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Know your measles exposures

The outbreak of measles associated with travel to Disneyland in California in late 2014 made the disease headline news in early 2015. Measles might not be garnering the press it was earlier this year, but it still is important to know your exposures to it as measles is virulent and spreads easily. Outbreaks have occurred across age groups and from January 1, 2015, to May 1, 2015, 169 cases were verified in 20 states. Learn more now and make measles part of your disaster preparedness plan.

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.

Why is measles on the upswing? Low immunization rates are driving the increase. Some people have limited access to immunization or don't understand the danger measles presents. Others feel immunizations pose health risks. Some still believe a now-discredited link between autism and vaccinations.

"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. Immunization rates hover in the 92 percent range for many ages. Those who shouldn't be vaccinated typically include children younger than 12 months of age, the immuno-compromised and pregnant women.

"One of the biggest concerns is the number of unvaccinated individuals in a given population," said Dr. Gil Chavez, deputy director, state epidemiologist for the California Department of Public Health. "The more people who are unvaccinated when measles is introduced, the greater the risk of the disease spreading."

(See Measles exposures, Page 2)

Inside

Seasonal Spotlight

Petting zoo safety tips

Managing Your Risks

*Keep fountain water flowing,
equipment clean*

QIA

*Risk Reporter talks with
Chef Alison Costello about
safety at soup kitchens*

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(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 (CDC).

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 a large outbreak in the Philippines, and 25 U.S. travelers who returned from the Philippines contracted measles. By the end of 2014, 668 Americans had been diagnosed with measles — the most cases since 2000.

Many churches sponsor programs to countries where measles could be more common, meaning an increased likelihood for exposure in a congregation without herd immunity.

Immunizations critical to prevention. Vaccination is the best way to stop measles. For those born in 1957 and after, the CDC recommends one dose for non-high-risk adults and two doses for high-risk adults (health care workers, international travelers and post-secondary students).

According to the CDC, one dose offers immunity to more than 95 percent of the people who receive it. 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 and educate your congregation.

In its early stages, measles looks like many illnesses. It typically presents with 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.

“Churches can play a critical role in educating their congregations,” said Mugdha Golwalkar, the vaccine-preventable disease epidemiologist at Indiana State Department of Health.

Spread the word about measles symptoms, even if an outbreak has only occurred in the larger community. Good communication channels include the church website, on-site signs and the Sunday bulletin. If a congregant has symptoms, ask that person to contact his or her health care provider and not attend church events.

Incorporate measles into your disaster plan. The local health department and the CDC are good resources when developing a plan. For more information about measles, visit www.cdc.gov/measles.

One church’s experience with a measles outbreak

When a congregation in Indiana learned a number of its families had contracted measles, it did the following: worked closely with its local health department, put one person in charge, required people to inoculate or isolate, canceled activities and kept the lines of communication open.

The local health department. This team first alerted the church to the outbreak (in most states, even one case is treated as an outbreak) and played a critical role in coming up with a plan to address it. “Your goal is to pinpoint and alert anyone who might have come into contact with the infected person,” Golwalkar said.

Often, it’s not too late for immunizations to play a role. According to the Minnesota Department of Health, within 72 hours of an exposure, a nonvaccinated person can receive the MMR (measles, mumps, rubella) vaccine; within six days, he or she could receive immunoglobulin, a blood product with antibodies that can mitigate symptoms.

Put one person in charge. “You’ll need the assistance of staff across the board, but one person must own your response,” said the pastor of the affected church. “They’ll work with the health department and implement any recommended steps.”

Inoculate or isolate staff members and congregants. All staff members and volunteers who worked with children had

to show proof of current inoculation or immunity or have the measles vaccination and not come into the office until the vaccine was active. In many states, an employer must pay for employer-required vaccinations.

The church asked that anyone who came to church during this period be fully vaccinated or otherwise immune, healthy, not immunocompromised, not pregnant and older than age 6.

The church opted not to hold a vaccination clinic. “We didn’t want to be seen as judging whether or not someone received the vaccine,” the pastor said.

Communication. The church alerted the congregation through emails and letters and also stopped each car as it came into the parking lot for Sunday services during the exposure period. “We handed out a flyer that said we had measles at our church, and there was risk of exposure,” the pastor said. “We asked people not to come in unless they met our standards. We had people drive out immediately after getting that form.”

Canceled activities. The congregation canceled all programs for children younger than age 6 as well as some other events based on population. It worked with the Indiana Department of Health to determine an exposure schedule. Worship services were shared through live streaming video to keep congregants connected.



Managing Your Risks

Keep 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 employees, members of the congregation 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 throughout the year is an added challenge. Why? Because wherever people go, germs follow. Drinking fountains, typically located next to bathroom exits, can be loaded with germs that people transfer from bathroom sinks and toilets. To control this exposure, it's important for cleaning crews to follow routine cleaning and disinfectant procedures.

