

SCHOOL HEALTH EMERGENCY QUICK GUIDE

HOW TO RESPOND TO INJURY AND ILLNESS AT SCHOOL



In partnership with:



Contents

Introduction:

Contents.....	1
Emergency Telephone Numbers.....	2
About the Guide.....	3
Acknowledgements.....	4
How to Use this Guide.....	5
General Considerations for Medical Emergencies.....	6
What to Do in a Medical Emergency.....	7
Standard Precautions to Prevent Infection.....	8
CPR/AED.....	9

Emergency Quick Guide:

Abdominal Pain.....	11
Allergic Reactions.....	13
Amputation.....	15
Asthma or Breathing Difficulties.....	17
Back and Neck Injuries.....	19
Bites and Stings.....	21
Bleeding.....	23
Broken Bone, Dislocation, Sprain, Strain.....	25
Burns.....	27
Chest Pain.....	29
Choking.....	31
Diabetes.....	33
Drowning.....	37
Eye Injuries.....	39
Fainting.....	41
Head Injury or Suspected Concussion.....	43
Heat Exhaustion and Heat Stroke.....	45
Hypothermia and Frostbite.....	47
Jaw Injuries.....	49
Mental Health.....	51
Nosebleeds.....	55
Overdose (Suspected).....	57
Poisoning (Suspected).....	59
Pregnancy Complications.....	61
Seizures.....	63
Skin Injuries.....	65
Stroke.....	67
Teeth Injuries.....	69

Resources and References:

Resources.....	71
References.....	73

Emergency Telephone Numbers

Emergency Assistance: 911

Local Fire Department: _____

Local Hospital: _____

Local Police Department: _____

Local Animal Control: _____

Poison Control: 1-800-222-1222

Maine Crisis Line: 1-888-568-1112, or Call or Text 988

National Alliance on Mental Illness (NAMI) Maine: 1-800-464-5767 Press #1

National Suicide Prevention Hotline: 1-800-273-8255

Public Health District: _____

Personal and private information learned about students is considered privileged and protected by confidentiality laws. Please be aware of the laws and penalties for breaching confidentiality.

This document was adapted from the Washington State Department of Health and the Washington State Office of Superintendent of Public Instruction.

Find your local public health district here: [Maine Public Health Districts](#)



About the Guide

School Health Emergency Quick Guide: How to Respond to Injury and Illness at School

This resource was developed as a partnership by the Maine Department of Education (DOE), Maine Emergency Medical Services (EMS) and the Emergency Medical Services for Children (EMS-C) program for Maine schools and adapted with permission from the Washington State Department of Health and the Washington State Office of Superintendent of Public Instruction. It is designed to be accessible to all unlicensed School Administrative Unit (SAU) staff, assisting them in responding quickly, safely, and effectively when students are injured or become ill at school or during school-sponsored activities. When feasible, always inform the school nurse, administration, and the student's parent or legal guardian as soon as possible. Don't hesitate to ask for help. The booklet should be made available to staff members during the school day and can be carried on field trips or athletic events. Other recommendations include placing a copy of this booklet in emergency backpacks and on school buses. This document summarizes currently available resources and may be used as a resource; it does not replace the clinical judgment required for professional school nursing practice. When in doubt, call 911.

This booklet is not an Emergency Preparedness Toolkit. While each section of the following pages briefly describes what an emergency may look like, it is not a resource for preparedness. This booklet aims to provide clear and concise instructions on what to do in the event of an emergency. The guidance provided in this document will be most effective if SAUs have developed local policies and procedures, trained personnel, assigned specific roles, acquired necessary supplies, and conducted practice drills.

This booklet is not a substitute for Emergency Preparedness Training. Staff positioned to provide first aid to students are recommended to complete an approved first aid and Cardiopulmonary Resuscitation (CPR) course, including the use of an Automated External Defibrillator (AED), mental health first aid training, and be familiar with Maine state law and locally required staff training. Consider training staff in STOP THE BLEED® or another program to be able to identify appropriate interventions for uncontrolled bleeding using direct pressure, pressure dressings, and tourniquets if they are available (Selekman, Shannon, & Yonkaitis, 2019).

Common Illnesses and Health Office Visits

Students enter the health office for a variety of reasons that are not addressed in this booklet. Standard precautions should be followed to minimize exposure to blood and body fluids, such as hand washing and wearing non-latex disposable gloves. Refer to local policies and procedures for common illnesses including, but not limited to, respiratory, gastrointestinal, viral, bacterial, febrile, or pest-related health concerns. Notify the school nurse and follow Emergency Action/Care Plans. Always ask for help. Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol.

Maine's Good Samaritan Law, Maine Revised Statutes, Title 14, §164 and Maine Revised Statutes, Title 20-A, §4009, subsection 4 provide immunity from civil liability if any person voluntarily renders first aid or emergency treatment in good faith to a person who is ill, injured, unconscious, or in need of rescue assistance.



Acknowledgements

Acknowledgements

This document is based in part on information and guidelines from the American Academy of Pediatrics (AAP), the Maine Department of Education (DOE), the National Association of School Nurses (NASN), the American Heart Association (AHA), the Centers for Disease Control and Prevention (CDC), and Maine Emergency Medical Services (EMS) Prehospital Treatment Protocols. Other resources cited throughout the document include *School Nursing: The Comprehensive Text*, *School Nurse Resource Manual*, *Legal Resource for School Health Services*, and *Pediatric Education for Prehospital Professionals*, among others.

Review and Approval

This document has been reviewed by members of the Maine DOE Office of School and Student Supports, Maine EMS, Maine Emergency Medical Services for Children (EMS-C), Maine AAP: School Health Committee, Maine School Health Advisory Committee, Maine Association of School Nurses, Maine DOE School Safety Center, Maine National Alliance on Mental Illness, Maine state certified school nurses, and Nationally Certified School Nurses.

Development

In alignment with the Maine Department of Education's ongoing vision of learning environments that are safe and supportive for all, the Coordinated School Health team is pleased to release the School Health Emergency Quick Guide: How to Respond to Injury and Illness at School. This newest project directly promotes the mission of Maine DOE by recognizing that being prepared for emergencies is a way to exhibit focus on the whole student and helps to inspire trust in our schools.

The Coordinated School Health Team is a part of the Maine DOE Office of School and Student Supports. The Office of School & Student Supports strives to ensure that Maine schools are inclusive, healthy, safe, and supportive communities where every student thrives. This document was developed by the School Nurse Regional Liaisons who are members of the Maine Department of Education Coordinated School Health Team.

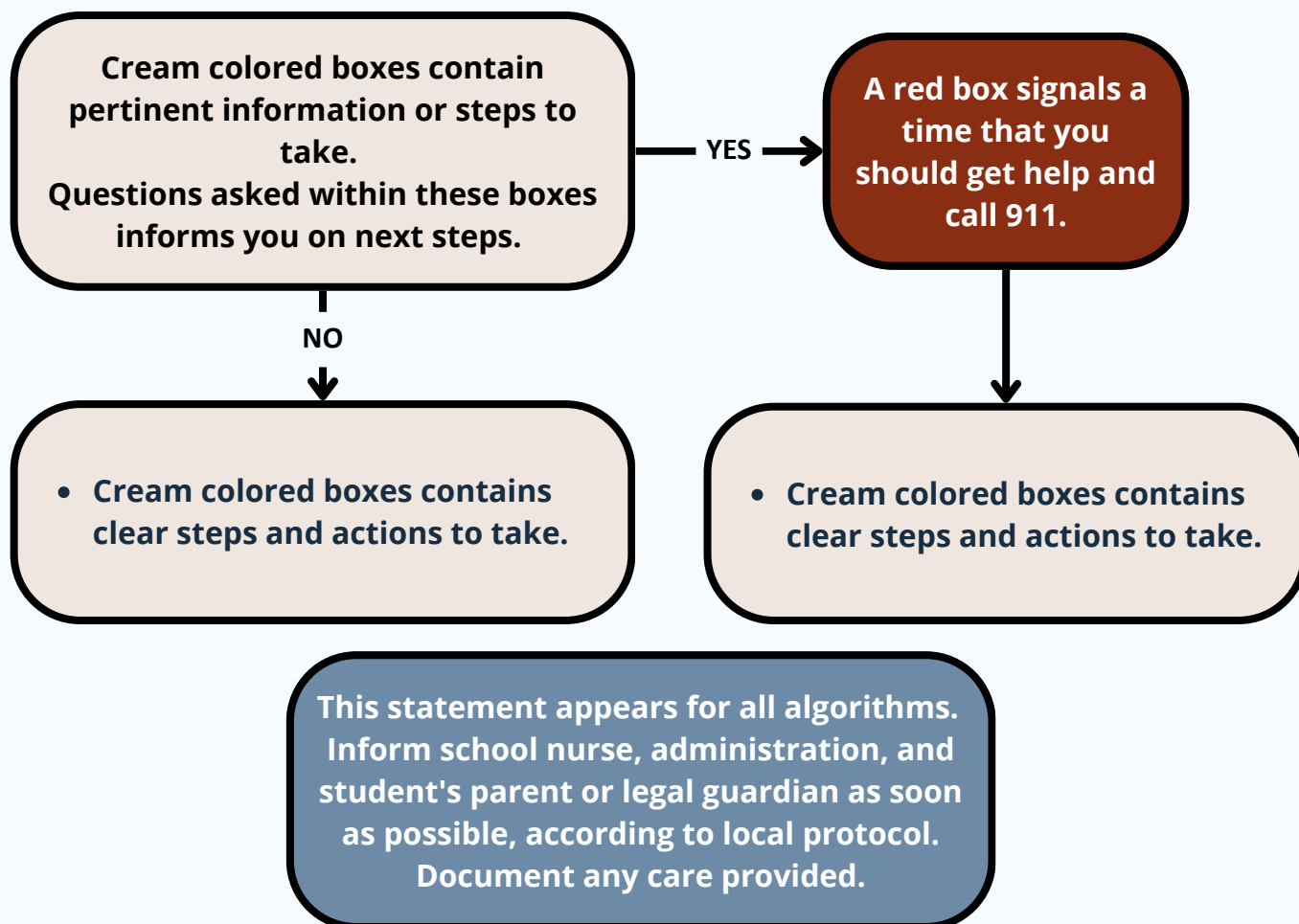
The Maine EMS-C program focuses on collaboration to encourage preparation, education, and care for those under 18 years old with a goal to reduce pediatric mortality and morbidity by ensuring appropriate and effective pediatric emergency care.



HOW TO USE THIS GUIDE

Users of this resource should have completed a first aid and CPR course, including the use of an AED, mental health first aid training, and be familiar with Maine state law and locally required staff training. Licensed healthcare professionals should use their clinical knowledge and judgement while responding to the level of their licensure. Neither Maine DOE nor Maine EMS-C may be held liable for any injuries or damage because of emergency care provided by individuals.

Topics in this guide are arranged alphabetically. Each topic is briefly explained to include what each emergency may look like, followed by an algorithm for quick action. Each topic also describes when the situation requires immediate medical care. It is important to document conditions and the care given. Information within the blue box at the top of the page provides background, or useful information related to the topic.



General Considerations for Medical Emergencies

Access and Functional Needs

The Centers for Disease Control and Prevention (CDC) describes Access and Functional Needs (AFN) as “Individuals with and without disabilities, who may need additional assistance because of any condition (temporary or permanent) that may limit their ability to act in an emergency. Individuals with ‘access and functional needs’ do not require any kind of diagnosis or specific evaluation.” Individuals with AFN who do not have a chronic health condition may include individuals from diverse cultures, those with limited English proficiency, or those who face mobility or transportation challenges. When preparing for medical emergencies and injuries, these individuals with special healthcare needs must be considered. The CDC provides a toolkit for readiness related to AFN, which is included in the resource section of this document.

Emergency Action/Care Plan

Any student with special healthcare needs or AFN may require an Emergency Action/Care Plan. The school nurse is responsible for evaluating and updating the Emergency Action/Care Plan annually and as needed to reflect the student’s healthcare needs, nursing interventions, and student healthcare outcomes. The Emergency Action/Care Plan is written by the school nurse for non-medical educational personnel to provide instruction on addressing and appropriately responding to emergent healthcare issues and needs for students. Teachers, administrators, and unlicensed school staff responsible for students with health conditions should have appropriate training on the contents of Emergency Action/Care Plans, directed and delivered by the school nurse. During an emergency, the Emergency Action/Care Plan should be sent with Emergency Medical Services (EMS) along with parent or guardian contact information.

Some examples of health conditions of students who may have AFN:

- Asthma
- Diabetes
- Seizures
- Allergies
- Autism
- Down syndrome
- Mental health conditions
- Any health condition(s) that require accommodation(s) to ensure safety and access to education

(National Association of School Nurses, 2020b; Shannon, & Yonkaitis, 2025; Taliaferro & Resha, 2020)

The American Academy of Pediatrics and the American College of Emergency Physicians: Emergency Information Form (EIF). The EIF can be completed by parents of students with special healthcare needs to facilitate communication that informs providers in various settings of the complex healthcare needs in an emergency.



What to Do in a Medical Emergency

Each SAU should have local policies and/or procedures for emergency response and should be prepared to respond to emergencies through established protocols, equipment, staff education, training, and documentation. Rescuers should only use equipment and supplies they have been sufficiently trained to use.

Steps in First Aid to Students:

1. Survey the Scene

- Take a moment to look around and ensure the scene is safe. Do not endanger yourself.

2. Hands-off Check

- As you approach the student, look at appearance, responsiveness and breathing to decide if someone should **GET HELP AND AED. CALL 911**—this should take less than 30 seconds. Have someone notify the school nurse.

3. Supervise

- Make sure other students near the scene are supervised and safe.

4. Hands-on Check

- Check the student's condition, determine what first aid is needed, and if 911 should be called.

5. First Aid Care

- Provide first aid that suits the injury or illness. Avoid moving the student if there is a suspected head, neck, or back injury, or if they are having difficulty breathing. However, if there is a clear danger of further injury, carefully move the student to a safe location. In an emergency, do not offer food or drink unless directed by the Emergency Action/Care Plan, emergency services, medical personnel, or poison control.

6. Notify

- Notify the student's parent or legal guardian as soon as possible. Do not delay emergency medical care if you are unable to reach them. If a parent cannot be contacted, implied consent assumes that consent would be provided to prevent the loss of life, limb, or organ (Selekman, Shannon, & Yonkaitis, 2019).

7. Debrief

- After an emergency, take time to talk about any concerns. Talk with others who witnessed what happened and how you and others responded. Debriefing should include organizing crisis intervention for staff, depending on the situation.

8. Document

- Complete a written report of what happened utilizing the School Administrative Unit's guidelines for documentation.

Adapted from the American Academy of Pediatrics' course book: Pediatric First Aid for Caregivers and Teachers, 2nd Edition

NOTE: In a medical emergency, reasonable steps will be taken to reach the parent/guardian. Emergency medical services will not be withheld
Maine Revised Statutes, Title 22, §4023, subsection 4.



Standard Precautions to Prevent Infection

These precautions help prevent the spread of germs for the student and the care provider. Assume that anyone can be the source of infection, and everyone needs protection. Follow your SAU's protocols for cleaning and disposing of contaminated materials.

