Chapter I:
Policies to Promote Safety and Prevent Violence

NASBE
National Association of State Boards of Education
Fit, Healthy, and Ready to Learn

A School Health Policy Guide

Chapter I:
Policies to Promote Safety and Prevent Violence

By Lori Meyer, MPS and Rachelle Johnson Chiang, MPH

NASBE
National Association of State Boards of Education
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The model policies contained in this chapter are derived from research findings, existing policy examples, and best practices as described in the narrative. The model policies do not necessarily represent the views of the National Association of State Boards of Education. NASBE’s Public Policy Positions are available at nasbe.org/wp-content/uploads/2012_NASBE_Public_Education_Positions.pdf.

Printed copies of *Policies to Promote Safety and Prevent Violence* are available for $16.00 plus $4.50 shipping and handling from the National Association of State Boards of Education. To order this and other guides in the *Fit, Healthy, and Ready to Learn* series call (800) 220-5183, order online at nasbe.org/nasbe_marketplace/index.php?dispatch=categories.view&category_id=87, or write to NASBE at 2121 Crystal Drive, Suite 350, Arlington, Virginia 22202. Orders under $50.00 must be prepaid; purchase orders, VISA, and MasterCard are accepted. Volume discounts are available.
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This section presents the case for why education leaders should support strong policies and programs focusing on injury and violence prevention. In addition to the direct and indirect effects of injury and violence on student academic achievement, schools and society as a whole incur considerable legal, social, and economic costs. The first step to reducing violence and injury is understanding the nature and scope of local problems and needs.

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Two-thirds of all injuries to students are transportation-related. Schools need to work with partners to establish safe walking and bicycling routes to school, promote safety helmet use, and provide school buses and other pupil transportation services that are as safe as possible. If offered, driver education programs for teen drivers should be based on proven safety principles.

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*Model Policy: Safe and Supportive Learning Environments*

6. Injury and Violence Prevention Education

One of the most direct ways to address injury and violence prevention is through education curricula designed to influence students’ attitudes, knowledge, and skills. Health education needs to include injury and violence prevention, and career/technical education needs to teach work safety practices.

*Model Policy: Unintentional Injury and Violence Prevention Education*

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Attention to safety is integral to every type of physical activity at school: in physical education, during elementary school recess, and in organized after-school activities and sports. Athletic coaches and other school staff need adequate training in injury prevention and first aid.

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8. Emergency Planning

On any given day, schools face a multitude of challenging situations that have the potential to develop into a crisis. Schools should have a detailed written plan to respond quickly and effectively to any emergency situation. The plan should include coordination with key stakeholders who will aid in the response and recovery from a crisis event and strategies for informing the extended school community about the details of the plan. Staff, students, and other relevant personnel should regularly practice the plan.

*Model Policy: Emergency Management Plan*

List of Acronyms

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For all parents, nothing is more important than their child's safety. Every education leader accepts the momentous responsibility of in loco parentis for the protection and well-being of all children and youth entrusted to our care.

One challenge for education policymakers is keeping up with rapidly changing standards and expectations for what is considered safe and secure, as well as new threats. A generation ago, bike helmets were a novelty and playground injuries were a widely accepted part of childhood. No one thought that someday school leaders would need to take the time to consider whether metal detectors are an effective use of education funds. School emergency planners focused on potential fires and weather events, not threats of organized terrorism and random shootings.

In addition to evolving standards for physical safety, in recent years researchers have made significant strides in documenting the role and importance of social and emotional security on students' academic performance and healthy development. School leaders are urged to reduce major barriers to learning, including the emotional trauma that teasing and bullying cause for so many of our students.

Following an in-depth study of school safety that culminated in the publication of Schools Without Fear: The Report of the NASBE Study Group on Violence and Its Impact on Schools and Learning, NASBE members adopted a public education position that expressed their collective wisdom:

State boards of education should provide leadership in assuring that children are provided with a learning environment free of the fear of violence, and teachers are provided the opportunity to use their abilities to foster learning in an atmosphere free of violence. Therefore, schools and communities, working together, must take appropriate steps to:

1. build a school climate that recognizes the responsibility of all persons for a positive learning environment and values the contribution to that environment of each student and staff member;

2. identify troubled children and facilitate appropriate services for them;

3. create a sense of belonging in schools that encompasses students, staff, and families;

4. create positive connections between the school and the community;

5. provide for measured, appropriate responses when incidents do occur; and

6. ensure that all school districts have policies and programs to prevent and report bullying, intimidation, and harassment.

Our members also directed that “NASBE should continue to provide assistance to state boards of education on the implementation of effective violence prevention policies and strategies.” This comprehensive policy guide is one part of our ongoing work to fulfill this directive.

Like all of the other chapters of Fit, Healthy, and Ready to Learn: A School Health Policy Guide, the primary audiences of “Chapter I: Policies to Promote Safety and Prevent Violence” are state and local education policymakers and administrators. Secondary audiences are staff members who draft policy language and advocates who work to influence education decisionmakers. The publication includes current scientific findings, suggests evidence-based model policy language, and refers readers to additional sources of information and assistance.

NASBE has long recognized that education and health are inextricably intertwined. We will continue our mission to draw the attention of education policymakers to every proven strategy that supports educational equity, high student achievement, and lifelong health and success. Promoting safe and supportive school environments is one such strategy.

James Kohlmoos
Executive Director
National Association of State Boards of Education
Executive Summary

Americans expect their children’s schools to be safe in every sense of the term: free of physical hazards, free of violence and harassment, and positive environments for learning. Addressing injury and violence prevention is critical to the health and well-being of students—without it, academic achievement is unattainable.

A variety of proven strategies are available to help educators prevent injuries to students in school and help youth establish lifelong safety skills. High-quality resources are available to assist in the development of policies and implementation of programs. Many states and school districts are demonstrating that sound, evidence-based policies and practices can effectively help reduce injuries and violence.

This chapter provides model policies and guidance on developing multifaceted, coordinated policies to promote safe schools that protect students and help prepare them for a lifetime of safe living. It addresses a broad range of policy areas, including:

- administrative procedures to collect and report data on injuries at school;
- inspection and maintenance procedures to ensure that facilities, grounds, vehicles, and equipment are free of hazards;
- safe, supportive, and disciplined school social environments that engage students in learning and do not tolerate fighting, bullying, or harassment;
- an education curriculum that teaches safety knowledge and skills and actively discourages violence and the use of alcohol, harmful drugs, and other substances; and
- advance planning for emergency management.

**How This Guide Is Organized**

Following an introductory section (“Injury and Violence Prevention: An Issue for School Leaders”), each subsequent section features model policy language based on scientific evidence and best practices. States, territories, tribes, school districts, or schools may wish to adopt an overarching, integrated policy as presented in section 2. Alternatively, more detailed policies on specific topics are presented in sections 3 through 8. At the end of each section is a list of selected resources.

The chapter concludes with a list of acronyms (p. 64), a policy checklist that summarizes the major points of each of the model policies (p. 65), and complete endnotes (p. 67).
In recent years, isolated incidents of mass, fatal school violence brought widespread attention to policies and practices that can help prevent such traumatic events. Less widely publicized are the other violent and unintentional injuries (commonly but misleadingly called “accidents”) incurred daily by young people on playgrounds, sports fields, streets, and sidewalks. Unintentional injuries result in far more deaths and disability than violent injuries, accounting for nearly half (46 percent) of all deaths among children and adolescents 5–19 years of age.3

Families expect their children’s schools to be safe in every sense of the term: free of physical hazards and violence as well as being positive environments for learning. There is much that policymakers can do to promote safety and prevent violence at school and in the community.

Implementing the policies and practices recommended in this guide can also help improve students’ academic outcomes. For example, health education classes that incorporate social skills training along with parent training, teacher training, and school-wide climate change have demonstrated improvements in student academic performance.5

Injury prevention is fundamental to the school’s mission of educating young people. Injuries among school-age children and adolescents are common, costly, and counter-productive to efforts to improve academic performance. The good news is that a large and growing body of evidence documents effective strategies that schools can implement to prevent injuries among young people.


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Some Major Reasons to Address Injury and Violence Prevention

- **Improve academic achievement**: Students who witness violence are less likely to do well in terms of standardized test scores and grades.\(^5\)

- **Reduce absences**: Students who are absent due to injury, or who fear going to school, are not learning academic content or skills.

- **Maintain a productive learning climate**: A death or serious injury upsets everyone at school and can disrupt learning for days or weeks.\(^6\) Students who are bullied or harassed often suffer negative academic consequences.\(^7\)

- **Satisfy reasonable expectations**: School leaders can become targets of intense criticism when parents and community members perceive that measures to promote safety or prevent violence are absent or lacking.

- **Avoid economic consequences**: The injuries incurred by children and adolescents ages 14 and younger in just one year are estimated to result in total lifetime economic costs of more than $50 billion in medical expenses and lost productivity.\(^8\)

- **Prevent litigation**: In 2006, the Centers for Disease Control and Prevention (CDC) found that 33 percent of school districts and 12 percent of schools had been sued because of an injury that occurred on school property or at an off-campus, school-sponsored event.\(^9\) Another analysis found that between 1996 and 2002, school districts were ordered to pay an award or make a settlement in 66 percent of school-related injury cases brought to court.\(^10\) While the median award was $50,000, awards went as high as $15 million. School districts also bear the costs of insurance premiums, legal fees, and lost staff time.

**Types of Injuries**

Public health authorities classify injuries by the events, behaviors, and intentions leading up to the injury.\(^11\) Most broadly, injuries fall into two categories:

- **Unintentional injuries** are caused by unplanned occurrences such as falls from playground equipment, fires, or motor vehicle crashes. These types of injuries are commonly—but erroneously—called “accidents” (see textbox on page 9).

- **Violent injuries** are the result of intentional acts and are further subdivided into 1) acts that cause physical harm to others, including assault, rape, and homicide, and 2) acts of physical harm that are self-directed, including suicide.\(^12\)

**Injuries and Violence at School**

Overall, approximately two-thirds of all deaths among children and youth aged 5–19 years in the United States are injury-related, resulting from motor vehicle crashes, other unintentional injuries, homicide, and suicide (fig. 1 on page 10). Males are more likely than females to be injured at all ages, and for nearly every type of unintentional or violent injury.\(^13\)

Of the approximately 20 million unintentional and violent injuries among children and adolescents requiring
medical care each year, about 20 percent (4 million) occur at school. Fatalities at school are rare: approximately 1 in 400 injury-related fatalities among children ages 5–19 occur at school.

**Unintentional Injuries**

Nearly 90 percent of the injuries that occur at school are unintentional; primarily from falls (42.7 percent), many of which are from playground equipment (33.7 percent), and sports activities (33.6 percent). Each year more than 200,000 children are injured on playground equipment, with 45 percent of the injuries occurring on school playgrounds. Most such injuries are minor and occur when children fall off swings, monkey bars, climbers, or slides. More elementary school-aged children are injured on playgrounds than anywhere else at school; middle and high school students sustain most injuries while involved in sports. High school athletes account for an estimated 2 million injuries, 500,000 doctor visits, and 30,000 hospitalizations annually. Even relatively minor injuries can result in school absences or distract students from learning.

**Violence**

School violence refers to a broad array of behaviors ranging from homicide to bullying and sexual harassment. Violent deaths at schools are rare, but have far-reaching effects on the school population and surrounding community. Many more violent deaths among school-age youth occur away from school than at school. The School Associated Violent Death Study (SAVD), a study funded by CDC and the U.S. Department of Education, reported 21 homicides and seven suicides of youth ages 5 to 18 at school from July 1, 2004 through June 30, 2005, compared to 1,437 homicides and 1,285 suicides in this age group that occurred off school grounds during the same time period. Among young men of high school age, African Americans bear most of the homicide burden—at a rate more than 15 times greater than their white counterparts.

Like homicide, suicide is far more likely to occur off school grounds: according to SAVD, students were 150 times more likely to commit suicide away from school than at school. Although suicidal acts on school grounds are rare, events during the school day can contribute to student stress and depression. Suicide risk varies by race and ethnicity: The suicide rate among adolescent and young adult American Indians and Alaskan Natives ages 15–34 years old are 1.8 times higher than the national average. Few schools have suicide prevention plans that include screening, referral, and crisis intervention services for youth.

Other types of violence are more common in school. The 2011 Youth Risk Behavior Survey (YRBS) found that 16 percent of young men and 8 percent of young women in high school had been in a physical fight on school property one or more times during the 12 months prior to the survey and 8 percent of young men and 2 percent of young women said they had carried a weapon such as a gun, knife, or club on school property during the 30 days before the survey. The National Crime Victimization Survey (NCVS) data show that during the 2007-2008 school year, about 7 percent of teachers had been threatened with injury by students at their school and 8 percent of secondary school teachers had been attacked by students.

Instances of bullying and sexual harassment in schools are far more common than homicide or physical fighting. A behavior is considered bullying if: 1) the intent is to cause harm; 2) it occurs repeatedly over time; and 3) there is an imbalance of power, or perceived imbalance of power, between the victim and the perpetrator. According to the 2011 YRBS, 22 percent of young women and 18 percent of young men said they had been bullied on school property during the 12 months prior to the survey. In recent years, technology has provided another mechanism for students

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**Most Injuries Are Not “Accidents”**

Instead of the word “accident,” which is commonly used to refer to incidents such as a car crash or a fall from a swing, this policy guide uses the public health term “unintentional injury” to reinforce the idea that most injuries are not predestined or just “bad luck.” Most injuries can be prevented through effective education, prudent behavior, good design, and appropriate policies.
to behave aggressively. Approximately one in three youths report being targeted by harassment via the Internet.30

The impact of bullying can be far-reaching for victims and perpetrators.31 The damage for victims can be long term and has been linked to depression, suicidal ideation, misplaced aggression, and difficulty with interpersonal relationships.32,33 Studies have shown that being a victim of chronic bullying can contribute to psychosomatic (e.g., headaches and stomachaches) and psychosocial problems (e.g., depression and anxiety), greater use of over-the-counter medications (when compared to peers who are not bullied), lower student achievement, and higher rates of juvenile and adult crime.34 Among perpetrators, boys who were frequent bullies in middle school are three times as likely as their nonbullying peers to have a criminal conviction by age 24.35 Bystanders (those who witness violence, including bullying) are also affected. Bystanders are present during 80 percent of the assaults and robberies occurring at school.36

Sexual harassment, defined by the U.S. Department of Education as “unwelcome conduct of a sexual nature,” includes “unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature.”37 A 2001 survey of 2,064 public school students in grades 8-11 by the American Association of University Women (AAUW) found that 8 in 10 students experience some form of sexual harassment at some time during their school lives.38 The same study found that students who experience sexual harassment react by talking less in class (24 percent), not wanting to go to school (22 percent), and finding it hard to pay attention in school (20 percent).

What Education Leaders Can Do

Education decisionmakers have a clear responsibility to make good faith efforts to prevent injuries on school property and at school-sponsored events. An optimal school environment can set the climate for safety, while a poorly designed and haphazardly maintained school can predispose students to injuries. Rates of injury across schools vary markedly, with schools in the same district differing in their injury rates by as much as 25-fold.39 Communities and schools can determine their prevention priorities by collecting and examining data on the injuries, risk behaviors, and hazards affecting their young people.

Unintentional and violent injuries are amenable to intervention by research-based policies and practices. Strategies are available to help educators prevent injuries to students in school and help youth establish lifelong safety skills. Effective strategies to prevent injuries, whether uninten-
The Impact of Violence on Students and Teachers

“Our nation’s schools should be a safe haven for teaching and learning free of crime and violence. Even though students are less likely to be victims of a violent crime at school than away from school, any instance of crime or violence at school not only affects the individuals involved but also may disrupt the educational process and affect bystanders, the school itself, and the surrounding community.

“For both students and teachers, victimization at school can have lasting effects. In addition to experiencing loneliness, depression, and adjustment difficulties, victimized children are more prone to truancy, poor academic performance, and dropping out of school. For teachers, incidents of victimization may lead to professional disenchanted and even prompt them to leave the profession altogether.”

— U.S. Departments of Education and Justice

Tional or violent, generally focus on risk and protective factors related to individual behavior, education, social norms, the surrounding environment, equipment and facility design, and legislative and regulatory requirements. The most effective approaches are comprehensive and infuse injury and violence prevention strategies into all aspects of school activities.

This Fit, Healthy, and Ready to Learn chapter provides guidance on developing multifaceted, coordinated school policies that protect students and help prepare them for a lifetime of safe living at play, at home, and in the community. A broad array of policy areas are addressed, including:

- inspection and maintenance procedures to ensure that school and athletic facilities and equipment are free of hazards;
- education curricula that teach knowledge and skills for safe living and actively discourage violence;
- disciplined school social environments that encourage respect for all students and staff, engage students in learning, and prohibit fighting, bullying, or harassment; and
- emergency management planning.

In addition to establishing strong policies within the education system, education leaders can take prominent leadership roles in the community to actively advocate strategies and programs that complement the school-based policies and practices presented in this chapter. For example, reformed drivers licensing requirements can reduce traffic injuries and save lives (section 4) and an increased number of recreational opportunities in the community can help steer young people away from trouble (section 5).

Resources for Statistics and General Information

- State and local education agencies and health departments are valuable sources of statistical information and community prevention goals.

- The CDC National Center for Injury Prevention and Control (NCIPC) operates WISQARS (Web-based Injury Statistics Query and Reporting System), an interactive database system that provides customized injury-related reports at www.cdc.gov/ncipc/wisqars. NCIPC also provides youth-related facts, data, and publications at www.cdc.gov/ncipc/factsheets/children.htm.

- The CDC administers the Youth Risk Behavior Surveillance System (YRBSS), which includes national, state, and local school-based surveys of representative samples of 9th through 12th grade students. Results from the national survey and many states, from 1991 through 2009, are available at www.

**NOTE:** The organizations included as resources in this guide offer a broad range of assistance, have a national scope, are easily accessed, have materials available at either low or no cost, and/or offer specialized expertise. The lists are not exhaustive. Many other organizations provide high-quality assistance and advice to educators; in addition, hundreds of informative books and articles are available. Consider the resources listed here as starting points only.

All Internet sites listed in this publication were accessed during April 2012 to check for accuracy and ensure the links were live at that point in time.
2. A Systematic Approach to Injury and Violence Prevention

The most effective way to reduce injuries and violence among youth is through a systematic, research-based strategy that emphasizes prevention. States, school districts, schools, and tribes can develop and adopt integrated policies with multiple elements to ensure that all aspects of injury prevention are addressed in a coordinated manner. Adopting a policy sends a powerful message to students, staff, parents, and the community that school leaders consider injury prevention an important issue.

In this section:

- Injury Data Collection, Analysis, and Reporting
- Risk and Protective Factors
- Developing an Integrated Policy
- Policy Evaluation
- Accountability and Implementation
- Model Policy: Integrated Injury and Violence Prevention Policy
- Selected Resources on Comprehensive Policies and Evaluation

Injury Data Collection, Analysis, and Reporting

Systematic collection and reporting of data on unintentional injuries and violent incidents in school settings is necessary to effectively prevent injuries. Local information identifies key problems and highlights patterns of injury or violence. This information can be used to determine priorities, plan interventions, and evaluate the success of policies and practices.

Information about the nature and circumstances of unintentional injuries and acts of violence on school grounds, during sporting events, and at off-site school-sponsored events should be collected and reported. States and districts should establish criteria to identify the severity and types of injuries that schools are required to record. For example, the state or district may require...
the recording of all injuries that necessitate a call to a parent or guardian. Existing reporting mechanisms for purposes such as suspected child abuse and neglect or allegations of staff abuse or harassment might be expanded to include injuries. Policies can increase the likelihood of obtaining comparable data across schools and school districts to inform prevention efforts; the Utah Student Injury Reporting System is an example of a statewide standardized system.45 District and school processes should include steps to analyze the information collected and identify areas for improvement.

At a minimum, every school needs to satisfy the data needs of the federal Uniform Management Information and Report System (UMIRS) as required in Title IV, Part A of the No Child Left Behind Act (NCLB) and administered by each state’s department of education.46 This includes truancy rates and the frequency, seriousness, and incidence of violence and drug-related offenses resulting in suspensions and expulsions in each elementary and secondary school. Contact your state education agency for more details about this requirement.

Risk and Protective Factors

Researchers have identified personal, behavioral, and environmental “risk factors” associated with injury or violence, as well as “protective factors” associated with risk avoidance and resiliency (the ability to succeed in spite of adversity). Comprehensive injury and violence prevention aims to reduce risk factors and strengthen protective factors.

Risk and protective factors occur at multiple levels: community, school, peer, family, and individual. Health is influenced not only by the strengths and vulnerabilities of individuals, but also by the home, neighborhood, and community settings in which students live. Prevention and intervention strategies that target these multiple levels are most likely to be effective. However, the presence of a single risk factor in an individual does not, by itself, cause antisocial or violent behavior, nor does the presence of a single protective factor protect against all injury.47 Multiple factors combine to contribute to and shape behavior over the course of adolescent development.

For example, a young person who wears her seatbelt (individual protective factor), whose parents monitor her driving behavior (family protective factor), and who lives in a state with a strong state graduated drivers licensing policy (community protective factor), is less likely to engage in risky driving than someone who lacks these factors. Unintentional injuries and violence share many of the same risk and protective factors. For example, substance use, socio-economic status,48 and permissive or authoritative parenting styles all increase the risk that a young person will be injured through violent behavior or an unintentional injury.49

Developing an Integrated Policy

Policymakers at all levels can guide schools in preventing unintentional injuries and acts of violence. A policy can be adopted at the state, territorial, tribal, school district, or school level—or all of these levels—depending on the education governance system. A policy may be short and concise or long and detailed. Some jurisdictions prefer to adopt brief goals statements as policies and then develop separate guidance documents containing more detailed instructions. This section includes model language for an integrated policy to promote safety and prevent violence to assist boards and jurisdictions with policy development.

Fit, Healthy, and Ready to Learn Chapter B: “The Art of Policymaking” describes basic tasks that generally need to be accomplished to move from good intentions to policy adoption and effective implementation. These tasks, which may occur in any order depending on the context, include the following:

- assessing current policy and program needs and resources;
- determining priorities;
- researching best practices;
- drafting policy language;
- building broad-based support among staff, families, students, and influential community members;
- shepherding the proposed policy through the adoption process;
Figure 3. Early and Late Risk Factors for Violence at Age 15 to 18 and Proposed Protective Factors, by Domain

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<th>Late Onset Risk Factor (ages 12–14)</th>
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<td>Intolerant attitude toward deviance</td>
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<td>Hyperactivity</td>
<td>Aggression**</td>
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<td>Other conditions</td>
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<td>Abusive parents</td>
<td>Abusive parents</td>
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<tr>
<td>School</td>
<td>Poor attitude, performance</td>
<td>Poor attitude, performance</td>
<td>Commitment to school Recognition for involvement in conventional activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Academic failure</td>
<td></td>
</tr>
<tr>
<td>Peer Group</td>
<td>Weak social ties</td>
<td>Weak social ties</td>
<td>Friends who engage in conventional behavior</td>
</tr>
<tr>
<td></td>
<td>Antisocial peers</td>
<td>Antisocial, delinquent peers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gang membership</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td>Neighborhood crime, drugs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neighborhood disorganization</td>
<td></td>
</tr>
</tbody>
</table>

* Age of onset unknown  ** Male only

Policy Evaluation

Policymakers should examine evidence of effectiveness for every policy concept under consideration and use data to evaluate the effectiveness of a policy after implementation. For example, so-called “zero tolerance” disciplinary policies that attempt to deter future acts of violence by severely punishing both major and minor incidents have been shown to be ineffective at improving student behavior or overall school safety. Instead, research finds less intrusive methods more effective. These methods stress a graduated system of matching offenses with consequences and the use of bullying prevention, early identification, and improved classroom management strategies.52

The resources section on page 20 highlights tools that provide guidance for injury and violence prevention initiatives. For example, CDC’s School Health Index: A Self-Assessment and Planning Guide enables schools to identify the strengths and weaknesses of current policies and practices and develop an action plan for improvement, and CDC’s School Health Guidelines to Prevent Unintentional Injuries and Violence provides recommendations related to eight aspects of school health efforts to prevent unintentional injury, violence, and suicide.

Effective policy initiatives usually involve collaboration with a coalition of proponents with a stake in the outcome, in-
including teachers, school personnel, students, and families. Public health, police, juvenile justice, and public housing agencies should be invited to participate in coordinated efforts. Effective partners can be found among youth-serving organizations with expertise implementing positive youth development initiatives, such as 4-H, YMCA, YWCA, Scouting, Girls Inc., Boys and Girls Clubs, MADD, fraternal organizations, and local faith-based institutions. A group of committed citizens may already have begun to tackle the issue.

The model policy beginning on page 18 is suggested by the research findings and best practices discussed in this chapter. What is reasonable, feasible, and acceptable in a given jurisdiction depends on local resources, circumstances, community attitudes, and the results of the policymaking process.

Accountability and Implementation

Adopting sound policy is just a start. A new policy is more likely to be smoothly implemented and consistently enforced if it receives strong administrative support, funding, and personnel and if all staff members, not just health teachers and the school nurse, receive an orientation to the policy and its rationale. These leadership actions convey the importance of prevention and encourage staff to incorporate appropriate actions.

An excellent policy may fade away unnoticed unless the responsibility for its implementation is clearly placed and mechanisms are established to ensure ongoing accountability. Either the policy itself or written directives need to clearly identify a person at each school building and at the district level responsible for coordinating safety practices and ensuring that the spirit and the letter of the policy are implemented with fidelity. Appropriate staff people include the school health coordinator, counselor, or principal.

A school health advisory council, school improvement team, or similar representative committee is a logical choice for overseeing and evaluating the impact of injury and violence prevention policies. Such a committee can meet regularly to assess needs; consider and respond to student, family, or community concerns; discuss implementation and enforcement progress and challenges; and oversee evaluation. The committee can prepare reports to the district or state board of education on implementation challenges and recommendations for policy improvement.

Policy implementation and effectiveness can be assessed through means such as the following:

- ongoing monitoring of injuries, acts of violence, and student discipline records, including trends over time;
- review of self-reported student behaviors collected in state-sponsored student surveys such as the YRBS;
- ongoing monitoring of facilities maintenance reports;
- student, staff, and family satisfaction surveys of the school and its services; and
- peer review of prevention policies and practices and emergency management plans.

Schools can consult with evaluation specialists at universities, school districts, or the state departments of education and health to identify methods and materials for evaluating their efforts. Valid evaluations can improve the quality of school practices; increase family and community support; help schools reward faculty, staff members, and students for exceptional work; and support grant applications to enhance activities and services.

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**NASBE’s Model School Health Policies**

All of the model policies from *Fit, Healthy, and Ready to Learn* are available at nasbe.org/project/center-for-safe-and-healthy-schools/resources/. Users are encouraged to download these model policies to adopt or adapt to fit their governance system and locally determined points of view. If used, the following courtesy attribution is requested:

“These policies first appeared in *Fit, Healthy, and Ready to Learn: A School Health Policy Guide* by the National Association of State Boards of Education. Reprinted with permission of the author.”
Model Policy: Integrated Injury and Violence Prevention Policy

[Note: Following is model language for an evidence-based policy at the state, school district, or school level, applicable to public or private schools. Users will need to adapt this model policy to fit their state and local education governance structure and established policy format, particularly the phrases in italics.]

GOALS. Injuries and violence on school grounds should be vastly reduced and, to the extent possible, eliminated. Each school district and school shall foster a climate that promotes respectful behavior and teaches the knowledge, skills, and attitudes to help students prevent injury and violence.

RATIONALE. Preventable injuries and violence disrupt the teaching/learning process, cause unnecessary distress, pain, and suffering, and result in avoidable costs. Minimizing injuries and violence is the joint responsibility of everyone in the school community: administrators, school staff, families, and students. Families expect their children’s schools to be safe in every sense of the term: positive environments for learning that are free of avoidable physical hazards and free from harassment, bullying, and violence.

INTEGRATED POLICY. An overall, multifaceted, and integrated policy for injury and violence prevention shall be developed by district/school leaders and staff in partnership with the school health advisory council; students and families; public health, public safety, and juvenile justice professionals; and other appropriate community members. The policy shall:

- be responsive to local needs and identified patterns of injury and violence;
- be based on scientific findings and evidence-based practices;
- be designed to identify and reduce risk factors that contribute to injuries and violence and to strengthen protective factors shown to reduce injuries and violence;
- be implemented within the context of a coordinated school health model; and
- include provisions to regularly monitor, evaluate, and enhance the effectiveness of the plan.

The integrated policy shall incorporate the following components:

- regular environmental safety and hazard assessments;
- ongoing maintenance and repair of all facilities, equipment, grounds, and vehicles;
- adequate adult supervision of youth on school grounds;
- safe modes of transportation to and from school, whether by walking, bicycling, or operation of a pupil transportation system;
a safe and supportive learning environment free from harassment, bullying, and other types of violence, where students feel valued and respected;

a preK–12 comprehensive health education curriculum that includes injury and violence prevention topics appropriate to grade level and culture;

priority attention to safety in the preK–12 physical education program, intramural and interscholastic sports programs, and other afterschool activities;

support for families’ efforts to provide safe and supportive home environments and to be involved in their children’s education;

an emergency school plan that addresses prevention/mitigation, preparation, response, and recovery;

adequate staff training to effectively implement the policy;

designation of one or more persons charged with operational responsibility for policy implementation; and

a plan to measure policy implementation fidelity and policy effectiveness.

**EFFECTIVE DATE.** Each principal/superintendent shall submit the integrated injury and violence prevention policy to whom by date. The policy shall be implemented by date.

**DATA COLLECTION AND REPORTING.** The principal/superintendent shall collect and report to the state department of education/other the required data on truancy rates and the frequency, seriousness, and incidence of violence and drug-related offenses resulting in suspensions and expulsions in elementary and secondary schools in accordance with the Uniform Management Information and Report System (UMIRS) as required in Title IV, Part A of the federal No Child Left Behind Act of 2001 (NCLB).

School/district staff members shall also systematically gather data and descriptive reports of all school-related injuries reported to parents or guardians and incidents of harassment, bullying, and violence. Trained staff shall analyze the data regularly to identify opportunities to prevent injuries and promptly report avoidable safety hazards and patterns of bullying and violence to the principal/superintendent/maintenance director.

At the end of each school year, the principal/superintendent shall submit an annual summary report on school-related injuries and incidents of harassment, bullying, and violence to the district office/state education agency/board of education/school health advisory council. The report will address the implementation and effectiveness of this policy and include recommendations for improvement. The report shall be posted on the Internet for easy public access.
Selected Resources on Comprehensive Policies and Evaluation


➤ CDC published the School Health Guidelines to Prevent Unintentional Injuries and Violence, which provides recommendations related to eight aspects of school health efforts to prevent unintentional injury, violence, and suicide. The document is available for free download at www.cdc.gov/HealthyYouth/injury/guidelines.

➤ CDC also publishes the School Health Index: A Self-Assessment and Planning Guide, which helps frame local discussions over improving school health and safety policies and practices. Print and interactive online versions are available at www.cdc.gov/HealthyYouth/SHI.

➤ The Office of Safe and Drug-Free Schools (OSDFS) of the U.S. Department of Education offers resources on preventing violence and responding to emergencies, including grant information, at www.ed.gov/offices/OESE/SDFS.


➤ The Children’s Safety Network works with state health department officials, national organizations, and federal agencies to address the issue of injury and violence prevention among children and adolescents. Visit www.childrensafetynetwork.org.

➤ Safe Kids Worldwide is dedicated to preventing unintentional childhood injury. The organization provides fact sheets on specific types of injuries, a state policy database, and details of programs targeted to reducing injury rates among children at www.usa.safekids.org.

➤ The Office of Juvenile Justice and Delinquency Prevention (OJJDP) of the U.S. Department of Justice provides national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization. Access their information at www.ojjdp.gov.

➤ The “Striving to Reduce Youth Violence Everywhere” (STRYVE) initiative provides abundant resources on violence prevention, with information organized by target audience. Visit www.vetoviolence.org/stryve/home.html.

➤ The Suicide Prevention Resource Center provides extensive research and prevention tips at www.sprc.org.

➤ The Center for the Study and Prevention of Violence (CSPV) of the University of Colorado at Boulder, through its “Blueprints for Violence Prevention” project, identifies prevention programs that meet a strict scientific standard of effectiveness in reducing adolescent violent crime, aggression, delinquency, and substance abuse. Visit www.colorado.edu/cspv/blueprints.

3. Creating a Safe Physical Environment

To minimize the likelihood of injury, indoor and outdoor school environments should be free of hazards and should support respectful, nonviolent interactions among students and staff. The physical environment of the school includes classrooms, cafeterias, and bathrooms; hallways and corridors; playgrounds, gymnasiums, and sports fields; and campus walkways, grounds, and parking lots. The equipment used in these places should also be hazard-free and promote students’ practice of safety habits.

Schools can implement a range of actions to ensure that the physical environment helps prevent unintentional injuries and violence. CDC recommends the following broad policy strategies:

- conduct regular safety and hazard assessments;
- maintain structures, playground and other equipment, school vehicles, and physical grounds—and make repairs immediately after hazards have been identified;
- actively supervise all student activities to promote safety and prevent unintentional injuries and violence;

In this section:

- Safety Inspections and Maintenance p. 22
- Specialized Instructional Areas p. 24
- Playgrounds, Gymnasiums, and Athletic Facilities and Equipment p. 24
- School Security p. 24
- Supervision of Students p. 25
- Staff Training p. 26
- Selected Resources for Safe School Environments p. 26
- Model Policy: Safe and Secure School Facilities, Equipment, and Grounds p. 28
Key Safety Guides


- U.S. Occupational Safety and Health Administration (OSHA): various regulations to assure safe and healthy work environments, available at www.osha.gov.

- ensure that the school environment is free from weapons; and
- communicate safety policies and procedures to students, staff, and family members.

Safety Inspections and Maintenance

Many districts employ or contract with facilities coordinators, risk managers, or environmental health specialists to conduct inspections or ensure compliance with local building codes and planning requirements. A system of regular inspections of school facilities according to standardized criteria can bring to the fore hidden—or obvious—safety problems.

Several safety guides (see textbox above) highlight the key building features and procedures to assess, including the following:

- appropriate numbers of entrances and exits;
- clutter-free hallways and rooms;
- posted signage in classrooms and other areas outlining safety procedures;
- adequate lighting in hallways, stairwells, and restrooms;
- properly installed stairway guardrails;
- appropriate number of smoke alarms, sprinklers, and fire extinguishers;
- safe flooring surfaces kept in good condition;
- accessible buildings and facilities for people with disabilities; and
- easily accessible first-aid supplies and equipment with usage instructions.

Maintaining building structures, playgrounds, school grounds, and buses is a fundamental—and often quite large—task. School structures range from century-old buildings to state-of-the-art facilities. All structures require daily attention from well-trained staff. Most maintenance-related problems in schools are due to inadequate staffing, poor training, and a lack of overall management of maintenance issues. Developing, funding, and implementing maintenance plans can...
6A:19-6.5 Safety and Health Plan

(a) All district boards of education and other institutions and agencies operating career and technical education programs or courses shall organize, adopt, and implement a written career and technical education safety and health plan describing the safety and health program being used to protect students and staff from safety and health risks on and offsite. A copy of the plan, indicating the district board of education, the agency or institution and made available, upon request, to the [State] Department of Education.

(b) As changes are made to the safety and health program, the safety and health plan shall be updated to reflect the changes. At a minimum, the safety and health plan shall be reviewed, updated as necessary, and readopted every two years.

(c) Each district board of education and other institution or agency operating career and technical education programs or courses shall designate a person or persons, other than the chief executive or chief administrative officer, who shall oversee updating and implementation of the approved safety and health plan.

(d) The safety and health plan shall contain, as a minimum, the following:

1. A statement of the general policies for the safe and healthy operation of all vocational programs, courses, and structured-learning experiences;
2. The individuals and/or groups responsible for implementing the safety and health plan;
3. District board of education objectives for the safety and health plan;
4. The procedures required for conducting a safety and health hazard analysis for each career and technical education course and/or program in operation, including, but not limited to:
   - Periodic inspections and maintenance of facilities, tools, machines, equipment, personal protective devices, hazardous substances, and for the elimination of potential or identified hazards; and
   - Specific statements of practices and precautions required for safe and healthy operation within each course;
5. Emergency procedures to be followed in the event of an injury, illness, hazardous spill, fire, or other emergency situation involving a student, teacher, or any other individual;
6. Methods to be used to ensure that all career and technical education students are provided safety and health education and training. Such education and training shall include, but not be limited to the following:
   - Hazards and hazardous equipment, supplies, and materials associated with the course and/or program, including methods for incorporating the results of hazard analysis;
   - Safe practices and precautions to be used to prevent injury and illness; and
   - Procedures and methods to be used to document and assess students’ knowledge of safety and health practices and procedures;
7. A system, which may include disciplinary action, to ensure that students comply with safe and healthy practices;
8. Procedures to ensure that all new career and technical education staff and students receive appropriate initial safety and health program training prior to working or participating in any career and technical education course or program; and

—State of New Jersey Administrative Code

Policy Example: New Jersey: Career and Technical Education Programs and Standards
help schools decrease injuries and contain costs in the long run.

Many school districts lack adequate safety inspection and maintenance policies. Although a 2006 nationwide survey found that 93 percent of school districts had a policy on the inspection and maintenance of fire extinguishers, only 74 percent had such a policy regarding lighting outside of school buildings, and only 80 percent had a policy on the inspection and maintenance of playground facilities and equipment. Fewer than 47 percent of districts had a policy stating that elementary schools will use the safety checklist and equipment guidelines published in the Public Playground Safety Handbook by the U.S. Consumer Product Safety Commission.

Specialized Instructional Areas

Art, science, home economics, vocational education, and industrial arts classrooms can be settings for specific types of unintentional injury. Schools should conduct safety and hazard assessments in these classrooms to check that:

- poisons and chemicals are labeled and stored in locked cabinets;
- partitions separate student desks from experimental areas;
- arts and vocational equipment are securely stored; and
- first-aid equipment and appropriate safety gear, such as goggles, earplugs, and gloves, are available and used by students and staff.

Playgrounds, Gymnasiums, and Athletic Facilities and Equipment

A report by the National Program for Playground Safety gave United States’ public school playgrounds an average grade of “C+” based on supervision, age-appropriate design, fall surfacing, and equipment maintenance. States and school districts need to develop, disseminate, and enforce safety standards for playground design and maintenance. According to NASBE’s State School Health Policy Database, only about 20 percent of states have state policies regarding the safe design and maintenance of school play-grounds. The U.S. Consumer Product Safety Commission’s Handbook for Public Playground Safety contains extensive checklists for safe playground design and maintenance.

States and districts also need to develop and enforce safety standards for gymnasiums and other athletic facilities. Safety and hazard assessments of playgrounds, gymnasiums, and other sports-related facilities should be conducted at least monthly. Outdoor playing fields may need more frequent checks because holes that could cause injuries might have developed in the fields. Many schools involve students in conducting safety assessments, as they are the primary users of the equipment and may be more aware of hazards.

Guidelines developed by expert panels focus on separating play and sports areas from motor vehicle traffic, ensuring that play surfaces are smooth and flat and that vertical surfaces are padded, and addressing sport- or setting-specific hazards such as enclosing pools or using break-away baseball bases.

Schools can guard against liability for injuries by regular inspection of grounds and equipment followed by timely repairs. Collecting data on injuries, analyzing the data regularly, and correcting hazards as they are identified will help keep students safe and education administrators out of courtrooms.

School Security

In recent years, most schools have responded to public demands for greater security by implementing protective measures. A national study of schools found that:

- 85 percent of schools controlled access to school buildings by locking or monitoring entrances, and 41 percent did so by locked or controlled gates;
- 43 percent of schools use one or more security cameras to monitor school grounds; and
- 68 percent of students reported either a police officer or security guard present in the hallways.

Yet some security measures are expensive, impractical, or lack evidence of effectiveness. There is mixed evidence
about whether or not metal detectors or surveillance cameras actually reduce rates of weapon-carrying or other types of school violence. Metal detectors may not prevent violence on school grounds because students can hide weapons in shrubbery or in personal vehicles; students may also have friends pass them weapons through open doors or windows.

There is no simple solution to school security; every campus has a unique mix of architecture, community characteristics, and funding considerations. One systematic approach increasingly being used is “crime prevention through environmental design” (CPTED), defined as “the proper design and effective use of the built environment that can lead to a reduction in the fear and incidence of crime and an improvement in the quality of life.” The goal of CPTED is to prevent crime by designing structures and campuses in such a way as to make these settings less conducive to acts of violence (see textbox below).

**Supervision of Students**

Supervision of student activities promotes safety and prevention of unintentional injury and violence. Active su-

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**Crime Prevention through Environmental Design (CPTED)**

CPTED is built on three considerations:

1. **Natural surveillance** is the capacity to see what is occurring without having to take special measures. Clear direct views, such as from windows, provide natural surveillance. An adult presence does the same, with a notable impact on behavior. If responding to a call for help or a loud noise requires opening a solid door or stepping around a blind corner, natural surveillance is missing, and the response may be too late to know what initially occurred. If lighting is inadequate, there is even less hope of determining what happened.

2. **Natural access control** is the capacity to limit who can gain entry to a facility, and how. Schools with dozens of unsecured exterior doors cannot hope to control comings and goings. Intruders have free rein, forcing these schools must rely on other security measures.

3. **Territoriality** is the capacity to establish authority over an environment, making a statement about who is in charge, who belongs, and who is an outsider. Graffiti is one way gangs establish territoriality; schools can take it back with vigilant maintenance. Signs directing visitors to the office or spelling out rules reinforce territoriality and influence behavior. School uniforms make it easy to identify intruders at a glance.

The following are key components of CPTED:

- students are able to travel to and from school without encountering dangers or obstacles, such as environmental hazards, criminal activity, or traffic dangers;
- the main office is positioned so that staff can see all visitors entering the building;
- school design prevents unwelcomed visitors from entering the building;
- staff members can observe activity without having to step into the hallway, through double doors or around a corner;
- school leaders can quickly lock down the school; and
- the school climate focuses on positive values such as inspiration, hope, confidence, appreciation, trust, and respect.

A list of books and reports related to CPTED is available at [207.67.203.79/M20001Staff/OPAC/Search/SimpleSearch.asp?GoPressed=True&IsFirstDisplay=false&selectPageSize=5&selectUsing=1&crsSearch=cptedbib].
Supervision involves being able to listen, observe, and engage in what is going on by providing an adequate adult-to-student ratio throughout the school day. Everyone in the school community should be involved in teaching and practicing safety.

Supervision should be present during students’ arrival in the morning, during their daily activities, and as they depart from school grounds. Teachers, support staff, administrators, coaches, parents, community members, and even students can provide this supervision. The lunch hour, recess, and periods between classes when students are moving through the hallways are critical times when behaviors that can lead to injury and violence often take place. Extra-curricular activities, both on and off school grounds, also need to be consistently supervised.

**Staff Training**

Schools are responsible for health-related emergencies that occur during the academic day, at extra-curricular activities, or at off-site, school-sponsored events. Adequate preparation and professional development for staff is critical.

A 2006 nationwide survey found that only 36 percent of U.S. schools have a full-time school nurse; another 50 percent are served by a school nurse on a part-time basis. A school nurse may not always be in close proximity during a life-threatening situation, especially during off-site field trips. As such, schools should strive to have an appropriate number of staff with training in basic first aid and life-saving techniques. This includes cervical spine protection, Heimlich maneuver, and cardiopulmonary resuscitation (CPR). Having trained staff available is particularly important when supervising students during physical education, intramural and interscholastic sports, and extra-curricular activities.

Classroom teachers, support staff, administrators, school bus drivers, and coaches also need to understand basic injury and violence prevention—they all play a vital role in preventing violence and injury. For example, studies have found that programs that train school personnel to recognize students at risk of suicide show promise for prevention. Staff training should address proper use of protective gear and fire extinguishers; first aid and CPR; methods for responding to bullying, sexual harassment, and violent threats; and identifying students who need immediate medical attention, students who have been victims of crime or violence, and students with major behavioral or mental health problems, particularly those at risk of suicide.

**Selected Resources for Safe School Environments**

**Facilities Safety**

- The National Clearinghouse for Educational Facilities (NCEF) provides information on planning, designing, funding, building, improving, and maintaining schools at www.edfacilities.org.


- The U.S. Environmental Protection Agency (EPA) hosts a comprehensive Healthy School Environments Web Portal to help schools address environmental health issues. It provides links to resources from federal agencies, state and local governments, and nongovernmental organizations. EPA has developed...
the Healthy School Environments Assessment Tool (HealthySEAT), which is free software containing a fully integrated environmental health and safety checklist that is customizable to reflect state and local requirements and policies. EPA’s Schools Chemical Cleanout Campaign seeks to clean out and prevent excess, legacy, unused, and improperly stored chemicals in schools. Visit www.epa.gov/schools.

The Occupational Safety and Health Administration (OSHA) develops regulations for safe and healthy working conditions. See www.osha.gov.

CDC’s National Institute for Occupational Safety and Health (NIOSH) produced its “Safety Checklist Program for Schools” with information on maintaining safe classrooms, shops, and labs for teachers and students in career-technical education. NIOSH also issued guidance on applying OSHA regulations to schools. Visit www.cdc.gov/niosh/docs/2004-101/default.html.

The Council of State Science Supervisors (CSSS), with support from the U.S. Department of Education, the National Institutes of Health (NIH), the National Aeronautics and Space Administration (NASA), the American Chemical Society (ACS), and private industry developed two science safety guides, available at www.csss-science.org/safety.shtml:

- Science and Safety: It’s Elementary—An Elementary Safety Guide; and


The Southeast Pediatric Environmental Health Specialty Unit at Emory University produced Safe and Healthy School Environments, edited by Howard Frumkin, Robert Geller, I. Leslie Rubin, and Janice Nodvin (2006). It is available through Oxford University Press and online booksellers. The Unit’s general information page may be viewed at www.oup.com/us/catalog/general/subject/Medicine/PublicHealth/?view=usa&ci=0195179471.

Playground and Athletic Field Safety

The National Association for Sport and Physical Education (NASPE) offers a number of useful resources at www.aahperd.org/naspe. Other NASPE documents available through the U.S. Department of Education’s ERIC digital library (eric.ed.gov) include:

- Principles of Safety in Physical Education and Sport

The National Program for Playground Safety (NPPS) serves as a resource for educational and research information on playground safety. Resources include maintenance checklists and injury reporting forms. Visit www.playgroundsafty.org.


School Security

The National Criminal Justice Reference Service is an online clearinghouse of research and information sponsored by the U.S. Department of Justice. Its School Safety topic area contains many research reports addressing every aspect of school-based crime
Model Policy: Safe and Secure School Facilities, Equipment, and Grounds

GOAL. Schools/districts shall ensure that all facilities, grounds, equipment, and vehicles meet accepted injury and violence prevention standards for design, installation, use, and maintenance.

SAFETY AND HAZARD ASSESSMENTS. Schools/districts shall develop and implement a written plan to conduct regular safety and hazard assessments of all classrooms, buildings, school grounds, gymnasiums, playgrounds, sports-related equipment, and buses and other vehicles used to transport students. The plan shall include provisions for reporting hazards to appropriate staff; prompt repair or upgrade of identified hazards and other shortcomings; and appropriate communication of repair/upgrade plans to staff, students, and family members.

Safety and hazard assessments shall be conducted annually/other for building facilities and grounds, and monthly/other for classrooms, gymnasiums, playgrounds, sports-related equipment, laboratories, and industrial arts shops. Schools/districts shall report annually on safety and hazard assessments to the state education agency/district superintendent/other. Written inspection reports shall be kept on file for ten/other years. Schools/districts shall correct identified hazards before use by students, staff, or community members.

MAINTENANCE. Schools/districts shall develop maintenance plans for all classrooms, buildings, school grounds, gymnasiums, playgrounds, sports-related equipment, and buses and other vehicles used to transport students. The plans shall include provisions for reporting maintenance needs to appropriate staff; schedules of maintenance activities; and communication of details to appropriate staff, students, and family members. Maintenance reports shall be kept on file for ten/other years.

SUPERVISION OF STUDENTS. All school-related activities shall be supervised by adults to enforce safety rules and prevent injuries. At least one adult trained in first aid, cardiopulmonary resuscitation, and infection control shall always be available when students are present on school grounds to respond to injuries and medical emergencies. All adults supervising playgrounds, athletic fields, gymnasiums, science classrooms, industrial arts classrooms, and cafeterias shall have easy access to appropriate first aid supplies. Supervising adults shall be informed of any relevant medical guidance on file with the school concerning limits on the participation of individual students in physical activity. Such information will be treated with strict confidentiality.

STAFF TRAINING. All school personnel, including bus drivers and athletic program coaches, shall receive adequate preparation and participate in ongoing professional development activities relating to preventing and responding appropriately to unintentional injuries and acts of violence at school. The professional development shall include, at a minimum, the following topics:

- emergency response procedures, including use of fire extinguishers;
- proper use of protective gear by students and staff when appropriate;
- identifying students in need of medical attention and referring them for appropriate services;
• administering first aid and cardiopulmonary resuscitation (CPR);

• methods of responding to bullying, sexual harassment, and threats of violence;

• identifying students who have been victims of crime or violent behavior and referring them for appropriate services;

• identifying students at risk of suicide and referring them for appropriate services; and

• maintaining student confidentiality.

POLICY EVALUATION. The school health coordinator/other shall regularly monitor, evaluate, and submit an annual report to the school health advisory council/board of education/other on the implementation of this policy and its effectiveness at reducing injuries at school. The report shall include recommendations for improvements to the policy and its implementation.


➤ The National Association of School Resource Officers (NASRO) is a nonprofit organization that provides services and guidance for school-based law enforcement officers, school administrators, and school security/safety professionals. Visit www.nasro.org.


Students and staff travel to and from school in a variety of ways, including walking, riding a bicycle, riding in a school bus, and riding or driving in a family car. Schools have a responsibility to ensure that students travel to school and return home as safely as possible, and to help prepare adolescents for a lifetime of safe driving habits.

A 2002 study by the Transportation Research Board of the National Academy of Sciences found that there were about 815 fatalities related to school transportation per year between 1991 and 1999. Official school transportation was the safest form of transportation, accounting for just 2 percent of fatalities, compared to 22 percent due to walking/bicycling to or from school, and 75 percent from passenger car transportation to or from school (see table 1 on page 31). School policies can help reduce transportation-related injuries and deaths.

In this section:

- Safe Routes to School p. 30
- Safety Helmets p. 31
- School Bus and Vehicle Safety p. 33
- Inexperienced Teen Drivers p. 34
- Driver Education and Licensing p. 34
- Selected Resources for Transportation Safety p. 35
- Model Policy: Pupil Transportation Safety p. 36

Safe Routes to School

Vehicle-pedestrian crashes are considerably more likely during weekday mornings and afternoons, corresponding with typical school travel hours. In 2009, 42 percent of young (under age 16) pedestrian fatalities occurred in crashes between 4 p.m. and 8 p.m. Encouragingly, the overall rate of child pedestrian fatalities dropped significantly between 2000 and 2009 (see fig. 4 on page 32).

Pedestrian safety can be affected by school location, availability of sidewalks, design of intersections, new or updated roadway construction, real estate developments, and driver and pedestrian safety education programs.
Table 1. Estimated Student Injury and Fatality Rates by Mode during Normal School Travel Hours, 1991–1999

<table>
<thead>
<tr>
<th>Transportation Mode</th>
<th>Injuries per 100 million student trips</th>
<th>Fatalities per 100 million student trips</th>
<th>Injuries per 100 million student miles</th>
<th>Fatalities per 100 million student miles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td>310</td>
<td>4.6</td>
<td>590</td>
<td>8.7</td>
</tr>
<tr>
<td>Bicycle</td>
<td>1610</td>
<td>9.6</td>
<td>2050</td>
<td>12.2</td>
</tr>
<tr>
<td>School bus</td>
<td>100</td>
<td>0.3</td>
<td>20</td>
<td>0.1</td>
</tr>
<tr>
<td>Other bus</td>
<td>120</td>
<td>0.1</td>
<td>20</td>
<td>&lt;0.1</td>
</tr>
<tr>
<td>Passenger vehicle, adult driver</td>
<td>490</td>
<td>1.6</td>
<td>90</td>
<td>0.3</td>
</tr>
<tr>
<td>Passenger vehicle, teen driver</td>
<td>2300</td>
<td>13.2</td>
<td>430</td>
<td>2.4</td>
</tr>
<tr>
<td>Overall rate</td>
<td>650</td>
<td>3.5</td>
<td>130</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Source: Transportation Research Board of the National Academies

The Kids Walk-to-School program provides guidance to communities in building partnerships among the school, parent–teacher associations, local police departments, public works departments, civic associations, local politicians, and businesses to create an environment that supports safe walking and bicycling to school. One suggested activity is the routine use of “walking school buses,” wherein students walk to and from school in groups accompanied by adults. This concept is particularly popular in high-crime areas where students’ personal safety is a concern. Resources to help implement this innovative program, including tips for overcoming barriers and challenges, are available at www.cdc.gov/nccdphp/dnpa/kidswalk.

In 2005, Congress established a federal Safe Routes to Schools (SRTS) program within the U.S. Department of Transportation’s Federal Highway Administration (FHA). The legislation requires each state to have an SRTS Coordinator to serve as a central point of contact for the state. Designated percentages of SRTS funds must be used for “planning, design, and construction of infrastructure-related projects that will substantially improve the ability of students to walk and bicycle to school, on any public road or any bicycle or pedestrian pathway or trail within approximately two miles of a primary or middle school,” and “noninfrastructure-related activities to encourage walking and bicycling to school, including public awareness campaigns and outreach to press and community leaders, traffic education and enforcement, student training, and funding for training, volunteers, and managers of SRTS programs.” The federal program allows state, regional, and local agencies and nonprofit organizations to receive funds for SRTS activities. For more information, visit www.saferoutesinfo.org/guide.

### Safety Helmets

The National Highway Traffic Safety Administration (NHTSA) reports that children younger than 15 years of age accounted for 12 percent (74) of all cyclists killed and 17 percent (8,000) of all cyclists injured in traffic crashes in 2009. Males accounted for 76 percent (56) of the fatalities. Yet the number of cyclist fatalities in 2009 rep-
presents a decrease of 58 percent from the 178 children under 15 years of age killed in 2000 (fig. 5). This significant reduction is likely related to increasing use of helmets by children when riding bicycles.

A landmark study found that bicycle riders with helmets had an 85 percent reduction in their risk of head injury and an 88 percent reduction in their risk of brain injury. As of May 2012, 21 states and the District of Columbia had enacted age-specific bicycle helmet laws, most of which cover bicyclists under 16, and as of January 2012 at least 201 municipal localities had done the same. Still, the vast majority of high school students report never or rarely wearing a helmet when they ride a bicycle.

School leaders can help change social norms about helmets by requiring everyone who rides a bicycle, scooter, motorcycle, or off-road vehicle on school grounds to wear a helmet, regardless of age. The safety education component of health education classes needs to stress the value of wearing helmets when operating any moving vehicle or other equipment with the potential for causing serious head injuries. Students also need to learn the essential rules of sharing the road with motor vehicles.
School Bus and Vehicle Safety

Each year, 23.5 million children ride to school and extracurricular activities on 457,000 school buses; the average child travels an average of 1,300 miles per year on a school bus during normal school hours. NHTSA reports that between 1998 and 2008, an average of 142 people died in school transportation-related crashes per year, but only 8 percent of the fatalities were occupants of school transportation vehicles; 72 percent of the people who lost their lives in those crashes were occupants of other vehicles involved. Pedestrians and bicyclists accounted for the remaining 20 percent of the deaths.

For more on this topic see “Seat Belts on School Buses” (May 2006) from NHTSA and the position paper “Passenger Crash Protection in School Buses” from the National Association of State Directors of Pupil Transportation Services (NASDPTS).

School bus driver selection, training, and supervision are key elements of school transportation safety. The majority of child pedestrians killed in crashes related to school transportation were struck by the school bus (69 percent), and 47 percent of these students were between the ages of 5-7. The Federal Highway Administration (FHWA) requires that all school bus drivers possess a Commercial Drivers License (CDL), which involves passing knowledge and skills tests, being subject to random drug and alcohol testing, and passing a biennial physical. As with other individuals who come in contact with school children, school bus drivers must pass a criminal background check. NHTSA has issued guidelines for school bus driver training, and each state has its own written and road tests based on the unique operational characteristics of its school transportation system.

The nonprofit Pupil Transportation Safety Institute (PTSI) stresses that administrative guidance and support for transportation staff are critical to student safety. PTSI’s periodically updated School Transportation Safety Assessment Checklist includes a broad spectrum of criteria for running a sound pupil transportation system.

In addition, PTSI notes that bus rides play an important part in how much students achieve academically. The daily bus ride can provide stability and security for students with special needs or those living in unstable family situations. Conversely, when even minor accidents or incidents of harassment and intimidation occur on bus rides, students can become distracted and emotionally upset, may be unable to concentrate, or even be reluctant to come to school.

Why Seat Belts Are Not Required on All School Buses

“There is no question that seat belts play an important role in keeping occupants safe in [passenger cars and light trucks]; however, school buses are different by design and use a different kind of safety restraint system that works extremely well. All small buses (buses with a gross vehicle weight rating of 10,000 pounds or less) are to be equipped with lap/shoulder safety belts (also known as three point safety belt systems) at all designated seat positions.

“However, NHTSA decided that the best way to provide crash protection to passengers of large school buses is through a concept called ‘compartmentalization.’ This requires that the interior of large buses provide occupant protection such that children are protected without the need to buckle up. Through compartmentalization, occupant crash protection is provided by a protective envelope consisting of strong, closely-spaced seats that have energy-absorbing seat backs. School bus crash data show that compartmentalization has been effective at protecting school bus passengers.”

—National Highway Traffic Safety Administration
Inexperienced Teen Drivers

More than one in three deaths among adolescents in the United States are the result of a motor vehicle crash. In 2010, about 2,700 young people ages 16-19 years died in motor vehicle crashes; nearly two-thirds of them were young men. Adolescents drive less than all but the oldest people, but their numbers of crashes and crash deaths are disproportionately high. Per mile driven, drivers ages 16 to 19 are four times more likely than older drivers to crash. According to the Insurance Institute for Highway Safety, crash rates for young drivers are high largely because of their immaturity combined with driving inexperience. Teenagers’ lack of experience behind the wheel makes it difficult for them to recognize and respond to hazards. However, progress has been made: 43 percent fewer teenagers ages 13–19 died in motor vehicle crashes in 2007 than in 1975, with greater decreases seen among males than females (fig. 6).

Studies have revealed that some school policies may contribute to increased crash rates for teens. We know, for example, that crash rates are higher at schools where students are permitted to leave the grounds for lunch and that carrying three or more passengers increases the crash risk. Schools should examine rules regarding open campuses and the number of students allowed in each vehicle when traveling to and from school events.

Driver Education and Licensing

Most states have long mandated driver education to address the high rates of injury and death among young novice drivers. The AAA Foundation for Traffic Safety notes that driver education “has strong ‘face validity’ as a safety measure because parents think it makes their teenagers better, safer drivers.” Many states have permitted students who complete driver education courses to obtain a license at a younger age. However, rigorous evaluations of typical high school beginner driver education programs (e.g., 30 classroom hours and 6 hours of supervised driving) have concluded that driver education is ineffective at reducing crash rates among teen drivers.

Increasingly, traffic safety professionals support multi-staged “advanced driver education” programs that combine at least two distinct stages of classroom education and hands-on driving experience, combined with a tiered system of “graduated driver licensing” (GDL) laws that include probationary periods and allow for progression towards full licensure as a young person gains more driving experience. Driver education programs are becoming longer in duration; focus on developing skills most critical to safe driving performance rather than on a broad range of knowledge and skills; and use contemporary teaching methods and principles. The American Driver and Traffic Safety Education Association (ADTSEA) has produced detailed Driver Education Standards that reflect this approach and are designed to reduce risk taking by young drivers and heighten their decision-making skills.

Seat Belt Use

“Seat belt use saves society an estimated $50 billion annually in medical care, lost productivity, and other injury-related costs. Conversely, the deaths and injuries that result from seat belt non-use account for an estimated $26 billion annually, resulting in higher taxes, increased healthcare costs, and higher insurance premiums.”

—National Highway Traffic Safety Administration
The strictest and most comprehensive GDL systems are associated with reductions of 38 percent of fatal and 40 percent of nonfatal injury crashes for 16-year-old drivers. Although driver licensing laws and regulations are not under the direct purview of education policymakers, education leaders can lend their voices in support of GDL laws designed to encourage safe driving.

**Selected Resources for Transportation Safety**


- The Insurance Institute for Highway Safety (IIHS) offers statistics, research, and summaries of state laws on a wide range of highway safety issues at [www.iihs.org/research](http://www.iihs.org/research).


- CDC’s Division of Nutrition, Physical Activity, and Obesity (DNPAO) offers the Kids Walk-to-School program at [www.cdc.gov/nccdphp/dnpa/kidswalk](http://www.cdc.gov/nccdphp/dnpa/kidswalk).

- The Pedestrian and Bicycle Information Center (PBIC) offers a comprehensive reference manual to support the development of Safe Routes to School programs, including links to publications and training resources. Visit [www.saferoutesinfo.org/guide](http://www.saferoutesinfo.org/guide).


- The AAA Foundation for Traffic Safety has released *Evaluating Driver Education Programs: Comprehensive Guidelines*, which provides background for planning and conducting evaluation of beginner driver education, as well as for integrating evaluations into program development and policy. See [www.trb.org/Main/Blurbs/158233.aspx](http://www.trb.org/Main/Blurbs/158233.aspx).

**Graduated Driver Licensing (GDL): Reducing Crash Rates**

Florida was the first state to enact legislation based on the graduated program in 1996, with many others following suit within the last decade. Components of a sound GDL program include:

- entry at 16 years of age or later;
- a supervised learners period of no less than 6 months duration;
- an intermediate license upon passing a driving test until the driver reaches the age of 18 that prohibits driving during high-risk situations, such as night driving or driving with teenage passengers; and
- granting a full driver’s license at the age of 18.110

Research has indicated that incorporating penalties regarding seat belt use into GDL programs can have an impact if done in coordination with education for drivers and parents and extensively publicizing the penalties.111 Some states add other requirements, including restrictions on nighttime driving and cell phone use, as well as the introduction of penalty systems whereby violations result in license suspension or extension of the holding period. GDL requirements can also be coordinated with the enforcement of current underage drinking laws.112
Model Policy: Pupil Transportation Safety

GOALS. Schools/districts shall ensure that all students are able to come to school and return home as safely as possible regardless of the student’s mode of transportation. To the extent that risks of injury can be minimized, students should be encouraged to walk or ride bicycles to and from school to promote good health.

PEDESTRIAN AND BICYCLE SAFETY. School/district leaders shall collaborate with local transportation, land-use planning, and law enforcement offices; other community agencies; and families and students to plan, construct, and encourage the use of safe, accessible, and convenient pedestrian and bicycle routes to school. School siting, construction, and renovation guidelines shall promote the establishment of safe, accessible, and convenient pedestrian and bicycle routes to school. School officials shall educate students and families about the availability and safe use of such routes and encourage appropriate helmet use.

PUPIL TRANSPORTATION PROGRAM. Schools/districts shall establish guidelines for pupil eligibility to receive motorized transportation to and from school at no cost. Appropriate accommodations shall be made for students with disabling conditions in accordance with federal requirements and guidelines. Bus routes and pick-up/drop-off points will be planned with student safety as the uppermost consideration. Each school bus and other student transportation vehicle owned, operated, or contracted by the school/district shall meet or exceed all federal and state motor vehicle safety standards applicable to the design, construction, use, and maintenance of that vehicle. Each vehicle will undergo a thorough safety inspection at least annually and identified safety defects will be promptly repaired.

All drivers of school buses and other school vehicles shall be licensed in accordance with applicable state and federal rules and regulations. Every driver shall participate annually in a training program that meets the standards established by the National Highway Traffic Safety Administration (NHTSA) and that addresses the following topics:

- safe driving rules;
- safe student pick-up/drop-off policies and procedures;
- emergency and student medical response policies and procedures;
- policies and enforcement procedures regarding student discipline, weapons, and substance use; and
- transportation employee responsibilities, disciplinary procedures, and policies on drug/alcohol testing.

