

A Resource for the Educator

Information for Teachers of Students with Hemophilia or Other Bleeding Disorders

THE ROAD TO SUCCESS IS PAVED WITH KNOWLEDGE AND UNDERSTANDING

The family should always maintain good communication with school personnel. Establishing a team approach to the overall management of the Students needs can help contribute to the students' academic and social success.

Hemophilia and other bleeding disorders are a chronic, inherited condition in which the gene to clot the blood, is either deficient or missing. The result can be prolonged bleeding. Current medical treatments, make it possible to control and sometimes even prevent bleeding episodes. Medications may need to administered intravenously or Intra-nasal, depending on the type of bleeding disorder and the severity.

You should be aware that a Student with a bleeding disorder may, in fact, have a bleeding episode at school. If this happens, the Student may need assistance. Bleeding episodes can occur spontaneously or after an injury. Discussion with the parents and the student can help establish a plan of care for emergency and non-emergency situations.

School Attendance

Students with Bleeding Disorders attend school regularly and miss days for routine ailments just like any other student. However, they may miss school for unscheduled Treatment Center visits, due to trauma from a bleeding episode. It is important that, when this happens, make up work be given to prevent the student from getting behind.

Physical Education

Contact sports are discouraged as there is a great risk for injury. Regular physical activity, however, is encouraged to promote good muscles, strong bones and an overall healthy body. If the Student has recently had a bleeding episode, physical activity may be restricted or limited and should be discussed with the teacher.

Confidentiality

The Student can choose to tell, or not tell, friends or classmates about his/her Bleeding Disorder. The Right and Responsibility belongs to the Student. Self-image is very important and the student will decide if and when it should be shared. This decision should be respected and the rights of privacy not violated.



What you should know

Students with bleeding disorders learn at a very young age, the symptoms of a bleeding episode. Most are not visible to the eye, so it is important to listen to how he or she feels so that treatment can be provided immediately.

FIRST AID FOR BLEEDING EPISODES

If the student:

- Complains of having pain or limited movement in an arm or leg
- Appears to favor or refuses to move limb
- Appears to have swelling or area is warm to the touch

The plan of care established with the family should be put in place and the student should be kept quiet and still to avoid any further injury. Ice packs should be applied and the limb elevated.

Cut, Scrape or Laceration

- Clean with antiseptic
- Apply pressure until the bleeding stops
- Apply sterile dressing
- Apply ice to area
- Call family if bleeding does not stop using above measures

Nosebleed

- Sit student upright
- Apply pressure using a cool compress, to bridge of the nose for 10-20 minutes
- Call family if bleeding does not stop using above measures

Mouth bleed

- Apply pressure to the site
- An ice cube or popsicle may help in constricting blood vessels in the inside of the mouth
- A wet tea bag may be applied to help stop a bleeding tooth or gum
- Cool water may be swirled in the mouth and gently spit out to remove blood
- Call family if bleeding does not stop using above measures

The Parents permission is required before you can give any over the counter medication. Contact the parents if you have any questions or concerns regarding the health and well-being of the student.



Important Contact Information

Students Name: _____

Bleeding Disorder Type: _____ Severity: _____

Parent(s) Name: _____

Students Home Address: _____

Home Phone: _____ Parents work phone: _____

Parents Cell: _____

Emergency Contact: _____ Phone: _____

Address: _____ Relation to Student: _____

Emergency Contact: _____ Phone: _____

Address: _____ Relation to Student: _____

Physician's Phone: _____ Nurse Contact: _____

Hospital: _____ Phone: _____

Address: _____

Allergies: _____

Other Comments: _____

