

**New Hampshire  
Emergency Bronchodilator School Pilot Project  
Evaluation Summary**

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Martha Judson, MS, RN  
Consultant

Nancy Wells, MS, RN, NCSN  
Consultant

Karen Horsch  
Evaluation Consultant

## Executive Summary

### Background and Methodology

In 2016, the New Hampshire (NH) legislature passed SB322, *Relative to the provision and administration of bronchodilators, spacers, and nebulizers in schools*. This legislation enables schools to address emergent situations for students with asthma, with the goal of reducing the number of students with asthma who must be dismissed from school due to their asthma.

In Fall 2017, the NH Asthma Control Program, in collaboration with the NH School Nurses Association, supported pilot implementation of the emergency inhaler legislation in 28 schools in 10 school districts (pilot schools) across New Hampshire over the 2017-2018 school year. An additional ten schools (nonpilot schools) that expressed interest in the project also participated. School nurses at all 28 pilot schools received a one-hour training and training and educational materials. All pilot schools and nonpilot schools received an emergency inhaler and four spacers.

The evaluation of the Pilot Project documents the implementation and outcomes of the Project. Data collection consisted of quantitative data collected from school nurses. In addition, a post-training survey was administered and brief phone interviews were conducted mid-way through the school year. All data were collected by consultants hired by the NH School Nurse Association.

### Findings

***School and Student Background:*** On average, about 10% of students in the pilot elementary and middle schools were reported to have asthma, but this ranged across schools. In pilot high schools, on average, 8.4% of students had asthma. A higher proportion of students with asthma at elementary schools than at middle and high schools had inhalers at school. However, only slightly over one third of pilot elementary school students had inhalers at school and across the schools this ranged from 9.1% to 70.0% of students. About one third of pilot schools had stock nebulizers.

***Nurse Training in Emergency Inhalers:*** About half of training survey respondents reported that the training increased their knowledge about using emergency inhalers in school “somewhat” while 42% reported that it increased their knowledge “a great deal.” Numerous nurses praised the training materials and the poster they received as part of the training. Nurses’ level of comfort in supporting students with self-management and training other staff after the training was high: 81% reported that they were “very” comfortable supporting self-management of students with asthma and 80% reported that they were “very” comfortable training other staff.

### Project Outcomes

***Use of Emergency Inhaler:*** In the 2017-2018 school year, 60 students in the pilot schools needed an emergency inhaler. An additional 8 students in the non-pilot schools used an emergency inhaler. Two thirds of school nurses in the pilot reported using the emergency inhaler at least once during the 2017-2018 school year. School nurses at elementary schools more often reported using the emergency inhaler than nurses at middle or high schools; however a higher number of middle school students than elementary or high school students needed the emergency inhaler. The reason most often cited for use of the emergency inhaler was that students forgot their inhalers at home. Of the 60 students in the pilot schools who needed an emergency inhaler, 47 or 78% of them returned to the classroom after it was used. A far smaller proportion were sent home (12%) or

sent to a doctor (3%) or the emergency room (3%). The extent to which training affects the actual use of the emergency inhaler or the training of other staff cannot be discerned.

**Asthma Action Plans:** Over the 2017-2018 school year, 54 new AAPs for students were obtained by school nurses in the pilot schools: 15 AAPs were obtained for pilot elementary school students; 29 were obtained for pilot middle school students; and 10 were obtained for pilot high school students. In total, 29 of the new AAPs obtained across the pilot schools were using the new statewide AAP form. Elementary school students were slightly more likely to have AAPs on file at the school nurse's office than middle or high school students. However, on average, only about one quarter of students at the pilot elementary schools had AAPs at school while about 20% of middle and high school students did. Nurses reported substantial challenges in getting AAPs. Lack of nurse time/capacity as well as lack of parent response to requests were the challenges most reported. Some suggested that more work was needed to educate providers about the importance of AAPs.

**Training of Other School Staff:** Nine nurses at the 24 pilot schools reported that they had trained other school staff during the school year: 94 other school staff at pilot schools were trained. An additional 37 staff at the nonpilot schools were trained. Nurses at elementary schools were more likely to train school staff than nurses at other schools. Teachers were the staff most often trained.