STUDENT DRIVER TRAINING PROGRAM. The school/district may offer a student driver training program. Any such program shall be based on the Driver Education Standards developed by the American Driver and Traffic Safety Education Association.

POLICY EVALUATION. The school health coordinator/other shall regularly monitor, evaluate, and submit an annual report to the school health advisory council/board of education/other on the implementation of this policy and its effectiveness at promoting safe behavior. The report shall include recommendations for improvement to the policy and its implementation.
Over the past two decades, disparate groups of education reform, health, psychology, and sociology researchers have come to a common understanding of what is needed for high academic achievement and safe and healthy youth development. What researchers variously call school engagement, school attachment, school bonding, school climate, school involvement, teacher support, and school connectedness all share the concept that students need to feel close to people at school, happy to be at school, valued as a member of the school community, and academically challenged in order to thrive and avoid unhealthy risk behaviors.113

Establishing a Positive Tone

Schools must be safe and supportive havens for learning. To accomplish this, school leaders need to establish a climate that demonstrates respect, support, and caring for all. The social environment in a school can be influenced by official policies, informal rules of conduct, staff interactions, and active leadership.

Developing and implementing written codes of conduct and other school safety and discipline rules can help to prevent injury and violence. Ground rules for students, staff, and visitors should be consistent with a school’s mission and values, express the types of behaviors that are expected, and describe the types of behaviors that are not acceptable.114 The following are some objectives for codes of conduct and other safety and discipline policy rules:
For example, confidentiality needs to be guaranteed for students referred to health services for suicidal thoughts or students reporting an incident of bullying. Breaches of confidentiality can increase the potential for injury or violence.

Policymakers and school leaders need to develop timely methods for communicating with students, parents, staff, visitors, health providers, and the community at large about safety and discipline policies. Most schools publish a student conduct handbook to outline written policies, which can be mailed to parents and guardians and posted on the school website. Parent and community listservs, individual emails, school-wide events open to families and the public, and general correspondence to families are additional methods schools can use to spread the word about the expectations of the school community to prevent injury and violence.

Promoting Connectedness

When students feel connected to school and cared for by the people in the school, they are less likely to engage in risky behaviors including substance use and violence. Connectedness has also been linked to higher academic achievement and pro-social behavior.

School Connectedness: Strategies for Increasing Protective Factors among Youth

School Connectedness: Strategies for Increasing Protective Factors among Youth identifies six evidence-based strategies that could be implemented to increase students’ sense of connectedness to school, along with specific actions that can be taken to implement each of the strategies, including:

- Create decisionmaking processes that facilitate student, family, and community engagement; academic achievement; and staff empowerment;
- Provide education and opportunities to enable families to be actively involved in their children’s academic and school life;
- Provide students with the academic, emotional, and social skills necessary to be actively engaged in school;
- Use effective classroom management and teaching methods to foster a positive learning environment;
- Provide professional development and support for teachers and other school staff to enable them to meet the diverse cognitive, emotional, and social needs of children and adolescents; and
- Create trusting and caring relationships that promote open communication among administrators, teachers, staff, students, families, and communities.
Policy Example: Prince William County (VA) Schools “Code of Expectations for High School Students” (from Code of Behavior)

As a caring and responsible student in Prince William County Schools, I pledge to:

- Encourage my parents/guardians to be actively involved in my education and school activities;
- Build open and healthy communication with the adults in my life;
- Work to create a caring school environment;
- Help my school and community to be viewed in a positive way by being a respected role model, making good decisions, and upholding responsibilities given to me;
- Serve my school and community by volunteering to support activities which are beneficial and promote a safe school environment;
- Conduct myself in ways which adults view as responsible so they will value my opinion due to my accountability and good reputation;
- Cooperate with my teachers and other adults;
- Cooperate with my family and neighborhood in order to establish clear rules for youth in my community;
- Model positive and inspiring behavior that I see in other adults;
- Become involved in an extracurricular activity to provide additional structure in my schedule;
- Develop interests in different activities and expand/broaden my involvement in the community;
- Spread my time equally among different activities (school, home, and extracurricular activities);
- Abide by the rules and regulations in the Code of Behavior to further the education of myself and my peers;
- Actively engage in school functions and demonstrate that I care about the well-being of my community;
- Improve my education by being committed to completing my assignments and academic responsibilities;
- Promote a more positive attitude that could influence others by equipping me with proper characteristics such as integrity and honesty;
- Honor my positive values not only in a school environment, but in my everyday decisions by stressing the importance of a caring personality and working for equality;
- Appreciate the positive values that influence me to be who I am and incorporate those values within our schools and communities;
- Treat all of my peers equally regardless of their differences and backgrounds;
- Plan ahead and use my knowledge to make positive decisions against negative peer pressure;
- Use my empathy, sympathy, and friendship skills in order to resolve my conflicts non-violently;
- Know that I have a sense of purpose;
- Know my goals in life and be optimistic about my future; and
- Know what I want and create a plan to achieve it.
Desired outcomes such as academic achievement and pro-social skills can best be fostered when each student can identify at least one adult at school to whom they feel connected. Such a connection can be created when, for example, a student has daily communication with at least one staff member; when that staff person encourages the student to ask for help with academic or personal problems, and in turn helps the student solve the problem; and when a staff person praises the student’s positive achievements and behavior.\textsuperscript{120}

Harsh discipline policies (e.g., out-of-school suspension or expulsion the first time a student is caught cheating) do not encourage connectedness. In fact, they are more likely to result in student reports of disconnectedness.\textsuperscript{121} School connectedness tends to be lower in schools with classroom management problems, schools with harsher student discipline policies, and larger schools.\textsuperscript{122} Relationships among students and between students and teachers tend to be more positive and students are more engaged in learning and completing homework assignments in well-managed classrooms.\textsuperscript{123} Teachers who promote mutual respect in the classroom and reduce the threat of being embarrassed or teased foster connectedness and a sense of safety.\textsuperscript{124}

Participation in school-related activities such as inter-scholastic or intramural athletics, drama, art, music, debate, vocational education, field trips, student advocacy, and community service has been linked to decreased injury and violence.\textsuperscript{125} Schools can partner with community organizations and recreation agencies to provide these types of activities (see Chapter D: “Policies to Promote Physical Education and Activity”).

Evaluations of a number of elementary school level “whole-school reform” interventions that promote connectedness and incorporate similar social development principles have found long-term positive effects on students’ involvement in problem behaviors.\textsuperscript{127} For example, the Seattle Social Development Project, an elementary school intervention that has followed program and comparison children into early adulthood, had significant positive effects on drug use, delinquent behaviors, and early sexual activity as well as improved academic attitudes and achievement.\textsuperscript{128} Another program, the multi-site Child Development Project, was found to promote children’s general positive development and to have significant preventive effects on students’ involvement in problem behaviors at least through the middle school years.\textsuperscript{129} Several major high school redesign initiatives currently underway explicitly incorporate school connectedness and social development concepts, including First Things First\textsuperscript{130} and the Talent Development High School Model.\textsuperscript{131}

A Significant Mismatch between Needs and Opportunities

“[Studies reveal] a significant mismatch in our society between the social contexts in which adolescents often find themselves and what they need to develop healthfully. Overall, adolescents need greater opportunities to learn social, emotional, and educational skills; more support and collaboration with adults; fewer hours spent unsupervised, alone, or in a place where they must be sedentary; less access to harmful substances, weapons, and images; and more access to positive, active, and healthful role models.

“This may require a national-level commitment to, and policies for, healthy youth development, so that schools have the resources to stay open and provide opportunities in the evenings and weekends; so that communities can provide safe transportation for adolescents if they do stay after school; so that all parents have the opportunity to learn how best to deal with their adolescents; so that youth have the mentors and opportunities to take increasing leadership roles in their communities; so that access for adolescents to drugs and weapons is eliminated; so that the national media are required to consider the violence of the messages they send; and so that schools or other groups who want to implement successful targeted programs have the financial resources to do so.

“Despite all the research on the ‘capital’ of youth, it seems that not enough actual capital has been spent on increasing the social, educational, human, and family capital of adolescents in the United States.”

—Institute of Medicine\textsuperscript{126}
Corporal Punishment

According to the American Academy of Pediatrics (AAP), corporal punishment—the intentional infliction of pain, suffering, and fear intended to change a student’s behavior or to punish them—can directly contribute to disruptive and violent behavior and negatively impact a student’s academic achievement.\textsuperscript{132} Statistics collected by the U.S. Department of Education show that during the 2006-07 school year, more than 223,000 students in U.S. public schools were disciplined with physical striking, paddling, or spanking (a number that has been steadily declining in the past three decades).\textsuperscript{133} Thirty-six percent were African-American children. Officially sanctioned corporal punishment in schools, permitted in 19 states as of 2012, sends a powerful message to students and families that violence is a valid behavior management technique.\textsuperscript{134}

Alternative methods of behavioral management have been proven to be more effective than corporal punishment. The National Association of School Psychologists recommends using research-based positive discipline strategies that focus on increasing desirable behaviors instead of simply decreasing undesirable behaviors through punishment.\textsuperscript{135} Such strategies emphasize the importance of making positive changes in the student’s environment in order to improve the person’s behavior and may entail the use...
of positive reinforcement, modeling, supportive teacher-student relations, family support, and assistance from a variety of educational and mental health specialists.

**Strategies to Stop Bullying**

Bullying negatively affects a school’s overall learning environment and individual student achievement, and is quite common in U.S. schools. Often tolerated as a normal “rite of passage” for children, policymakers have recently given more attention to the prevention of bullying because it has significant academic and health implications and is a common precursor to more extreme acts of school violence. School climate plays a critical role in determining whether bullying is a frequent or rare occurrence. Students who report a negative school climate or who say they feel like they do not belong at school are more likely to report bullying perpetration than are students who report a positive school climate or who feel a sense of belonging to their school.

According to noted researcher Dan Olweus, three criteria must be met for an incident to be considered bullying: 1) there is intent to harm on the part of the perpetrator; 2) there is a power differential between the perpetrator and victim that makes it difficult for the victim to defend him/herself; and 3) the aggressive actions occur repeatedly, over time. Bullying can be physical, verbal, or electronic. Non-verbal threatening gestures and shunning, or purposeful isolation or exclusion from group activities, can also be considered bullying.

Bullying strikes at the heart of effective teaching and learning. When bullying behaviors are ignored and left unaddressed, students may feel abandoned and lose faith in the ability of adults in the school to maintain a safe school environment. State and local boards of education can take a proactive, positive leadership role in developing and implementing policies that foster a positive school climate and discourage bullying. Researchers Limber and Small, who examined state laws and policies related to bullying prevention in schools, suggest including the following in district-level policies:

- a precise definition of bullying that includes physical, verbal, electronic, and indirect (social exclusion) types of bullying;
- a requirement that the local school board develop bullying policies through a collaborative process involving staff members, students, and parents;
- a recommendation (but not requirement) that schools adopt research-based comprehensive bullying prevention programs;
- training for all school staff about bullying and effective prevention strategies;
- a continuum of appropriate sanctions and interventions for children who bully;
- measures that support and protect children who are victims of bullies;
- dialogue with parents of affected students;
- forums for students to discuss bullying and peer relations within classes;
- a method to assess the nature and extent of bullying within local schools;
- attention to adult supervision in locations where bullying is common; and
- immunity for reports of bullying that are made in good faith.

States commonly include many of these key elements in their legislation and policies. For example, Massachusetts’ 2010 law defines bullying as “the repeated use by one or more students of a written, verbal, or electronic expression, or a physical act or gesture or any combination thereof, directed at a victim that: i) causes physical or emotional harm to the victim or damage to the victim’s property; ii) places the victim in reasonable fear of harm to himself or of damage to his property; iii) creates a hostile environment at school for the victim; iv) infringes on the rights of the victim at school; or v) materially and substantially disrupts the education process or the orderly operation of a school.” Some states have chosen to specifically enumerate groups covered by the bullying policy. If states chose to enumerate protected groups in the legislation, they should consider indicating that the list is not all-inclusive. Additional elements states or districts should consider in-
CLUDING IN POLICIES ARE: ESTABLISHING A CLEAR PROCEDURE TO REPORT BULLYING INCIDENTS; PROHIBITING RETALIATION AGAINST THOSE WHO REPORT BULLYING; ESTABLISHING REPORTING PROCEDURES FOR THOSE REPORTING ACTS OF BULLYING; REQUIRING SCHOOLS TO REPORT SUBSTANTIATED BULLYING INCIDENTS TO THE DISTRICT OR STATE AGENCY OR BOARD; AND DEVELOPING A PLAN FOR THE STATE DEPARTMENT OF EDUCATION TO MONITOR COMPLIANCE WITH THE POLICY.

ALTHOUGH MANY SCHOOL BEHAVIOR CODES IMPLICITLY FORBID BULLYING, MANY DO NOT USE THE TERM OR MAKE EXPLICIT THE EXPECTATIONS FOR STUDENT BEHAVIOR. STUDENTS SHOULD BE EXPECTED TO TREAT OTHERS WITH RESPECT (NOT TO BULLY) AND TO BE GOOD CITIZENS—NOT PASSIVE BYSTANDERS—if they are aware of bullying or students who appear troubled. APPROPRIATE POSITIVE AND NEGATIVE CONSEQUENCES ALSO SHOULD BE DEVELOPED FOR FOLLOWING/NOT FOLLOWING THE SCHOOL’S RULES. SCHOOL RULES AND POLICIES AGAINST BULLYING BEHAVIOR SHOULD BE DEVELOPED IN PARTNERSHIP WITH STAFF, FAMILIES, AND STUDENTS AND POSTED, PUBLISHED IN SCHOOL HANDBOOKS, AND Discussed WITH STAFF, STUDENTS, AND FAMILIES.

AMONG THE TYPES OF INITIATIVES FOUND NOT TO BE EFFECTIVE AT REDUCING BULLYING ARE ZERO-TOLERANCE POLICIES147 AND ONETIME AWARENESS-RAISING EFFORTS SUCH AS SCHOOL ASSEMBLIES, STAFF MEETINGS, AND PTA MEETINGS.148 RESEARCHERS NOTE THAT PEER MEDIATION AND CONFLICT RESOLUTION ACTIVITIES HAVE VALUE IN RESOLVING DISPUTES AMONG STUDENTS, BUT THE POWER IMBALANCES THAT CHARACTERIZE BULLYING RENDER THESE APPROACHES INAPPROPRIATE FOR BULLYING SITUATIONS.149

SELECTED RESOURCES FOR SAFE AND SUPPORTIVE SCHOOLS

SCHOOL CLIMATE

THE HEALTHY YOUTH DEVELOPMENT PREVENTION RESEARCH CENTER AT THE UNIVERSITY OF MINNESOTA IS DEDICATED TO LEARNING ABOUT THE BEST METHODS FOR PROVIDING TEENS WITH THE NECESSARY SKILLS AND OPPORTUNITIES TO LIVE HEALTHY AND MEANINGFUL LIVES. KEY RESOURCES INCLUDE THE FOLLOWING:

• IMPROVING THE ODDS: THE UNTAPPED POWER OF SCHOOLS TO IMPROVE THE HEALTH OF TEENS, AN INFLUENTIAL 2002 MONOGRAPH SUMMARIZING THE MAJOR NATIONAL LONGITUDINAL STUDY OF ADOLESCENT HEALTH (ADD HEALTH) STUDY AND ITS IMPLICATIONS FOR SCHOOLS, IS AVAILABLE AT WWW.MED.UMN.EDU/PEDS/AHM/PROD/GROUPS/MED/0@PUB/@MED/DOCUMENTS/ASSET/MED_21171.PDF.

• THE KONOPKA INSTITUTE FOR BEST PRACTICES IN ADOLESCENT HEALTH PROVIDES INFORMATION, PROGRAMS, AND POLICY SUPPORT TO THE YOUTH-SERVING COMMUNITY AT WWW.MED.UMN.EDU/PEDS/AHM/PROGRAMS/KONOPKA/HOME.HTML.

