HARRISON COUNTY SCHOOL DISTRICT HEMOPHILIA EMERGENCY ACTION PLAN (NO PORT ACCESS)

Plan valid for one school year

Student Name: Do		ate of Birth:		Date of Plan:	
School: Grade:		Teacher:			
EMERGENCY CONTACTS:					
Parent/Guardian Name(s): Pho		Phone Number(Phone Number(s):		
Name/Relationship:		Phone Number:			
Healthcare Provider's Name:		Phone Number:			
Hospital:		Phone Number:			
PRECAUTION: NO CONTACT SPORTS & NO ACTIVITIES THAT PUT THE CHILD AT RISK FOR FALLING **CALL THE SCHOOL NURSE FOR <u>ANY</u> INJURY. IF THE NURSE IS UNAVAILABLE, PROCEED WITH BASIC FIRST AID**					
If the child: Has external bleeding from a cut, scrape, or laceration You should: Give first aid as you would with any other child: 1. Put on gloves 2. Clean area with soap & water 3. Apply firm pressure until bleeding stops 4. Apply a bandaid or dressing 5. For a deep laceration, call the school nurse. If nurse is unavailable, give first aid as above and call the parent/guardia to take the child to the emergency room.		If the child: 1. Informs you he/she is having a bleeding episode 2. Complains of tingling, bubbling pain, stiffness, or decreased motion in any limb or 3. Appears to have a swollen body part (usually a joint) or a body part that is hot to the touch or 4. Appears to be favoring an arm or leg more than usual or 5. Limps or refuses to use a limb You should: 1. Contact the parent or guardian 2. While waiting for parent/guardian, keep the child still to avoid further injury 3. You may apply an ice pack and elevate the body part			
If the child: Has oozing from a cut in the mouth or around the tooth You should: 1. Put on gloves 2. Apply ice compresses with firm, continuous pressure for 20 minutes 3. If no response, call parent or guardian		You should 1. (immediately		
If the child: Has a typical nose bleed You should: 1. Put on gloves 2. Position child sitting straight ahead with head upright 3. Firmly hold end of bleeding nostril closed until bleeding stops 4. If bleeding has not stopped after 20 minutes, call parent or guardian Healthcare Provider's Signature Date Parent Signature Date					

Date

School Nurse Signature