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Seasonal flu plan should handle H1N1

Since H1N1 (swine flu) first appeared earlier this year, the public has been inundated with disease updates on a near-daily basis. To date, the disease has hit virtually every country in the world; tens of thousands of cases have been confirmed in the United States; and on June 11, the World Health Organization declared that H1N1 had reached the Phase 6 pandemic stage, referring to its ability to spread.

The news certainly sounds alarming, but is H1N1 more of a concern for the elderly than seasonal flu? At this point, the experts say "probably not."

"There are a lot of unknowns with H1N1, so it's critical to view it as a serious threat and act accordingly," said Joe Quimby, senior press officer for the Centers for Disease Control (CDC) Division of Media Relations. "But it's also important to recognize that to date this has been a disease of the young: 50 percent of those affected have been in the 5-24 age group, and many have gotten better without medical treatment. The vast majority of people over age 60 are not contracting 2009 H1N1 flu."

"Based on what we currently know, this flu may not be as serious for the elderly as your standard garden variety of flu," said John B. Murphy, M.D., professor of medicine and family medicine at Warren Albert Medical School of Brown University, associate director of the division of geriatrics in the department of medicine at Rhode Island Hospital and former president of the American Geriatrics Society. "It's unusual and very contagious, but unless there is a major mutation in this virus, your facility should be protected if you take the same precautions that you would for seasonal flu."

Pick a credible information resource and stick to it

The CDC is the resource of choice for most experts and facilities.

"This is your most reliable source for consistent, well-investigated information," Murphy said. "If you're dealing with a less-credible source—or using too many sources—it's easy to get mixed messages or to think that something that's an extreme example is the norm."

Becky Leasure, director of nursing at the 117-bed Sharonbrooke Inn facility in Newark, Ohio, said they go to the CDC Web site on a daily basis to look for information and updates.

Have a plan

"Our approach is 'plan not panic,'" said Rita Vann, vice president of

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Reducing slips, trips and falls

(H1N1)

skilled clinical services for Brookdale Senior Living, which is headquartered in Brentwood, Tenn., and has 390 assisted living communities across the country. "We take seasonal flu very seriously each year, and we're using what we've learned in the past to ensure that we can offer our residents excellent protection this year—against seasonal flu and H1N1."

Don't wait until the flu hits: put a plan in place and review it annually to find opportunities for improvement. Your plan should include steps to prevent and limit the spread of flu, and even one case—among staff or residents—should tip your plan into control mode.

Educate staff, residents and family

A little information can go a long way toward minimizing worry and limiting the spread of disease.

"When H1N1 first hit the news, we immediately put together a fact sheet that covered symptoms and stressed the importance of not coming into the facility if you had any of them," said Amy Twyman, executive director at Sharonbrooke Inn. "Knowing that we were on top of the situation created peace of mind for staff, residents and families."

Practice social distancing

During flu season, don't book outside entertainment or encourage large group activities among your residents. Unless there is a full-blown pandemic in your area, you should still be able to have visitors—as long as they're healthy. Post signs on all exterior doors that list symptoms and require visitors to stay away if they have them.

Demand that employees stay home if they're ill.

"Your staff might feel they're letting you down if you have to run short-staffed, but it's critical to communicate that they're causing you much bigger problems if they come in when they're sick," Twyman said.

Isolate ill residents in their rooms and limit the number of employees that are exposed to residents who have flu-like symptoms.

Wash your hands!

"This is one of the most critical things that you can do to limit the spread of disease," Murphy said. "Make it easy for staff and residents to wash their hands and remind them often of the importance of proper hand washing." (See Page 3 for more information.)

Be aware that the elderly might not feel that it's necessary to wash their hands unless they're visibly dirty and that those with dementia or memory issues might forget.

"Our staff escorts residents to the dining room, and this gives us an excellent opportunity to make sure that they wash their hands before eating," Leasure said.

Alcohol-based rubs also offer excellent protection. "We keep these in very conspicuous places throughout our buildings and strongly encourage their use," Vann said.

Cover your cough/sneeze

Remind staff, residents and visitors to cover their mouth and nose with a tissue when they cough or sneeze or to cough/sneeze into their shoulder if a tissue isn't handy. Encourage them to promptly dispose of used tissues and to clean their hands immediately. Discourage people from touching their eyes, nose and mouth.

