

SSCIP 'r



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OSHA issues compliance directive to address flu prevention for health care workers

For the protection of frontline health care and emergency medical workers at high risk of infection, the Occupational Safety and Health Administration (OSHA) has issued a compliance directive to ensure uniform procedures when conducting inspections to identify and minimize or eliminate high to very high risk occupational exposures to the 2009 H1N1 influenza A virus.

Although OSHA is primarily focused on employee safety, employees of SSCIP member agencies providing care for disabled clients should familiarize themselves with proper protocols to help prevent the spread of the H1N1 virus within an agency's client population.

The OSHA directive closely follows the Centers for Disease Control's (CDC) guidance.



"OSHA has a responsibility to ensure that the more than nine million frontline health care workers in the United States are protected to the extent possible against exposure to the virus," said acting Assistant

Secretary of Labor for OSHA Jordan Barab. "OSHA will ensure health care employers use proper controls to protect all workers, particularly those who are at high or very high risk of exposure."

OSHA inspectors will ensure that health care employers implement a hierarchy of controls (**See Arizona Department of Health Services (DHS) guidelines on Page 1.**) and

encourage vaccination and other work practices recommended by the CDC. Where respirators are required to be used, the OSHA Respiratory Protection

see **OSHA ISSUES** on page 7

DHS posts guidelines for long term care, assisted living and other licensed residential facilities

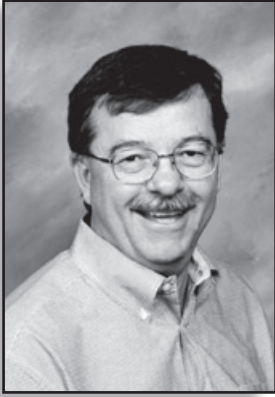
The Arizona Department of Health Services (DHS) has posted guidelines for long term care, assisted living and other licensed residential facilities to monitor and prevent spread of novel H1N1 (Swine) Influenza. They are:

- Educate ALL staff and patients/residents of licensed facilities on best practices for preventing influenza spread. These include:
 - Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
 - Wash your hands often with soap and water,

especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.

- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Patients/residents with influenza like illness (ILI) [defined as fever $\geq 37.8^{\circ}\text{C}$ (100°F) PLUS cough and/or sore throat] should be placed in a room without room mates, if possible. If not possible, maintain a minimum of 6 feet between patients/residents at all times and offer both the ill person and the room mate(s) surgical masks to

see **DHS POSTS** on page 7



Dear SSCIP Members:

Once again, it's that time of the year when SSCIP can look back on its accomplishments of the past 12 months with pride and look forward to the next 12 months with hope for continued success. At the same time, it's sobering to consider how many businesses that began the year with great optimism didn't survive long enough to close out their books on 2009 or to make plans for 2010.

Economic uncertainty and financial turbulence have sent ripples throughout just about every major industry that fuels our country's economy, and the insurance business is no exception. And, even during these fiscally challenging times, commercial insurers scrambling for short-term cash infusions are willing to mortgage their financial future by perpetuating a "soft" insurance market through cut-rate premiums. Of course, cheap insurance prices are great today, but only if the companies collecting them are still around to pay their policyholders' claims tomorrow.

It is against that backdrop that I'm especially proud of SSCIP's 2009 accomplishments and extremely optimistic about the future of our Pool in 2010 and beyond. Although we don't yet have our final year-end results, through the first 10 months of 2009, our net earned premiums are higher than at this same point last year. Although it is not an enormous increase, it comes at a time when many businesses are limping along on life support and showing record losses. And, in spite of disappointing investment results, our Member equity also increased between October of 2008 and October of 2009. We've been able to demonstrate modest growth in our financial strength through pricing stability and responsible underwriting. Unlike many of our competitors, SSCIP will never resort to lowering premiums or taking on bad risks in order to improve its market position or its financial position because SSCIP's mission is to "To maximize safety and minimize losses for social service providers and their clients and to help ensure availability of a provider community by offering stable insurance options and promoting risk management practices."

Fortunately, the Member loyalty SSCIP has garnered through its 22-plus years of service and commitment to Arizona's social service industry has fueled our continued success, even during these unsteady economic times. Therefore, I'm extremely pleased to announce that the SSCIP Board of Trustees declared a \$500,000 Member dividend at its December 9 meeting to be paid among all SSCIP Members in good standing as of January 15, 2010.

Because our Board members know how important each and every dollar is to Arizona social service providers that have been hit hard by state budget cuts, the Trustees were adamant and extremely enthusiastic about returning a portion of the Pool's surplus to its Members in appreciation of their loyalty to SSCIP and their commitment to responsible loss control and risk management. It is during times such as these that member-owned organizations such as ours can shine in comparison to our commercial competitors, and our Board is extremely humbled by the opportunity to serve a provider community that is working so hard to offer quality services to the people in Arizona who need them the most.

On behalf of the Board, I would like to extend our warmest wishes for Happy Holidays and for a safe and prosperous New Year!

Sincerely,

A handwritten signature in cursive script that reads "Richard W. Hill".

Richard W. Hill • President – SSCIP Board of Trustees

SSCIP'r*Featured Agency:***Chrysalis Shelter for Victims of Domestic Violence, Inc.**

More than 20 years ago, a woman opened up her home to provide a safe house for both women and children who were victims of domestic violence. Within three years, funding was received to expand these services into a 24-hour crisis shelter. The shelter was appropriately named Chrysalis, which is defined as the growth that creates an independent being. During the first year, more than 450 women and children received assistance and the comfort of a safe haven to develop their self-esteem and independence.

Since that time, Chrysalis has been serving the needs of women, children and men throughout the Phoenix area, who are trying to break the cycle of violence and abuse. The number of lives affected by Chrysalis has grown four fold since its inception, with more than 1,200 individuals now being helped each year through the efforts of staff and volunteers.

In addition to two crisis shelters, Chrysalis now offers transitional housing for up to 24 months, outpatient counseling, and community education and prevention programs. Women, children and men are taught to identify unhealthy relationships in their lives and seek proper help and assistance. With the services provided through Chrysalis, they are able to initiate positive changes in their lives and break away from verbal, physical, emotional, financial, and sexual abuse.

The following is a summary of services provided by Chrysalis.

Crisis shelters

Chrysalis operates two residential crisis shelters located in Scottsdale and Phoenix. Combined they can house up to 50 women and children at once. During their stay (up to 120 days) clients receive individual and group counseling and case management. Assistance with job development, housing and financial referrals, medical services and parenting information is provided based on the needs of the individual. Counseling is provided to children living in the shelter. There is a full-time child therapist on site at each shelter.

Chrysalis maintains a 24-hour domestic violence hotline at each crisis residential shelter. For services at the Chrysalis Phoenix Shelter call 602-944-4999. For services at the Chrysalis Scottsdale Shelter call 480-481-0402.

Transitional housing

Chrysalis has a permanent transitional facility with four units in Phoenix and six transitional living apartments scattered in Phoenix, Scottsdale and Tempe. The transitional housing offers apartment living for single women and women with children who have successfully completed at least a 30-day crisis shelter program and are in need of additional time to secure their future. In addition, women must be employed or enrolled in an educational/vocational program to be eligible for transitional housing. This program is available from three to 24 months with regular counseling, case management and group counseling on a weekly basis.

Vacancies are filled through referrals from crisis shelters.

Outpatient Services


These services include:

- Victim counseling, which consists of individual counseling, structured psycho-educational groups and a support group.
- Children's counseling, which accepts clients who are ages 3 to 17 who would benefit from short-term counseling after witnessing or experiencing domestic violence in the home. Child-centered play therapy is used when working with children.
- Program Chai, which meets the special needs of Jewish families experiencing domestic violence through individual counseling, a support group for Jewish women who are victims of domestic violence, kosher meals in the shelters and community education and prevention programs for temples, schools and organizations.

Victim advocate

In collaboration with the Maricopa County Adult Probation Department/Domestic Violence Unit, Chrysalis provides outreach, advocacy, crisis intervention, service referral, and follow-up with victims of offenders who are on probation.

PAC (Preventing Abusive Conduct) Program

This program provides treatment for offenders of domestic violence/abuse through psycho-educational counseling groups. Clients may be self-referred, referred from another agency, or referred from a court or probation officer. Chrysalis provides groups for men and women. In certain cases, Chrysalis may conduct individual counseling. 

Protecting vulnerable clients from abuse

By Mark E. Chopko
For Risk Management Essentials

Many community-based nonprofits serve vulnerable populations, from adult day care centers, to healthcare facilities, athletic clubs, after-school recreation programs and churches to name a few. Experts in the field recognize that vulnerable clients are susceptible to mistreatment by adult family members, caregivers, visitors and others with whom they come into contact. Child protection professionals estimate that an unacceptably high percentage of girls and boys, for example, will be victimized during the course of their minority, usually by someone they know.

A study authorized by the federal No Child Left Behind Act showed that perhaps as many as 10 percent of public school students are victims of sexual abuse between kindergarten and 12th grade. Although the abuse that occurs in nonprofit organizations constitutes only a small percentage of all reported abuse cases, field studies do not give reliable statistics for the nonprofit sector. Nonetheless, the public rightly expects that community-serving organizations have adequate procedures to protect the vulnerable people that they serve, and that they will respond promptly and effectively to any complaints.

In addition, the public expects that abusers will face charges and that any institution that knowingly fails to act in the face of a complaint will be held accountable. In many instances, private institutions will face litigation; by contrast, despite the high incidence of abuse in schools, public institutions are largely immune unless injured persons act quickly, often within 180 days, to initiate a process to protect their rights. The financial impacts themselves are significant. From 1950 to the present, Catholic institutions reported they have paid more than \$2 billion in losses, and the resulting financial disruption has caused the bankruptcy of six dioceses and one religious community in the United States. More than the monetary cost, however, nonprofit institutions that are perceived as having failed to protect vulnerable persons in their care suffer a loss of respect and stature, often accompanied by a decline in contributions.

Abusers seek out opportunities to abuse in places where there are vulnerable people. Abusers employ subtle and secretive strategies in order to have access to potential victims. No system can be perfect; however, organizations can take reasonable steps to 1) prevent abusers from being employed, 2) educate children and their parents, the sick or the infirm, or other potentially vulnerable populations about abuse, and 3) communicate as openly as possible institutional abhorrence of abuse and our commitment to educate and prevent abuse to the extent possible. When abuse happens, the organizations can respond effectively and

timely to 1) remove and report the offender, 2) reach out to the presumed victim, and 3) communicate with interested parties and stakeholders.

Below are some key concepts recognized as best practices.

Have a written policy. The time and attention taken to write organizational policies dealing with prevention and response to abuse are worth it. The worst thing that can happen to an institution is to have a crisis – a complaint of active abuse in the organization – and have administrators scrambling to decide how to respond. This policy should state the organization's commitment to providing a safe environment for those entrusted to its care, while disclosing that no institution is immune and no policy is failsafe. The policy should be both proactive and reactive.

For example, the policy should address issues such as the screening and checking of backgrounds for employees and volunteers and any additional education and training either for staff or for those served.

Finally, every organization has different needs, resources, services, responsibilities, funding, demographics, etc. So too, each situation of abuse is different. Policies should stress that they are only guidelines, that each situation is different and that these guidelines, for good reasons that are documented, can be departed from in particular circumstances.

Respond to a complaint. A policy should also outline how a complaint will be dealt with. For example, will any member of the staff respond to a complaint or will a complainant always be directed to a particular trained individual? Will oral or anonymous reports be accepted? There are a number of situations that should be addressed. Good planning requires that a complaint process be thought about before there is a problem, and any policies can be amended as necessary in light of experience gained.

Policies can sometimes be too general or too strict. It is best to strive for balanced policies administered by trained staff. A well-trained, sensitive, and dedicated staff is really the best device to prevent and respond to abuse.

