

Healthy and Safe School Environment, Part I: Results From the School Health Policies and Programs Study 2006

SHERRY EVERETT JONES, PhD, MPH, JD^a
CAROLYN J. FISHER, EdD, CHES^b
BRENDA Z. GREENE, MFA^c
MARCJ F. HERTZ, MS^d
JANE PRITZL, MA^e

ABSTRACT

BACKGROUND: Policies set at the state, district, and school levels can support and enhance a healthy and safe school environment.

METHODS: The Centers for Disease Control and Prevention conducts the School Health Policies and Programs Study every 6 years. In 2006, computer-assisted telephone interviews or self-administered mail questionnaires were completed by state education agency personnel in all 50 states plus the District of Columbia and among a nationally representative sample of school districts (n = 461). Computer-assisted personal interviews were conducted with personnel in a nationally representative sample of elementary, middle, and high schools (n = 1025).

RESULTS: Most districts had adopted a policy on the inspection and maintenance of school facilities and equipment, and most schools had inspected and provided appropriate maintenance for each type of school facility and equipment during the 12 months preceding the study. Nearly all districts and schools had a comprehensive crisis preparedness, response, and recovery plan. Nearly all districts and schools prohibited tobacco, alcohol, and illegal drug use; fighting; weapons use; and weapon possession; but when students broke rules related to those behaviors, punitive measures were taken more often than provision of supportive services. Most schools did not reschedule outdoor activities to avoid times when the sun was at peak intensity, nor did they encourage the use of sunscreen before going outside.

CONCLUSIONS: To provide students with a truly healthy and safe school environment in which learning can take place, more schools need to promote a positive school climate and reduce violence, injuries, and the use of tobacco, alcohol, and other substances. States and districts need to continue to provide policy and technical assistance in support of school efforts.

Keywords: injury prevention; substance use; schools; school policy; surveys.

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^aHealth Scientist, (sce2@cdc.gov), Division of Adolescent and School Health, Centers for Disease Control and Prevention, 4770 Buford Highway, NE, MS K33, Atlanta, GA 30341.

^bSenior Advisor, Coordinated School Health Program, (cif8@cdc.gov), Division of Adolescent and School Health, Centers for Disease Control and Prevention, 4770 Buford Highway, NE, MS K29, Atlanta, GA 30341.

^cDirector, School Health Programs, (bgreene@nsba.org), National School Boards Association, 1680 Duke St, Alexandria, VA 22314.

^dHealth Scientist, (mhertz@cdc.gov), Division of Adolescent and School Health, Centers for Disease Control and Prevention, 4770 Buford Highway, NE, MS K12, Atlanta, GA 30341.

^eConsultant, (jane.pritzl@uchsc.edu), 674 Steele St, Denver, CO 80206.

Address correspondence to: Sherry Everett Jones, Health Scientist (sce2@cdc.gov), Division of Adolescent and School Health, Centers for Disease Control and Prevention, 4770 Buford Highway, NE, MS K33, Atlanta, GA 30341.

A healthy and safe school environment is an integral component of a school health program, in addition to health education, physical education and activity, health services, mental health and social services, nutrition services, faculty and staff health promotion, and family and community involvement. A healthy and safe school environment encompasses the physical surroundings and the psychosocial, learning, and health-promoting environment of the school. Policies set at the state, district, and school levels can support and enhance health- and safety-promoting behaviors. Further, students attending schools with a safe, positive physical and psychosocial school environment may be less likely to experience unintentional injuries and violence, to use tobacco, alcohol, or other drugs, or to experience school failure.¹

The school environment is regulated by laws and policies instituted at the national, state, district, and school levels. For example, at the national level, the Gun-Free Schools Act requires that states receiving federal funds under the No Child Left Behind Act² have a state law requiring mandatory 1-year expulsions for students who bring a firearm to school (on a case-by-case basis, a local education agency may modify the expulsion requirement).³ Another federal law, subject to some exceptions, makes it a crime to possess a firearm or knowingly or recklessly discharge a firearm in a school zone.⁴ The Pro-Children Act of 1994 prohibits smoking within any indoor facility that receives federal funds and provides routine or regular kindergarten, elementary, or secondary education services to children.⁵ The Safe and Drug-Free Schools and Communities Act provides federal funds for programs to prevent violence in and around schools and to prevent the illegal use of alcohol, tobacco, and drugs.⁶ Programs or activities funded under this Act must “be based on scientifically based research that provides evidence that the program to be used will reduce violence and illegal drug use . . . [and] include meaningful and ongoing consultation with and input from parents in the development of the application and administration of the program or activity.”⁷ In addition, states receiving funds under this Act must “establish a uniform information management and reporting system.”⁸

Although many state- and district-level policies directly mandate school-level policies and programs, many other state and district policies provide only general guidelines and leave the specific elements of a policy or implementation of a policy up to individual schools. Also, schools may implement additional policies and programs not required by the state or district.

To assess the status and characteristics of a wide range of healthy and safe school environment policies and practices at the state, district, and school levels, the Centers for Disease Control and Prevention (CDC) conducted the School Health Policies and

Programs Study (SHPPS) 2006. It expands upon the healthy and safe school environment component of SHPPS 2000.⁹ Specifically, SHPPS 2006 included for the first time questions about sun safety; student drug testing; crisis preparedness, response, and recovery; and school climate.

Skin cancer is the most common preventable cancer in the United States and has been shown to be related directly to sun exposure.¹⁰⁻¹³ In fact, ultraviolet radiation has been classified as a human carcinogen.¹⁴ School policies (eg, requiring the use of hats, long-sleeved shirts, and sunscreen) can play an important role in protecting students and staff from ultraviolet radiation and may ultimately reduce the risk of skin cancer.^{15,16}

Drug-testing requirements for students engaged in competitive extracurricular activities, though controversial, have been upheld by the US Supreme Court in *Vernonia School District, 47J versus Acton* in 1995¹⁷ and in *Board of Education of Independent School District No. 92 of Pottawatomie County versus Earls* in 2002.¹⁸ These cases limit the nature and scope of drug-testing programs to protect students’ constitutionally protected Fourth Amendment rights against unreasonable searches and seizures, but do support drug-testing programs in certain situations. SHPPS 2006 is the first national study to examine district-level drug-testing policies and school-level drug-testing programs, including how students are chosen for drug testing, the drugs for which students are tested, and the testing methods used.

Since SHPPS 2000, the expectation that districts and schools will have developed crisis preparedness, response, and recovery plans has grown appreciably. The US Department of Education provides state and local education agencies with guidance on mitigation and prevention, preparedness, response, and recovery.¹⁹ In addition, the CDC’s *School Health Guidelines to Prevent Unintentional Injuries and Violence* recommends that schools “establish mechanisms for short- and long-term responses to crises, disasters, and injuries that affect the school community.”^{20(p39)} In times of crisis, schools are often used as shelters, community meeting places, and even command centers. Thus, recommendations from the National Advisory Committee on Children and Terrorism suggest that to adequately address the needs of students, in addition to the planning which occurs at the national and state levels, local-level coordination is critical.²¹ SHPPS 2006 examined the extent to which districts and schools have crisis preparedness, response, and recovery plans and what is included in those plans; with whom district and school staff collaborated in developing the plans; and crisis preparedness training for staff, students, and families.

Increasingly, studies are supporting the concept that students who feel connected to their school are

less likely to engage in a variety of health-risk behaviors such as alcohol and illegal drug use and violent and deviant behaviors, and are less likely to experience emotional distress.²²⁻²⁵ SHPPS 2006 examined the extent to which states, districts, and schools promote a positive school climate through policies and programs, faculty and staff development, prosocial codes of conduct, and family and community involvement.

This article describes findings from SHPPS 2006 about state- and district-level policies and practices related to school health councils and school health coordinators; keeping the school environment safe and secure; sun safety; violence prevention; unintentional injury prevention; tobacco-use prevention; alcohol-use and illegal drug-use prevention; crisis preparedness, response, and recovery; school climate; and assistance to districts and schools. At the school level, this article describes school health councils and school health coordinators, as well as policies and practices related to keeping the school environment safe and secure; sun safety; violence prevention; unintentional injury prevention; tobacco-use prevention; alcohol-use prevention; illegal drug possession and use prevention; crisis preparedness, response, and recovery; and school climate. In addition, this article describes changes in key policies and practices from 2000 to 2006. While this article is primarily descriptive in nature, the CDC intends to conduct more detailed analyses and encourages others to conduct their own analyses using the questionnaires and public-use data sets available at www.cdc.gov/shpps.

METHODS

Detailed information about SHPPS 2006 methods is provided in "Methods: School Health Policies and Programs Study 2006" elsewhere in this issue of the *Journal of School Health*. The following section provides a brief overview of SHPPS 2006 methods specific to the healthy and safe school environment component of the study.

SHPPS 2006 assessed the healthy and safe school environment at the state, district, and school levels. State-level data were collected from education agencies in all 50 states plus the District of Columbia. District-level data were collected from a nationally representative sample of public school districts. School-level data were collected from a nationally representative sample of public and private elementary schools, middle schools, and high schools.

Questionnaires

The state-level healthy and safe school environment questionnaire assessed policies on the preven-

tion of violence and tobacco use and on injury prevention and safety; the physical school environment; crisis preparedness, response, and recovery; school climate; and assistance to districts and schools.

Because the entire district-level questionnaire took longer than 20-30 minutes to complete and covered such a wide range of topics that a single respondent might not have sufficient knowledge to complete it, the questionnaire was divided into 4 modules: (1) district configuration; general school environment; violence, tobacco-use, alcohol-use, and illegal drug-use prevention; and injury prevention and safety; (2) physical school environment; (3) crisis preparedness, response, and recovery; and (4) school climate; foods and beverages sold outside of the school meal program; and district assistance to schools, including model policies, staff development, school health councils, and school health coordinators.

The school-level questionnaire also was divided into modules: (1) general school environment; violence, tobacco-use, alcohol-use, and illegal drug-use prevention; and injury prevention and safety; (2) physical school environment; and (3) crisis preparedness, response, and recovery; school climate; physical activity; foods and beverages sold outside the school meal program; and school health councils.

Data from the state-level questionnaire and from module 2 in both the district- and school-level questionnaires on the physical school environment are reported in "Healthy and Safe School Environment, Part II, Physical School Environment: Results From the School Health Policies and Programs Study 2006" elsewhere in this issue of the *Journal of School Health*. Data from module 4 in the district-level questionnaire and module 3 in the school-level questionnaire on foods and beverages sold outside the school meal program are reported in "Nutrition Services and Foods and Beverages Available at School: Results From the School Health Policies and Programs Study 2006" elsewhere in this issue of the *Journal of School Health*.

Data Collection and Respondents

State- and district-level data were collected by computer-assisted telephone interviews or self-administered mail questionnaires. Designated respondents for each of 7 school health program components (ie, health education, physical education and activity, health services, mental health and social services, nutrition services, healthy and safe school environment, and faculty and staff health promotion) completed the interviews or questionnaires. At the state level, the state-level contact designated a single respondent to complete each component. At the district level, the district-level

contact could designate a different respondent for each module. All designated respondents had primary responsibility for, or were the most knowledgeable about, the policies and programs addressed in the particular questionnaire or module.

After a state- or district-level contact identified respondents, each respondent was sent a letter of invitation and packet of study-related materials. Each packet contained a paper copy of the questionnaire(s) so that respondents could prepare for the interview and provided a toll-free number and access code that respondents could use to initiate the interview. Respondents were told that the questionnaire(s) could be used in preparation for their telephone interview or completed and returned if self-administration was preferred. One week after packets were mailed to respondents, trained interviewers from a call center placed calls to them to schedule and conduct telephone interviews. In April 2006, telephone interviewing ceased and most of the remaining state- and district-level data collection occurred via a mail survey. All remaining respondents were mailed paper questionnaires and return envelopes; however, interviewers remained available for any respondents who chose to contact the call center.

At the end of the data collection period (October 2006), 80% of the completed state-level healthy and safe school environment questionnaires had been completed via telephone interviews and 20% as paper questionnaires. For the completed district-level questionnaires, module 1 was completed via telephone interview 47% of the time; module 3, 51%; and module 4, 47%.

School-level data were collected by computer-assisted personal interviews. During recruitment, the principal or other school-level contact designated a faculty or staff respondent for each questionnaire or module, who had primary responsibility for or the most knowledge about the particular component. The principal or school-level contact could designate a different respondent for each module. For modules 1 and 3, the most common respondents were principals and assistant principals or other school administrators.

Response Rates

One hundred percent ($n = 51$) of the state education agencies completed the state-level healthy and safe school environment questionnaire. District eligibility for each module was determined before interviews began; 720 districts were eligible for each of modules 1, 3, and 4. Of the 720 districts eligible to complete any school policy and environment module, 64% ($n = 461$) completed at least 1 module. School eligibility for each module also was determined before interviews began; 1416 schools were

eligible for each of modules 1 and 3 and 72% ($n = 1025$) completed at least 1 module.

Data Analysis

Data from state-level questionnaires are based on a census and are not weighted. District- and school-level data are based on representative samples and are weighted to produce national estimates.

Because of missing data, the denominators for each estimate vary slightly. Figures 13 and 14 in Appendix 1 in this issue of the *Journal of School Health* show the estimated standard error associated with an observed estimate from the district- and school-level healthy and safe school environment questionnaires.

To analyze changes between SHPPS 2000 and 2006, many variables from SHPPS 2000 were recalculated so that the denominators used for both years of data were defined identically. In most cases, this denominator included all states, districts, or schools, rather than a subset of states, districts, or schools. As a result of this recalculation, percentages previously reported for SHPPS 2000⁹ might differ from those reported in this article. Only estimates from 2000 and 2006 based on this same denominator should be compared.

Because state-level data are based on a census, statistical tests for differences between 2000 and 2006 are not appropriate. Therefore, this article highlights changes over time meeting at least 1 of 2 criteria: (1) the difference was greater than 10 percentage points or (2) the 2006 estimate increased by at least a factor of 2 or decreased by at least half as compared with the 2000 estimate. At the district and school levels, *t* tests were used to compare SHPPS 2000 and SHPPS 2006 prevalence estimates. However, to account for multiple comparisons, this article only highlights changes over time meeting at least 2 of 3 criteria: (1) a *p* value less than .01 from the *t* test, (2) a difference greater than 10 percentage points, or (3) the 2006 value increased by at least a factor of 2 or decreased by at least half as compared with the 2000 estimate. Note that not all variables meeting these criteria are presented in this article.

RESULTS

Healthy and Safe School Environment at the State and District Level

School Health Councils and School Health Coordinators. A school health council, committee, or team (defined as a group that offers guidance on the development of policies or coordinates activities on health topics and called a school health council for the purposes of this article) is an integral part of any school health program. Most (85.7%) states had

a school health council that was formally charged with coordinating state-level school health activities.

Nationwide, 72.9% of districts had 1 or more school health councils at the district level that offered guidance on the development of policies or coordinated activities on health topics. School health councils addressed a wide variety of school health program components and topics. More than half of the 72.9% of districts with a school health council addressed each of the school health program components or topics listed in Table 1. Most district-level school health councils had broad representation. Half or more of the 72.9% of districts with a district-level school health council included in their group a representative from all of the school and community groups listed in Table 2 except for local social service agencies and local health organizations (eg, the local Red Cross Chapter). Among the 72.9% of districts with a school health council, 5.6% met less than 1 time, 30.3% met 1 or 2 times, 32.7% met 3 or 4 times, 15.8% met 5 or 6 times, and 15.6% met more than 6 times during the 12 months preceding the study.

During the 2 years preceding the study, 85.7% of states provided funding for or offered to help districts

Table 1. Percentage of Districts and Schools That Had 1 or More School Health Councils That Addressed School Health Program Components and Health Topics, SHPPS 2006

	% of Districts*	% of Schools†
School health program component		
Health education	93.3	89.5
Nutrition services	93.2	90.9
Physical education or physical activity	92.8	83.0
Health services	82.3	80.9
Faculty and staff health promotion	76.9	78.7
Physical school environment	76.0	74.6
The psychological and social environment or school climate	69.4	77.1
Family and community involvement in school health programs	74.7	72.1
Mental health or social services	71.1	70.6
Health topic		
Alcohol-use or other drug-use prevention	86.1	80.0
Crisis preparedness, response, and recovery	84.3	74.8
Tobacco-use prevention	84.2	77.5
Violence prevention	80.6	72.6
Injury prevention and safety	75.6	76.4
Human immunodeficiency virus prevention‡	66.1	64.0
Management of chronic health conditions (eg, asthma or diabetes)	64.6	64.0
Other sexually transmitted disease prevention‡	64.5	62.3
Pregnancy prevention‡	59.4	61.4

*Among the 72.9% of districts that had 1 or more school health councils that offered guidance on the development of policies or coordinated activities on health topics.

†Among the 39.5% of schools that had 1 or more school health councils that offered guidance on the development of policies or coordinated activities on health topics.

‡Only asked among districts that contained middle schools and high schools and among middle schools and high schools.

Table 2. Percentage of Districts and Schools That Had 1 or More School Health Councils That Included Representatives From School and Community Groups, SHPPS 2006

School and Community Group	% of Districts*	% of Schools†
District or school administrators	98.1	82.9
Physical education teachers	92.4	78.4
Health education teachers	92.0	73.3
Health services staff	89.1	76.2
Community members	88.7	60.0
Nutrition or food service staff	88.2	64.0
Students' families	76.3	55.0
Students	74.4	42.1
Mental health and social services staff	57.4	59.0
Local health care providers	50.5	34.0
Representatives from the local health department	50.0	30.3
Representatives from local social service agencies	39.9	30.2
Representatives from local health organizations (eg, the local Red Cross Chapter)	26.1	19.3

*Among the 72.9% of districts that had 1 or more school health councils that offered guidance on the development of policies or coordinated activities on health topics.

†Among the 39.5% of schools that had 1 or more school health councils that offered guidance on the development of policies or coordinated activities on health topics.

or schools, and 50.5% of districts provided funding for or offered to help schools, establish a school health council.

At the district level, 67.8% of districts had someone who oversees or coordinates school health (eg, a school health coordinator), but only 36.6% of respondents held that position. Among those district respondents who were the district's school health coordinator, only 20.7% had received any training in their role as a school health coordinator.

Keeping the School Environment Safe and Secure. Districts adopted a variety of policies to help keep the school environment safe and secure (Table 3). Almost all districts had adopted a policy stating that elementary, middle, and high schools will have visitors report to the main office or reception area upon arrival. At least two thirds of districts had adopted a policy stating that elementary, middle, and high schools will assign staff or adult volunteers to monitor school grounds and halls between classes. At least half of districts had adopted a policy stating that elementary, middle, and high schools will assign staff or adult volunteers to monitor bathrooms and school halls during classes. Nationwide, 91.4% of districts had adopted a policy stating that elementary schools will assign staff or adult volunteers to monitor playgrounds while they are in use.

Nationwide, two thirds or more of districts had adopted a policy requiring that visitors to elementary, middle, and high schools wear identification badges, and one third of districts had adopted a policy requiring faculty and staff in elementary, middle, and high schools to do so (Table 3). Few districts

Table 3. Percentage of All Districts That Had Policies and Percentage of All Schools That Had Policies and Practices Related to Keeping the Environment Safe and Secure, by School Level, SHPPS 2006

Policy or Practice	% of All Districts			% of All Schools		
	Elementary Schools	Middle Schools	High Schools	Elementary Schools	Middle Schools	High Schools
Visitors must report to the main office or reception area upon arrival	96.7	95.6	96.7	97.9	98.5	96.6
Staff or adult volunteers must be assigned to monitor						
School halls during classes	51.7	55.9	61.1	40.1	50.0	61.6
School halls between classes	71.7	79.3	81.9	57.8	77.3	80.4
Bathrooms	56.7	54.1	52.7	53.5	54.2	53.7
School grounds	75.9	72.7	70.3	71.9	71.2	67.1
Playgrounds, while they are in use	91.4	NA	NA	97.0	NA	NA
Students must wear identification badges	2.9	2.2	5.2	1.9	6.9	10.3
Visitors must wear identification badges	66.7	71.3	68.3	73.7	68.3	71.6
Faculty and staff must wear identification badges	33.0	33.9	34.8	42.2	33.5	35.5
Students must wear school uniforms	1.7	1.3	1.9	24.4	29.9	17.7
A dress code must be enforced	81.4	91.2	90.4	63.8	65.8	77.1
A closed campus* must be maintained	88.4	85.6	71.1	94.0	96.0	73.1
Locker searches must be routinely conducted (general, random, or by the use of drug-sniffing dogs)	NA	57.1	63.4	NA	36.5	43.2
Police, school resource officers, or security guards must be used during the regular school day†	23.1	35.0	42.1	NA	NA	NA
Police or school resource officers must be used during the regular school day	NA	NA	NA	25.7	36.4	50.0
Security guards must be used during the regular school day	NA	NA	NA	5.2	9.3	19.4
Security staff are armed	NA	NA	NA	9.2	23.8	29.6
Surveillance cameras must be used (inside or outside school building)	29.1	37.2	46.4	34.7	46.7	60.3
Metal detectors, including wands, must be used	4.4	9.0	11.1	2.6	5.5	8.4
Communication devices (eg, cell phones, 2-way radios, walkie-talkies, or intercoms) must be used	65.3	71.6	70.7	93.2	91.9	91.6

NA, not asked at this level.

*Students were not allowed to leave school during the school day, including during lunchtime.

†In the district-level questionnaire, 1 question asked about policies on police, school resource officers, and security guards.

had adopted a policy requiring students in elementary, middle, and high schools to wear identification badges or school uniforms. Most districts, however, had adopted a policy stating that elementary, middle, and high schools will enforce a student dress code.

Nationwide, more than two thirds of districts had adopted a policy stating that elementary, middle, and high schools will maintain closed campuses (ie, students are not allowed to leave school during the school day, including during lunchtime) (Table 3). More than half of districts had adopted a policy stating that middle and high schools will routinely conduct locker searches (general, random, or by the use of drug-sniffing dogs). Less than half of districts had adopted a policy stating that elementary, middle, and high schools will use police, school resource officers, or security guards during the regular school day. Few districts had adopted a policy stating that elementary, middle, or high schools will use metal detectors, including wands; more than one fourth of districts had adopted a policy stating that schools will use security or surveillance cameras, either inside or outside the building; and almost two thirds or more of districts had adopted a policy stating that schools

will use communication devices (eg, cell phones, 2-way radios, walkie-talkies, or intercoms).

Sun Safety. School policies can play an important role in protecting children and adolescents from ultraviolet radiation.^{15,16} Two percent of districts required and 35.9% recommended that schools schedule outdoor activities to avoid times when the sun is at peak intensity, and 4.0% of districts required and 32.5% recommended that schools establish procedures to encourage students to use sunscreen before going outside.

Violence Prevention. Nationwide, 68.6% of states and 98.6% of districts had adopted a policy prohibiting physical fighting by students on school property; 62.0% of states and 96.6% of districts had adopted a policy prohibiting physical fighting by students at off-campus, school-sponsored events; and 76.5% of states required districts or schools to report to the state on the number of times students were caught fighting.

Nationwide, 96.1% of states and 100% of districts had adopted a policy prohibiting both weapon (eg, a gun, knife, or club) use and weapon possession by students on school property; 84.0% of states and 98.9% of districts had adopted a policy prohibiting

weapon use by students at off-campus, school-sponsored events; and 84.0% of states and 99.3% of districts had adopted a policy prohibiting weapon possession by students at off-campus, school-sponsored events. Most states required districts or schools to report to the state on the number of times students were caught using (94.1%) or possessing (98.0%) a handgun or other firearm and using (88.2%) or possessing (92.2%) any other weapon.

Nationwide, 31.2% of states and 78.5% of districts had adopted a policy prohibiting gang activity (eg, recruiting or wearing gang colors, symbols, or other gang attire), and 26.5% of states required districts or schools to report to the state on the number of times students were caught violating any rule on gang activity.

Bullying was defined as repeated infliction or attempted infliction of injury, discomfort, or humiliation of a student by 1 or more other students. Nationwide, 60.8% of states and 94.8% of districts had adopted a policy prohibiting bullying on school property, and 53.1% of states and 90.3% of districts had adopted a policy prohibiting bullying at off-campus, school-sponsored events.

School-associated violent deaths can include homicides or suicides at school or school-sponsored events among students, faculty and staff, and visitors. Nationwide, 70.0% of states required districts or schools to report to the state on the number of school-associated violent deaths. Less than half (42.9%) of states had adopted a policy stating that schools will have a plan for the actions to be taken when a student at risk for suicide is identified. Among the 86.0% of districts that had adopted such a policy, 96.4% required that the student's family be

informed, 78.8% required the student be referred to a mental health provider, and 49.2% required a visit with a mental health provider be documented before the student returned to school.

Unintentional Injury Prevention. Routine inspection and maintenance of school facilities and equipment can help prevent injuries among students, faculty and staff, and school visitors. More than two thirds of all states had adopted a policy on the inspection or maintenance of fire extinguishers, smoke alarms, sprinkler systems, and special classroom areas (eg, chemistry labs, workshops, and art rooms) (Table 4). Three fourths or more of all districts had adopted policies on the inspection or maintenance of all the school facilities and equipment about which districts were questioned except for inspection or maintenance of sprinkler systems. Nationwide, 46.7% of districts had adopted a policy stating that elementary schools will use the safety checklist and equipment guidelines published in the *Handbook for Public Playground Safety* by the US Consumer Product Safety Commission.²⁶

Wearing protective gear can reduce the number and severity of injuries to students. Nationwide, 76.1% of states and 94.9% of districts had adopted a policy requiring students to wear appropriate protective gear when engaged in classes such as wood shop or metal shop, and 76.1% of states and 94.6% of districts had adopted policies requiring students to wear appropriate protective gear when engaged in lab activities for photography, chemistry, biology, or other science classes.

Nationwide, 33.0% of districts had ever been sued because of an injury that occurred on school property or at an off-campus, school-sponsored event. This included any claim filed with a court, regardless of

Table 4. Percentage of All States and All Districts That Had a Policy on the Inspection and Maintenance of School Facilities and Equipment and Percentage of All Schools that Inspected and Maintained Facilities and Equipment,* SHPPS 2006

Facilities and Equipment	% of All States That Had a Policy	% of All Districts That Had a Policy	% of All Schools That Inspected and Maintained
Fire extinguishers	91.3	93.4	99.6
Smoke alarms	89.1	89.8	96.7
Sprinkler systems	75.5 [†]	71.9	74.7
Special classroom areas (eg, chemistry labs, workshops, and art rooms)	67.4	80.7	76.7 [‡]
Other school areas of school (eg, halls, stairs, and regular classrooms)	52.0 [†]	79.7	98.3
Lighting inside school buildings	50.0 [†]	75.3	98.4
Outdoor athletic facilities and equipment (eg, playing fields and bleachers)	44.0 [†]	78.9	86.0 [§]
Playground facilities and equipment (eg, playing surfaces, benches, monkey bars, and swings)	42.0 [†]	80.2	96.8 ^{¶, #}
Lighting outside school buildings	40.0 [†]	74.5	97.5
Indoor athletic facilities and equipment (eg, playing surfaces, benches, tumbling mats, and weight-lifting equipment)	36.0 [†]	78.7	90.5

*During the 12 months preceding the study.

[†]Between 10% and 12% of respondents were unsure about whether the state had a policy.

[‡]An additional 19.4% of schools did not have any special classroom areas.

[§]An additional 11.3% of schools did not have any outdoor athletic facilities and equipment.

^{||}Among districts that contained elementary schools.

[¶]Among elementary schools only.

[#]An additional 3.4% of schools did not have any playground facilities or equipment.

the outcome, but did not include suits against individual staff members.

Tobacco-Use Prevention. States and districts were asked whether they had policies prohibiting cigarette smoking, smokeless tobacco use, or cigar or pipe smoking among students, faculty and staff (during any school-related activity), and school visitors. Visitors were defined as anyone other than students or faculty and staff, including family members, community members, and repair workers who might visit the school during or outside of school hours. Most states had adopted a policy prohibiting cigarette smoking (92.2%), smokeless tobacco use (83.7%), and cigar or pipe smoking (90.2%) among students. Fewer states had adopted a policy prohibiting cigarette smoking (74.5%), smokeless tobacco use (56.9%), and cigar or pipe smoking (70.6%) among faculty and staff. Similarly, fewer states had adopted a policy prohibiting cigarette smoking (86.3%), smokeless tobacco use (64.7%), and cigar or pipe smoking (86.3%) among visitors.

Nationwide, 100% of districts had adopted a policy prohibiting cigarette smoking among students, 94.3% had adopted a policy prohibiting smokeless tobacco use among students, and 94.4% had adopted a policy prohibiting cigar or pipe smoking. Most districts also had adopted a policy prohibiting cigarette smoking (94.8%), cigar or pipe smoking (89.8%), and smokeless tobacco use (87.8%) among faculty and staff, and most had adopted a policy prohibiting cigarette smoking (92.5%), smokeless tobacco use (82.6%), and cigar or pipe smoking (88.4%) among visitors.

As part of a tobacco-use prevention effort and to promote a healthy school environment, school policies should prohibit students, faculty and staff, and visitors from using any form of tobacco anywhere under the control of school authorities.²⁷ Thus, states and districts were asked the location where cigarette smoking and smokeless tobacco use was prohibited (schools were not asked where cigar or pipe smoking were prohibited) (Table 5). In general, states and districts were more likely to have adopted policies applying to students than to faculty and staff and visitors that prohibited cigarette smoking and smokeless tobacco use in school buildings, outside on school grounds (including parking lots and playing fields), on school buses or other vehicles used to transport students, and at off-campus, school-sponsored events.

While most states and districts had adopted policies prohibiting some tobacco use in some locations, only 38.0% of states and 55.4% of districts had adopted policies that (1) prohibited cigarette smoking and smokeless tobacco use among all students, all faculty and staff, and all school visitors in school buildings; outside on school grounds; on school buses or other vehicles used to transport students; and at off-campus, school-sponsored events and (2)

prohibited cigar or pipe smoking by all students, all faculty and staff, and all school visitors.

In addition to prohibiting tobacco use, states and districts also may adopt policies prohibiting tobacco advertisements, sponsorship of events, and wearing of tobacco brand-name apparel or merchandise to reinforce their commitment to tobacco-use prevention and tobacco-free environments (Table 6). Less than half of all states, but more than three fourths of all districts, had adopted policies prohibiting tobacco advertisements in school buildings, outside on school grounds, on school buses or other vehicles used to transport students, in school publications, and through sponsorship of school events and prohibiting students from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it.

Alcohol- and Illegal Drug-Use Prevention. Nationwide, 99.9% of districts had adopted a policy prohibiting alcohol use by students on school property, and 98.8% had adopted a policy prohibiting alcohol use by students at off-campus, school-sponsored events. All districts had adopted a policy prohibiting illegal drug possession or use by students on school property, and 99.3% of districts had adopted a policy prohibiting illegal drug possession or use by students at off-campus, school-sponsored events.

Nationwide, 25.5% of districts containing middle schools or high schools had adopted a student drug-testing policy. Among the 25.5% of districts that had adopted a student drug-testing policy, 56.1% conducted student drug testing randomly among members of specific groups of students (eg, athletes, students who participate in other extracurricular activities, or student drivers), 63.9% conducted student drug testing when it was suspected that a student was using drugs at schools (ie, for cause), 37.6% had voluntary drug testing for all students, 3.6% had voluntary drug testing for specific groups of students, and 13.4% used some other unspecified criteria. Among the 25.5% of districts that had adopted a student drug-testing policy, the policy specified that students will be tested for amphetamines (eg, methamphetamine or ecstasy) (48.8%), marijuana (48.8%), opiates (eg, heroin or morphine) (48.8%), cocaine (48.0%), phencyclidine (ie, PCP) (47.0%), alcohol (33.7%), steroids (20.3%), and nicotine (18.4%).

