the Nation: Data from the CDC National Asthma Control Program. Centers for Disease Control and Prevention. 2015. Available at:

[http://www.cdc.gov/asthma/impacts\\_nation/AsthmaFactSheet.pdf](http://www.cdc.gov/asthma/impacts_nation/AsthmaFactSheet.pdf). (accessed on 9/23/16)

2 Martinez ME and Cohen RA. Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–September 2012. Centers for Disease Control and Prevention. March 2013. Available at: <http://www.cdc.gov/nchs/data/nhis/earlyrelease/Insur201303.pdf>. (accessed on 9/23/16)

3 National Association of Community Health Centers. Access Denied: A Look into America's Medically Disenfranchised. Washington, DC; 2007. Available at: <http://www.graham-center.org/content/dam/rgc/documents/publications-reports/monographs-books/Access%20Denied.pdf>. (accessed on 9/23/16)

4 State Health Access Data Assistance Center, University of Minnesota. A needed lifeline: chronically ill children and public health insurance coverage. Robert Wood Johnson Foundation. August 2008.

5 Health United States, 2012. Centers for Disease Control and Prevention: National Center for Health Statistics. DHHS Publication Number: 2013-1232. 2013. Available at: <http://www.cdc.gov/nchs/data/hs/hs12.pdf>. (accessed on 9/23/16)

6 National Asthma Education and Prevention Program (NAEPP) Managing Asthma: A Guide for Schools. US Department of Health and Human Services: National Heart, Lung and Blood Institute and US Department of Education: Office of Safe and Drug-Free Schools. July 2003. Available at: <https://www.nhlbi.nih.gov/about/org/naepp>. (accessed on 9/23/16)

7 Id.

8 Grant R & Brito A. Chronic Illness and School Performance: A Literature Review Focusing on Asthma and Mental Health Conditions. Children's Health Fund. June 2010. Available at: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.459.792&rep=rep1&type=pdf>. (accessed on 9/23/16)

9 Basch Charles. Asthma and the Achievement Gap Among Urban Minority Youth. Journal of School Health. 2011;81(10):606-613.



negative consequences on cognition, connectedness with school, and learning,<sup>10</sup> and pediatric asthma is one of the leading causes of school absenteeism, accounting for 14.4 million lost school days in 2011.<sup>11 12</sup> Recent policy efforts such as the Every Student Succeeds Act (ESSA) will begin to address this challenge by allowing school districts to use federal education block grants to develop and implement school asthma management plans and requiring schools with high numbers of low-income students to report “chronic absenteeism” on school report cards.<sup>13</sup>

In recent years, virtually every state has adopted policies and procedures to allow public schools to obtain and administer stock epinephrine. However, lagging behind is the ability for schools to obtain and administer their own supplies of asthma rescue medications, like albuterol. All fifty states allow a student to self-carry albuterol at school. This was not, however, always the situation. The passage of the federal Asthmatic School-children’s Treatment and Health Management Act of 2004 gave states an incentive to pass laws allowing students to self-carry their asthma medications by giving such states preferential treatment when applying for an asthma-related federal grant.<sup>14</sup> Shortly after the passage of that law, every state passed laws to allow students to self-carry their medication.

Similarly, President Obama signed the School Access to Emergency Epinephrine Act<sup>15</sup> into law in November of 2013. This led to the passage of state laws allowing schools to stock epinephrine for those with allergies. Now, students and others at school have access to life-saving emergency medication in the event of an allergic reaction, even for those who have not been previously diagnosed with an allergy.

Currently, Congress is considering offering a similar incentive to states that would allow a school to maintain a supply of albuterol. In March 2016, Representatives Phil Roe (R-TN) and Steny Hoyer (D-MD) introduced the School-Based Asthma Management Programs Act.<sup>16</sup> This legislation would encourage states to improve asthma care in schools by giving preference for federal grants to states that adopt certain asthma management programs and policies. One of those policies is the stocking of asthma rescue medications for use when a child’s own medication is not readily available.

10 Centers for Disease Control and Prevention: National Center for Health Statistics, National Hospital Discharge Survey, 1995-2010. Analysis by the American Lung Association Research and Health Education Division.

Available at: <http://www.lung.org/lung-disease/asthma/resources/facts-and-figures/asthma-children-fact-sheet.html>. (accessed on 9/23/16)

11 Id.

12 Barnett SB, Nurmagambetov TA. Costs of Asthma in the United States: 2002-2007. *Journal of Allergy and Clinical Immunology*, 2011; 127(1):145-52.

13 US Department of Education. Every Student Succeeds Act. <http://www.ed.gov/essa> (accessed on 9/23/16)

14 H.R. 2023. <https://www.gpo.gov/fdsys/pkg/BILLS-108hr2023eh/pdf/BILLS-108hr2023eh.pdf> (accessed on 9/23/16)

15 42 U.S.C. §280g(d)(1)(F)

16 H.R. 4662 (2016)



At this time, ten states (Colorado, Georgia, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, New York, Ohio and West Virginia) have laws or policies that allow for the stocking of albuterol. If the School-Based Asthma Management Programs Act passes, it is hoped that other states will quickly pass laws allowing schools to stock albuterol, just as such incentives worked with the creating laws for self-carry and epinephrine stocking.

