



Initial PAI

Updated PAI

Indefinite duration

Valid for

PAI - Individualised Support Plan HAEMOPHILIA



This interactive page requires Adobe Acrobat® Reader® version 8.1.3 or higher. The latest version of Adobe Acrobat Reader for all systems (Windows, Mac, etc.) can be downloaded for free on the [Adobe Systems Incorporated](http://www.adobe.com) website.

Your rights regarding your personal data:

The information about you collected from this form needs to be processed by the public administration concerned.

That information is kept by the administration in question for as long as it is required to achieve the purpose of the processing operation(s).

Your data will be shared with other public administrations that are necessary for the processing of your application. For details on which departments will have access to the data on this form, please contact the public administration you are filing your application with.

Under the terms of Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, you have the right to access, rectify or, where applicable, remove any information relating to you. You are also entitled to withdraw your consent at any time.

Additionally, unless the processing of your personal data is compulsory, you may, with legitimate reasons, oppose the processing of such data.

*If you wish to exercise these rights and/or obtain a record of the information held about you, please contact the **Ministry of Health**. If the contact details of the competent service are not indicated, you can contact the Data Protection Officer at the **Ministry of Health** by email at info_donnees@ms.etat.lu. You are also entitled to file a claim with the National Commission for Data Protection (Commission nationale pour la protection des données), headquartered at 1, Avenue du Rock'n'Roll, L-4361 Esch-sur-Alzette*

1. Input

Fields marked with an * are mandatory

Identity of the applicant

Photo

ONLY for School Medical Service:

Child's/Student's family name(s):*

Child's/Student's first name(s):*

Nat. identification number(matricule):*
(or date of birth if no id number)

Cycle / class:

School/SEA:*

Place/Location:*

Name(s) of legal
representative/parents:*

Address:*

Telephone:

Email address:

Child's/Student's family name(s):

Nat. identification number:



Initial PAI
 Updated PAI
 Indefinite duration
 Valid for /

Delegation of care

Fields marked with an * are mandatory

I,*

the undersigned, legal representative or adult student, request for my child or myself the implementing of an Individualised Support Plan (PAI) based on the medical prescription and emergency intervention protocol established by

Dr*

I authorise that this document be made known and applied by the people in charge of the student/child or myself : school, school health team, day care centre/SEA, SePAS.

It is my responsibility:

- to check the expiry date of medicines
- to replace them as soon as they reach the expiry date
- in the event of a change in the medical prescription, to inform the people responsible for the child/student and the school health team

Signature (mandatory)

Place:*

Date:*

Signature of legal representative or adult student:*

Prescribing physician

Name:*

Date:*

Signature:*

For the doctor at the National Health Directorate - Department for School Medicine and Health of Children and Young People

PAI received on:

forwarded to:

on:

Signature:



Initial PAI

Updated PAI

Indefinite duration

Valid for

 /

2. Supervisory staff

School health team	Name	Job title	Tel. no.
Headteachers	Name	Job title	Tel. no.
Supervisory staff at day-care centre	Name	Job title	Tel. no.
SePAS/ESEB	Name	Job title	Tel. no.
Others	Name	Job title	Tel. no.

3. Doctors treating the child

Family doctor (GP)	Name	Address	Tel. no.
Specialists	Name	Address	Tel. no.

4. Transmission of the PAI / Concertation meeting

Child's/Student's family name(s):

Nat. identification number:



Initial PAI
 Updated PAI
 Indefinite duration
 Valid for /

Information session:

Date:

Attendance list - People who have knowledge of the PAI

(give names and job titles of all people who have knowledge of the PAI)

Job title	Family name/First name	Signature	Date
Head teacher			
Educator			
Person in charge of the day-care centre			
Staff at day-care centre			
SEPAS			
ESEB			
Others			
Others			
Others			

For the School Health Team

A copy of the PAI has been handed to:

Date:

IMPORTANT: Instructions for staff responsible for the child/student:

- Please inform the school principals in basic/secondary education establishments, the teachers, the supervisory staff and the supply teachers of the existence of this document.
- Send a copy of this page to *Division de la Médecine scolaire* (by post to: 20 Rue de Bitbourg, L-1273 Luxembourg-Hamm, or by email to pai@ms.etat.lu) after the people concerned have read the PAI and their signatures have been obtained.

Child's/Student's family name(s):

Nat. identification number:



Initial PAI

Updated PAI

Indefinite duration

Valid for

5. Instructions

Child's/Student's type of haemophilia : A B

1. In the event of a risk of internal bleeding, such as head injury or abdominal trauma:

- Call the **SAMU** emergency service (112) immediately, then notify the parents.
- Apply ice to the impact area. If a lump appears on the skull, apply strong pressure with the palm of the hand for 10 minutes, then apply ice.

2. In the event of a minor injury that might cause a haematoma (increased muscle volume) or a haemarthrosis (increased joint volume):

- Apply pressure with the palm of the hand for 10 minutes, apply ice, and notify the parents.

3. For a cut or superficial skin wound:

- Disinfect using an alcohol-free product and apply pressure with a sterile compress for 10 minutes, then apply a dressing to keep the compress in place until the child can receive treatment.

4. For a substantial wound requiring stitches:

- Apply pressure locally using a dry compress, then phone the parents because each surgical act (such as stitching) must be preceded by an antihemophilic factor injection.

5. For a nosebleed:

- Sit the child down, wipe his/her nose, keep his/her head in the normal position and apply strong pressure to the nasal wing and nostril using your whole thumb for 10 minutes. Notify the parents if the bleeding has not stopped after 10 minutes.

6. For mouth wounds:

- Rinse the child's mouth with cold water, apply pressure using a dry compress for a few minutes (10 minutes if possible), and give him/her ice cubes to suck. Notify the parents.

IMPORTANT:

The **USE** of **ASPIRIN** and **NON-STEROID ANTI-INFLAMMATORIES** (Ibuprofen, Diclofenac, etc) is **CONTRA-INDICATED**.

For fever, the only medicine authorised is paracetamol (Dafalgan, etc). If the bleeding continues for more than 10 minutes or recurs, phone the parents.

Signature

Lieu* :

Le* :

Cachet et signature
du médecin*:

Child's/Student's family name(s):

Nat. identification number: