

COMP CONTROL[®]

The Official KMIT Member Resource

Beating the Heat of Summer

Swimming, biking, barbecuing, and taking that "much needed" vacation. These are all activities associated with summer. What you may not associate with summer is fainting, heat exhaustion, heat cramps, heat rash, and even heat stroke. These are all illnesses related to heat stress and can, if ignored, be fatal. What is heat stress? Who is at risk? What can be done to prevent it?

Heat stress occurs when the body is unable to rid itself of excess heat, usually through perspiration and evaporation as it forces the body to work in overdrive to cool itself. The effects of extreme heat can undermine your physical well-being so slowly and subtly that the dangers are not apparent until it is too late. It is important to be able to recognize heat-related illnesses right away so that appropriate treatment may be applied or medical attention given.

The potential for heat stress increases when air temperatures and humidity are high, and when air movement is still. Heat stress affects people differently depending on age, weight, physical and medical condition, and degree of heat acclimation. Groups at high risk of developing heat stress include: the elderly, very young children, athletes, firefighters, and people who work outside, such as road crews or lawnkeepers.

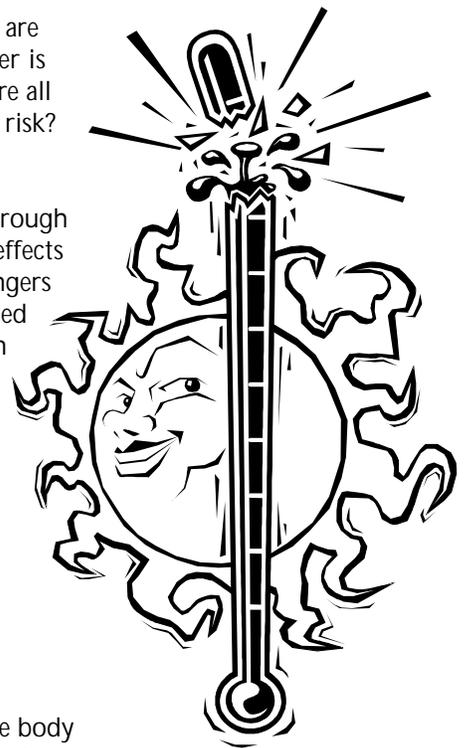
Listed below are a few common heat related illnesses, including symptoms and treatments.

Severe Sunburn—reduces the skin's ability to release excess heat, making the body more susceptible to heat-related illnesses. Severe sunburn can produce blistering, purple blotches, skin discoloration, chills, nausea, a 102 degree temperature or higher, fainting or dizziness. The best treatment for sunburn is to soak in a cool (not cold) bath.

Heat Cramps—are muscle pains and spasms caused by heavy exertion, which trigger a loss of water through heavy perspiration. To relieve heat cramps, press on cramping muscles or gently massage the area. Take sips of water unless nausea occurs.

Heat Exhaustion—is a mild form of shock marked by heavy sweating, weakness, cold and clammy skin, a weak pulse, fainting, and vomiting. To relieve heat exhaustion, rest in a cool place. Loosen clothing and apply cool, wet cloths. Continue taking sips of water unless nausea occurs. If vomiting occurs, seek medical attention. Heat exhaustion, if not treated, can lead to heat stroke.

Heat Stroke (Sunstroke)—occurs when the ability to sweat stops, and the body's temperature rises so high that brain damage and death may occur in less than ten minutes unless medical help is immediate. Signs of heat stroke can be a temperature above 103 degrees, hot, red or flushed skin, dry skin, rapid pulse, confusion, nausea, seizure or convulsions. Call 911 immediately for emergency medical services. Remove clothing, and use a cool sponge bath or fan to attempt to lower body temperature. **DO NOT GIVE FLUIDS!**





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Claims Adjuster
Insurance Management Associates

Paul Davis
Assistant Risk Control Manager
Risk Management Associates

CompControl is a publication of the League of Kansas Municipalities and the Kansas Municipal Insurance Trust for the purposes of educating and informing cities about loss control methods and risk management. If you have any questions concerning KMIT workers' compensation or risk management that you would like to see answered in this newsletter, please direct those inquiries to:

Kansas Municipal Insurance Trust
300 SW 8th Avenue
Topeka, KS 66603
Phone: (785) 354-9565
Fax: (785) 354-4186

Jennifer Findley Christie Carney
Editor Managing Editor

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Dear KMIT Members:

Recently, KMIT underwent its third actuarial study of the pool's loss history and its ability to maintain solvency. While the Kansas Insurance Department does not mandate these studies, your Board of Trustees believes that an annual analysis of this type is both prudent and wise.

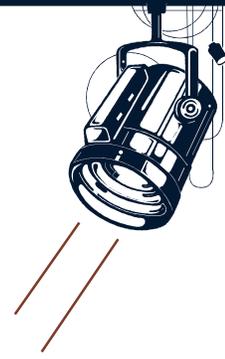
The results of the latest study completed last month were significant for the pool. As you know, Victoria Vanderhoof, KMIT Claims Manager, maintains very conservative reserves for each loss that occurs across our membership. She aggressively pays and closes claims as quickly as possible. In addition to these reserves, KMIT is required to maintain additional reserves known as "incurred but not reported (INBR)" in the event an employee unexpectedly files an injury claim.

