

Risk Reporter

for Camps and Conference Centers

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Stop measles at your camp door

Are you hearing from parents who are concerned about measles at camp? You're not alone. The measles outbreak associated with travel to Disneyland in California in late 2014 has made the disease a top-of-mind issue. As of mid-April, 159 cases have been verified in 18 states.¹

"You must know how you'd deal with measles at your camp, but it's better to prevent it in the first place," said Mary Rogers, executive director at Sherwood Forest Camp in Lesterville, Missouri.

Do not underestimate the danger measles presents

"Measles is highly contagious — one of the most contagious diseases around," said Dr. Kathryn Edwards, director of the Vanderbilt Vaccine Research Program at Vanderbilt University School of Medicine.

Measles is associated with a high fever, pneumonia and encephalitis — swelling of the brain. "Of those who contract it, roughly one in 1,000 develop encephalitis — and of those, 15 percent die and 25 percent are left with neurologic damage," said Dr. Frank Polyak, the medical director for infection prevention at Meriter Hospital in Madison, Wisconsin.

Why the uptick in measles cases?

Low immunization rates are driving the increase in measles cases. Some families have limited access to immunization or don't understand the danger measles presents. Others think immunizations pose risks to their children. Some still believe a now-discredited link between autism and vaccinations.²

"Most people haven't personally experienced a case of measles, so it's easy to feel that it's gone and OK to skip the vaccination," Polyak said. "That's far from the case."

International travel an additional threat

Measles was declared "eliminated" in the U.S. as of 2000, but the disease hasn't disappeared around the globe. The popularity of international travel — and the fact that many camps have international campers and staff members — exacerbates the threat.

Immunizations critical to prevention

Ask for and review immunization records for all campers and staff members. "Only work with international staffing partners that share your immunization requirements," Rogers said.

Try to create herd immunity. This occurs when unimmunized people are protected because most of the population has been vaccinated, and a disease can't spread. With measles, studies suggest at least 95 percent

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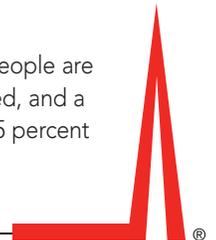
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Risk Reporter talks with Patrick Clohessy, broker claim service coordinator at Church Mutual

¹www.cdc.gov/measles/cases-outbreaks.html

²www.cdc.gov/vaccinesafety/Concerns/Autism/Index.html



(Measles)

of the population needs to be vaccinated to achieve this immunity.³

"Base immunization policy on school requirements for your state and CDC (Centers for Disease Control and Prevention) recommendations," said Tracey Gaslin, the executive director of the Association of Camp Nurses, or ACN. "If staff or campers don't have their immunizations, require they do before coming to camp or have the appropriate exemption."

Each state has requirements on exemptions for school-age children. All states grant exemptions for medical reasons, most grant religious exemptions and 20 states allow philosophical exemptions.⁴

"Know which campers and/or staff (members) don't have their immunizations, so you can take action in an outbreak," Rogers said.

"Look at your state's labor laws," Gaslin said. "If you require staff to have immunizations, you (might) be required to pay for them."

Measles immunization dosage

Anyone born before 1957 is considered to be immune through disease — most people alive at that time had the measles disease. For those born in 1957 and after, the CDC recommends one dose for nonhigh-risk adults and two doses for children and high-risk adults (health care workers, international travelers and post-secondary students).

One dose offers immunity to more than 95 percent of the people who receive it, according to the CDC. The second dose brings the protection level close to 100 percent. There have been people who have received two doses who have contracted measles, however, according to the CDC.

"This virus hasn't changed over time," Polyak said. "Even decades after the vaccination, you'll still maintain your immunity."

Know the signs of measles

In its early stages, a case of measles looks like many illnesses. It typically exhibits high fever and cold symptoms, such as a runny nose, coughing and red eyes. There is an accompanying rash that starts on the head and moves down the body, but it doesn't typically show up until the four-day mark. Educate staff on symptoms that could indicate measles.

Screen for disease upon arrival

Be proactive. Require parents to keep campers home if they have any sign of illness. When staff members and campers arrive, check their vital signs and evidence of illness, such as sore throat, fever or cough.