Avoid direct contact with blood and other body fluids:

- Always have students/individuals wash their hands with soap and warm water, if possible.
- Use a barrier between you and the body fluids, such as non-latex disposable gloves, apron, a mask, and eye protection. Do not reuse gloves.
- Never touch your mouth or eyes while wearing gloves.
- After glove removal, wash your hands with soap and warm water.
- Have the student hold a bandage or cloth over the bleeding area, if able.

Clean and sanitize contaminated surfaces, including sports equipment:

- Use non-latex disposable gloves and disposable cleaning materials.
- Wipe up body fluids.
- Remove and launder contaminated clothing as soon as possible.

Disposal of contaminated items and cleaning materials:

- Seal all contaminated materials, including gloves, in a plastic bag.
- Dispose of the bag in a plastic-lined trash can.
- Wash your hands thoroughly with soap and warm water.

IMPORTANT: If you have direct contact with blood or body fluids, follow your SAU's Blood Borne Pathogen Exposure Protocol.

(American Heart Association and American Red Cross, 2024; Taliaferro & Resha, 2020)

First Aid Supply Checklist: Being prepared for an emergency includes having resources and equipment. The National Association of School Nurses has [Emergency Resources, Equipment, and Supply Lists for Schools](#), which may help stock a school emergency bag (2020a).



Emergency medications are prescribed medications, should not be shared, and should only be used in accordance with [05-071 C.M.R. ch.40 \(2022\) Rule for Medication Administration in Maine Schools](#).



CPR/AED

The steps below and on the next page are meant to be a refresher and not a substitute for training. Staff positioned to provide first aid to students are recommended to complete an approved first aid and Cardiopulmonary Resuscitation (CPR) course, including the use of an Automated External Defibrillator (AED).

Action	Adults & Adolescents	Age 1 to Puberty	Less Than 1 Year Old
Verify Scene Safety	Make sure the environment is safe for rescuer(s) and victim(s)		
Recognize Cardiac Arrest	Check for responsiveness Signs of cardiac arrest include: No breathing or only gasping No definite pulse felt within 10 seconds Breathing and pulse check can be performed simultaneously		
Activate EMS	If a phone is immediately available, call 911, if not:		
	BY YOURSELF: - Leave the victim to call 911/activate EMS and get an AED. - Return to the victim and begin CPR. WITH OTHERS: - Begin CPR immediately. - Send someone to call 911/activate EMS and get an AED.	WITNESSED COLLAPSE: - Follow the steps for adults and adolescents. UNWITNESSED COLLAPSE: - Give 2 minutes of CPR. - Leave the victim to call 911/activate EMS and get an AED. - Return to the child or infant and resume CPR.	

— NEXT PAGE →

CPR/AED

Action	Adults & Adolescents	Age 1 to Puberty	Less Than 1 Year Old
AED	Use an AED as soon as it is available. Adjust undergarments for pad placement, if necessary.		
Compressions	Ensure victim is on a firm, flat surface.		
Hand Placement	2 hands on the lower half of the victim's sternum	1 or 2 hands on the lower half of the victim's sternum	Heel of one hand or 2 thumbs encircling the lower half of the victim's sternum
Compression-Breaths Ratio	30:2	1 rescuer: 30:2 2 rescuers 15:2	
Compression Depth	At least 2 inches	2 inches	1.5 inches
Breaths	Give each breath over 1 second. Use a barrier device, if available.		
Breath Seal	Ensure a seal over the victim's mouth. Pinch the victim's nose.		Ensure a seal over the victim's mouth and nose.
Foreign Objects	Check for objects in the victim's mouth every 2 minutes. Remove any visible objects.		

(American Heart Association, 2025; American Academy of Pediatrics & Pediatric Education for Prehospital Professionals, 2021; Taliaferro & Resha, 2020; Maine Emergency Medical Services, 2024)

Abdominal Pain

Abdominal pain is any discomfort felt between the bottom of the rib cage and the groin creases. The causes vary and range from mild to life-threatening. Abdominal pain is one of the most common reasons for health room visits in school. A student may have a chronic health condition that causes abdominal pain. Notify the school nurse. Follow the Emergency Action/Care Plan, if indicated.

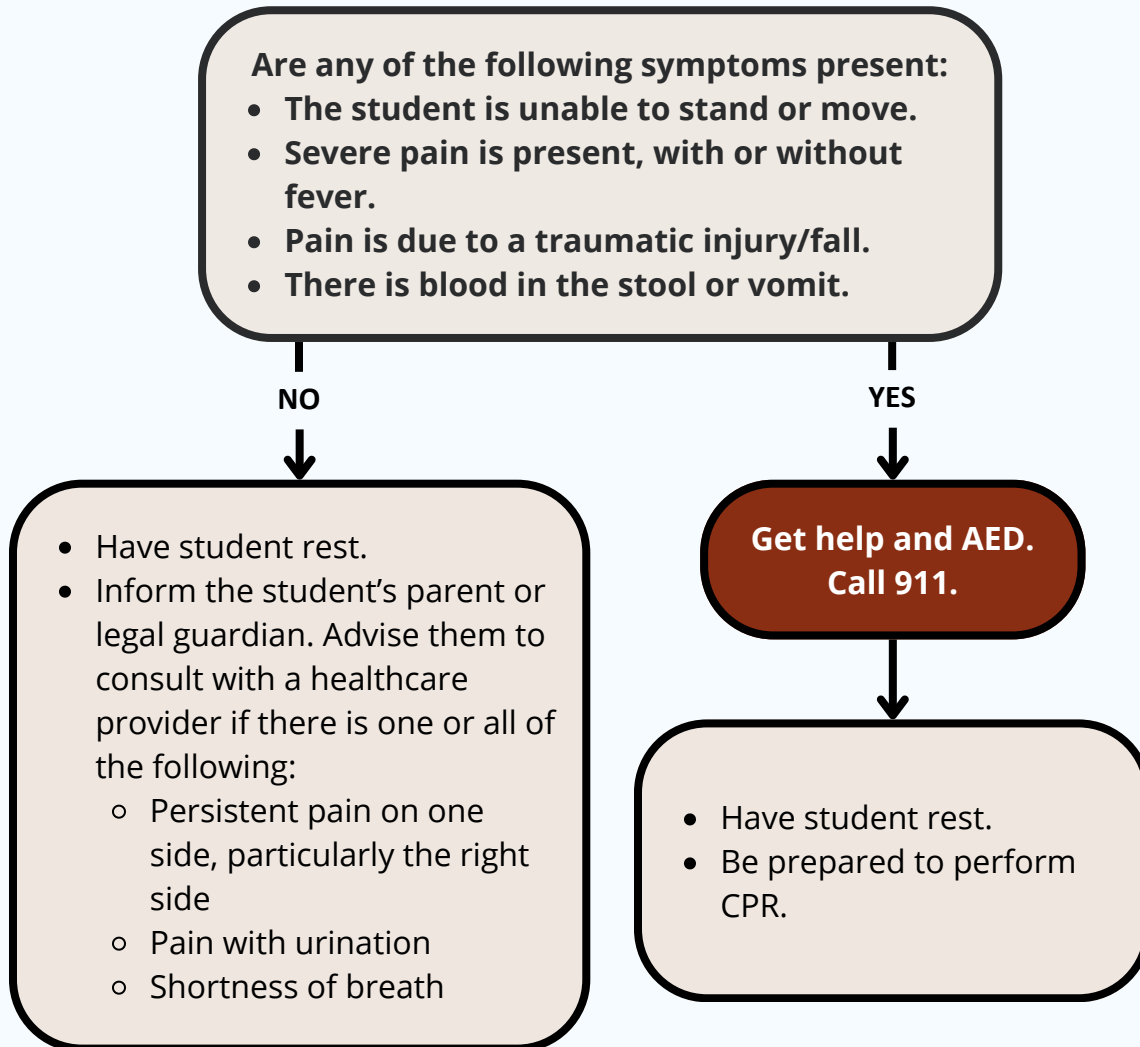
First Aid for Abdominal Pain with an Unknown Cause:

- Offer access to the restroom.
- Have the student lie down and rest in a comfortable position.
- Note the quality, duration, location, and severity of pain.
- Check their temperature.
- **GET HELP AND AED. CALL 911** if:
 - The student is unable to stand or move.
 - Severe pain is present, with or without fever.
 - Pain is due to a traumatic injury/fall.
 - There is blood in the stool or vomit.
- Be prepared to perform CPR.
- Inform the student's parent or legal guardian. Advise them to consult with a healthcare provider if there is:
 - Persistent pain on one side, particularly the right side.
 - Pain with urination.
 - Shortness of breath.
- Document care provided.

(Shannon & Yonkaitis, 2025)

ABDOMINAL PAIN

Abdominal pain is one of the most common reasons for health room visits in school. A student may have a chronic health condition that causes abdominal pain, or it could indicate an illness that requires medical intervention. Notify the school nurse. Follow the Emergency Action/Care Plan, if indicated.



Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Allergic Reactions

An allergy is a chronic condition where the immune system overreacts to a harmless substance, known as an allergen, triggering the release of histamines. Histamines can cause bothersome and sometimes life-threatening symptoms, including anaphylaxis. Anaphylaxis is a systemic, serious, and life-threatening allergic reaction. Allergic reactions may be delayed by up to two hours following exposure. Common triggers include food, insect stings, medications, and latex. Students with a known allergy should have an Emergency Action/Care Plan.

Allergic Reaction (Severe - Anaphylaxis)

If a student with a known history of anaphylaxis has a known or suspected exposure to an allergen, **follow the Emergency Action/Care Plan** and administer epinephrine as ordered. **GET HELP AND AED. CALL 911.**

Epinephrine is the single evidence-based treatment for anaphylaxis. Epinephrine is commonly prescribed as an autoinjector that delivers a single dose of medication via a preloaded needle injected into the muscle. Epinephrine autoinjectors may also be prescribed in the form of a nasal spray for students at least 4 years of age weighing a minimum of 33 pounds (U. S. Food & Drug Administration, 2025; U.S. Food and Drug Administration, 2024). Notify the school nurse.

Signs/Symptoms:

- Wheezing or coughing, shortness of breath or difficulty breathing
- Pale, ashen, or bluish color skin; fainting or dizziness
- Tight, itchy, or hoarse throat; difficulty swallowing; swelling of lips or tongue, mouth, or airway
- Vomiting or diarrhea (if repetitive, severe, or combined with other symptoms)
- Rashes or hives in one area or widespread redness over the body
- Feeling of “doom,” confusion, altered consciousness, or agitation

First Aid:

- **GET HELP AND AED. CALL 911.** Follow the Emergency Action/Care Plan.
- Remove allergens, if possible. If the student has been stung, see “Bites and Stings”.
- Administer single-dose epinephrine if prescribed.*
- Seat the individual comfortably and provide calm reassurance.
- Monitor breathing.
- If the student is, or becomes unresponsive, begin CPR.
- If symptoms do not improve, repeat with a second single-dose epinephrine as ordered.*
- Inform the student’s parent or legal guardian. Advise them to consult with a healthcare provider.
- Document care provided.

(American Academy of Allergy Asthma & Immunology, n.d.-b; American Heart Association/American Red Cross, 2024; SchoolNurse.com, 2024; Taliaferro & Resha, 2020)

***The SAU may have a policy permitting stock epinephrine to be administered by a trained, unlicensed assistive personnel (UAP) with a standing order and Collaborative Practice Agreement. Maine Revised Statutes, Title 20-A, section 6305, subsection 3.**



ALLERGIC REACTION

Reactions can be immediate or occur up to 2 hours following exposure to allergen.

Symptoms that may indicate a severe reaction:

- Shortness of breath, or difficulty breathing
- Wheezing, or coughing
- Skin color that is pale or has a bluish color
- Fainting or dizziness
- Tight, itchy, or hoarse throat, difficulty swallowing
- Swelling of lips or tongue
- Vomiting or diarrhea (if repetitive, severe, or combined with other symptoms)
- Many hives or widespread redness over body
- Feeling of “doom,” confusion, altered consciousness, or agitation

Do you have the student's Emergency Action/Care Plan?

YES

Follow Emergency Action/Care Plan.

NO

Do symptoms indicate a severe reaction?

YES

Get help and AED. Call 911.

NO

- Monitor student for any changes in symptoms.
- Remove allergens. If the student has been stung, see “**Bites and Stings**”.
- Be prepared to perform CPR.

- Administer single-dose epinephrine, **if prescribed and trained**, per district policy.
- Seat individual comfortably.
- Monitor breathing.
- If unresponsive, begin CPR.
- If symptoms do not improve, repeat with a second single dose epinephrine as ordered.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Amputation

An amputation is the loss of a body part. Consider training in STOP THE BLEED® or another program to be able to identify appropriate interventions for uncontrolled bleeding using direct pressure, pressure dressings, and tourniquets if they are available. Follow your school's emergency response protocol. Students with bleeding disorders may not respond to basic first aid treatment and should have an Emergency Action/Care Plan. Follow the plan. Notify the school nurse.

First Aid:

- **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.
- Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.
- Have the student lie down.
- To control bleeding, apply direct pressure to the open wound with a bandage or cloth until the emergency medical team arrives. Do not remove the bandage or cloth. Add more if needed.
- If possible, elevate the injury above the heart.
- If the above measures do not stop bleeding, apply a tourniquet if one is available and you have been trained to do so.
- If the amputated body part is available, wrap it in clean gauze, put it in a plastic container or bag, and place it on cold packs, or ice. Do not put the part directly on ice. The part should not be frozen or submerged in ice or water. Give it to the emergency medical team when they arrive.
- Inform the student's parent or legal guardian.
- Document care provided.
- Clean and disinfect any contaminated surfaces.

(American Heart Association and American Red Cross, 2024; Maine Emergency Medical Services, 2024; Shannon & Yonkaitis, 2025)

AMPUTATION

Students with bleeding disorders may not respond to basic first aid treatment and should have an Emergency Action/Care Plan. Follow the plan.

Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.

**Get help and AED.
Call 911.**

- Have student lie down.
- Apply direct pressure to open wound with clean bandage until emergency medical team arrives. **Do not remove bandage. Add more if needed.**
- If possible, elevate bleeding area above level of heart.
- If bleeding continues, apply a tourniquet if trained.
- If the amputated body part is available, wrap it in clean gauze, put it in a plastic container or bag, and place it on cold packs, or ice. Do not freeze or submerge in ice or water, or place part directly on ice.

**Is student breathing,
responsive?**

NO

YES

- Begin CPR. Continue until help arrives.

- Continue to apply pressure until help arrives.
- Be prepared to perform CPR.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Asthma or Breathing Difficulty

Students diagnosed with asthma should have an Emergency Action/Care Plan for managing symptoms, asthma medication, and emergencies. Follow the plan. Prompt rescue medication administration is the priority. Notify the school nurse.