Underlying health conditions

"Those who already suffer from medical problems typically have more problems because of the flu, and it can affect their underlying condition too," Murphy said. "They're more likely to die from a complication with the original condition—not the flu itself."

According to the CDC, the majority of H1N1-related hospitalizations have occurred in people with an underlying condition, such as a respiratory illness (like asthma), heart disease, diabetes and immune deficiencies. Because of this, it's critical for your staff to be extra vigilant when monitoring the symptoms of the flu and co-morbid illnesses.

"If you have a (resident) with diabetes who's urinating more, you might think there's an infection, but the cause could really be the flu," Murphy said.

Resources:

- **For general background information:**
<http://www.cdc.gov/h1n1flu/qa.htm>.
- **For the most current H1N1 infection control guidelines, go to:** http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.
- **For general flu control guidelines in the long-term care setting, go to:**
<http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm>.

H1N1 facts

H1N1 is a new flu strain that appears to be highly contagious. It's hitting outside the typical flu season, healthy young people are suffering disproportionately and it's spreading rapidly around the world. At present, there is no existing vaccine—though one is anticipated sometime this fall—and research has shown that only those born before 1918 have natural immunity.

Symptoms and period of contagion

Only a lab test can confirm if you truly have H1N1 as the symptoms are consistent with seasonal flu and can include:

- Cough
- Sore throat
- Fever
- Chills
- Headache
- Fatigue
- Nausea
- Diarrhea

According to the CDC, those who are ill should stay home/be isolated for seven days after symptoms begin or until they have been symptom-free for 24 hours, whichever is longer.



Managing Your Risks

Preventable injuries

An analysis of workers' compensation claims reported to Church Mutual from 2004-2008 produced a troubling trend – many employees are being hurt by injuries that are easily prevented.

The No. 1 cause of workplace injuries reported by our senior living customers is strains. Within this category, injuries while lifting a resident or other object make up 64 percent of the claims. Injuries to the back and shoulders are the most common injuries. Poor lifting technique or attempting to lift too heavy of a load is generally the cause.

You can easily reduce the number of employees injured on the job by providing annual training on proper lifting techniques and enforcing the two-person lift rule when needed. Many facilities train and utilize all employees in the area of assisting with a resident. This would include maintenance, kitchen and administrative staff.

The No. 2 cause of employee injury at senior living facilities is falls. Leading the way is falls on liquids – most from spills that are not cleaned up immediately. Various tripping hazards throughout a facility create the next main cause. Torn carpet, cracked tile, uneven surfaces, poor lighting near stairs, the use of extension cords and boxes left in walkways are some of the main causes.

As you can see, many of the trip-and-fall injuries can be prevented by solid housekeeping and maintenance policies.

Physical inspections of your facility should be done every month. Walk around with the sole purpose of identifying hazards. Don't forget to include your sidewalks and parking lots during your inspections. Carry a check list or writing tablet so you don't forget something.

Lastly, get your employees involved. Provide a process where they can report hazards and then take action immediately.

Richard J. Schaber, CPCU, CRM
Risk Control Manager



seasonal spotlight

Fight disease through better hand hygiene

With H1N1 rewriting the boundaries of what we typically consider "flu season," it's more important than ever to promote proper hand hygiene year round. According to the Centers for Disease Control (CDC), clean hands are the single most important factor in preventing the spread of pathogens and antibiotic resistance in health care settings—yet hand hygiene is often neglected or poorly done.

"If you want to encourage compliance, talk to your staff," said Zena Edwards, a hand-washing expert who's an educator in the Food Safety and Nutrition Department at the Washington State University Extension in Olympia, Wash. "Maybe there aren't enough hand-washing stations with easy access to residents, or the soap doesn't smell good or dries out their skin. Find out what's stopping them and address it."

Motivating staff and residents

"Don't make the story about saving money or health statistics. Make it personal," Edwards said. "Help staff to understand that clean hands save lives. Realize that about 95 percent of changes in behavior are based on emotion, not logic, and act accordingly. This technique can work with residents too."