"Be aware of what's happening in your state and the places where campers and staff are coming from," Gaslin said. "Check in with your local health department to learn more."

Assess campers' health daily. "Send kids with sniffles, cough or fever to the nurse," Rogers said.

Include disease in your disaster plan

"Camps tend to be good at creating plans for fire, flooding and (other) similar (situations) but not as good with communicable disease," Gaslin said. "The dangers associated with these are just as great, if not greater."

Good plan resources include the American Camp Association, or ACA, the ACN, the CDC and your local health department. Your plan should address isolation methods, when a person would be sent away from camp and how, cleaning protocols, how your camp could function in isolation, a communication plan and steps to prevent outsiders — people who pick up garbage, deliver food, etc. — from contracting the disease.

Suspect measles? What to do next.

"Isolation is critical — though it's probably too late at that point," Rogers said.

Call the local health department immediately.

"We treat one case like an outbreak," said Emily Banerjee, an epidemiologist with the Minnesota Department of Health.

Though each state might handle this situation differently, Minnesota first verifies the measles with a lab test. Once it establishes that, it works with the patient (or the patient's parent, depending on the age of the patient) to conduct a 21-day history of the patient's symptoms and where he or she has been during those 21 days.

High-risk contacts — household/close contacts, babies younger than 12 months, pregnant women and the immuno-compromised — are alerted.

"The day the rash appeared is 'Day 0' — the person was contagious four days before and four days after," Banerjee said. "We determine exposure sites and ask permission to alert those places. Measles is so infectious it can move through vent systems. If possible, anyone who was in the same building should be notified."

If camp was one of the exposure sites, the Minnesota Department of Health works with the camp to assess the immunization status of all staff members and campers to identify those who have not been vaccinated. "If it's within 72 hours of the exposure, they can get the MMR vaccine; within six days, they can receive immunoglobulin, which is a blood product with antibodies that can mitigate symptoms," Banerjee said. "Minnesota would then monitor these people for signs of disease."

Note: The recommendations in this article are for camps with general populations, not those with immuno-compromised or chronically ill campers.

Resources:

- For more information about the ACA immunization recommendations for international staff members, please visit: www.acacamps.org/campline/s-2006/immunization-recommendations-for-international-staff.
- ACN communicable disease management in the camp setting: www.acn.org/edcenter/selected_articles/communicable_disease_management_strategies_for_the_camp_setting.pdf.

³www.livescience.com/49716-measles-outbreak-questions.html

⁴www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx



Managing Your Risks

Keep the fountain water flowing, equipment clean

Summer is a perfect time to maintain water fountains, ice machines and dishwashers. Proper maintenance of this type of equipment helps reduce potential property damage and ensures these devices do not present health and injury exposures to campers, staff members and guests.

Routine inspections of equipment should include looking for noticeable leaks and fixing them before they create problems. Water leaks not only contribute to slip-and-fall exposures, they can create a breeding ground for unhealthy mold and destroy untreated wood surfaces.

Keeping drinking fountains clean during the camping season is an added challenge. Why? Because wherever campers go, germs follow. Drinking fountains, typically located next to bathroom exits, can be loaded with germs that campers transfer from bathroom sinks and toilets. To control this exposure, it's important for cleaning crews to follow routine cleaning and disinfectant procedures.

At the end of the camping season, it's important to follow manufacturers' suggestions for shutting off water supplies and draining equipment. This is especially important if temperatures in your region drop below freezing in a building or area where the equipment and plumbing lines are located. Frozen pipes can lead to broken pipes, and broken pipes can quickly leak large amounts of water that damage walls, floors and ceilings.

Edward A. Steele
Risk Control Manager



Seasonal Spotlight

Enjoy campfires but keep focus on safety

As the sun sets and the heat of the day gives way to cool evening temperatures, what's more fun than a roaring fire, a bag of marshmallows and a few choruses of your favorite camp songs? Before you light that first match, however, review the following safety tips to protect campers, staff members and the forest.

Check conditions. Drought, high winds and searing temperatures are reasons not to have a campfire. "Know what's happening in your area," when considering an evening around the fire pit, said Sean Slinkard, a fire prevention officer at Modoc National Forest in California.