Early Signs/Symptoms:

- Coughing
- Shortness of breath when walking
- A tickle in the throat

Severe Signs/Symptoms:

- Chest tightness
- Wheezing or grunting
- Inability to talk without stopping to breathe
- Gasping or rapid breathing
- Flaring nostrils
- Feelings of fear or confusion
- Bluish or ashen color of lips, skin, or nail beds
- Changes in alertness

First Aid:

- If the student has symptoms of severe work of breathing, or a rapid onset of breathing difficulty: **GET HELP AND AED. CALL 911.**
- Have the student sit comfortably and breathe slowly and deeply.
- If the student is prescribed medication, assist in administering the medication over 5 seconds. Use a spacer, if available.
- Calm and reassure the student. **DO NOT LEAVE THE STUDENT ALONE.**
- For ongoing symptoms, repeat the medication as ordered.
- If symptoms worsen or do not improve: **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.
- Inform the student's parent or legal guardian. Advise them to consult with a healthcare provider.
- Document care provided.

(American Academy of Allergy Asthma & Immunology, n.d.-a; Maine Emergency Medical Services, 2024; National Association of School Nurses, 2024; Shannon & Yonkaitis, 2025)

IMPORTANT: Quick-relief inhalers are prescribed medication, should not be shared, and should only be used in accordance with 05-071 C.M.R. ch.40 (2022) Rule for Medication Administration in Maine Schools.



ASTHMA OR BREATHING DIFFICULTY

Severe Signs/Symptoms:

- Chest tightness
- Wheezing or grunting
- Being unable to talk without stopping to breathe
- Gasping, rapid breaths
- Nostrils flaring
- Feelings of fear, confusion, or changes in alertness
- Bluish or ashen color of lips, skin, or nail beds

Did breathing difficulty occur rapidly or are severe signs/symptoms present?

YES

Get help and AED.
Call 911.

NO

Do you have the student's
Emergency Action/Care Plan?

YES

Follow Emergency
Action/Care Plan.

NO

- Have student sit comfortably and breathe slowly and deeply.
- **If symptoms worsen, or do not improve, GET HELP AND AED. CALL 911.**
- Calm and reassure student. DO NOT LEAVE STUDENT ALONE.

- If student is prescribed medication, assist student in administering medication over 5 seconds, with spacer if available.
- For ongoing symptoms, repeat medication as ordered.
- Be prepared to perform CPR.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Back and Neck Injuries

When a traumatic event occurs, such as a fall, motor vehicle accident, or sports injury, it should be assumed that there is a potential spinal injury. Restrict spinal movement to prevent further injury; do not move the student unless there is an immediate threat of danger. Notify the school nurse.

Signs/Symptoms:

- Pain in the back or neck
- Tenderness, swelling, or bruising to the back or neck
- Headache or pain radiating through the shoulders

Severe Signs/Symptoms:

- Inability to move arms or legs
- Neck pain after trauma
- Loss of sensation or weakness in extremities
- Numbness or tingling
- Loss of bladder or bowel control
- Severe headache or dizziness
- Difficulty walking or maintaining balance
- Visible deformity or misalignment in the neck
- Unconsciousness or altered mental state

First Aid:

- Secure the scene for safety.
- If severe symptoms are present, **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.
- Keep the student warm, still, and safe from further injury until the emergency medical team arrives.
- If the student is wearing a helmet, do not try to remove it unless it is needed for airway management, bleeding control, etc.
- Inform the student's parent or legal guardian. Advise them to have the student seen by their healthcare provider.
- Document care provided.

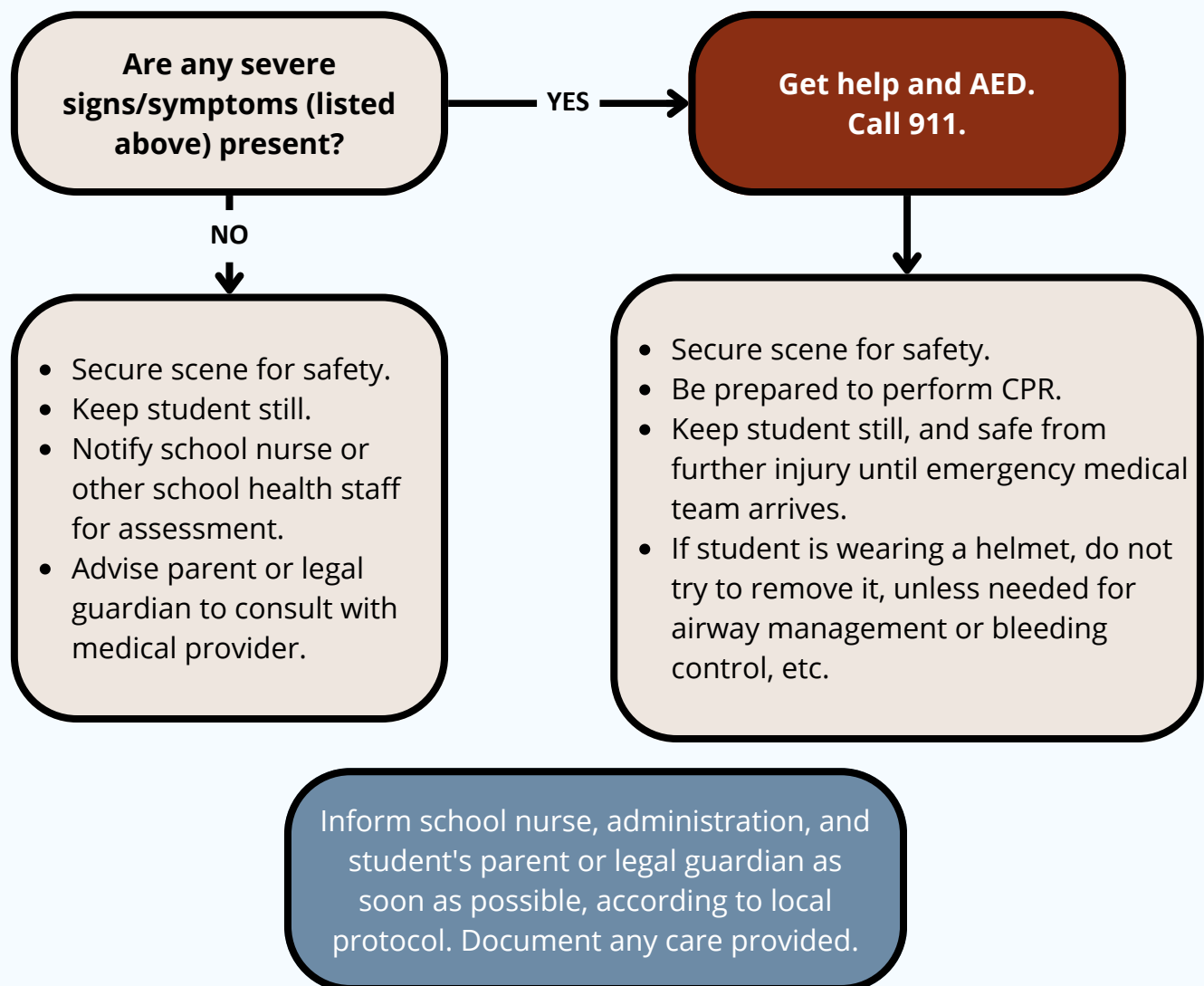
(Shannon & Yonkaitis, 2025; Maine Emergency Medical Services, 2024; American Heart Association and American Red Cross, 2024)

BACK AND NECK INJURIES

Restrict spinal movement to prevent further injury; do not move the victim unless there is an immediate threat at the scene.

Severe Signs/Symptoms:

- Inability to move arms or legs
- Neck pain after trauma
- Loss of sensation or weakness in extremities
- Numbness or tingling
- Loss of bladder or bowel control
- Severe headache or dizziness
- Difficulty walking or maintaining balance
- Visible deformity or misalignment in the neck
- Unconsciousness or altered mental state



Bites and Stings

Any bite or scratch resulting in an open wound or broken skin is at high risk of infection and should be taken seriously. Treat wounds caused by cat claws as a bite. If bitten by a domestic or wild animal, inform animal control. Reporting bites to local health jurisdictions will be determined by the healthcare provider. Notify the school nurse.

First Aid for All Bites and Stings:

- Secure the scene for safety.
- Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.
- If bleeding is heavy, apply direct pressure with a bandage until the medical team arrives. See **“Bleeding”**.
- Provide first aid: Wash minor wounds, cover with a bandage, apply a cold pack wrapped in a cloth to protect skin.
- Stings to the eye should be evaluated by a trained medical professional.
- Be prepared to perform CPR.
- If signs of an allergic reaction are present, see **“Allergic Reactions”**.
- Inform the student’s parent or legal guardian. Advise them to consult with a healthcare provider immediately if the skin has been broken.
- Document care provided.

Additional First Aid for Animal or Human Bites:

- **GET HELP AND AED. CALL 911** if the bite involves a wild animal.
- **CALL POISON CONTROL at 1-800-222-1222** if the bite is from a snake.
- Wash wounds with copious amounts of soap and water for 15 minutes.

Additional First Aid for Bees, Insects, Spiders, Ticks:

- For a known history of anaphylactic reaction to bee/insect venom, follow the student’s Emergency Action/Care Plan. Administer epinephrine immediately as ordered and **GET HELP AND AED. CALL 911**. Do not delay treatment.

Insects:

- Remove the body and stinger of an insect by plucking or scraping with a stiff card, but do not squeeze.
- Caterpillar spines can be removed using tape.

Spiders:

- **GET HELP AND AED. CALL 911** if the bite is from a black widow or brown recluse spider.

Ticks:

- Using tweezers, grasp the tick’s body as close to the student’s skin as possible.
- Pull upward with steady, even pressure. Do not twist or jerk it out.
- If possible, capture the spider, tick, or insect for identification.

BITES AND STINGS

If a student with a known history of anaphylactic reaction to bee/insect venom is stung, follow the student's Emergency Action/Care Plan. Administer epinephrine immediately as ordered and call 911.

Do not delay treatment.

Are there signs of anaphylaxis or uncontrolled bleeding?

NO

YES

Was a domestic or wild animal involved?

YES

**Get help and AED.
Call 911.**

NO

- Secure scene for safety.
- Move student from area.
- Wash hands and wear non-latex disposable gloves following standard precautions.
- Provide first aid: Wash minor wounds, cover with a bandage, apply a cold pack wrapped in a cloth to protect skin.
- Stings to the eye should be evaluated by a trained medical professional.
- For heavy **bleeding**, apply direct pressure with bandage until medical team arrives. See **"Bleeding"**.
- Monitor student carefully for allergic reactions.
- If **anaphylaxis** is suspected or for a known allergy, follow Emergency Action/Care Plan or local policy to administer epinephrine, if available. See **"Allergic Reactions"**.
- Be prepared to perform CPR.
- If bite is from a domestic or wild animal, inform animal control.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Bleeding

Consider training staff in STOP THE BLEED® or another program to be able to identify appropriate interventions for uncontrolled bleeding using direct pressure, pressure dressings, and tourniquets if they are available. Follow your school's emergency response protocols. Students with bleeding disorders may not respond to basic first aid treatment and should have an Emergency Action/Care Plan. Follow the plan. Notify the school nurse.

First Aid for Bleeding:

- Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.
- If bleeding is heavy (pooling or spurting) or if there are signs of a puncture, stab, or other severe injuries, **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.
- Do not remove an embedded object.
- Have the student lie down.
- If possible, elevate the bleeding area above the level of the heart.
- When bleeding is hard to control, apply direct pressure to the open wound with a bandage or cloth until the emergency medical team arrives. **Do not remove the bandage. Add more if needed.**
- If the above measures do not stop the bleeding, apply a tourniquet if one is available and you have been trained to do so.
- Inform the student's parent or legal guardian.
- Document care provided.
- Clean and disinfect any contaminated surfaces.

First Aid for Minor Cuts:

- Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.
- Have the student apply direct pressure with a clean bandage until the bleeding has stopped.
- Once bleeding has stopped, slowly remove the bandage.
- Provide first aid: Wash minor wounds, cover with a bandage, apply a cold pack wrapped in a cloth to protect skin.
- Inform the student's parent or legal guardian. Advise them to have the student seen by a healthcare provider if the wound is open.
- Document care provided.
- Clean and disinfect any contaminated surfaces.

(American Heart Association and American Red Cross, 2024; Maine Emergency Medical Services, 2024)

Important Note: If you have direct contact with blood or body fluids, follow your school's bloodborne pathogen exposure protocol.

BLEEDING

Students with bleeding disorders may not respond to basic first aid treatment and should have an Emergency Action/Care Plan. Follow the plan.

Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.

Is bleeding heavy (pooling or spurting) or are there signs of severe injury?

NO

- Apply direct pressure with bandage.
- When bleeding stops, remove bandage slowly and provide first aid: Wash minor wounds, cover with a bandage, apply a cold pack wrapped in a cloth to protect skin.
- Advise parent or legal guardian to consult with medical provider if wound is open.
- Clean and disinfect any contaminated surfaces.

YES

**Get help and AED.
Call 911.**

- Do not remove an embedded object.
- Have the student lie down.
- Apply direct pressure with bandage until the emergency medical team arrives. **Do not remove bandage. Add more if needed.**
- Be prepared to perform CPR.
- Elevate bleeding area above level of heart, if possible.
- If bleeding continues, apply tourniquet if trained.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Broken Bone, Dislocation, Sprain, Strain

A broken bone is most frequently associated with an injury to its surrounding tissue caused by direct trauma. Medical emergencies involving fractures would include bone penetration of the skin, misalignment of a large joint, a double-bone forearm fracture, and a suspected fracture of the upper leg. Notify the school nurse.

First Aid for Broken Bones:

- **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.
- Do not move the student if the suspected fracture is of the leg, pelvis, head, neck, or spine, unless there is an immediate threat of danger.
- Stop bleeding if present.
- Find a comfortable position for the student and encourage the student to remain still.
- If the bone penetrates the skin:
 - Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.
 - Cover exposed bone with a moist sterile bandage if available.
 - Do not manipulate bones.
- If the student must be moved, a splint helps prevent further injury. Use a folded blanket, cardboard magazine, or pillow to support the injury above and below the suspected fracture if possible.
- Inform the student's parent or legal guardian.
- Document care provided.

