

PERSONAL **EMERGENCY PLAN**

When to go

Go to the **ER** if the patient...

- might have a head, neck or abdominal bleed (even without prior injury)
- has an uncontrollable nose bleed (more than 30 minutes)
- passes blood in the stool or vomits blood
- feels a lack of sensation in an arm or leg
- has any kind of unusual bleeding, such as in the groin
- has had an accident with trauma
- has uncontrollable vaginal bleeding
- is not on home infusion and you suspect a bleed
- is on home infusion but you can't access the vein.



Who to call

In case of **EMERGENCY** notify:

Hemophilia Treatment Centre (HTC)*

Name: _____

Address: _____

Phone - Weekdays: _____ Nights/Weekends: _____

Pager: _____

*Hemophilia Treatment Centres can also be known as **Bleeding Disorder Clinics** and **Comprehensive Hemophilia Care Centres**. To avoid confusion, be sure to write your centre's exact name.

Hemophilia Nurse Coordinator

Name: _____

Phone - Weekdays: _____ Nights/Weekends: _____

Pager: _____

Emergency Room (in the same hospital as the HTC)

Name: _____

Address: _____

Phone: _____

Local Hospital Emergency Room

Name: _____

Address: _____

Phone: _____

PERSONAL **EMERGENCY PLAN**

What to say

Give precise information about the patient:

Name of **patient** _____

Health card # _____ **Hospital card #** _____

Type of **bleeding disorder** _____

Severity _____ Inhibitor _____

Treatment product

Normal dosage _____ Dosage for minor bleeds _____

Dosage for major bleeds _____ Maximum dosage _____

Other medication(s)

_____ Normal dosage _____

_____ Normal dosage _____

Other complications

Remember

- Remain calm.
- Keep a pencil and paper beside the phone to write down instructions.
- Clearly explain the reason you are calling.
- Give the nurse/doctor all the details about the patient.
- Ask him/her to call the ER to say that you are on your way, and to provide medical instructions.
- If the patient is on home infusion, give factor therapy if you can before you go to the ER. (Take along the empty vials, boxes and package inserts.)
- Take along your **Emergency Pack**.





The **Canadian Hemophilia Society (CHS)** exists to improve the quality of life of persons with hemophilia and other inherited bleeding disorders and to find a cure.

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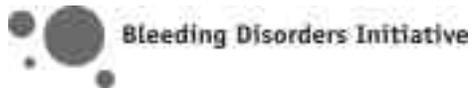
Web site: www.hemophilia.ca

The **CHS** consults qualified medical professionals before distributing any medical information. However, the **CHS** does not practice medicine and under no circumstances recommends particular treatments for specific individuals. In all cases, it is recommended that individuals consult a physician before pursuing any course of treatment.

The Emergency Room

PREPARE TO SUCCEED

A Guide to the ER
for Persons with Bleeding Disorders



Acknowledgments

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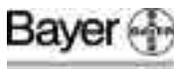
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PREPARE TO SUCCEED

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Introduction



Has this ever happened to you?

It's 10 o'clock at night. Your child with hemophilia fell earlier in the day and now he has awoken in tears. His ankle is swollen. You have no factor at home to infuse. You rush to the nearest hospital emergency room and sit in the waiting room and wait ... and wait ... and wait. When your child is finally examined, the ER doctor says, "I'm not sure your son's ankle is bleeding. I'll have to run some tests."

Or, does this sound familiar?

It's the middle of the night. You have Type 1 von Willebrand Disease and you are having a bad nosebleed. You are unable to control it at home and so you go to the ER. The waiting room is full and the triage nurse does not seem to think your nose bleed is serious. So you wait. You know you need an injection of desmopressin. When you finally see the ER physician, he/she prescribes packing and refuses to call the hematologist on call. The nose bleed continues.

Unfortunately, scenes like these have happened all too often to people with bleeding disorders, and not only to children. In the year 2000, the **Canadian Hemophilia Society (CHS)** approached the **Canadian Blood Services** for funding to assess the need for an educational program to improve emergency care for people with bleeding disorders. Focus groups with ER medical personnel and input from a CHS ER Advisory Group, composed of doctors, nurses, parents and patients, confirmed the need to develop a variety of educational resources.

Among the resources developed are the **FactorFirst** Treatment Card, a wallet-sized reference outlining treatments necessary for various bleeding disorders, with a section giving information on the person's specific condition; and this **Guide to the ER**.



