



PEDIATRIC PANDEMIC NETWORK

School Nurse and Health Aide Emergency Preparedness Toolkit

A guide that helps you find, understand, and apply existing school emergency preparedness resources.

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Development of this toolkit

This guide was developed by the Pediatric Pandemic Network (PPN) with expertise and input from a broad spectrum of contributors including school healthcare professionals, healthcare response specialists, and emergency managers across multiple states.

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Start here

What this toolkit is

A School Health Responder-focused guide that helps you:

- Understand the basic vocabulary of emergency planning.
- Locate high-value templates and guidance quickly.
- Bring practical questions regarding pediatrics and children with medical complexity (CMC) into planning discussions.
- Make small, realistic improvements without building a new program from scratch.

What this toolkit is not

- Not a replacement for your district or school Emergency Operations Plan (EOP).
- Not legal advice or interpretation of privacy laws.
- Not prescriptive and not “just a checklist.”
- Not a complete library of every school safety resource.

If you only bookmark five things

If you are starting from nothing, these are high-yield entry points. Pick two to start (plus your district or school EOP).

- **School Nurse Emergency Checklist** (included in this toolkit): a one-page, action-oriented checklist for the school nurse role organized by before, during, and after phases. See [Appendix D](#).
- **PPN School Nurses Resource Guide**: curated nurse-focused resources.
- **NASN Disaster Preparedness**: nurse-centered planning and training links.
- **Texas School Safety Center**: annex templates + completion guides.
- **AAP: Disaster and Emergency Preparedness in Schools**: pediatric framing.

How to use this toolkit: 2 options

Option 1: Quick start (10 minutes)

- Read your district or school Emergency Operations Plan (EOP) and determine who is responsible for maintaining it.
- Complete the [Local Adaptation Checklist](#) (contacts, sites, CMC information access).
- Review the School Nurse and Health Aide Emergency Checklist ([Appendix D](#)) to understand your role before, during, and after an emergency.

Option 2: Learn as you go

- Use [Section 1](#) to get oriented.

- Read [Section 2](#) and [Section 3](#) to learn more.
- Use and bookmark [Section 4](#) (Resource map) as your main “table of contents.”
- Use the templates in [Appendix C](#) only if you do not have a local equivalent.

Do this first

Use the [Local Adaptation Checklist](#) to localize this toolkit in 15–30 minutes. Update at least quarterly.

QUICK CHECKLIST — RECOMMENDED MINIMUM

- Print or save this checklist where it will be used (health office go bag, main office, shared drive).
- Update following changes, such as staff turnover, evacuation route or building changes, and EOP updates.
- Confirm alternates for the incident commander and nurse role and how they are activated.
- Confirm where CMC related information, medications, and equipment plans are stored and how they are accessed during power or internet loss.
- Confirm language access and accessible communication needs (interpretation, AAC supports, large print, pictograms).



Local Adaptation Checklist

Complete locally. Print and post in the health office. Update quarterly or after staff/route changes.

A. Local contacts (fill in)

Function	Name or role	Phone	Email	Backup	Notes
Incident lead or principal					
School nurse or health lead					
District safety or emergency manager					
Family communications lead					
SRO or law enforcement liaison					
Fire department liaison / HazMat agency					
EMS liaison					
Public health liaison					
Transportation director					
Facilities lead					
Mental health lead					
Interpreter / language access contact					
Nearby receiving hospital or clinic					

B. Protective action sites and routes (fill in)

Item	Primary	Alternate	Access and functional needs notes
Evacuation route(s)			
On-site shelter areas			
Off-site relocation site			
Reunification site			
Medical staging / triage area			
Bus staging or student loading			
Accessible staging (wheelchairs, equipment)			

School: _____

Completed by: _____

Date completed: _____



Local Adaptation Checklist

Complete locally. Print and post in the health office. Update quarterly or after staff/route changes.

C. CMC and student medical needs processes (confirm)

Answer these locally and keep the answers simple.

1. Where are Individualized Health Plan (IHP) or Emergency Action Plan (EAP) documents stored, and how are they accessed during power or internet loss?

2. What must travel with the student during evacuation or reunification (medications, equipment, go bag, key instructions)?

3. Who can retrieve and transport medications or equipment if the nurse is unavailable?

4. How are caregivers contacted, and what is the medication and equipment handoff process?

5. What is the plan for power-dependent equipment during relocation or shelter?

School: _____

Completed by: _____

Date completed: _____

Emergency management basics for school nurses and health aides

If you are new to emergency management, the goal is not to become an expert. The goal is to be able to answer:

- What should happen before, during, and after an emergency in our school?
- Where is our plan and who owns it?
- How do medical needs, disabilities, and CMC change what we do?
- Are we training, both internally (the school) and externally (with community partners)?

1.1 What is an Emergency Operations Plan (EOP)?

An Emergency Operations Plan (EOP) is a flexible document that outlines an organization's procedures, roles, and responsibilities in the event of an emergency or disaster. Your EOP needs to make sure student health realities, including CMC needs, are included.

Where to look for examples

- Your state department of education or school safety center: search for “EOP template,” “functional annex,” or “school emergency operations plan.” Many states provide downloadable templates.
- [Texas School Safety Center tools](#) (annex templates + completion guides you can adapt)
- [Cal OES School Emergency Planning & Safety](#) (includes a detailed district/site guide you can borrow from)
- [AAP pediatric framing](#)
- [NASN nurse-centered starting point](#)

1.2 Steps to take “before, during, after”

- **Before:** prevention, mitigation, and preparedness (planning, training, supplies, agreements).
- **During:** response (protective actions, accountability, triage, communications).
- **After:** recovery (reunification, return to learning, mental health support, improvement planning).

Where to look for examples

- Review the School Nurse Emergency Checklist ([Appendix D](#)) for a concise before/during/after breakdown of the nurse role. For additional resources on drills, after-action reviews, and recovery planning, see the Resource Map ([Section 4](#)).

1.3 Protective actions

Most school incidents require one of these:

- Evacuate
- Lockdown
- Shelter-in-place

You do not need a perfect process; you do need to know where to go, how to account for students, and how to support students with medical needs.

Where to look (examples)

- [TxSSC tools](#) (search within Tools for evacuation/shelter annex templates and completion guides)
- [Cal OES school planning hub](#) (planning + safety assessment resources)

1.4 Accountability and Reunification

Accountability answers: who is safe and where are they? Reunification answers: how are students released to approved guardians? From a nurse lens, reunification also includes medication and equipment continuity and documenting what went with the student.

Where to look (examples)

- [Maryland Center for School Safety RES training](#) (includes SRP and reunification resources and training entry points)
- [Maryland school-based tabletop exercises \(TTX\) page](#) (useful for discussion-based practice, even outside Maryland)

1.5 Communications: the hidden failure point

Even good plans fail when messages are not communicated. You do not need to build a communication system. You need to know:

- How staff report status during an incident
- How families receive updates
- Who communicates with first responders and public health

Where to look (examples)

- Your district's EOP communications annex (if one exists) is the best starting point. For examples of how communications planning is structured, see [TxSSC annex templates](#) or your state's school safety center.

1.6 Incident Command System (ICS) for schools

ICS is a way to clarify who is in charge and how roles are assigned during an incident. In practice, you want two things:

- Clear leadership and alternates

- A predictable way to share information and make decisions

Where to look (examples)

- [FEMA IS-100 and IS-700](#) (free online ICS courses, widely used in school settings)
- Your district EOP (check for an ICS chart or roles and responsibilities section).

1.7 Drills and exercises as learning, not compliance

Many schools do drills and exercises. The value comes when the drill leads to improvements; even a minor change is meaningful. Nurses do not need to run a full exercise program. Nurses can help by asking questions such as: “Did we confirm medical and accessibility needs during the drill?”

Where to look (examples)

- [TxSSC Training and Exercise Toolkit](#) (templates + a structured entry point)
- [Maryland school-based tabletop exercises \(TTX\)](#) (discussion-based practice)

Pediatric and CMC considerations

This toolkit is intentionally pediatric and CMC focused. Most general school resources mention “special needs” without operational detail. Your value is translating “who they are” into “what we do to support them.”

