

POWERFUL PRACTICES:

A Checklist for School Districts Addressing the Needs of Students With Asthma

Read the following *Powerful Practices*, and check the column that best describes the status of each practice in your district:

- **NOT YET** – This practice has not yet been addressed in our district.
- **IN PROCESS** – This practice is in development or just beginning in our district.
- **YES** – This practice has been implemented in our district.

This checklist is intended primarily for school administrators, although you may need input from other school district personnel such as nurses, teachers, and coaches in order to complete it. It should help your district identify areas in which it is currently doing well, as well as areas in which it may want to focus more energy. Regardless of where your school district is in instituting its asthma management programs, we encourage you and your team to use this checklist periodically to gauge your progress and to identify areas that could use more attention.

Once you have identified program areas in need of more attention within your district's asthma management program, school district leaders may wish to use the Centers for Disease Control and Prevention's "School Health Index: A Self-Assessment and Planning Tool" to help develop an action plan to improve asthma programs and policies. The index can be found at www.cdc.gov/healthyyouth.



	CHECK THE APPROPRIATE COLUMN		
	NOT YET	IN PROCESS	YES
A. Providing School District Leadership			
1. The superintendent is an advocate for asthma management.			
2. Asthma management is recognized by school district leaders as a possible way to improve attendance.			
3. School administrators ensure that asthma education services are culturally, linguistically, and in other ways appropriate to the district population.			
4. The board of education has adopted policies to address asthma and other chronic diseases among students, which may include: <ul style="list-style-type: none"> <input type="checkbox"/> Permitting students with a doctor's note and appropriate training to carry inhalers. <input type="checkbox"/> Designating a district staff member to coordinate asthma wellness activities. <input type="checkbox"/> Assigning asthma wellness roles for school district health-care staff that are consistent with best practices and relevant national standards. <input type="checkbox"/> Ensuring that qualified staff members are available to implement asthma action plans and to provide asthma-related health-care services, including quick-relief medication, to children in school or at school-related activities. 			
5. District leaders ensure that systems and procedures are in place to collect data about students with asthma, including data about: <ul style="list-style-type: none"> <input type="checkbox"/> Absenteeism. <input type="checkbox"/> Visits to the health office <input type="checkbox"/> Non-participation in physical education. <input type="checkbox"/> Asthma attacks on campus or at a school activity. <input type="checkbox"/> 911 or other emergency calls related to asthma attacks. <input type="checkbox"/> Students sent home early because of asthma symptoms. 			
B. Identifying and Monitoring Students With Asthma			
1. Designated staff members are trained to identify students with asthma.			
2. At the beginning of each school year, parents or guardians are asked to complete (and regularly update) a form used to identify their child's: <ul style="list-style-type: none"> <input type="checkbox"/> Chronic health problems. <input type="checkbox"/> Emergency care needs and history. <input type="checkbox"/> Medications. <input type="checkbox"/> Health-care providers. 			
3. All staff members with direct student contact are informed about the health needs of all students with whom they have regular contact.			
4. Students with asthma have access to pre-exercise preventive medications.			
5. The school nurse provides peak flow monitoring to measure air flow out of the lungs, as well as periodic instruction in and review of inhaler use.			
6. All teachers, coaches and other personnel monitor students with asthma, especially during physical activities.			
7. The school nurse or designee monitors information about absences of children with asthma and refers concerns to attendance personnel or counselors.			