Soap and water vs. alcohol-based rubs

According to the CDC, alcohol-based rubs are more effective for killing bacteria than either plain or antimicrobial soap. Studies have shown that health care workers found these rubs to be less damaging to their skin than soap and water and reduced bacteria levels in roughly one-third the time—factors that could help improve compliance. Look for a gel that has at least 70 percent isopropanol and check with the manufacturer to make sure their product is effective against the micro-organisms you want to control.

Gel isn't a good choice if your hands have visible dirt or residue of any kind.

Critical times to clean your hands

After:

- Wiping or blowing your nose or coughing or sneezing
- Using the bathroom
- Being in contact with someone who is ill
- Caring for a resident
- Touching handrails, doorknobs, telephones or other things handled by many people
- Handling garbage, trash, food or cleaning supplies

Before:

- Eating or drinking
- Providing care to a resident
- Handling food, especially food that won't be heated before consumption

■ For more information:

<http://www.cdc.gov/handhygiene/index.html>

http://www.cdc.gov/handhygiene/download/hand_hygiene_core.pdf

<http://www.cdc.gov/mmwr/pdf/rr/rr5116.pdf>

<http://www.ehs.wsu.edu/Factsheets/FAQHandwashing.asp>

Q | a

A Perspective

Each year, slips, trips and falls cause injury and death for millions of people. According to the National Safety Council, only motor vehicle crashes and poisoning cause more unintentional injury deaths, and 20 percent of all emergency room visits are the result of a fall. The Centers for Disease Control reports that adults 65 and older have a 33 percent chance of falling in any given year, and the risk of being seriously injured in a fall increases significantly with age. Church Mutual's five-year statistics show that the top causes of slips, trips and falls for senior living employees and residents were spilled liquids, tripping (on an object or same level—i.e., over one's feet) and ice and snow.

We recently spoke with Julie Leatherwood, a Church Mutual risk control representative for Southern California and Arizona, about this important topic.



Risk Reporter: What are some of the biggest misconceptions that people have about slips, trips and falls?

Julie Leatherwood: That they're inevitable or caused by clumsiness or some unavoidable, random occurrence. This is dangerous thinking and prevents people from identifying underlying factors and finding solutions. Most slips, trips and falls can be prevented.

Risk Reporter: What are some of the most critical steps that a facility can take to prevent these events?

Julie Leatherwood: You must have a slip/trip/fall program that includes scope, responsibilities, practices, a safety checklist and an accident investigation procedure. If you live in a region that's prone to rain and snow, be sure to include an inclement weather module. Communicate the plan to your team and train them effectively. Help them understand what constitutes a hazard: what might seem like common sense to you might not be apparent to your staff, so don't assume. Walk through your facility with your team. Point out potential hazards and ask them to identify problems too. Conduct daily, weekly and monthly hazard checks. Log hazards that continue to arise and conduct a root-cause analysis to determine the underlying source of the problem.

Risk Reporter: How can we cut spill-related falls?

Julie Leatherwood: Enforce the rule that spills should never be left unattended—that an employee should literally guard the spill. Keep spill kits around areas where spills are common. Your kit should include an absorbent—a product that absorbs both water- and oil-based liquids and turns them into a solid—a dustpan, a broom and paper towels. If it's an area where you're likely to have bodily fluids, add PPE (personal protective equipment)—at minimum, nonlatex gloves.

Risk Reporter: How should you address tripping?

Julie Leatherwood: Regular site checks will help to eliminate problems like electrical cords in heavy-use areas, furniture in traffic paths and underfoot debris. Exercises to improve flexibility, balance and agility can help residents navigate more effectively.

Risk Reporter: How should you prepare for winter?

Julie Leatherwood: Keep your supplies handy (shovels, salt and sand); have nonslip mats at all your entrances; and frequently monitor your walkways, entryways and parking lots.

Risk Reporter: Is creating a safety culture a big part of successfully addressing these problems?

Julie Leatherwood: You have to completely integrate safety into every work process—not make it feel like something extra that an employee has to fit into a busy day. Engage your employees and motivate them to do the right thing instead of just telling them what to do.

Model the behavior that you're asking for. Roll up your sleeves—pick up the debris in the walkway and clean up that spill.