First Aid for Dislocations/Sprains/Strains:

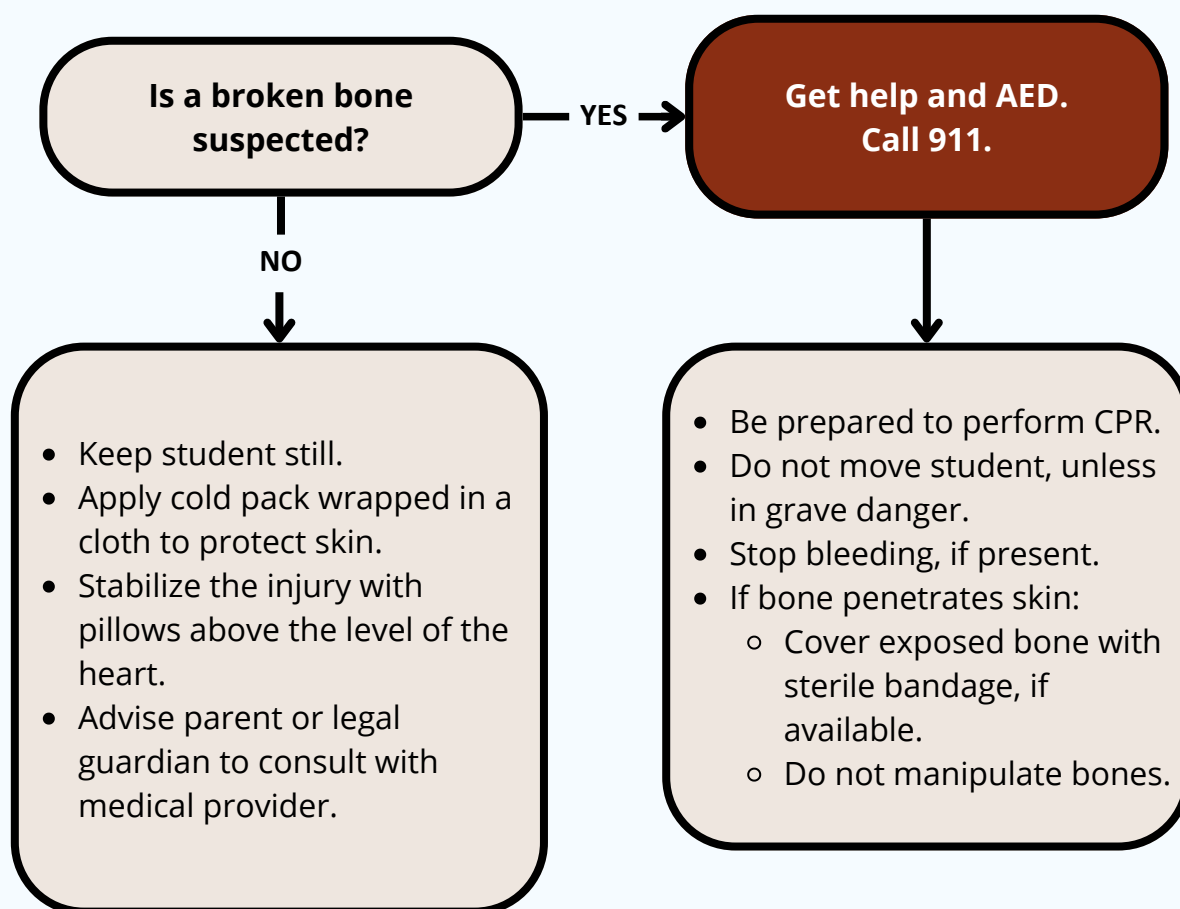
- Find a comfortable position for the student and encourage the student to remain still.
- Apply a cold pack wrapped in a cloth to protect the skin for a maximum of 20 minutes.
- Use pillows to stabilize the injury above the level of the heart.
- Inform the student's parent or legal guardian. Advise them to have the student seen by their healthcare provider.
- **Document care provided.**

(American Academy of Pediatrics & Pediatric Education for Prehospital Professionals, 2021; American Heart Association and American Red Cross, 2024; Taliaferro & Resha, 2020; Maine Emergency Medical Services, 2024)

BROKEN BONE/SPRAIN/STRAIN

Minimize movement. If the student must be moved, a splint helps prevent further injury. Use a folded blanket, magazine, or cardboard to support the injured part.

Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.



Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Burns

Burns can be caused by different sources: thermal, chemical, electrical, or radiation. Burns on the face, hands, feet, genitals, large and deep burns, or burns that wrap around a limb or area are an emergency. It is also an emergency if there is soot around the nose or the mouth, singed nasal hairs, or difficulty breathing. **GET HELP AND AED. CALL 911.** Notify the school nurse. The severity of a burn involves three factors: size, location, and depth:

- **Superficial or first-degree** burns involve only the top layer of skin.
- **Partial thickness or second-degree** burns go deeper and cause blisters.
- **Full-thickness or third-degree** burns damage the full depth of the skin and even muscle and nerve tissue.

First Aid for All Burns:

- Secure the scene for safety.
- Remove the student from the source of the burn.
- Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.
- Do not remove clothing that has adhered to the skin.
- Remove jewelry, rings, and constricting clothing if possible.
- Cool burn with water as soon as possible.
 - If burn is the size of your hand or smaller, gently put it under cool running water for 1–2 minutes.
 - If unable to put area under water (like on the face or chest), use a clean, cool, wet cloth.
 - Do not use ice – it can make the burn worse.
 - Be careful not to cool too much of the body at once. Protect the student from hypothermia.
- Be prepared to perform CPR.
- Do not break blisters.
- Apply a loose, dry, non-stick bandage. Do not use cotton, salves, or ointments.
- Do not offer food or drink.
- Inform the student's parent or legal guardian. Advise them to have the student seen by their healthcare provider.
- Document care provided.

Additional First Aid for Chemical Burns:

- **GET HELP AND AED. CALL 911.**
- While administering first aid, consider eye protection. If the chemical gets in the eyes, rinse immediately with cool, not cold, water, injured eye down protecting the student's other eye.
- Brush any dry chemicals off the skin.
- Flush affected areas with cool water until the emergency medical team arrives.
- Consider contacting the **Poison Control Center at 800-222-1222.**
- Send chemical Safety Data Sheets (SDS) with the student.

Additional First Aid for Electrical Burns:

- **GET HELP AND AED. CALL 911.**
- If a power line is down, do not approach the student until confirmation that the power is off.

BURNS

The following applies to all burns. Burns can be caused by different sources: thermal, chemical, electrical, or from radiation. Refer to the text of these guidelines for specific information related to chemical and electrical burns.

Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.

Are burns located on face, hands, feet, or genitals? Are burns deep and/or larger than size of student's palm?

YES

**Get help and AED.
Call 911.**

NO

- Secure scene for safety.
- Remove student from burn source, if it is safe.
- Do not remove clothing that has adhered to the skin.
- Remove jewelry and tight clothing, if possible.
- Cool burn with water as soon as possible.
 - If burn is the size of your hand or smaller, put it under cool running water for 1–2 minutes.
 - If unable to put area under water (like on the face or chest), use a clean, cool, wet cloth.
 - Do not use ice.
 - Be careful not to cool too much of the body at once.
 - Protect student from hypothermia.
- Be prepared to perform CPR.
- Do not break blisters.
- Do not use cotton, salves, or ointments.
- Apply loose, dry, non-stick bandage.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Chest Pain

Chest pain can occur at any age and can be divided into three categories: suspected cardiac, traumatic, or uncertain cause. Unlicensed assistive personnel do not have the training, skills, or licensure to assess. Therefore, all individuals should be evaluated by medical personnel. **GET HELP AND AED. CALL 911.** Notify the school nurse.

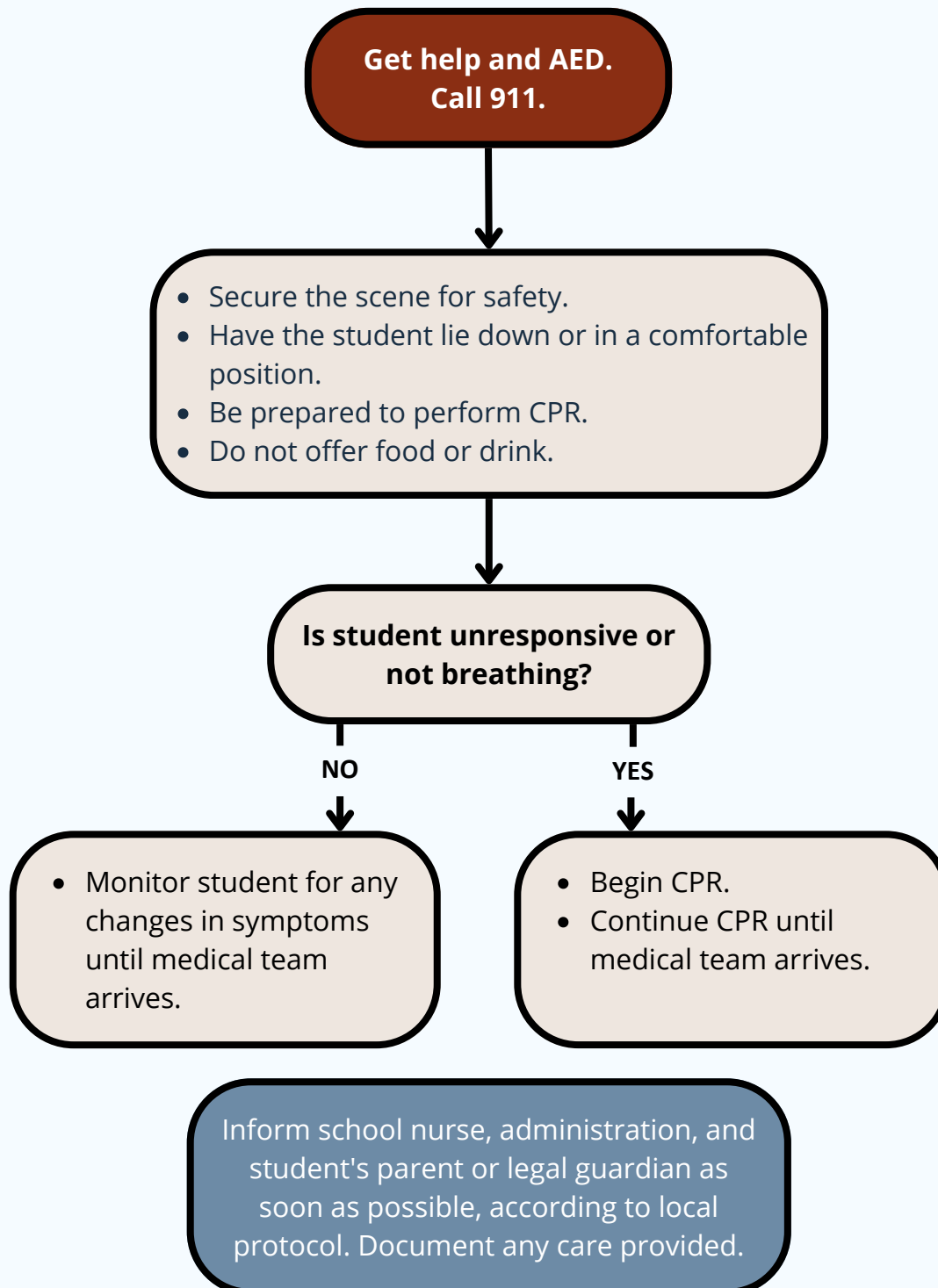
First Aid for Chest Pain:

- **GET HELP AND AED. CALL 911.**
- Secure the scene for safety.
- Have the student lie down or in a comfortable position.
- Be prepared to perform CPR.
- Do not offer food or drink.
- Inform the student's parent or legal guardian. Advise them to have the student seen by their healthcare provider.
- Document care provided.

(Maine Emergency Medical Services, 2024; Shannon & Yonkaitis, 2025)

CHEST PAIN

Chest pain can occur at any age and can be divided into three categories: suspected cardiac, traumatic, or uncertain cause. Unlicensed assistive personnel do not have the training, skills, or licensure to assess. Therefore, all individuals should be evaluated by medical personnel.



Choking

Clearing a blocked airway may be critical to saving a student before the emergency medical team arrives.

If the student can cough, cry, or speak, monitor the student carefully and stay with student until coughing clears and normal breathing resumes. A cough is often effective in removing an obstruction. Notify the school nurse.

If the student is choking and responsive, follow the steps to clear the blocked airway. Repeat until the object is dislodged.

First Aid for a Blocked Airway:

- **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.

For Infants:

- Hold the infant face down on your arm, chest in your hand, and the infant's head lowered.
- Give five slaps between the shoulder blades.
- Turn the infant face up.
 - Using your fingers to press up on the breastbone, give five quick chest thrusts.
- Repeat until the airway is clear.
- **If the infant becomes unresponsive, begin CPR.**
 - After each set of chest compressions, open the mouth, check for any objects, and remove them if visible. Continue checking the mouth for objects after every set of compressions until the rescue breaths are successful.
 - **Do not perform a "blind finger sweep."**
- Inform the student's parent or legal guardian. Advise them to consult with a healthcare provider.
- Document care provided.

For Children and Adults:

- Alternate between 5 back blows and 5 abdominal thrusts until clear or unresponsive.
 - Back blow: Use heel of hand to forcefully strike between the shoulder blades.
 - Abdominal thrust: Get behind the student. Place a fist just above the student's navel, grasp it with your other hand, pull the student close, and thrust upward against the abdomen.
- Repeat until the airway is clear. **If the student becomes unresponsive, begin CPR.**
 - After each set of chest compressions, open the mouth, check for any objects, and remove them if visible. Continue checking the mouth for objects after every set of compressions until the rescue breaths are successful.
 - **Do not perform a "blind finger sweep."**
- Inform the student's parent or legal guardian. Advise them to consult with a healthcare provider.
- Document care provided.

CHOKING

Clearing a blocked airway is critical to saving a life before emergency medical team arrives.

Get help and AED. Call 911.

Choking: Infants

- Hold infant face down on your arm, chest in your hand, and head lowered.
- Give five slaps between shoulder blades.
- Turn infant face up.
- Using your fingers, press up on the breastbone, give five quick chest thrusts.

Choking: Children and Adults

- 5 back blows alternating with 5 chest thrusts until clear or unresponsive
- Back blow: Forcefully strike between shoulder blades
- **Abdominal Thrusts:** From behind, make a fist with one hand, grasp with other hand just above navel, thrust upwards.

- Repeat until object is cleared or help arrives.
- Monitor student for any changes in symptoms.
- **If student becomes unresponsive start CPR.**
- After each set of compressions, open mouth, check for object, and remove if visible. **Do not perform a blind finger sweep.**

Has choking resolved?

NO

YES

- Continue until medical team arrives.

- Monitor student until medical team arrives.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Diabetes: High Blood Sugar (Hyperglycemia)

Hyperglycemia is defined as blood sugar above 180mg/dl. It usually occurs over hours or days. It can be an emergency if it develops into diabetic ketoacidosis (DKA). If untreated, it can lead to coma or death. Notify the school nurse.

First Aid for High Blood Sugar:

- Follow the Emergency Action/Care Plan.
- Encourage water or sugar-free fluid consumption.
- Check for ketones* when blood glucose is over 300 mg/dL or as indicated in the Emergency Action/Care Plan.
- Notify the student's parent, legal guardian, or healthcare provider if ketones are present.
- Do not allow the student to exercise if ketones are present.
- Document care provided.

*Ketone testing may not be ordered for students with Type 2 Diabetes.

Severe Signs/Symptoms:

- Extreme thirst
- Frequent urination
- Drowsiness
- Difficulty concentrating, confusion, disorientation
- Fruity smell on the student's breath
- Fast breathing
- Nausea and vomiting
- Loss of responsiveness

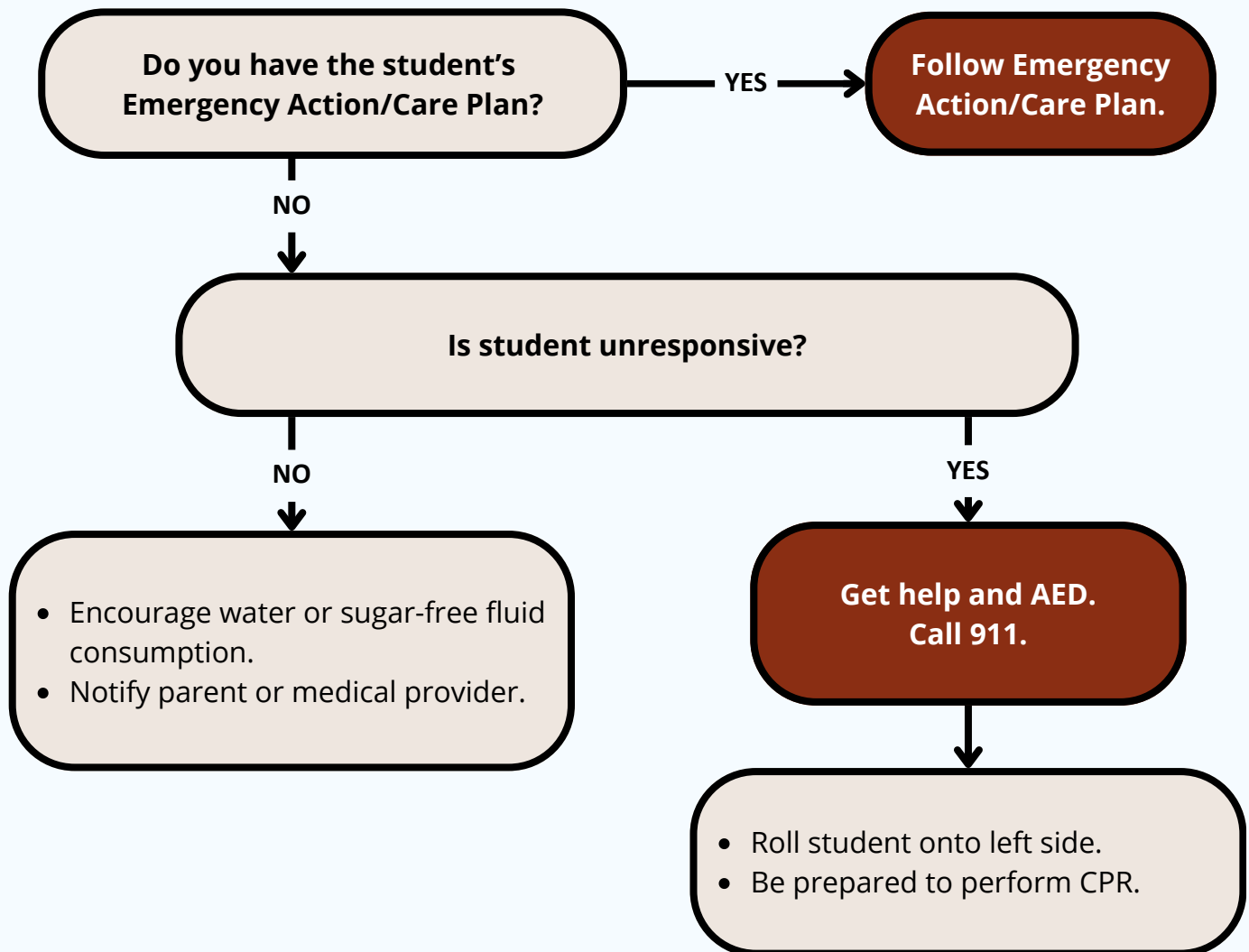
First Aid for Severe Signs/Symptoms:

- **GET HELP AND AED. CALL 911.**
- Roll the student onto their left side.
- Be prepared to perform CPR.
- Inform the student's parent or legal guardian.
- Document care provided.

(Shannon & Yonkaitis, 2025; Taliaferro & Resha, 2020)

DIABETES: HIGH BLOOD SUGAR

Hyperglycemia (high blood sugar) is defined as blood sugar above 180mg/dl. It usually occurs over hours or days.



Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Diabetes: Low Blood Sugar (Hypoglycemia)

Hypoglycemia is a sudden, potentially life-threatening event in a student who takes insulin. It is defined as a blood sugar level below 70mg/dl. This condition can develop in minutes and requires immediate attention. The student's Emergency Action/Care Plan will define low blood sugar and provide instructions. **Follow the plan.** Notify the school nurse.

Signs/Symptoms:

- Irritability, anxiety, or confusion
- Weakness, drowsiness, or poor coordination
- Excessive sweating or trembling
- Blurred vision
- Paleness, dizziness, or slurred speech
- Loss of responsiveness and/or seizures

First Aid for Low Blood Sugar when no Emergency Action/Care Plan is Available:

- **DO NOT LEAVE THE STUDENT ALONE.**
- Give 15 grams of carbohydrates/sugar (Examples: 4 oz. juice, 3 tsp glucose gel, 3–4 glucose tabs).
- Wait 15 minutes. Recheck blood sugar. If blood sugar remains under 70mg/dl, repeat treatment.
 - If above 70mg/dl and mealtime is over an hour away, provide a long-lasting carbohydrate snack (Examples: cheese and crackers, peanut butter, chocolate milk) and recheck blood sugar in one hour.
 - If blood sugar continues to be below 70mg/dl, repeat treatment. If unsure: **CALL 911.**
- Be prepared to perform CPR.
- Inform the student's parent or legal guardian.
- Document care provided.

Additional First Aid if the Student has an Altered Mental Status, is Unable to Swallow, or Becomes Unresponsive:

- **GET HELP AND AED. CALL 911.**
- Stop insulin delivery, such as an insulin pump, or pod (School Health Associates, 2025).
- Do not give anything by mouth.
- Roll the student onto their left side.
- Trained staff may give glucagon per the Emergency Action/Care Plan and healthcare provider's orders.
- Inform the student's parent or legal guardian.
- Document care provided.

(American Diabetes Association, n.d; Shannon & Yonkaitis, 2025; Taliaferro & Resha, 2020)

Maine schools may stock undesignated ready-to-use glucagon rescue therapies that may be administered to a student with a known diagnosis of diabetes if the student's prescribed glucagon is not available on-site or has expired. See [Maine Legislature: Glucagon Rescue Therapy](#).



DIABETES: LOW BLOOD SUGAR

Hypoglycemia (low blood sugar) is a sudden, potentially life-threatening event in a student who takes insulin. It is defined as a blood sugar level below 70mg/dl.

Do you have the student's
Emergency Action/Care Plan?

YES

Follow Emergency
Action/Care Plan.

NO

Is student unresponsive or unable to swallow liquid/food?

NO

- Give 15 grams of carbohydrates/sugar (Examples: 4 oz. juice, 3 tsp glucose gel, 3-4 glucose tabs).
- Wait 15 minutes.
- Recheck blood sugar.
- Repeat treatment if not above 70mg/dl.
- If above 70mg/dl provide a protein and complex carbohydrate snack (Example: cheese and crackers) if the next meal is more than an hour away.
- If blood sugar continues to be below 70mg/dl, **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.
- Recheck blood sugar one hour after reaching the target range.

YES

Get help and AED.
Call 911.

- Suspend insulin source.
- Do not give anything by mouth.
- Roll student onto left side.
- Trained staff may give glucagon per provider's orders.
- Be prepared to perform CPR.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Drowning

If a spinal injury is suspected, see **“Back and Neck Injuries”**. After any submersion incident, all individuals, regardless of how well they appear, must be evaluated and monitored in the hospital setting due to the risk of delayed symptoms. Notify the school nurse.

First Aid for Drowning:

- **GET HELP AND AED. CALL 911.**
- Remove the student from the water, if safe to do so.
- Begin high-quality CPR if not breathing.
- Consider hypothermia.
- Remove wet clothing.
- Provide privacy and keep student warm.
- Inform the student’s parent or legal guardian. Advise them to consult with a healthcare provider.
- Document care provided.

(Maine Emergency Medical Services, 2024)

DROWNING

If a spinal injury is suspected, see “Back and Neck Injuries”.

**Get help and AED.
Call 911.**

- Remove student from water.
- Begin CPR.
- Consider hypothermia.
- Remove wet clothing.
- Provide privacy; keep student warm.

**Is student unresponsive or
not breathing?**

NO

- Monitor student for any changes in symptoms until medical team arrives.

YES

- Continue CPR until medical team arrives.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Eye Injuries

First Aid for all Eye Injuries:

- Wash hands and wear non-latex disposable gloves following standard exposure precautions.
- Have or help the student remove the contact lenses, if present.
- Instruct the student not to rub their eye.
- Inform the student's parent or legal guardian. Advise them to consult with a healthcare provider.
- Document care provided.

Additional First Aid for Chemical in the Eye:

- Have someone call the **Poison Center at 1-800-222-1222**. Follow their instructions.
- Secure the scene for safety.
- Position the student's head over a sink with the injured eye down, running water or saline solution into the inside corner of the eye (by the nose) continuously.
- Determine chemical, if possible, and send Safety Data Sheets (SDS) with the student.
- Advise the parent or legal guardian that the student must be seen by a healthcare provider immediately.

Additional First Aid for Cuts to the Eye or Eyelid:

- Keep the student in a seated position.
- Cover the eye with a gauze pad and bandage loosely or an eye shield if tolerated.
- Do not try to flush the eye with water. Do not apply pressure to control bleeding. Do not apply any medicine, drops, or ointment to the eye.
- Refer to a healthcare provider for evaluation and treatment of possible corneal abrasion.

Additional First Aid for Penetrating Object in the Eye:

- **GET HELP AND AED. CALL 911.**
- Do not attempt to flush the eye.
- Keep the student still and lying flat on their back, if possible.
- Never attempt to remove the penetrating object. The object may be immobilized with tape and gauze. Never put pressure on the eye.
- Cover the injured eye with an eye shield or small paper cup and anchor in place. Patch the other eye to minimize eye movement.
- Advise the parent or legal guardian that the student must be seen by a healthcare provider immediately.

Additional First Aid for Small Objects in the Eye:

- Gently pull down the lower eyelid while the student looks up, down, and side to side. Try to locate the object.
- Gently lifting the upper lid out and down produces tears and may help flush out the object.
- If the object remains, flush the eye with clean, lukewarm water or saline solution/eye wash.
- If unable to remove the object, patch both eyes to minimize movement. Refer to a healthcare provider.

EYE INJURIES

For any chemical in the eye, have someone call the Poison Center, 1-800-222-1222. Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.

Is there a chemical or penetrating object in the eye?

NO

YES

Is there a penetrating object in the eye?

YES

Get help.
Call 911.

NO

Cuts to Eye or Eye Lid

- Cover eye with gauze pad.
- Do not flush the eye with water.
- Do not apply pressure and do not apply any medicine, drops, or ointment.
- Refer to healthcare provider.

Minor Bruising

- Apply a cold pack wrapped in a cloth to protect skin.

Small Object in Eye (i.e. dust/hair)

- Remove contact lens, if present.
- Gently pull down lower eyelid while the student looks up, down, and side to side.
- If the object remains, flush eye with lukewarm water.

Chemical in the Eye

- Instruct student not to rub the eye.
- Flush with running water or saline solution into inside corner of the eye (by the nose) continuously until the emergency medical team arrives.

Penetrating Object in the Eye

- Keep student still and lying flat on back, if possible.
- Do not remove object. May immobilize object.
- Never put pressure on the eye.
- Cover injured eye with an eye shield or small paper cup and anchor in place.
- Patch other eye to minimize eye movement.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Fainting

Fainting is a temporary loss of consciousness that may have many possible causes. If the cause of the fainting is known, respond according to the cause. The episode is usually brief, typically lasting for less than a minute. Notify the school nurse.

Possible causes:

- Not eating/Low blood sugar
- Choking
- Dehydration
- Injury or blood loss
- Allergic reaction or poisoning
- Holding one's breath or hyperventilating
- Fatigue or illness
- Standing for a long time
- Being too warm
- Use of drugs (including caffeine or nicotine) or alcohol
- Stress, fear, and emotional upset
- Heart problems

Warning Signs:

- Blurred or tunnel vision
- Light-headedness
- Sweating or trembling
- Nausea
- Pale skin

First Aid for Fainting:

- Check for breathing.
- If not breathing, **GET HELP AND AED. CALL 911** and begin CPR.
- If breathing, lay the person on their back with their legs elevated.
- Apply a cool washcloth to the forehead.
- Roll to their left side if they vomit.
- Follow the Emergency Action/Care Plan, if available.
- Write down details of what happened, including the amount of time the person was unconscious, possible causes, and other signs or symptoms.
- Do not allow the student to stand immediately following a fainting episode.
- Inform the student's parent or legal guardian. Advise them to consult with a healthcare provider.
- Document care provided.

(Shannon & Yonkaitis, 2025; American Heart Association and American Red Cross, 2024; Taliaferro & Resha, 2020; Maine Emergency Medical Services, 2024)

FAINTING

Fainting is a temporary loss of consciousness.
A healthcare provider should be consulted for any student who loses consciousness.

Lay student on their back with legs elevated.

Is student unresponsive and/or not breathing?

NO

YES

- Loosen tight clothing.
- Apply cool washcloth to forehead.
- Follow Emergency Action/Care Plans for student.
- Document what happened, how long student was unconscious, possible causes, and other signs or symptoms.
- Do not allow student to stand immediately following a fainting episode.

**Get help and AED.
Call 911.**

- Begin CPR until student becomes responsive or emergency medical team arrives.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Head Injury or Suspected Concussion

A concussion is a type of traumatic brain injury (TBI) caused when there is a bump, blow, or jolt to the head or a strike to the body that causes the head and brain to move back and forth rapidly. Symptoms may not appear immediately and may develop over several hours or days after the impact. Consider the possibility of a spinal injury when caring for a student with an impact to the head. Move the student only if necessary. Notify the school nurse.

Signs/Symptoms:

- Loss of consciousness (even a brief loss)
- Increasing confusion, restlessness, or agitation
- Drowsiness or inability to wake the student
- Slurred speech or slow response
- Seizure-like activity
- One pupil (the black part in the middle of one eye) larger than the other
- Vomiting or nausea; pale and sweaty skin
- Headache, blurred vision, dizziness, or balance difficulties
- Weakness, numbness, or decreased coordination
- Blood or clear fluid persistently dripping from the nostril or ear canal
- Loss of bowel or bladder control (when unusual for that student)

First Aid for a Head Injury or Suspected Concussion:

- **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.
- Try to determine the cause of the head injury.
- Stay with the student until EMS arrives.
- Keep the student dry and warm.
- Place a cold pack or ice bag wrapped in a cloth on the injury for 10 to 15 minutes to reduce swelling.
- Inform the student's parent or legal guardian and advise them to consult with a healthcare professional for assessment.
- Remove from any physical activity (Maine Department of Education, 2024). Students may not return to sports or any physical activity without being evaluated by a person trained in concussion recognition.
- Document care provided.

(American Academy of Pediatrics & Pediatric Education for Prehospital Professionals, 2021; U.S. Centers for Disease Control and Prevention, 2025; National Association of School Nurses, 2021; Taliaferro & Resha, 2020)

A child with a head injury or suspected concussion should be seen by a healthcare provider [Concussion Basics](#) | [HEADS UP](#) | [CDC](#).
[The CDC Concussion Checklist](#) can be used and includes danger signs of a concussion. See Maine DOE [Concussion Management Resource Guide](#).



HEAD INJURY/SUSP. CONCUSSION

Signs/Symptoms:

- Headache
- Pale and sweaty skin

Severe Signs/Symptoms:

- Loss of consciousness. (even a brief loss)
- Increasing confusion, restlessness, or agitation
- Drowsiness or cannot be awakened
- Slurred speech or slow response
- Seizure-like activity
- One pupil (the black part in the middle of the eye) larger than the other
- Vomiting or nausea
- Blurred vision, dizziness, balance difficulties
- Weakness, numbness, or decreased coordination
- Blood or clear fluid persistently dripping from nostril or ear canal
- Loss of bowel/bladder control. (when unusual for that student)

Are severe symptoms present?