2.1 Why it matters

- Children rely on adults for direction and movement during emergencies.
- Some students need medication, equipment, mobility support, or specific communication support.
- School health information and caregiver coordination can become a limiting factor during an incident.

2.2 Planning prompts

Use these prompts to guide meetings and conversations without prescribing a process:

- What are the most common emergencies we plan for here (weather, power outage, transportation disruption, violence, illness)?
- Where are student medical plans stored and how are they accessed in an outage?
- What goes with the student during evacuation or reunification (meds, equipment, go bag, key instructions)?
- What happens when the nurse is absent? Is there a backup for the nurse or health assistant?
- How does the plan address language access and disability support?
- What is our “must not fail” list for CMC students (time sensitive meds, durable medical equipment, airway access, mobility, etc.)?

2.3 CMC categories to consider

Think in categories and then find the local process:

- Medication access and transport
- Equipment and power dependency
- Mobility and accessible evacuation
- Staffing reality and delegation
- Infection prevention and isolation
- Caregiver communications and reunification handoff
- Behavioral and sensory considerations

2.4 Information sharing and care plans

Schools operate under district policy and privacy rules. This toolkit does not interpret them. The goal is to reduce uncertainty by clarifying:

- What documents exist (IHP, EAP, 504 plan, IEP, district forms)
- Who can access what, when, and how
- What must travel with a student during relocation or reunification
- What the backup plan is when systems are down

Using this toolkit in your school

If you feel overwhelmed, the fastest path is to focus on conversations and small wins. Use the prompts, then point people to existing resources.

3.1 Conversation starters

- “Where is our EOP and who updates it?”
- “Which annex covers Evacuation? Reunification? Where are the quick references for staff?”
- “How does the plan handle medications and equipment for students with medical needs?”
- “If I am not here, who is responsible for the healthcare decisions and how do they access health information?”
- “Can we add one CMC scenario question to our next drill?”

3.2 Small wins menu

Pick one improvement that fits your local context and use existing templates from your state DOE or school safety center:

- Create or update the local contacts list and post it in the health office.
- Confirm an accessible evacuation route and staging point for mobility devices.
- Clarify what travels with a CMC student during relocation or reunification.
- Identify the district point of contact for privacy and 504 or IEP process questions.
- Add one CMC scenario to the next exercise.

3.3 Optional micro learning

If your school does not have a routine way to update staff, you can use a short “5-minute huddle” format. This is optional and should align with local practice. See [Appendix B](#) for an example format and starter prompts.

3.4 After action note

After any drill or incident, capture:

- what happened (one sentence)
- what worked (one sentence)
- what was confusing (one sentence)
- one improvement action, owner, and due date

Resource map

4.1 School Nurse and Health Aide Emergency Checklist

This one-page, action-oriented checklist summarizes the school nurse’s role across the before, during, and after phases of an emergency. It is designed to be:

- Printed and kept in a go bag or health office for quick reference.
- Used as a conversation tool when joining planning meetings or advocating for nurse involvement.
- A starting point—adapt to your local context, policies, and student population.

The full checklist is included in [Appendix D](#).

If you need deeper resources on specific topics (evacuation templates, reunification procedures, drill planning), use the Resource Map in [Section 4.2](#) and the curated library categories in [Section 4.3](#).

4.2 Other starting points mentioned in the School Nurse Resources list

Use these as entry points to school emergency preparedness resources. Pick one that matches what you need today, then use the Resource Tracker (Appendix A) to log what you plan to use.