It is important for schools to be allowed to provide stock albuterol because there have been problems in the implementation of many state self-carry laws. For example, most state laws require written authorization from parents or guardians for students to be able to carry their asthma medications.<sup>17</sup> A student should not be denied access to life-saving medication due to an uncooperative parent who either refuses or forgets to sign the appropriate school form.<sup>18</sup>

In addition, many states require a student to demonstrate that he is able to self-carry. This requires a personal assessment by a school nurse or other qualified staff member. This takes precious time and resources. Many schools do not have the staff nor the time necessary to perform these evaluations.<sup>19</sup>

Lastly, students who self-carry have the responsibility to bring their medication to school and to classes. This can be a daunting task for children who may not have the maturity to understand fully the need for their medication.<sup>20 21</sup> In addition, some states have penalties or impose disciplinary action for students who misuse the carry policy, with some states even revoking a child's right to self-carry which can have devastating results.<sup>22 23</sup> For example, in January 2016, a Garland, Texas school suspended an honor roll student because she loaned her asthma inhaler to a friend who was wheezing and gasping for breath. The school also suspended her friend because she used the inhaler. Asthma policies should be designed to save lives and should not discourage students from helping their classmates in an emergency situation.<sup>24</sup>

17 See, e.g., Louisiana Sec 17:436.1; Ohio Rev. Code 3313.716.

18 New York Department of Health. Asthma and the School Environment in New York State.2008. [http://www.health.ny.gov/diseases/asthma/docs/asthma\\_in\\_schools.pdf](http://www.health.ny.gov/diseases/asthma/docs/asthma_in_schools.pdf) (accessed on 9/23/16)

19 Id.

20 Montana Asthma Control Program. Asthma Among High School Students. 2011 <https://dphhs.mt.gov/Portals/85/publichealth/documents/Asthma/SurveillancereportJanMar2011.pdf> (accessed on 9/23/16)

21 Jones S and Wheeler L. Asthma Inhalers in Schools: Rights of Students with Asthma to a Free Appropriate Education. American Journal of Public Health. July 2004. 94(7):1102-1108. <http://ajph.aphapublications.org/doi/full/10.2105/AJPH.94.7.1102> (accessed on 9/23/16)

22 See, e.g., <https://community.aafa.org/blog/texas-schools-suspend-students-after-saving-classmates-from-asthma-attacks> (accessed on 9/23/16)

23 See <http://www.lung.org/assets/documents/asthma/improving-access-to-asthma.pdf> for a comprehensive discussion of these realities. (accessed on 9/23/16)

24 Id.

Luckily, states can use the regulations they already have in place for epinephrine stocking as a model for asthma medicine stocking laws. Some of the key issues that need to be addressed in each state’s laws going forward are identical to those in the epinephrine stocking laws, specifically: 1) where will the medicine be kept, 2) who will have access to it, 3) who will have permission to administer it, 4) will training be needed, 5) will staff be immune from personal liability in the administration of the medicine, and 6) will a record be created when the medicine is used.

Of the states that currently allow albuterol stocking in school, only one, New Jersey, requires that every public and non-public school has a nebulizer for asthma emergencies. Some of the states, such as Colorado and New Hampshire, require permission from a parent and/or an asthma treatment plan to be on file in order for the school to administer the stock albuterol. New York’s State Board of Education permits schools to stock albuterol in its guidelines<sup>25</sup> and also requires parental permission and a treatment plan. Georgia has a comprehensive law that allows for albuterol stocking as it addresses all of the key issues and does not require parental permission.<sup>26</sup>

### Key Issues When Creating Albuterol Stocking Laws



Allowing students to self-carry their asthma rescue medicine is an important part of asthma management at school. However, lives and health can be improved by allowing schools to also maintain and use their own supply of asthma rescue medicine. AAFA hopes that the government will follow its lead with the epinephrine stocking legislation and expand incentives for albuterol stocking laws. The time has come to ensure consistent and reliable access to asthma medication for all students.

25 New York State Education Department.School Health Services. <http://www.p12.nysed.gov/sss/school-health/schoolhealthservices/> (accessed on 9/23/16)

26 Georgia Code Section 20-2-776.3.

## **2016 SPOTLIGHT ARTICLE II**

### **Integrated Pest Management**

AAFA is committed to reducing asthma triggers in our nation's schools and promoting healthier environments for students. Reducing or eliminating the sources of asthma and allergy triggers at school results in healthier students and school staff. Keeping pests in check in the school environment is an important way to control allergens. Integrated Pest Management (IPM) is a science-based, commonsense approach for managing populations of disease vectors and public health pests.<sup>1,2</sup>

The US Environmental Protection Agency (EPA) recognizes the critical role that Integrated Pest Management (IPM) plays as a way to manage pests in classrooms, cafeterias, and school grounds using fewer pesticides and reducing asthma incidences. and recommends that schools use IPM. In the United States, more than 53 million children and six million adults spend a significant portion of their days in more than 120,000 public and private schools. IPM provides an opportunity to create a safer learning environment – to reduce children's exposure to pesticides as well as eliminate pests.<sup>3,4</sup> The US General Services Agency (GSA) is the primary agency responsible for distributing information about structural IPM.<sup>5</sup>

State laws and regulations may address Integrated Pest Management in schools or the laws and regulations may contain or establish other provisions relating to pesticide use in schools (such as restrictions or notification).<sup>6</sup> Generally, IPM procedures are affordable, effective and practical.<sup>7,8</sup> They include the regular inspection, monitoring and reporting of likely infestation areas, keeping up with repairs and maintenance of school buildings, sealing entryways where pests might enter into school buildings and utilizing traps and baits with a targeted application of pesticides. An important part of IPM is also the education of staff and students about these best practices so they can help in the efforts to keep the school pest-free.