Inspiration for this ER guide came from **Cathie Morris**, the mother of a child with severe factor VIII hemophilia and inhibitors, and a member of the **ER Advisory Group**. Cathie has experienced first hand the frustration and anxiety of trying to get timely and appropriate care for her son at the ER.

This guide contains practical suggestions on how to prepare for the ER and make things go more smoothly for you or your child. ER visits may be necessary from time to time, despite your best efforts to prevent injury. However, by being prepared and well informed about your bleeding disorder before ever stepping into the ER, you can pave the way to success.

Preparing for an EMERGENCY ROOM visit

Obtain and wear Medical ID such as MedicAlert.

This is a critical first step in identifying your bleeding disorder. Such identification may save your life if you are injured and unable to speak for yourself.

(See application in back pocket of this guide.)



Be knowledgeable!

Take control of your bleeding disorder. Know more about your personal care than anyone. Remember—these disorders are very rare. Many of the healthcare workers you meet will have little or no experience treating a person like you. You may know the signs and the seriousness of a bleed but you cannot assume the healthcare worker has the same understanding. If you want to receive effective treatment, you must be able to provide accurate, up-to-date information about you and your condition.

- **Know the invasive procedures** (for example, dental work, lumbar puncture, all types of surgery...) for which you need to be given treatment therapy beforehand.
- **Be familiar with your treatment product**, which medication works best for you, your dosage for minor and major bleeds, your maximum dosage (if there is one) and how you respond. For example, with a dose of 1000 units, you reach 40% of normal levels after 30 minutes, and still have 10% of normal after 24 hours. Know how to prepare your treatment product.



- **Assume a lifelong role as a teacher.** You will continually find yourself in situations in which you have to explain your condition. With such a rare disorder, you are your own best resource.

Fill out and carry your FactorFirst treatment card.

Keep it in a plastic wallet folder next to your health card (or paper clip it to your health card) so that it is visible in an emergency. Keep a second card in the pocket on the inside cover of this guide. Be sure to have your **HTC** staff review your card at each visit, and update it if necessary. (replacement stickers are available at your clinic)



Develop a Personal Emergency Plan.

Develop a **Personal Emergency Plan** with the staff at your Hemophilia Treatment Centre. This provides the phone numbers of people to be contacted during an emergency, 24 hours a day / 7 days a week. It also gives basic information about your bleeding disorder. Complete pages 1 and 2 at the front of the binder. (replacement pages are included at the back)

Also complete the coloured copies of the **Personal Emergency Plan** included in the front pocket of this binder, and keep them where you can find them quickly in an emergency—on the fridge, by the phone, in your car, or in your child's schoolbag. Be sure to update your Plan each year during your annual visit to the **HTC**.

Set up an emergency babysitting plan.

If you have children, set up in advance an emergency babysitting plan with a relative, friend or neighbour.

Preparing for an EMERGENCY ROOM visit

Visit your local ER.

If your local ER is in a different hospital than your **HTC**, ask your Nurse Coordinator to set up an appointment to meet with an ER staff person, such as the nurse in charge, before a crisis occurs. Bring along any educational materials you have, such as...

- your **FactorFirst** treatment card.
- this guide containing your **Personal Emergency Plan** and the manual entitled *Emergency Care for Patients with Hemophilia or VWD*.
- your treatment product including the package insert.

Ask questions about how the ER works and what you can do to receive prompt, effective treatment in an emergency. It may be possible to have a "flag" on your name on the computer system so that when you arrive at the ER and your name is entered, the staff is informed of your condition and directed to a chart about hemophilia/VWD.

Find out if your factor product is stocked in the Blood Bank

of the hospital or if the ER staff has rapid access to it. If you use desmopressin (DDAVP Injection, Octostim Injection, Octostim Spray), or anti-fibrinolytics (Cyklokapron, Amicar), ask if these medications are normally stocked in the hospital pharmacy. If they are not, discuss with the staff at your **HTC** the possibility of putting a small quantity of your factor product (or other medication) in the Blood Bank (or pharmacy) of your local hospital.

You must ensure that...



- the product is labelled for your use only.
- you replace the product well before it expires.
- you use the exchanged product to prevent waste.



Prepare an Emergency Pack.

Keep ready a cooler bag or backpack that contains everything you need to treat a bleed when you are away from home, or for an unexpected visit to the ER.

- Leave the pack somewhere handy and take it with you as you would your purse or car keys.
- Keep the pack in the front seat of the car with you where it will be visible and accessible in an emergency. (It's not much good to you stuck in a smashed-in trunk.)
- Place a label of some kind on the outside of the pack stating "**Emergency Medical Supplies and Information.**" That way, if you are ever in a car accident, emergency personnel will send the pack with you to the hospital.
- Don't forget the pack in the car if it contains factor products. You are responsible for protecting them from freezing and overheating!

Take this Emergency Pack with you:

- on long trips
- on day excursions
- any other place at a distance from home.

Preparing for an EMERGENCY ROOM visit

What to include in your Emergency Pack

Be sure your name, address and phone number are boldly displayed inside the pack just in case it is ever lost or for quick reference by emergency personnel.

In the pack, include...

- **This Guide**, containing your **FactorFirst** treatment card and your **Personal Emergency Plan** information and phone numbers.
- **An empty zip-lock bag** for your treatment product. Pop in the treatment product, along with a flexible ice pack, just before you leave.
- **Another zip-lock bag** already stocked with everything you need for an emergency infusion, including:

tourniquet	syringe
butterfly needles	gloves
saline	alcohol swabs
Emla cream	adhesive bandages
gauze dressings	adhesive tape
port needles*	betadine and heparin*

*if your child has a port

- **An Entertainment Pouch** filled with items to pass the time for you or your child, such as books, crayons, hand-held video games or a walkman. Be sure to include a child's favourite item such as a stuffed animal, and a small blanket or pillow.

- **A Utility Pouch** containing money for parking and snacks, and change for telephones. Other important items to include are pen and paper/notepad and a notebook with important phone numbers of the school, colleagues, relatives, neighbours and friends. Numbers that are normally familiar to you can be forgotten when you find yourself in a stressful situation.

- **A First Aid Pouch** containing tissues, acetaminophen, a thermometer, adhesive bandages, adhesive tape, tensor bandage, an instant cold pack, alcohol swabs, gauze dressings, anti-bacterial tissues and handwashing lotion.

- **A clean towel** that can be used as a surface on which to prepare treatment products or in which to wrap an ice pack, ice cubes or even snow to treat a bleed.



PREPARE TO SUCCEED

Before going to the ER

1 Follow the instructions in your **Personal Emergency Plan.**
(pages 1 and 2).

2 Call the contact person (nurse/doctor) identified in your **Personal Emergency Plan.**

Give the nurse/doctor details about you or your child:

- name
- health and hospital card numbers
- type of bleeding disorder
- severity
- type of bleed
- the treatment product used and current dosage
- the presence of an inhibitor or a port-a-cath
- other medication
- other complications.

Have a pen and paper ready to write down...

- the name of the nurse/doctor with whom you are speaking
- any instructions he/she gives with regard to treatment.

IMPORTANT

Ask the nurse/doctor at your **HTC**, or the hematologist on call, to phone ahead to the ER. This will let the ER staff know you are coming, and provide them with instructions on your treatment. If this is not possible, call ahead to the ER yourself.

3 Infuse first, before you go to the ER

If you feel that the emergency is not life threatening and you or your child are on home infusion, and able to access a vein quickly, infuse first before you go to the ER. Be sure to bring the empty factor vials, boxes and package inserts to the ER with you to show the physician which product you have infused.

IMPORTANT

If you are on home infusion and are having trouble accessing a vein, and your only option is to go to the ER, be sure to call ahead to your HTC and explain the situation. As your factor will already be mixed at this point, bring it along but also bring along the empty vials, boxes and package inserts. Also be sure to have your **FactorFirst treatment card and any other information describing your bleeding disorder.**

Many healthcare workers will not infuse anything they have not prepared themselves. Assure them that you are on home treatment—you only need someone to access a vein for you and then you will administer the product.

4 Bring along your **EMERGENCY PACK**.

Don't forget to pack your treatment product or other medication.

PREPARE TO SUCCEED

Who's who at the ER

It's crowded. You're nervous. The ER staff are working as best they can. Everyone there wants to be seen... now! Luckily, you're prepared... or are you?

Present your **FactorFirst** treatment card along with your **health card** and/or **hospital card** to the first person you meet at the ER. This may be the **Receptionist** or the **Triage Nurse**.