If you have a building that will only be used during the warmer seasons of the year, it's important to follow the manufacturers' suggestions for shutting off water supplies and draining equipment before cold weather arrives. This is especially important if temperatures in your region have a tendency to drop below freezing in a building or area where the equipment and plumbing lines are located. Frozen pipes can lead to broken pipes. Broken pipes can leak large amounts of water in a short period of time that can damage walls, floors, ceilings and building contents.

Edward A. Steele
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Seasonal Spotlight

Petting zoo safety tips

Petting zoos are a great form of entertainment and education. Holding a bunny or feeding a goat is sure to bring a smile to just about everyone no matter his or her age. If your organization plans to host a petting zoo, it's important to follow basic guidelines to keep everyone safe.

"All ages are welcome at our petting zoo as long as they are under close supervision by an adult," said Karen Berendes, an office worker at the Henry Vilas Zoo in Madison, Wisconsin. "It's important to keep a close eye on young children at all times and especially to watch their fingers."

It also is important to remember that animals sometimes carry germs that are harmful to humans. According to the Centers for Disease Control and Prevention (CDC), many people become sick every year because of a visit to an animal exhibit.

"Hand sanitizer or hand-washing stations should be available anytime people are in contact with animals," said Berendes, who says the Madison zoo has hand sanitizer stations throughout the exhibit and at every exit.

If your congregation chooses to host a petting zoo at your facility, talk to the vendor about what they will provide. Many vendors come with the necessary cages and pens as well as hand-washing stations. They also will likely take care of cleanup, but it's important to verify these details before selecting a vendor.

Keep in mind the following tips from the CDC to help keep petting zoos safe.

Ensure good hand-washing practices

- Post signs locating hand-washing stations and have running water and soap or hand sanitizers available.
- Encourage hand washing after contact with animals and animal enclosures.

Eat and drink safely

- Keep food and drinks out of animal areas.
- Food should be prepared and eaten in areas where animals are not permitted.

Keep children safe around animals

- Children younger than 5 years of age always need adult supervision in animal areas.
- Never allow children to put their thumbs, fingers or objects in their mouth while interacting with animals.
- Do not allow strollers, bottles, pacifiers, spill-proof cups or toys in animal areas.
- Have plenty of volunteers on hand to monitor young children.
- Promptly clean up any animal urine or feces to help prevent slips and falls.
- Be watchful for aggressive animals that might knock down children when being fed.
- Keep buckets, harnesses, brooms and shovels out of the main path of travel for people who visit the petting zoo.

Q | A

A Perspective

Soup kitchens have been an important part of serving local communities for more than a century, and the number of people served by these kitchens continues to grow.

Risk Reporter spoke with Chef Alison Costello at the Capuchin Soup Kitchen of Detroit, Michigan, about safety considerations when



operating a soup or community kitchen.

■ For more information about safe food handling, visit www.foodsafety.gov.

Risk Reporter: How can an organization minimize its risks when running a community kitchen?

Alison Costello: Start by identifying who will manage the community kitchen and oversee important aspects, such as operating procedures, food storage and handling, food preparation and volunteers. Develop a handbook that clearly outlines proper operating procedures for all staff and volunteers.

The kitchen space should be easily separated from the rest of the facilities in the building to help keep volunteers and customers in a supervised area. In addition, it's important to conduct an insurance policy review to ensure this type of activity is fully covered.

Risk Reporter: How can an organization keep its volunteers safe?

Costello: All volunteers should participate in an orientation session that covers standard operating procedures, volunteer safety and safe food handling practices. They should dress appropriately for the kitchen with closed-toe, nonslip shoes, and hair secured with a hat, hair tie or hairnet. In addition, volunteers should leave any valuables at home. During shifts, volunteers should always work in pairs, and you should have a volunteer coordinator readily available to answer any questions or step in to help with difficult situations.

Risk Reporter: What sort of food safety practices should an organization keep in mind?

Costello: Nonprofit kitchens are held to the same standards as for-profit kitchens, and there are a lot of rules to be followed to ensure food is served safely.

- **Time and temperature.** Keep hot food above 140°F and cold food below 40°F and ensure that food does not sit out for more than two hours.
- **Cross contamination.** Prevent cross contamination by keeping ready-to-serve food away from a surface or hands that have touched raw food.
- **Cleaning and sanitizing.** Clean and sanitize all food contact surfaces often.
- **People.** Ensure all staff and volunteers wash their hands often and properly.

In addition, have at least one person on each volunteer shift that has a food sanitation license appropriate for the city or county where the kitchen is operating.