• THE STATE ADOLESCENT HEALTH RESOURCE CENTER WORKS TO STRENGTHEN THE KNOWLEDGE, SKILLS, AND CAPACITIES OF STATE ADOLESCENT HEALTH COORDINATORS ACROSS THE COUNTRY. VISIT WWW.MED.UMN.EDU/PEDS/AHM/PROGRAMS/SAHRC/HOME.HTML.


• THE COLLABORATIVE FOR ACADEMIC, SOCIAL, AND EMOTIONAL LEARNING (CASEL) WEBSITE CONTAINS VALUABLE RESOURCES AT WWW.CASEL.ORG.

• THE FORUM FOR YOUTH INVESTMENT PRODUCES A RANGE OF PUBLICATIONS, INCLUDING REPORTS, COMMENTARIES, ARTICLES, BRIEFS, AND PRESENTATIONS, TO ENSURE THAT ALL YOUNG PEOPLE ARE READY FOR COLLEGE, WORK, AND LIFE, FOCUSING ON AFTER-SCHOOL ACTIVITIES. VISIT WWW.FORUMFYI.ORG.

• THE OFFICE OF SAFE AND DRUG-FREE SCHOOLS (OSDFS) OF THE U.S. DEPARTMENT OF EDUCATION OFFERS RESOURCES AT WWW2.ED.GOV/ABOUT/OFFICES/LIST/OSDFS/RESOURCES.HTML. OTHER VALUABLE REPORTS FROM THE DEPARTMENT INCLUDE:

• THREAT ASSESSMENT IN SCHOOLS: A GUIDE TO MANAGING THREATENING SITUATIONS AND TO CREATING SAFE SCHOOL CLIMATES AT WWW.SECURESERVICE.GOV/NTAC/SSI_GUIDE.PDF AND

• THE FINAL REPORT AND FINDINGS ON THE SAFE SCHOOLS INITIATIVE: IMPLICATIONS FOR THE PREVENTION OF SCHOOL
Model Policy: Safe and Supportive Learning Environments

GOALS. Education leaders shall strive to build safe, supportive, and academically challenging school learning environments in partnership with students, staff members, and families.

MISSION STATEMENT. Each school/district, in consultation with the school health advisory council/staff members/family representatives/student government/other, shall develop and adopt a mission statement that promotes a safe and secure environment for learning. The mission statement shall emphasize respect, support, caring, and academic achievement. Included in the mission shall be a description of expectations and standards of behavior the entire school/district community subscribes to and pledges to follow.

SAFETY AND DISCIPLINE RULES. Schools/districts, in consultation with the school health advisory council/staff members/family representatives/student government/other, shall develop, adopt, and implement a code of conduct and other appropriate rules that are designed to promote health and safety and prevent unintentional injury, harassment, bullying, and other forms of violence. The code and rules shall clearly describe behaviors that are expected of students, staff, and visitors; unambiguously describe unacceptable behaviors; prohibit the use and possession of alcohol, tobacco, other drugs, and weapons at school; describe an escalating series of helpful interventions to address unacceptable behaviors; and describe an escalating series of consequences for serious violations of the code or rules that does not include physical punishment.

The code of conduct and other safety and discipline rules shall be actively communicated through appropriate channels and methods to students, staff members, parents and other family members, and the community.

The code of conduct and other safety and discipline rules shall be promptly, fairly, and consistently implemented with all students. All school staff shall participate in regular training activities designed to help them maintain a positive climate for learning and effectively enforce safety and discipline rules using appropriate nonviolent methods.

POSITIVE, ENGAGING CLIMATE FOR LEARNING. Each school/district shall incorporate current research on effective strategies and activities to promote connectedness between students, their families, and the school community. Teachers and other school staff shall be provided professional development opportunities to strengthen their skills in effective behavioral management and active learning methods. Additional plans to improve the school social environment shall be developed in consultation with the school health advisory council/staff members/family representatives/student government/other and incorporated into the school improvement plan/other strategic plan.

Schools shall endeavor to provide every student with opportunities to voluntarily participate in a broad variety of student enrichment experiences that meet his or her needs, interests, and abilities, such as interscholastic and intramural athletics, drama, art, music, vocational education, debate, student clubs, field trips, student advocacy, and community service. A diverse selection of structured and unstructured activities shall be offered to the extent that resources permit. Equal opportunity for every student shall permeate all aspects of program design and implementation.

POLICY EVALUATION. The school health coordinator/other shall regularly monitor, evaluate, and submit an annual report to the school health advisory council/board of education/other on the implementation of this policy and its effectiveness at promoting safe behavior. The report shall include recommendations for improvement to the policy and its implementation.

➢ The Institute of Education Sciences (IES) of the U.S. Department of Education operates the What Works Clearinghouse, which provides educators, policymakers, researchers, and the public a set of easily accessible databases and user-friendly reports with high-quality reviews of the effectiveness of replicable educational interventions. Visit www.whatworks.ed.gov.

Bullying Prevention

➢ The Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services operates a campaign called “Stop Bullying Now” with resources for students and adults at www.stopbullyingnow.hrsa.gov.

➢ The CDC’s report School Connectedness: Strategies for Increasing Protective Factors among Youth identifies six strategies that teachers, administrators, other school staff, and parents can implement to increase the extent to which students feel connected to school. Go to www.cdc.gov/healthyyouth/adolescenthealth/pdf/connectedness.pdf.

➢ CDC’s National Center for Injury Prevention and Control (NCIPC) offers Best Practices of Youth Violence Prevention: A Sourcebook for Community Action (2002) at www.cdc.gov/violenceprevention/pub/YV_bestpractices.html. NCIPC also offers a fact sheet that provides an overview of electronic aggression, defined as any type of harassment or bullying that occurs through email, a chat room, instant messaging, a website (including blogs), or text messaging. Strategies for parents and caregivers for protecting children from this type of violence can be found at www.cdc.gov/ViolencePrevention/youthviolence/electronicaggression/.

➢ The American Association of University Women Education Foundation offers a number of studies about bullying, teasing, and sexual harassment in schools at www.aauw.org/research/girls_education/hostile.cfm.

➢ The Gay, Lesbian, and Straight Education Network (GLSEN) offers numerous resources for protecting students from bullying and harassment and comprehensive safe school laws and policies. Go to www.glsen.org/cgi-bin/iowa/all/home/index.html
One of the most direct ways to address injury and violence prevention is through health, science, and career/technical education designed to promote lifelong safety habits by building students’ knowledge, skills, and attitudes. Learning facts about safety and health risks—such as the importance of always wearing a seat belt in the car—is basic prevention, but knowledge alone is not enough to change behavior. Learning and practicing injury and violence prevention skills provide a necessary foundation for healthful living.

**Health and Safety Education**

Injury and violence prevention are essential elements of a comprehensive health education curriculum that should be taught sequentially in every grade to help students develop the knowledge and skills needed to adopt and maintain safe lifestyles. Curricula should be evidence-based and consistent with the National Health Education Standards, which describe what students should know and be able to do as a result of health education. CDC reviewed rigorous evaluation research and found that the evidence supported 14 characteristics of an effective health education curriculum. A quality curriculum:

- focuses on specific behavioral outcomes;
• is research–based and theory-driven;

• addresses individual values and group norms that support health-enhancing behaviors;

• focuses on increasing the personal perception of risk and harmfulness of engaging in specific health risk behaviors, as well as reinforcing protective factors;

• addresses social pressures and influences;

• builds personal competence, social competence, and self-efficacy by addressing skills;

• provides functional health knowledge that is basic and accurate and directly contributes to health-promoting decisions and behaviors;

• uses strategies designed to personalize information and engage students, such as instructional strategies and learning experiences that are student-centered, interactive, and experiential;

• provides age-appropriate and developmentally appropriate information, learning strategies, teaching methods, and materials;

• incorporates learning strategies, teaching methods, and materials that are culturally inclusive;

• provides adequate time for instruction and learning;

• provides opportunities to reinforce skills and positive health behaviors; and

• provides opportunities to make positive connections with influential others; and

• includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning.

CDC’s Health Education Curriculum Assessment Tool (HECAT) is based on the National Health Education Standards and the above 14 characteristics. The HECAT guides schools through an assessment process to help them select or develop appropriate and effective health education curricula and improve the delivery of health education.

Several federal agencies, including CDC, the U.S. Department of Education, and the Substance Abuse and Mental Health Services Administration (SAMHSA), have identified curriculum programs and instructional practices that demonstrate credible evidence of reducing health-risk behaviors. See the resources list at the end of this section for information on accessing these proven strategies.

A recent systematic review of school-based violence prevention programs that are administered to all students in a school or in a grade found that these programs were associated with significant decreases in students’ aggressive and violent behavior and, in some cases, an increase in prosocial behavior. However, the effects of even the best programs are small and short-lived in the absence of continued reinforcement, or if the programs are not implemented as designed. School leaders need to ensure that adequate instructional time is allocated for prevention education and that teachers are provided the preparation and ongoing support they need to implement the curriculum with fidelity. To maximize their effectiveness, injury and violence prevention curricula and classroom activities also need to be part of a larger, more comprehensive coordinated school health program that includes staff development, supportive policies, and parent outreach (see Chapter C: “Core School Health Policies”).

Safety Instruction in Other Curriculum Areas

Injury prevention should not be a topic only within the health and physical education curriculum. The science education frameworks and courses of study of most states and districts emphasize the importance of hands-on, inquiry-oriented science instruction at all grade levels. The National Science Education Standards, developed by the National Research Council, call for safety instruction to be integral to science instruction. The Council of State Science Supervisors (CSSS) stresses that for every piece of experiment, teachers need to identify and clarify any specific injury or poisoning risk, explain proper procedures or techniques to be used, set good safety examples when conducting demonstrations, maintain appropriate student conduct in the lab, and constantly supervise student experiments.
Many secondary schools sponsor work-experience programs that place students in jobs throughout the community. In 2006 approximately 2.4 million adolescents aged 16 to 17 years worked in the United States during the summer months or the school year, either on their own or as part of a school-sponsored program. Among school-age workers, the National Institute for Occupational Safety and Health (NIOSH) estimates approximately 160,000 youth under 18 sustain work-related injuries and illnesses each year, about twice the rate of adult workers. Thirty young people under age 18 died from work-related injuries in 2006.

NIOSH recommends that educators take the following steps to protect young workers:

- talk to students about safety and health hazards in the workplace and students’ rights and responsibilities as workers;
- ensure that vocational education programs, school-to-work, or Workforce Investment Act partnerships offer students work that is allowed by law and is in safe and healthful environments free of recognized hazards, and that all such programs include safety and health training; and
- incorporate occupational safety and health topics into high school and middle school curricula, such as safety and health regulations, how to recognize hazards, how to communicate safety concerns, and where to go for help.

Child Labor Laws

Educators who are responsible for signing work permits or certificates need to know applicable child labor laws. State laws may be more restrictive than federal laws, and they vary considerably from state to state. For detailed information visit:

- www.dol.gov/dol/topic/youthlabor/ResourcesforEducators.htm or call 1–866–4–USADOL;
- www.youthrules.dol.gov or call 1–866–4–USWAGE; and

Selected Resources for Safety and Violence Prevention Education

Safety Education

- CDC offers the Health Education Curriculum Analysis Tool (HECAT). The HECAT helps school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC’s Characteristics of Effective Health Education Curricula. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the ability of health education to address violence and injury prevention. Visit www.cdc.gov/healthyyouth/HECAT/index.htm.
- FirstGov for Kids provides a list of websites geared to children dealing with health, safety, prevention, and emergency preparedness at www.kids.gov/k_safety.htm.
- The Harborview Injury Prevention Research Center at the University of Washington provides information on what works and what doesn’t work to prevent child and adolescent injuries. Topics include adolescent suicide, bicycles, child abuse, child pedestrians, choking, aspiration and suffocation, drowning, falls, firearms, fires and burns, poisoning, recreational injuries, and youth violence. Visit depts.washington.edu/hiprc/practices/intervention/education.html.

Violence and Substance Use Prevention Education

Model Policy: Unintentional Injury and Violence Prevention Education

GOALS. Students will learn essential safety information, develop attitudes and skills to practice effective injury and violence prevention habits and skills, and develop positive attitudes toward safe living and working.

HEALTH EDUCATION. Injury and violence prevention education topics and skills shall be integrated within the health education program and taught at every grade level, prekindergarten through 12. The education curriculum shall be based on theories and methods that have been proven effective by published research and are consistent with the National Health Education Standards and the state/district/school health education standards/guidelines/framework. Instructional activities shall be participatory and developmentally and culturally appropriate.

The curriculum shall aim to teach essential prevention skills including goal setting, decisionmaking, communication, cooperation, stress management, and anger management. The curriculum shall also address, at a minimum:

- safety practices to prevent common injuries that can occur on school property and at home, at work, and in the community;
- traffic safety, including pedestrian safety, bicycle traffic rules, the use of safety belts, bicycle helmets, motorcycle helmets, and safe and responsible driving; and
- prevention of and appropriate responses to harassment, bullying, violence, and crime.

OCCUPATIONAL SAFETY AND HEALTH EDUCATION. The career/technical education curriculum shall address the following occupational safety and health topics:

- common safety and health hazards in workplaces and how to recognize them;
- how to communicate safety concerns and where to go for help;
- safety and health laws and regulations; and
- legal rights in the workplace.

School-based work experience programs must be operated within federal and state guidelines. Work settings in which students are placed must be safe and healthful environments free of recognized hazards. All such programs shall provide safety and health training in hazard recognition and safe work practices and information about workers’ legal rights.

The school district/school shall operate and maintain a centralized, computer-based adolescent worker permit system to assure that underage working students conform to legal requirements regarding work settings, multiple job employment, and allowable number of hours.

INSTRUCTIONAL STAFF PREPARATION. Staff responsible for teaching health, science, and career/technical education shall have adequate preservice training and participate in ongoing professional development activities that:

- provide basic knowledge about preventing unintentional injuries and violence;
- help integrate injury prevention messages within the curriculum;
- provide skill practice in effective instructional techniques and strategies; and
- assist in effectively delivering the education curriculum as planned.

POLICY EVALUATION. The school health coordinator/other shall regularly monitor, evaluate, and submit an annual report to the school health advisory council/board of education/other on the implementation of this policy and its effectiveness at promoting safe behavior. The report shall include recommendations for improvement to the policy and its implementation.
The Center for the Study and Prevention of Violence (CSPV) of the University of Colorado at Boulder, through its Blueprints for Violence Prevention project, identifies prevention programs that meet a strict scientific standard of program effectiveness in reducing adolescent violent crime, aggression, delinquency, and substance abuse. Visit www.colorado.edu/cspv/blueprints/.

The Task Force on Community Preventive Services reviewed published scientific evidence on the effectiveness of universal school-based programs to reduce or prevent violent behavior. These programs have been shown to decrease rates of violence and aggressive behavior among school-age children and adolescents. Reviews and publications can be accessed at www.thecommunityguide.org/violence/school.html.

Striving to Reduce Youth Violence Everywhere provides a comprehensive collection of resources on the topic of violence prevention, including violence prevention education resources for schools. Available at www.safeyouth.gov.

CDC’s National Center for Injury Prevention and Control (NCIPC) offers fact sheets, prevention tools, and other resources at www.cdc.gov/violenceprevention/youthviolence/schoolviolence/prevention.html.

Occupational Health and Safety

CDC’s National Institute for Occupational Safety and Health (NIOSH) offers resources through its Young Worker Safety and Health website at www.cdc.gov/niosh/topics/youth. Highlights include:

- a free curriculum called “Youth@Work: Talking Safety” to help educators teach the basics of job health and safety in a fun and interesting way; the curriculum is customized for all 50 states and Puerto Rico so students learn about laws and resources that are specific to them; and
- the NIOSH Safety Checklist Program for Schools, an easy-to-use source of information for schools to help maintain safe classrooms, shops, and labs for teachers and students in career and technical education. See www.cdc.gov/niosh/docs/2004-101/.

The Minnesota Department of Health, in collaboration with teachers, produced Work Safe Work Smart: A Curriculum Targeted to Adolescent Health and Safety in the Workplace to reduce injury rates of young workers. Students learn the laws governing work for those under the age of 18 and use their personal experience of work-related injury to identify workplace hazards, brainstorm ways to protect workers from hazards, and discuss barriers to making safe choices at work. Download the curriculum at www.health.state.mn.us/divs/hpcd/cdee/occhealth/wsws.html.