Resource	Best for	Link
NASN: Disaster Preparedness	Nurse-centered emergency preparedness resources and training links	www.nasn.org/nasn-resources/resources-by-topic/disaster-prep...
TxSSC: Tools	Annex templates + completion guides (useful if you need structure and examples)	txssc.txstate.edu/tools/
Cal OES: School Emergency Planning & Safety	Planning guidance + safety assessment resources (state-focused but adaptable)	www.caloes.ca.gov/office-of-the-director/operations/planning...
PPN: School Nurses Resource Guide	Curated nurse-forward resources (good “table of contents” for beginners)	resources.pedspandemicnetwork.org/resource-guides/school-nur...
PPN: Understanding the Role of School Nurses (webinar)	Orientation to what nurses do before/ during/after emergencies	resources.pedspandemicnetwork.org/library/8567/understanding...
AAP: Disaster & Emergency Preparedness in Schools	Pediatric framing + planning considerations	www.aap.org/en/patient-care/school-health/disaster-and-emerg...

Resource	Best for	Link
Nurse.com: Role of School Nurses in Emergency Preparedness	Plain-language overview of the nurse role and practical considerations	www.nurse.com/nursing-resources/school-nurse-resources/role-...
Public Health Learning: SNEC course	Clinical emergency care skill-building for school nurses (CE)	www.publichealthlearning.com/course/index.php?categoryid=53
PPN: School Nurse Emergency Care Course (7th ed.)	School nurse emergency care course/manual (clinical focus)	resources.pedspandemicnetwork.org/library/3648/school-nurse-...
Maryland Center for School Safety: RES	Training entry points, tabletop exercises, SRP, and reunification resources	schoolsafety.maryland.gov/Pages/RES-Training.aspx

4.3 Build a library of local resources

Use Resource Tracker to organize links (Appendix A):

- Resources for school emergency planning
- EOP templates and annex examples
- Evacuation, lockdown, shelter in place
- Student accounting and reunification
- Communications and warning
- Accessibility, disability, and access and functional needs planning
- Medical planning in schools and nurse role resources
- CMC specific considerations (where available)
- Drills, exercises, and debriefing tools
- Recovery, mental health, and return to learning

Appendix B: Optional 5-minute huddle format

USE THIS EXAMPLE IF IT IS HELPFUL

If your school already has an established training or briefing format, use that instead.

B1) Example huddle agenda (5 minutes)

- 30 seconds: why we are doing this (one sentence)
- 90 seconds: one concept (example: evacuation route and accountability)
- 2 minutes: one scenario question (what would we do first, and how do we report status?)
- 60 seconds: one commitment (owner and due date)

B2) Starter prompts (choose one)

- “If we evacuated right now, where would the health office go bag go and who carries it?”
- “What changes if a student needs time sensitive medication during relocation? What about temperature sensitive medications and equipment?”
- “Where are the firewalls within the evacuation plan? Any barriers to exit?”
- “Where is our reunification site and how do meds and equipment hand off happen?”
- “If the nurse is absent, who retrieves medical supplies and who calls caregivers?”
- “During a power outage, which students have equipment that will fail first?”
- “If there are multiple injuries, which staff members are First Aid, CPR/AED trained? Who are they? Does everyone know where kits/equipment are housed?”

Appendix C: School Nurse and Health Aide planning guides

These guides are intentionally lightweight and should be aligned to district policy. Use only if you do not have a local equivalent.

C1) EOP quick reference (questions to build your own)

If your district already has a quick reference guide, use it. If not, use these questions to create a one page “Cliff Notes” reference:

- Who is in charge and who are the alternates?
- How do we communicate during an incident (staff, families, responders)?
- Where do we go (evac routes, shelter areas, reunification sites)?
- How do we account for students?
- What is the nurse and health services plan (triage, meds, isolation, CMC support)?
- What is the reunification release and documentation process?

C2) CMC planning prompts (use as a lens)

For applicable students, clarify locally:

- Medication access: where it is stored, how it travels, and who retrieves it if the nurse is unavailable
- Equipment: what is power dependent and what the backup is
- Mobility: who assists, what route is accessible, and where staging happens
- Communication: AAC needs, interpreters, sensory considerations
- Reunification: caregiver communications and medication and equipment handoff

C3) Information sharing and care plans (questions to reduce friction)

- What documents are used locally (IHP, EAP, 504 plan, IEP, district forms)?
- Who can access them, when, and how during an outage?
- What must travel with a student during relocation or reunification?
- Who answers compliance questions for privacy and 504 or IEP process locally?