YES

Get help and AED.
Call 911.

NO

- Report any bumps to the head to the school nurse and other appropriate school health staff.
- Notify parent for monitoring and possible follow-up with a medical provider.

- Be prepared to perform CPR.
- Observe student until emergency medical team arrives.
- Apply a cold pack wrapped in a cloth to protect skin.
- Do not allow student to continue participating in sports or physical activities.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Heat Exhaustion and Heat Stroke

Heat-related injuries can be life-threatening if not recognized. These injuries can develop when students are exposed to hot temperatures, actively playing, sweating, or overly clothed. Heat exhaustion is a result of fluid or electrolyte imbalances. Heat stroke is when the heat-regulating mechanism is affected. Notify the school nurse.

Signs/Symptoms of Heat Exhaustion:

- Flushed, sweaty skin
- Nausea and vomiting
- Headache
- Thirst, dry mouth, or cramps
- Dizziness, fainting, or fatigue
- Fast breathing rate
- Normal to slightly elevated body temperature

First Aid for Heat Exhaustion:

- Remove the student from the hot environment. Seek shade. Direct a fan toward the student, if possible.
- Remove outer clothing and cool skin with water or wet cloths.
- Give small sips of water.
- Inform the student's parent or legal guardian. Advise them to consult with a healthcare provider.
- If the student does not improve or cannot drink fluids: **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.

Signs/Symptoms of Heat Stroke (Life-threatening):

- Flushed, hot, DRY skin
- Confusion, disorientation, or unresponsiveness
- High body temperature (104°F or higher)
- Progression to seizures, stroke, or cardiac arrest

First Aid for Heat Stroke:

- **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.
- Remove the student from the hot environment. Seek shade. Direct a fan toward the student, if possible.
- Remove outer clothing and cool skin with water or wet cloths.
- Put ice packs, wrapped in cloth, in the armpit and groin areas.
- Do not try to give fluids by mouth; students with heatstroke may not be able to safely swallow.
- Inform the student's parent or legal guardian.
- Document care provided.

(American Heart Association and American Red Cross, 2024; American Academy of Pediatrics & Pediatric Education for Prehospital Professionals, 2021; Taliaferro & Resha, 2020; Maine Emergency Medical Services, 2024)

HEAT EXHAUSTION/STROKE

Heat-related injuries can develop when students are exposed to hot temperatures, actively playing, sweating, or overly clothed.

Are signs of heat stroke present?

- Flushed, hot DRY skin
- Confusion or disorientation
- Unresponsiveness
- High body temperature (104°F or higher)
- Progression to seizures, stroke or cardiac arrest

NO

Heat Exhaustion

- Move student to cool location.
- Remove outer clothing.
- Cool skin with water or wet cloths.
- Direct a fan towards student.
- Give small sips of water.
- Advise parent or legal guardian to consult with medical provider.
- If student does not improve or cannot drink fluids, **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.

YES

**Get help and AED.
Call 911.**

Heat Stroke

- Move student to cool location.
- Be prepared to perform CPR.
- Remove outer clothing.
- Cool skin with water or wet cloths.
- Direct a fan towards student.
- Put ice packs, wrapped in cloths, in armpit and groin areas.
- Do not try to give fluids by mouth.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Hypothermia and Frostbite

Hypothermia

Hypothermia is a life-threatening condition that occurs when the body loses heat faster than it can produce heat. Notify the school nurse.

Signs/Symptoms:

- Temperature below 95°F
- Loss of fine or gross motor skills
- Confusion
- Loss of shivering

First Aid for Hypothermia:

- **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.
- Bring the student to a warm place if possible, or shield from further heat loss.
- Remove all wet clothing and replace it with dry clothing, a hat, and blankets.
- Give high-sugar, warm fluids, if tolerated and alert.
- Do not massage to actively warm the student, as it may worsen the damage caused by frostbite.
- Inform the student's parent or legal guardian.
- Document care provided.

Frostbite

Frostbite is an injury caused by freezing body tissues.

Signs/Symptoms:

- If the affected area returns to normal appearance after rewarming, it may be **frostnip**. Inform the student's parent or legal guardian to consult with a healthcare provider.
- If the area is very red, very pale, swollen, or blistered, it may be **frostbite**.

First Aid for Frostbite:

- **GET HELP AND AED. CALL 911.**
- Allow toes, fingers, and ears to return slowly to normal body temperature.
- If there is no risk of refreezing, rewarm frostbitten tissue with lukewarm water if available, or in warm room air next to the person's skin.
- Do not rub toes, fingers, ears, or skin.
- Do not break any blisters; bandage any that have broken.
- If toes or fingers are damaged, put dry gauze between them to keep them from rubbing, avoid using or walking to avoid further damage.
- Inform the student's parent or legal guardian. Advise them to consult with a healthcare provider.
- Document care provided.

HYPOTHERMIA & FROSTBITE

A student with hypothermia has a dangerously low body temperature.

Signs/Symptoms of hypothermia:

- Temperature below 95°F
- Loss of fine or gross motor skills
- Confusion
- Loss of shivering

Are signs of hypothermia present?

NO

YES

- Move student to a warm room.
- Remove all wet clothing and replace with dry clothing, hat, and blankets.
- Monitor for signs of hypothermia.

**Get help and AED.
Call 911.**

Signs of Frostbite:

- An area of the body is red, pale, swollen, or has blisters and doesn't return to normal after rewarming.
- If above symptoms are present:
 - Warm affected area slowly.
 - Do not rub.
 - Do not break blisters. Bandage broken blisters.
 - If toes or fingers are damaged, put dry gauze between them. Do not use, or walk to avoid more damage.
- Advise parent or legal guardian to consult with medical provider.

- Be prepared to perform CPR.
- Bring student to a warm room.
- Remove all wet clothing and replace with dry clothing, hat, and blankets.
- Give high-sugar, warm oral fluids, if tolerated and alert.
- Do not rub affected area.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Jaw Injuries: Broken or Dislocated

A broken or dislocated jaw requires prompt medical attention because of the risk of breathing problems or bleeding. Notify the school nurse.

Signs/Symptoms of a Broken Jaw:

- Bleeding from the mouth
- Jaw stiffness, tenderness, pain, or limited movement
- Facial bruising, swelling, a lump, or abnormal appearance of the cheek or jaw
- Loose or damaged teeth
- Numbness of the face (particularly the lower lip)

First Aid:

- **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.
- Keep the student in the seated position, if possible, with a container for drainage.
- Apply cold packs to reduce pain/swelling.
- Expect that the student may not be able to spit/swallow effectively.
- Inform the student's parent or legal guardian.
- Document care provided.

Signs/Symptoms of a Dislocated Jaw:

- Teeth that do not line up properly
- Inability to close the mouth
- A jaw that protrudes forward or a jawline that may appear distorted
- Difficulty speaking
- Drooling
- Pain in the face or jaw, located in front of the ear or on the affected side, that worsens with movement

First Aid:

- **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.
- Encourage the student to remain still.
- Make sure the student can breathe.
- Inform the student's parent or legal guardian.
- Document care provided.

(Maine Emergency Medical Services, 2024; Taliaferro & Resha, 2020)

JAW INJURIES

Signs/Symptoms of a broken or dislocated jaw include:

- Severe jaw pain
- Swelling
- Bruising
- Bleeding
- Distorted or misaligned jawline
- Loose or damaged teeth
- Trouble speaking or closing the mouth
- Drooling
- Numbness
- Pain near the ear

Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.

Are any signs of a broken or dislocated jaw present?

NO

- Monitor student for discomfort, swelling, or bleeding.
- Apply a cold pack wrapped in a cloth to protect skin.

YES

**Get help and AED.
Call 911.**

- Be prepared to perform CPR.
- Keep student in a seated position.
- Apply a cold pack wrapped in a cloth to protect skin.
- Encourage student to remain still.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Mental Health

A variety of family, community, and environmental factors contribute to mental health, wellness, and accessibility of care. These factors include age, financial hardship, rural living, shortages, distance to services, and transportation challenges. While not always an emergency, symptoms can cause distress and make it challenging to get through the day. While confidentiality needs to be maintained and respected, it cannot be promised in a mental health emergency when there is a serious threat of harm to self or others, harmful actions have already taken place, or evidence of being a victim of neglect or abuse. As a mandated reporter, there is a duty to warn and protect. Prior to responding, secure the scene for safety.

Mental Health: Emergencies

A life-threatening event involves a threat of imminent harm to self or others and/or harmful actions that have already taken place. Notify the school nurse and/or school-based mental health provider.

Signs/Symptoms:

- Erratic, unpredictable, and/or uncontrollable behavior that endangers the safety of the student or others
- Verbalizing the intent to harm oneself or others

First Aid:

- **GET HELP, CALL 911, Maine Crisis Line: 1-888-568-1112, or call/text 988.**
- Keep the student in sight.
- Remove harmful objects from the environment.
- Maintain a caring, calm, and nonjudgmental approach.
- Seek help from colleagues who can provide crisis intervention or first aid.
- Maintain safety for other students.
- Follow your school's crisis protocol for emergencies.
- Coordinate with administration, a mental health professional, and/or the school nurse to determine the most appropriate notifications per local protocol.
- Document care provided.

(National Association of School Nurses, 2022; School Health Associates, 2025; Shannon & Yonkaitis, 2025)

Mental health support is available by texting or calling 988 or by calling the Maine Crisis Line at 1-888-568-1112.



In the State of Maine, minors can independently and confidentially access outpatient mental health and substance abuse treatment services. Refer to your school or district policies regarding internal referral protocols and key contact people.



Mental Health

Mental Health: Suicidal Ideation

Suicidal thoughts, threats, and plans must always be taken seriously. Guidelines and resources are included within this guide to better prepare for such an event. Do not hesitate to call the **Maine Crisis Line: 1-888-568-1112**.

Signs/Symptoms:

- Talking about killing oneself
- Extreme irritability/agitation
- Hopelessness/despair
- Giving away favorite things
- Talking, reading, and writing about death
- Feeling isolated

First Aid:

- Keep the student in sight.
- Remove harmful objects from the environment.
- Get help. School nurses, counselors, school resource officers, social workers, and psychologists are trained in suicide prevention.
- Follow your school's crisis protocol for suicide.
- Maintain a caring, calm, and nonjudgmental approach.
- **Get help. Maine Crisis Line: 1-888-568-1112** is an immediate resource to use while waiting for a colleague with training on suicide to be available.
- Coordinate with administration, a mental health professional, and/or the school nurse to determine the most appropriate notifications per local protocol.
- Document care provided.

(Taliaferro & Resha, 2020; Shannon & Yonkaitis, 2025)

The Revised Statute [Sec. 1. 20-A MRSA §4502, sub-§5-B](#), requires a 1-2 hour Suicide Prevention Awareness Education training be completed by all school personnel in each SAU, island, charter, CTE Region and public school that is not in a SAU.



NAMI Maine has a [Suicide Prevention Awareness Toolkit for Maine School Personnel](#) with a 1-hour [Suicide Awareness and Prevention Training](#). Additional trainings are available on the [NAMI Maine event calendar](#).



Mental Health

Mental Health: Non-Suicidal Self-Injury or Self-Injury

Non-suicidal self-injury (NSSI) or self-injury is increasingly becoming identified, especially at the middle and high school levels. NSSI has a different intended outcome than a student engaging in suicide-related behaviors, as it is considered a coping mechanism that is often related to self-soothing. Notify the school nurse.

Signs/Symptoms:

- Fresh cuts or scratches; often in patterns
- Refusal to participate in activities due to unwillingness to expose skin

First Aid:

- Maintain a caring, calm, and nonjudgmental approach.
- Provide first aid: Wash minor wounds, cover with a bandage, apply a cold pack wrapped in a cloth to protect skin. If wounds are significant, see **“Bleeding”**.
- Seek support from a colleague with expertise in mental health, like a school nurse, counselor, social worker, psychologist, or administrator.
- Coordinate with administration, a mental health professional, and/or the school nurse to determine the most appropriate notifications per local protocol.
- Document care provided.

(Taliaferro & Resha, 2020)

Mental health support is available by texting or calling 988 or by calling the Maine Crisis Line at 1-888-568-1112.



In the State of Maine, minors can independently and confidentially access outpatient mental health and substance abuse treatment services. Refer to your school or district policies regarding internal referral protocols and key contact people.



MENTAL HEALTH

A mental health emergency involves the threat of imminent harm to self or others and/or harmful actions already taken.

Is there a threat of imminent harm to self or others?

YES

**Get help.
Call 911 or
Maine Crisis Line:
1-888-568-1112.**

NO

- Keep the student in sight.
- Seek help from a colleague with expertise in mental health, like a school nurse, counselor, social worker, psychologist, or administrator.
- If injuries are present, provide first aid: Wash minor wounds, cover with a bandage, apply a cold pack wrapped in a cloth to protect skin. If wounds are significant, see **"Bleeding"**.

- Follow school crisis plan.
- Ensure other students' safety, with help from school security or other colleagues if possible.
- Keep the student in sight.
- Remove harmful objects from environment.
- Maintain a caring, calm, and nonjudgmental approach.
- Seek help from colleagues who can provide crisis intervention or first aid.

Coordinate with administration, a mental health professional, and/or the school nurse to determine the most appropriate notifications per local protocol. Document any care provided.

Nosebleeds (Epistaxis)

Nosebleeds can be common in school-age children and may occur from nose picking, inflammation, injury, forceful blowing, dry air exposure, rubbing the nose, allergies, or foreign objects lodged in the nose. While most nosebleeds are benign, they may become an emergency in a student with a bleeding disorder or if the nosebleed does not stop after applying pressure. Students with a known bleeding disorder should have an Emergency Action/Care Plan. Follow the plan. Notify the school nurse.

First Aid:

- Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.
- Keep the student sitting upright.
- Gently pinch the soft parts of the nose together. If possible, have the student do this. Have the student lean forward. Do not tilt the head back.
- Hold for **15 minutes**, do not release pressure early to see if the bleeding has stopped.
- If available, place a cold pack or ice bag wrapped in a cloth on the nose and cheeks.
- If bleeding is severe and continues after **15 minutes**, consult the student's parent or legal guardian and recommend medical care.
 - If unable to reach the parent or legal guardian and bleeding continues, **GET HELP AND AED. CALL 911.**
- If a nosebleed is due to trauma, seek medical attention if there is visual nasal deformity, swelling, or if the student exhibits signs of a possible concussion. See **"Head Injury/Suspected Concussion"**.
- Inform the student's parent or legal guardian about recurrent nosebleeds.
- Document care provided.
- Clean and disinfect any contaminated surfaces.

(American Heart Association and American Red Cross, 2024; Shannon & Yonkaitis, 2025; Taliaferro & Resha, 2020)

NOSEBLEEDS

Students with bleeding disorders may not respond to basic first aid treatment and should have an Emergency Action/Care Plan. Follow the plan.
Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.

- Keep student sitting upright.
- Gently pinch soft parts of nose together. If possible, have student do this.
- Have student lean forward. Do not tilt head back.
- Hold for **15** minutes.
- If available, place a cold pack or ice bag wrapped in a cloth on the nose and cheeks.

