

### How Asthma-Friendly Is Your School?

#### School Asthma Needs Assessment

1. Is your school free of tobacco smoke at all times, including during school-sponsored events?	<b>YES</b>	<b>NO</b>	
2. Does your school have a written IAQ management plan? <i>(If no, continue with Question 3.)</i>	<b>YES</b>	<b>NO</b>	
a. If yes, does it reduce or eliminate allergens and irritants that can make asthma worse, including:			
i. cockroaches	<b>YES</b>	<b>NO</b>	
ii. dust mites	<b>YES</b>	<b>NO</b>	
iii. mold	<b>YES</b>	<b>NO</b>	
iv. pets with fur or feathers	<b>YES</b>	<b>NO</b>	
v. strong odors or fumes (such as dry erase boards, copy machines, art and craft supplies, pesticides, paint, perfumes, chemicals)	<b>YES</b>	<b>NO</b>	
3. How often is a school nurse in your school?			
Specify number of hours per day and/or number of days per week: ____ hours/day    ____ days/week			
4. If a nurse is not in your school all day, every day, is a nurse regularly available to help the school write asthma plans and give the school guidance on asthma issues?	<b>YES</b>	<b>NO</b>	
a. Is someone assigned and trained to give medications?	<b>YES</b>	<b>NO</b>	
b. Does the school nurse supervise and monitor that person at least monthly?	<b>YES</b>	<b>NO</b>	
5. Is there a written policy that allows children to take asthma medications at school as prescribed by their doctor and permitted by parent?	<b>YES</b>	<b>NO</b>	
a. If yes: Does the written policy specify if children may carry and administer their own medications?	<b>YES</b>	<b>NO</b>	
b. If no: Is the medication where the child can access it all day, every day?	<b>YES</b>	<b>NO</b>	
c. If no: where is it located? ____ teacher    ____ classroom    ____ nurse's office    ____ main office other: _____			
d. Is there a functional plan for asthma medications on field trips?	<b>YES</b>	<b>NO</b>	

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6. Does your school have a written Asthma Action Plan for each child with asthma in case of a severe asthma episode? (If Yes, continue below. If No, proceed to Question 7.)	<b>YES</b>	<b>NO</b>	
a. Does the plan include what action to take?	<b>YES</b>	<b>NO</b>	
b. Does the plan include whom to notify and when?	<b>YES</b>	<b>NO</b>	
c. Is there a procedure established to discuss the asthma management measures together with the student, teachers, and parent?	<b>YES</b>	<b>NO</b>	
7. Is there an established asthma education program that includes general asthma information, asthma management plans, asthma emergency procedures, and asthma medications for each of the following:			
a. All school staff (incl. PE teachers and bus drivers)?	<b>YES</b>	<b>NO</b>	
b. Students with asthma?	<b>YES</b>	<b>NO</b>	
c. Classmates of students with asthma?	<b>YES</b>	<b>NO</b>	
d. Parents?	<b>YES</b>	<b>NO</b>	
8. Regarding physical education:			
a. Do students have options for fully and safely participating in physical education class and recess activities?	<b>YES</b>	<b>NO</b>	<b>NOT ALWAYS</b>
b. Is premedication available, if needed?	<b>YES</b>	<b>NO</b>	<b>NOT ALWAYS</b>
c. Are modified activities available, if needed?	<b>YES</b>	<b>NO</b>	<b>NOT ALWAYS</b>
d. Are PE instructors and activity monitors aware of individual needs?	<b>YES</b>	<b>NO</b>	<b>NOT ALWAYS</b>

This form was modified from the NATIONAL HEART, LUNG AND BLOOD INSTITUTE/NATIONAL ASTHMA EDUCATION AND PREVENTION PROGRAM *How Asthma Friendly Is Your School?* form.