

MAFES Dawg Tracks



June 8, 2009 Safety Tips: Heart Attacks & Stroke



I believe that some subjects bear repeating each year, especially those that can endanger our lives. Although this subject doesn't directly deal with agriculture safety, per se, it is one that can save lives. After all, the safety and welfare of all us is our mission.

Coronary heart disease remains as the #1 killer in the USA. Strokes are the #3 killer and also are the leading cause of long-term disabilities. Exposure in our working environment can bring on either one of these debilitating problems. The two aids that we shall discuss, even though neither is officially endorsed by the AMERICAN HEART ASSOCIATION OR THE AMERICAN STROKE ASSOCIATION, have incidents of success when practiced. Before we discuss them, we should list tips to aid in the reduction of heart attacks:

- Maintain a healthy diet
- Program for regular exercise
- No smoking
- Weight control

These four items apply to women as well, but both the AHA and the ASA also add:

- High cholesterol
- High blood pressure

All of these tips, if practiced, will aid in the reduction of heart attacks and strokes. Both of the associations list the following warning signs that can aid in recovery and/or save lives:

HEART ATTACKS –

- Uncomfortable pressure, fullness, squeezing, or pain in the center of the chest lasting more than a few minutes.
- Pain spreading to the neck, shoulders, or arms.
- Chest discomfort with light-headedness, fainting, sweating, nausea, or shortness of breath.

STROKES –

- Sudden weakness or numbness of the face, arm, or one side of the body.
- Sudden dimness or loss of vision, particularly in one eye.
- Loss of speech, trouble talking, or difficulty understanding speech.
- Sudden severe headaches for no known cause or apparent reason.

Obviously, not all of these symptoms will occur in every heart attack or stroke, but if you should experience any one of them, get help fast! If you notice any one of them in a fellow worker, don't hesitate, get help A.S.A.P. Call Emergency Health Services or rush the victim to a hospital. The decision to act fast can possibly save a life. It could be "ole Ish."

COUGH/CPR –

As stated earlier, the American Heart Association doesn't endorse this procedure, but there are documented cases of where this has aided in saving a life when used.

- During a sudden arrhythmia (abnormal heart rhythm), it may be possible for a conscious, responsive person to cough forcefully and maintain enough blood flow to the brain to remain conscious for a few seconds until the arrhythmia disappears or is treated.
- Blood flow is maintained by increased pressure in the chest that occurs during the forceful coughs. This has been mislabeled as **Cough-CPR**, although it is not a form of traditional resuscitation.

The association further states that this method should not be taught in lay-rescuer classes. It only complicates the real method of CPR. In virtually all lay-rescuer CPR courses, the finding trait that signals an emergency is unresponsiveness. This signals the rescuer to start the A-B-C's of CPR. An unresponsive victim won't be able to perform Cough-CPR.

This technique of coughing has been effective in hospital settings during cardiac catheterization. In these cases, the ECG is monitored in the presence of a doctor. If arrhythmia is detected, a nurse will ask the patient to cough vigorously and within the first 10-15 seconds, before the patient loses consciousness. The chance of the arrhythmia leaving or the victim getting treated is much better.

STROKES –

The warning signs for strokes were listed earlier in the article. The method of the SMILE test was presented by researchers from the Univ. of North Carolina School of Medicine, one of 450 presentations at a conference sponsored by the AMERICAN STROKE ASSOCIATION.

The material presented showed positive results, but was a very small study. The association has not taken a position on the topic or endorsed it. The paper was titled "Untrained Adults Can Identify Symptoms of Stroke by Directed Use of Cincinnati Pre-hospital Stroke Scale." The paper basically called for asking three questions that bystanders could ask to identify a stroke. These are:

- Ask the individual to **SMILE** ~S~
- Ask him or her to **RAISE their ARMS** ~R~
- Ask the person to **SPEAK** a simple sentence coherently (like my name is John Doe). ~S~

Since the original method was presented, they have come up with a fourth indicator, which is:

- Ask the person to **STICK** out their tongue. If they do and the tongue is crooked, if it goes to one side or the other, that is the indication of a stroke. ~S~

The acronym to remember is S-R-S-S (Smile-Raise the Arms-Speak-Stick out the tongue.)

*POSITIVE ATTITUDES
MAKE
POSITIVE INFLUENCE
ON SAFETY!!
