



New York State Association of School Nurses

in association with

New York State Education Department
New York State Nurses Association

Twenty-Second Annual School Nurse Orientation



August 23-27, 2010

The Lodge

Welch-Allyn Conference Center
Skaneateles, New York

School Nurse Orientation

2010 Objectives

Monday, August 23

9:00 - 10:00 A.M. Registration

10:00 A.M. - 4:30 P.M.

Prepare for the specialty practice of school nursing, highlighting the nurse as a member of the educational team.

- Conference Overview
- Standards of School Nursing Practice
- New York State Education Department, Student Support Services
- Record Keeping
- Immunizations

Thursday, August 26

8:15 A.M. - 4:30 P.M.

Understand state mandated health screening programs, including specific screening procedures.

- Screening Overview, Theory, and Practice
- Vision
- Hearing
- Scoliosis
- BMI

Tuesday, August 24

8:15 A.M. - 4:30 P.M.

Explore key issues in developing an effective school health services program.

- Physical Examinations
- Emergency Preparation
- Communicable Disease
- Medication Administration
- Child Protection

Friday, August 27

8:15 A.M. - 12:15 P.M.

Understand federal and state mandates related to students with special needs. Enhance assessment skills. Organize and manage the school health office.

- Otoscopic Examination
- Special Education Services: IEP/504
- Organization and Preparation

Wednesday August 25

8:15 A.M. - 4:30 P.M.

Heighten awareness of common illnesses and chronic diseases seen in the school health office. Understand legal issues confronting school nursing professionals: review appropriate, safe practices for school nurses and school districts.

- Diabetes
- Mental Health
- Asthma
- Anaphylaxis
- Legal Issues

This activity has been submitted to the New York State Nurses Association for approval to award contact hours. The New York State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Please Note: There are no family activities available at Welch Allyn Lodge; however, the village of Skaneateles is a popular summer destination, located on beautiful Skaneateles Lake.

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Faculty

O. JEANNE DOLLY, RN, BS, NCSN

*Nationally Certified School Nurse,
Indian River CSD*

CONSTANCE GRIFFIN, RN

School Nurse, Valley CSD

LINDA HAUBNER, RN, BSN, CFNP

Nurse Practitioner, Plattsburgh CSD

KAREN HOLLOWOOD, RN, BSN, MSED

*Associate in School Nursing
Student Support Services
NYS Education Department*

JUNE JANSSEN, RN

School Nurse, Southern Cayuga CSD

DIANE LIGHTFOOTE, BA, RN, NCSN

*Nationally Certified School Nurse,
Glens Falls CSD*

RITA MOLLOY, RN

School Nurse, Bayshore CSD

JANICE MC PHEE, RN, BSN, NCSN

*Nationally Certified School Nurse,
District Health Leader,
Ballston Spa CSD*

LAURENE O'BRIEN, RN, MS

*Nursing Associate to Executive Secretary
New York State Board for Nursing*

JOANNE REYNOLDS, RN

*District Nurse Coordinator,
Scotia-Glenville CSD*

SALLY SCHOESSLER, RN, SNT, MSED

*Executive Director,
Statewide School Health Services Center,
NYS Education Department*

CYNTHIA SHARPE, RN

School Nurse, Grand Island CSD

GAIL WOLD, RN, MS

*Coordinator,
Statewide School Health Services Center,
NYS Education Department*



School Nurse Orientation

is a professional development conference for registered professional nurses who are new to the specialty practice of school nursing. **Space is limited. Please register early.** Registrants will be accepted on a first-come, first-served basis. (Preference is given to school nurses with less than three years experience. If space is available, school nurses with more experience will be accepted. Notification of school nurses with more than three years experience will be held until after 7/17/10.)

Refund Policy: Refund of conference registration fee will be made only if notice of cancellation is received by **Registrar, Joanne Reynolds**, via email at jfrn78@nycap.rr.com **no later than August 7, 2010.** Leave an evening phone number please. There is a \$25.00 fee for all refund requests.

Accessibility: This program is being conducted at a facility which meets the accessibility needs of individuals with disabilities who will be attending this program. Please notify Registrar, Joanne Reynolds, prior to your arrival, if you have any special needs regarding accessibility.

If special accommodations, such as interpreters, large print, or Braille materials are needed, individuals should contact the New York State Education Department at (518) 474-0933.