1 Centers for Disease Control and Prevention. Environmental Health Services. Integrated Pest Management (IPM). <https://www.cdc.gov/nceh/ehs/elearn/ipm.htm> (accessed on 9/23/16)

2 UCIPM. What is Integrated Pest Management. <http://www2.ipm.ucanr.edu/WhatIsIPM/> (accessed on 9/23/16)

3 US Environmental Protection Agency. Introduction to Integrated Pest Management. <https://www.epa.gov/managing-pests-schools/introduction-integrated-pest-management> (accessed on 9/23/16)

4 US Environmental Protection Agency. Health Benefits of Integrated Pest Management in Schools. <https://www.epa.gov/managing-pests-schools/health-benefits-integrated-pest-management-schools> (accessed on 9/23/16)

5 GSA. Integrated Pest Management. <http://www.gsa.gov/portal/content/104931> (accessed on 9/23/16)

6 Environmental Law Institute. Integrated Pest Management in Schools: Overview of State Laws. <https://www.eli.org/sites/default/files/docs/ipm-overview.pdf>

7 Schools Save Money with Integrated Pest Management: A Beyond Pesticides Fact Sheet. [http://www.beyondpesticides.org/assets/media/documents/schools/publications/IPM\\_cost%20FS.pdf](http://www.beyondpesticides.org/assets/media/documents/schools/publications/IPM_cost%20FS.pdf) (accessed on 9/23/16)

8 County Health Rankings and Roadmaps. Integrated Pest Management for Indoor Use. <http://www.countyhealthrankings.org/policies/integrated-pest-management-indoor-use> (accessed on 9/23/16)

AAFA's 2016 State Honor Roll report shows that 38 states currently recommend that districts or schools use IPM techniques or ban pesticides. Thirteen of these 38 states are Honor Roll states. Please see Chart 2 on [page 12](#) for the full list. Studies have shown that IPM is very effective at creating healthier school environments.<sup>9 10</sup> For example, schools with IPM programs were found to have detectable pest allergens in only 14 dust samples as compared to non-IPM schools in which 44 percent of dust samples contained pest allergens.<sup>11</sup> In addition, IPM-treated schools had zero cockroaches in traps compared to 82.6 cockroaches in traps at non-IPM schools.<sup>12</sup> Having fewer pests leads to a reduction in asthma symptoms which decreases the number of missed sick days and makes students and staff more productive.

Because the use of pesticides with IPM is targeted, much less pesticide is needed, reducing exposure to harmful chemicals. One study showed that the schools that practice IPM used 99.9 percent less pesticide than schools using other pest control methods.<sup>13</sup> Not only were infestations addressed with IPM, but future infestations were thwarted by using a direct and efficient approach to pesticide.

IPM may require an initial amount of capital but such an investment pays off in the long run. For example, IPM includes making necessary repairs to school buildings and sealing any entryways where a pest could enter. Most schools will have to find ways to pay for this work. However, these changes will help a school save money over time. Keeping buildings sealed and in good repair makes them more energy efficient. In addition, money can also be saved by fixing costly problems, such as leaky pipes that waste water. Once these measures have been made, the costs of implementing IPM mostly involve paying for labor such as janitorial staff, which a school most likely is already paying for.

As our report showed, as of July 15, 2016, 38 states have implemented IPM policies in schools. To further encourage participation, the EPA has begun distributing grants to schools that want to use IPM. In March 2016, the EPA gave over \$500,000 in grants to establish mentorship programs between health departments and school districts and to conduct further research about IPM. To learn about the grant program, visit the EPA's website at <https://www.epa.gov/managing-pests-schools/school-integrated-pest-management-ipm-grants>.

9 Chambers, K.T., et al. 2011. The Business Case for Integrated Pest Management in Schools: Cutting Costs and Increasing Benefits. The IPM Institute of North America, Inc. 8 pp.

10 Gouge, D.H., L.Lame. and J.L.Snyder 2006. "Use of an Implementation Model and Diffusion Process for Establishing Integrated Pest Management in Arizona Schools." American Entomologist 2006: 190-196.

11 Williams, G.M., et al. "Comparison of Conventional and Integrated Pest Management in Public Schools." Journal of Economic Entomology 98 (4): 1275-83.

12 Nalyanya, G., J.C.Gore, H.M. Linker, and C. Schal. 2004. "German Cockroach Allergen Levels in North Carolina Schools: Comparison of Integrated Pest Management and Conventional Cockroach Control." Journal of Medical Entomology 46(3): 420-7.

13 Williams, G.M., et al. "Comparison of Conventional and Integrated Pest Management in Public Schools." Journal of Economic Entomology 98 (4): 1275-83.

On May 25, 2016, EPA convened 29 representatives of 17 national school, health and pest management associations and federal government agencies in Washington, DC to discuss ideas for implementing a set of principles promoting the adoption of IPM practices in the nation's schools. A meeting summary documents the event, captures key discussion and presentation points, and provides links to resources referenced.<sup>14</sup>

Communication and good relationships among custodians, food service staff, administrators, and teachers is important to gain support for IPM programs. This means that schools need to be educated about the benefits



of using IPM in their buildings to help improve the health and performance of children. Localized efforts aimed at adoption of IPM in individual schools and school districts is central to spread awareness about IPM and its benefits. It is an important way to keep students with asthma and allergies safe and included at school.