Crisis Preparedness, Response, and Recovery. Planning ahead facilitates a rapid, coordinated, and effective response when a crisis occurs.¹⁹ Nationwide, 92.2% of states had adopted a policy requiring districts or schools and 84.2% of districts had adopted a policy requiring schools to have a comprehensive plan to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation. Two thirds or more of all states had adopted a policy requiring districts

Table 5. Percentage of All States, Districts, and Schools That Had Specific Tobacco-Use Prevention Policies, SHPPS 2006

Policy	% of All States	% of All Districts	% of All Schools
For students			
Prohibited cigarette smoking in the following locations			
In school buildings	90.2	99.4	96.6
Outside on school grounds*	80.4	99.7	96.2
On school buses or other vehicles used to transport students	88.2	99.7	95.4
At off-campus, school-sponsored events	72.0	95.6	93.8
In all 4 locations	70.0	95.2	93.1
Prohibited smokeless tobacco use in the following locations			
In school buildings	79.6	94.2	90.4
Outside on school grounds*	75.5	93.7	90.0
On school buses or other vehicles used to transport students	79.6	93.1	89.7
At off-campus, school-sponsored events	66.7	91.2	87.9
In all 4 locations	64.6	90.8	87.7
For faculty and staff during any school-related activity			
Prohibited cigarette smoking in the following locations			
In school buildings	74.5	94.3	92.4
Outside on school grounds*	58.8	86.8	87.1
On school buses or other vehicles used to transport students	72.5	92.8	91.9
At off-campus, school-sponsored events	51.0	82.2	87.2
In all 4 locations	47.1	78.4	83.2
Prohibited smokeless tobacco use in the following locations			
In school buildings	56.9	87.6	88.2
Outside on school grounds*	51.0	80.5	84.6
On school buses or other vehicles used to transport students	54.9	86.7	87.7
At off-campus, school-sponsored events	48.0	78.3	84.5
In all 4 locations	44.0	73.0	81.6
For visitors [†]			
Prohibited cigarette smoking in the following locations			
In school buildings	86.3	91.7	90.4
Outside on school grounds*	64.0	76.8	81.7
On school buses or other vehicles used to transport students	84.0	90.8	88.2
At off-campus, school-sponsored events	52.0	70.2	77.3
In all 4 locations	46.9	65.2	73.4
Prohibited smokeless tobacco use in the following locations			
In school buildings	64.7	81.7	84.2
Outside on school grounds*	58.8	71.8	79.0
On school buses or other vehicles used to transport students	62.0	80.8	83.3
At off-campus, school-sponsored events	48.0	64.8	74.5
In all 4 locations	46.0	62.6	71.9
Prohibited all tobacco use during any school-related activity [‡]	38.0	55.4	63.6

*Included parking lots and playing fields.

[†]Defined as anyone other than students or faculty and staff, including family members, community members, and repair workers who may visit school during or outside of school hours.

[‡]Prohibited (1) cigarette smoking and smokeless tobacco use among all students, all faculty and staff, and all school visitors in all locations (ie, in school buildings, outside on school grounds, on school buses or other vehicles used to transport students, and at off-campus, school-sponsored events) and (2) cigar or pipe smoking by all students, all faculty and staff, and all school visitors.

or schools to have plans that included evacuation plans, requirements to conduct regular emergency drills other than fire drills, procedures to stop people from leaving or entering school buildings (ie, lockdown plans), and requirements to periodically review and revise emergency response plans (Table 7). Three fourths or more of all districts had adopted a policy requiring schools to have plans that included evacuation plans, requirements to conduct regular emergency drills, procedures to stop people from leaving or entering school buildings, requirements to periodically review and revise emergency response plans, provisions for students and staff with special needs, mechanisms for communicating with

school personnel, establishment of an incident command system, and procedures for responding to media inquiries.

Nationwide, 10.2% of states and 32.4% of districts had adopted a policy that all schools must have a National Oceanic and Atmospheric Administration-approved (NOAA-approved) weather radio, a radio that provides continuous weather information directly from a nearby National Weather Service office and broadcasts warning and postevent information for all types of hazards.

Nationwide, 95.3% of districts had their own comprehensive district-level plan to address crisis preparedness, response, and recovery in the event of

Table 6. Percentage of All States, Districts, and Schools That Had Policies Prohibiting Tobacco Advertisements, SHPPS 2006

Policy	% of All States	% of All Districts	% of All Schools
Prohibits tobacco advertisements			
In school buildings	38.8	84.2	95.8
Outside on school grounds*	36.7	83.3	96.2
On school buses or other vehicles used to transport students	40.8	81.9	96.3
In school publications	36.7	82.1	95.6
Through sponsorship of school events	23.9	79.8	95.9
In all 5 locations	21.7	75.2	93.1
Prohibits students from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it	14.6	80.5	90.8

*Included parking lots and playing fields.

a natural disaster or other emergency or crisis situation. More than three fourths of all districts had crisis preparedness, response, and recovery plans that included mechanisms for communicating with school personnel; procedures for responding to media inquiries; protocols for communicating with building-level managers during a crisis; requirements to periodically review and revise emergency response plans; evacuation protocols for crises involving more than 1 school; establishment of an incident command system; plans for serving as a community shelter or coordinating center during a community-wide crisis; provision of mental health services for students, faculty, and staff after a crisis has occurred; and requirements to conduct district-level crisis response drills (Table 8).

Among the 95.3% of districts with a comprehensive district-level plan, districts were most likely to

have worked with staff or members from a local law enforcement agency and a local fire department, and least likely to have worked with the FBI when developing the plan (Table 9). Three fourths (74.6%) of these districts had evaluated or assessed the plan during the 12 months preceding the study.

Most (87.8%) state education agencies were members of the state emergency planning committee (ie, a group of agencies that coordinate crisis preparedness, response, and recovery efforts). Few (10.2%) states required and 75.5% recommended that districts or schools serve as members of a group of local agencies that coordinated crisis preparedness, response, and recovery efforts (eg, a local emergency planning committee or an emergency management team). Nationwide, 56.3% of districts were members of a group of local agencies that coordinated crisis preparedness, response, and recovery efforts, 27.2%

Table 7. Percentage of All States That Had a Policy That Required Districts and Schools to Include, Percentage of All Districts That Had a Policy That Required Schools to Include, and Percentage of All Schools That Included Specific Topics in Their Crisis Preparedness, Response, and Recovery Plan,* SHPPS 2006

Topic	% of All States That Required Topics	% of All Districts That Required Topics	% of All Schools That Included Topics
Evacuation plans	78.0	83.2	96.3
Requirements to conduct regular emergency drills other than fire drills	69.4	75.4	87.5
Procedures to stop people from leaving or entering school buildings (ie, lockdown plans)	68.0	79.7	95.3
Requirements to periodically review and revise emergency response plans	66.0	75.5	90.0
Provisions for students and staff with special needs	65.3	77.4	81.4
Mechanisms for communicating with school personnel	64.6	82.9	94.0
Establishment of an incident command system	63.3	75.1	89.2
Plans to seek immediate shelter and remain in that area during a chemical, biological, or radiological emergency rather than evacuating (ie, shelter-in-place plans)	61.2	71.6	86.4
Procedures for responding to media inquiries	60.0	80.2	89.0
Mechanisms for communicating the plan to students' families	59.2	73.8	83.4
Procedures to control the exterior of the building and school grounds	56.0	71.2	84.6
Provision of mental health services for students, faculty, and staff after a crisis has occurred (eg, to treat posttraumatic stress disorder)	55.3	73.0	82.2
Plans to resume normal activities after buildings or facilities have been damaged	48.9	61.1	65.3
Family reunification procedures	47.9	65.3	79.4

*Defined as a comprehensive plan to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation.

Table 8. Percentage of All Districts That Included Specific Topics in Their Crisis Preparedness, Response, and Recovery Plan,* SHPPS 2006

Topic	% of All Districts
Mechanisms for communicating with school personnel	92.8
Procedures for responding to media inquiries	92.2
Protocols for communicating with building-level managers during a crisis	91.8
Requirements to periodically review and revise emergency response plans	86.2
Evacuation protocols for crises involving more than 1 school	83.1
Establishment of an incident command system	81.3
Plans for serving as a community shelter or coordinating center during a community-wide crisis	80.5
Provision of mental health services for students, faculty, and staff after a crisis has occurred (eg, to treat posttraumatic stress disorder)	79.4
Requirements to conduct district-level crisis-response drills	78.0
Plans for training school staff (eg, in triage or first aid skills)	68.6
Plans to resume normal activities after buildings or facilities have been damaged	64.8
Plans for supplying food, water, and medical supplies to schools in extended shelter-in-place	58.4
Mechanisms for evaluating outside offers of assistance during or after a crisis	54.1

*Defined as a comprehensive plan to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation.

were not members of such a group, and 16.5% reported no such group existed in their community.

School Climate. A positive school climate was defined as a sense of community and welcome within the school, exemplified through caring student-teacher relationships, high teacher morale, student involvement and leadership in activities and programs, and family involvement. Nationwide, 70.6% of states and 77.0% of districts had adopted policies that explicitly promoted a positive school climate. In addition, 42.0% of states and 66.7% of districts had adopted a policy stating that schools will adopt a pro-social code of conduct that addresses such concepts as cooperation, conflict resolution, and helping others.

Assistance to Districts and Schools. States and districts can help foster the development and implementation of policies through the provision of model policies, staff development, and funding. Model policies were defined as an example of what an actual policy on a particular topic or issue might address. The content might be based on scientific evidence, best practices, or state law or policy. Model policies are recommendations, not mandates. During the 2 years preceding the study, more than three fourths of states provided model policies on crisis preparedness, response, and recovery; bullying prevention; and tobacco-use prevention. Three fourths or more

Table 9. Percentage of Districts and Schools That Worked With Groups to Develop Their Crisis Preparedness, Response, and Recovery Plan,* SHPPS 2006

Group	% of Districts [†]	% of Schools [‡]
Local law enforcement agency	96.6	83.2
Local fire department	92.9	81.6
Local emergency medical services	83.1	69.5
Local health department	66.0	47.2 [§]
Students, students' families, or other community members	63.8	66.6
Local emergency management agency	59.1	44.4 [¶]
Local mental health or social services agency	57.5	41.2 [#]
Local hospital	45.2	42.1 ^{**}
Local homeland security office	24.1 ^{††}	21.3 ^{‡‡}
Local public transportation department	20.8 ^{§§}	22.0
Federal Bureau of Investigation	6.4	4.4

*Defined as a comprehensive plan to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation.

[†]Among the 95.3% of districts that had a comprehensive crisis preparedness, response, and recovery plan.

[‡]Among the 97.1% of schools that had a comprehensive crisis preparedness, response, and recovery plan.

[§]An additional 2.8% of schools did not have a local health department.