Based on an analysis of IBNR reserves during our most recent actuarial study, the amount we are required to maintain has been reduced by nearly 50%! This reduction is a positive reflection of the outstanding results we have had during the past five years, including closing claims for the pool's first year of operation (1994).

I want to thank each member city for their efforts in helping KMIT continue to achieve remarkable accomplishments. Without the dedication and loyalty that has consistently been demonstrated by every KMIT member, it would not be possible to achieve such results.

Have a safe and productive summer!

Bernie Hayen
Pool Administrator



"Safe City" Spotlight on Wamego

The City of Wamego, a Dutch community known for its Old Dutch Mill and Tulip Festival, is located in the northeastern region of the state, north of Highway 24, in Pottawatomie County. Wamego is a city of the 2nd class and has a population of over 4,000. They have 37 full-time employees, 21 part-time employees, and 10 volunteers. Wamego was one of the first 13 cities to join the Kansas Municipal Insurance Trust when KMIT started operations in January 1994.

Ken Stein, Administrative/Planning Assistant, serves as the City of Wamego's Safety Manager. In his capacity as Safety Manager, Ken is responsible for completing accident investigation reports, creating monthly safety inspection committee reports, implementing loss control recommendations directly or through department heads, and updating loss control policies/programs or creating new ones to comply with State/OSHA requirements. He also coordinates employee protection programs such as hearing tests, CPR training, pulmonary function tests (for respirator use), confined space entry training, etc.

The Safety Manager, one department head and three at-large city employees sit on the City of Wamego's Safety Committee. This committee reviews accident reports for cause and prevention, reviews safety inspection reports, discusses unsafe locations and practices, develops safety policies, and recommends purchases of new safety equipment.

The City and Safety Committee each month focus on presenting a different safety policy to all city employees. Trenching and excavating, bloodborne pathogens, and hearing protection are a few of the safety areas that have been discussed.

In an effort to further improve its safety record, the City conducts inspections of each city facility two times a year and has purchased safety related equipment (e.g. eyewash stations, lockout/tagout equipment, trench box).

Prior to joining KMIT in 1994, the City of Wamego experienced an average of 15 injury incidents annually. Since 1994, injury incidents have dropped to an average of nine. As of the end of May 1999, the City had only reported one injury this year. According to Stein, there is a greater awareness of safety responsibilities among the employees as a result of implementing loss control policies.

The City of Wamego and the Safety Committee's goal is to continue their safety efforts by offering comprehensive employee training in all safety areas. Some areas of safety to be covered are respirator protection, right-to-know, and chainsaw safety. The City and Safety Committee strongly feels that the training sessions offer the awareness employees need to keep accidents and injuries at a minimum.

The City of Wamego has a compatible working relationship with all physicians connected with the city hospital, as well as local doctors. This relationship allows employees to enlist a physician of their choice, should they become injured or need treatment. All injured employees of the city are encouraged to return to work as soon as physically possible. If feasible, the city does offer temporary work with less strenuous tasks to injured employees. This program aids in giving employees added self-esteem and at the same time boosting employee moral.

KMIT proudly recognizes the City of Wamego as an outstanding contributor to workplace safety!

Beating the Heat of Summer

(continued from page 1)

Extreme Heat Occurrences 1980-1995

Dates	Affected Regions	Deaths
June-September 1980	East and Midwest	Est. 10,000 (in St. Louis alone)
June-August 1988	East and Midwest	Est. 5,000-10,000
July 1993	South and East	118 in Philadelphia alone, over a 3-week period
July 1995	Midwest and Northeast	Over 1,000 (465 in Chicago alone)

Note: Deaths include heat stress-related

Remember, extreme heat can cause more than discomfort, but can be prevented by following these suggestions:

- Wear lightweight, light-colored clothing to reflect the sun's energy.
- Slow down and, as much as possible, avoid strenuous outdoor activity during the hottest parts of the day.
- Cover all exposed skin with a high SPF sunscreen, and wear a wide brimmed hat to protect your face and head.
- When at all possible, stay inside or at least take frequent breaks out of the sun.

- Drink plenty of fluids: cool (not cold) water, iced tea, fruit juices, lemonade (if low in sugar and salt), and sports drinks. Avoid carbonated beverages (soda or pop) and alcoholic beverages.

Being prepared and following these simple suggestions is your best defense for beating the heat of summer.

Sources: American Red Cross and The Weather Channel

First-Aid Kits

What Should Be In Them



Minor scrapes, cuts, and bruises can happen anywhere and anytime—at home, work, or in the car. Be prepared for minor injuries by keeping a well-stocked first-aid kit handy. Whether you buy a pre-made kit or make your own, know how to use your first-aid kit supplies before you need them. Also remember that if you are planning a vacation, the farther from the beaten path you venture, the more prepared you should be for a medical emergency. So if you are headed for the great out-of-doors or just to work, always have a first-aid kit available that is designed for the type of environment you will be in. Replace items as they are used and check/replace any medicines that might have expired on a frequent basis.