The Massachusetts Department of Elementary and Secondary Education produced the Career/Vocational Technical Education Safety and Health Guide, available online with other resources at www.doe.mass.edu/cte/safety_health.html.

A high-quality physical education program, recess, organized after-school sports, and other opportunities to be physically active at school are essential to the development of lifelong habits of healthful living and need to be supported and encouraged by education policymakers. Yet, high school athletes account for an estimated 2 million injuries, 500,000 doctor visits, and 30,000 hospitalizations annually in the United States.\textsuperscript{159} Attention to safety needs to be an integral component of every type of physical activity at school.

Public schools and school districts risk incurring liability for injuries if they fall short in their duty to exercise reasonable care in running physical activity and athletic programs. Grounds for liability suits that have been successfully advanced against schools include:\textsuperscript{160}

- failure to properly maintain premises;
- failure to provide adequate supervision;
- failure to instruct or warn about health or safety hazards;
• failure to provide proper safety equipment, such as eye protection;
• negligently allowing unfit students to participate in athletic activities;
• failure to exercise reasonable care in matching participants in athletic activities;
• failure to exercise reasonable care in selection of athletic personnel; and
• failure to provide adequate post-injury health care.

Written policies and thoroughly documented administrative actions need to address each of the above issues.

A knowledgeable safety person at the school district level should be assigned the duties for coordinating risk management and safety activities in each district. Such an individual should also be designated at each school.

Teaching Physical Activity Safety

A quality physical education program teaches lifelong habits of safe physical activity by building students’ attitudes, knowledge, and skills; injury prevention messages and strategies are integrated throughout. CDC’s Physical Education Curriculum Analysis Tool (PECAT) is a valuable, practical tool that school districts and schools can use to assess the quality of curricula being considered for purchase or use.

Chapter D: “Policies to Promote Physical Activity and Physical Education” of Fit, Healthy, and Ready to Learn provides a complete discussion of policies to promote quality physical education and after-school physical activities. The need for comprehensive policies that include safety is underscored by the results of a nationwide survey: in physical education classes in which students participated in activities requiring protective clothing or safety gear, just 46 percent had teachers who almost always or always used protective clothing and safety gear that was appropriate to the student’s size and was in good condition.

Preventing Athletic Injuries

Among nine specific high school sports studied in the 2005-2006 school year, men’s football, women’s basketball, and men’s wrestling had the greatest proportions of injuries resulting in seven or more days lost from school. School leaders need to ensure that students who participate in intramural sports and interscholastic athletics faithfully follow each sport’s safety guidelines. Rules and safety precautions for playing 16 distinct sports are available from each state’s high school athletics association or the National Federation of State High School Associations (NFHS).

Personal protective gear should fit well, be in good condition, meet national standards (e.g., American National Standards Institutes (ANSI) and the American Society for Testing and Materials (ASTM), and be used consistently. Staff, coaches, and parents need to join together to ensure that students are properly equipped and follow safety guidelines at all times.

Athletic Program Staff Preparation and Licensing

School athletic coaches are expected to nurture winning teams and teach rules, skills, tactics, and good sportsmanship. They are also increasingly expected to be providers of first aid, substance abuse educators, personal role mod-
Preventing Concussions

“For athletes, parents, and coaches, knowing how to prevent [concussions and other brain] injuries, as well as being able to recognize the symptoms, is critical. Following rules for safety, practicing good sportsmanship, and using proper equipment, including personal protective equipment, can help prevent concussions.

“While a health care professional is the best person to diagnose a concussion, recognizing the symptoms can help: nausea, dizziness, impaired vision, sensitivity to light or noise, headache, feeling sluggish, foggy, or groggy, concentration problems, and confusion. Further, if a concussion is suspected, coaches should not permit student athletes to return to the game under any circumstance, as this greatly increases the chances of more serious brain injury.”

—Centers for Disease Control and Prevention

Training and certification regulations for coaches vary dramatically in scope and depth from one state to another. Although 60 percent of states have no policy on licensing or professional development for athletic coaches, several states require rigorous structured instruction in specified content areas. In the past, most states required that coaches be certified teachers, but currently only 13 states specify that coaches must have a teaching certificate and all of these states allow exceptions to this rule. In most states that have established requirements for coaches who are not certified teachers, the requirements are more stringent than for coaches who already have a teaching certificate.

The National Association for Sports and Physical Education (NASPE) produced National Standards for Athletic Coaches: Quality Coaches, Quality Sports, and NFHS sponsors a comprehensive professional development program for coaches, both of which emphasize student injury prevention and response.

Coaches often have more interaction with parents than any other staff person in the school, placing coaches in a unique position to also teach parents and family members about safety. Training parents and family members increases the likelihood that they will reinforce the safety messages students are taught in school.
Policy Example: Arizona’s Requirements for Athletic Coaches

Arizona is one of the few states with licensing and professional development requirements for athletic coaches. The state requires:

- valid certification in first aid and CPR;
- completion of 15 semester hours including 3 semester hours in each of the following content areas: the methods of coaching, anatomy and physiology, sports psychology, adolescent psychology, and the prevention and treatment of athletic injuries;
- 250 clock hours of verified coaching experience in the sport to be coached; and
- a valid fingerprint clearance card.

In order to renew a certificate, coaches must complete 60 clock hours in a professional development program and valid verification of first aid and CPR.

—National Association of State Boards of Education

Selected Resources for Safe Physical Activity

- The National Association for Sport and Physical Education (NASPE), a private membership organization of preK–12 physical education teachers, coaches, athletic directors, athletic trainers, sport management professionals, researchers, and college or university faculty who prepare physical activity professionals, has produced standards in the following areas:
  - Moving into the Future: National Standards for Physical Education;
  - National Standards for Beginning Physical Education Teachers; and

Ordering information and summaries of each set of standards is available at www.aahperd.org/whatwedo/national-standards.cfm.

- CDC’s Division of Adolescent and School Health (DASH) developed the Physical Education Curriculum Analysis Tool (PECAT) to help school administrators and PE program planners assess and compare curricula. Access this resource at www.cdc.gov/HealthyYouth/PECAT/index.htm.

- The National Association of State Boards of Education (NASBE) issued Athletics and Achievement: The Report of the NASBE Commission on High School Athletics in an Era of Reform, containing specific policy recommendations for state and local boards of education. Many issues raised in the report, including certification and professional development programs for athletic coaches, were revisited in the July 2006 issue of NASBE’s journal, the State Education Standard, on the theme of “Redefining Our Goals: Supporting Academics and Sportsmanship in Athletic Programs.” Both publications are available at nasbe.org.

- The American Sport Education Program (ASEP) develops and delivers online and instructor-led courses and resources for coaches, officials, sport administrators, athletes, and parents of athletes. Visit www.asep.com.


- CDC’s National Center for Injury Prevention and Control (NCIPC) provides a toolkit for athletes, parents, and coaches to help prevent and recognize signs of concussions at www.cdc.gov/concussion/HeadsUp/high_school.html.
Model Policy: Safe Physical Activity and Sports

GOALS. All students are encouraged to participate in safe physical activity at school as much as possible. Avoiding preventable injuries from physical activity is the joint responsibility of district and school leaders, school staff, students, and their families.

PHYSICAL EDUCATION. Injury and violence prevention education topics and skills shall be integrated within the physical education program and taught at every grade level, prekindergarten through 12. The curriculum shall be based on theories and methods that have been proven effective by published research and consistent with the National Physical Education Standards and the state/district/school physical education standards/guidelines/framework. Instructional activities shall be participatory and developmentally and culturally appropriate. Students shall learn safety guidelines for each of the activities and sports they learn, as well as good sportsmanship, communication, cooperation, and anger management skills.

INSTRUCTIONAL STAFF PREPARATION. Staff responsible for teaching physical education shall have adequate preservice training and participate in ongoing professional development activities that:

- provide basic knowledge about preventing unintentional injuries and violence;
- help integrate injury prevention messages within the curriculum;
- provide skill practice in effective instructional techniques and strategies; and
- assist in effectively delivering the curriculum as planned.

SAFETY RULES. Districts/schools shall establish written safety rules and procedures, guidelines for provision of first aid, and an emergency plan for catastrophic injuries. School administrators shall strictly and consistently enforce compliance with these rules and procedures by all students, school personnel, volunteers, and community members who use school facilities. Students and their families shall be informed of their school’s health and safety rules at least annually.

All personnel concerned with training athletes shall emphasize proper, gradual, and complete physical conditioning in order to provide the athlete with optimal readiness for the rigors of the sport. Students shall be required to use protective clothing and equipment appropriate to the activity and the environment, which will be maintained in good condition.

All student injuries will be promptly reported to the student’s parents or guardians and name of state/district office. Any athlete who is suspected of having a concussion or head injury will be removed from practice or play until evaluated by a medical professional trained in sports-related concussions. Coaches and staff will be trained to identify symptoms related to head injuries. No student with a suspected head injury or concussion shall be allowed to return to practice or play without clearance from a medical professional.
SUPERVISION. Student physical activity on school grounds shall be supervised to enforce safety rules and prevent injuries. Supervision shall be by adults trained in first aid and cardiopulmonary resuscitation (CPR) who have easy access to appropriate first aid supplies. Records shall be kept of all injuries and analyzed at least annually so that patterns of causes can be determined and steps can be taken to prevent further injuries. Supervising adults shall be informed of any relevant medical guidance on file with the school concerning limits on the participation of individual students in physical activity. Such information will be treated with strict confidentiality.

POLICY EVALUATION. The school health coordinator/other shall regularly monitor, evaluate, and submit an annual report to the school health advisory council/board of education/other on the implementation of this policy and its effectiveness at promoting safe behavior. The report shall include recommendations for improvement to the policy and its implementation.

Additional model policies from NASBE related to safe physical activity include those in the following areas:

- establishing equipment and facilities standards; regular safety inspections; maintenance of playgrounds, gymnasiums, and athletic facilities; student supervision; and staff training policies are addressed in section 3 earlier in this chapter;

- requiring physical examinations for student athletes is addressed in Fit, Healthy, and Ready to Learn, Chapter D: "Policies to Promote Physical Activity and Physical Education";

- limiting exposure to harmful solar radiation during outdoor physical activity is addressed in Chapter G: "Policies to Promote Sun Safety and Prevent Skin Cancer";

- making accommodations in physical education classes for students with chronic health conditions, protecting students from pesticides and other toxic chemicals, and restricting outdoor physical activity when air quality is poor are addressed in Chapter H: "Policies on Asthma, School Health Services, and Healthy Environments"; and

- preventing the transmission of blood-borne infections in school athletic settings is addressed in Someone at School Has AIDS: A Complete Guide to Education Policies Concerning HIV Infection.

All of the above model policies are available at nasbe.org/project/center-for-safe-and-healthy-schools/.
While many school districts have planned for school emergencies for many years, high-profile school shootings, natural disasters, and terrorist attacks have given other school leaders a brutal wake-up call regarding the need for emergency planning and crisis response. Most schools will never have to make use of an emergency management plan. However, all schools should prepare a plan, practice it, and periodically update it to reflect changes in risk, staff, or needs in case an emergency does occur.

This section draws heavily from the U.S. Department of Education’s *Practical Information on Crisis Planning: A Guide for Schools and Communities*, written in consultation with the Department of Homeland Security and other federal agencies. The guide was developed to inform schools, districts, and communities about the critical concepts and components of good emergency planning, stimulate thinking about the crisis preparedness process, and provide examples of promising practices. Other resources listed at the end of this section provide additional guidance on the process of preparing a sound emergency management plan.

**Key Personnel to Involve in Planning**

Strong administrative leadership is essential to effective emergency preparedness. An organized emergency management structure needs to be led by a person with the authority and capacity to make crucial
Schools and Districts Need to Be Ready

Children and youth rely on and find great comfort in the adults who protect them. Teachers and staff must know how to help their students through a crisis and return them home safely. Knowing what to do when faced with a crisis can be the difference between calm and chaos, between courage and fear, between life and death.

[For example,] there are thousands of fires in schools every year, yet there is minimal damage to life and property because staff and students are prepared. This preparedness needs to be extended to all risks schools face. Schools and districts need to be ready to handle crises, large and small, to keep our children and staff out of harm’s way and ready to learn and teach.

The time to plan is now. If you do not have a crisis plan in place, develop one. If you have one, review it, update it, and practice your plan.

—U.S. Department of Education

decisions in a crisis situation when information, time, and resources might be inadequate. The district superintendent or school principal should convene and continue to stay closely involved with the preparation of an emergency management plan, and thereafter stay personally involved when its implementation is being practiced and revised. Top leadership helps set the policy agenda, secures funds, and brings the necessary people together across agencies.

An emergency management plan should be developed with a team that includes those responsible for implementing the plan, such as school safety officers, teacher representatives, school health services professionals, counselors, and other pupil services personnel. School district offices and school leaders can establish and maintain good working relationships with emergency responders by including them on the team. Emergency responders might include representatives from police, fire and rescue, EMS, and emergency management agencies; other city officials; hospitals; the local Red Cross; and domestic violence and sexual assault shelters. Taking appropriate actions in the event of a crisis are at the very heart of what emergency responders do every day; school officials can benefit greatly from their knowledge and resources.

The planning team also should include family members, students, parent–teacher organization representatives, public health authorities, faith leaders, and other key stakeholders in the community. While these stakeholders might not be experts in emergency response, they can be an enormous help in communicating and supporting parents and family members in a moment of crisis. All members of the planning team will need to become familiar with a school’s grounds and facilities, policies, and day-to-day activities.

Scope of a Plan

The first step in a planning process is to identify the types of emergencies that could occur and define what events would activate the emergency plan. CDC and the U.S. Department of Education recommend developing an “all-hazards” plan that takes into account the full range of emergencies that could occur:

- natural disasters, such as hurricanes, floods, tornadoes, and earthquakes;
- severe weather, such as blizzards;
- fires;
- medical emergencies, such as severe allergic reactions or asthma attacks;
- mass illness, such as an influenza pandemic;
- bus or other motor vehicle crashes;
chemical, radioactive, or other hazardous material spills;
bomb threats;
acts of violence (shootings, stabbings, or sexual assault);
acts of terrorism, including bioterrorism; and
the death of a student or staff member from any cause.

There is no one-size-fits-all model for an emergency management plan because each community’s situation is unique. Densely populated urban schools may be only minutes from medical care, while rural schools may be hours away from such care—a critical difference in planning for an emergency. Every community has its own history, culture, and way of doing business, and emergency plans must conform to state and local school safety laws. For these reasons, experts recommend against cutting and pasting emergency plans from other schools and districts.179

Emergency plans should not be developed in a vacuum; they are natural extensions of ongoing school and community efforts to create safe learning environments. Good planning can enhance all school functions. Plans should address incidents that could occur inside school buildings, on school grounds, and in the community. Coordination will avoid duplication of efforts and mixed messages, as well as reduce the burden on planners. Planners also need to account for different needs within the school community, such as students and staff with physical or mental disabilities and speakers of languages other than English. In a recent review of emergency plans, it was noted that few schools had taken such considerations into account.180

Four Major Components of a Plan

Federal authorities recommend that emergency management plans address four broad phases: prevention/mitigation, preparedness, response, and recovery (fig. 7).181 Prevention and mitigation focus on how school officials can prevent emergencies from occurring, or in the event of one, reduce injuries. The preparedness component of a plan is designed to prepare the school community for potential emergencies by coordinating with community partners in the development of policies and procedures, incident command management systems, training, and exercises. The response component focuses on actions to be taken during a crisis. This is the phase in which the crisis response team leadership is most important; it is the time when leaders assess the situation, determine what steps need to be taken in response, and set the response in motion. Recovery involves the steps needed to restore a school’s learning environment as quickly as possible, yet with sensitivity and due attention to individuals’ mental health needs.

Recovery can take a long time, and some students and staff will be more resilient than others; the mental health needs of individual students and staff members should be systematically assessed and the necessary pupil support services brought to bear through appropriate mechanisms. Students who have previously experienced a trauma, such as exposure to community violence, are likely to be at great risk following another trauma, such as a hurricane.183

School compliance with normal instructional policies may need to be adjusted following a crisis. For example,
states affected by Hurricane Katrina were allowed some flexibility in complying with the federal No Child Left Behind Act following the disaster. New policies, services, and resources may be needed to aid schools following catastrophic events.