^{||}An additional 16.1% of districts did not have a local emergency management agency.

[¶]An additional 8.1% of schools did not have a local emergency management agency.

[#]An additional 2.8% of schools did not have a local mental health or social services agency.

^{**}An additional 4.5% of schools did not have a local hospital.

^{††}An additional 29.9% of districts did not have a local homeland security office.

^{‡‡}An additional 16.7% of schools did not have a local homeland security office.

^{§§}An additional 47.0% of districts did not have a local public transportation department.

^{|||}An additional 28.3% of schools did not have a local public transportation department.

of districts provided schools with model policies on these same 3 topics plus violence prevention, illegal drug-use prevention, and alcohol-use prevention (Table 10).

Staff development was defined as workshops, conferences, continuing education, graduate courses, or any other kind of in-service. During the 2 years preceding the study, 98.0% of states provided funding for staff development or offered staff development to districts or schools on how to implement policies and programs related to at least 1 of the topics listed in Table 10. In addition, 96.4% of districts provided funding for or offered staff development to schools on how to implement policies and programs related to any of these topics.

Among the 95.3% of districts with a crisis preparedness, response, and recovery plan, 81.5% provided funding for training or offered training on the plan to school faculty and staff, 51.5% to students, and 15.4% to students' families during the 2 years preceding the study. Among all districts, 22.2% offered general education (ie, not specific training on the district's crisis plan) on crisis preparedness, response, and recovery to students' families during the 2 years preceding the study.

Changes Between 2000 and 2006 at the State and District Levels. The percentage of states with

Table 10. Percentage of All States and Districts That Provided Model Policies* to Districts or Schools[†] and Percentage of All States and Districts That Provided Funding for Staff Development or Offered Staff Development on Implementation of Policies and Programs for Faculty and Staff,* SHPPS 2006

Policy or Program Topic	% of All States		% of All Districts	
	Provided Model Policies	Provided Funding for or Offered Staff Development	Provided Model Policies	Provided Funding for or Offered Staff Development
Crisis preparedness, response, and recovery	86.3	98.0	74.5	81.5
Bullying prevention	82.4	90.2	78.4	86.3
Tobacco-use prevention	76.0	88.2	75.0	70.0
Violence prevention	72.0	92.2	76.2	82.5
Illegal drug-use prevention	70.0	90.2	76.2	76.7
Alcohol-use prevention	68.0	88.2	75.4	73.3
Positive school climate	54.0	87.8	61.7	83.0

*Model policies were defined as an example of what an actual policy on a particular topic or issue might address. The content might be based on scientific evidence, best practices, or state law or policy. Model policies are recommendations, not mandates.

[†]During the 2 years preceding the study.

tobacco-use prevention policies for students, faculty and staff, and visitors increased between 2000 and 2006. Specifically, the percentage of states that had adopted a policy prohibiting cigar or pipe smoking among students increased from 80.0% to 90.2%. In addition, an increase was detected in the percentage of states that had adopted a policy prohibiting cigarette smoking among faculty and staff in school buildings (from 64.0% to 74.5%) and on school buses or other vehicles used to transport students (from 61.2% to 72.5%). The percentage of states that had adopted a policy prohibiting faculty and staff from cigar or pipe smoking during any school-related activity also increased from 58.3% to 70.6%.

The percentage of states that had adopted a policy prohibiting cigarette smoking among school visitors increased from 71.4% to 86.3%. Further, an increase was detected in the percentage of states that had adopted a policy prohibiting cigarette smoking among visitors in school buildings (from 69.6% to 86.3%), on school buses or other vehicles used to transport students (from 67.4% to 84.0%), and at off-campus, school-sponsored events (from 37.0% to 52.0%). In addition, the percentage of states that had adopted a policy prohibiting smokeless tobacco use by visitors at off-campus, school-sponsored events increased from 30.6% to 48.0%, and the percentage of states that had adopted a policy prohibiting cigar or pipe smoking among school visitors increased from 70.0% to 86.3%.

As a result of these increases in the percentage of states with policies prohibiting some tobacco use in some locations, an increase from 24.5% in 2000 to 38.0% in 2006 occurred in the percentage of states that (1) prohibited cigarette smoking and smokeless tobacco use among students, faculty and staff, and school visitors in school buildings, outside on school grounds, on school buses or other vehicles used to transport students, and at off-campus, school-sponsored

events and (2) prohibited cigar or pipe smoking by students, faculty and staff, and school visitors.

Between 2000 and 2006, the percentage of both states and districts that adopted policies prohibiting tobacco advertisements increased. Specifically, the percentage that had adopted a policy prohibiting tobacco advertisements in school buildings increased from 28.0% to 38.8% among states and from 71.9% to 84.2% among districts. Similarly, the percentage that had adopted a policy prohibiting tobacco advertisements on school buses or other vehicles used to transport students increased from 30.0% to 40.8% among states and from 71.2% to 81.9% among districts, and the percentage that had adopted a policy prohibiting tobacco advertisements in school publications increased from 26.0% to 36.7% among states and from 70.8% to 82.1% among districts. The percentage of districts that prohibited tobacco advertisements outside on school grounds increased from 71.0% to 83.3%, and the percentage of districts that prohibited tobacco advertising through sponsorship of school events increased from 64.2% to 79.8%.

Some changes in violence prevention policies between 2000 and 2006 also were detected. At the state level, the percentage of states that had adopted a policy prohibiting physical fighting by students increased from 46.9% to 68.6%, and the percentage of states that required districts or schools to report to the state on the number of times students were caught using weapons other than handguns or firearms increased from 74.5% to 88.2%. In addition, the percentage of states that provided model policies on violence prevention to districts or schools during the 2 years preceding the study decreased from 83.7% in 2000 to 72.0% in 2006.

At the district level, the percentage of districts that had adopted a policy requiring schools to use security

or surveillance cameras increased from 2000 to 2006 for all school levels (elementary schools, from 11.0% to 29.1%; middle schools, from 16.4% to 37.2%; high schools, from 19.2% to 46.4%), as did the percentage of districts that had adopted a policy requiring schools to use communication devices (elementary schools, from 42.4% to 65.3%; middle schools, from 48.1% to 71.6%; high schools, from 49.5% to 70.7%) and the percentage of districts that had adopted a policy requiring schools to enforce a student dress code (elementary schools, from 62.0% to 81.4%; middle schools, from 75.1% to 91.2%; high schools, from 77.5% to 90.4%). In addition, the percentage of districts that had adopted a policy requiring routine locker searches increased from 35.4% to 57.1% for middle schools and from 44.0% to 63.4% for high schools. From 2000 to 2006, the percentage of districts that had adopted a policy prohibiting gang activity increased from 62.5% to 78.5%.

Two changes in district-level policies related to intentional injury prevention were detected. From 2000 to 2006, the percentage of districts that had adopted a policy on the inspection or maintenance of smoke alarms increased from 72.2% to 89.8%, and the percentage of districts that had adopted a policy requiring elementary schools to use the safety checklist and equipment guidelines published in the *Handbook for Public Playground Safety* by the US Consumer Product Safety Commission²⁶ increased from 29.7% to 46.7%.

From 2000 to 2006, an increase was detected in the percentage of districts that had provided model policies to schools during the 2 years preceding the study on illegal drug-use prevention (from 64.0% to 76.2%) and on alcohol-use prevention (from 64.9% to 75.4%).

Healthy and Safe School Environment at the School Level

School Health Councils and School Health Coordinators. Nationwide, 39.5% of schools had a school health council that offered guidance on the development of policies or coordinated activities on health topics. School health councils addressed many school health program components and many health topics (Table 1). Among the 18 topics listed in Table 1, only human immunodeficiency virus prevention, management of chronic health conditions such as asthma or diabetes, other sexually transmitted disease prevention, and pregnancy prevention were addressed by less than two thirds of the 39.5% of schools with a school health council. Representation on school health councils varied, but more than half of the 39.5% of schools with a school health council included district or school

administrators, physical education teachers, health education teachers, health services staff, community members, and nutrition or food service staff (Table 2). Among the 39.5% of schools with a school health council, 4.3% of the councils met less than 1 time, 29.8% 1 or 2 times, 32.4% 3 or 4 times, 9.4% 5 or 6 times, and 24.2% more than 6 times during the 12 months preceding the study. Nationwide, 60.8% of schools had someone at the school to oversee or coordinate school health (eg, a school health coordinator).

Keeping the School Environment Safe and Secure. Most schools at each school level required visitors to report to the main office or reception area upon arrival (Table 3). With 1 exception, more than half of all schools at all levels assigned staff or adult volunteers to monitor school halls during classes and between classes, bathrooms, and school grounds, and among elementary schools, to monitor playgrounds while they were in use. Across all school levels, more than two thirds of schools required identification badges for visitors, but less than half of schools required identification badges for faculty and staff. Few schools required identification badges for students. Less than one third of schools required students to wear school uniforms, but almost two thirds or more of schools had a dress code. Nearly all elementary and middle schools maintained a closed campus, while almost three fourths of high schools had closed campuses. Nationwide, 36.5% of middle schools and 43.2% of high schools routinely conducted locker searches.

Nationwide, 25.7% of elementary schools, 36.4% of middle schools, and 50.0% of high schools used police or school resource officers during the regular school day, whereas only 5.2% of elementary schools, 9.3% of middle schools, and 19.4% of high schools used security guards during the regular school day (Table 3). Nationwide, 9.2% of elementary schools, 23.8% of middle schools, and 29.6% of high schools had armed security staff.

Less than half of all elementary and middle schools used security or surveillance cameras, but more than half of high schools did so. Few schools at any level used metal detectors. Most schools across all levels used communication devices.

Sun Safety. During the 12 months preceding the study, 41.6% of schools never, 18.8% rarely, 26.1% sometimes, and 13.5% almost always or always scheduled outdoor activities to avoid times when the sun was at peak intensity. Further, 29.3% of schools never, 24.1% rarely, 29.8% sometimes, and 16.7% almost always or always encouraged students to use sunscreen before going outside.

Violence Prevention. Nationwide, 88.1% of schools had a plan for the actions to be taken when a student at risk for suicide was identified. Among

these schools, 98.1% of the plans required the student's family be informed, 81.6% of the plans required the student be referred to a mental health provider, and 52.4% of the plans required a visit with a mental health provider be documented before the student returned to school.

Nationwide, 98.7% of schools had adopted a policy prohibiting physical fighting by students on school property, 92.7% of schools had adopted a policy prohibiting physical fighting at off-campus, school-sponsored events, and 97.9% of schools had a policy that also included guidelines on what actions the school should take when students were caught fighting.

Nationwide, 49.9% of schools had 4 or more incidents where students were caught fighting during the 2004-2005 school year. *Incidents* was defined as the number of occurrences, not the number of students, officially reported or witnessed by an adult. Among these schools, the effect or severity of the violation, repeat offender status, and zero tolerance were the most common criteria used to determine what actions the school took in response (Table 11). When students were caught fighting, 97.7% of these schools almost always or always notified students' families, and 95.4% almost always or always referred students to a school administrator (Table 12).

Nationwide, 33.3% of schools posted signs marking a weapons-free school zone (ie, a specified distance from school grounds where weapons are not allowed). Further, 99.2% of schools had adopted a policy prohibiting weapon use by students on school property; 98.9% of schools had adopted a policy prohibiting weapon possession by students on school property; 94.6% of schools had adopted a policy prohibiting weapon use by students at

off-campus, school-sponsored events; and 94.9% of schools had adopted a policy prohibiting weapon possession by students at off-campus, school-sponsored events. Most schools had a policy that also included guidelines on what actions the school should take when students were caught using (98.2%) or possessing (97.8%) weapons.

Only 7.6% of schools had 4 or more incidents where students were caught possessing weapons during the 2004-2005 school year. Among these schools, zero tolerance was the most common criterion used to determine what actions the school took in response (Table 11). When students were caught possessing a weapon, more than half of these schools almost always or always referred students to a school administrator, notified students' families, suspended students from school, did not allow students to participate in extracurricular activities or interscholastic sports, and referred students to legal authorities (Table 12). The percentage (1.0%) of schools reporting 4 or more incidents of weapon use was too small for meaningful analysis of the data on criteria used to determine what actions the school took and the actions taken in response.

Nationwide, 73.1% of schools had adopted a policy prohibiting gang activity such as recruiting or wearing gang colors, symbols, or other gang attire. Almost one third (30.6%) of schools had or participated in a program to prevent gang violence, and 10.1% of schools had or participated in a safe passages to school program, defined as a program that develops safe routes to school so students do not have to go through dangerous areas.

Nationwide, 95.4% of schools had adopted a policy prohibiting bullying on school property, and 89.6%

Table 11. Percentage of Schools That Used Specific Criteria to Help Determine the Response to Incidents* of Student Policy Violations, by Type of Incident, SHPPS 2006

Criteria	% of Schools					
	Fighting [†]	Weapon Possession ^{‡,§}	Cigarette Smoking	Smokeless Tobacco Use [¶]	Alcohol Use [#]	Illegal Drug Use or Possession ^{**}
Zero tolerance	64.4	82.6	77.0	85.7	89.6	90.3
Effect or severity of the violation	73.5	47.1	26.1	22.8	36.3	42.8
Grade level of the student	46.3	21.9	7.4	12.9	14.0	11.7
Victim versus perpetrator status	46.8	NA	NA	NA	NA	NA
Repeat offender status	69.2	38.5	59.5	57.7	55.3	50.4
Type of weapon	NA	44.8	NA	NA	NA	NA
Type of drug	NA	NA	NA	NA	NA	35.0
None	0.0	0.0	2.2	0.0	0.0	0.0

NA, not asked for this type of incident.

*Defined as the number of occurrences, not the number of students, officially reported or witnessed violating a policy by an adult during the 2004-2005 school year.

[†]Among the 49.9% of schools that had 4 or more incidents of student fighting.

[‡]Such as a gun, knife, or club.

[§]Among the 7.6% of schools that had 4 or more incidents of student weapon possession.

^{||}Among the 11.9% of schools that had 4 or more incidents of student cigarette smoking.

[¶]Among the 6.4% of schools that had 4 or more incidents of student smokeless tobacco use.

[#]Among the 4.5% of schools that had 4 or more incidents of student alcohol use.

^{**}Among the 9.7% of schools that had 4 or more incidents of student illegal drug use or possession.

Table 12. Percentage of Schools That Almost Always or Always Took Actions for Incidents* of Student Policy Violations, by Type of Incident, SHPPS 2006

Action	% of Schools					
	Fighting [†]	Weapon Possession ^{‡,§}	Cigarette Smoking	Smokeless Tobacco Use [¶]	Alcohol Use [#]	Illegal Drug Use or Possession ^{**}
Referred to a school administrator	95.4	100.0	95.9	95.3	97.4	98.9
Notified students' families	97.7	97.6	93.4	93.1	97.5	98.7
Suspended from school	42.0	75.9	37.2	36.9	73.6	87.7
Referred to a school counselor	31.7	35.4	23.4	20.2	54.0	49.9
Not allowed to participate in extracurricular activities or interscholastic sports	39.7	65.1	45.9	44.4	80.4	77.2
Placed in detention	27.3	17.1	22.7	21.1	21.3	14.4
Given in-school suspension	21.8	10.5	29.9	23.3	12.7	9.7
Referred to legal authorities	11.9	56.9	22.3	11.6	50.2	79.4
Encouraged, but not required, to participate in an assistance program ^{††}	8.6	18.0	31.4	22.6	51.4	46.1
Required to participate in an assistance program ^{††}	4.6	22.4	19.6	11.6	44.3	46.2
Referred to peer mediation	7.6	NA	NA	NA	NA	NA
Expelled from school	1.7	26.5	0.9	0.0	13.1	16.7
Reassigned to an alternative school	3.2	13.8	4.2	6.9	14.0	14.6

NA, not asked for this type of incident.

*Defined as the number of occurrences, not the number of students, officially reported or witnessed violating a policy by an adult during the 2004-2005 school year.

[†]Among the 49.9% of schools that had 4 or more incidents of student fighting.

[‡]Such as a gun, knife, or club.

[§]Among the 7.6% of schools that had 4 or more incidents of student weapon possession.

^{||}Among the 11.9% of schools that had 4 or more incidents of student cigarette smoking.

[¶]Among the 6.4% of schools that had 4 or more incidents of student smokeless tobacco use.

[#]Among the 4.5% of schools that had 4 or more incidents of student alcohol use.

^{**}Among the 9.7% of schools that had 4 or more incidents of student illegal drug use or possession.

^{††}For cigarette smoking and smokeless tobacco use, the question included "assistance, education, or cessation program."

had adopted a policy prohibiting bullying at off-campus, school-sponsored events. In addition, 73.9% of schools had or participated in a program to prevent bullying, and 34.1% of schools had or participated in a peer mediation program.

Most schools had procedures to inform all students about violence-related rules (98.4%) and what happens if they break the rules (98.0%) and procedures to inform the families of all students about violence-related rules (98.1%) and what happens if students break the rules (97.8%). During the 2 years preceding the study, 50.2% of all schools involved students, 44.7% involved students' families, and 52.5% involved community members in developing, communicating, or implementing violence prevention policies or activities (Table 13).

Unintentional Injury Prevention. Schools implemented a variety of injury prevention and safety procedures related to sports or playground activities, school lab or workshop activities, and fire safety. Three fourths or more of all schools had inspected and provided appropriate maintenance during the 12 months preceding the study for each type of school facility and equipment listed in Table 4. Almost half (48.7%) of elementary schools used the safety checklist and equipment guidelines published in the *Handbook for Public Playground Safety* by the US Consumer Product Safety Commission.²⁶ Further, 94.6%

of the 32.7% of schools with classes such as wood shop or metal shop required students to wear appropriate protective gear when engaged in those classes, and 97.6% of the 64.6% of schools with lab activities for photography, chemistry, biology, or other science classes required students to wear appropriate protective gear when engaged in those activities.

Most schools had procedures to inform all students (93.6%) and the families of all students (88.9%) about rules related to school safety and injury prevention. However, one third or less of all schools involved students, students' families, and community members in developing, communicating, or implementing injury prevention and safety policies or activities during the 2 years preceding the study (Table 13). Nationwide, 11.8% of schools had ever been sued because of an injury that occurred on school property or at an off-campus, school-sponsored event. This included any claim filed with a court, regardless of the outcome, but did not include suits against individual staff members.

Tobacco-Use Prevention. Most schools had adopted a policy prohibiting cigarette smoking (96.9%), smokeless tobacco use (91.3%), and cigar or pipe smoking (90.2%) among students; prohibiting cigarette smoking (92.6%), smokeless tobacco use (88.4%), and cigar or pipe smoking (89.9%) among faculty and staff; and prohibiting cigarette smoking

Table 13. Percentage of All Schools That Involved Students, Families, and Other Community Members in Prevention Efforts,* by Type of Prevention Effort, SHPPS 2006

	% of All Schools				
	Violence Prevention Efforts	Injury Prevention and Safety Efforts	Tobacco-Use Prevention Efforts	Alcohol-Use Prevention Efforts	Illegal Drug-Use Prevention Efforts
Students helped to develop, communicate, or implement policies or activities	50.2	29.2	43.5	43.9	46.9
Students' families helped develop, communicate, or implement policies or activities	44.7	28.0	29.4	35.1	36.9
Community members helped develop, communicate, or implement policies or activities	52.5	33.6	43.8	47.0	49.9

*During the 2 years preceding the study.

(90.5%), smokeless tobacco use (84.8%), and cigar or pipe smoking (87.3%) among school visitors. Schools were asked if they had a policy that prohibited cigarette smoking and smokeless tobacco use among students, faculty and staff, and visitors in a variety of locations (Table 5). Only 63.6% of schools (65.5% of elementary schools, 58.7% of middle schools, and 66.1% of high schools) had policies that (1) prohibited cigarette smoking and smokeless tobacco use among all students, all faculty and staff, and all school visitors in school buildings, outside on school grounds, on school buses or other vehicles used to transport students, and at off-campus, school-sponsored events and (2) prohibited cigar or pipe smoking by all students, all faculty and staff, and all school visitors.

Nationwide, most schools prohibited tobacco advertisements in school buildings, outside on school grounds, on school buses or other school vehicles used to transport students, and in school publications; through sponsorship of school events; and by prohibiting tobacco brand-name apparel or merchandise (Table 6). Further, 54.1% of schools posted signs marking a tobacco-free school zone (ie, a specified distance from school grounds where tobacco use is not allowed), and 37.8% of middle schools and high schools had or participated in a youth empowerment or advocacy program related to tobacco-use prevention.

Most (95.0%) schools had a policy that included guidelines on what actions the school should take when students were caught smoking cigarettes, and 90.2% had a policy on what actions the school should take when students were caught using smokeless tobacco. Nationwide, 11.9% of schools had 4 or more incidents where students were caught smoking cigarettes and 6.4% of schools had 4 or more incidents where students were caught using smokeless tobacco during the 2004-2005 school year. Among these schools, zero tolerance was the criterion most commonly used to determine what

actions the school took in response to both cigarette smoking and smokeless tobacco-use incidents (Table 11). When students were caught smoking cigarettes, 95.9% of these schools almost always or always referred students to a school administrator, and 93.4% almost always or always notified students' families (Table 12). Similarly, when students were caught using smokeless tobacco, 95.3% of these schools almost always or always referred students to a school administrator, and 93.1% notified students' families.

Most schools had procedures to inform all students about tobacco-related rules (94.9%) and what happens if they break the rules (95.5%) and procedures to inform the families of all students about tobacco-related rules (95.6%) and what happens if students break the rules (95.1%). Most schools also had procedures to inform faculty and staff about tobacco-related rules (90.0%) and what happens if they break the rules (86.9%) and procedures to inform school visitors about tobacco-related rules (77.0%) and what happens if visitors break the rules (65.7%). During the 2 years preceding the study, 43.5% of all schools involved students, 29.4% involved students' families, and 43.8% involved community members in developing, communicating, or implementing tobacco-use prevention policies or activities (Table 13).

Alcohol-Use Prevention. Most schools had adopted a policy prohibiting alcohol use by students on school property (97.2%) and at off-campus, school-sponsored events (94.4%). Most schools (96.4%) had a policy that also included guidelines on what actions the school should take when students were caught drinking alcohol. Nationwide, 4.5% of schools had 4 or more incidents where students were caught using alcohol during the 2004-2005 school year. Among these schools, zero tolerance was the criterion most commonly used to determine what actions the school took in response (Table 11). When students were caught drinking alcohol,

97.5% of these schools almost always or always notified students' families, 97.4% almost always or always referred students to a school administrator, 80.4% almost always or always did not allow students to participate in extracurricular activities or interscholastic sports, and 73.6% almost always or always suspended students from school (Table 12).

Most schools had procedures to inform all students about alcohol use-related rules (95.0%) and what happens if they break the rules (95.5%) and procedures to inform the families of all students about alcohol use-related rules (95.8%) and what happens if students break the rules (95.6%). During the 2 years preceding the study, 43.9% of all schools involved students, 35.1% involved students' families, and 47.0% involved community members in developing, communicating, or implementing alcohol-use prevention policies or activities (Table 13). Nationwide, 38.5% of schools had or participated in a community-based alcohol-use prevention program, such as SADD (Students Against Destructive Decisions).

Illegal Drug Possession and Use Prevention. Most schools had adopted a policy prohibiting illegal drug possession or use by students on school property (97.8%) and at off-campus, school-sponsored events (96.0%). Most (97.4%) schools also had a policy that included guidelines on what actions the school should take when students were caught possessing or using illegal drugs. Nationwide, 9.7% of schools had 4 or more incidents where students were caught possessing or using illegal drugs during the 2004-2005 school year. Among these schools, zero tolerance was the criterion most commonly used to determine what actions the school took in response (Table 11). When students were caught possessing or using illegal drugs, 98.9% almost always or always referred students to a school administrator, 98.7% almost always or always notified students' families, 87.7% almost always or always suspended students from school, 79.4% almost always or always referred students to legal authorities, and 77.2% almost always or always did not allow students to participate in extracurricular activities or interscholastic sports.

Nationwide, 11.4% of middle schools and 19.5% of high schools conducted drug testing on students. Among the 11.3% of *private* middle and high schools that conducted testing, 81.4% conducted tests when it was suspected that a student was using drugs at school, 35.0% conducted tests randomly among the entire student population, 7.7% used voluntary testing for all students, and 11.5% used some other unspecified criterion. Among the 15.9% of *public* middle and high schools that conducted testing, 71.9% conducted tests when it was suspected that a student was using drugs at schools, 53.4% con-

ducted tests randomly among members of specific groups of students, 45.8% used voluntary testing for all students, and 11.2% used some other unspecified criterion.

Among the 14.6% of public and private middle schools and high schools that conducted drug testing on students, 85.6% tested for marijuana, 78.1% tested for opiates (eg, heroin or morphine), 77.3% tested for amphetamines (eg, methamphetamine or ecstasy), 74.7% tested for cocaine, 70.7% tested for phencyclidine (ie, PCP), 49.7% tested for alcohol, 27.0% tested for steroids, and 16.3% tested for nicotine. Urine tests were used in 83.9% of these schools, a breathalyzer (breath alcohol test) in 39.5%, hair in 15.2%, saliva in 7.9%, and sweat in 2.9%.

Among the 14.6% of public and private middle schools and high schools that conducted drug testing on students, 14.4% had 4 or more incidents where students had a positive drug test during the 2004-2005 school year. This was too few to conduct meaningful analysis of the data on criteria used to determine what actions the school took and the actions taken in response.

Most schools had procedures to inform all students about illegal drug use-related rules (94.5%) and what happens if they break the rules (95.0%), and procedures to inform the families of all students about illegal drug use-related rules (95.2%) and what happens if students break the rules (95.2%). During the 2 years preceding the study, 46.9% of all schools involved students, 36.9% involved students' families, and 49.9% involved community members in developing, communicating, or implementing alcohol-use prevention policies or activities (Table 13). Nationwide, 46.8% of schools had or participated in a community-based illegal drug-use prevention program (defined as programs that target latchkey children, dropouts, or other high-risk populations and that may provide safe havens after school or alternative activities for children), and 54.4% posted signs marking a drug-free zone (ie, a specified distance from school grounds where illegal drugs are not allowed).

Crisis Preparedness, Response, and Recovery. Nationwide, 41.4% of schools had their own plan to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation, 41.2% used a district-level plan that had been adapted to meet the school's needs, 14.5% used a plan provided by the district, and 2.9% of schools did not have a plan. At least 90% of all schools had plans that included evacuation plans, procedures to stop people from leaving or entering school buildings, mechanisms for communicating with school personnel, and requirements to periodically review and revise emergency response plans

(Table 7). Nationwide, 57.3% of schools had a NOAA-approved weather radio.

Among the 97.1% of schools with a comprehensive crisis preparedness, response, and recovery plan, schools were most likely to have worked with staff from a local law enforcement agency and a local fire department and least likely to have worked with the FBI to develop their plan (Table 9). During the 12 months preceding the study, 82.1% of the schools with a plan had evaluated or assessed it.

Among the 97.1% of schools with a crisis preparedness, response, and recovery plan, 87.1% of schools provided training on the plan to school faculty and staff, 71.5% provided training to students, and 25.2% provided training to students' families during the 2 years preceding the study. Among all schools during the 2 years preceding the study, 27.7% offered general education on crisis preparedness, response, and recovery to students' families (ie, not including training on the school's crisis plan).

Nationwide, 46.9% of schools were members of a group of local agencies that coordinated crisis preparedness, response, and recovery efforts; 46.6% were not members of such a group; and 6.5% reported there was no such group in the community. Nationwide, 50.2% of schools were designated to serve as staging areas or community shelters during local emergencies.

School Climate. Schools were asked about efforts to promote a positive school climate. Nationwide, 85.7% of schools had adopted school-wide practices or programs that explicitly promoted a positive school climate. During the 2 years preceding the study, faculty and staff received staff development on topics explicitly related to school climate in 86.9% of schools. In addition, 88.8% of schools had a prosocial code of conduct that addressed such concepts as cooperation, conflict resolution, and helping others, and students were involved in developing school or classroom rules in 85.1% of schools.

Changes Between 2000 and 2006 at the School Level. Between 2000 and 2006 several changes were detected in policies and practices related to keeping the environment safe and secure. Specifically, the percentage of schools at all levels that used security or surveillance cameras increased from 16.7% to 43.0% and the percentage that used communication devices increased from 79.8% to 92.5%. The percentage of schools at all levels in which staff or adult volunteers were assigned to monitor school grounds decreased from 82.6% to 70.8%.

Changes also were detected in how schools responded to physical fighting and bullying among students. Among schools that had 4 or more incidents of student fighting during the school year preceding the study, the percentage that used the

following specific criteria to determine what actions the school took in response decreased between 2000 and 2006: grade level of the student (from 58.3% to 46.3%), effect or severity of the violation (from 86.5% to 73.5%), repeat offender status (from 83.4% to 69.2%), and victim versus perpetrator status (from 65.4% to 46.8%). In addition, among schools that had 4 or more incidents of student fighting, the percentage that in response almost always or always encouraged students to participate in an assistance program decreased from 18.4% to 8.6%, and the percentage that almost always or always required students to participate in an assistance program decreased from 13.9% to 4.6%.

Between 2000 and 2006, the percentage of elementary and middle schools participating in a program to prevent bullying increased from 63.0% to 77.3% (in SHPPS 2000, this question was not asked at the high school level). The percentage of schools in which students' families helped develop, communicate, or implement violence prevention policies or activities decreased from 56.9% to 44.7%.

Two changes related to unintentional injury prevention were detected. Between 2000 and 2006, the percentage of schools that inspected smoke alarms during the 12 months preceding the study increased from 85.3% to 96.7%, and the percentage of schools in which students' families helped develop, communicate, or implement injury prevention and safety policies or activities decreased from 39.3% to 28.0%.

Between 2000 and 2006, many changes were detected in tobacco-use prevention policies. Specifically, increases occurred for the following policies: policies prohibiting faculty and staff from smoking cigarettes on school grounds (from 76.5% to 87.1%), policies prohibiting faculty and staff from using smokeless tobacco at off-campus, school-sponsored events (from 73.0% to 84.5%), outside on school grounds (from 73.2% to 84.6%), and on school buses or other vehicles used to transport students (from 77.5% to 87.7%); policies prohibiting visitors from smoking cigarettes outside on school grounds (from 70.5% to 81.7%); and policies prohibiting visitors from using smokeless tobacco on school grounds (from 65.6% to 79.0%) and at off-campus, school-sponsored events (from 64.0% to 74.5%). As a result of these increases, an increase occurred from 46.3% in 2000 to 63.6% in 2006 in the percentage of schools that (1) prohibited cigarette smoking and smokeless tobacco use among all students, all faculty and staff, and all school visitors in school buildings, outside on school grounds, on school buses or other vehicles used to transport students, and at off-campus, school-sponsored events and (2) prohibited cigar or pipe

smoking by all students, all faculty and staff, and all school visitors.

In addition, the percentage of schools with procedures to inform visitors about what happens if they break the rules related to tobacco use increased from 54.5% to 65.7%, and the percentage of schools posting signs marking a tobacco-free school zone increased from 42.4% to 54.1%. Among schools that had 4 or more incidents of student cigarette smoking during the school year preceding the study, the percentage that used the effect or severity of the violation as criteria to determine what actions the school took in response decreased from 39.8% to 26.1%. Among schools that had 4 or more incidents of student smokeless tobacco use, the percentage of schools that in response almost always or always referred students to legal authorities decreased from 33.8% to 11.6%. Between 2000 and 2006, the percentage of schools in which students' families helped develop, communicate, or implement tobacco-use prevention policies or activities decreased from 40.2% to 29.4%.

