

Woodlake Neighborhood Watch Newsletter

POOL SAFETY RULES ARE OBLIGATORY EVERY SEASON

If you own a pool, you no doubt already observe basic safety and security measures so your back yard gatherings are memorable - in a good way. Adding as many water safety steps as possible will only add to assuring a safe and fun experience around the pool this summer.

Drowning is a preventable cause of death and injury for children. By putting proven safety behaviors and systems into practice, you and your family will be much more secure in and around swimming pools.

If you don't already have one, you should create a pool safety toolkit to have near your pool or spa to ensure that if the worst happens, you are ready to respond with items such as:

- (1) First Aid Kit
- (2) A pair of scissors to cut hair, clothing or a pool cover, if needed
- (3) A charged portable telephone to call 911
- (4) A flotation device

Children should be taught basic water safety, additionally, someone must stay close, alert and:

- (1) always watch children when they are in or near a pool
- (2) keep children away from pool drains, pipes and other openings to avoid entrapments
- (3) have a portable telephone close by at all times when you or your family are using a pool or spa
- (4) if a child is missing, look for him or her in the pool or spa first
- (5) be certain everyone around the pool understand safety instructions

Learn and teach your children how to swim and how to perform CPR on infants, children, and adults (techniques may vary).

Install a four-foot or taller fence around the pool and spa and use self-closing and self-latching gates

If your house serves as a fourth side of a fence around a pool, install gate and door alarms, and window guards on windows facing pools or spas.

CPR DIFFERS WHEN PERFORMED ON DROWNING VICTIMS

Hands-only CPR (no mouth-to-mouth) is the preferred technique encouraged for untrained, nonmedical responders. Good chest compressions to the tune of "Stayin' Alive," or more specific, 100 strong pushes per minute. And, has proven to be as effective for someone

whose heart has stopped for just a few minutes, as chest compressions with mouth-to-mouth.

However, hands-only CPR isn't the best method to revive a near-drowning victim.

The old CPR method of starting mouth-to-mouth breathing ASAP, even if the person is still in water (without endangering yourself) is necessary because the person's primary problem is lack of oxygen.

Two more caveats before starting official CPR on dry land:

- (1) Someone should call 911 ASAP.
- (2) Unless you witnessed the drowning and are sure the person could not have possibly hit their head, treat the victim as if there could be a neck injury; in which case, slowly turn the entire torso, head, and hips, as one unit.

Then follow the "ABC's" for CPR on near-drowning victims:

A. Open the Airway.

- (1) Sweep a couple of your fingers around in the mouth to remove any debris.
- (2) If there's water in the mouth, turn the person on their side or pull up their middle a bit to let it drain. If none comes out, don't waste any more valuable time trying.
- (3) To open the airway, use the jaw-jut technique (because we're assuming they could have a neck injury): place the fingers of both of your hands at the person's jaw just below the ears, and jut the jaw forward (being careful not to move the neck).
- (4) Place your ear close to their nose to listen for breathing. Watch for chest movement at the same time. It's much easier if a second person can do this while you're holding the neck and jaw.

B. If the person's not breathing, Blow.

Pinch the victim's nose shut and seal your mouth over theirs. Keep the jaw jutted as best you can. Blow hard enough to see their chest rise. Repeat in 2 seconds. If the chest is not rising, check the airway again for trash, reposition the jaw, and make sure you have a good seal over the mouth.

C. Check for a wrist or carotid pulse.

If there is a pulse but no breathing, continue mouth ventilations at five-second intervals.

If there is no pulse, someone needs to get on their knees, palms on the victim's chest, elbows straight, and push down to compress the chest about two inches. Repeat this every couple of seconds while counting out loud, "one, two, three." When you get to thirty, someone give the victim two deep breaths. If you're the only person there, you have to do this. Make sure the chest moves up. If it doesn't, you're not

breathing hard enough, or you need to recheck the airway.

If the victim starts vomiting, turn the victim on their side again, wipe the vomit out with your fingers, and reposition them back on their back (making sure you move them with neck-injury precautions and that the airway is back open).

-Disclaimer- The procedures posted here are for information purposes and to provide some basis of knowledge that may someday save a person's life. For a full "certification" in emergency first aid, it is strongly recommended that you attend classes offered by the Red Cross.

THIRD-WORLD DISEASE DEBUTS AT KISD

When a substitute teacher tested positive for tuberculosis, parents at four middle schools were notified and encouraged to have their children tested for TB. It's not known how or if this case has any relation to the one involving the substitute teacher but according to the county health officials, a KISD student has also been exposed to the disease.

There is a distinction between a TB infection and an active TB case. An infection means that person has been exposed to TB bacteria some time in his or her life -- and it does not have to be recently. TB is contagious, but it's not readily spread. The bacteria can be inactive and not show any symptoms, but it still needs to be treated for the patient's protection.

An active TB case is contagious, though, and has symptoms like coughing, chest pains, fever, sweats and loss of appetite. It also does not have to be a recent exposure.

An untreated TB infection can turn into active TB, so health officials are still urging that select students in the four affected Killeen ISD middle schools get tested by their doctor.

Congratulations Killeen! You've Made The Top Ten!

Data that included 2014 crime rates per 100,000 residents, policing and socioeconomic factors such as poverty, unemployment and the percentage of residents who are high school graduates., the Darrow Law Firm of Houston, has placed Killeen at number 7 of Texas' Most Dangerous Cities.

As auspicious a would-be honor, Odessa took first place as the most dangerous city in Texas, with Corpus Christi in second, Beaumont in third and Houston in fourth. Amarillo and Brownsville took fifth and sixth, respectively.

The publication of this newsletter is unofficial and does not express any opinion, directive, or policy of the Woodlake Property Owners Association members or Board of Directors. The primary purpose of the newsletter is to convey information designed to assist us to reduce or prevent crime in our community. The information presented is available through various public access sources, personal interview, or observation. Your comments as to how we can improve this effort are welcome.

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Despite a recent news release claiming that Killeen's crime had dropped in almost all areas except for violent crimes such as murder and rape, KPD did not immediately comment to the new study.

BELL COUNTY SHERIFF TIP LINE: WANTED AS OF MAY 15th, 2016

[http://71.6.170.26/revize/bellcounty/departments/cscd\(adult_probation/most_wanted.php](http://71.6.170.26/revize/bellcounty/departments/cscd(adult_probation/most_wanted.php) , and/or; <http://bellcountycrimestoppers.com>



Twenty-year-old Aumuniqué Rahad Whitehead, is a 165 lbs, 6'3" tall Black Male with Brown Eyes and Black Hair who is Wanted For: Burlary Of a Habitation. His last known address is in Killeen.

FROM AUSTIN - The Texas Department of Public

Safety (DPS) has added Tommy Dale Sells Jr., 39, to the Texas 10 Most Wanted Fugitives list, and a cash reward up to \$5,000 is now being offered for information leading to his capture.

Details:

- Wanted For: Aggravated Sexual Assault Of A Child And Indecency With A Child By Contact.
- Hgt: 5' 9", Wgt: 165 lbs.
- SMT: Tattoo of a heart with a banner on his chest; mole on his right cheek; scars on his left arm and right hand.
- Tes to the Amarillo area; previously lived in Fresno, Calif.

Sells has been wanted since May 2013 for allegedly sexually assaulting two girls younger than 14 in Amarillo. For more information or updates in the event of his arrest, see his wanted



bulletin at: www.dps.texas.gov/Texas10MostWanted/fugitiveDetails.aspx?id=328.

Texas Crime Stoppers, which is funded by the Governor's Criminal Justice Division, offers cash rewards to any person who provides information that leads to the arrest of one of the Texas 10 Most Wanted fugitives or sex offenders.

ZIKA VIRUS UPDATE -

The World Health Organization says a person can be suspected of being infected with Zika if they have a redness of the skin or mucous membranes and/or fever with at least one of: joint pain, arthritis or conjunctivitis (also called pink eye). A recent case of the Zika virus has confirmed that certain tests that develop a bumpy rash, spots and bloodshot eyes, performed by US doctors, can help recognize the infection early.

In an 11 May edition of JAMA Dermatology, doctors provide a detailed description of the subject case of an unidentified 44-year-old man who returned to New York from a six-day vacation in Puerto Rico.

SYMPTOMS OF ZIKA INFECTION MAY INCLUDE TINY PINK AND RED PAPULES OVER HEAD, NECK, TRUNK, ARMS AND LEGS, PALMS AND SOLES.

Within three days of his return, he had a headache and lethargy. A day later, the redness erupted on his arms and hands. Over the next day, the eruption became more apparent and spread to his trunk. Itching wasn't a major feature, but he said his eyes were "bloodshot."

By the third day, the eruption faded on the upper body and darkened his knees and feet and he described burning in his feet.

The man said he felt joint pain in the wrist, knees and ankles on the fourth day. On the 5th day, most of the symptoms improved and were gone by Day 8.

Symptoms match those elsewhere that included: many tiny pink and red papules scattered over the head, neck, trunk, and extremities, including the palms and soles, and Petechiae, a small red or purple spot caused by bleeding into the skin, found in the hard palate of the upper mouth.

Tests detected Zika virus RNA in the urine but not the blood from samples taken three days after the infection.

He did not experience cough, inflammation of the mucous membrane of the nose, sore throat, diarrhea, nausea, or vomiting.

Zika has spread across South and central America, as well as the Caribbean and South Pacific.

The WHO says people with Zika virus disease can have symptoms that can include mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache. These symptoms normally last for 2 to 7 days.

It's estimated about one in four people infected with Zika virus are believed to develop symptoms, federal health officials say.

There is no specific treatment or vaccine currently available.

Travellers are advised to protect themselves against mosquito bites.

While the illness is generally mild, there is now scientific consensus that Zika virus causes infant microcephaly and other severe brain anomalies, as well as rare but severe outcomes a neurological disorder that can lead to paralysis.

Babies with microcephaly have abnormally small heads that can result in developmental problems.