For more information regarding conference objectives, contact Program Coordinators:

Linda Haubner RN, BSN, CFNP

(H) 518.563.6520 Email: lhaubner@plattscsd.org

Janice McPhee RN, BSN, NCSN

(H) 518.885.7435 Email: jmcphee1@nycap.rr.com

Conference Registration

Participation is limited to REGISTERED PROFESSIONAL NURSES. Space may be reserved by a school district rather than an individual if necessary. It is the responsibility of the school nurse applicant to be sure the school district business office has mailed all forms and fees to the correct address. Questions may be sent to the Conference Registrar, Joanne Reynolds, via email at jfrn78@nycap.rr.com, or by phone at 518-386-4312 (w) or 518-399-6778 (h).

Participants must attend the entire conference to receive a Certificate of Attendance



The Lodge at Welch-Allyn Conference Center

Fees: Conference Registration Fee includes ALL MATERIALS, 5 lunches and 2 breaks each day

BEFORE 7/24/10: **\$425.00**

AFTER 7/24/10: **\$455.00**

Payment in the form of personal check, money order or purchase order must accompany registration. We are unable to accept credit cards at this time.

Please make checks payable to NYSASN.

Mail Completed Registration Form and Payment to:
Joanne Reynolds, Registrar
7 Sherwood Lane
Burnt Hills, NY 12027

2010 School Nurse Orientation - Registration form

Name _____

Name as you would like it to appear on your badge _____

Home Address _____

City _____ State _____ Zip _____

County _____

School District _____

County _____

School Address _____

City _____ State _____ Zip _____

Telephone: Home (_____) _____ School (_____) _____

Home E-mail _____

School E-mail _____

Level:

- Preschool
- Elementary
- Middle School
- High School

Position:

- SN
- SNT
- CHN
- Supervisor
- Sub
- Other

Start Date as School Nurse ____/____/____ NYS RN License # _____

Specialty school nurse practice, if any (i.e., Special Ed.) _____

Previous experience as a nurse: Number of years _____

- Hospital
- OPD/Physician's office
- Pediatrics
- Med./Surgery
- Other

Payment Enclosed:

- Check
- Money Order
- Purchase Order

Amount Enclosed:

- \$425.00 BEFORE 7/24/10
- \$455.00 AFTER 7/24/10

Mail Completed Registration Form and Payment to:
Joanne Reynolds, Registrar, 7 Sherwood Lane. Burnt Hills, NY 12027

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Inn at the Finger Lakes
12 Seminary Avenue, Auburn, NY 13021
315-253-5000
www.innatthefingerlakes.com

HOTEL REGISTRATION INFORMATION

A block of rooms has been reserved at the Inn at the Finger Lakes. **Rooms will be held until 8/2/10. Reservations received after 8/2/10 will be provided based on availability.** Registration for lodging MUST be made directly with the hotel. **PLEASE NOTE:** The hotel is a 10 mile drive from the conference center. Car pooling arrangements will be coordinated as needed for travel between Holiday Inn and the Welch Allyn Lodge.

Rate Information:

Single Occupancy: \$74 per person per night

Double Occupancy: \$37 per person per night

Breakfast at the hotel is included in the room rate.

Roommates will be assigned by the hotel on an availability basis. Please note that we will do our best to match by the dates that you will be here. In the event that a roommate is not available the single rate will apply on any nights there is only one person in the room. All reservations must be guaranteed by a one night deposit, a credit card or a school voucher. Conference room rates are only available from August 22 to August 26. Tax exempt form is required at hotel check-in. Rooms fill quickly; please make your reservation as soon as possible.

Inn at the Finger Lakes
Reservation Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone # (_____) _____

Arrival Date ____/____/____

Departure Date ____/____/____

Rate Information:

Single Occupancy: \$74 per person per day

Double Occupancy: \$37 per person per day

I will be occupying a single room

I would like to be assigned a roommate

I would like to room with: _____

Amount of check or Voucher Number _____

OR (Credit card type):

VISA

American Express

MasterCard

Discover

Credit Card # _____

Exp. Date _____

Please return this portion of the form
By August 2, 2010 to:

INN AT THE FINGER LAKES
12 SEMINARY AVENUE, AUBURN, NEW YORK 13021
All reservations will be confirmed by mail.
If you have any questions, please call 315.253.5000.