### **Conclusions**

- Among pilot schools slightly over one third of elementary school students and about one quarter of middle and high school students with asthma had inhalers at school. Because inhalers were provided as part of the pilot, all schools had an emergency inhaler for use.
- During the 2017-2018 school year, 60 students in the pilot schools needed the emergency inhaler, most often because students forgot their inhalers at home. Over three quarters of these students were sent back to class after use of the inhaler meaning that they did not need to miss instruction time due to asthma, their parents largely did not need to miss work to attend to them, and emergency medical care was avoided.
- The number of asthma action plans in school increased only slightly over the school year. While 54 new AAPs were obtained during the school year, the proportion of students with AAPs at school remains very low, on average, 25% or less. Nurses face substantial barriers to obtaining AAPs for students, including lack of follow up by both parents and providers as well as lack of time and staff resources to conduct the personal outreach and follow up that appears to be most successful in obtaining these.
- Few school nurses trained other school staff in use of the emergency inhaler. Teachers were the school staff most often trained in use of emergency inhalers.
- Those who attended the training about the legislation reported that the training increased their knowledge about using emergency inhalers at school as well as increased their comfort in using them and training others in their use.

### **Recommendations**

- *Ensure schools in New Hampshire have emergency inhalers.* The value of having emergency inhalers in schools has been demonstrated by pilot data that indicate they have been used. While the NH School Nurses Association funded the emergency inhalers for the pilot, other sources of support will need to be considered going forward, either at a statewide or local level.
- *Continue to disseminate training materials.* The training materials were valued by participants and should continue to be shared with school nurses across the state.
- *Raise awareness of the importance of AAPs among providers.* Identify ways to reach providers with information about the importance of ensuring AAPs are completed for students and sent to school nurses.

## Background

In 2016, the New Hampshire (NH) legislature passed SB322, *Relative to the provision and administration of bronchodilators, spacers, and nebulizers in schools*. This legislation enables schools to address emergent situations for students with asthma, with the goal of reducing the number of students with asthma who must be dismissed from school due to their asthma. Specifically, SB322:

- Adds an amendment to RSA200 to include the use of bronchodilators, spacers, and nebulizers in schools;
- Allows school districts to keep a supply of emergency inhalers at school, for student use during an asthma emergency;
- After completion of an asthma training program, school personnel can administer a rescue inhaler;
- Students must have an asthma action plan and parent permission on file.

In Fall 2017, the NH Asthma Control Program, in collaboration with the NH School Nurses Association, supported pilot implementation of the emergency inhaler legislation in 28 schools in 10 school districts across New Hampshire over the 2017-2018 school year. The following school districts participated: Berlin, Colebrook, Concord, Dover, Franklin, Keene, Laconia, Nashua, Plymouth, Rochester. In each district, one school at each level—elementary, middle, and high school—participated in the pilot.<sup>1</sup> Six of the participating school districts (Berlin, Colebrook, Concord, Franklin, Laconia, and Rochester) were identified as districts in need by the Office of Student Wellness, NH Department of Education. The other four were selected because they represented a cross-section of geographic regions.

School nurses at all 28 pilot schools received a one-hour training in each district that covered: how to recognize symptoms of severe respiratory distress; standards and procedures for equipment storage; and administration of the bronchodilator with spacer or nebulizer. Those participating in the training were also provided information about how to train others (coaches, teachers, field trip advisors, etc.) in the provision of the emergency inhaler. The training was developed by the NH School Nurses Association in collaboration with the American Lung Association and was delivered in September and October 2017 by a consultant engaged by the NH School Nurse Association. A training guide was also provided.

All pilot schools also received an emergency inhaler and four spacers provided through funding from the NH School Nurse Association. In addition, ten other schools (nonpilot schools) were not part of the pilot program received emergency inhalers and spacers (but did not receive training). Nonpilot schools included all school levels (elementary, middle, high) as well as an early childcare program.

## Evaluation Approach

The goal of the evaluation of the NH Emergency Bronchodilator School Pilot Project was to document how the intentions of the legislation were implemented, as well as outcomes. Specifically, the evaluation examined the following questions:

- How effective was the school nurse training in helping school nurses in pilot schools to become more comfortable administering emergency inhalers?

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<sup>1</sup> In two districts (Colebrook and Plymouth), there are K-8 schools, thus no separate middle school.

