



City Safe

A Guide To Assist In Training
Employees About:

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Summertime

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City Safe is a publication of the League of Kansas Municipalities and the Kansas Municipal Insurance Trust for the purpose of educating and informing cities about loss control methods and risk management. Contents herein are not intended to provide specific legal or medical advice. Readers should seek advice on specific concerns from a qualified professional.

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After reviewing the past few issues of *City Safe* and *Comp Control* it is clear that the weather has been a major topic. In the past six months, we have seen ice storms, snow storms, floods, tornados, and other wind damage in our communities. Kansas cities have been impacted anywhere from a little to devastation. Let's take a break from the weather and focus on a topic that may help keep a minor injury from becoming a major one: First Aid. Here are some common injuries and the appropriate First Aid actions. These, and more, are available at the Mayo Clinic website at www.mayoclinic.com.

Animal Bites

Domestic pets cause most animal bites. Dogs are more likely to bite than cats. Cat bites, however, are more likely to cause infection. Bites from nonimmunized domestic animals and wild animals carry the risk of rabies. Rabies is more common in raccoons, skunks, bats, foxes than in cats and dogs. Rabbits, squirrels, and other rodents rarely carry rabies. If an animal bites you or your child, follow these guidelines:

- **For minor wounds.** If the bite barely breaks the skin and there is no danger of rabies, treat it as a minor wound. Wash the wound thoroughly with soap and water. Apply an antibiotic cream to prevent infection and cover the bite with a clean bandage.
- **For deep wounds.** If the animal bite creates a deep puncture of the skin or the skin is badly torn and bleeding, apply pressure with a clean, dry cloth to stop the bleeding and see your doctor.
- **For infection.** If you notice signs of infection such as swelling, redness, increased pain or oozing, see your doctor immediately.
- **For suspected rabies.** If you suspect the bite was caused by an animal that might carry rabies — any bite from a wild or domestic animal of unknown immunization status — see your doctor immediately.

Doctors recommend getting a tetanus shot every 10 years. If your last one was more than five years ago and your wound is deep or dirty, your doctor may recommend a booster. You should have the booster within 48 hours of the injury.

Cuts and Scrapes

Minor cuts and scrapes usually don't require a trip to the emergency room. Yet proper care is essential to avoid infection or other complications. These guidelines can help you care for simple wounds:

- 1. Stop the bleeding.** Minor cuts and scrapes usually stop bleeding on their own. If they don't, apply gentle pressure with a clean cloth or bandage. Hold the pressure continuously for 20 to 30 minutes. Don't keep checking to see if the bleeding has stopped because this may damage or dislodge the fresh clot that's forming and cause bleeding to resume. If the blood spurts or continues to flow after continuous pressure, seek medical assistance.
- 2. Clean the wound.** Rinse out the wound with clear water. Soap can irritate the wound, so try to keep it out of the actual wound. If dirt or debris remains in the wound after washing, use tweezers, cleaned with alcohol, to remove the particles. If debris remains embedded in the wound after cleaning, see your doctor. Thorough wound cleaning reduces the risk of tetanus. To clean the area around the wound, use soap and a washcloth. There's no need to use hydrogen peroxide, iodine, or an iodine-containing cleanser. These substances irritate living cells. If you choose to use them, don't apply them directly on the wound.
- 3. Apply an antibiotic.** After you clean the wound, apply a thin layer of an antibiotic cream or ointment such as Neosporin or Polysporin to help keep the surface moist. The products don't make the wound heal faster, but they can discourage infection and allow your body's healing process to close the wound more efficiently. Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.
- 4. Cover the wound.** Bandages can help keep the wound clean and keep harmful bacteria out. After the wound has healed enough to make infection unlikely, exposure to the air will speed wound healing.
- 5. Change the dressing.** Change the dressing at least daily or whenever it becomes wet or dirty. If you're allergic to the adhesive used in most bandages, switch to adhesive-free dressings or sterile gauze held in place with paper tape, gauze roll, or a loosely applied elastic bandage. These supplies generally are available at pharmacies.
- 6. Get stitches for deep wounds.** A wound that cuts deeply through the skin or is gaping or jagged-edged and has fat or muscle protruding usually requires stitches. A strip or two of surgical tape may hold a minor cut together, but if you can't easily close the mouth of the wound, see your doctor as soon as possible. Proper closure within a few hours minimizes the risk of infection.
- 7. Watch for signs of infection.** See your doctor if the wound isn't healing or you notice any redness, drainage, warmth, or swelling.
- 8. Get a tetanus shot.** Doctors recommend you get a tetanus shot every 10 years. If your wound is deep or dirty and your last shot was more than five years ago, your doctor may recommend a tetanus shot booster. Get the booster within 48 hours of the injury.

Heat Exhaustion

Heat exhaustion is one of the heat-related syndromes, which range in severity from mild heat cramps to heat exhaustion to potentially life-threatening heatstroke.