Pick the right site. The U.S. Department of Agriculture Forest Service recommends lighting a fire in a level spot that is far away from overhanging branches, brush or dry grass. Don't light a fire near the base of a hill — a fire can travel uphill very quickly. "Have 50 to 100 feet of clearance between your fire and surrounding vegetation," Slinkard said. "Look around and ask yourself, 'If the fire got out of the ring, where would it go?'" Rocky spots are a good choice."

Use a fire pit. If possible, use existing fire rings to avoid damaging soil and the vegetation. Otherwise, according to the Forest Service, use a shovel to clear a circle that is 10 feet in diameter and dig a pit at the center of the circle that is 6 inches deep and 2 feet across. Line the fire pit with stones.

Know your duff. What looks like dirt might actually be duff — the layer of decomposing materials that is found between pine needles and bare dirt. Duff burns, so when you're clearing a site, get down to the dirt, not the duff.

Do not use accelerants. Kerosene, gasoline and lighter fluid have no place on your campfire. "Start your fire with wood, paper and sticks," said Rona Roffey, camp director at YMCA Camp Duncan in Illinois.

Be prepared. Have a shovel, buckets and water handy to keep your fire under control.

Keep your distance. "Limit how many people are near the fire at a time and, if you're roasting marshmallows or hot dogs, use sticks that are at least 3- to 4-feet long," Roffey said.

Have adults manage the fire. "The kids can help set up the fire, but an adult should light the match and be present at all times while the fire is burning," Roffey said.

Keep your fire small. "Typically, limit your fire to 4 feet by 4 feet," Slinkard said. "It really depends on the time of year, access to fuel and weather conditions."

Do not leave a fire unattended. A campfire should be attended by an adult at all times, according to the Forest Service.

Put your fire out completely. An adult should "drown" the fire 30 minutes before leaving camp or going to bed at night. Pour water into the fire and mix it with the ashes. Use your shovel to separate burning pieces of wood. Don't bury a fire under the dirt — the embers could burn for hours and spread later. Keep campers away during this process. "You should be able to put the back of your hand near the embers — it might still feel a bit warm but not truly be burning," Slinkard said.

Q | A

A Perspective

When an employee is injured at work, it often is hard to know what to do. Should you take the employee to the hospital for care? Or will an ice pack and rest be a

better treatment? You can take away the guesswork

with the Church Mutual

Nurse Hotline, powered

by Medcor®. Risk

Reporter spoke with



Patrick Clohessy, broker claim service coordinator at Church Mutual, to learn more about the Nurse Hotline program, a value-added service Church Mutual

provides to our workers' compensation

insurance policyholders. For more

information, visit

www.churchmutual.com/nursehotline,

send an email to

nursehotline@churchmutual.com or

call (715) 539-5212.

Risk Reporter: How does the Church Mutual Nurse Hotline work?

Patrick Clohessy: If an employee experiences a nonlife-threatening injury on the job, the injured employee and ideally a supervisor or manager call the hotline at (844) 322-4662. After just a minute or two, the supervisor drops off, and the call continues between the nurse and the employee. They discuss the event, symptoms and pain level — all while the nurse uses sophisticated software to help reach the best possible recommendation for care. Next, they determine the level of care, if needed. We have found that the employee and nurse agree on the type of treatment 98 percent of the time. On average, the entire call takes just 15 minutes.

Risk Reporter: If someone gets injured, shouldn't he or she be taken to the doctor?

Clohessy: That often is the instinctual response, but it's not always the right one. Most employers have the best of intentions when confronted with an injury — they want to show they care, and they want to do the right thing. But for many of us, it's hard to know what the right thing is. There is a tendency to err on the side of caution, which can lead to unnecessary and costly care.

Risk Reporter: How can the Nurse Hotline benefit an employee?

Clohessy: An employee gets his or her concerns addressed quickly and expertly during a moment of need. The nurse covers a lot of ground in the brief call and ensures the employee knows he or she can call back at any time. The feedback has shown consistently that an employee views this service as a benefit and likes the dialogue that almost always leads to consensus on next steps.

Risk Reporter: How can organizations enroll in the program, and how much does it cost?

Clohessy: There is no additional cost or enrollment process for Church Mutual policyholders. There also is no limit of the maximum number of injuries an employer can have or a maximum number of times a specific injured employee can call for help.