<sup>14</sup> US Environmental Protection Agency. Roundtable of School Integrated Pest Management. <https://www.epa.gov/managing-pests-schools/roundtable-school-integrated-pest-management> (accessed on 9/23/16)



# STATE PROFILES

✓ core policy met ✗ core policy not met

## ALABAMA

Overall, Alabama meets 11 of 23 core policy standards and three of 13 extra credit indicators. Below are the standards that Alabama meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets seven of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✓



C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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.*

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 asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✗

### School Environment Policies:

*Meets three of nine core policy standards in this category:*

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, 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.	✓

<b>Meets zero of six extra credit indicators in this category:</b>	
I. State makes funding or resources available for technical IAQ assistance to schools.	X
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	X
K. 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.	X
L. State has implemented or actively promotes diesel school bus engine retrofitting program.	X
M. State requires districts or schools to provide tobacco use cessation services to students.	X

**Policy Gaps:**  
**Identification and Reporting; Nurse-to-Student Ratio; Indoor and Outdoor Air Quality Policies**

**Noteworthy:**

**Allergy in Schools:** [Ala. Code § 16-1-48](#) - Alabama State Law Act #2014-405, instructs the Department of Education to develop an anaphylaxis preparedness program that will be implemented in each K-12 public school beginning in the 2015-2016 school year.

**Epinephrine Stocking:** [Ala. Code § 16-1-48](#) (above) also permits local boards of education to develop and maintain protocol for emergency response that includes a supply of epinephrine auto-injectors.

**Sources:**

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

# ALASKA

Overall, Alaska meets nine of 23 core policy standards and one of 13 extra credit indicators. Below are the standards Alaska meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets six of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets zero of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	X
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	X

### Awareness Policies:

<i>Meets zero of two core policy standards in this category:</i>	
13. State recognizes problem of asthma in schools and has begun to address it.	X
14. State recognizes problem of allergy in schools and has begun to address it.	X

<i>Meets zero of two extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	X
H. State sponsors or provides funding for staff training in food allergies.	X

### School Environment Policies:

<i>Meets three of nine core policy standards in this category:</i>	
15. State has mandated that all schools must have Indoor Air Quality (IAQ) management policies.	X
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, HEPA, carpeting, pesticide use).	X
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.	X
21. All smoking is prohibited in school buildings and on school grounds.	X
22. All smoking is prohibited on school buses and at school-related functions.	X
23. Tobacco use prevention is required in health education curriculum.	X

<i>Meets one of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	X
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	X

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

## 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](#)  
[House](#)

# ARIZONA

Overall, Arizona meets 15 of 23 core policy standards and three of 13 extra credit indicators. Below are the standards that Arizona meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets seven of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets one of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets both core policy standards in this category.</i>	
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.	✓

<i>Meets zero of two extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✗
H. State sponsors or provides funding for staff training in food allergies.	✗

### School Environment Policies:

<i>Meets six of nine core policy standards in this category:</i>	
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, 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.	✗

<i>Meets two of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

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

## Policy Gaps:

**Identification and Reporting; Nurse-to-Student Ratio.**

## Noteworthy:

**Asthma in Schools:** Arizona is one of 12 grantees to receive a 5-year grant from the CDC called Steps to a Healthier US, which aims to reduce the burden of diabetes, obesity and asthma. The [Steps to a Healthier Arizona Initiative](#) is facilitated by a partnership between the Arizona Department of Health Services Office of Chronic Disease Prevention and Nutrition Services, Arizona Department of Education, Arizona College of Public Health Evaluation Team, and a number of community partners.

**Epinephrine in Schools:** A 2016 law [2016 Ariz. Legis. Serv. Ch. 85 \(H.B. 2265\)](#) provides for mandatory epinephrine stocking only if funded by the legislature. No funding was provided for 2016, but a request for funding by the Arizona Department of Education was made for 2017. See <http://archive.azcentral.com/community/phoenix/articles/20131004schools-epinephrine-permitted.html>.

## Sources:

[State Education Agency Website](#)  
[State Legislature Website](#)  
[Arizona Resource Guide for Children with Life Threatening Allergies](#)

# ARKANSAS

Overall, Arkansas meets 13 of 23 core policy standards and three of 13 extra credit indicators. Below are the standards that Arkansas meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets nine of 12 core policy standards in this category:</i>	
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. <sup>54</sup>	✓
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.	✓

<i>Meets one of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗

54 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.

C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	X
D. 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 that each school will have one full-time nurse.	X
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	X

<b>Awareness Policies:</b>	
<i>Meets one of two core policy standards in this category:</i>	
13. State recognizes problem of asthma in schools and has begun to address it.	X
14. State recognizes problem of allergy in schools and has begun to address it.	✓

<i>Meets zero of two extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	X
H. State sponsors or provides funding for staff training in food allergies.	X

<b>School Environment Policies:</b>	
<i>Meets three of nine core policy standards in this category:</i>	
15. State has mandated that all schools must have Indoor Air Quality (IAQ) management policies.	X
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, 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.	X
19. State requires schools to notify parents of upcoming pesticide applications.	X
20. State limits school bus idling time and establishes proximity restrictions.	X
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.	X
23. Tobacco use prevention is required in health education curriculum.	X

<b>Meets two of five extra credit indicators in this category:</b>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✓
K. 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.	✗
L. State has implemented or actively promotes diesel school bus engine retrofitting program.	✗
M. State requires districts or schools to provide tobacco use cessation services to students.	✗

**Policy Gaps:**  
**Asthma Management and Awareness; Outdoor Air Quality**

**Noteworthy:**

**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.

**Epinephrine in Schools:** In November 2015, the Arkansas State Board of Health and Arkansas Department of Health released [regulations pertaining to public access to auto-injectable epinephrine](#). These regulations are in pursuant to Act 1108 of 2015, codified at Arkansas Code [§ 20-13-403](#) and [§ 20-13-408 \(Auto-injectable epinephrine use by an authorized entity\)](#). Trained school nurses, school teachers and other school employees are eligible to receive a certificate to hold and administer auto-injectable epinephrine, but the law does not require schools to stock epinephrine.

