A Ten-Step Asthma-Friendly Schools Plan

A written plan will help your school to implement the policies, procedures, and activities needed to support students with asthma and severe allergies. Use the following ten-step sample plan from the National Association of State Boards of Education as a guide for your school’s Asthma-Friendly Schools Plan.

Purpose
To support the academic performance and improve the health status of students with asthma.

Rationale
Asthma is a common chronic childhood illness and a major cause of student absences from school. Students with poorly controlled asthma may have greater difficulty with school work and a higher incidence of grade failure. Asthma attacks (acute episodes of symptoms) can be serious and life-threatening for students who experience them, and they also can disrupt classes and cause widespread distress for everyone else. Yet schools can help students control their asthma by helping them follow individualized asthma action plans, by minimizing students’ exposure to allergens and other irritants, and by responding appropriately to students’ asthma episodes.

Sample Plan for a School Asthma Program

Italicized text highlights phrases specific to the District of Columbia.

School Asthma Plan
Each school shall prepare, adopt, and implement a comprehensive plan for the prevention and management of asthma that is based on current research and best practices. The plan shall be developed in partnership with families, health care providers and community agencies; implemented within the context of a coordinated school health program, and include the following provisions:

1. Asthma awareness education for students is integrated within health education, science, and physical education curricula at appropriate levels and is taught by well-prepared and well-supported teachers.

2. All school personnel are required to participate in professional development programs that include basic information about asthma, asthma management practices, and emergency response procedures.

3. Procedures are established to identify students with significant asthma morbidity, that is, students whose health, education, or quality of life are negatively impacted by their asthma.
4. The prevention, health care, and emergency needs for each student with asthma are documented in individualized asthma action plans, which are developed in consultation with the students’ parents/guardians, the students’ primary health care provider(s), and school health personnel.

5. Appropriate health services are provided to students with asthma action plans by qualified personnel.

6. Students’ prescribed medications are securely stored and correctly administered by adequately prepared and supported school personnel, in accordance with District of Columbia law and the written approvals of a parent or guardian and the prescribing health care provider(s).

7. Per the District of Columbia’s Student Access to Treatment Emergency Act of 2007 (enacted July 26, 2007), a student may possess and self-administer medication to treat asthma and/or anaphylaxis at the public, private, or parochial school in which the student is currently enrolled, at school-sponsored activities, and while on school-sponsored transportation provided that the parent or guardian (or student if age 18 years or older) consents, waives liability, and submits a valid medication plan signed by the healthcare provider to the school. [Note: The new DC Asthma Action Plan approved by the District of Columbia Department of Health meets the above criteria.]

8. Tobacco smoke is eliminated from all school buildings, grounds, vehicles, and school-sponsored events at all times.

9. Procedures are established to systematically identify and minimize other asthma triggers (respiratory allergens and irritants) in school buildings and on school grounds.

10. Each component of the plan is evaluated in an ongoing manner so as to improve policies, procedures, and services.

Program Administration

School administrators shall designate a staff person or school health team to:

- Implement the school asthma plan;

- Facilitate communication among school health program staff and collaborating agencies;

- Periodically provide program improvement information to personnel implementing the school asthma plan;

- Conduct evaluation activities; and

- Submit annual progress reports and recommendations for program improvement as directed.