



Asthma Friendly Schools Award Designation Application Form

A safe and supportive learning environment benefits students as well as educators. In an effort to promote healthy schools for children and staff with asthma, Maryland Asthma Control Program has created the *Asthma Friendly School Award program* to encourage and recognize Maryland schools that create and sustain safe, supportive, and asthma-friendly environments.

An asthma-friendly school supports the health and academic success of students through maximizing asthma management, reducing environmental asthma triggers in the school environment, and building asthma education and awareness programs for students and staff. Chances for success are better when the entire school community takes part – school health services program staff, school administrators and staff, community health care providers along with the students and parents/guardians. Here is your chance to support students with asthma!

Application Process:

1. **Read the following Asthma Friendly Schools Designation Criteria Assessment Checklist, and check the column that best describes the status of each activity in your school.**

The assessment checklist is intended to be used by the school's designated asthma friendly schools team leader with the assistance of other school staff such as nurses, teachers, and coaches, as well as local school system staff. It should help your school and district assess and 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 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. This is an internal document that does not need to be submitted but is used for your internal planning processes.

Once you have identified program areas in need of more attention within your school's asthma management program, school leaders may wish to use the CDC Asthma-Friendly Schools Tool Kit, the American Lung Association Asthma-Friendly Schools Tool Kit, and the Asthma-Friendly Schools training already provided, as well as any other federal and non-federal resources to help develop an action plan to improve asthma programs and policies.

Each school should designate who should lead the effort to assess the school's current status for each criterion, implement new criteria strategies and complete the application form.

2. **Complete and submit the attached Asthma Friendly Schools Award Designation Application and check the implementation strategies completed for each criteria. To meet a specific criterion, two implementation strategies must be completed. One may be a write-in.**

Asthma Friendly Schools Award Designation Application Program Criteria Summary

Required for all Asthma Friendly School Award levels:

1. Policies are in place to make school buildings and grounds, all school buses, vans, and trucks, and all school events, including field trips and team games free of tobacco smoke at all times.
2. Implementation of §7-421 of the Annotated Code of Maryland that requires schools to allow students to self-carry asthma and anaphylaxis medications after an assessment.
3. Written policies and practices are in place and implemented to assure appropriate emergency care for students with asthma or anaphylaxis; OR Maryland School Health Services *Guidelines for the Care of Students with Asthma* is implemented.
4. All students with moderate to severe asthma have a written Asthma Action Plan, an emergency plan or an individualized health plan on file at the school and kept in a central location which is shared and kept with appropriate school staff.
5. There is a school nurse assigned to your school building during all school hours to monitor and coordinate the care of students with asthma.
6. The school nurse or other qualified or certified professional provides asthma education or educational resources to students and school staff on asthma awareness, asthma action plans, asthma management concepts, asthma medicines, procedures to follow during an asthma attack, how to help a classmate who has asthma, and the importance of keeping healthy classrooms.
7. Students with asthma fully and safely join in physical education, school sponsored sports, recess, and field trips.
8. The school addresses issues of air quality, allergens and asthma triggers. The school utilizes the provisions of §5-112 of the Annotated Code of Maryland requiring school systems to make green cleaning products available and COMAR 15.05.02.02 that requires school systems to have an Integrated Pest Management policy, to minimize student exposure to pesticides and other toxic chemicals.
9. The school monitors outdoor air quality and modifies outdoor activities when appropriate.
10. There are policies, procedures, and activities in place to provide nursing education/professional development on asthma, asthma management guidelines, asthma friendly schools, and environmental issues related to asthma.
11. The school has or acts as a resource for programs, activities, and materials in place and available to provide asthma awareness education to the community and asthma education and support to the families of students with asthma

Recommended Criteria:

12. Health and education data and information is made available to monitor the asthma friendly schools activities and outcomes for students with asthma.



Asthma Friendly Schools Award Designation Application Form

School Name: _____ **Jurisdiction:** _____

School Address: _____

School Year: _____ **Is there a full-time nurse in your school:** Yes No

Total Number of students enrolled at your school: _____

Total Number of students with asthma enrolled at your school: _____

Enrollment (Check the boxes of all grades present in your school):

Pre-K	K	1	2	3	4	5	6	7	8	9	10	11	12

Submission for Award Level:

- Gold Award:**[Meets all required AND recommended criteria #12]
[Must provide a copy of the data collection and/or tracking form used to meet Criteria #12]
- Silver Award:**[Meets 9 or more required criteria]
- Bronze Award:**[Meets 6-8 required criteria]
- Honorable Mention** [Meets 4-6 required criteria]

Submission as a new applicant for Asthma Friendly Designation?

- Yes
- No **Previous Designation Level:** _____ **Last Designation Year:** _____
If you are applying for re-designation, is this application being submitted for designation:
 - At the same award level as previously designated
 - At a higher award level than previously designated
 - At a lower award level than previously designated

****Award designations are maintained for two years at which time a new application is required****

Principal's Name: _____

Asst. Principal Name: _____

Principal/Asst. Principal Signature: _____ **Date:** _____

Contact Person's Name: _____

Contact Person's Title: _____

Contact Person's Signature: _____ **Date:** _____

Send Complete Award Submission Form to:

Maryland Asthma Control Program
Attn: Rachel Hess-Mutinda
201 West Preston Street, 3rd Floor
Baltimore, Maryland 21201
Or Fax to 410-333-5233

Required Criteria

Criteria #1: Policies are in place to make school buildings and grounds, all school buses, vans, and trucks, and all school events, like field trips and team games free of tobacco smoke at all times.

Rationale: Tobacco smoke is a significant indoor air quality issue and a major precipitant of asthma exacerbations, and asthma related morbidity such as decreased lung function and school/work absences. Students and staff with asthma should not smoke and should avoid exposure to second hand smoke.

Criteria Implementation Strategies: (Please choose AT LEAST two criteria)

- Post “No Smoking” signs on schools’ premises.
- Distribute and discuss the Smoke-Free Policy with all school staff.
- Incorporate smoking prevention education into the classroom curriculum.
- Display smoking prevention information on a hallway bulletin board(s).
- Make parents and staff aware of smoking cessation resources.
- Discuss the importance of smoking cessation at parent and staff meetings.
- Hold a smoking education event such as an art competition or “Stop-Smoking Day”.
- Other:

PLEASE PROVIDE A DESCRIPTION OF STRATEGIES CHECKED. HOW WERE THEY IMPLEMENTED? HOW WERE STUDENTS AND STAFF AFFECTED? DATA TO SUPPORT THESE IMPLEMENTATIONS CAN BE SUBMITTED UNDER CRITERIA #12.

Criteria #2: Implementation of §7-421 of the Annotated Code of Maryland that requires schools to allow students to self-carry asthma and anaphylaxis medications after an assessment.

Rationale: In an emergency, it is important that immediate access to emergency medications be ensured. According to §7-421 of the Annotated Code of Maryland, students must present an order from their physician authorizing self-carry and after an assessment by the school nurse, will be allowed to self-carry. As students mature, it is important for them to assume increasing responsibility to self-manage their asthma. The school nurse is an important resource and support for students to learn self-management and to assess their ability to self-carry safely while in school.

Criteria Implementation Strategies: (Please choose AT LEAST two criteria)

- Students with asthma are encouraged to self-carry their medications as developmentally appropriate.
- The school nurse (i.e. the nurse who is assigned to the school) conducts a standardized assessment of students with asthma to determine ability to self-carry.
- If a student does not carry their asthma medicines, the school has a procedure to assure they have quick and easy access to their medicines.
- If students are not self-carrying, the school has a procedure for ongoing assessment and education to move student toward self-carrying.
- Other:

PLEASE PROVIDE A DESCRIPTION OF STRATEGIES CHECKED. HOW WERE THEY IMPLEMENTED? HOW WERE STUDENTS AND STAFF AFFECTED? DATA TO SUPPORT THESE IMPLEMENTATIONS CAN BE SUBMITTED UNDER CRITERIA #12.

Criteria #3: Written policies and practices are in place and implemented to assure appropriate emergency care for students with asthma or anaphylaxis; OR Maryland School Health Services Guidelines for the Care of Students with Asthma are implemented.

Rationale: Students with asthma may have an exacerbation without warning or known trigger exposure. It is important for schools to document and share with all appropriate staff what to do in case of an emergency. Since an emergency may occur at any time and in any part of the school building, it is important that the school implement policies to address emergencies for students with asthma. While each student should have an emergency plan, a school wide policy will supplement that plan with general emergency including communication, when to call 911 and how emergencies will be communicated to parents/guardians.

Criteria Implementation Strategies: (Please choose AT LEAST two criteria)

- A metered dose inhaler and spacer device(s) or nebulizer is available for emergency use in the event of a fire, weather, or lockdown, or if a student forgets his/her medicine.
- The school has a written emergency plan for teachers and staff to follow to take care of a student who has an asthma attack.
- Individualized Emergency Plans are shared with staff that has contact with students with asthma.
- Asthma First Aid posters are on display.
- Other:

PLEASE PROVIDE A DESCRIPTION OF STRATEGIES CHECKED. HOW WERE THEY IMPLEMENTED? HOW WERE STUDENTS AND STAFF AFFECTED? DATA TO SUPPORT THESE IMPLEMENTATIONS CAN BE SUBMITTED UNDER CRITERIA #12.

Criteria #4: All students with moderate to severe asthma have a written Asthma Action Plan, an emergency plan or an individualized health plan on file at the school and kept in a central location as well as shared and kept with appropriate school staff.

Rationale: The National Asthma Education and Prevention Program and the National Heart, Lung, and Blood Institute recommend the development of an asthma action plan to guide daily asthma management. An action plan is an important educational tool, communication tool and management tool. Students with moderate to severe asthma are at greater risk for asthma exacerbations and school absences due to asthma. Sharing the asthma action plan with appropriate school staff will allow all those in contact with the student to be able to respond to their student's trigger avoidance needs.

Criteria Implementation Strategies: (Please choose AT LEAST two criteria)

- School health services staff develop a strategy to work with local providers to encourage their development of asthma action plans.
- The school nurse constructs an asthma action plan for each student with moderate to severe asthma when needed based on information from their healthcare provider.
- The school nurse develops an individualized health plan for each student with asthma who does not have an asthma action plan.
- The school nurse develops an emergency care plan for each student with asthma to assure appropriate treatment in the event of an emergency.
- The emergency care plan and/or asthma action plan is shared with appropriate school staff who may be required to respond to an emergency.
- All students with moderate to severe asthma have an asthma action plan.
- Other:

**PLEASE PROVIDE A DESCRIPTION OF STRATEGIES CHECKED. HOW WERE THEY IMPLEMENTED?
WHO WAS AFFECTED? ANY CHANGES TO SCHOOL ENVIRONMENT?**

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Criteria #5: There is a school nurse assigned to your school building during all school hours to monitor and coordinate the care of students with asthma.

Rationale: In Maryland, there may be a nurse in every school or a nurse that is shared by several schools. In either case, the assigned school nurse is responsible for working with the school, school's certified nursing assistant and others to monitor the status of students with asthma. According to the Maryland School Health Services Guidelines, there are many nursing functions necessary to adequately care for students with asthma.