Has bleeding stopped after 15 minutes?

NO

- Reapply pressure.
- Consult the student's parent or legal guardian, or medical provider.
- If unable to reach parent or legal guardian and bleeding continues, **GET HELP AND AED. CALL 911.**

YES

- Have student wash hands.
- Clean and disinfect any contaminated surfaces.
- Advise student to avoid blowing nose.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Overdose (Suspected)

The use of alcohol and drugs often occurs alongside other health risk conditions and behaviors, including depression, bullying, and obesity. Know your school's policy on drug and alcohol use. Notify the school nurse as well as the school resource officer.

Signs/Symptoms:

- Inappropriate behavior
- Staggering
- Slurred speech
- Slow or absent breathing
- Blue or ashen lips, skin, and/or nail beds
- Unresponsiveness
- Dilated (large) or constricted (small) pupils

First Aid:

- **GET HELP AND AED. CALL 911.**
- Secure the scene if there is a presence of drugs or paraphernalia.
- If opioid overdose is suspected, naloxone should be administered according to school policy, if available.*
 - Insert the applicator tip into either nostril.
 - Depress the plunger to administer the full dose.
 - Roll to their side, if possible.
 - Be prepared to perform CPR.
- A second dose may be needed after 2-3 minutes.
- Have a school administrator, counselor, or nurse inform the student's parent or legal guardian of the incident and transport.

(Shannon & Yonkaitis, 2025; Taliaferro & Resha, 2020; U.S. Centers for Disease Control and Prevention, 2024a)

***Important Note:** Maine Revised Statutes, Title 17-A, §111-B, subsection 1 provides immunity from arrest, prosecution and revocation and termination proceedings when assistance has been requested for suspected drug-related overdose. Maine Revised Statutes, Title 20-A, §4009, subsection 4 further protects non-licensed agent or employee of a school or SAU who renders first aid, or emergency assistance to a student during a school program from being held liable for injuries or death alleged to have been sustained as a result of an act or omission in rendering aid, treatment or assistance. School resource officers are required by law to carry and administer Naloxone Maine Revised Statutes, Title 22, §2353, subsection 3.

*US CDC Narcan/Naloxone Video Instructions



OVERDOSE (SUSPECTED)

Signs/Symptoms:

- Breathing that is slow or absent
- Blue or ashen lips, skin, and/or nail beds
- Unresponsiveness
- Dilated or constricted pupils

Are signs of severe alcohol or drug use present?

YES

Get help and AED.
Call 911.

NO

- Get help.
- Monitor student.
- Do not leave student alone.
- Roll to their side, if possible.
- Be prepared to perform CPR.

- If opioid overdose is suspected, a trained staff member should administer naloxone, if available:
 - Insert tip into either nostril.
 - Depress plunger to administer full dose.
 - Roll to their side, if possible.
- A second dose may be needed after 2-3 minutes.
- Do not leave student alone.
- Be prepared to perform CPR.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Poisoning (Suspected)

Notify the school nurse. If the student is responsive, **call the Poison Center at 1-800-222-1222.**

Swallowed or Inhaled Poisoning

Signs/Symptoms:

- Open containers or spilled medicine, chemicals, illegal drugs, or alcohol
- Unusual odor in the room or from the student's mouth or clothes
- Burns on or around the mouth, indicating contact with a corrosive chemical
- Signs of altered mental status, level of consciousness, or responsiveness
- Chest pain, difficulty breathing, and/or wheezing
- Skin changes, burning or stinging of the eyes, and/or temperature changes
- Headache, abdominal pain, nausea, vomiting, or diarrhea

First Aid:

- Secure the scene for safety.
- Remove the suspected source of poisoning or relocate the student to fresh air. If gas is the suspected source, do not enter.
- If the student is unresponsive and breathing, **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR. Roll the student onto their left side.
- Do not administer anything by mouth unless advised by Poison Control or EMS.
- Inform the student's parent or legal guardian. Advise them to consult with a healthcare provider.
- If possible, send a container of suspected poison and the Safety Data Sheet with EMS.
- Document care provided.

Poisonous Plants

If the student's skin is exposed to poisonous plants, removing the oil secreted from the plant within 10 minutes provides the best outcome. Allergic reactions/sensitivities to poisonous plants can appear hours to days after exposure.

Signs/Symptoms:

- Redness, swelling, rash, blisters, and/or itching

First Aid:

- Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.
- Clean the area to remove plant oil with soap and running water.
- Remove exposed clothing and place it in a plastic bag.
- If possible, save a sample of the plant for identification purposes.
- Inform the student's parent or legal guardian. Refer to a healthcare provider if exposure involves the eyes, face, genitals, or mucous membranes.
- Document care provided.

POISONING (SUSPECTED)

Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.

Was the substance swallowed or inhaled?

NO

Poisonous Plants

- Remove plant oil with soap and water.
- Remove exposed clothing, and place in a plastic bag.
- Watch for signs of an allergic reaction.
- If possible, save a sample of the plant.
- Advise parent or legal guardian to consult with medical provider if exposure involves the eyes, face, genitals, or mucous membranes.
- **Call the Poison Center, 1-800-222-1222.**

YES

Is student unresponsive?

NO

**Call the Poison Center:
1-800-222-1222**

YES

**Get help and AED.
Call 911.**

Swallowed or Inhaled Poison

- Secure scene for safety.
- Remove suspected source of poisoning or relocate student to fresh air. If gas is the suspected source, do not enter.
- Be prepared to perform CPR.
- Place student on their left side.
- Do not administer anything by mouth unless advised to do so by Poison Control or EMS.
- If possible, send containers of suspected medication ingested with EMS and a copy of the SDS sheet.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Pregnancy Complications

The possibility of pregnancy exists in students post-puberty. A miscarriage may happen over several days and may not be just one event. School staff must maintain student confidentiality and work with the school nurse, counselor, and social worker to assist students in accessing necessary resources, pregnancy counseling, and prenatal care. School staff should remain supportive and nonjudgmental. Notify the school nurse.

Signs/Symptoms:

- Pain, cramping, fever, fainting, or dizziness
- Vaginal spotting or bleeding (may be light to heavy)
- Clear drainage (amniotic fluid)

First Aid:

- **GET HELP AND AED. CALL 911** if bleeding is heavy, there is clear drainage, or pain is severe.
- Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.
- The student should be seen immediately by a healthcare provider if a miscarriage is suspected.
- The student's psychological and emotional needs should be addressed; provide resources.
- Coordinate with administration and/or the school nurse to determine the most appropriate notifications per local protocol.
- Document care provided.

Assist with the Delivery (if necessary):

If the delivery is imminent, consider these steps:

- **GET HELP AND AED. CALL 911.**
- Allow the mother to deliver where she is, if it is safe.
- Provide clean cloths for hygiene and to protect the mother and baby.
- Assist with the baby's emergence, guiding the head and shoulders out. Do not pull on the baby.
- If the umbilical cord is wrapped around the baby's neck or body, carefully unloop it.
- Once the baby is born, rub vigorously to stimulate breathing. Keep the baby warm and dry.
- If the baby is not breathing, begin CPR.

(Shannon & Yonkaitis, 2025)

PREGNANCY COMPLICATIONS

Signs/Symptoms of Pregnancy Complications or Miscarriage:

- Pain, cramping, fever, fainting or dizziness
- Vaginal spotting or bleeding that may be light to heavy
- Clear drainage (amniotic fluid)

A miscarriage may happen over several days and may not be just one event.

Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.

Is there heavy bleeding, clear drainage, and/or severe pain?

YES →

**Get help.
Call 911.**

NO
↓

- Refer to a medical provider for any abnormal discomfort, bleeding, or other possible complications.

- Monitor student until emergency medical team arrives.

If delivery begins before help arrives:

- Allow the mother to deliver where she is, if it is safe.
- Provide clean cloths for hygiene and to protect the mother and baby.
- Assist with baby's emergence, guiding the head and shoulders out. Do not pull on baby.
- If the umbilical cord is wrapped around the baby's neck or body, carefully unloop.
- Once the baby is born, rub vigorously to stimulate breathing. Keep the baby warm/dry.
- If the baby is not breathing, begin CPR.

Coordinate with administration and/or the school nurse to determine the most appropriate notifications per local protocol. Document any care provided.

Seizures

Emergency Medical Services may not need to be called for every seizure in the school setting. A student who is diagnosed with epilepsy will have an Emergency Action/Care Plan (ECP) that should outline the parameters of what constitutes an emergency. Follow the plan. If unsure, **GET HELP AND AED. CALL 911.** Notify the school nurse.

Signs/Symptoms:

- Stiffening or jerking of the limbs or the whole body
- Blank stare or eyes rolling back, and/or inability to speak or move
- Unusual behaviors, smacking lips, repetitive movements
- Confusion, disorientation; loss of awareness, consciousness, or responsiveness
- Changes to breathing, such as gagging or gasps
- Clenched jaw, drooling, or loss of bowel or bladder control

First Aid:

- If there is a known history of seizures, follow the student's Emergency Action/Care Plan.
- **Get help and AED. CALL 911** if:
 - The student has never had a seizure before.
 - Infant under 6 months old.
 - The seizure occurs in water.
 - The student has difficulty breathing.
 - The student is injured, pregnant, or sick.
 - The seizure lasts for more than 5 minutes or as indicated in the student's Emergency Action/Care Plan.
 - Another seizure starts soon after the first.
 - The student doesn't return to baseline 5-10 minutes after the seizure stops (or per EAP/ECP).
- Stay calm and with the student; offer privacy if possible. Be prepared to perform CPR.
- Keep the student safe. Move, or guide the student away from harm.
- Loosen clothing, do not put anything in the student's mouth, remove harmful objects, and never restrain.
- Roll the student onto their left side and protect the head with a towel, blanket, or clothing.
- Time the length of seizure and note the body parts affected.
- Let the student rest while lying on their left side after a seizure.
- Inform the student's parent or legal guardian and document care provided.

(Shannon & Yonkaitis, 2025; American Academy of Pediatrics & Pediatric Education for Prehospital Professionals, 2021; Taliaferro & Resha, 2020; Maine Emergency Medical Services, 2024; Maine Department of Education, 2023)

The Epilepsy Foundation (2024) online trainings: Seizure First Aid Training and Certification: [Seizure Training for School Personnel](#) | [Epilepsy Foundation](#)

Seizure Training for School Nurses: Caring for Students & Seizure Training for School Personnel: [Epilepsy Foundation Seizure First Aid Poster](#)



SEIZURES

A student who is diagnosed with epilepsy should have an Emergency Action/Care Plan (EAP/ECP) that should outline the parameters of what constitutes an emergency. Follow the plan.
If unsure, GET HELP AND AED. CALL 911.

Signs/Symptoms of a Seizure Emergency:

- The student has never had a seizure before.
- Infant under 6 months old.
- The seizure occurs in water.
- The student has trouble breathing.
- The student is seriously injured.
- The seizure lasts for more than 5 minutes or as indicated in the student's EAP/ECP.
- Another seizure starts soon after the first.
- The student doesn't return to baseline 5-10 minutes after the seizure stops (or per EAP/ECP).

Are there signs of a seizure emergency (see above)?

YES

Get help and AED.
Call 911.

NO

- Follow Emergency Action/Care Plan, if available.
- Stay with student; provide privacy.
- Be prepared to perform CPR.
- Move or guide student away from harm.
- Loosen clothing, put nothing in mouth, remove harmful objects, and never restrain.
- Lay student on left side, protect head with a towel, blanket, or clothing.
- Time the seizure and note body parts affected.
- Let the student rest while lying on their side after the seizure.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Skin Injuries

Puncture wounds to the head, genitals, eyes, neck, chest, or abdomen are severe; seek emergency medical treatment. Do not try to remove an embedded object. Any student who experiences a puncture wound should be referred to a healthcare provider for evaluation and treatment. Students with bleeding disorders may not respond to basic first aid treatment and should have an Emergency Action/Care Plan. Follow the plan. Notify the school nurse.

First Aid:

- If the wound is severe, **GET HELP AND AED. CALL 911.**
- Be prepared to perform CPR.
- Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.
- Provide first aid: wash minor wounds, cover with a bandage, apply a cold pack wrapped in a cloth to protect skin.

Minor Punctures: Do not try to pick out debris. Soak or wash the area with soap and warm water.

Scrapes: Apply pressure with a bandage to stop the bleeding, then wash the wound with soap and warm water.

Splinters: Remove small slivers close to the surface and wash the area with soap and warm water.

Open Sores: Do not touch the sore. Cover the sore with a bandage taped on all sides. Reinforce with extra bandages, as needed.

- Inform the student's parent or legal guardian.
- For a puncture wound or an open wound, advise them to consult with a healthcare provider.
- Document care provided.
- Clean and disinfect any contaminated surfaces.

(American Heart Association and American Red Cross, 2024; Shannon & Yonkaitis, 2025)

SKIN INJURIES

Students with bleeding disorders may not respond to basic first aid treatment and should have an Emergency Action/Care Plan. Follow the plan.
Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.

Is a puncture wound to the head, genitals, eyes, neck or chest? Is bleeding heavy (pooling or spurting) or are there signs of severe injury?

NO

YES

- Apply direct pressure with bandage.
- When bleeding stops, remove bandage slowly and provide first aid: wash minor wounds, cover with a bandage, apply a cold pack wrapped in a cloth to protect skin.
- Cover open sores with a bandage taped on all sides, when possible.
- Advise parent or legal guardian to consult with healthcare provider for a puncture wound or an open wound.
- Clean and disinfect any contaminated surfaces.

**Get help and AED.
Call 911.**

- Do not remove an embedded object.
- Apply direct pressure with a bandage until the emergency medical team arrives. **Do not remove bandage. Add more if needed.**
- Be prepared to perform CPR.
- Elevate bleeding area above level of heart, if possible.
- If bleeding continues, apply tourniquet if trained.

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Stroke

Stroke in children occurs most often around birth, in early childhood, and again during the teenage years, so a first aid provider may be the first to recognize it. Although pediatric stroke can resemble adult stroke, it may also appear with vague symptoms or imitate other childhood conditions. Follow the plan. Notify the school nurse.

Primary signs and symptoms of a stroke:

- Muscle weakness on one side of the body
- Facial droop
- Disturbance in sensation, vision, or speech

Additional Signs and Symptoms seen in children:

- Altered mental status
- Seizure
- Headache
- Dizziness
- Nausea/vomiting

While headaches and vomiting are often linked to common childhood illnesses, these symptoms combined with other neurological changes should prompt concern for possible stroke. Some strokes may also appear as generalized or focal seizures, particularly in infants under one year old.

Adult stroke assessment tools, such as F.A.S.T., have not been validated for children, and there is currently no first-aid–appropriate, evidence-based stroke identification tool specifically for pediatric patients.

If a stroke is suspected, **GET HELP AND AED. CALL 911.**

For Adults, utilize the American Stroke Association's F.A.S.T Tool

FACE Drooping

ARM Weakness

SPEECH Difficulty

TIME to CALL 911

- Inform the student's parent or legal guardian.
- Document care provided.
- Clean and disinfect any contaminated surfaces.

