Risk Reporter
for Senior Living Communities
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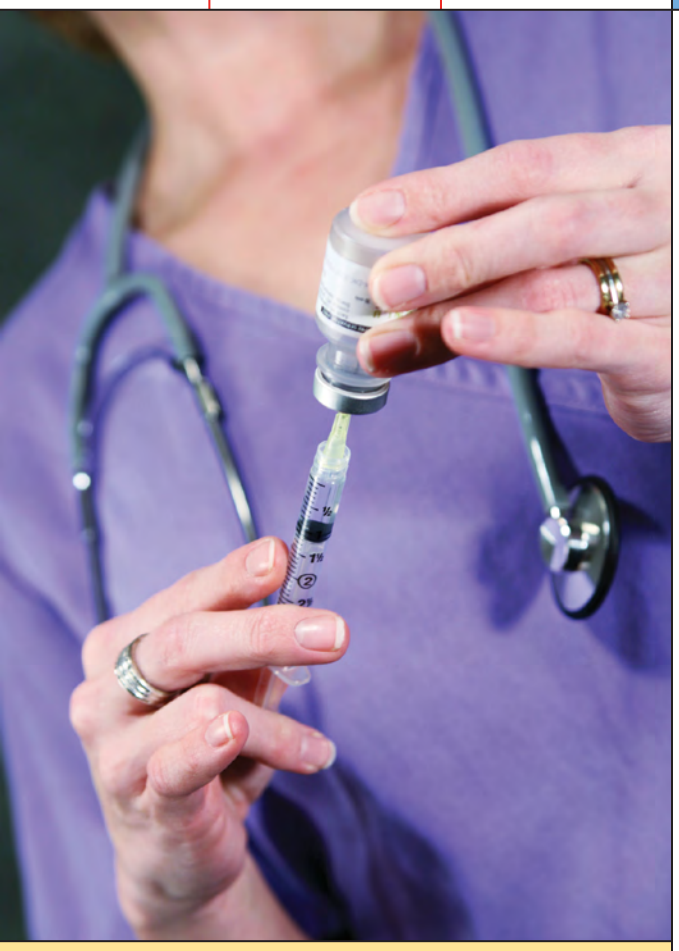

Know your measles exposures

The measles outbreak associated with travel to Disneyland in California in late 2014 has kept the disease in the news. From Jan. 1, 2015, to May 1, 2015, 169 cases were verified in 20 states.[1]

Should senior living facilities be concerned? Most elderly residents are immune, but the answer is still yes. Measles is virulent and spreads easily. Plus, a number of confirmed cases this year were among adults.[2] Evaluate risk at your facility and plan accordingly.

Don't underestimate the danger

"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 a thousand 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.

"Surveys suggest that 95 percent to 98 percent of those born before 1957 are immune to measles, but that doesn't mean the elderly can't get it," said Dr. Gil Chavez, deputy director and state epidemiologist for the California Department of Public Health. "In one case, the patient was 70 years old."

Why the uptick in measles?

Low immunization rates are driving the increase. Some people have limited access to immunization or don't understand the danger measles presents. Others think immunizations pose health risks. Some still believe a now-discredited link between autism and vaccinations.[3]

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

Lower vaccination rates mean the general population is less likely to benefit from herd immunity. This occurs when unimmunized people are protected because most people have been vaccinated and a disease can't spread. With measles, studies suggest at least 95 percent of the population needs to be vaccinated to achieve this immunity.[4] Immunization rates hover in the 92 percent range for children.[5]

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cont.

(Measles exposures)

International travel an additional threat

As of 2000, measles was declared "eliminated" in the U.S., according to the Centers for Disease Control and Prevention. Measles elimination is defined as "the absence of continuous disease transmission for 12 months or more in a specific geographic area." Unfortunately, the disease hasn't disappeared around the globe, and the popularity of international travel exacerbates the threat. For instance, in 2014, there was an outbreak in the Philippines, and 25 U.S. travelers who returned from the Philippines contracted measles.[6] By the end of 2014, 668 Americans had been found to have measles — the most cases since 2000.[7]

Immunizations critical to prevention

Vaccination is the best way to stop measles,[8] but many states don't specify whether staff members or residents in assisted living facilities need to be immunized.[9] For instance, the California Department of Public Health, or CDPH, says immunizations aren't mandated for staff members working in a senior living facility unless the facility also provides health care.

Even if your facility doesn't require staff members or residents to have measles immunity, ask for the immunization records of all residents and staff members, so you're aware of immunization status in the event of a measles exposure.

Measles immunization dosage

For those born in 1957 and after, the CDC recommends one dose for nonhigh-risk adults and two doses for high-risk adults (health care workers, international travelers and post-secondary students).

"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, measles typically exhibits high fever and cold symptoms, such as a runny nose, coughing and red eyes. An accompanying rash starts on the head and moves down the body, but it doesn't typically show up until the four-day mark.

Incorporate measles into your disaster plan

Although the likelihood of a measles outbreak might seem slim with elderly residents, it's important to be prepared, Chavez said. Your local health department and the CDC are good resources when developing your plan.

Minimize the risk of measles

Post signs at all building entrances with symptom details and ask symptomatic visitors and staff members not to enter the facility. Be on high alert if there has been a case of measles in your state. Limit or cancel activities that bring outsiders into the facility.