Signs and symptoms of heat exhaustion often begin suddenly, sometimes after excessive exercise, heavy perspiration and inadequate fluid intake. Signs and symptoms resemble those of shock and may include:

- Feeling faint
- Nausea
- Heavy sweating

- Ashen appearance
- Rapid, weak heartbeat
- Low blood pressure
- Cool, moist skin
- Low-grade fever

If you suspect heat exhaustion:

- Get the person out of the sun and into a shady or air-conditioned location.
- Lay the person down and elevate the legs and feet slightly.
- Loosen or remove the person’s clothing.
- Have the person drink cool water, not iced, or a sports drink containing electrolytes.
- Cool the person by spraying or sponging him or her with cool water and fanning.
- Monitor the person carefully. Heat exhaustion can quickly become heatstroke. If fever is greater than 102F, fainting, confusion, or seizures occur, dial 911 or call for emergency medical assistance.



Spider Bites

Only a few spiders are dangerous to humans. Two that are present in the contiguous United States and more common in the Southern states are the black widow spider and the brown recluse spider. Both prefer warm climates and dark, dry places where flies are plentiful. They often live in dry, littered, undisturbed areas, such as closets, woodpiles, and under sinks.

Black widow spider: The female black widow gives the more serious bite, but a black widow spider bite is rarely lethal. You can identify this spider by the red hourglass marking on its belly. The bite feels like a pinprick. You may not even know you’ve been bitten. At first you may notice only slight swelling and faint red marks. Within a few hours, though, intense pain and stiffness begin. Other signs and symptoms of a black widow spider bite include:

- Chills
- Fever
- Nausea
- Severe abdominal pain

Brown recluse spider: You can identify this spider by the violin-shaped marking on its top. The bite produces a mild stinging, followed by local redness and intense pain within eight hours. A fluid-filled blister forms at the site and then sloughs off to leave a deep, enlarging ulcer. Reactions from a brown recluse spider bite vary from a mild fever and rash to nausea and listlessness. On rare occasions death results, more often in children.

If bitten by a spider: Clean the site of the spider bite well with soap and water. Apply a cool compress over the spider bite location. Aspirin or acetaminophen (Tylenol, others) may be used to relieve minor signs and symptoms in adults. Don’t give aspirin to children. Give children acetaminophen instead. Treatment in a medical facility may be necessary for children under six years old and for adults with severe signs and symptoms.

If bitten by a brown recluse or black widow spider:

- 1. If possible, make a positive identification.** If the spider bite is on an arm or a leg, tie a snug bandage above the bite to help slow or halt the venom's spread. Ensure that the bandage is not so tight as to cut off circulation in the arm or the leg.
- 2. Use a cold cloth at the spider bite location.** Apply a cloth dampened with cold water or filled with ice.
- 3. Seek immediate medical attention.** Treatment for the bite of a black widow may require an anti-venom medication. Doctors may treat a brown recluse spider bite with corticosteroids.

Insect Bites and Stings

Signs and symptoms of an insect bite result from the injection of venom or other substances into your skin. The venom triggers an allergic reaction. The severity of your reaction depends on your sensitivity to the insect venom or substance.

Most reactions to insect bites are mild, causing little more than an annoying itching or stinging sensation and mild swelling that disappears within a day or so. A delayed reaction may cause fever, hives, painful joints, and swollen glands. You might experience both the immediate and the delayed reactions from the same insect bite or sting. Only a small percentage of people develop severe reactions (anaphylaxis) to insect venom. Signs and symptoms of a severe reaction include facial swelling, difficulty breathing, and shock.

Bites from bees, wasps, hornets, yellow jackets, and fire ants are typically the most troublesome. Bites from mosquitoes, ticks, biting flies, and some spiders also can cause reactions, but these are generally milder.

For mild reactions:

- Move to a safe area to avoid more stings.
- Scrape or brush off the stinger with a straight-edged object, such as a credit card or the back of a knife. Wash the affected area with soap and water. Don't try to pull out the stinger; doing so may release more venom.
- To reduce pain and swelling, apply a cold pack or cloth filled with ice.
- Apply 0.5% or 1% hydrocortisone cream, calamine lotion, or a baking soda paste — with a ratio of three teaspoons baking soda to one teaspoon water — to the bite or sting several times a day until your symptoms subside.
- Take an antihistamine containing diphenhydramine (Benadryl, Tylenol Severe Allergy) or chlorpheniramine maleate (Chlor-Trimeton, Teldrin).

Allergic reactions may include mild nausea and intestinal cramps, diarrhea, or swelling larger than two inches in diameter at the site. See your doctor promptly if you experience any of these signs and symptoms.

For severe reactions:

Severe reactions may progress rapidly. Dial 911 or call for emergency medical assistance if the following signs or symptoms occur:

- Difficulty breathing
- Swelling of your lips or throat
- Faintness
- Dizziness
- Confusion
- Rapid heartbeat
- Hives
- Nausea, cramps, and vomiting

Take these actions immediately while waiting with an affected person for medical help:

1. Check for special medications that the person might be carrying to treat an allergic attack, such as an auto-injector of epinephrine (for example, EpiPen). Administer the drug as directed — usually by pressing the auto-injector against the person’s thigh and holding it in place for several seconds. Massage the injection site for 10 seconds to enhance absorption.
2. After administering epinephrine, have the person take an antihistamine pill if he or she is able to do so without choking.
3. Have the person lie still on his or her back with feet higher than the head.
4. Loosen tight clothing and cover the person with a blanket. Don’t give the person anything to drink.
5. If there’s vomiting or bleeding from the mouth, turn the person on his or her side to prevent choking.
6. If there are no signs of circulation (breathing, coughing, or movement), begin CPR.

If your doctor has prescribed an auto-injector of epinephrine, read the instructions before a problem develops and also have your household members read them.

Sprains

Your ligaments are tough, elastic-like bands that are attached to your bones and hold your joints in place. A sprain is an injury to a ligament caused by excessive stretching. The ligament can have tears in it, or it can be completely torn apart.

Sprains occur most often in your ankles, knees, or the arches of your feet. Sprained ligaments swell rapidly and are painful. Generally, the greater the pain, the more severe the injury. For most minor sprains, you can probably treat the injury yourself.

Follow the instructions for P.R.I.C.E.

1. **Protect** the injured limb from further injury by not using the joint. You can do this using anything from splints to crutches.

2. **Rest** the injured limb. But don't avoid all activity. Even with an ankle sprain, you can usually still exercise other muscles to prevent deconditioning. For example, you can use an exercise bicycle, working both your arms and the uninjured leg while resting the injured ankle on another part of the bike. That way you still get three-limb exercise to keep up your cardiovascular conditioning.
3. **Ice** the area. Using a cold pack, a slush bath, or a compression sleeve filled with cold water will limit swelling after an injury. Try to apply ice as soon as possible after the injury. If you use ice, be careful not to use it for too long, as this could cause tissue damage.
4. **Compress** the area with an elastic wrap or bandage. Compressive wraps or sleeves made from elastic or neoprene are best.
5. **Elevate** the injured limb whenever possible to help prevent or limit swelling.

Call for emergency medical assistance if:

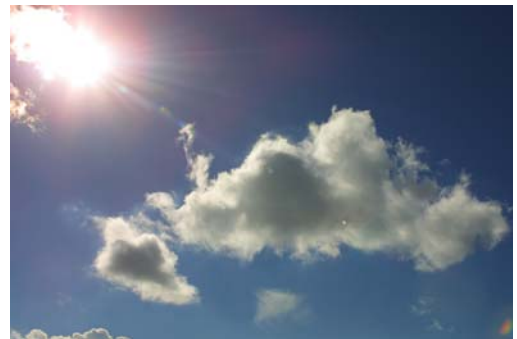
- You heard a popping sound when your joint was injured, or you can't use the joint. This may mean the ligament was completely torn apart. On the way to the doctor, apply a cold pack.
- You have a fever, and the area is red and hot. You may have an infection.
- You have a severe sprain. Inadequate or delayed treatment may cause long-term joint instability or chronic pain.
- You aren't improving after the first two or three days.

Sunburn

Signs and symptoms of sunburn usually appear within a few hours of exposure, bringing pain, redness, swelling, and occasional blistering. Because exposure often affects a large area of your skin, sunburn can cause headache, fever, and fatigue.

If you have a sunburn:

- Take a cool bath or shower.
- Apply an aloe vera lotion several times a day.
- Leave blisters intact to speed healing and avoid infection.
- If needed, take an over-the-counter pain reliever such as aspirin, ibuprofen (Advil, Motrin, others), naproxen (Aleve) or acetaminophen (Tylenol, others). Don't give children or teenagers aspirin. It may cause Reye's syndrome, a rare, but potentially fatal, disease.



If your sunburn begins to blister or if you experience immediate complications, such as rash, itching, or fever, see your doctor.

Have a safe summer!

KMIT Injury ‘Hotline’

In order to provide our member cities with the superior customer service you have come to expect from KMIT, we have changed the phone number for the **Injury Care Line**. The new number is toll-free, **1-866-931-0160**. Please make a note of this new number, and *make sure all supervisors are aware of the new phone number*.

The Injury Care Line is a hotline staffed 24-hours-a-day/7-days-a-week by registered nurses, who stand ready to assist you in triaging your workplace injuries, and in making decisions about whether an employee needs to go to the emergency room or can wait until morning to see the city’s **designated physician**. Additionally, in cases of serious injury, the hotline nurses can assist with coordinating care and communication with the injured worker’s family members, city staff, and the IMA claims adjuster.

Please remember that this ‘hotline’ is **not an injury reporting line**. Even if you have contacted the Injury Care Line, *you will still need to complete an accident report form to submit to IMA to initiate the claim*. This is a valuable tool in helping you to manage your claims effectively, and to get IMA staff involved promptly even after hours or on weekends.

If you have any questions about the KMIT Injury Care Line, please contact our KMIT Claims Adjuster, Victoria Vanderhoof (victoria.vanderhoof@imacorp.com).

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