USA Health Comprehensive Sickle Cell Center

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Main Of ce (251) 470-5893 Fax (251) 470-5895

Research (251) 471-7703
Pedia tric Clinic (251) 405-5147
Adult Clinic (251) 470-5890
Community based

Community-based

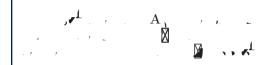
Program (251) 432-0301

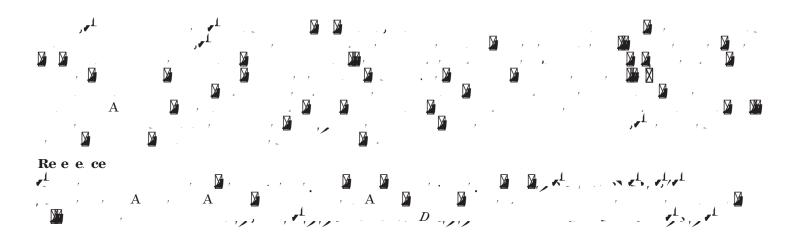
Transition Coordinator (251) 471-7714



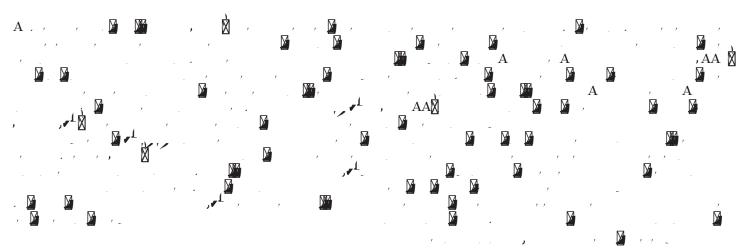
From the Director's Desk: Sickle Cell Disease During the Time of the COVID-19 Pandemic

Johnson Haynes, Jr. MD, Director University of South Alabama Comprehensive Sickle Cell Center

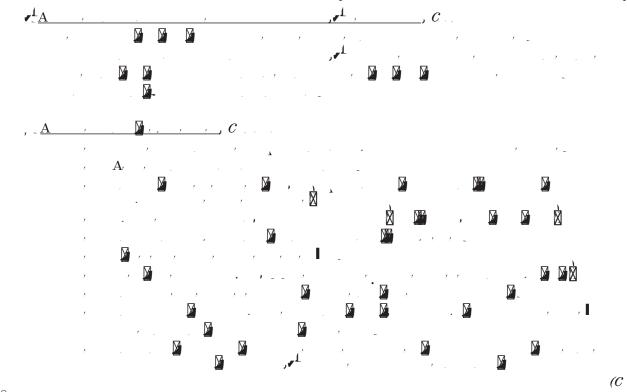




Children with Sickle Cell Disease: Return to School Guidelines in COVID-19 Pandemic



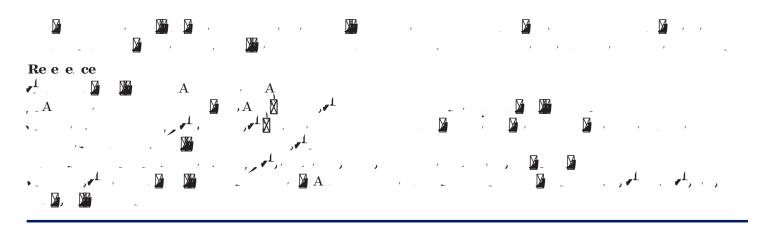
The checklist below should be used to determine if your child's school has the recommended safety measures in place.



If all your answers above are "yes", the school has implemented measures to reduce infection.

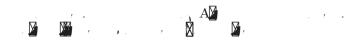
If any of your answers above are "no", ask the principal for clarification.

Consider asking for distance learning from home for your child.



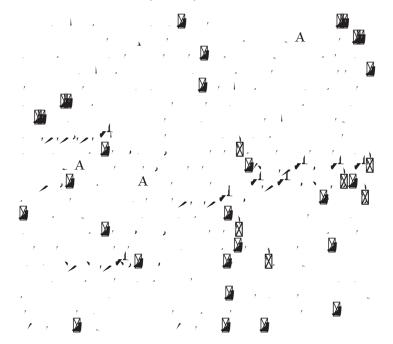
COVID-19 Impact on Clinical Research for Sickle Cell Disease at the University of South Alabama

Ardie Pack-Mabien, Ph.D., FNP-BC



Ready or Not, The Flu Season is Here!

Ardie Pack-Mabien, Ph.D., FNP-BC



Pediatric to Adult Care Transition Program: Reaching Beyond the Hospital during the COVID-19 Pandemic



The USA Health Comprehensive Sickle Cell Center is Proud to Announce its 2020 Graduates

Congratulations to our high school graduates:



Before	During	After
Know a safe place to shelter and have several ways to receive weather alerts, such as National Weather Service.		
Find out if your local public shelter is open, in case you need to evacuate your home and go there. Your shelter location may be di erent this year due to the COVID-19 pandemic.		
If you need to go to a disaster shelter, follow CDC recommendations for staying safe and healthy in a public disaster shelter during the COVID-19 pandemic.		
Prepare an emergency plan of action and communicate with your family.	Listen to your local radio and TV station for emergency and active weather information.	Stay away from down power lines.
Gather your homeowner, car, and health insurance information.		
Purchase a weather radio.		
Have at least one gallon of water per person in your household for 3-7 days.	Stay inside and away from windows.	 If the power is out, operate your portable generator with caution. Follow the owners' manual Make sure the generator is grounded and used in a dry area Never use a portable generator indoors
Have on hand non-perishable food for: • Each person, infants, and elderly persons with and without dietary restriction in the household for 3-7 days. • Manual can opener	If you must use a candle, don't leave candles unattended and keep away from the furniture in your home. Batteries are safer!	Do not walk, run, or drive through oodwaters.
Paper products Obtain a rst aid kit from your	Keep the refrigerator and freezer	Document damages to your
local store.	doors closed as much as possible.	property with pictures.
Obtain re lls on your medications from your local pharmacy.	Remove objects from the walls such as pictures and move furniture away from the door.	Be careful during clean up to avoid fallen power lines, debris, and dangerous animal (i.e. snakes).



I am a: (Please check all that apply)	q Friend	q Parent	q Grandparent	q USA Employee	q USA Alumni
Name(s):					
Address:					
City:			State:	Zip:	
Preferred Phone: () Email:				
I wish to make a gift to the U	Injugreity of S	Couth Alaham	a as follows:		
· ·	niivei sity or s	outii Alabaili	a as follows.		
Gift Purpose: (check all that apply)					
q I designate my gift to: <u>Dr. Cecil L</u>	. Parker, Jr. Sickle	e Cell Disease Dis	stinguished Lectureship Er	ndowment	
q This gift is in Honor/Memory (cir	cle one) of: Plea	se notify:			
q Please credit this gift to: q Me c	nly q My spous	e & me. My spou	se's FULL name:		
Please list my/our name as follows	:				
Gift or Pledge Amount:					
q I am making a one time gift of: S	5				
q I pledge \$ per month	to be deducted	from my Credit C	ard or Checking Account.		
Please continue monthly deduction	ns as follows:				
q Until I provide notif cation to Sto	p OR q Until	(month/	year)		
Gift Fulf Ilment:					
q My check is enclosed (please ma	ake checks paya	ble to <u>USA - Park</u>	ker Endowment Fund).		
q Electronic Funds Transfer: (pleas	e send VOIDED	CHECK with this fo	orm).		
q Please charge my Credit Card:(c	check one)	q Visa	q MasterCard	q Discover	q AmEx
Card Number	Exp	o. Date	Name on Card		
Matching Gift Information:					
q I work for		(0	company name) that has a c	orporate matching gift	program and will
match this gift (Obtain appropria	te forms from y	our HR departm	ent and mail to the USA	Of ce of Health Scienc	es Development).
Signature:				Date:	