- To what extent has the number of students with asthma action plans increased in pilot schools?
- What challenges did school nurses in the pilot schools face in obtaining asthma action plans from providers? How did they overcome these?
- What are the most common reasons that rescue inhalers have been needed?
- To what extent has the use of emergency inhalers reduced the need for students in pilot schools to leave school due to asthma exacerbation?
- How many and what kind of other staff have school nurses in pilot schools trained to use emergency bronchodilators?
- What are the lessons learned for other school districts?

The data for this evaluation were collected through three surveys and one interview of school nurses in participating schools (provided in Appendix A):

- *School Information Survey*: Collected at the start of the school year, this form was used to gain information about the number and proportion of students with asthma; number of students who have inhalers at school and who can self-carry; whether school has a stock nebulizer; and software program used in the school health office.<sup>2</sup> Data were collected from all 28 pilot schools and all 10 nonpilot schools in September and October 2017.
- *Post-Training Survey*: Administered after the inhaler training, this survey collected feedback about whether training increased knowledge about emergency inhalers; levels of comfort supporting student asthma self-management and training other staff; and suggestions for improvement of the training. Survey data were collected from 26 pilot schools in December 2017 and January 2018.
- *Post-Program Tracking Form*: Collected information about asthma action plans including strategies for collecting these from providers; use of emergency inhalers; and information about staff trained in emergency inhaler use. This information was collected in May 2018 from 24 pilot schools and nine of the 10 nonpilot schools.<sup>3</sup>
- *School Nurse Phone Interview*: A brief phone interview conducted 2-4 months after the training to determine how school nurses were doing, whether they faced any challenges, and whether they needed any support. The protocol also collected data about use of emergency inhalers, asthma action plans, and staff trained. Interview data were collected in January 2018 from 27 pilot schools and all 10 nonpilot schools.

All data were collected by two consultants hired by the NH School Nurse Association.

## Findings

### *School and Student Background*

Schools participating in the pilot ranged in size from 113 to 2,012 students.<sup>4</sup> The proportion of students with asthma across the pilot schools ranged from 2.3% to 17.6% of students.<sup>5</sup> In total, among pilot schools, 310 elementary school students, 719 middle school students, and 1,021 high

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<sup>2</sup> Data about the number of students with asthma action plans was also requested. However, due to substantial discrepancies between the data about AAPs reported in the Fall and those reported in the Spring, only data from the Spring are included in this analysis.

<sup>3</sup> Despite extensive follow up, some school nurses did not submit a post-program tracking form. In a few cases, this was due to transition in the school nurse contact. Two middle school nurses and two high school nurses did not provide follow up data.

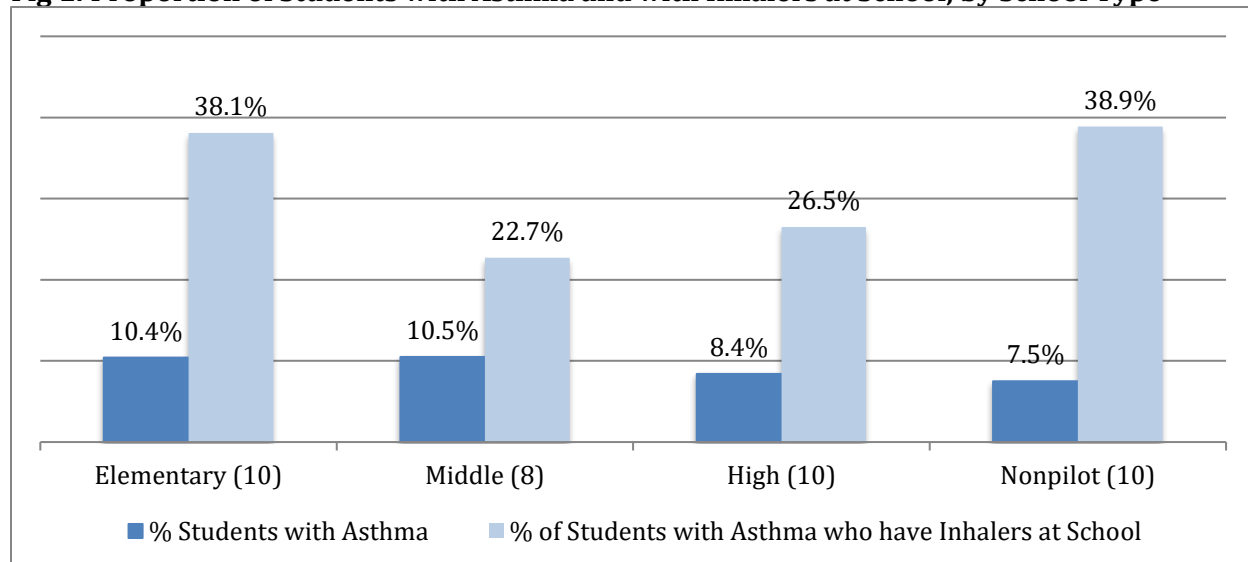
<sup>4</sup> Data missing from two pilot schools.