Criteria Implementation Strategies: (Please choose AT LEAST two criteria)

- There is a school nurse in the school at all times during school hours OR if a school nurse is not full-time in the school, is a nurse is regularly available to write plans and give the school guidance on issues related to asthma care and management.
- The school nurse identifies, assesses, monitors and coordinates the care of students with asthma at the school as outlined in the Maryland School Health Services Guidelines.
- The school nurse identifies children with asthma and monitors their progress by keeping track of medical office visits.
- Medication usage is tracked for students with asthma.
- The school nurse performs follow-up with children with multiple asthma exacerbations during school-hours.
- Follow-up on children whose medication forms do not include controller medications, but whose symptoms seem to warrant the medication (based on frequency of exacerbations in school or absences due to asthma).
- Publicize and distribute asthma action plan forms to parents of asthmatic children who do not have an asthma action plan on file.
- For public schools with school based health centers: Utilize/implement a system for identifying, managing, and clinical follow up on asthmatic students.
- Other:

PLEASE PROVIDE A DESCRIPTION OF STRATEGIES CHECKED. HOW WERE THEY IMPLEMENTED? HOW WERE STUDENTS AND STAFF AFFECTED? DATA TO SUPPORT THESE IMPLEMENTATIONS CAN BE SUBMITTED UNDER CRITERIA #12.

Criteria #6: The school nurse or other qualified or certified professional provides asthma education or educational resources to students and school staff on asthma awareness, asthma action plans, asthma management concepts, asthma medicines, procedures to follow during an asthma attack, how to help a classmate who has asthma, and the importance of keeping healthy classrooms.

Rationale: The school setting provides an opportunity to educate students, staff, and families about asthma, asthma triggers, trigger avoidance, asthma management, and how the school environment can be improved to support the needs of students and staff with asthma. The Centers for Disease Control and Prevention recommends asthma education for school staff and students. Maryland Asthma Control Program partners are available to assist in the implementation of educational activities within the school setting.

Criteria Implementation Strategies: (Please choose AT LEAST two criteria)

- The school designates a day for staff development with specific information provided regarding asthma and asthma friendly schools.
- Develop a procedure to follow during an asthma attack and ensure that these procedures are available in every classroom.
- Provide all new members of staff with asthma awareness material upon hire and ensure that all new staff members receive training or instruction on the emergency procedures to follow during an asthma attack.
- Integrate asthma education into the existing science or health education curriculum (e.g. while teaching about respiratory health or air pollution).
- Provide the *Open Airways for Schools* (OAS) training program to students annually.
- Hold an Asthma Awareness program/education project for the entire student population not just those who have asthma.
- Other:

PLEASE PROVIDE A DESCRIPTION OF STRATEGIES CHECKED. HOW WERE THEY IMPLEMENTED? HOW WERE STUDENTS AND STAFF AFFECTED? DATA TO SUPPORT THESE IMPLEMENTATIONS CAN BE SUBMITTED UNDER CRITERIA #12.

Criteria #7: Students with asthma fully and safely join in physical education, school sponsored sports, recess, and field trips.

Rationale: It is important for students with asthma to participate in sports and physical education. Except in extreme cases, most students with asthma should be able to participate. A physician should determine the appropriate level of physical activity for students with asthma. Schools should have policies and procedures in place to support the physician's recommended level of activity. Many of these policies support other activities that support asthma management and emergency intervention in the even of an asthma exacerbation.

Criteria Implementation Strategies: (Please choose AT LEAST two criteria)

- Students' quick relief medications are readily available, before and after exercise including self-carrying of medication.
- Students with asthma may choose a physical activity that is different from others in the class when it is medically necessary and documented by their health care provider.
- Students with asthma who choose a physical activity that is different from others in the class do so without fear of being ridiculed or receiving reduced grades.
- A plan is in place for managing asthma during school sporting activities, excursions or camps.
- Training/resources are provided to physical education teachers and coaches on providing safe physical education for students with asthma including awareness of distress signs and what to do in the event of an asthma attack during physical activity.
- Coach is aware of all students with asthma and he/she follows each student's Asthma Action Plan.
- Each student's medications are available for exercise activities that take place away from the school or after regular school hours.
- The coaches clipboard program is promoted, with the school and coaches document completing the program.
- Coaches check outdoor air quality and know which students should not exercise outdoors during Code Orange or Red days.
- Other:

PLEASE PROVIDE A DESCRIPTION OF STRATEGIES CHECKED. HOW WERE THEY IMPLEMENTED? HOW WERE STUDENTS AND STAFF AFFECTED? DATA TO SUPPORT THESE IMPLEMENTATIONS CAN BE SUBMITTED UNDER CRITERIA #12.