School Nurse & Health Aide Emergency Checklist

Print, keep accessible, and adapt to your local context. Use before, during, and after a school emergency.

KEY TAKEAWAYS

- Be a core member of the planning team; integrate health services into plans.
- Maintain emergency meds, IHPs, triage supplies, and surge/clinic plans.
- Support infection prevention and psychological first aid (PFA).

BEFORE

- Maintain current IHPs/EAPs for students with chronic conditions; ensure meds/go-bags are ready.
- Stock and track emergency supplies (first aid, Stop the Bleed, PPE); prepare a portable triage kit.
- Advocate for inclusive evacuation/reunification for students with medical/functional needs.
- Coordinate with local public health on disease response; support IPC training and illness monitoring.

DURING

- Provide triage and first aid within scope; support accounting for students with medical needs.
- Assist with isolation areas (illness) and medication management during incidents / evacuations.
- Advise ICS on medical considerations; communicate with EMS / public health as directed.

AFTER

- Support reunification for students with medical needs; replace used supplies / meds.
- Provide health education and PFA; track students needing follow-up.
- Participate in after-action debrief and update health protocols.

Appendix E: Glossary of Key Terms and Acronyms

This glossary provides quick definitions for the acronyms, programs, and emergency management terms used in this toolkit. School nurses often encounter unfamiliar language in district emergency operations plans, training, and interagency meetings. This reference is intended to support those conversations, not to replace district policy or full training. Definitions are written in plain language with a school-nurse lens.

Term / Acronym	Definition
504 Plan	A formal plan under Section 504 of the Rehabilitation Act that documents accommodations a student needs to access education due to a disability. School nurses often coordinate the medical-accommodation portions (medication administration, blood sugar monitoring, activity restrictions).
AAC (Augmentative and Alternative Communication)	Tools and strategies (picture boards, speech-generating devices, sign supports) that help students who do not rely on speech alone communicate. During an emergency, plan ahead so a student's AAC supports travel with them and remain usable through power loss or relocation.
AAP (American Academy of Pediatrics)	The national professional organization for pediatricians. AAP publishes pediatric-focused guidance on school disaster and emergency preparedness referenced throughout this toolkit.
Accountability	The process of confirming who is present and safe after a protective action (evacuation, lockdown, shelter-in-place). The nurse role typically includes verifying that students with medical needs are accounted for and that their medications and equipment are with them.
AED (Automated External Defibrillator)	A portable device that delivers an electrical shock to restart a heart in cardiac arrest. AED locations and the roster of CPR-trained responders should be confirmed during preparedness, not during an incident.
After-Action Review	A structured debrief after a drill or incident to capture what happened, what worked, what was confusing, and what to improve. Sometimes called a "hotwash" when held immediately at the end of the event.
Annex	A section of an Emergency Operations Plan that addresses a specific function (communications, evacuation, reunification, medical) or hazard. Many of the school nurse's responsibilities live in the functional annexes of a district's EOP.
Before/During/After Framework	The phased way emergency management organizes work: preparing in advance, responding during the incident, and recovering after. This toolkit and the Appendix D checklist use this framework to organize the school nurse role.
Cal OES (California Governor's Office of Emergency Services)	The state agency responsible for emergency planning and response in California. Cal OES publishes school emergency planning and safety resources cited in Section 1 and Section 4.
CMC (Children with Medical Complexity)	Students with chronic conditions, technology dependence, or substantial functional limitations who require coordinated planning during an emergency. CMC considerations are a central focus of this toolkit.
CPR (Cardiopulmonary Resuscitation)	A life-saving technique combining chest compressions and rescue breaths used during cardiac arrest. Confirming which staff hold current CPR training is part of preparedness.
DOE (Department of Education)	A state-level agency that often publishes school emergency planning templates, annex examples, and required protocols. Your state DOE is a useful first stop when localizing this toolkit.
Drill	A practice of a single protective action (such as a fire or lockdown drill) intended to test and reinforce a specific response. The value of a drill is in what it surfaces for improvement, not whether it was completed on schedule.