<sup>5</sup> Data missing from three pilot schools.

school students were reported to have asthma. Among nonpilot schools, 284 students were reported to have asthma. On average, about 10% of students in the pilot elementary and middle schools were reported to have asthma. The proportion of students who had asthma ranged from 4.6% to 16.7% of students across the ten pilot elementary schools and from 7.0% to 17.6% across the pilot middle schools. In pilot high schools, on average, 8.4% of students had asthma and this proportion ranged from 2.3% to 16.9% of students across pilot high schools. The nonpilot schools reported lower rates of asthma among students on average (7.5%) and the proportion of students with asthma ranged from 2.7% to 14.9% across these schools<sup>6</sup>.

The proportion of students who had inhalers at school also ranged across schools and within school types. Overall, a higher proportion of students with asthma at elementary schools than at middle and high schools had inhalers at school. However, on average, only slightly over one third of pilot elementary school students had inhalers at school and across the schools this ranged from 9.1% to 70.0% of students. Data about nonpilot schools, which includes all school types, indicate that about 39.8% of students with asthma had inhalers at school. About one third of pilot schools had stock nebulizers and 38% of nonpilot schools did.<sup>7</sup>

**Fig 1: Proportion of Students with Asthma and with Inhalers at School, by School Type**



### **Nurse Training in Emergency Inhalers**

To support implementation of the new legislation, school nurses at pilot schools received a one-hour training that covered: how to recognize symptoms of severe respiratory distress; standards and procedures for equipment storage; and administration of the bronchodilator with spacer or nebulizer. Nurses at nonpilot schools did not receive the training but received the training materials. School nurses at 27 of the 28 pilot schools completed the brief post-training survey.

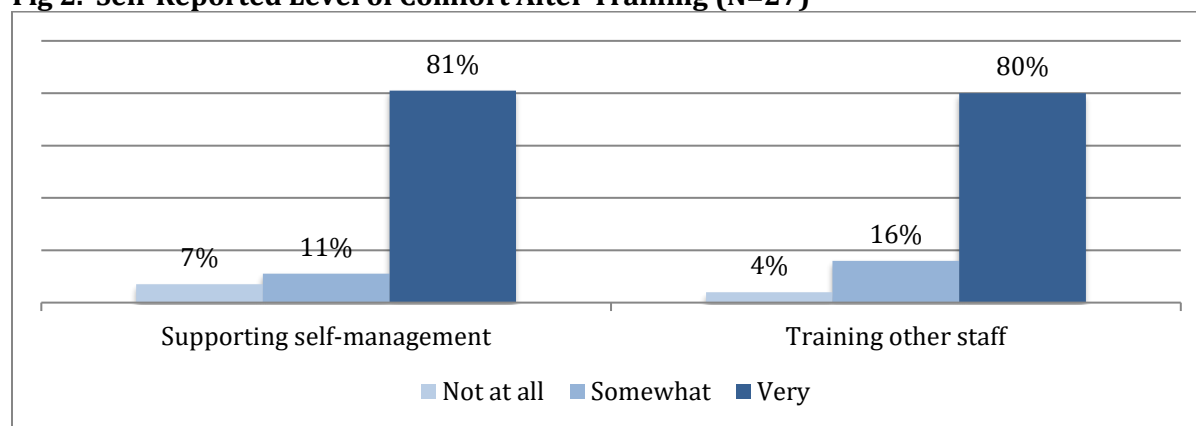
About half of nurse respondents reported that the training increased their knowledge about using emergency inhalers in school “somewhat” while 42% reported that it increased their knowledge “a great deal.” Numerous nurses praised the training materials and the poster they received as part of the training. As one nurse reported, “*Using materials for teaching—excellent! Poster and model are most valuable.*” Another nurse shared a similar perspective saying “*The materials were excellent—*

<sup>6</sup> It is important to note that the nonpilot schools included all levels of schools.

