### **Asthma Friendly Schools Recognition Application**

The Vermont Department of Health is pleased to present Vermont's Annual Asthma-Friendly School Recognition Program for K-12 schools! If you are a student, parent, teacher, community member or staff person, you can nominate your school using the survey below to document the asthma friendly actions your school has taken in the past year.

More than one nomination can be submitted for any school. Recognition will be given to schools at bronze, silver and gold levels based on the type and number of best practices identified through all nomination forms submitted for your school and confirmed by our taskforce, as needed.

To apply or nominate your school, please complete the survey below by May 31. The survey will take approximately 10 minutes to complete. Recognition certificates will be sent out in June. Thank you!

\*Required

[ ] Yes [ ] No

# **Contact Information (\*required; information only):**

- 1. Your name \* [form box]
- 2. Your title/relationship to school \* [form box]
- 3. Your daytime phone number \* [form box]

## School Background (\*required; information only)

- 4. School name: \* [form box]
- 5. School email where the recognition certificate should be sent? \* [form box]
- 6. Does your school have a full-time licensed school nurse all day, every day? [yes, no, I don't know-check box]
- 7. Total student enrollment in your school \_\_\_\_\_; [ ] I don't know
- 8. What Local Education Agency (LEA) is the school in? [form box or drop down with LEA list]
- 9. What is the Superintendent's name?
- 10. What is the Superintendent's email?

## Asthma Friendly Schools Recognition Levels – Bronze, Silver, and Gold

Scoring for recognition level starts here and will be based on a consistent rubric for assessing all schools; a task force will confirm hest practices if needed

[ ] Some [ ] I don't know
<ul><li>14. Does your school use an electronic health record (EHR) to identify, track, and maintain current individual health plans for students with asthma?</li><li>[ ] Yes</li><li>[ ] No</li><li>[ ] I don't know</li></ul>
15. Does your school enforce the state law that bans the use of cigarettes, tobacco products, and tobacco substitutes (e.g. e-cigarettes) on school property, school buses, and at school-sponsored events as described in 16 V.S.A. § 140? <a href="https://legislature.vermont.gov/statutes/section/16/001/00140">https://legislature.vermont.gov/statutes/section/16/001/00140</a> [ ] Yes [ ] No [ ] I don't know
16. If yes, and for credit, specify how.* [form box]
17. Does your school ensure students' right to self-carry and self-administer prescribed asthma medication as described in 16 V.S.A. § 1387? <a href="https://legislature.vermont.gov/statutes/section/16/031/01387">https://legislature.vermont.gov/statutes/section/16/031/01387</a> [ ] Yes [ ] No [ ] I don't know
18. If yes, and for credit, specify how. * [form box]
19. Does your school enforce vehicle idling policies on school grounds and at school-sponsored events as described in 23 V.S.A. § 1282 (f) and 23 V.S.A. § 1110? <a href="https://legislature.vermont.gov/statutes/section/23/013/01282">https://legislature.vermont.gov/statutes/section/23/013/01110</a> [] Yes  [] No  [] I don't know
20. If yes, and for credit, specify how.* [form box]
21. Does your school have a written indoor air quality (IAQ) management plan that reduces or eliminates allergens and irritants?  [ ] Yes [ ] No [ } I don't know
22. Does your school have an asthma emergency plan in its official handbooks to reach at least one of the following audiences? (check all that apply)  [ ] Yes, staff [ ] Yes, parents [ ] Yes, students

[ ] No [ } I don't know
Silver Level Silver (requires Bronze level plus at least 3 best practices from Silver Level):
23. Does your school have a written asthma action plan for at least 65% of students with asthma? <a href="http://www.healthvermont.gov/sites/default/files/documents/2016/11/Annual%20Asthma%20Action%20Plan_2">http://www.healthvermont.gov/sites/default/files/documents/2016/11/Annual%20Asthma%20Action%20Plan_2</a> 1016 08 26 1.pdf  [ ] Yes  [ ] No  [ ] I don't know
24. If yes, and for credit, what % of students with asthma have a written asthma action plan on file?* [form box]
25. Does your school prevent parents, teachers and staff from bringing in unauthorized non-third-party certified cleaning products or fragrance products (air fresheners, essential oils, candles) into your school?  [ ] Yes [ ] No [ } I don't know
26. If yes, and for credit, specify how* [form box]
27. Did your school make HVAC improvements, install air purifiers and/or conduct maintenance on these systems to increase ventilation and improve filtration in the past year?  [ ] Yes [ ] No [ } I don't know
28. Does your school promote annual well-child exams?  [ ] Yes [ ] No [ } I don't know
29. If yes, and for credit, specify how.* [form box]
30. Have your school staff received training on asthma basics, asthma management and asthma emergency response in the best year?  [ ] Yes [ ] No [ } I don't know
31. If yes, and for credit, specify what training.* [form box]
32. Does your school have an asthma emergency plan in its official handbooks to reach at least two of the following audiences? (check all that apply)  [ ] Yes, staff

[ ] Yes, parents [ ] Yes, students
[ ] No [ } I don't know
Gold Level
Gold Level (requires Silver Level plus at 3 best practices from Gold Level):
33. Does your school have a written asthma action plan for at least 75% of students with asthma? <a href="http://www.healthvermont.gov/sites/default/files/documents/2016/11/Annual%20Asthma%20Action%20Plan_2016_08_26_1.pdf">http://www.healthvermont.gov/sites/default/files/documents/2016/11/Annual%20Asthma%20Action%20Plan_2016_08_26_1.pdf</a> [ ] Yes [ ] No [ ] I don't know
34. If yes, and for credit, what % of students with asthma have a written asthma action plan on file?* [form box]
35. Has your school conducted or formally scheduled an Envision environmental walk through this school year? <a href="http://www.healthvermont.gov/health-environment/healthy-schools/envision-program">http://www.healthvermont.gov/health-environment/healthy-schools/envision-program</a> [ ] Yes [ ] No [ ] I don't know
36. If yes, and for credit, specify date.* [form box]
37. Has your school implemented Asthma Self-Management Education to help students manage their asthma (e.g. Taking Control of Your Asthma, Brief AS-ME, Open Airways for Schools)? <a href="http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/open-airways-for-schools/">http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/open-airways-for-schools/</a> [ ] Yes [ ] No [ ] I don't know
38. If yes, and for credit, specify what program(s) and dates.* [form box]
39. Does your school have an asthma emergency plan in its official handbooks to reach all three of the following audiences?  [ ] Yes, staff, parent(s), and student(s)  [ ] No [ ] I don't know
40. Does your school have or participate in a Whole School, Whole Community, Whole Child (WSCC) team or equivalent that addresses indoor air quality and meets at least two times per year? <a href="http://www.healthvermont.gov/children-youth-families/school-health/whole-school-whole-community-whole-child">http://www.healthvermont.gov/children-youth-families/school-health/whole-school-whole-community-whole-child</a> [] Yes  [] No

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**Optional Questions**: No points, but the answers will help the Task Force understand your school's Asthma Friendly commitment and efforts or might be featured in any announcements of your school's recognition:

A. Do you have a story you would like to share that highlights why your school should receive Asthma-Friendly Schools recognition?

B. Do you know an asthma champion who has worked hard to advance asthma friendly practices that support children in your school or community? Please nominate them here to be considered for separate recognition as an Asthma Friendly Champion.