**Sources:**  
[State Education Agency Website](#)  
[State Legislature Website](#)

# CALIFORNIA

Overall, California meets 15 of 23 core policy standards and nine of 13 extra credit indicators. Below are the standards that California meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets five of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets three of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✓
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

## Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

## School Environment Policies:

<i>Meets eight of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets four of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

K. 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.	✓
L. State has implemented or actively promotes diesel school bus engine retrofiting program.	✓
M. 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:** [CA Senate Bill 738](#), signed into law on July 16, 2015, requires schools to stock and administer epinephrine auto-injectors. 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 15 of 23 core policy standards and eight of 13 extra credit indicators. Below are the standards that Colorado meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets nine of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✓
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

<i>Meets four of nine core policy standards in this category:</i>	
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, 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.	✗

<i>Meets four of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✗
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✓

K. 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.	✓
L. State has implemented or actively promotes diesel school bus engine retrofiting program.	✓
M. 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 - 2016

Overall, Connecticut meets 23 of 23 core policy standards and nine of 13 extra credit indicators. Below are the standards that Connecticut meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets all core policy standards in this category:</i>	
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.	✓

<i>Meets three of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✓
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

<i>Meets all core policy standards in this category:</i>	
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, 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.	✓

<i>Meets four of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✓

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

## Policy Gaps:

None

## Noteworthy:

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

**Medication Policy:** The State Department of Education requires, 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.

**Epinephrine in Schools:** A 2014 law [P.A. 14-176, An Act Concerning the Storage and Administration of Epinephrine at Public Schools](#) requires schools to maintain a stock of epinephrine and authorizes school nurses and other qualified employees to administer epinephrine. The Connecticut Department of Education issued regulations to implement the law:

[Administration of Medications by School Personnel and Administration of Medication During Before- and After-School Programs and School Readiness Programs.](#)

**Awareness Policies:** A 2015 law HB 6975 An Act Establishing a Task Force to Study Life-Threatening Food Allergies in School established a committee to examine the food allergy policies in Connecticut public schools.

## Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

[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 - 2016

Overall, Delaware meets 18 of 23 core policy standards and four of 13 extra credit indicators. Below are the standards that Delaware meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 11 of 12 core policy standards in this category:</i>	
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.	✓

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✓
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✓
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

## Awareness Policies:

<i>Meets one of two core policy standards in this category:</i>	
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.	✓

<i>Meets zero of two extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✗
H. State sponsors or provides funding for staff training in food allergies.	✗

## School Environment Policies:

<i>Meets six of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets two of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

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

## 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 - 2016

Overall, District of Columbia meets 19 of 23 core policy standards and seven of 13 extra credit indicators. Below are the standards that District of Columbia meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets eight of 12 core policy standards in this category:</i>	
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.	✓

<i>Meets three of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✓
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

## Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

## School Environment Policies:

<i>Meets all core policy standards in this category:</i>	
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, 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.	✓

<i>Meets two of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✓

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

## 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.

**Epinephrine in Schools:** DC enacted a law in 2016 (DC Law 21-77, [Access to Emergency Epinephrine in Schools Amendment Act of 2015](#)) that requires schools to stock and administer epinephrine for emergency purposes, requires schools to adopt and implement training policies and procedures for the administration of an epinephrine auto-injector by school employees, and shields persons administering epinephrine from liability.

## Sources:

[DC Education Agency Website](#)

[DC Council website](#)

# FLORIDA

Overall, Florida meets 16 of 23 core policy standards and six of 13 extra credit indicators. Below are the standards that Florida meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 10 of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

<i>Meets four of nine core policy standards in this category:</i>	
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, 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.	✗

<i>Meets two of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

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

## 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 State-wide Tobacco Education and Use Prevention Program](#)

## Sources:

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

State Legislature Websites:

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

# GEORGIA

Overall, Georgia meets seven of 23 core policy standards and six of 13 extra credit indicators. Below are the standards that Georgia meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets four of 12 core policy standards in this category:</i>	
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.	✓

<i>Meets three of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✓
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets one of two core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

<i>Meets two of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets one of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✗
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

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

## 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](#))

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

## Sources:

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

# HAWAII

Overall, Hawaii meets 15 of 23 core policy standards and nine of 13 extra credit indicators. Below are the standards that Hawaii meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets seven of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets four of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✓
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✓

## Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

## School Environment Policies:

<i>Meets six of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets three of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✓

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

## Policy Gaps:

**Emergency Management and Nurse-to-Student Ratio**

## Noteworthy:

**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.

**Medication and Treatment Policies:** House Bill 127 is currently pending in Hawaii’s state legislature that would, if passed, provide funding every public school with a full-time nurse.

## Sources:

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

# IDAHO

Overall, Idaho meets 11 of 23 core policy standards and three of 13 extra credit indicators. Below are the standards that Idaho meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets six of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets zero of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:

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:

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

## School Environment Policies:

### Meets four of nine core policy standards in this category:

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, 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 one of five extra credit indicators in this category:

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

K. 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.	✗
L. State has implemented or actively promotes diesel school bus engine retrofiting program.	✓
M. 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:** [Idaho law](#) allows schools to obtain and use epinephrine auto-injectors for allergic reactions.

