Program Overview

The purpose of the School Nurse Emergency Medical Services for Children Program is to reduce morbidity and mortality in children and youths who are injured or become ill at school. This 3-day workshop will be presented by a team of instructors and includes lectures, slides, and demonstrations/practice techniques to teach assessment, triage, and critical problem-solving scenarios with emergency medical services personnel. Training includes the role of the School Nurse in emergency planning.

Upon completion of the SNEMS-C program, school nurses should be able to:

◊ Use prioritized assessment skills recognized by EMS-C
◊ Provide a level of pre-hospital care that conforms with EMS-C protocols
◊ Develop a comprehensive school emergency plan with their schools and communities
◊ Develop specific intervention strategies for student with special needs
◊ Collect and analyze data on school related injuries to improve student health

“I'd like each nurse in my district to eventually take it…Great job, I feel more confident going back to school.”
School Nurse Emergency Medical Services for Children Program - Summer 2017

A program of UConn’s School of Nursing Continuing Education.

The program is approved for 18.25 continuing education units by the University of Connecticut.

“The UConn School of Nursing is an Approved Provider of Continuing Nursing Education by the Northeast Multi-State Division, an Accredited Approver and Provider by the authority of the American Nurses Credentialing Center’s Commission on Accreditation.”

Tuesday, August 15 - Thursday, August 17
UConn, Storrs CT Campus

Eligible Participants: This course is open to school nurses (full or part-time) or substitutes who are registered nurses. Registration is limited to forty participants and will be accepted on a first-come, first-served basis. Please Note: LPNs are not eligible to take this course.

Fee: $595 includes continental breakfast, refreshments, lunch, parking and an electronic manual on emergency care in schools (dinner and accommodations are not included). Deadline for payment 7/21/2017. Copy of PO required.


Questions?
For more information: Visit nursing.uconn.edu/snems or call (860) 486-0508

Cancellation/Refund Policy: If the cancellation request is received two (2) or more weeks prior to the start date, 100 percent will be refunded. No refunds will be given within 14 days of the start date. We reserve the right to cancel the conference 14 days prior to its start, in the case of low enrollment.

Day One
Registration and Morning Refreshments
Opening Remarks and Introductions
Overview of SNEMS-C Pilot Program
Planning for Emergencies in School - The School Nurse’s Role
Break
Legal Aspects of Emergency Care
Initial Assessment
Lunch
Mechanisms of Injury
Demonstration: Prioritized Assessment
Practice Assessment
Break
Triage with Scenarios
Trauma
Wrap-Up

Day Two
Trauma and Review Head-to-Toe Assessment
Respiratory Emergencies
Break
Neurological Emergencies
Lunch
Eye, Ear, Nose, and Throat and Dental
Environmental Emergencies
Break
Abdominal Emergencies
Demonstration/Practice Assessment
Wrap-Up

Day Three
Musculoskeletal Emergencies
Demonstration and Practice
Assessment/Splinting
Break
Psychobehavioral Emergencies
Medical Emergencies
Lunch
Emergency Medical Service State/Local
Emergency Transport (Ambulance and Equipment)/Triage Scenarios
Break
Developing the I.E.M.P
Open Forum: Problems and Options
Wrap-Up and Evaluation

Registration Form
School Nurse Emergency Medical Services for Children Program - Summer 2017

Name: ________________________________________________________________
(Name as it should appear on your certificate - Please print clearly)

RN License #: _______________________________________________________

Email Address (required) _____________________________________________

Daytime Phone: ( _______ ) _____________________________

Evening Phone: ( _______ ) _____________________________

Home Address: _______________________________________________________

City ___________________ State _____ Zip __________

Full School (Work) Address __________________________________________

City ___________________ State _____ Zip __________

Please let us know if you require special services or arrangements due to a disability, including dietary restrictions: ________________________________________________________________

☐ Dairy ☐ Gluten

☐ Vegan ☐ Other __________________

Location:
UConn School of Nursing
Widmer Wing, Storrs Hall
Storrs, CT

Method of Payment:

Registration Fee: $ 595 (includes continental breakfast, refreshments, lunch, parking and an electronic manual (dinner, and accommodation are not included).

Enclose a check or money order payable to: UConn School of Nursing

Complete registration form, enclose payment in full or copy of a PO and mail to:
University of Connecticut School of Nursing/Continuing Education
231 Glenbrook Road, U-4026
Storrs, CT 06269-4026
Attn: Joyce McSweeney