Criteria #8: The school addresses issues of air quality, allergens and asthma triggers. The school utilizes the provisions of §5-112 of the Annotated Code of Maryland requiring school systems to make green cleaning products available and COMAR 15.05.02.02 that requires school systems to have an Integrated Pest Management policy, to minimize student exposure to pesticides and other toxic chemicals.

Rationale: Good indoor air quality is an important factor in maintaining the health of students and staff with asthma. In addition to being free from tobacco smoke, other asthma triggers and allergens can significantly affect the ability of students with asthma to be free from asthma symptoms while in school. Contributors of poor air quality include chemical cleaners and pesticides, as well as pest waste, mold, and even some plastics. Understanding the factors related to good indoor air quality within a school and the ability to address any identified issues is an important way schools can support healthy indoor environments.

Criteria Implementation Strategies: (Please choose AT LEAST two criteria)

- The school has a process to report, monitor and address identified IAQ issues.
- Potential asthma triggers are minimized within the school environment.
How:
- The school uses Green-Seal products to clean the school.
- Custodial and maintenance personnel are properly trained in IPM, Green Cleaning, and other methods to reduce allergens in the school building. **When was training last conducted? ____ How is training is documented?:**

- Custodians check and clean HVAC systems on a scheduled basis. **How often is it scheduled? _____**
- Keep an inventory of the non-toxic cleaning products that your school uses.
- The school uses integrated pest management (IPM) techniques. Check all that apply (at least 2):
 - Pest sighting log is used Entryways and cracks are sealed to keep rodents and insects out The outside of the building has been sealed; pest habitats such as bushes are not close to the foundation. Food and drink is stored properly in airtight containers in classrooms; After food use, cleaning is performed promptly If pesticides are necessary, spot treatments and baits are used rather than area-wide applications
 - Other non-toxic approach to pest management. **Please describe:** _____
- Conduct EPA’s Indoor Air Quality Tools for Schools to ensure a healthy school environment. **Which modules?**

- The EPA Indoor Air Quality Tools for School Training course is completed by the building maintenance supervisor. **Please indicate most recent date or training and person trained:** _____
- Healthy SEAT or other management process is developed to ensure follow-up of identified environmental issues to determine the results are sustained over time.
- Encourage teachers to create healthy classrooms which include limiting clutter which can accumulate dust, wiping down common areas such as computer keyboards, tables, etc.
- Other:

PLEASE PROVIDE A DESCRIPTION OF STRATEGIES CHECKED. HOW WERE THEY IMPLEMENTED? HOW WERE STUDENTS AND STAFF AFFECTED? DATA TO SUPPORT THESE IMPLEMENTATIONS CAN BE SUBMITTED UNDER CRITERIA #12.

Criteria #9: The school monitors outdoor air quality and modifies outdoor activities when appropriate, including protecting all students from ozone exposure.

Rationale: There are many outdoor irritants that can exacerbate asthma. The Air Quality Index is an important tool that allows schools to know the air quality and level of possible health effects from poor air quality. During particular certain seasons/ time of year, outdoor air quality is of particular concern. Air Quality Action Days are reported by the EPA and schools can support the health of all students and staff by limiting outdoor activities during these days as well as adjusting student activities appropriately during Code Red and Orange days.

