

# SETT

## SCHOOL EMERGENCY TRIAGE TRAINING

A Program for School Nurses

Friday, August 10, 2018

8:00am - 4:00pm

(Registration 8:00am - 8:30am)

**Fairbanks North Star Borough School District Administration Center**

520 Fifth Ave.

Fairbanks, AK 99701

• **SETT Objectives (summarized):**

1. Describe the importance of preventative training for disaster planning, organizing, training, equipping, exercising and evaluating and taking corrective action prior to a school Mass Casualty Incident (MCI) event.
2. Lists skills and characteristics a school nurse would need to be an effective leader in mass casualty response in schools.

• **Description:**

SETT is an educational program developed by the National Association of School Nurses. Course materials include a SETT Participant manual and numerous resources to support school nursing practice as it relates to mass casualty events. A completed evaluation and full day attendance are required for 5.25 CNE contact hours to be awarded.

• **Registration:**

Form with complete payment (**checks only**) must be received by, **Friday, July 10, 2018**. No on-site registration will be available.

**\*\*NASN Member \$100**

**Non-member \$125**

Make checks payable to Fairbanks North Star Borough School District

Confirmation of registration will be sent via e-mail. You may contact **Lori Schneider** for questions at **907-452-2000 x 11253** or email at: [lori.schneider@k12northstar.org](mailto:lori.schneider@k12northstar.org)

**\*\*\*LUNCH WILL NOT BE PROVIDED**

*National Association of School Nurses is accredited with distinction as a provider of continuing nursing education by the American Nurses Association Credentialing Center's Commission on Accreditation.*



**Please detach this portion, complete, and return with payment to:**

**Fairbanks North Star Borough School District Nursing Services - ATTN: Lori Schneider, Director of Nursing Services, 520 Fifth Ave. Fairbanks, AK 99701**

Workshop participants will receive a SETT participant manual and 5.25 CNE Contact Hours

Name: \_\_\_\_\_ Licensure: RN ☐ Other: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email Address (REQUIRED): \_\_\_\_\_ Phone: \_\_\_\_\_