Receptionist/Registration Clerk

In some hospitals, this person does some **triage*** of patients. If you called ahead to the ER or your **HTC** or hematologist called ahead for you, inform the person of this.

*** Triage** – The evaluation of cases according to urgency, from most urgent to least urgent.

This person will record information such as your name, health or hospital card numbers, address, etc. If this is the first person you meet, show him/her your **FactorFirst** treatment card.

Make sure that your bleeding disorder is highlighted on your chart.

Triage Nurse

The **Triage Nurse** will ask you a few questions in order to assess your condition and determine how quickly you need to receive care. If the **Triage Nurse** feels your condition is urgent, she/he will send you directly for treatment, or she/he may send you to the waiting area.

Remember that at the ER, patients are not seen on a "first-come, first-served" basis. They are seen according to the urgency of their need for treatment.

If you are sent to the waiting room, ask the Triage nurse if he/she can give you an estimate of how long you can expect to wait before receiving treatment. If the answer is much longer than you are comfortable with, once again, contact your hematologist on call for a second opinion.

Be sure to give the **Triage Nurse** all the pertinent information with regard to your bleeding disorder such as...

- type of bleeding disorder
- severity
- type of bleed
- the treatment product you use and the current dosage
- the presence of an inhibitor or a port-a-cath
- other medication
- other complications.

Who's who at the ER

When talking to the ER staff...

Speak up and say exactly what your concerns are. You need to be precise about your condition and your concerns.

Make sure your bleeding disorder—for example, severe factor VIII deficiency hemophilia or Type I VWD—is clearly indicated on the triage form. It is not enough to simply write your symptoms—for example, a sore leg.

DON'T SAY:

"My son has fallen and hurt his elbow."

DO SAY:

"My son has severe hemophilia—factor VIII deficiency—and he is bleeding into his elbow joint. He will continue to bleed until he receives treatment. He needs to be seen and treated quickly with factor VIII."

If you feel that your condition is potentially life threatening, say so. Otherwise you could be sent to the waiting room to wait.

DON'T...

sit there worrying and feeling frustrated that you aren't being seen as quickly as you would like.

DO SPEAK UP AND SAY:

"I am bleeding. I may have had a miscarriage. I also have Type 2 von Willebrand Disease, a bleeding disorder. This could be life threatening. I must see a hematologist. He knows what treatment I need. This is urgent."

ER Nurse

The ER nurse may assess your or your child's condition, record vital signs (pulse, blood pressure, breathing, temperature) and provide basic treatment. She/he can answer any questions you may have and is the person to call on during your visit should you require any assistance.

Remember the nurse's name, and use it when speaking to him/her.

- Tell him/her of your **FactorFirst** rule and show him/her your **FactorFirst** treatment card.
- Make sure she/he knows the bleeding disorder you have, the type of bleed, the treatment product you use, and if you or your child has an inhibitor or a port-a-cath.
- State any concerns you have about your condition and treatment, such as the need for prompt infusion, the best needle size to use, and the easiest veins to access.
- Know how to calculate your factor dosage. Offer to prepare the factor for the nurse. Don't mix the factor without his/her consent, as he/she will probably want to be present to supervise. Generally, a nurse can only infuse medication that he/she has prepared or for which she has supervised the preparation.
- If the normal dosage is 500 units and the vial contains 1000 units, the ER staff may want to infuse only half. Refer them to your **Personal Emergency Plan** and your **FactorFirst** treatment card. For many treatment products, there is no "overdose." The entire vial should be infused.



PREPARE TO SUCCEED

Who's who at the ER

ER Doctor

The ER doctor will conduct an examination and determine what treatment is necessary.



- If you asked your **HTC** or hematologist on call to phone ahead to the ER, make sure the doctor is aware of this call. Make sure he/she reviews any instructions given by the hematologist about your treatment.
- Tell him/her of your **FactorFirst** rule and show him/her your **FactorFirst** treatment card. If necessary, inform the doctor of the need for prompt infusion to stop any bleeding **prior to doing any tests**.
- Make sure he/she knows the bleeding disorder you have, the type of bleed, the treatment product you use, and if you have an inhibitor or a port-a-cath.
- Make sure your treatment is fully explained to you. Don't be afraid to disagree if you feel that the treatment suggested is not the best one for your condition. Remember that you may be more informed with regard to your own bleeding disorder than either the ER doctor or the hematologist on call.
- If you feel you are not getting the right care, phone your **HTC** or the hematologist on call from the ER and explain the situation. (Hopefully you have packed that spare change in your **Emergency Pack!**)
- Remember to address the doctor by his/her name.