Term / Acronym	Definition
EAP (Emergency Action Plan)	A student-specific plan describing the response to a foreseeable medical emergency (seizure, anaphylaxis, asthma, diabetes). The school nurse typically develops and maintains EAPs alongside IHPs for students with relevant conditions.
EMS (Emergency Medical Services)	Pre-hospital responders (paramedics, EMTs, ambulance services) who provide on-scene care and transport. A school's relationship with local EMS should be established before an incident.
EOP (Emergency Operations Plan)	The flexible document outlining a school or district's procedures, roles, and responsibilities for an emergency. The school nurse should know who maintains the EOP and where medical and CMC considerations appear within it.
Evacuation	The protective action of moving people out of a building or area to a safer location. From a nurse lens, evacuation includes ensuring medications, equipment, and student medical information travel with the affected students.
Exercise	A scenario-based activity (tabletop, functional, or full-scale) used to test plans and the coordination between roles or agencies. Nurses add value by ensuring CMC and accessibility considerations are tested, not just the operational mechanics.
FEMA (Federal Emergency Management Agency)	The federal agency that coordinates disaster response and provides free training, including the IS-100 and IS-700 courses referenced in Section 1.6.
Functional Needs (Access and Functional Needs)	Capabilities a person requires to maintain independence and safety during an emergency (communication, medical care, mobility, supervision, transportation). Inclusive planning uses this framing instead of "special needs."
Go Bag	A pre-packed kit of medical supplies, medications, communication tools, and key documents that moves with the nurse during evacuation or relocation. Contents and location should be confirmed during preparedness, not during a real incident.
HazMat (Hazardous Materials)	Substances that pose risk to health, safety, or property in a spill, leak, or release. The Local Adaptation Checklist captures the fire department or HazMat agency contact for the school.
HHS (U.S. Department of Health and Human Services)	The federal department responsible for public health and human services. HHS, through HRSA, supports the Pediatric Pandemic Network that produced this toolkit.
HRSA (Health Resources and Services Administration)	<p>HRSA, an agency of the U.S. Department of Health and Human Services, plays a vital role in improving access to care for Americans who are uninsured, isolated, or medically underserved. With a focus on strengthening local healthcare capacity, HRSA funds community health centers, supports health workforce development, invests in maternal and child health programs, sustains HIV/AIDS care, and promotes rural and telehealth services.</p> <p>HRSA's goal is to support and empower existing healthcare systems, helping communities serve their own people with long-term, cost-effective solutions. Their programs are designed not to expand bureaucracy but to reinforce self-sufficiency, resilience, and responsible stewardship of public health resources. To learn more, visit www.hrsa.gov.</p>
ICS (Incident Command System)	A standardized way to organize who is in charge, who fills each role, and how information flows during an incident. ICS is used by emergency responders nationally and is taught in FEMA's IS-100 course.
IEP (Individualized Education Program)	A legal document under IDEA describing the special education services and supports for a student with a qualifying disability. IEPs may include health-related services the nurse coordinates.
IHP (Individualized Health Plan)	A nursing care plan, typically developed by the school nurse, that documents a student's health needs and the school's plan for meeting them. IHPs often work in tandem with EAPs and 504 Plans.
IPC (Infection Prevention and Control)	Practices that limit the spread of infectious disease in a school setting (hand hygiene, PPE, cohorting, environmental cleaning). The nurse typically advises on and supports IPC during outbreaks.