Finally, it is important to evaluate the effectiveness of the plan after a disaster or crisis has occurred for purposes of revising the plan, if needed.

Communications

The importance of communication cannot be stressed enough; without it, no emergency management plan can succeed. Schools and districts should open channels of communication with partners and stakeholders well before a crisis. Relationships need to be built and cultivated in advance so that emergency responders, city emergency managers, public works officials, health and mental health professionals, and the media are familiar with area schools and understand how the school will react should a crisis occur.

Parents and family members need to know about emergency management policies and plans in advance, such as what to expect in the event of a shelter-in-place incident or evacuation of a school. A parent’s first concern is with their child’s safety—knowing that a school has a sound emergency management plan in place provides essential reassurance and builds trust.

Implementation and Evaluation

Finally, all those involved must practice, practice, practice. Studies have found that many schools are ill-prepared to respond to crisis situations because even with policies in place, school personnel are not practicing enough. Crisis response should become second nature: the middle of a crisis is not the time to learn or review the appropriate actions.

Evaluating and reporting on a crisis, from response to recovery, should be an integral part of an emergency management plan. Learning from the event can be helpful to those within the school that experience the crisis, as well as others in the larger education community.

Crisis management is a continuous process in which all phases of the plan are being reviewed and revised. Good plans are never finished; they should be periodically updated based on experiences, research, and changing vulnerabilities.

What Areas of State and Local Crisis Planning Seem to Need the Most Work?

“Historically, school districts have done some work in prevention, some work in planning, and some work in response, but recovery has not been an area that they have a great deal of experience with. As districts begin to develop their crisis plans, they are recognizing that more needs to be done in the recovery stage.”

—William Modzeleski, U.S. Department of Education
Lessons Learned from Recent Hurricanes and Tornadoes

Orange County, Florida, the 12th largest school district in the country, was hit by three hurricanes within a six-week period in 2004, causing extensive damage to all 164 schools and a loss of 12 days of instructional time. In August and September of 2005, Hurricanes Katrina and Rita devastated schools in Louisiana, Mississippi, and Texas. In Louisiana, 29 schools were destroyed and approximately half of the state’s schools were damaged. In Mississippi, 16 schools were destroyed, and over half of the state’s districts reported some damage.

Among the valuable lessons learned by school systems were the following:

- multiple forms of communication need to be set up prior to the hurricanes (e-mail, voice mail, phone greetings);
- the superintendent needs to grant a waiver of bid requirements to allow emergency repairs for timely recovery;
- accurate accounting for employee overtime is needed;
- plans for storing perishable foods are needed;
- fire and burglar alarm systems must have back-ups in case of a loss of power;
- plans for debris removal are needed to address the large amounts of debris that can create hazardous walking conditions for students traveling to and from school;
- state and local disaster plans should integrate the needs of child welfare and education agencies. For example, schools can reopen more quickly when local relief officials work with school personnel to coordinate how resources will be allocated; and
- children could benefit from data-sharing agreements among organizations. Agreements to share data on displaced children and families could help speed efforts to locate them.188

Even more recently, tornado outbreaks in 2011 and 2012 caused widespread loss of life and destruction, including many damaged and destroyed schools. “Tornado Preparedness Tips for School Administrators” is available from the National Weather Service at www.spc.noaa.gov/faq/tornado/school.html.189

Selected Resources for Emergency Planning

- The U.S. Department of Education offers several resources:
  - The Office of Safe and Drug-Free Schools guide, *Practical Information on Crisis Planning*, provides one of the most comprehensive looks
  - The Office of Special Education and Rehabilitative Services makes available *Early Warning, Timely Response: A Guide to Safe Schools*, which offers research-based practices designed to help school communities identify warning signs early
Model Policy: Emergency Management Plan

GOAL. Each school/district shall develop a written Emergency Management Plan that provides for measured, appropriate responses when crisis incidents occur. The plan will include policies and procedures designed to address all anticipated hazards, including natural disasters, emergency medical needs, mass illness, fires, crashes, and threats and acts of violence.

PLAN DEVELOPMENT. Stakeholders from throughout the community, including local government, law enforcement, public safety, public health, and mental health, shall be included as appropriate in the development and implementation of all aspects of the plan. The plan shall respond to risk and vulnerability assessments that have determined potential hazards the school/district may encounter. The plan shall include and thoroughly address four major components recommended by federal authorities: 1) prevention and mitigation; 2) preparedness; 3) response; and 4) recovery.

COMMUNICATION. The plan shall include communications strategies for: dissemination of the plan to first responders and other key stakeholders; communicating emergency response policies and reunification procedures to parents or guardians; alerting the public in the event of a crisis; and conducting post-incident briefings with school staff and community partners to document the quality of the response and identify areas in need of improvement.

STAFF TRAINING. Schools/districts shall provide training to all staff and students on emergency response procedures. Additional training should be provided as needed to staff with identified roles in emergency response. Staff and students should participate in at least two/other exercises and drills throughout the course of the school year.

REPORTING. Each school/district must submit the Emergency Management Plan for approval by the chief state school officer/district superintendent/other. Updates to the plan shall be submitted every year/two years/other. In the event of an incident that triggers implementation of the plan, a thorough report of the incident will be submitted within six months/other, including a discussion of major lessons learned.

and develop prevention, intervention, and crisis response plans. It is available at www.ed.gov/about/offices/list/osep/osep/gtss.html.

➢ The Federal Emergency Management Agency (FEMA) provides online resources for young people, parents, and teachers on disaster, school safety, terrorism, fire, and other topics at www.fema.gov/kids/.

➢ The Readiness and Emergency Management for Schools Technical Assistance Center, supported by the U.S. Department of Education, helps school districts develop comprehensive plans for any emergency or crisis, including natural disasters, violent incidents, and terrorist acts, at rem.s.ed.gov/.


➢ The U.S. Department of Health and Human Services has created a website for information on planning for
pandemic influenza specific to schools at www.flu.gov/professional/school/index.html.

➢ The U.S. Bureau of Alcohol, Tobacco, Firearms, and Explosives provides online documents on bomb threat planning at www.threatplan.org.

➢ The American Red Cross has created a website for emergency preparedness for schools at readyrating.org.


➢ The Los Angeles County Office of Education’s Safe Schools Center provides detailed documents on crisis planning and mental health crisis planning at www.lacoe.edu/orgs/158/index.cfm.

➢ The American Academy of Pediatrics offers extensive online resources aimed at children dealing with natural and other types of disasters at www.aap.org/healthtopics/disasters.cfm.

➢ The American Psychological Association issues guidelines for addressing the reactions of students and staff following trauma or a disaster at www.apa.org/topics/disasters/index.aspx.

➢ The National Child Traumatic Stress Network provides information for targeted audiences, including educators, parents, and students on topics relating to childhood trauma at www.nctsnet.org.

➢ The National Education Association Health Information Network (NEA HIN), the nonprofit health and safety arm of the National Education Association, developed a crisis guide and toolkit that offers step-by-step advice for schools and districts to use before, during, and after a crisis. Visit www.neahin.org/educator-resources/school-crisis-guide.html.

➢ The National Mental Health Information Center provides guidelines for mental health services in schools following violent events at www.healthfinder.gov/orgs/HR2480.htm.

➢ The U.S. Attorney’s Office, District of Minnesota published School Safety: Lessons Learned, a report of school safety and violence information with detailed information on school shootings. It is available at www.dps.state.mn.us/oip/publications/schoolbrochure.pdf.
## List of Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AAP</td>
<td>American Academy of Pediatrics</td>
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<td>AAUW</td>
<td>American Association of University Women</td>
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<td>ADTSEA</td>
<td>American Driver and Traffic Safety Education Association</td>
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<td>ASHA</td>
<td>American School Health Association</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services</td>
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<td>CDL</td>
<td>Commercial drivers license</td>
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<td>CPR</td>
<td>Cardiopulmonary resuscitation</td>
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<td>CPSC</td>
<td>U.S. Consumer Product Safety Commission</td>
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<td>CPTED</td>
<td>Crime prevention through environmental design</td>
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<td>DASH</td>
<td>Division of Adolescent and School Health of the Centers for Disease Control and Prevention</td>
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<td>DNPAO</td>
<td>Division of Nutrition, Physical Activity, and Obesity of the Centers for Disease Control and Prevention</td>
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<td>EPA</td>
<td>U.S. Environmental Protection Agency</td>
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<td>FHWA</td>
<td>Federal Highway Administration of the U.S. Department of Transportation</td>
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<td>GDL</td>
<td>Graduated driver licensing</td>
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<td>IIHS</td>
<td>Insurance Institute for Highway Safety</td>
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<td>NASBE</td>
<td>National Association of State Boards of Education</td>
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<td>NASPE</td>
<td>National Association for Sport and Physical Education</td>
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<td>NCEF</td>
<td>National Clearinghouse for Educational Facilities of the U.S. Department of Education</td>
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<td>NCES</td>
<td>National Center for Education Statistics of the U.S. Department of Education</td>
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<td>NCIPC</td>
<td>National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention</td>
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<td>NCLB</td>
<td>No Child Left Behind Act of 2001</td>
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<td>NFHS</td>
<td>National Federation of State High School Associations</td>
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<td>NHTSA</td>
<td>National Highway Traffic Safety Administration of the U.S. Department of Transportation</td>
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<td>NSBA</td>
<td>National Schools Boards Association</td>
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<td>OJJDP</td>
<td>Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice</td>
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<td>OSDFS</td>
<td>Office of Safe and Drug Free Schools of the U.S. Department of Education</td>
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<td>OSHA</td>
<td>U.S. Occupational Safety and Health Administration</td>
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<td>PTSI</td>
<td>Pupil Transportation Safety Institute</td>
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<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services</td>
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<tr>
<td>SHB</td>
<td>School Health Branch of the Division of Population Health, Centers for Disease Control and Prevention</td>
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<tr>
<td>SRTS</td>
<td>Safe Routes to Schools program of the Federal Highway Administration, U.S. Department of Transportation</td>
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<td>TRB</td>
<td>Transportation Research Board of the National Academy of Sciences</td>
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<td>UMIRS</td>
<td>Uniform Management Information and Report System</td>
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<tr>
<td>YRBS</td>
<td>Youth Risk Behavior Survey, administered by CDC’s Division of Adolescent and School Health</td>
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Policy Checklist

Following is a summary list of key policy points addressed in this chapter. Note that policies may be at the state, school district, or school level—or at every level—depending on the governance system, and that the level of detail may vary accordingly. Alternatively, some of the details may be contained in policy appendices or guidance documents that provide details on implementation procedures.

Integrated Injury and Violence Prevention Policy

- Systematically gather data on school-related injuries and incidents of harassment, bullying, and violence; analyze the data to identify prevention opportunities; and prepare annual summary reports.
- Collect and report data required for the federal Uniform Management Information and Report System (UMIRS).
- Develop an integrated plan for the prevention of injuries and violence in partnership with families, the School Health Advisory Council, and community agencies that includes:
  - maintaining a safe physical environment through regular safety and hazard assessments; regular maintenance of all facilities, equipment, grounds, and vehicles; and appropriate adult supervision of students;
  - promoting safe transportation to and from school, whether by walking, bicycling, or operation of a pupil transportation system;
  - maintaining a safe and supportive learning environment through written policies addressing safety and student discipline, promotion of students’ connectedness to school; and prevention of harassment, bullying, and violence at school;
  - incorporating injury and violence prevention principles into the preK–12 comprehensive health education curriculum, the preK–12 physical education program, and intra-mural and interscholastic sports;
  - providing injury and violence prevention services to at-risk students;
  - developing and practicing an emergency plan that addresses prevention/mitigation, preparedness, response, and recovery;
  - providing for adequate staff training to implement the policies and plans effectively; and
  - developing procedures for the ongoing evaluation of policies, procedures, and services.
- Designate one or more staff members to implement the plan, facilitate communication, conduct evaluation activities, and prepare reports.

Safe and Secure School Facilities, Equipment, and Grounds

- Plan for regular safety and hazard assessments of all classrooms, buildings, school grounds, gymnasiums, playgrounds, sports-related equipment, buses, and other school vehicles.
- Develop maintenance plans for all classrooms, buildings, school grounds, gymnasiums, playgrounds, sports-related equipment, buses, and other school vehicles.
- Supervise all school-related activities by adults with convenient access to first-aid supplies.
- Assign at least one adult trained in first aid, cardiopulmonary resuscitation, and infection control to be available when students are present on school grounds to respond to injuries and medical emergencies.
- Provide adequate preservice training and ongoing professional development for all school personnel on preventing and responding appropriately to injuries and violence at school, including:
  - emergency response procedures, including use of fire extinguishers;
  - proper use of protective gear by students and staff when appropriate;
  - identifying students in need of medical attention and referring them for appropriate services;
administering first aid and cardiopulmonary resuscitation (CPR);
methods of responding to bullying, sexual harassment, and threats of violence;
identifying students who have been victims of crime or violent behavior and referring them for appropriate services;
identifying students at risk of suicide and referring them for appropriate services; and
maintaining student confidentiality.

Pupil Transportation Safety
- Plan, construct, and encourage the use of safe, accessible, and convenient pedestrian and bicycle routes to school.
- Require all persons riding a bicycle, other pedal-powered vehicle, scooter, motorcycle, and off-the-road vehicle to wear a safety helmet on school grounds.
- Plan safe routes and pick-up/drop-off locations for pupil transportation services.
- Ensure that buses and other school vehicles meet safety design and maintenance standards.
- Require annual safety training for school bus drivers.
- Plan student driver training programs to meet the Driver Education Standards developed by the American Driver and Traffic Safety Education Association.

Safe and Supportive Learning Environments
- Adopt a mission statement that promotes a safe and secure environment for learning that emphasizes respect, support, caring, and academic achievement.
- Develop, adopt, and implement a code of conduct and other appropriate rules that promote health and safety and prevent unintentional injury, harassment, bullying, and other forms of violence.
- Provide training for all school staff in maintaining a positive climate for learning and effectively enforcing safety and discipline rules using appropriate nonviolent methods.
- Incorporate strategies and activities to promote connectedness between students, their families, and the school community into school improvement and other strategic plans.
- Provide every student with opportunities to voluntarily participate in a broad variety of student enrichment experiences that meet his or her needs, interests, and abilities.

Injury and Violence Prevention Education
- Integrate injury, substance use, and violence topics and prevention skills into the preK–12 health education curriculum.
- Integrate occupational safety and health topics into the career and technical education program.
- Establish, operate, and maintain a centralized, computer-based adolescent worker permit system to assure that underage working students conform to legal requirements regarding work settings, multiple-job employment, and allowable number of hours.
- Assure that school-based work experience settings are safe and healthful environments and that such programs provide safety and health training.
- Provide adequate preservice training and ongoing professional development for health education and career/technical education staff.

Safe Physical Activity and Sports
- Integrate injury and violence topics and prevention skills into the preK–12 physical education and school athletics programs.
Provide adequate preservice training and ongoing professional development for physical education staff.

- Establish and enforce written safety rules and procedures, guidelines for provision of first aid, and an emergency plan for catastrophic injuries.

- Maintain in good condition and require students to use protective clothing and equipment appropriate to the activity and the environment.

- Report all athletic injuries promptly, and prohibit injured students from playing or practicing.

- Ensure all school-sponsored physical activity is supervised by adults, including at least one adult trained in first aid, cardiopulmonary resuscitation, and infection control, and that there is convenient access to first aid supplies.

**Emergency Management Plan**

- Develop a written Emergency Management Plan that includes policies and procedures designed to:
  - address all anticipated hazards, including natural, technological, biological, and acts of violence;
  - address four major components recommended by federal authorities: 1) prevention and mitigation, 2) preparedness, 3) response, and 4) recovery; and
  - include communications strategies for first responders, parents or guardians, and the public.

- Provide training to all staff and students on emergency response procedures, including periodic practice drills.

- Ensure there are post-incident briefings and reports to document the quality of the response and identify areas in need of improvement.

**Endnotes**


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The National Association of State Boards of Education is a nonprofit, private association that represents state and territorial boards of education. Our principal objectives are to strengthen state leadership in education policymaking; promote excellence in the education of all students; advocate equality of access to educational opportunity; and assure responsible lay governance of public education.