Could it be measles? Here's what to do next

Isolate the affected resident or staff member and 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 will first verify measles with a lab test. Once established, the health department works with the resident (or the resident's family) and facility staff members to conduct a 21-day history of the resident's symptoms and where he or she had been during those 21 days.

High-risk contacts — 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."

The Minnesota Department of Health then works with the facility to assess the immunization status of all staff members, residents and visitors to identify those who haven't been vaccinated. "If it's within 72 hours of the exposure, they can get the MMR (measles, mumps, rubella) 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."

According to the CDC, the MMR vaccine is safe for most elderly people. If elderly residents are affected by a measles outbreak, one dose of MMR should be considered.[10] Confer with the local health department and the resident's physician before taking action.

Resources:

- Appearance of measles: www.cdc.gov/measles/about/photos.html
- Information for health care professionals: www.cdc.gov/measles/hcp/index.html
- Infection control in assisted living: www.cdc.gov/longtermcare/index.html

[1] www.cdc.gov/measles/cases-outbreaks.html
[2] www.npr.org/blogs/health/2015/02/04/383789385/most-people-getting-measles-are-adults-time-for-a-shot
[3] www.cdc.gov/vaccinesafety/Concerns/Autism/Index.html
[4] www.livescience.com/49716-measles-outbreak-questions.html
[5] www.cdc.gov/nchs/data/hus/hus14.pdf#073
[6] wwwnc.cdc.gov/travel/notices/watch/measles-philippines
[7] www.cdc.gov/measles/cases-outbreaks.html
[8] www.vaccines.gov/diseases/measles/
[9] www.ncbi.nlm.nih.gov/pubmed/24239014
[10] www.cdc.gov/vaccines/vpd-vac/mumps/outbreak/faqs-outbreak.htm

Managing Your Risks

Sweep hazards out of kitchens

Summer is a good time to conduct a thorough self-inspection of your commercial kitchen operations to ensure equipment and appliances are properly installed and in good working condition. Finding and correcting potential hazards will help enhance the safety and security of your staff, residents and guests.

You should inspect all commercial cooking and kitchen equipment at least once a month. Your checklist should include the following actions:

- Remove grease buildup on appliances, walls and floors to reduce the chance of fire and the risk for slips and falls.
- Ensure cooking equipment is installed on a noncombustible floor surface with adequate clearances and away from combustible materials.
- Equip exhaust hoods with removable filters if frequent cooking takes place and install explosion-proof lights above the cooking equipment. Hoods, filters and exhaust ducts should be cleaned regularly to remove excess grease residue, a common cause of fires.
- Maintain fully charged automatic extinguishing systems within exhaust hoods and have them inspected twice a year by a qualified servicing contractor.
- Ensure electrical outlets near sinks are equipped with ground-fault circuit interrupter-type — GFCI-type — receptacles to help reduce the potential for an electrical shock.
- Ensure flexible gas and electrical connections are properly hooked up to equipment and protected from damage.
- Provide appropriate fire extinguishers for cooking environments and make them readily available. Train staff members on proper use of the extinguishers.

Edward A. Steele
Risk Control Manager

Seasonal Spotlight

Keep lazy, hazy days of summer fun and safe

Summer can be a great time to get residents outside to enjoy warm temperatures and long, light-filled days. But high heat, humidity and too much sun can pose risks. Age, obesity, disease and prescriptions all can contribute to a person's inability to regulate body temperature, according to the Centers for Disease Control and Prevention, or CDC.

Know when to stay indoors. Residents should be inside at the hottest time of day — midafternoon in the summer, according to the National Climate Data Center. Schedule outdoor events for cooler morning and early evening hours and offer activities, such as crafts and board games, that are not strenuous.

Use a buddy system. No one should be outside on warm days unless he or she is with another person, according to the CDC. This could prevent a tragedy if heat caused a resident to become confused or lose consciousness.

Keep residents hydrated. Residents should consume more liquids when temperatures are high. "Serve them cool drinks — not cold, which can cause cramping with the heat — that are nonalcoholic and noncaffeinated," said Ashley Marshall, director of communications at the Florida Department of Elder Affairs. "If a resident has fluid limitations, check with the physician first."

Dress smart. Residents who spend time outside should be dressed for the temperature and wear hats, sunglasses, sunscreen and bug spray if appropriate.

Cumulative effects can have an impact. "Problems can occur when a resident is exposed to high temperatures with inadequate or unbalanced fluid replacement over a period of days," Marshall said.

Recognize the signs of heat exhaustion and heat stroke. Warning signs for heat exhaustion include heavy sweating, headache, paleness, nausea, vomiting, dizziness and fast and shallow breathing and pulse.

"Heat stroke is the most serious heat-related illness," Marshall said. "It occurs when the body can't control its temperature."

Signs of heat stroke include a throbbing headache, rapid/strong pulse, nausea, an inability to sweat — skin will be red, hot and dry — and a spike in body temperature — it can rise to 103 degrees or higher in minutes.

Take action. If you suspect that a resident is suffering from heat exhaustion or heat stroke, call for medical assistance, get the person to a shady area and cool him or her using whatever methods are available. "A cool shower, water from a hose, sponging or wrapping them in a cool, wet sheet in a low-humidity environment are all options," Marshall said. "Monitor the person's body temperature and continue cooling efforts until (his or her) temperature drops below 101 degrees. If emergency medical personnel are delayed, call the hospital and ask for next steps."

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.

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