Dealing with victims and the wider community. There is much sensitivity in the community about how best to deal with those who have been abused. Knowledgeable institutions encourage victims to come forward and often communicate through hotlines, the Internet, brochures, and other devices that signal that the institution is open to receiving a report.

see **PROTECTING** on page 5

PROTECTING

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Communication strategies. An organization must demonstrate that it is open in responding to very bad news. Such openness must be tempered by the fact that there may be private details of the situation or concerning the individuals that do not belong in the public eye. Having a designated spokesperson is an enormous help. Members of the staff or the board can defer to that person. As a media “first responder,” the contact cannot say “no comment,” unless specifically forbidden by law enforcement to discuss it. In that instance, the response recites the fact – “law enforcement asked us not to comment.” Every response should note that the organization is committed to client safety, that it has a policy which is being followed, that the matter is under review (or the organization is cooperating with law enforcement), that not all details can be made public at this time (out of concern for privacy), and that further statements will be made as appropriate.

Prevention. No system is foolproof, but there are things an organization can do to enhance its ability to prevent abuse, starting with screening and checking the backgrounds of employees and volunteers. This process occurs at entry into the organization but it should be updated regularly.

Another preventative policy is education. If a school, day care center, or church teaches those it serves about the signs of abuse or “good touch-bad touch,” that process raises awareness.

Litigation. Despite your best efforts, your organization is sued. In many instances, litigation follows a complaint to the organization but in a surprising number of instances the first notice that an

organization receives is in litigation. Most of those lawsuits are filed by adult survivors of abuse. How the organization responds is still important.

Even if the allegation is for misconduct that is decades old and the first notice is litigation, treat the matter internally as a complaint. Do not ignore it as “litigation.” Put into action the organization’s response plan. At a minimum, the communications plan must be implemented. It may even be the case that the accused still works or volunteers for the agency. In that case the organization, as discussed above, may need to follow its entire plan, from reporting, to notification of the board and insurers, to temporary suspension of the accused pending investigation, and on to follow-up.

Conclusion

Every organization that has potential exposure can be a model of preparedness. The measures identified in this article are very straightforward and within the grasp of every nonprofit. Resource materials and expert advice are readily available. The process of implementing these measures provides an opportunity to involve stakeholders and has beneficial effects in the morale and sense of benevolent purpose of the organization.

Mark E. Chopko is a partner and chair of the Nonprofit & Religious Organizations Practice Group at Stradley Ronon Stevens & Young, LLP. This article is a chapter from the Nonprofit Risk Management Center’s publication “Exposed: A Legal Field Guide for Nonprofit Executives” by Chopko and Melanie Lockwood Herman, the Center executive director.



Welcome

NEW MEMBERS

SSCIP would like to welcome the following new members:

- ◆ A New Hope for Tucson Foundation
- ◆ Arizona Children and Teen Services, LLC
- ◆ Arizona’s Pinal County Youth at Cababi House, LLC
- ◆ Bette A. Blondin, LCSW
- ◆ Children First CACFP, Inc.
- ◆ Cindy L. Tatum-Shiple
- ◆ Claudette Walker-Simon, dba Lighthouse Family Services
- ◆ Clifford S. Topel, LMFT
- ◆ Corazon, Inc.
- ◆ Debra W. Wingo, LPC
- ◆ Desert Ridge Manor, LLC
- ◆ Destiny Sober Living
- ◆ Eureka Imperial Residence, LLC
- ◆ Flo Enterprises-414290, LLC, dba Ozarees Place 1
- ◆ Golden State Human Development Coalition
- ◆ James Finegan
- ◆ Lawrence J. Allen, PhD
- ◆ New Beginnings & Hope, LLC
- ◆ New Hope of Arizona, Inc.
- ◆ Orion Homes, LLC
- ◆ Pamela R. Smith, LCSW
- ◆ Raising Special Kids
- ◆ Shannon Seyedan, MSW
- ◆ Speak Your Mind, Speech and Language Therapy, LLC
- ◆ Stuart Fenstersheim, LCSW
- ◆ United Way of Pinal County

New Training DVDs available to SSCIP Members

New training DVDs are now available to SSCIP Members. Obtained from Coastal Training Technology Corp., the DVDs cover a variety of subjects from office safety and dealing with infectious MRSA to driver training.

The DVDs include:

Office Safety: It's A Jungle In There. This covers controlling the subtle dangers of an office environment, how to prevent injuries and preparing emergency plans.

MRSA Awareness. MRSA – methicillin-resistant staphylococcus aureus, a staph infection that is resistant to commonly prescribed antibiotics – was previously considered a risk only in healthcare facilities, but it has found its way into the community and is one of the most common causes of skin infections. This DVD contains specific steps to take to prevent the spread of MRSA.

Driven To Distraction. This illustrates how dangerous distracted driving can be.

Emotional Wreck. This provides a close look at how psychology and emotion impact driving.

Before You Turn The Key. A highway patrolman describes the incidents that could have been avoided if a driver had only taken the time to think and pay attention to their car.

Street Smarts. In this program, drivers encounter various hazardous situations.

To set aside one of the DVDs for your agency, call Southwest Risk Services at 602-996-8810. 

Respiratory infection control: respirators versus surgical masks

It is important that employers and workers understand the significant differences between these two types of personal protective equipment, according to OSHA. The decision whether or not to require workers to use either surgical masks or respirators must be based upon a hazard analysis of the workers' specific work environments and the different protective properties of each type of personal protective equipment.

Because many SSCIP Members' employees work in close proximity with disabled clients in group home settings, it is important for them to be familiar with the types of equipment that will most effectively reduce the chances of spreading viruses such as H1N1 among clients.

OSHA has posted the following informational fact sheet highlighting OSHA programs, policies and standards on surgical masks and respirators.

The use of surgical masks or respirators is one practice that may reduce the risk of infectious disease transmission between infected and non-infected persons. Since there is limited historical information on the effectiveness of surgical masks and respirators for the control of influenza during any previous pandemics, the effectiveness of surgical masks and respirators has been inferred on the basis of the mode of influenza transmission, particle size and professional judgment.

To offer protection, both surgical masks and respirators need to be worn correctly and consistently. If used properly, surgical masks and respirators both have a role in preventing different types of exposures. During an influenza pandemic, surgical masks and respirators need to be used in conjunction with interventions that are known to prevent the spread of infection, such as engineering and administrative controls (e.g., installing

sneeze guards, teleworking) and work practices (e.g., cough etiquette, hand hygiene, and avoiding large gatherings).

Respirators

Respirators are designed to reduce a worker's exposure to airborne contaminants. Respirators come in various sizes and must be individually selected to fit the wearer's face and to provide a tight seal. A proper seal between the user's face and the respirator forces inhaled air to be pulled through the respirator's filter material and not through gaps between the face and respirator.

Respirators offer the best protection for workers who must work closely (either in contact with or within 6 feet) with people who have influenza-like symptoms. These generally include those workers who work in occupations classified as **very high exposure risk or high exposure risk** to pandemic influenza.

Where workers are required by employers to wear respirators, they must be NIOSH-certified, selected, and used in the context of a comprehensive respiratory protection program. It is important to medically evaluate workers to ensure that they can perform work tasks while wearing a respirator. Employers who have never before needed to consider a respiratory protection plan should note that it can take time to choose an appropriate respirator to provide to workers; arrange for a qualified trainer; and provide training, fit testing and medical evaluation for their workers.

Surgical Masks

Surgical masks are used as a physical barrier to protect the user from hazards, such as splashes of large droplets of blood or body fluids. Surgical masks also protect other people against infection from the person wearing the surgical mask.

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OSHA ISSUES

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standard must be followed, including worker training and fit testing. The directive also applies to institutional settings where some workers may have similar exposures, such as schools and correctional facilities.