Stay calm.

The ER can be a noisy, hectic place. You may feel stress because of your or your child's condition. Staying calm can be difficult, but it is important. The ER staff will find it easier to understand you.

Listen.

Listen carefully to what the ER staff say so that you understand what they propose to do. Don't be afraid to ask them to explain if you're not sure you understand.

Speak up! Be assertive!

Tell the staff what you need and why you need it. State what the problem is and what concerns you have. If you don't understand something or disagree with a treatment, say so!

DO SAY: *"My son has had a bad fall on to his head. He has hemophilia and I'm concerned that he may be bleeding internally in his brain. He needs to be seen right away."*



DO SAY: *"My daughter has von Willebrand Disease. She is having her first period and is bleeding heavily. She has lost a lot of blood. She needs to be seen by a hematologist right away. Please call one now."*

DON'T... sit there worrying and feeling frustrated that you have to wait. The staff have probably heard of hemophilia or VWD before, but you can help them by reminding them that people with bleeding disorders suffer from prolonged bleeding if not given prompt, effective treatment.

PREPARE TO SUCCEED

Tips for succeeding at the ER

Be proactive when communicating with the ER staff.

Here are some examples of positive, proactive ways of communicating with the ER doctor.

DO SAY: *"Have you read my **FactorFirst** treatment card? It gives a really useful description of my bleeding disorder and the treatments that I need. The phone number for my Hemophilia Treatment Centre is also listed in there for you to call."*

DO SAY: *"I see that the hematologist on call has prescribed Octostim Nasal Spray for me but I find that the subcutaneous injections of Octostim Injectable work better for me."*

Be knowledgeable about your bleeding disorder.

ER staff cannot possibly know everything about your bleeding disorder. Provide information to the best of your ability.

DO SAY: *"VWD is an inherited bleeding disorder that affects both men and women. VWD patients have low levels of von Willebrand factor in their blood which results in prolonged bleeding. I am under the care of Dr. _____ at the _____ Hemophilia Treatment Centre. Here is the phone number. There is someone on duty who can advise you on my treatment."*

Repeat yourself, if necessary.

If you find you are not getting prompt treatment, approach the triage nurse again and calmly repeat your problem.

DO SAY: *"I have hemophilia and I am bleeding into the calf muscle of my leg. I need to be seen and receive treatment right away."*

DON'T SAY: *"Hey, I'm a hemophiliac here and I need to see a doctor right away. You can't keep making me wait."*



Be polite and courteous.

The healthcare professionals are trying to do their jobs to the best of their abilities. Remember that patients with bleeding disorders such as hemophilia and von Willebrand Disease are rarely seen in ERs. The person you meet may never have had the opportunity to treat anyone with your condition. It is unfair to expect them to know a lot about it.

PREPARE TO SUCCEED

Tips for succeeding at the ER

Focus on the problem, not the people.

You are there to receive treatment for a bleed—that is the problem at hand. If necessary, repeat to staff why you are there and why prompt treatment is important.

DO SAY: *"I need to receive prompt treatment for this knee bleed. If not, there could be serious damage to the joint."*

DON'T SAY: *"This is ridiculous how long I have been waiting here. What are you people doing back there? It's your job to provide treatment for me so where is it? I'm calling the hospital administrator about this."*



Use "I-statements," not "you-statements"

Don't tell staff what to do. It is more effective to focus on your own needs.

DO SAY: *"I understand that you are very busy but I have hemophilia and I am bleeding internally. I need to be seen and receive treatment with factor concentrates quickly."*

DON'T SAY: *"You have to infuse me now before you do any X-rays."*

Try rewording the request, using "I," to give the doctor useful information about your treatment.

DO SAY: *"What I have been taught by my hematologist is to give factor first to control any possible bleeding, then to do X-rays for further diagnosis."*

DO SAY: *"I am concerned that this is a bleed and I feel that my son needs an infusion right away to stop the bleeding before he undergoes any X-rays or tests."*

Be prepared for difficult situations.

