

<b>AFSI Roseland School District, Sonoma County Based in part on the six strategies for addressing asthma within a coordinated School Health Program (CDC)</b>				
Elements for each module	Needs Assessment finding	Priority 0 – 5 (20 points total)		
		support	impact	cost time
<b>Module 1: Mgmt. &amp; Support for AFSI</b>				
a. Asthma mgmt and ed recognized by admin staff as high priority	Admin recognize as serious, but not a high priority			
b. School staff designated to coordinate and organize asthma program and activities	School Dist has identified staff to participate in AFSI project, but no further commitment beyond planning			
c. Written policies developed and written for asthma ed and mgmt.	None exist on school or district levels Nurses follow state mandated policy for asthma (document and follow meds) Nurses recommend policy on requiring all student w/asthma to have inhaler at school.			
d. Asthma programs are culturally and linguistically appropriate	No programs exist at this time			
e. All students w/asthma are identified and tracked	Reliance on self-report, parent report (via Student Health Hx form completed upon initial registration and/or Emergency Form completed annually) and nurse identification of asthma during health screening for vision, hearing or scoliosis. Medication use is supposed to be tracked by office staff, but no system of informing parents or physician/clinic of usage is in place.			
f. Funds exist for school asthma programs	Asthma Coalition looking to pilot Open Airways in at least 6 school in Sonoma County			
g. Systems that support ongoing communication among students, parents, teachers, school nurses, and health care providers are in place and effective	Informal communication system at back to school night, and through a “teacher help” system that allows for a broad range of issues to be addressed (Coordinated Services Team). Letters sent home to parents of identified students w/asthma to fill out more detailed info on child’s asthma are rarely sent back to school			
h. Asthma policies and program strategies are assessed annually	No policies or programs to assess			

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<b>Module 2: School Health and Mental Health Services for Students w/Asthma</b>					
a. Use of written Asthma Action Plans (AAP)	No, Nurse completes "Health Inventory" form for each child. Also, "Student Health Hx" form that parents fill out (if they do), emergency cards filed.				
b. AAP are shared w/ appropriate staff	Lists of students w/ asthma are generated for teachers each school year				
c. Immediate access to medications Meds kept locked office. Focus group reports meds not always locked, often very unorganized due to the number of inhalers, spacer's etc.	Meds that are hard for office staff to find add to their frustration which is displaced onto students....resulting in students not wanting to go to office for their meds. Nurses report concern over access to meds for kids in p.e. due to proximity of field to office.				
d. Students permitted to self-carry and administer	No, Admin generally against, teachers mixed, parents mostly want. Pending legislation will guide this element in the future.				
e. Standard emergency protocol in place (for students w/o a plan)	Nothing formal...send to office for meds, or call 911 if real trouble				
f. Case mgmt for students w/ severe asthma	None. Parent focus group reveal parents very stressed and concerned about child well being				
g. Provide and coordinate school-based counseling, psychological and social services as appropriate	No Children who have issues can be referred to the Coordinated Services Team, but is used for crisis situations.				
h. Staff will be trained and supervised to administer meds Staff are not trained	Focus group revealed that office staff unorganized w/meds and appear bothered and even mad about having to find/get out meds. Report of staff telling kids they should have taken meds before p.e., but not in a nice way.				
i. Refer students w/asthma who don't have a medical provider	Parent focus group: good care critical to getting control of asthma, meds paid for and support and education. No referral loop has been systematized.				
j. Provide access to a consulting physician for each school.	Roseland has the clinic				

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<b>Module 3: Asthma Education and Awareness for Students and Staff</b>				
a. Students w/asthma will be educated on asthma basics, mgmt, and emergency response	No ed provided Parents, teachers and student report need for this <i>Possible Open Airways program starting at Roseland in the fall/04.</i>			
b. Asthma awareness and lung health ed to all students	Teachers and admin feel unnecessary			
c. Ed staff on asthma basics, mgmt., and emergency response annually	Admin suggest addition of protocol in teacher manual, posting small poster, and adding to teacher emergency boxes			
<b>Module 4: Healthy School Environment</b>				
d. Ensure good indoor air quality by reducing or eliminating asthma triggers	Admin will likely only support simple, expense-free interventions			
e. Integrated pest mgmt. techniques are used to control pests	Teachers express concern over pesticide use			
<b>Module 5: Physical Education and Activity Opportunities for Students w/Asthma</b>				
a. Full participation in physical activities for students w/asthma who are well is encouraged	Incident at another school (not Roseland Dist.) reported where p.e. teacher forced child to participate, child had asthma attack and 911 was called.			
b. Students w/asthma have access to medications before, during and after activity	Access to meds kept at the office. Students report embarrassment and office staff being “troubled” and difficulty finding meds. see 2 c. above			
c. Health information on physical activity for students w/asthma is collected annually	No			
d. Modified activities are provided, as indicated by AAA (or other), are provided	Focus group report students are allowed to walk or take it easy when they report having asthma Teachers/admin report kids using asthma as an excuse not to participate in p.e.			

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<b>Module 6: Family and Community Efforts to Better Manage Asthma Symptoms and Reduce School Absences among Students w/asthma</b>					
a. Written parental permission for school health staff and primary care providers to share student health information through the use of medical release form	Medication forms are a priority but release forms are not typically signed				
b. Family members are provided education on asthma	No Families report that this would be very useful, especially for Hispanic community				
c. Local community programs are worked with to coordinate school and community asthma mgmt and ed services	AFSI project is an example Open Airways may begin as well				