

STRATEGIES FOR ADDRESSING ASTHMA WITHIN A COORDINATED SCHOOL HEALTH PROGRAM

| CHECKLIST | ACTIONS FOR DISTRICTS AND SCHOOLS | NOTES |
|---|---|--|
| <p>Mark 'X' if school or district has fully implemented each action. Mark 'S' if some implementation has occurred. Mark 'P' if implementation is planned. Leave blank if this action has not been implemented.</p> | | |
| <p>1. Management and Support Systems for Asthma-Friendly Schools</p> | | |
| <input type="checkbox"/> | Are the school's or district's existing asthma needs, resources for meeting those needs, and potential barriers identified? | |
| <input type="checkbox"/> | Is a person designated to coordinate asthma activities at the district and school levels? | Who? |
| <input type="checkbox"/> | Does the district health council and the school health team review <i>Strategies</i> and ensure that school-based asthma management is addressed as a high priority? | Is a local asthma coalition involved? |
| <input type="checkbox"/> | Are written policies and procedures regarding asthma education and management developed and implemented? | Which policies? |
| <input type="checkbox"/> | Are the asthma programs used culturally and linguistically appropriate to students in your school/district? | |
| <input type="checkbox"/> | Are existing school health and/or health room records used or adapted to identify all students with diagnosed asthma? | |
| <input type="checkbox"/> | Are health room and attendance records used to track students with asthma? | |
| <input type="checkbox"/> | Does your school or district focus particularly on students with poorly managed, moderate-to-severe persistent asthma? | |
| <input type="checkbox"/> | Are 504 Plans or Individualized Education Plans (IEPs) appropriately used for health services and physical activity modifications? | |
| <input type="checkbox"/> | Do top administrators and community leaders support addressing asthma within a coordinated school health program? | Who? |
| <input type="checkbox"/> | Are there systems to promote ongoing communication among students, parents, teachers, school nurses, and health care providers to ensure that students' asthma is well-managed at school? | |
| <input type="checkbox"/> | Does the school or district apply for available federal, state, and private funding for school asthma programs? | |
| <input type="checkbox"/> | Are asthma program strategies and policies evaluated annually and used to improve programs? | |
| <p>2. School Health and Mental Health Services</p> | | |
| <input type="checkbox"/> | Does each student with asthma have a written asthma action plan on file at school? | If not, what percent? |
| <input type="checkbox"/> | Do the asthma action plans include individualized emergency protocol, medications, peak flow monitoring, environmental triggers, and emergency contact information? | If not, what's missing? |
| <input type="checkbox"/> | Do students have immediate access to medications, as prescribed by a physician and approved by parents? | |
| <input type="checkbox"/> | Are students permitted to self-carry? | |
| <input type="checkbox"/> | Is an extra quick-relief inhaler available in the health room? | |
| <input type="checkbox"/> | Does the school or district have a standard emergency protocol for students in respiratory distress if they do not have their own asthma action plan? | |
| <input type="checkbox"/> | Is case management provided for students with frequent school absences, school health office visits, emergency department visits, or hospitalizations due to asthma? | How many? |
| <input type="checkbox"/> | Is there a full-time registered nurse all day, every day at each school? | If not, how many days/week? Hours per day? What's the student/nurse ratio? |

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| <input type="checkbox"/> | Is there a full-time trained and supervised health assistant? | If not, how many days/week? Hours per day? |
| <input type="checkbox"/> | Does each school have access to a consulting physician? | |
| <input type="checkbox"/> | Are students without a primary care provider referred to child health insurance programs and providers? | |
| <input type="checkbox"/> | Are school-based counseling, psychological, and social services for students with asthma provided, as appropriate? | |
| 3. Asthma Education and Awareness Programs | | |
| <input type="checkbox"/> | Do students with asthma receive education on asthma basics, asthma management, and emergency response? | |
| <input type="checkbox"/> | Are parents encouraged to participate in the asthma education programs? | |
| <input type="checkbox"/> | Do school staff receive education on asthma basics, asthma management, and emergency response as part of their professional development activities? | |
| <input type="checkbox"/> | Are all staff included? | |
| <input type="checkbox"/> | Are asthma awareness and lung health education lessons integrated into the health education curricula? | Which grades? |
| <input type="checkbox"/> | Are smoking prevention and cessation programs for students and staff provided and /or supported? | |
| 4. Healthy School Environment | | |
| <input type="checkbox"/> | Is tobacco use prohibited at all times, on all school property, in any form of school transportation, and at school-sponsored events on and off school property? | |
| <input type="checkbox"/> | Is the tobacco policy enforced? | |
| <input type="checkbox"/> | Are indoor air quality problems prevented by reducing or eliminating allergens and irritants, including tobacco smoke; dust and debris from construction and remodeling; dust mites, molds, warm-blooded animals, cockroaches, and other pests? | |
| <input type="checkbox"/> | Are integrated pest management (IPM) techniques used to control pests? | |
| 5. Physical Education and Physical Activity | | |
| <input type="checkbox"/> | Is full participation in physical activities encouraged when students are well? | |
| <input type="checkbox"/> | Are modified activities provided as indicated by a student's asthma action plan, 504 Plan, and/or individual education plan (IEP), as appropriate? | |
| <input type="checkbox"/> | Do students have access to preventive medications <i>before</i> activity and immediate access to emergency medications <i>during</i> activity? | |
| 6. Family and Community Efforts | | |
| <input type="checkbox"/> | Is written parental permission obtained for school health staff and primary care providers to share student health information? | |
| <input type="checkbox"/> | Are efforts made to educate, support, and involve family members in efforts to reduce students' asthma symptoms and school absences? | |
| <input type="checkbox"/> | Does your school or district work with local community programs and coordinate school and community services? | |
| <input type="checkbox"/> | Are interested school staff encouraged to participate in community asthma coalitions? | |