The Essentials:

- A manual—comprehensive and easy to follow
- Basic bandages—adhesive bandages (assorted), athletic tape, moleskin
- Basic drugs/lotions—aspirin, antiseptic, antacid tablets
- Basic first-aid tools—tweezers, needle, a small unbreakable mirror, scissors, razor blade (or knife)

The Extras:

- Additional bandages—gauze pads (assorted sizes), ace bandages, butterfly bandages
- Additional drugs/lotions—burn ointment, skin lotion
- Additional first aid tools—sling, basic splint

Other Items to Consider:

- Alcohol swabs
- Antacid
- Antibacterial soap/cleanser
- Antihistamine
- Antiseptic ointment
- Bug repellent
- Bulb irrigating syringe
- Cotton swabs
- Chemical heat and cold pack
- Diarrhea medicine
- Hydrocortisone cream
- Latex gloves
- Moistened towelettes
- Petroleum jelly
- Safety pins
- Sunscreen
- Triangular bandage



Source: American Heart Association

Claims

1999 Frequency and Cost Analysis—Top 5 1/1/99 through 4/30/99

By Job Classification

Classification	Frequency	Claim Costs
Police Officers & Drivers	26	\$ 6,878
Waterworks Operators/Drivers	22	\$ 5,309
Street/Road Construction	19	\$ 23,684
Firefighters & Drivers	12	\$ 2,924
Landscape Gardening & Drivers	11	\$ 1,533

By Accident Type

Type	Frequency	Claim Costs
Strain or Injury by lifting, carrying, pushing, etc.	43	\$ 30,842
Falling or Slipping Injury	42	\$ 31,327
Struck or Injured by falling or flying object, etc.	17	\$ 1,609
Cut/Puncture/Scrape	14	\$ 1,855
Heat/Cold/Burn/Scald	4	\$ 1,153

By Part of Body

Part of Body	Frequency	Claim Costs
Low Back Area	28	\$ 11,085
Hand/Fingers	24	\$ 13,762
Knee	16	\$ 18,509
Eye(s)	14	\$ 1,314
Ankle/Foot	13	\$ 3,854

Number of Claims Reported

Monthly March 1, 1999 to March 31, 1999 — 39 claims reported
April 1, 1999 to April 30, 1999 — 39 claims reported

Year to Date January 1, 1999 to April 30, 1999 — 157 claims reported

Note—The above figures are based on claims reported as of 4/30/99. The figures are based on actual accident dates, not date reported. Amounts listed for claim costs are amounts incurred to date.

Your Pool in Action

Member Notes

Calendar of Events

June

- 18 KMIT Board Meeting, Abilene
- 25 Solution Session: Lockout/Tagout, Topeka
- 28 Solution Session: Hazard Communications/Accident Investigation, Wichita

July

- 30 Solution Session: Ergonomics, Topeka

August

- 2 Solution Session: Self Inspections, Wichita
- 27 KMIT Board Meeting
- 27 Solution Session: Confined Space Entry, Topeka
- 30 Solution Session: Bloodborne Pathogens, Wichita

September

- 24 Solution Session: Respiratory Protection, Topeka
- 27 Solution Session: Trenching & Excavation, Wichita

October

- 2 KMIT Golf Classic, Overland Park
- 3 KMIT Annual Meeting, Overland Park
- 29 Solution Session: Firefighter Training, Topeka

November

- 1 Solution Session: Firefighter Training, Wichita
- 12 Solution Session: Defensive Driving Course, Topeka
- 15 Solution Session: Defensive Driving Course, Wichita

Safety *success*

The following cities had not reported any claims in 1999 as of 4/30/99.

Altamont	Glasco	Montezuma
Andale	Glen Elder	Mound City
Basehor	Greeley	Olpe
Bel Aire	Grenola	Oskaloosa
Beverly	Holcomb	Ozawkie
Bird City	Hoxie	Princeton
Bison	Jetmore	Ransom
Brewster	Kinsley	Rose Hill
Centralia	Lenora	Sedgwick
Chautauqua	Lucas	Tescott
Cheney	Maize	Treece
Council Grove	McFarland	Turon
DeSoto	Medicine Lodge	Wakefield
Elkhart	Melvern	Walton
Esbon	Minneapolis	
Fowler	Moline	

K M I T

Revenues & Expenses
April 30, 1999

Combined Balance Sheet	
Cash in Bank	165,905
Premiums Outstanding	1,205
Investments	2,245,722
Total Assets	2,412,832
Claims Payable	(264,834)
Reserved for Losses	453,395
Incurred But Not Reported (IBNR)	1,344,007
Total Liabilities	1,532,568
KMIT Equity	880,264
Total Liabilities and Equity	2,412,832

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