The CDC recommends the use of respiratory protection that is at least as protective as a fit-tested disposable N95 respirator for health care personnel who are in close contact (within 6 feet) with patients who have suspected or confirmed 2009 H1N1 influenza. **(See Respiratory infection control on Page 6.)**

Where respirators are not commercially available, an employer will be considered to be in compliance if the employer can show a good faith effort has been made to acquire respirators.

Where OSHA inspectors determine that a facility has not violated any OSHA requirements but that additional measures could enhance

the protection of employees, OSHA may provide the employer with a hazard alert letter outlining suggested measures to further protect workers.

The 2009 H1N1 influenza is transmitted via direct or indirect person-to-person spreading of infectious droplets passed when an influenza patient coughs, sneezes, talks or breathes. Transmission occurs when expelled infectious droplets or particles make direct or indirect contact with the mucus membranes of the mouth, nose or eyes of an uninfected person. The OSHA directive and other guidelines show steps to eliminate the hazard.

For updated recommendations and information about novel H1N1 (Swine) Influenza, visit the DHS website at <http://www.azdhs.gov/flu/h1n1/index.htm>. SSCIP Members can also call Southwest Risk Services, 602-996-8810. 

DHS POSTS


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decrease the likelihood of spread.

- Patients/residents with ILI should refrain from participation in group activities, group meals, and activities involving exposure to the general public.
- Limit visitors of patients/residents with ILI to those persons who are necessary to the care and social well-being of the ill individual. Visitors of people with ILI should be offered a surgical mask and instructed on its use.
- Residents/patients/clients participating in outpatient programs who develop ILI should not attend these programs until 24 hours after symptoms have resolved.
- Staff of ADHS-licensed facilities with ILI should stay home 7 days after symptoms began or until all symptoms are gone, whichever is longer.
- If you determine there is significant spread of influenza in your facility, call your county/tribal health department. The definition of "significant spread" will depend on your facility, staffing,

patient mix, administrative policies, and other key factors.

- If the facility determines that there is significant spread of influenza among its patients/residents or staff, consider limiting all facility visitors to those who are necessary for the care and well being of patients/residents.
- Monitor the proportion of staff with ILI who are absent due to illness to assist the facility in making the determination to further limit visitation.
- Monitor the proportion of residents/patients who are ill with ILI to assist the facility in making the determination to further limit visitation.
- Review your internal disaster plan to ensure you are prepared for large numbers of ill staff or patients.

DHS strongly recommends that anyone who works in a DHS-licensed facility get both seasonal and novel H1N1 (Swine) Influenza vaccines. 


RESPIRATORY INFECTION

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Surgical masks are used for several different purposes, including the following:

- Placed on sick people to limit the spread of infectious respiratory secretions to others.
- Worn by healthcare providers to prevent accidental contamination of patients' wounds by the organisms normally present in mucus and saliva.
- Worn by workers to protect themselves from splashes or sprays of blood or bodily fluids; they may also keep contaminated fingers/hands away from the mouth and nose.

Surgical masks are not designed or certified to prevent the inhalation of small airborne contaminants, and they are not designed to seal tightly against the user's face. Their ability to filter small particles varies significantly based upon the type of material used to make the surgical mask, so they cannot be relied upon to protect workers against airborne infectious agents.

Only surgical masks that are cleared by the U.S. Food and Drug Administration to be legally marketed in the United States have been tested for their ability to resist blood and body fluids. 

SOCIAL SERVICE CONTRACTORS INDEMNITY POOL

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The logo for the SSCIP newsletter is the word 'SSCIP' followed by a lowercase 'r', all in a blue, cursive, handwritten-style font. The letters are slightly shadowed, giving it a three-dimensional appearance.

The Social Service Contractors Indemnity Pool (SSCIP) newsletter is published quarterly by the Pool's Administrator:

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SSCIP is a non-profit corporation created in 1987. Its primary purpose is to provide property and casualty coverages to social service providers contracted with the State of Arizona and other political subdivisions.

SSCIP is governed by a 15 member Board of Trustees elected by its members. The newsletter is published in a continuous effort to inform and educate its members. Suggestions for articles are welcome.