Several changes were detected in alcohol-use prevention and illegal drug-use prevention policies and practices. Between 2000 and 2006, among schools that had 4 or more incidents of student alcohol use during the school year preceding the study, the percentage that used repeat offender status as a criterion to determine what actions the school took in response decreased from 83.1% to 55.3%. In addition, the percentage of schools that had or participated in a community-based alcohol-use prevention program decreased from 49.6% to 38.5%, and the percentage of schools that had or participated in a community-based illegal drug-use prevention program decreased from 60.0% to 46.8%. Between 2000 and 2006, the percentage of schools in which family members helped develop, communicate, or implement alcohol-use prevention policies or activities decreased from 45.4% to 35.1%.

DISCUSSION

The Institute of Medicine asserts that involvement of a wide range of community stakeholders is necessary to build the foundation for a successful coordinated school health program and recommends "a coordinating council for school health be established in every school district."^{28(p10)} A school health council, committee, or team at the district level can assist school-level councils, committees, or teams by "assessing the health status, issues, and concerns of children and their families district-wide; obtain[ing] input from the community about the overall direction of the program; develop[ing] a shared vision for the health of children and their families; make[ing]

policy recommendations to the board of education; identify[ing] and help[ing] coordinate community resources; help[ing] secure district-level support for coordinated school health programs; and initiate[ing] planning for district-wide adoption."^{29(p36)} To be most effective, it is recommended that such a district-level council, committee, or team include representation from all levels of school administration (eg, administrators, board members, teachers), community organizations (eg, health departments, youth serving organizations), health care providers, representatives of the religious community, college and university faculty, law enforcement officers, elected officials, media representatives, and leaders of business and industry, as well as students.^{29,30} For maximum success, program efforts and support should occur concurrently at 2 levels; therefore, the Institute of Medicine²⁸ also recommends that at the school level "individual schools should establish a school health committee"^(p11) to address the major issues facing students, and coordinate activities and resources.

SHPPS 2006 found that 85.7% of states had a school health council that was formally charged with coordinating state-level school health activities. Almost three fourths of districts and more than one third of schools had a school health council that offered guidance on the development of policies or coordinated activities on health topics. Representation on the school health council varied and was generally consistent with current recommendations,^{29,30} but less than half of districts with a school health council included representatives from local social service agencies or local health organizations, and less than half of schools with a school health council included representatives from students, local social service agencies, local health organizations, local health departments, or local health care providers. Future research is needed to help identify the extent to which school health councils play a role in promoting interdisciplinary and interagency collaboration and coordination to meet the needs of students and families.

A trained school health coordinator is vital for both districts and schools not only to work with school health councils, but also to strengthen school health programs.^{20,28,31} The Joint Committee on Health Education and Promotion Terminology described a school health coordinator as a "certified or licensed professional at the state, district, or school level responsible for managing, implementing, and evaluating all school health policies, activities, and resources."^{32(p6)} Both the CDC and the American Cancer Society have emphasized the importance of a school health coordinator position in strengthening school health programs in each school district.^{20,31} Further, the Institute of Medicine recommends that at the school level, "individual schools ... appoint

a school health coordinator to oversee the school health program.^{28(p11)} SHPPS found that two thirds of districts and almost two thirds of schools had a school health coordinator.

Generally, district-level respondents to the SHPPS 2006 healthy and safe school environment questionnaire did not serve as the school health coordinator. Thus, although it is useful to learn that among respondents who did serve in that role, only 20.7% had received training to do so, more research is needed to determine the extent to which all school health coordinators have been trained to serve in their role, what training they received, and if the presence of a trained school health coordinator improves the extent to which schools address the most important health topics affecting students or school health program components, develop policies, coordinate resources and activities, and seek the active involvement of students and families in designing and implementing programs.²⁸

“School staff can play a major role in protecting children and adolescents from ultraviolet radiation (UV) exposure and the future development of skin cancer by instituting policies, environmental changes, and educational programs that can reduce skin cancer risk among young persons.”^{16(p1)} Findings from SHPPS 2006 suggest that schools could do more to reduce UV exposure. For example, during the 12 months preceding the study, three fifths of schools never or rarely scheduled outdoor activities to avoid times when the sun was at peak intensity, and just over half never or rarely encouraged students to use sunscreen before going outside.

Clearly articulated school policies, applied fairly and consistently, can help students choose not to violate school rules on tobacco, alcohol, and illegal drug-use and violent behaviors such as fighting, bullying, or possessing weapons.²⁰ Most states, districts, and schools prohibit students from possessing weapons, physical fighting and bullying, and using tobacco, alcohol, and illegal drugs. Gang activity was prohibited by almost one third of states but more than three fourths of districts and schools. More than 95% of schools had procedures to inform all students and their families about rules related to violence, tobacco use, alcohol use, and illegal drug use and what happens if students break the rules. Although more research is needed to identify the best services to offer students who violate school rules, providing supportive services (eg, anger management, tobacco cessation services, or being encouraged or required to participate in an assistance program) to students caught breaking school rules may reduce future rule-breaking behavior and assist students who are addicted to tobacco, alcohol, or other illegal drugs. Supportive services are generally not actions commonly taken by schools in

response to violations of policies related to fighting, weapon possession, cigarette smoking, and smokeless tobacco use—about one third of schools or less report that they always or almost always use supportive services in response to a violation—but their use is slightly more common for violations of policies related to alcohol use or illegal drug use or possession.

The health hazards for youth and adults associated with both tobacco use and breathing secondhand smoke are well established.^{33,34} Exposure to secondhand smoke also may be associated negatively with cognitive abilities.³⁵ In addition, teachers and other staff are important role models for students. For example, school policies permitting faculty and staff smoking influence students’ attitudes toward cigarette use and smoking behavior.³⁶⁻³⁸ Prohibiting all tobacco use at school and at school-sponsored events not only protects students, faculty, staff, and visitors from secondhand smoke, but also eliminates the opportunity for students to observe and participate in tobacco use at school and school activities. SHPPS 2006 shows that only 38.0% of states, 55.4% of districts, and 63.6% of schools have policies that (1) prohibit cigarette smoking and smokeless tobacco use among all students, all faculty and staff, and all school visitors in school buildings, outside on school grounds, on school buses or other vehicles used to transport students, and at off-campus, school-sponsored events and (2) prohibit cigar or pipe smoking by all students, all faculty and staff, and all school visitors. Even though these results represent significant increases in the percentage of states and schools with these kinds of policies, these rates fall far short of the *Healthy People 2010* goal to increase to 100% “smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events” (Objective 27-11).³³

According to the CDC’s *School Health Guidelines to Prevent Unintentional Injuries and Violence*, “schools can implement a range of actions to ensure that the physical environment helps to prevent unintentional injuries and violence to the maximum extent possible.”^{20(p21)} The guidelines recommend that schools conduct regular safety and hazard assessments; maintain structures, playground and other equipment, school buses, and other vehicles, and physical grounds; make repairs immediately after hazards have been identified; actively supervise all student activities to promote safety and prevent unintentional injuries and violence; and ensure that the school environment, including school buses, is free from weapons.²⁰ SHPPS 2006 found that during the 12 months preceding the study, more than 90% of schools had inspected and provided appropriate maintenance to the school facilities and equipment such as fire extinguishers and smoke alarms, inside

and outside lighting, indoor and outdoor athletic facilities and equipment, and special classroom areas and other areas of the schools (eg, halls, stairs, and regular classrooms). Likewise, more than half of schools required visitors to report to the main office or reception area upon arrival; assigned adults to monitor bathrooms, hallways between classes, school grounds, and elementary school playgrounds while in use; had a dress code; and maintained a closed campus. Half of high schools, but fewer elementary and middle schools, used police or school resource officers during the regular school day, and more than half used surveillance cameras inside or outside of the school building.

The US Department of Education provides state and local education agencies with guidance on crisis planning.¹⁹ The majority of districts required that schools include, and the majority of schools did include, in their crisis preparedness, response, and recovery plan elements consistent with current recommendations such as evacuation plans, lockdown plans, periodic review of plans, and mechanisms for communicating with school personnel.

Recommendations from the National Advisory Committee on Children and Terrorism suggest that education agencies should be an integral part of any community-wide crisis preparedness, response, and recovery planning along with public health, mental health, medical care, emergency management, law enforcement, fire, homeland security, and transportation.²¹ Such collaboration ensures that the needs of children and adolescents will be met. SHPPS 2006 found that although most districts and schools included the basic components of a comprehensive crisis preparedness, response, and recovery plan, only about half of districts and schools were a member of a group of local agencies that coordinate crisis preparedness, response, and recovery efforts. For 16.5% of districts and 6.5% of schools, no such group existed in the community.

“Professional development is essential for teachers, administrators, and other individuals committed to improving the health and well being of young people It provides opportunities for participants to identify areas for improvement, learn about and use proven practices, solve problems, develop skills, and reflect on and practice new strategies.”³⁹ SHPPS 2006 found that during the 2 years preceding the study, the majority of states had provided funding for staff development or offered staff development to districts or schools, and the majority of districts had provided funding for or offered staff development to schools, on how to implement policies and programs related to a variety of topics, such as crisis preparedness, response, and recovery; tobacco-, alcohol-, and illegal drug-use prevention; violence and bullying prevention; and positive school climate.

In summary, SHPPS 2006 suggests that states, districts, and schools are doing a great deal to ensure a healthy and safe school environment. For example, most districts had a policy on the inspection and maintenance of school facilities and equipment, and most schools inspected and maintained school facilities and equipment, thereby reducing the risk of unintentional injuries among students and staff. Only 5% of districts and 3% of schools did not have a crisis preparedness, response, and recovery plan. Most districts and schools prohibited use of tobacco, alcohol, and other drugs by students and prohibited fighting, weapon use, and weapon possession. Further, most schools had procedures to inform students about the rules related to those behaviors and what happens when students break the rules. This study also suggests that districts and schools value a positive school climate, but more research is needed to explore more specifically what schools are doing to promote a positive school climate and to determine which strategies are most effective.

SHPPS 2006 also suggests that in some areas, school health policies and programs at the state, district, and school level could benefit from improvement. For example, when students break rules related to tobacco, alcohol, and other drug use or are caught fighting or possessing weapons, punitive measures are more common than supportive services that may prevent future infractions. Also, tobacco-use policies in many states, districts, and schools should be strengthened to better protect students, faculty, staff, and visitors from secondhand smoke and eliminate the opportunity for students to observe and participate in tobacco use at school and at school-related activities. Finally, despite the known dangers of overexposure to ultraviolet radiation, most schools do not reschedule outdoor activities to avoid times when the sun is at peak intensity and most schools do not encourage the use of sunscreen before going outside.

To provide students with a truly healthy and safe school environment in which learning can take place, more schools need to promote a positive school climate and reduce violence, injuries, and the use of tobacco, alcohol, and other substances, and states and districts need to continue to provide policy and technical assistance in support of school efforts. SHPPS 2006 contributes to our understanding of the ways in which a wide variety of policies and programs at the state, district, and school levels promote a healthy and safe school environment.

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