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C. Ensuring that Students With Asthma Receive Appropriate Care			
1. The district's asthma management practices are consistent with recognized standards, such as the National Asthma Education and Prevention Program (NAEPP) guidelines.			
2. School personnel ensure that every child with asthma has an asthma action plan that considers the context of the school and is written by a health-care provider.			
3. School personnel ensure that students' school health records are up-to-date and accurate.			
4. After every asthma attack on campus or at a school activity, school personnel review what action was taken and determine whether proper procedures were followed.			
5. Students with symptoms are referred to their primary care providers, or families are helped to locate care and payment sources such as the State Child Health Insurance Program (SCHIP).			
6. Health fairs, school open houses, and parent-teacher conferences are used to inform families about SCHIP and other providers and payment sources.			
7. The district seeks reimbursement for services provided at school, such as by obtaining a Medicaid reimbursement code for asthma education and asthma-related services.			
8. The district collaborates with community agencies to help families pay for back-up medications such as inhalers, which are kept by the school nurse or other qualified staff member.			
D. Reducing Environmental Contributors			
1. The district uses the Environmental Protection Agency's "Tools for Schools" toolkit to improve indoor air quality (available at www.epa.gov/taq/schools/).			
2. The district focuses on eliminating mold, mildew, and leaks, and reduces indoor humidity and dust as much as possible.			
3. The district ensures that bus exhaust fumes do not enter schools or outdoor areas used by students.			
4. The district prohibits furred and feathered animals from classrooms and monitors plants for mold.			
5. The district reduces the amount of carpeting in schools and requires the use of special vacuuming procedures/equipment where carpeting remains.			
6. The district reviews building maintenance procedures periodically, updates them as necessary, and ensures that all maintenance staff is properly trained in these procedures.			
7. School personnel review all requirements in the materials safety data sheets concerning the handling of caustic and other dangerous substances and ensure that the requirements are met.			
8. School personnel regulate the use of potentially dangerous supplies and chemicals, including science and art supplies.			
9. The district ensures that integrated pest management techniques are used on school property.			
10. The district enforces a tobacco-free environment for all students, staff, and visitors on all school properties, in all school vehicles, and at all school-sponsored events – on and off campus.			
E. Educating School Staff			
1. All staff with student contact are trained to identify asthma symptoms, asthma emergencies (including the signs and symptoms of anaphylaxis) and learn the appropriate steps to take in such emergencies.			
2. School nurses or other staff members are trained to implement asthma education programs for children and/or parents and in how to use community volunteers to help carry out these programs.			
3. The district promotes staff awareness of health and wellness through presentations by health professionals, health fairs, or other in-service activities.			
4. The district provides and supports smoking cessation programs for school staff.			

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F. Educating Students			
1. Students with asthma are educated about asthma management, including the proper use of medications and the emergency response procedures.			
2. The district collaborates with local or state organizations to offer asthma education programs such as the American Lung Association's "Open Airways."			
3. Support groups are offered to children with asthma through the school district or cooperation with community volunteers.			
4. School personnel or community volunteers promote schoolwide asthma awareness through activities such as: <ul style="list-style-type: none"> <input type="checkbox"/> Sponsoring a health and wellness day with asthma education. <input type="checkbox"/> Integrating asthma education into the health education curriculum. <input type="checkbox"/> Distributing asthma educational materials that are culturally and linguistically appropriate to the district population. 			
5. Student smoking cessation programs are provided and supported in the school district.			
G. Educating Families and Caregivers			
1. The school district provides families with information about identifying asthma symptoms and triggers (including home environmental factors), as well as about asthma management and actions to take during an asthma emergency.			
2. The district reaches out to those who care for children with asthma before and after school, including parents, guardians, babysitters, and siblings.			
3. The district collaborates with community organizations to provide asthma-related education for families and caregivers.			
4. The district regularly holds family health fairs.			
5. The district provides students' families with information about smoking cessation programs.			
H. Communicating With Healthcare Providers			
1. The district develops and provides easy-to-use form letters to help communicate with healthcare providers.			
2. The district relays important information about students' health directly to doctors and other healthcare providers (with parental permission).			
3. The district fosters open lines of communication between school officials and hospitals, clinics and other care providers.			
4. The district encourages partnerships and collaborations between schools and healthcare providers.			
I. Collaborating With the Community			
1. The district encourages school personnel to participate in community asthma coalitions that: <ul style="list-style-type: none"> <input type="checkbox"/> Conduct needs assessments to identify barriers, resources, and opportunities to address asthma in the community. <input type="checkbox"/> Set a common agenda to address asthma in the community. <input type="checkbox"/> Collect data and conduct community research. <input type="checkbox"/> Involve the media in increasing the awareness of asthma management. <input type="checkbox"/> Support asthma-related legislative initiatives, including the funding of school nurse positions. 			

