



Features

In the U.S. approximately 750,000 individuals experience a stroke each year, with 160,00 not surviving. A more astounding fact is that about 5 million individuals in the U.S. have survived strokes. Thus prompt emergency procedures and prevention are keys to reducing this third leading cause of death and leading cause of adult disabilities in the U.S. This issue is designed to increase awareness of recognition signs, risk factors, and emergency procedures for strokes or as the National Stroke Association labels it—a “brain attack”.

Inside this issue:

<i>Stroke</i>	2
<i>What is it</i>	2
<i>Risk Factors</i>	2
<i>Emergency Care</i>	3
<i>Enforcement</i>	3
<i>For Additional Info</i>	3
<i>Stroke Belt</i>	4
<i>How to jump start</i>	

What is the Office of Risk Management

ORM is the Property and Casualty and Worker’s Compensation Insurance for all state departments, agencies, boards and commissions. This includes coverage for employee bonds, crime, automobile liability and physical damage, comprehensive general liability, personal injury liability, boiler and machinery, medical malpractice, road hazards and miscellaneous tort coverage for those claims otherwise not covered. In order to be fully covered, we must comply with the ORM Safety and Risk Management programs and policies.

In conjunction with requirements by our state safety carrier, the Office of Risk Management, safety meetings will be held twice each semester. Attendance is mandatory for all full time faculty, staff, adjuncts and student workers. Attendance will be measured by written acknowledgement, through paper format, email, or web-based.

Reminder: Safety Meetings are to be held twice per semester

Safety Meeting Acknowledgments are due to your Safety Rep by April 13

Next Safety Meeting: Fall 2007



Campus Safety Representatives

- College of Business John A. Vassar
- College of Science Jim Ingold
- College of Education and Human Development Timothy P. Winter
- College of Liberal Arts Stacey Martino
- Continuing Education Tisha Taylor
- Student Affairs Joseph Pearson
- Academic Affairs and Chancellor’s Office Betty Taylor
- Business Affairs DeAnn Arnold
- Development Dolly Salter
- Library Kirk Fontenot

STROKE/BRAIN ATTACK

What it is

A stroke is a disruption of blood supply to a part of the brain. Other common names include cerebrovascular accident (CVA) or “brain attack”. The most frequent cause being a blockage of blood supply typically a blood clot, called thrombus or embolus. A stroke can also be caused by a ruptured artery bleeding into the brain (aneurysm) which can be the result of physical head trauma or high blood pressure. Strokes can also be the direct result of atherosclerosis or fat deposits lining arteries.

“Mini-strokes” medically titled, Transient Ischemic Attack (TIA), is the result of a temporary disruption of blood flow to the brain. The signs or symptoms of TIA typically disappear in a few minutes or hours. Emergency attention to the mini-strokes should be treated just like a stroke. Chances of a stroke occurring in individuals who have experience mini-strokes are higher.

**See adjacent box for ‘Signs of a Stroke’*

Risk Factors

Some risk factors for stroke are beyond your direct control such as diabetes, heart disease, previous TIA, age, family history of stroke, and even gender. Some risk factors you CAN control to some degree. Have your blood pressure checked regularly, if overweight try to lose weight by practicing a better diet plan, exercise, manage your stress better. Smoking has been found to increase blood pressure and has a tendency to make blood more likely to clot. Diabetes is of concern because the condition has been known to cause capillary and blood vessels damage. If you have diabetes follow your physician’s recommendations for management. If you notice early signs including TIA, make sure you share that information with your physician.



Signs of a Stroke

- Feeling ill
- Display of abnormal behavior
- Sudden weakness (typically on one side of the body)
- Numbness in face, arm or leg (typically on one side of the body)
- Difficulty with speech
- Difficulty understanding simple statement
- Dimness or blurred vision
- Sudden severe headache
- Sudden dizziness
- Ringings in the ears
- Unequal pupil size

Preventive Measures Summary

- Control your Blood Pressure
- Do not smoke
- Maintain a healthy diet
- Exercise
- Control your diabetes

A special Thank You to Dr. Timothy Winter and Mary Hawkins’ Community Health Program for the preparation of this newsletter

Emergency Care for Brain Attack & TIA

Contact Campus Police #999, after hours 9-455-5497

Call 9-1-1 if needed

Check for vital signs

If unconscious:

Make sure their air-way is open.