<sup>7</sup> Data missing for one pilot school and two nonpilot schools.

*great teaching module!”* Nurses’ self-reported level of comfort in supporting students with self-management and training other staff after training is provided in Figure 2.

**Fig 2. Self-Reported Level of Comfort After Training (N=27)**



### Project Outcomes

This section examines the outcomes of the pilot project including use of the emergency inhaler, increase in asthma action plans, and training of other school staff in use of the inhalers. The information shared here was obtained through a survey of school nurses collected in May and June 2018. Twenty-four of the 28 pilot schools provided follow up data.<sup>8</sup>

#### Use of Emergency Inhaler

The goal of the Emergency Bronchodilator legislation is to reduce the number of students who must be dismissed from school due to their asthma. The pilot evaluation examined to what extent the emergency inhalers were used in the 2017-2018 school year and what happened to the student after use.

In the 2017-2018 school year, 60 students in the pilot schools needed an emergency inhaler. An additional 8 students in the non-pilot schools used an emergency inhaler (Fig. 3). Sixteen of 24 (two-thirds) school nurses in the pilot who provided follow up data reported using the emergency inhaler at least once during the 2017-2018 school year. School nurses at elementary schools more often reported using the emergency inhaler than nurses at middle or high schools; however a higher number of middle school students than elementary or high school students needed the emergency inhaler during the 2017-2018 school year.

Across pilot and nonpilot schools, the reasons for inhaler use and action after use were the same. The reason most often cited for use of the emergency inhaler was that students forgot inhaler at home.

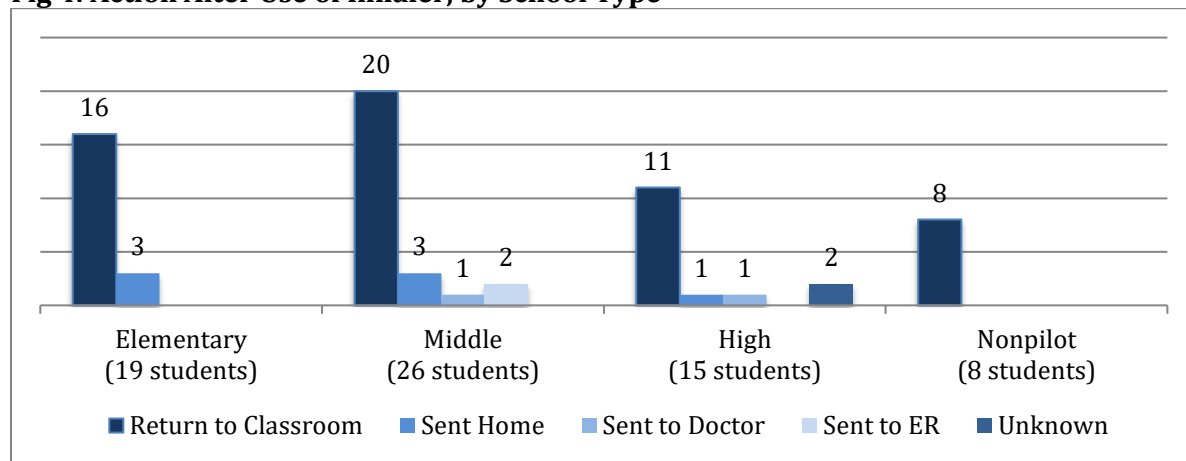
<sup>8</sup> Nurses at all 10 elementary schools in the pilot provided follow up data. Nurses at 6 of the 8 pilot middle schools and 8 of the 10 pilot high schools provided follow up data. Of the other 10 schools participating in the project, 9 provided follow up data.