At times you may find yourself in the difficult situation where medical staff fail to understand your need for prompt treatment. They may refuse to follow your advice. This can be very frustrating. Read the following statements, some of which may be familiar to people with bleeding disorders. Prepare responses to these statements in advance. If necessary, ask the Nurse Coordinator at your **HTC** for help in formulating responses. Then, if you are faced with these situations, you will be better able to answer.

PREPARE TO SUCCEED

Tips for succeeding at the ER

ER doctor: *"How do you know your son has hemophilia?"*

Your response: _____

ER doctor: *"I can't infuse this child until I have determined the cause of the bleeding. I'll need to order some blood work and a few X-rays first to be sure."*

Your response: _____

ER doctor: *"I think this bleed in your leg will just go away by itself over time. It's probably just a pulled muscle. I really don't see the need for any treatment now."*

Your response: _____

ER doctor: *"It's 3 a.m. I'm not going to call your clinic and get someone out of bed for advice. I'll just run some tests and we'll figure things out. Don't worry."*

Your response: _____

Hematologist on call: *"When you get to the ER, have them call me."*

Your response: _____

ER doctor: *"How can you have a bleeding disorder? You're a woman."*

Your response: _____

Phone your HTC again, if necessary.

If you feel you are not getting the right care, phone your **HTC** or the hematologist on call once again from the ER and explain the situation. (Don't forget to bring along a good supply of quarters just in case you need to make several calls.)

Tips for succeeding at the ER

Feel free to contact the Patient Advocate or Patient Representative of the hospital to discuss your concerns.

Call the local office of the **Canadian Hemophilia Society** to voice your concerns or to share stories of successful ER visits. (See the listings on pages 42 and 43.) Input from the bleeding disorders community is crucial in our efforts to promote better health care for our members.

Know your rights as a patient!

You have the right...

- to be treated in a respectful, courteous manner
- to participate in decisions with respect to your health care
- to be informed about any treatment proposed
- to consult with another person before you consent to any procedure
- to refuse to consent to treatment.



Say thank you!

Usually the ER staff will be attentive to your particular needs and your visit will go well. When you have received prompt treatment and the staff have listened to your concerns, remember to say **THANK YOU**.

DO SAY: *"Thank you so much for your care tonight. I really appreciate that you saw me quickly and that you listened to my ideas. You really did a great job."*

You may also want to call/write to the hospital and tell them about your visit and all the things the ER staff did right!



Remember! You need the ER staff to work with you!

Heading Home

Before you leave the ER...

Be sure you are given follow-up instructions detailing what you are to do after you leave the ER.

These instructions could be....

- what medication to take: when, how much, and possible side effects
- what follow-up treatment products are needed
- what signs or symptoms to look for indicating that the bleed has not stopped or has started again
- whom to contact for advice.



Make sure that all of your questions and concerns have been addressed, that you understand the follow-up instructions fully and that you agree with them. If you still have concerns, contact your **HTC** or the hematologist on call once again.



After a visit to the ER...

After a visit to the ER, call your **HTC** the next day. Let the staff know the details of your visit and follow-up instructions. Keeping them up to date allows them to better manage your bleeding disorder.

Conclusion

Many ER visits go extremely well. You are seen quickly, the staff listens to your concerns, treatment is prompt and effective, and you go home with appropriate follow-up instructions and the peace of mind that the problem has been taken care of.

On the other hand, you must be prepared for the times when treatment does not go so smoothly. You may be confronted with a long line-up, staff that may not understand your need for prompt care or that refuse to follow your advice.

So, what will you do?

Remember!

- Prepare in advance.
- Stay calm.
- Be assertive.
- Be knowledgeable.
- Show your **FactorFirst** treatment card.
- Show your **ER manual**, *Emergency Care for Patients with Hemophilia or VWD*.
- Call your **HTC** for assistance if necessary.



Prepare to SUCCEED!

The **Canadian Hemophilia Society** exists to improve the quality of life of persons with hemophilia and other inherited bleeding disorders and to find a cure.

For further information, please contact:



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Canadian Hemophilia Treatment Centres

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PERSONAL **EMERGENCY PLAN**

Extra copies

Extra copies of the **Personal Emergency Plan** are located here at the back of this binder, so you can update the information on your **Plan** each year during your annual visit to the **HTC**.

Additional copies of the **Personal Emergency Plan** can be obtained by contacting an office of the **Canadian Hemophilia Society**.