Term / Acronym	Definition
IS-100 (Introduction to the Incident Command System)	FEMA's free, online introductory ICS course. It is widely required or recommended for school staff with emergency response roles.
IS-700 (An Introduction to the National Incident Management System)	FEMA's free, online introduction to NIMS, the broader system that ICS sits inside. Often paired with IS-100 as a baseline emergency management credential.
Isolation	A defined space or process used to separate a student or staff member with a suspected or confirmed infectious illness from others. The nurse usually identifies and manages the isolation area.
Lockdown	The protective action of securing classrooms and limiting movement in response to a credible threat inside or near the building. The nurse may need to address medication timing, restroom access, or anxiety responses while a lockdown is in effect.
Mitigation	Actions taken before an incident to reduce the likelihood or impact of a future emergency (e.g., shatter-resistant film, hazard reduction, accessibility improvements). Mitigation sits in the "before" phase alongside prevention and preparedness.
NASN (National Association of School Nurses)	The professional organization for school nurses. NASN's Disaster Preparedness resource page is one of the toolkit's recommended starting points.
PFA (Psychological First Aid)	A short-term, evidence-informed approach to supporting people emotionally after a crisis. School nurses are often called on to deliver or coordinate PFA in the recovery period.
PPE (Personal Protective Equipment)	Items such as gloves, masks, gowns, and eye protection used to reduce exposure to infectious or hazardous material. PPE stock and access points should be confirmed during preparedness.
PPN (Pediatric Pandemic Network)	The HRSA-funded network of children's hospitals and partners that produced this toolkit. PPN publishes pediatric-focused emergency preparedness resources for schools and other settings.
Preparedness	The "before" activities that build readiness: planning, training, exercises, supplies, and partnerships. Preparedness is where the nurse exerts the most influence over how an incident plays out.
Prevention	Actions intended to keep an incident from occurring at all (violence prevention programs, vaccination campaigns, threat assessment). Prevention sits alongside mitigation in the "before" phase.
Protective Action	A defined response (such as evacuate, lockdown, or shelter-in-place) chosen based on the threat. The nurse's role shifts depending on which protective action is in effect.
Recovery	Activities that follow the immediate response, including reunification, return to learning, mental health support, supply replenishment, and after-action review. Recovery often outlasts the incident itself.
RES (Maryland Center for School Safety training program)	A Maryland-based training program covering Standard Response Protocol (SRP), reunification, and tabletop exercises for schools. Material is publicly accessible and adaptable for use outside Maryland.
Response	Actions taken during an incident to protect life and stabilize the situation: protective actions, accountability, triage, communications. Response is the most visible phase but the shortest in duration for most schools.
Reunification	The structured release of students to verified guardians after an incident. From a nurse lens, reunification also covers medication and equipment continuity and documentation of what travels with each student.
Shelter-in-Place	The protective action of keeping people inside the building, often with adjusted ventilation or movement restrictions, in response to an external hazard. Air quality, severe weather, and HazMat events frequently trigger shelter-in-place.

Term / Acronym	Definition
SNEC (School Nurse Emergency Care)	A clinically focused continuing education course and manual for school nurses, referenced in the Section 4.2 Resource Map. The course addresses common pediatric emergencies encountered in schools.
SRO (School Resource Officer)	A sworn law enforcement officer assigned to a school. The SRO is typically a key liaison during incidents involving threats or coordinated law enforcement response.
SRP (Standard Response Protocol)	A common-language framework (Hold, Secure, Lockdown, Evacuate, Shelter) developed by the I Love U Guys Foundation and used widely in U.S. schools. SRP is one focus of the Maryland Center for School Safety RES training.
STARS (Special Needs Tracking and Awareness Response System)	A program managed by SSM Health Cardinal Glennon Children's Hospital supporting tracking and emergency response for children with special needs. STARS is referenced as a model for CMC-focused emergency planning.
Stop the Bleed	A national public health initiative that trains bystanders to control severe bleeding using direct pressure, wound packing, or a tourniquet. Stop the Bleed supplies are part of the kit recommended in Appendix D.
Triage	The process of sorting and prioritizing patients by severity of condition when resources are limited. School nurses commonly perform initial triage during multi-casualty incidents.
TTX (Tabletop Exercise)	A discussion-based exercise in which participants walk through a scenario at a table, without physical action, to test plans and decisions. TTXs are a low-cost way to surface gaps before a full drill or functional exercise.
TxSSC (Texas School Safety Center)	A Texas-based center that publishes annex templates, completion guides, and the Training and Exercise Toolkit. TxSSC materials are publicly accessible and adaptable for use outside Texas.