If there is fluid/vomit in their mouth,
place them on their side for drainage.

If possible position them with the paralyzed side down.

Stay with the victim and monitor breathing and pulse.

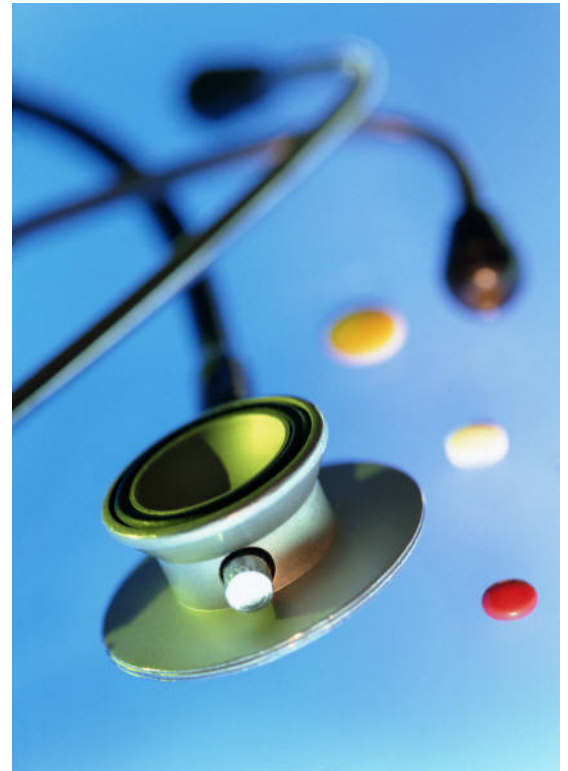
If conscious:

Often the victim may not understand what has occurred thus comfort and assure.

Have the victim rest in a comfortable position.

DO NOT give them any food or drink!

Try to communicate with them. If unable to speak use some nonverbal signals such as eye blinking or hand squeezing for Yes/No.



Why "Brain Attack" vs. Stroke?

The National Stroke Association began advocating the use of the term phrase "brain attack" to reflect the delicacy of the brain but more importantly to express urgent need to take emergency action promptly similar to practices for "heart attack".

For additional information

On Mini-Stroke TIA Visit:

<http://www.ninds.nih.gov/disorders/tia/tia.htm>

<http://www.ecureme.com/emyhealth/data/Mini-stroke.asp>

On Stroke CVA Visit:

<http://homepages.wmich.edu/~eroth/mus290/Lectures/Stroke.html> (PowerPoint Presentation)

<http://www.stroke.org/site/PageServer?pagenam=SAM>

American Red Cross. (2005). *First Aid: Responding to Emergencies* (4th ed.)

Remember: University Police Department at #999; after hours 9-455-5497

“Stroke Belt”

The southeastern section of the U.S. in addition to Washington D.C., Indiana and Kentucky have “brain attacks” at a rate 10% higher than the rest of the country. Some of the factors believed to contribute to this significant difference in incident rate include: a higher than average population of older adults, dietary factors, and a higher than average population of African Americans.

(NSA. (2003). *National Stroke Association’s Complete Guide to Stroke*, pg.6)

HOW TO JUMP START A VEHICLE

1. Make sure both batteries are on the same voltage.
2. Make sure all emergency brakes are applied and all vehicle are either in park or neutral.
3. Cover all cell caps with a rag. Do not cover the terminals.
4. Put on some safety glasses.
5. Get your jumper cables. Make sure they are in good condition with no frays anywhere.
6. Connect one red handle clamp of one end of the jumper cables to the positive side of the dead battery.
7. Connect the black handle clamp of the same end of the jumper cables to a good ground besides the negative side of the good battery.
8. Take the red handle clamp of the other end of the jumper cable and connect it to the positive side of the good battery.
9. Connect the remaining black handle clamp to the negative side of the good battery.
10. Start the engine of the starting vehicle.
11. Start the dead vehicle.
12. If it does start right away rev up the running engine a little and just let it run for about ten minutes charging up the dead battery a little. Then try again.
13. If this doesn’t work charge the dean battery with a battery charger. You should do this slowly over night.
14. If this doesn’t work the dead battery probably needs to be replaced.

Tip: Be careful not to cause a spark. This could make a battery blow up.