**Outdoor Air Quality:** Idaho provided funding for a diesel retrofiting 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 2015-2016

Overall, Illinois meets 19 of 23 core policy standards and six of 13 extra credit indicators. Below are the standards that Illinois meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 11 of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

<i>Meets six of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets two of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✗
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✓

K. 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.	✗
L. State has implemented or actively promotes diesel school bus engine retrofiting program.	✓
M. 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:** 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, 2015-2016

Overall, Indiana meets 18 of 23 core policy standards and six of 13 extra credit indicators. Below are the standards that Indiana meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets eight of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:

G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. 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 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, 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 one of five extra credit indicators in this category:

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

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

## 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.

**Asthma in Schools:** Indiana's State Department of Health [website](#) promotes the maintenance of an individualized asthma action as a key component to its asthma emergency care plan for the 2014-2015 school year.

## Sources:

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

# IOWA

Overall, Iowa meets 17 of 23 core policy standards and three of 13 extra credit indicators. Below are the standards that Iowa meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 11 of 12 core policy standards in this category:</i>	
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.	✓

<i>Meets zero of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets one of two core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

<i>Meets five of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets one of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

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

## 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.

**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 10 of 23 core policy standards and one of 13 extra credit indicators. Below are the standards that Kansas meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets six of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets zero of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:*

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 zero of two extra credit indicators in this category:*

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

### School Environment Policies:

#### *Meets three of nine core policy standards in this category:*

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, 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 one of five extra credit indicators in this category:*

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

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

## 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 16 of 23 core policy standards and five of 13 extra credit indicators. Below are the standards that Kentucky meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets eight of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets one of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✓

### Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets one of two extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✗

### School Environment Policies:

<i>Meets six of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets three of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✓

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

## 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](#)

**Tobacco Use:** In September 2014, Kentucky Commissioner of Education Terry Holliday and Department of Public Health Commissioner Stephanie Mayfield Gibson released [a joint letter](#) encouraging school districts to pass and implement 100% smoke-free school policies.

## Sources:

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

# LOUISIANA

Overall, Louisiana meets 14 of 23 core policy standards and two of 13 extra credit indicators. Below are the standards that Louisiana meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets seven of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets one of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:

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

## School Environment Policies:

### Meets five of nine core policy standards in this category:

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, 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 zero of five extra credit indicators in this category:

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

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

## Policy Gaps:

**Emergency Management; Nurse-to-Student Ratio; Outdoor Air Quality**

## Noteworthy:

**Integrated Pest Management:** The Louisiana Department of Agriculture and Forestry, through its website, provided schools with sample Integrated Pest Management (IPM) Plans for the 2014-2015 school year in order to assist schools in submitting their required [annual IPM plans](#).

**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.

**School Nurses:** 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.

## Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

# MAINE

Overall, Maine meets 16 of 23 core policy standards and five of 13 extra credit indicators. Below are the standards that Maine meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets six of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets zero of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

<i>Meets eight of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets three of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

K. 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.	✗
L. State has implemented or actively promotes diesel school bus engine retrofiting program.	✓
M. 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, retrofiting 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 17 of 23 core policy standards and seven of 13 extra credit indicators. Below are the standards that Maryland meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 10 of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets four of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✓
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✓

### Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets zero extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✗
H. State sponsors or provides funding for staff training in food allergies.	✗

### School Environment Policies:

<i>Meets five of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets three of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✗
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✓



K. 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.	✘
L. State has implemented or actively promotes diesel school bus engine retrofitting program.	✔
M. 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:** Maryland [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 - 2016

Overall, Massachusetts meets 20 of 23 core policy standards and seven of 13 extra credit indicators. Below are the standards that Massachusetts meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 11 of 12 core policy standards in this category:</i>	
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.	✓

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:*

G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. 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 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, 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:*

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

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

## Policy Gaps:

None

## 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](#)

Massachusetts also has a law pending (2015 Massachusetts House Bill No. 415) that would require schools to keep a stock supply of epinephrine.

**School Environment Policies:** Massachusetts has a bill ([2015 Massachusetts House Bill No. 4414](#)) pending to require public schools to create IAQ plans when a school has a population with 20% or more asthmatic students.

## Sources:

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

# MICHIGAN

Overall, Michigan meets 15 of 23 core policy standards and five of 13 extra credit indicators. Below are the standards that Michigan meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets six of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✓
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:

G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. 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 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, 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:

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

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

## 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 15 of 23 core policy standards and seven of 13 extra credit indicators. Below are the standards that Minnesota meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets five of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets three of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✓

## Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

## School Environment Policies:

<i>Meets eight of nine core policy standards in this category:</i>	
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, 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.	✗

<i>Meets two of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

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

## 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 - 2016

Overall, Mississippi meets 19 of 23 core policy standards and six of 13 extra credit indicators. Below are the standards that Mississippi meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets nine of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets zero of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

<i>Meets eight of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets four of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✗
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✓

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

**Outdoor Pollution:** The revised 2014 [Local Wellness Policy Guide for Development](#) includes wording and resources for an optional school policy statement to “eliminate unnecessary school bus idling that causes pollution and creates health risk for children such as; asthma, allergies, and other respiratory problems.”

## Sources:

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

# MISSOURI

Overall, Missouri meets nine of 23 core policy standards and seven of 13 extra credit indicators. Below are the standards that Missouri meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets six of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets three of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✓
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✓

## Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

## School Environment Policies:

<i>Meets one of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets two of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

K. 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.	✗
L. State has implemented or actively promotes diesel school bus engine retrofitting program.	✓
M. 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; 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 [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 11 of 23 core policy standards and two of 13 extra credit indicators. Below are the standards that Montana meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets four of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets zero of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	X
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	X

## Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets zero extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	X
H. State sponsors or provides funding for staff training in food allergies.	X

## School Environment Policies:

<i>Meets five of nine core policy standards in this category:</i>	
15. State has mandated that all schools must have Indoor Air Quality (IAQ) management policies.	X
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, 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.	X
19. State requires schools to notify parents of upcoming pesticide applications.	✓
20. State limits school bus idling time and establishes proximity restrictions.	X
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.	X

<i>Meets two of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	X

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

## 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 11 of 23 core policy standards and three of 13 extra credit indicators. Below are the standards that Nebraska meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets eight of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✓
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets zero extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✗
H. State sponsors or provides funding for staff training in food allergies.	✗

### School Environment Policies:

<i>Meets one of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets one of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✗
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗



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

## 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 13 of 23 core policy standards and four of 13 extra credit indicators. Below are the standards that Nevada meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets eight of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✓
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✓

### Awareness Policies:

<i>Meets one of two core policy standards in this category:</i>	
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.	✓

<i>Meets zero extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✗
H. State sponsors or provides funding for staff training in food allergies.	✗

### School Environment Policies:

<i>Meets four of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets two of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✗
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

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

## Policy Gaps:

**Nurse-to-Student Ratio; Indoor Air Quality**

## Noteworthy:

**Asthma in Schools:** In September 2014, The Nevada Division of Public and Behavioral Health, in collaboration with the Nevada Statewide Asthma Coalition, presented a draft of the first ever Nevada Statewide Asthma Control Plan for 2014-2017.

**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 17 of 23 core policy standards and five of 13 extra credit indicators. Below are the standards that New Hampshire meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 10 of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✓
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets one of two core policy standards in this category:</i>	
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.	✗

<i>Meets zero of two extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✗
H. State sponsors or provides funding for staff training in food allergies.	✗

### School Environment Policies:

<i>Meets six of nine core policy standards in this category:</i>	
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, 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.	✗

<i>Meets three of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

K. 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.	✘
L. State has implemented or actively promotes diesel school bus engine retrofiting program.	✔
M. 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 - 2016

Overall, New Jersey meets 20 of 23 core policy standards and 10 of 13 extra credit indicators. Below are the standards that New Jersey meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 10 of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets five of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✓
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✓
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:*

G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. 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 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, 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:*

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

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

## Policy Gaps:

None

## 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 18 of 23 core policy standards and seven of 13 extra credit indicators. Below are the standards that New Mexico meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets nine of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets four of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✓
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✓
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:

G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. 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 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, 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 one of five extra credit indicators in this category:

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

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

## 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

## STATE HONOR ROLL 2016

Overall, New York meets 18 of 23 core policy standards and seven of 13 extra credit indicators. Below are the standards that New York meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets eight of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets three of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✓
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:

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 zero of two extra credit indicators in this category:

G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✗
H. 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 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, 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:

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

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

## Policy Gaps:

**Nurse-to-Student Ratio**

## Noteworthy:

**Honor Roll:** This is the first year New York has made the Honor Roll.

**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 2015-2016

Overall, North Carolina meets 19 of 23 core policy standards and four of 13 extra credit indicators. Below are the standards that North Carolina meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets nine of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets one of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✓
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets one of two core policy standards in this category:</i>	
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.	✓

<i>Meets one of two extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✗
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

<i>Meets all nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets two of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

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

## 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

Overall, North Dakota meets 10 of 23 core policy standards and three of 13 extra credit indicators. Below are the standards that North Dakota meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets five of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets one of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets one of two extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✗

### School Environment Policies:

<i>Meets three of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets one of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗



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

## 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 12 of 23 core policy standards and four of 13 extra credit indicators. Below are the standards that Ohio meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets six of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets one of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✓
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:

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 asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✗

### School Environment Policies:

#### Meets five of nine core policy standards in this category:

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, 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:

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

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

## 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 13 extra credit indicators. Below are the standards that Oklahoma meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets five of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets one of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	X
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	X

## Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets zero of two extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	X
H. State sponsors or provides funding for staff training in food allergies.	X

## School Environment Policies:

<i>Meets one of nine core policy standards in this category:</i>	
15. State has mandated that all schools must have Indoor Air Quality (IAQ) management policies.	X
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.	X
17. State has IAQ policies that include specific components important in asthma/allergy management (HVAC, HEPA, carpeting, pesticide use).	X
18. State recommends/requires that districts or schools use Integrated Pest Management (IPM) techniques OR ban use of pesticides inside school.	X
19. State requires schools to notify parents of upcoming pesticide applications.	X
20. State limits school bus idling time and establishes proximity restrictions.	X
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.	X
23. Tobacco use prevention is required in health education curriculum.	X

<i>Meets one of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	X
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	X

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

## 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 two 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 17 of 23 core policy standards and six of 13 extra credit indicators. Below are the standards that Oregon meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 10 of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

<i>Meets five of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets two of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

K. 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.	✗
L. State has implemented or actively promotes diesel school bus engine retrofiting program.	✓
M. 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:** 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 16 of 23 core policy standards and three of 13 extra credit indicators. Below are the standards that Pennsylvania meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets nine of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets zero of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	X
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	X

## Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets zero of two extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	X
H. State sponsors or provides funding for staff training in food allergies.	X

## School Environment Policies:

<i>Meets five of nine core policy standards in this category:</i>	
15. State has mandated that all schools must have Indoor Air Quality (IAQ) management policies.	X
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.	X
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.	X
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.	X
23. Tobacco use prevention is required in health education curriculum.	✓

<i>Meets three of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	X

K. 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.	✓
L. State has implemented or actively promotes diesel school bus engine retrofitting program.	✓
M. 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 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 - 2016

Overall, Rhode Island meets 20 of 23 core policy standards and four of 13 extra credit indicators. Below are the standards that Rhode Island meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 10 of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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 zero of two extra credit indicators in this category:*

G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✗
H. 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 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, 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:*

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

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

## Policy Gaps:

None

## 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 12 of 23 core policy standards and three of 13 extra credit indicators. Below are the standards that South Carolina meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets nine of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets one of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:

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 asthma awareness covering school asthma program/policy and procedures.	✗
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

#### Meets two of nine core policy standards in this category:

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, 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 one of five extra credit indicators in this category:

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

K. 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.	✗
L. State has implemented or actively promotes diesel school bus engine retrofiting program.	✓
M. 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 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. [SECTION 59-67-150](#)

## Sources:

[State Education Agency Website](#)

[State Legislature Website](#)

[Smoke-Free Businesses, Towns and Schools](#)

# SOUTH DAKOTA

Overall, South Dakota meets five of 23 core policy standards and two of 13 extra credit indicators. Below are the standards that South Dakota meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets three of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets zero of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets one of two core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

<i>Meets one of nine core policy standards in this category:</i>	
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, 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.	✗

<i>Meets zero of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✗
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗



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

## 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 15 of 23 core policy standards and five of 13 extra credit indicators. Below are the standards that Tennessee meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 10 of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets two of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:

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

## School Environment Policies:

### Meets three of nine core policy standards in this category:

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, 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:

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

K. 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.	✗
L. State has implemented or actively promotes diesel school bus engine retrofitting program.	✗
M. 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 13 of 23 core policy standards and one of 13 extra credit indicators. Below are the standards that Texas meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets five of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets zero of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	X
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	X

## 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 zero of two extra credit indicators in this category:

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

## School Environment Policies:

### Meets six of nine core policy standards in this category:

15. State has mandated that all schools must have Indoor Air Quality (IAQ) management policies.	X
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.	X
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.	X
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:

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

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

## 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. The law permits, but does not require, schools to implement a policy to stock epinephrine. Unlike in many other states, this policy allows for school personnel to administer epinephrine during off-campus events or while in transit between school and an off-campus event.

**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 15 of 23 core policy standards and four of 13 extra credit indicators. Below are the standards that Utah meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets seven of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets one extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:*

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

### School Environment Policies:

#### *Meets six of nine core policy standards in this category:*

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, 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:*

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

K. 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.	✗
L. State has implemented or actively promotes diesel school bus engine retrofitting program.	✓
M. 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 - 2016

Overall, Utah meets 21 of 23 core policy standards and eight of 13 extra credit indicators. Below are the standards that Utah meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 11 of 12 core policy standards in this category:</i>	
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.	✓

<i>Meets three extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:*

G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. 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 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, 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:*

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

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

## Policy Gaps:

None

## 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 17 of 23 core policy standards and six of 13 extra credit indicators. Below are the standards that Virginia meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 10 of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets three of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✓
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets both core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

<i>Meets five of nine core policy standards in this category:</i>	
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, 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.	✓

<i>Meets one of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✗
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗

K. 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.	✗
L. State has implemented or actively promotes diesel school bus engine retrofiting program.	✓
M. 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 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 - 2016

Overall, Virginia meets 19 of 23 core policy standards and nine of 13 extra credit indicators. Below are the standards that Virginia meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets 10 of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets three of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:*

G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. 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 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, 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:*

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

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

## Policy Gaps:

None

## 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 - 2016

Overall, West Virginia meets 19 of 23 core policy standards and seven of 13 extra credit indicators. Below are the standards that West Virginia meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets nine of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets three of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✓
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:

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:

G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. 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 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, 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:

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

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

## Policy Gaps:

None

## 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 12 of 23 core policy standards and three of 13 extra credit indicators. Below are the standards that Wisconsin meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets five of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets zero of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy that school districts provide case management for students with chronic health conditions such as asthma.	✗

### Awareness Policies:

<i>Meets one of two core policy standards in this category:</i>	
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.	✓

<i>Meets both extra credit indicators in this category:</i>	
G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures.	✓
H. State sponsors or provides funding for staff training in food allergies.	✓

### School Environment Policies:

<i>Meets six of nine core policy standards in this category:</i>	
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, 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.	✗

<i>Meets one of five extra credit indicators in this category:</i>	
I. State makes funding or resources available for technical IAQ assistance to schools.	✓
J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning.	✗



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

## 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

Overall, Wyoming meets seven of 23 core policy standards and one of 13 extra credit indicators. Below are the standards that Wyoming meets.

<b>Medication and Treatment Policies:</b>	
<i>Meets five of 12 core policy standards in this category:</i>	
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.	✗

<i>Meets one of six extra credit indicators in this category:</i>	
A. State requires anaphylaxis - epinephrine - stocking and authority to administer in schools.	✗
B. State requires or allows albuterol asthma medication stocking and authority to administer in schools.	✗
C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma.	✗
D. 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 that each school will have one full-time nurse.	✗
F. State has adopted policy 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:

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 zero of two extra credit indicators in this category:

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

### School Environment Policies:

#### Meets one of nine core policy standards in this category:

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, 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 zero of five extra credit indicators in this category:

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

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

## 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](#)