Criteria Implementation Strategies: (Please choose AT LEAST two criteria)

- Monitors the Air Quality Index.
- Reports Air Quality Index to staff and students using daily communications methods including posting for parents, staff and students to see and via intercom announcements.
- Check the Air Quality Index (AQI) when athletic events, field trips, or other extended outdoor activity is taking place and limit or reschedule as appropriate on Code Red or Orange days.
- Display No-idling information in a prominent location including weather related idling concerns.
- Plan and implement a “No-idling campaign” OR hold a “Stop-idling Day” for parents and bus drivers.
- Plant trees or a schoolyard garden to improve outdoor air quality
- Turn off lights and computers when not in use to reduce air pollution from the production of energy.
- Other:

PLEASE PROVIDE A DESCRIPTION OF STRATEGIES CHECKED. HOW WERE THEY IMPLEMENTED? HOW WERE STUDENTS AND STAFF AFFECTED? DATA TO SUPPORT THESE IMPLEMENTATIONS CAN BE SUBMITTED UNDER CRITERIA #12.

Criteria #10: There are policies, procedures, and activities in place to provide nursing education/professional development on asthma, asthma management guidelines, asthma friendly schools, and environmental issues related to asthma.

Rationale: School nurses are at the forefront of caring for students with asthma while they are in school. It is important that school nurses stay abreast of the latest recommendations and guidelines in asthma care and management. To adequately support the needs of students with asthma, school nurses should attend one of several available trainings on asthma management.

Criteria Implementation Strategies: (Please choose AT LEAST two criteria)

- Each school nurse receives training on concepts of asthma management in the school setting provided by a trainer recommended by MSDE and/or DHMH.
- The EPA Indoor Air Quality Tools for School Training course is completed by the school nurse.
- In-service training on asthma is provided or is arranged to be provided to the school nurse by the local school health services program.
- Other:

PLEASE PROVIDE A DESCRIPTION OF STRATEGIES CHECKED. HOW WERE THEY IMPLEMENTED? HOW WERE STUDENTS AND STAFF AFFECTED? DATA TO SUPPORT THESE IMPLEMENTATIONS CAN BE SUBMITTED UNDER CRITERIA #12.

Criteria #11: The school has or acts as a resource for programs, activities, and materials in place and available to provide asthma awareness education to the community and asthma education and support to the families of students with asthma

Rationale: Health education is an important part of any coordinated school health program. The National Asthma Education and Prevention Program recommends asthma education to individuals with asthma. Within a school setting, school health services programs and health education programs can collaborate to make educational opportunities available to schools and the community. While school staff may not always be involved in the delivery of these activities, serving as a resource along with local school health councils, asthma coalitions, and local hospitals is important.

Criteria Implementation Strategies: ((Please choose AT LEAST two criteria))

- Provide asthma education materials to parents/guardians of students with asthma.
- Host asthma workshops for parents and other caregivers of children with asthma.
- Have an annual health promotion activity (e.g. health fair) and invite local hospitals and community-based organizations to participate.
- Provide information to parents and students on smoking cessation programs in the community.
- There are support groups available for students with asthma who wish to talk about their asthma with fellow students.
- Other:

PLEASE PROVIDE A DESCRIPTION OF STRATEGIES CHECKED. HOW WERE THEY IMPLEMENTED? HOW WERE STUDENTS AND STAFF AFFECTED? DATA TO SUPPORT THESE IMPLEMENTATIONS CAN BE SUBMITTED UNDER CRITERIA #12.

RECOMMENDED CRITERIA

Criteria #12: Health and education data and information is made available to monitor the asthma friendly schools activities and outcomes for students with asthma.

Rationale: The effectiveness of asthma related activities within a school is important to program improvement and program development. In order to be sure that health related activities in a school help to meet the schools educational mandate it is important for programs to collect data. Educational outcomes are an important element in data gathering and communication for each student and programs in general.

Criteria Implementation Strategies: (Both criteria must be implemented and documented)

The school collects and monitors absenteeism (at an individual student level) for students with asthma (reported in aggregated form to de-identify student data). Data Collection Tool attached.

Educational outcomes for students with asthma are tracked and correlated with health information as needed.

Other:

Please describe how is the data used? What was the result of sharing the data? Who was affected by sharing this data?