

Asthma Friendly School Award 2010 Application Submission Form

Instructions: In order to be eligible for an Asthma Friendly Award schools must fulfill all essential criteria. All questions must be answered with a check (✓) yes or no. All supporting documentation must be submitted for all questions answered yes by using the appendices. Please utilize the attached reference guide for additional resources for each criterion.

Essential Criteria

#1 Essential Criterion: Has your school eliminated second hand smoke exposure through enforcement of Chancellor Regulation C-810 on Smoke-Free Environment Policy?

- Yes, compliant
- No, not compliant

If yes, please check one (✓) how your school is compliant. Attach all necessary documentation to appendix A- essential criteria #1.

Option 1A- Find an organization that will sponsor cessation training services at your school. Please submit documentation that indicates training completion and proof of Partnership with smoking cessation group for the current academic school year. Documentation must include: date, time, name of speaker with credentials, and participant list.

Option 1B- Submit location of posting and pictures of durable Aluminum Smoke Free School Sign in a visible location: "This Is a Smoke Free School Smoking Prohibited". In addition, please provide how signage was obtained on official school-letterhead.

Option 1C- Other:



2 Essential Criterion: Does your school use green seal cleaning products in accordance with Chapter 584 of the New York State Laws of 2005 which mandates that schools use green seal products to clean the school?

- Yes, compliant
- No, not compliant

Asthma Friendly School Award 2010 Application Submission Form

If yes, please check one (√) how your school is compliant. Attach all necessary documentation to appendix B- essential criteria #2.

Option 2A - Provide purchase order of green seal cleaning products for floor and surface to confirm acquisition for the current school year.

3 Essential Criterion: Does your school have an integrated pest management (IPM) program in accordance with the New York State Commissioner of Education Regulation Part 155 that requires each school to have an integrated pest management program?

- Yes, compliant
 No, not compliant

If yes, please check one (√) how your school is compliant. Attach all necessary documentation to appendix C- essential criteria #3.

Option 3A- Provide the most recent report that demonstrates preventative measures taken at your school using IPM.

Option 3B- Submit the most recent purchase order which demonstrates request for pest control at your school.

Option 3C- IPM log

#4 Essential Criterion: Does your school nurse utilize the Automated School Health Record (ASHR) system or a student health record system for identifying children with asthma and coordinate care in the school setting?

- Yes, ASHR
 Yes, other student health record system
 No, not compliant

If yes, please check one (√) how your school is compliant. Attach all necessary documentation to appendix D- essential criteria #4.

Option 4A- What percentage (%) of the school population has been identified as having asthma (contact your school nurse for the information).

Please note: All information submitted will be confirmed by the Department of Health.

Asthma Friendly School Award 2010 Application Submission Form

5 Essential Criterion: Does your school designate a staff member to manage a system to promote and collect medication administration forms (MAF) for children with asthma?

- Yes, compliant
 No, not compliant

If yes, please check one (√) how your school is compliant. Attach all necessary documentation to appendix E- essential criteria #5.

- Option 5A-** Submit MAF collection protocol on school letterhead.

#6 Essential Criterion: Has your school completed/ will complete an Open Airways for Schools (OAS) cycle in school year 2009-2010?

- Yes, compliant
 No, not compliant

If yes, please check one (√) how your school is compliant. Please submit the number of OAS cycles start and completion dates. Attach all necessary documentation to appendix F- essential criteria #6.

Please note: All information submitted will be confirmed by the American Lung Association. Please do not submit any student identifiers.

#7 Essential Criterion - Does your school provide staff development on asthma awareness, procedures to follow during an asthma attack, and the importance of keeping healthy classrooms?

- Yes, compliant
 No, not compliant

If yes, please check one (√) how your school is compliant. Attach all necessary documentation to appendix G- essential criteria #7.

- Option 7A-** Provide staff asthma awareness workshop documentation with date, time, speaker with credentials, agenda, attendance sheet, and materials/handouts distributed.



Asthma Friendly School Award 2010 Application Submission Form

- Option 7B-** Provide procedure/ protocol for staff for steps to follow during an asthma attack on school letterhead with an explanation of how it is distributed to staff.
- Option 7C-** Provide a description of a healthy classroom on school letterhead.

#8 Essential Criterion: Does your school publicize and enforce NYC 1 minute idling law (NYC Administrative code 24-163) and the no idling school bus law (NYS Education Law, Section 3637)?

- Yes, compliant
- No, not compliant

If yes, please check one (√) how your school is compliant. Attach all necessary documentation to appendix H- essential criteria #8.

- Option 8A-** Post DURABLE, "NO IDLE ZONE" signs throughout school parameters. Submit pictures and descriptions of sign locations.
- Option 8B-** Provide procedure for dissemination of information to bus drivers, teachers, and parents regarding NO IDLING policies. Submit copy of information distributed.
- Option 8C-** Initiate pledge for bus drivers and school staff committing to NO IDLING. Submit copies of signed pledges.
- Option 8D-** Other

Recommended Criteria

#1 Recommended Criterion: Does your school hold Asthma Awareness programs or educational projects for the general student body?

- Yes, compliant
- No, not compliant

If yes, please check one (√) how your school is compliant. Attach all necessary documentation to appendix I- recommended criterion #1.

- Option 1RA-** School sponsored activity. Submit date, time, materials/handouts used, and speakers with credentials.

Asthma Friendly School Award 2010 Application Submission Form

- Option 1RB-** Community sponsored activity. Submit date, time, materials/handouts used, and speakers with credentials.
- Option 1RC-** Other educational projects.

#2 Recommended Criterion: Does your school conduct US Environmental Protection Program (EPA)'s Tools for Schools (TFS) training, develop an Indoor Air Quality (IAQ) management plan, use EPA's TFS Action Kit, EPA's Healthy SEAT, Asthma Free School Zone walk around, or Environment walk around program to ensure a healthy and safe environment?

- Yes, compliant
- No, not compliant

If yes, please check one (✓) how your school is compliant. Attach all necessary documentation to appendix J- recommended criterion #2.

- Option 2RA-** Provide a copy of the TFS training sessions at your school for teachers, facilities personnel, custodians, administrators, and/or nurses with the copies of the agenda(s), sign-in sheet for training session(s) that include the participant names and dates(s), and location(s) where training session was held.
- Option 2RB-** Form an indoor air quality team for your school that includes teachers, students, administrators, custodians and/or nurses and provide detail that documents the composition of the team, how often the team meets and team activities.
- Option 2RC-** Develop and provide a copy of your school's IAQ management plan
- Option 2RD-** Provide a copy of the Asthma Free School Zone walk around: agenda(s), sign-in sheet for training session(s) that include the participant names and dates(s), and location(s) where training session was held.
- Option 2RE-** Other environmental assessment

#3 Recommended Criterion: Does your school provide a program/workshop for physical education teachers and coaches to gain an understanding of asthma management during physical activity?

- Yes, compliant

Asthma Friendly School Award 2010 Application Submission Form

No, not compliant

If yes, please check one () how your school is compliant. Attach all necessary documentation to appendix K- recommended criterion #3.

Option 3RA- Provide training in asthma management- Submit training or curriculum given to physical education teachers. Provide sign-in sheets of staff who attended sessions, agenda, date, time, speaker with credentials, and any other materials/handouts distributed.

Option 3RB- Submit protocol established to identify children with asthma and ways to ensure safe physical education for managing students with asthma during asthma exacerbations.

Option 3RC- Submit certificate for completion of program provided by the Minnesota Department of Health that can be retrieved at the following website: <http://www.health.state.mn.us/divs/hpcd/cdee/asthma/coachclipboard.htm>.

#4 Recommended Criterion: Does your school provide smoking cessation program awareness to parents and staff?

Yes, compliant

No, not compliant

If yes, please check one () how your school is compliant. Attach all necessary documentation to appendix L- recommended criterion #4.

Option 4RA- Organize a SMOKE-OUT as designed by the American Cancer Society Website. Provide date, time, promotional materials, and pictures with a description of activities.

Option 4RB- Submit copies of print materials available at the school for parents, teachers, staff and students on smoking cessation programs in the community. Describe how it is disseminated on an additional page with school letterhead.

Option 4RC- Conduct workshop or refer parents, teachers, staff and students to smoking cessation programs in the community. Submit documentation from community based organizations on school's behalf, including date, time, agenda, attendance sheet, and materials distributed.

Option 4RD- Other

Asthma Friendly School Award 2010 Application Submission Form

#5 Recommended Criterion : Does your school host asthma awareness programs for parents/caregivers of children with asthma?

- Yes, compliant
 No, not compliant

If yes, please check one (√) how your school is compliant. Attach all necessary documentation to appendix M- recommended criterion #5.

- Option 5RA-** Partner with a community based organization, hospital, parent association or school nurse to hold a workshop. Submit documentation that must include attendance sheet, date, time, and materials/handouts.
- Option 5RB-** Submit documentation that includes attendance sheet, date, time, materials/handouts.
- Option 5RC-** Other

#6 Recommended Criterion: Does your school have an asthma awareness program for the community.

- Yes, compliant
 No, not compliant

If yes, please check one (√) how your school is compliant. Attach all necessary documentation to appendix N- recommended criterion #6.

- Option 6RA-** Submit registration forms for all invited partners to an annual health promotion activity.
- Option 6RB-** Submit flyers/promotional materials along with title, date, pictures.
- Option 6RC-** Submit attendance sheets with date, time, speaker, credentials. *Please ensure that the names of students are not visible.*

#7 Recommended Criterion: Does your school have a policy for class and homework make-up for children who miss school due to chronic illness such as asthma?

- Yes, compliant
 No, not compliant



Asthma Friendly School Award 2010 Application Submission Form

If yes, please check one (√) how your school is compliant. Attach all necessary documentation to appendix O- recommended criterion #7.

Option 7RA- Submit description of established policy with signatures of school administrators, medical staff and teachers indicating collaborative agreement on school letterhead. Date and assessment of policy must be submitted on an additional page with school letterhead.

#8 Recommended Criterion: Does your school conduct other environmental education, environmental awareness, environmental protection activity, or environmental improvement program concerning asthma in schools?

- Yes, compliant
 No, not compliant

If yes, please check one (√) how your school is compliant. Attach all necessary documentation to appendix P- recommended criterion #8

Option 8RA- Submit agenda, program materials, attendance sheet with date, time, and no student identifiers.

Option 8RB- Submit any student projects developed to promote health around asthma. Description of how the project was used, date, time, and agenda for which the program was part of.

Congratulations!

You have reached the end of the application. We appreciate your time and effort.

Please mail signed cover letter, application, and appendix to:

New York City Asthma Partnership
c/o New York City Department of Health and Mental Hygiene
120 Wall St, 25th Floor, CN #46W
Attn: Chantelle Brathwaite

THANK YOU ☺