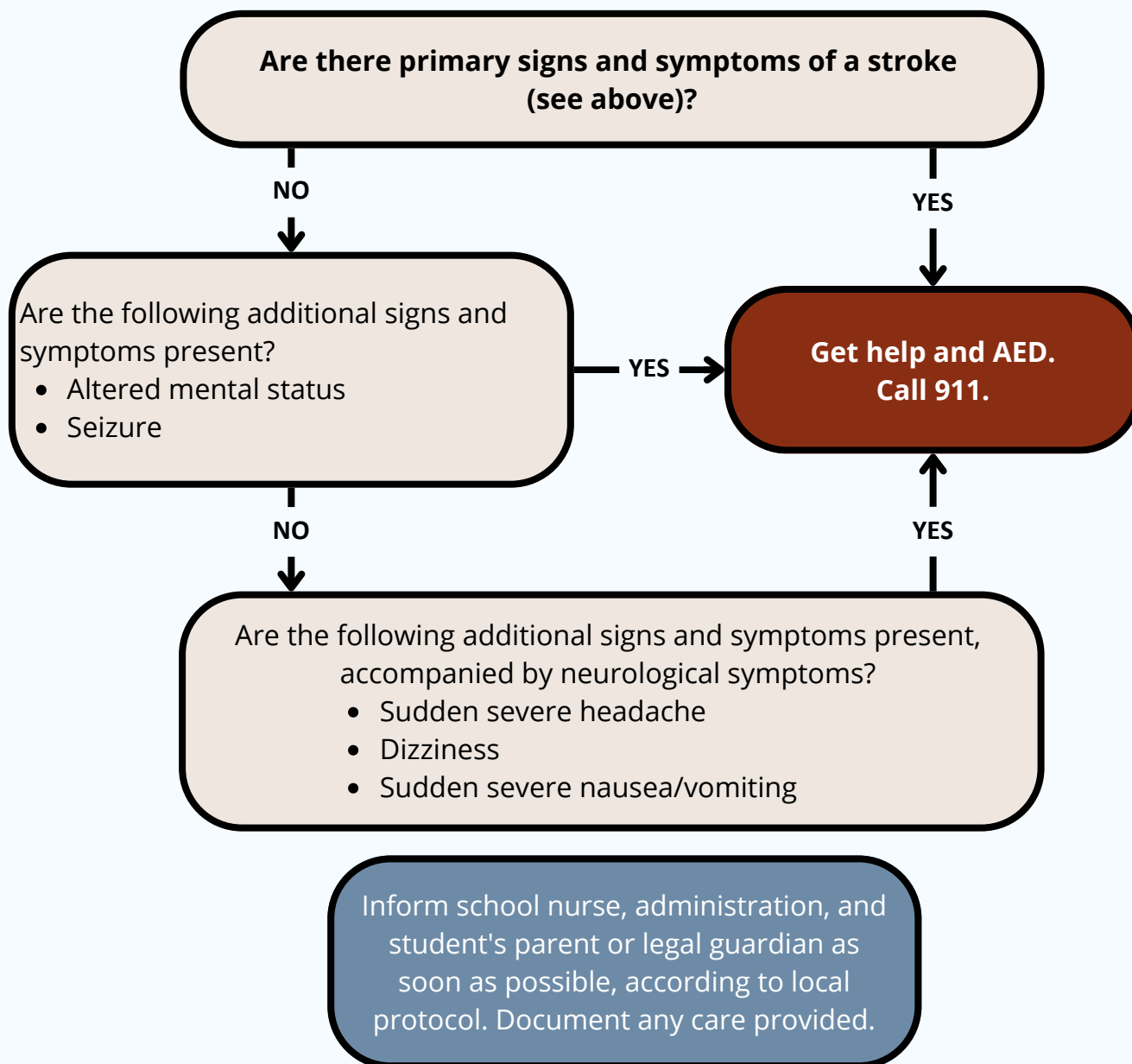
(American Heart Association and American Red Cross, 2024)

STROKE

Stroke in children occurs most often around birth, in early childhood, and again during the teenage years, so a first aid provider may be the first to recognize it. Although pediatric stroke can resemble adult stroke, it may also appear with vague symptoms or imitate other childhood conditions. Notify the school nurse.

Primary signs and symptoms of a stroke:

- Muscle weakness on one side of the body
- Facial droop
- Disturbance in sensation, vision, or speech



Teeth Injuries

For treating any oral injury, wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions. Notify the school nurse.

Broken Tooth

First Aid:

- Gently clean dirt from the injured area with warm water.
- Cover the jagged edge of the tooth with gauze.
- Place a cold pack or ice bag wrapped in a cloth on the face over the injured area.
- Save the tooth fragment if possible. Place in water and send with the student to the dentist.
- Inform the student's parent or legal guardian. Advise them to see a dentist immediately.
- Document care provided.

Displaced Tooth

First Aid:

- Position the student so that bleeding does not cause choking.
- Have the student rinse their mouth with cold water.
- Have the student bite down on a wad of gauze to help control bleeding or to stabilize the tooth.
- Apply ice or a cold pack wrapped in a thin cloth over the injured area (on the face) if there is any swelling.
- Inform the student's parent or legal guardian. Advise them to see a dentist as soon as possible.
- Document care provided.

Permanent Tooth Knocked Out

First Aid:

- Find the tooth. The faster you act, the better the chances of saving the tooth.
- Handle the tooth by its crown, not the root, to preserve the periodontal ligament.
- If the tooth is dirty, gently rinse it with water. Do NOT scrub antiseptic on the tooth.
- Gently put the tooth back into its socket, ensuring that the front of the tooth is facing you.
- Have the student hold the tooth in place with clean gauze.
- If the tooth cannot be reinserted into the socket, put the tooth into a specimen cup with a solution such as Hanks' Balanced Salt Solution (HBSS). If HBSS is not available, the next best options are a specimen cup with cold skim milk, saliva, normal saline, or wrapped in cling film if no other option is available.
- Apply gentle pressure on the socket if bleeding continues.
- Do not remove the blood clot from the socket—it is important for healing.
- Inform the student's parent or legal guardian. Refer to a dentist emergently. The prognosis is best if the tooth has been out for under 20 minutes.
- Document care provided.

(Maine Emergency Medical Services, 2024; Shannon & Yonkaitis, 2025; Taliaferro & Resha, 2020)

TEETH INJURIES

Wash hands and wear non-latex disposable gloves following standard blood and body fluid exposure precautions.

Did a tooth fall out or is it missing?

NO



Broken Tooth

- Clean gently with warm water.
- Cover the edge of the tooth with gauze.
- Apply a cold pack wrapped in a cloth to protect skin.
- Save tooth fragment. Place in water and send with student to the dentist.

Displaced Tooth

- Position student with head tilted forward, to prevent choking.
- Rinse mouth with water.
- Have student bite down on a wad of gauze.
- Apply a cold pack wrapped in a cloth to protect skin.
- Advise parent or legal guardian to consult with dentist as soon as possible.

YES



Permanent/Adult Tooth Knocked Out

- Find the tooth, if possible.
- Only handle the tooth by its crown.
- Rinse tooth with water, if dirty.
- Place the tooth back into its socket.
- Have student hold the tooth in place with clean gauze.
- If the tooth cannot be reinserted, put the tooth into a clean cup with either:
 - Hanks' Balanced Salt Solution.
 - Cold skim milk, saliva, normal saline, or cling film.
- Apply gentle pressure on the socket if bleeding continues.
- **Refer to an emergency dentist.**

Inform school nurse, administration, and student's parent or legal guardian as soon as possible, according to local protocol. Document any care provided.

Resources

Emergency Response to School-wide Event

Know your school's protocols for handling emergencies, including the responsibilities of administrators and staff. Consider gathering the School Administrative Units' definitions, procedures, and resources, and add them here for quick access during unforeseen events. The following is not an exhaustive list. Consult your safety team.

Active Assailant/Shooter:

Bomb Threat:

Chemical Spill:

Weather Event - Earthquake, Hurricane, Flooding, Tornado:

Fire:

Intruder:

Power Outage:

Radiation Leak:

Threat Outside of the Building:

Resources

Health and Safety Resources

Resource	Website: Link	Website: QR Code
American Academy of Allergy Asthma & Immunology	https://www.aaaai.org/	
American Diabetes Association	www.diabetes.org	
American Heart Association: CPR and First Aid	https://cpr.heart.org/	
Asthma and Allergy Foundation of America	www.aafa.org	
Collaborative Practice Agreement Sample	https://www.maine.gov/doe/sites/maine.gov.doefiles/inline-files/SchoolHealthServices-SampleCollaborativePracticeAgreement - 2.26.2025.docx	
Emergency Information Form (EIF)	https://downloads.aap.org/AAP/Documents/eif.doc	
Epilepsy Foundation	https://www.epilepsy.com/	
Maine CDC: Public Health Districts	https://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/index.shtml	
Maine DOE: Coordinated School Health: School Health Services	https://www.maine.gov/doe/index.php/schools/safeschools/healthed/nurseresources/guidelines	
Maine EMS	https://www.maine.gov/ems/home	

Resources

Health and Safety Resources

Resource	Website Link	Website: QR Code
NAMI Maine (National Alliance on Mental Illness)	https://namimaine.org/	
NASN (National Association of School Nurses)	https://www.nasn.org/home	
Readiness and Emergency Management for Schools	https://rems.ed.gov/docs/SchoolEOPChecklist_508C.pdf	
STOP THE BLEED®	https://www.stopthebleed.org/	
U.S. CDC: Access and Functional Needs Toolkit	https://www.cdc.gov/readiness/media/pdfs/CDC_Access_and_Functional_Needs_Toolkit_March2021.pdf	
U.S. CDC: Concussion Basics	https://www.cdc.gov/heads-up/about/index.html	
U.S. CDC: Concussion Checklist	https://www.cdc.gov/heads-up/media/pdfs/schools/TBI_schools_checklist_508-a.pdf	
U.S. CDC: How to Use Naloxone Nasal Spray	https://youtu.be/odlFtGNjmMQ	
Youth Mental Health First Aid Training	www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/	

References

- American Academy of Allergy Asthma & Immunology. (n.d.-a). Asthma overview. <https://www.aaaai.org/conditions-treatments/asthma/asthma-overview>
- American Academy of Allergy Asthma & Immunology. (n.d.-b). Anaphylaxis. <https://www.aaaai.org/conditions-treatments/allergies/anaphylaxis>
- American Academy of Pediatrics & Pediatric Education for Prehospital Professionals. (2021). Pediatric education for prehospital professionals (4th ed.). (S. Fuchs, & M. McEvoy, Eds.) Burlington, MA: World Headquarters.
- American Academy of Pediatrics. (2023). Managing infectious diseases in child care and schools (6 ed.). (T. Shope, & A. Hashikawa, Eds.) Itasca, IL: American Academy of Pediatrics.
- American Diabetes Association. (n.d.). Low blood glucose (Hypoglycemia). <https://diabetes.org/living-with-diabetes/hypoglycemia-low-blood-glucose>
- American Heart Association. (2025). 2025 American Heart Association Guidelines for CPR and ECC. Dallas, Texas. <https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines>
- American Heart Association and American Red Cross. (2024). 2024 American Heart Association and American Red Cross Guidelines for First Aid. <https://cpr.heart.org/en/resuscitation-science/2024-first-aid-guidelines>
- Epilepsy Foundation. (2024). Schools and seizure preparedness. <https://www.epilepsy.com/preparedness-safety/schools>
- James M. Callahan, S. B. (2023, 03). Access to critical health information for children during emergencies: Emergency information forms and beyond. *Pediatrics*, p. 151. doi:e2022060970. 10.1542/peds.2022-060970
- Maine Department of Education. (2023). Seizure and Epilepsy Resource Guide. https://www.maine.gov/doe/sites/maine.gov.doel/files/inline-files/FINAL%20Guidelines%20for%20Seizure%20Management_2.9.2023.pdf
- Maine Department of Education. (2024). Concussion management resource guide. <https://www.maine.gov/doe/sites/maine.gov.doel/files/inline-files/School%20Health%20Services%20-%20Concussion%20Management%20Resource%20Guide%20-%202010.8.2024.pdf>
- Maine Emergency Medical Services. (2024). Maine EMS: Prehospital treatment protocols. Prehospital Treatment Protocols. Augusta, ME. <https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/2023-Maine-EMS-Protocols-20240124.pdf>
- National Association of School Nurses. (2020a). Emergency resources, equipment, and supplies list for schools. https://higherlogicdownload.s3.amazonaws.com/NASN/8575d1b7-94ad-45ab-808e-d45019cc5c08/UploadedImages/PDFs/Practice%20Topic%20Resources/Emergency_Resources_Equipment_Supplies_list_for_Schools.pdf
- National Association of School Nurses. (2020b). Use of individualized healthcare plans to support school health services. <https://www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-ihps>
- National Association of School Nurses. (2021). Concussions: School-based management. <https://www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-concussions>
- National Association of School Nurses. (2022). NASN position statement: The behavioral health and wellness of students. <https://journals.sagepub.com/doi/10.1177/1942602X211066656>
- National Association of School Nurses. (2023). Allergy and anaphylaxis toolkit. <https://learn.nasn.org/courses/58035>
- National Association of School Nurses. (2024). Clinical practice guideline implementation toolkit: Students with asthma. Silver Spring, MD. <https://learn.nasn.org/courses/89761/documents/129298/download>
- Rani S. Gereige, M. F., & Toni Gross, M. M. (2022). Individual medical emergencies occurring at school. *Pediatrics*, 150(1). doi:e2022057987. 10.1542/peds.2022-057987
- SchoolNurse.com. (2024). Legal Resources (2nd ed.). (V. Taliaferro, & C. Resha, Eds.) Midlothian, VA: SchoolNurse.com.
- Shannon, R.A. & Yonkaitis, C.F. (Eds.). (2025). School nursing: A comprehensive text (4th ed.). F.A. Davis Company.
- Taliaferro, V., & Resha, C. (Eds.). (2020). School nurse resource manual: Evidence based guide to practice (10th ed.). Nashville, TN: School Health Alert.
- U.S. Centers for Disease Control and Prevention (CDC). (2021). Access and functional needs toolkit: Integrating a community partner network to inform risk communication strategies. Atlanta, Georgia: U.S. Department of Health and Human Services (HHS). https://www.cdc.gov/readiness/media/pdfs/CDC_Access_and_Functional_Needs_Toolkit_March2021.pdf
- U.S. Centers for Disease Control and Prevention. (2024a). Stop overdose: Lifesaving naloxone. <https://www.cdc.gov/stopoverdose/caring/naloxone.html>
- U.S. Centers for Disease Control and Prevention. (2024b). What to do after a tick bite. <https://www.cdc.gov/ticks/after-a-tick-bite/index.html>
- U.S. Centers for Disease Control and Prevention. (2024c). Winter weather: Preventing frostbite. <https://www.cdc.gov/winter-weather/prevention/preventing-frostbite.html>
- U.S. Centers for Disease Control and Prevention. (2025). Concussion basics. <https://www.cdc.gov/heads-up/about/index.html>
- U.S. Food and Drug Administration. (2024). FDA approves first nasal spray for treatment of anaphylaxis. <https://www.fda.gov/news-events/press-announcements/fda-approves-first-nasal-spray-treatment-anaphylaxis>



In partnership with:

