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Committee on Education
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I thank you for the opportunity to speak to you today about safety and security in our DC schools. I will be brief in my spoken testimony and we are offering comprehensive written testimony.

As a matter of introduction, I am the Director for Public Policy of Safe Kids Worldwide. I am a DC resident. Safe Kids is a global network of coalitions dedicated to providing parents and caregivers with practical and proven resources to protect kids from unintentional injuries, the number one cause of death to children in the United States. Throughout the world, almost one million children die of an injury each year, and every one of these tragedies is preventable. Let me say that again: preventable. Our Safe Kids network consists of more than 600 coalitions in the U.S. and in 27 countries. We work to reduce traffic injuries, drownings, falls, burns, poisonings, sports safety injuries and more. Working together, we can do much more for kids everywhere--from Washington, DC to Nairobi, Kenya, from an infant in a crib to an 11th grader crossing the street while texting, in the home and in school.

Since 1988, Safe Kids has helped reduce the U.S. childhood death rate from unintentional injury by 53 percent. Within that calculation is a stunning reduction in motor vehicle deaths involving kids: Between 2000 and 2009, motor vehicle traffic–related death rates declined by 41 percent. Those statistics demonstrate that government, public policy and laws have a significant impact in saving lives. Federal and state laws working in harmony on the "buckle up" campaign involving seat belts and child restraint systems led to those numbers--and Safe Kids was at the epicenter of the buckle up movement. When it comes to child safety, public policy works!

Preventable Injury: Carbon Monoxide Poisoning

One area in which public policy works is in the prevention of child death in fires and from carbon monoxide (CO) poisoning. Predominantly, CO poisoning kills kids at home. An example of what could have been a very sad story is the CO that filled a Fort Washington home in Prince George's County. The father took his two-year-old son to Children's National Medical Center—the entity which created Safe Kids--after a fall from bed. Dr. Shireen Atabaki at Children's National suspected that the boy was suffering from environmental factors. When the boy's father called home, there was no answer. He then called a neighbor who went to the home and found four of the five family members unconscious from high levels of CO poisoning from a malfunctioning gas furnace. Dr. Atabaki acted as an investigator as well as a physician, and she saved the family.

Carbon monoxide can present a danger in schools as well, and carries the risk of a much larger tragedy. Which is what could have happened at the Finch Elementary School in Atlanta little more than a year ago. Carbon monoxide is known as the "stealth" or "silent" killer because it is odorless, colorless and tasteless. At around 8:30 am of the school day on December 3, students and teachers reported feeling sick: nauseous, headaches and dizziness. What they originally thought to be flu symptoms, were actually the very serious and potentially deadly symptoms of CO poisoning. 500 students at Finch were rushed out and 40 people (30 of them students) were taken to emergency rooms or triaged in the school parking lot. By the afternoon, everyone was released. But it was scary.

Finch did not have the capacity to detect CO and Georgia law does not require it to do so. In fact, only Connecticut and Maryland require them in schools as a matter of law.

At Safe Kids, we were concerned about all U.S. schools but, as DC is our home, we wanted to help the City and School District, which is why we went to Councilmembers Catania and Evans. And that's what brought us here, and we appreciate their help in this regard.

We urge the Council to consider legislation that would require schools that have gas burning heating systems to have a carbon monoxide detection system. In my written testimony, I have provided a model law which we prepared for our coalitions around the nation. Safe Kids is aware of the fiscal challenges confronting all cities and that this could be a costly safety measure, which is why we propose a survey of all schools to determine whether the building's systems may cause a CO risk. That first measure can happen without legislation.

Preventable Injury: Pedestrian, Bike Safety Near Schools

Safe Kids is greatly concerned about injuries and death involving kids hit by cars near schools. The causes of these deaths are diverse: traffic patterns, speeding, cars passing school buses and distraction by both drivers and kids on foot or on bikes. Safe Kids recently released a report on pedestrian un-safety near schools, based on 34,000 observations around the nation; with the support of FedEx. This is what we found: "The leading at-risk age group has shifted since 1995 when 5 to 9 year olds sustained the most injuries, to today when teens are at greatest risk. The death rate among older teens is now twice that of younger children." We hypothesize that the increase is related to distraction from the use of electronics.

In the release of the report, we challenged all kids and parents to take a break when they cross the street: devices down, heads up. It's the Moment of Silence Campaign.

When I drive to work, I travel west on K Street and go past the J.O. Wilson Elementary school. The pattern around the school is at best chaotic. The best proactive step to prevent a tragedy at a school street corner is a crossing guard, and there is one at the Wilson school. But even she has challenges in dealing with the 8th and K intersection. The problem at the Wilson school will only grow more difficult as the area continues to develop as a business, nightlife and retail zone.

Beyond the H Street Corridor, there are other neighborhoods experiencing expansion and dramatic increases in traffic.

Another pedestrian and bike safety challenge is a side effect of charter schools. Because the vast majority of kids attending a charter school live outside of that school's neighborhood, the traffic can be intense.

Safe Kids urges the district to consider tested measures to prevent injuries near schools such as speed bumps, speed counters, bike lanes, enhanced enforcement and speed cameras at intersections adjacent to a school. The speed cameras may be controversial but there should be no argument about protecting kids on foot and on bikes in school zones. It may be old school, but an indispensable player is the crossing guard. The District is to be commended for keeping crossing guards, unlike other cities which cut them to make budgets balance.

But we do recognize that these infrastructure changes cost tax dollars, and we advocate in favor of a genuine federal role in the development of safe routes to school, with the funds to back it up. Moreover, Safe Kids supports "Complete Street" initiatives which mean that pedestrian and bike safety are considered in planning infrastructure projects.

Preventable Injury: Sports Safety

One of Safe Kids' most ambitious, recent efforts is preventing injury sustained by kids in sports. A great deal of attention is paid to the dangers associated with concussions, and that is justified. But we need to approach sports safety in a holistic way:

- Boys ***and*** girls*;*
- Football ***and*** the full range of sports (soccer, hockey, lacrosse, cheerleading, basketball, baseball and others;)
- Brain injury ***and*** injuries involving the knee, the throwing arm, sudden cardiac arrest and the need for hydration*.*

This City Council was early in the game in passing a "return to play" law. The law was introduced by the Chairman of this committee and we applaud you, and Council Chairman Mendelson, for your leadership. This means that a young athlete who sustains what might be a concussion must be pulled from play and can only be returned to participation upon an evaluation by a licensed health care provider. It also requires that coaches and others obtain education on how to identify a concussion and other sports safety issues. The DC law is a strong one: in addition to the remove- and return-to-play protocol, it applies to kids 19 and under (rather than limiting it to older athletes) and applies to sports with all schools, not just public schools, and sports organized by Parks and Recreation and non-profit organizations.

After the end of the 2013-2014 school year, the Council may consider conducting a check-up on the implementation the DC "return to play" law.

- Are schools and other applicable organizations enforcing the law?
- Is the required Mayoral plan for implementation viable?
- Are coaches getting the education they need and where are they receiving it?
- Should its principles be applied to other sports and other common sports injuries?

A worry on the field is that the return-to-play laws may cause an economic challenge. It costs money to adhere to the pre- and post-injury medical clearance, unless the family has insurance. I have determined that Obamacare covers a pre-clearance exam as part of an annual exam. A second issue is the importance of having athletic trainers at schools. They are expensive. And the best estimates we've found are that only 40% of schools in the nation have access to an athletic trainer. Wealthy communities can afford to have one at every high school. Those with budget challenges often cannot afford it. We don't want to see a new form of segregation in sports.

I am attaching Safe Kids' two most recent reports on sports safety to our written testimony. We would be happy to be part of an effort that evaluates the DC law.

Preventable Injury: AEDs and EPI Pens

In addition to carbon monoxide detection, there are two other safety tools we believe should be in a school building.

First, we are all more attuned to food allergies involving kids than ever before. Anaphylaxis happens fast, and serious cases result in shock. The treatment involves an injection of epinephrine, adrenaline. An EPI pen can provide the epinephrine. It is a simple instrument, easy to use, and relatively

inexpensive. There is at least one program under which qualified schools can obtain EpiPen Auto-Injectors at no cost. I can get you that information if you want to explore it. In addition, students who are especially susceptible to anaphylaxis should carry one or at least an ID bracelet to alert first responders and school nurses.

The second must-have item involves the heart of sports. I spoke earlier of sports safety and how concussions have exhausted all of the oxygen in the discussion of sports safety. We agree that there should be significant attention paid to concussion injury. However, the single most common killer of young athletes is sudden cardiac arrest. Here's just one story: 16-year old Wes Leonard had just taken the winning shot in overtime at a basketball game at Fennville High School in Michigan, when he collapsed and died from sudden cardiac arrest. Later, it was discovered that Wes had an underlying genetic heart condition—hypertrophic cardiomyopathy or, in other words, an enlarged heart.

The difference between life and death is ten minutes. And the difference between life and death is an automatic electronic defibrillator, or an "AED."

We urge that schools with an active sports program have an AED on hand, and close to where kids are active in sports--where they play soccer, football, basketball and other sports. Further, the school should have a plan for deal with a cardiac emergency and a person trained in their use on hand, as well as in the administration of heart compressions. It is not difficult to use an AED. Some of the AED kits come with instructions that direct you during their use.

AEDs cost around $1,500. October is Sudden Cardiac Arrest Month and the Sudden Cardiac Arrest Association has ways to buy AEDs at a discounted rate. In addition, several weeks ago, Safe Kids partnered with WNBA star Tina Charles, a forward, who is one of the most generous professional athletes out there. We held an event at the Riverbank State Park in New York City. Inspired by Wes Leonard's story, Tina's Hopey's Foundation is striving to provide schools and rec centers with AEDs. Again, I can get you information about these avenues.

It all gets back to the central theme: so many deaths involving kids are preventable.

Conclusion

I want to conclude by saying a word about the role of teachers and other school personnel in child safety. Teachers spend more time with kids than their parents in some cases, and they can play a critical role. Just one example of this is in the field of sports safety. A teacher may detect a cognitive change in a student before a coach or a parent. We know of cases in which teachers have discovered the consequences of multiple concussions.

Another example involves the school bookkeeper again in Atlanta who talked down a man intending to commit a spree killing. Her calm, her instinct and her quiet decency prevented a heartbreaking tragedy at the McNair Learning Academy.

So teachers are heroes in child safety, as are school nurses.

We thank you for the opportunity to testify today and we stand ready to join hands with parents, teachers, school personnel and the City Council in helping to keep the school kids in our hometown safe.

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AN ACT REQUIRING CARBON MONOXIDE DETECTORS IN ALL PUBLIC AND NONPUBLIC SCHOOLS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. [Insert state law would be amended or added on to.] is amended to require:

A. This bill shall be referred to as the “Silent Killer in Schools Act.”
B. The [ID applicable state entity regarding fire safety such as "State Fire Marshal” or a “Codes and Standards Commission.”] to adopt and administer regulations for the installation of equipment to effectively detect carbon monoxide poisoning, and promptly make school building managers aware of it. The code shall be based on a nationally recognized model fire code and shall be revised not later than [add effective date] and thereafter as deemed necessary to incorporate advances in technologies and improvements in construction.

Section 2. The regulations shall:

A. Provide the requirements and specifications for the installation and use of carbon monoxide detection and warning equipment in public and nonpublic schools and shall include, but not be limited to, the location, power requirements and standards for such equipment,

(1) and exemptions for buildings that do not pose a risk of carbon monoxide poisoning due to sole dependence on systems that do not emit carbon monoxide.

B. Provide the requirements for testing and inspecting carbon monoxide detection and warning equipment installed in public or nonpublic school buildings and shall include, but not be limited to, the frequency with which such equipment shall be tested and inspected;

C. Require that, for a public or nonpublic school building,

(a.) any carbon monoxide detection equipment installed in any such building meet or exceed the Underwriter's Laboratories Standard Number 2075, or
(b.) any carbon monoxide warning equipment installed in any such building meet or exceed the Underwriter's Laboratories Standard Number 2034.

D. Require the installation and maintenance of such detection or warning equipment to comply with the manufacturer's instructions and with the standards set forth by the National Fire Protection Association 720: Standard for the Installation of Carbon Monoxide (CO) Detection and Warning Equipment, 2009 Edition; and

E. Prohibit, for public and nonpublic school buildings for which a building permit for new occupancy is issued on or after [effective date], the installation of any battery-operated carbon monoxide warning equipment or any plug-in carbon monoxide warning equipment that has a battery as its back-up power source.

F. No certificate of occupancy shall be issued for any public or nonpublic school building for which a building permit for new occupancy is issued on or after [effective date] unless the local fire marshal or building official has certified that **[**said**]** such residential or school building is equipped with carbon monoxide detection and warning equipment complying with the Fire Safety Code.

Section 3. No municipality, local or regional board of education, or supervisory agent of a nonpublic school, and (2) no employee, officer or agent of such municipality, board of education or supervisory agent acting without malice, in good faith and within the scope of his or her employment or official duties shall be liable for any damage to any person or property resulting from the failure to detect carbon monoxide within a public school building, provided carbon monoxide detection equipment is installed and maintained in accordance with the manufacturer's published instructions and with the regulations established pursuant to this section.