**Fig. 3: Use of Emergency Inhaler in 2017-2018 School Year, by School Type**

	# of Nurses Reporting Use of Emergency Inhaler	Total # of Times Used	Reasons for Use <sup>9</sup>
Elementary Schools	6 (of 10)	19	No inhaler at school: 1 Forgot inhaler at home: 3 Unable to afford inhaler: 3 No current PCP: 1
Middle Schools	5 (of 6)	26	Forgot inhaler at home: 7 Unable to afford inhaler: 2 Lost inhaler: 3 Inhaler but no medication: 8 New flare up of asthma: 1 No inhaler at school: 4
High Schools	5 (of 8)	15	Forgot inhaler at home: 13 Unable to afford inhaler: 1 Inhaler but no medication: 1
Nonpilot Schools	4 (of 9)	8	Forgot inhaler at home: 5

Of the 60 students in the pilot schools who needed an emergency inhaler, 47 or 78% of them returned to the classroom after it was used (Fig. 4). A far smaller proportion were sent home (12%) or sent to a doctor (3%) or the emergency room (3%). Of the eight students at nonpilot schools who needed an emergency inhaler during the 2017-2018 school year, all were sent back to the classroom after use.

**Fig 4: Action After Use of Inhaler, by School Type**



The extent to which training affects the actual use of the emergency inhaler or the training of other staff cannot be discerned. Nurses at nonpilot schools who did not receive the training used the emergency inhaler at a similar rate as those in pilot schools.

[Asthma Action Plans](#)

Over the 2017-2018 school year, 54 new AAPs for students were obtained by school nurses in the pilot schools: 15 AAPs were obtained for pilot elementary school students; 29 were obtained for pilot middle school students; and 10 were obtained for pilot high school students. Four new AAPs

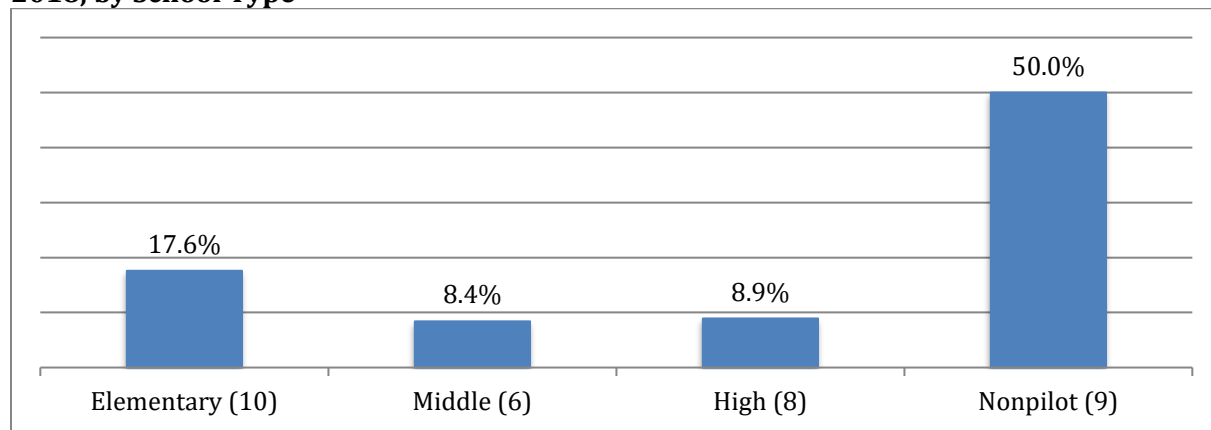
<sup>9</sup> Reasons for use were not documented for all incidences.



were obtained in nonpilot schools. In total, 29 of the new AAPs obtained across the pilot schools were using the new statewide AAP form<sup>10</sup>; two of the new AAPs obtained across the nonpilot schools were using the new statewide AAP form.

The proportion of students with asthma action plans at the school nurses' office in May 2018 varied across schools (Fig. 5). Elementary school students were slightly more likely to have AAPs on file at the school nurse's office than middle or high school students. However, on average, only about one quarter of students at the pilot elementary schools had AAPs at school while about 20% of middle and high school students did. The proportion of students with AAPs on file were higher at the nonpilot schools, on average about half of students. It should be noted, however, that pilot schools tended to be larger than nonpilot schools and served students with greater risk factors and needs than nonpilot schools. This likely accounts for at least some differences in school nurses' available time to gather AAPs and follow up with parents as well as parental follow up.

**Fig 5: Median Proportion of Students with Asthma who had Asthma Action Plans in May 2018, by School Type**



Nurses in pilot schools reported substantial challenges in getting AAPs. Lack of nurse time/capacity, as well as lack of parent response to requests, were the challenges most frequently reported. Some nurses reported that they reached out to parents multiple times without success. A few nurses reported that they had success in obtaining AAPs or consent for AAPs when they called parents directly; this was a more successful strategy than sending letters home. Others reported utilizing this strategy without success. Nurses also reported difficulty in getting AAPs from providers, despite reaching out to them. Some nurses reported success when they obtained signed AAPs from parents and then faxed them to providers to be completed. One nurse who reported success mentioned that she developed an individual health plan for asthma, faxed it to the provider and then followed up with provider to make sure the form was returned. One reported that field trip preparation (typically in the spring) also helped to get AAPs completed. Some nurses suggested that more work was needed to educate providers about the importance of AAPs.

#### Training of Other School Staff

Nine nurses at the 24 pilot schools that provided follow up data reported that they had trained other school staff during the 2017-2018 school year (Fig 6).<sup>11</sup> In total, 94 other school staff at pilot

<sup>10</sup> In 2017 a new AAP form was developed by a small working group from the NH Asthma Collaborative (NHAC) that incorporated best practices for asthma action plan reporting. This form has been disseminated across the state and its use has been encouraged by the NHAC and its partners.

<sup>11</sup> Four schools did not provide follow up data.

schools were trained. An additional 37 staff at the nonpilot schools participating in the project were trained. Nurses at elementary schools were more likely to train school staff than nurses at other schools. No high school nurse reported training other staff. Teachers were the staff most often trained. No nurse reported training a coach.

Nurses generally reported that they trained staff in a 1:1 format, although a few reported that they trained at staff meetings. Several nurses reported that they tend to train other staff in the spring in preparation for field trips; for this reason, it is possible that school nurses trained other staff after data were collected in early May 2018. A couple of nurses reported that they planned to train others in the coming school year. Information about barriers to training other school staff was not collected. However, currently the project consultants are developing a training presentation that is designed to make it easier for nurses to train other staff.

**Fig 6: School Staff Trained, by School Type**

	# of Nurses Training Staff	# of Staff Trained
Elementary Schools	7	Teachers: 44 Paraprofessionals: 5 Administrators: 2 Other: 3 (office staff)
Middle Schools	2	Teachers: 40
High Schools	0	
Nonpilot Schools	6	Teachers: 26 Paraprofessionals: 8 Administrators: 1 Other: 2 (Adm Asst, Specialist)

## Conclusions

The results from this pilot year for implementation of SB322 point to several conclusions:

- Among pilot schools slightly over one third of elementary school students and about one quarter of middle and high school students with asthma had inhalers at school. Because inhalers were provided as part of the pilot project, all schools had an emergency inhaler for use during the school year.
- During the 2017-2018 school year, 60 students in the pilot schools needed the emergency inhaler, most often because students forgot their inhalers at home. Over three quarters of these students were sent back to class after use of the inhaler meaning that they did not need to miss instruction time due to asthma, their parents largely did not need to miss work to attend to them, and emergency medical care was avoided.
- The number of asthma action plans in school increased slightly over the school year. While 54 new AAPs were obtained during the school year, the proportion of students with AAPs at school remains very low; the proportion of students with asthma who have AAPs at schools is, on average, 25% or less. Nurses face substantial barriers to obtaining AAPs for students, including lack of follow up by both parents and providers as well as lack of time and staff resources to conduct the personal outreach and follow up that appears to be most successful in obtaining these.
- Few school nurses trained other school staff in use of the emergency inhaler. Teachers were the school staff most often trained in use of emergency inhalers. No coaches were trained.

- Those who attended the training about the legislation reported that the training increased their knowledge about using emergency inhalers at school as well as increased their comfort in using them and training others in their use. Nurses reported that they valued the materials that accompanied the training. The extent to which training affects the actual use of the emergency inhaler or the training of other staff cannot be discerned. Nurses at nonpilot schools used the emergency inhaler at a similar rate as those in pilot schools.

## Recommendations

The results from this pilot year point to several recommendations as the project is expanded statewide:

- *Ensure schools in New Hampshire have emergency inhalers.* The value of having emergency inhalers in schools has been demonstrated by pilot data that indicate they have been used. While the NH School Nurses Association funded the emergency inhalers for the pilot program, other sources of support will need to be considered going forward, either at a statewide or local level. It should be noted that funding sources were extensively explored prior to the implementation of the pilot project and were not successful.
- *Continue to disseminate training materials.* The training materials were valued by participants and should continue to be shared with school nurses across the state.
- *Raise awareness of the importance of AAPs among providers.* Identify ways to reach providers with information about the importance of ensuring AAPs are completed for students and sent to school nurses.

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**APPENDIX A: DATA COLLECTION INSTRUMENTS**

Asthma Pilot Project  
School Information  
September 2017- August 2018

School \_\_\_\_\_ SAU# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Grade Level \_\_\_\_\_ Number of students \_\_\_\_\_

School Nurse \_\_\_\_\_

Phone # \_\_\_\_\_ E Mail \_\_\_\_\_

Principal \_\_\_\_\_

\_\_\_ Number of students with a diagnosis of Asthma

\_\_\_ Number of students with a diagnosis of Asthma who have an Asthma Action Plan

\_\_\_ Number of students who have inhalers at school

\_\_\_ Number of students approved to self carry their inhaler

Software program you use in the school health office \_\_\_\_\_

Do you have a stock nebulizer \_\_\_\_\_

Materials received

\_\_\_ Notebook with training materials

\_\_\_ Ventolin Inhaler

\_\_\_ 4 Spacers

The Asthma Pilot Project is funded by the New Hampshire School Nurses' Association. The New Hampshire Department of Education and the New Hampshire Asthma Control Program are collaborating on this project



## Asthma Pilot Project Post Training Survey

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. To what extent did this training help to increase your knowledge about using emergency inhalers in school?  
 Not at all     Somewhat     A great deal
2. How comfortable do you feel supporting self-management for your students with asthma?  
 Not at all comfortable     Somewhat comfortable     Very comfortable
3. How comfortable do you feel training other school staff about asthma and the use of emergency inhalers?  
 Not at all comfortable     Somewhat comfortable     Very comfortable
4. If you marked “not at all comfortable” to questions 2 or 3, please describe how we might improve the training to address this:
5. If you have any other suggestions to improve the training, please share those here:

**Thank you for completing this survey!**

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Asthma Pilot Project  
Emergency Bronchodilator Tracking Form  
September 2017-May 2018

**Thank you for participating in the Asthma Pilot Project. This information will help us to understand changes in the care of students with asthma as a result of the Emergency Bronchodilator legislation. This information will be shared with the funding and collaborating agencies and with each school that has participated.**

School: \_\_\_\_\_

Town: \_\_\_\_\_

To help us with data analysis please do not leave any space blank. Please mark N/A if data are not available for a particular question.

**ASTHMA ACTION PLANS**

Total number of students with asthma: \_\_\_\_\_

Total number of students with Asthma Action Plans on file: \_\_\_\_\_

Increase in number of Asthma Action Plans since September 2017: \_\_\_\_\_

How many of these are the new Asthma Action Plan? \_\_\_\_\_

What strategy worked to get Action Plans returned to your office? \_\_\_\_\_  
\_\_\_\_\_

**Emergency Inhaler Use**

Number of students requiring use of an emergency inhaler this school year: \_\_\_\_\_

Reasons for emergency inhaler use:	Action after inhaler use:
Forgot inhaler at home: ____ students	Return to classroom: ____ students
Have inhaler but no medication: ____ students	Sent Home: ____ students
Unable to afford inhaler: ____ students	Sent to ER: ____ students
Other(explain): _____ students ____	Sent to Doctor: ____ students

**Staff trained in use of bronchodilator since the start of the school year**

Classroom Teachers \_\_\_\_\_ Number \_\_\_\_\_

Coaches \_\_\_\_\_ Number \_\_\_\_\_

Paraprofessionals \_\_\_\_\_ Number \_\_\_\_\_

Other (please identify) \_\_\_\_\_ Number \_\_\_\_\_

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## ASTHMA PILOT PROJECT INTERVIEW PROTOCOL

**Nurse:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### 1. How are things going generally?

- Have you faced any challenges? If so, what? How have you overcome these?
- Has anything been particularly helpful as you have been doing this? If so, what?
- Is there any help or support you need at this time?

### 2. Data Collection:

- How many and what type of staff have you trained?
- How many students have come to see you? For what reasons? (
- How many students have current asthma action plans?
  - How many of the new asthma action plan forms have you used?

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