

THE SWVMHI NEWS

Southwestern Virginia Mental Health Institute

Volume XXIX, No. 1

▲ Health ▲ Healing ▲ Hope

February 1, 2007

OUR MISSION: We promote mental health in Southwestern Virginia by assisting people in their recovery.

FROM THE DIRECTOR:

Two new reports from the Medical Directors' Council of the National Association of State Mental Health Program Directors (NASMHPD) address important issues that SWVMHI deals with on a daily basis. The first report is "Morbidity and Mortality in People With Mental Illness." We have long recognized the importance of integrating primary health care with mental health care. Persons with serious mental illness are now dying, on average, 25 years earlier than the general population. The death rate has risen in recent years. Based on scientific literature, causes of death are largely due to medical conditions that respond well to treatment and monitoring – if you have adequate medical care on an ongoing basis. Many conditions that lead to early death are also preventable, such as heart disease, diabetes, respiratory disease, and infectious disease. Persons admitted to SWVMHI are very fortunate to have skilled and vigilant medical, nursing, laboratory, pharmacy, radiology, occupational therapy, and other staff who are attuned to the many co-morbid conditions we see.

Unfortunately, we know that most persons with serious mental illness receive their treatment in other settings without the resources and staff that we can bring. We see firsthand the importance of regular visits to primary healthcare providers and the decline in health when this does not occur.

There is another category of factors which leads to higher death rates for persons with serious mental illness—these are called Modifiable Risk Factors, and they include behaviors which, if changed or modified, would decrease deaths. These behaviors include alcohol and drug use, poor nutrition/obesity, lack of exercise, and living situations which have higher risk of exposure to infectious diseases. However, for 75 percent of persons with serious mental illness or addictions, the number one modifiable risk factor is tobacco use, primarily smoking.

The second NASMHPD Medical Directors' report is dedicated entirely to this risk factor. Did you know that:

- Half of long-term smokers will die from their tobacco use;
- Adult smokers lose, on average 13.2 (men) and 14.5 years (women) of their lives due to smoking;
- Staff in mental health and addictions treatment facilities also have higher rates of smoking than the general population (30 – 35 percent of staff smoke, compared to 23 percent of general population).

It is my belief that we have room for improvement in combating modifiable risk factors. While we offer some education and treatment for these behaviors, we need to become more focused on holistic and integrated approaches to health. As the Chair of the Medical Directors' Council, Joe Parks, M.D., states, "Overall health is essential to mental health, and recovery includes wellness."

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SWVMHI is in the process of forming a work group that will help us become a tobacco-free facility in 2007. This work group will include a variety of staff and will actively engage consumers in the development of policies that create and govern a tobacco-free environment. The process will include training, education, and assistance to staff and consumers to give everyone an opportunity to stop smoking. Communication will be key, as well as a focus on healthy opportunities and choices. This will surely give a new meaning to our slogan, “Health, Healing, and Hope.” We care about the wellness of people in southwestern Virginia, and, while this won’t be easy, we will work together as a team to identify how we can best address needs and concerns, communicate and support the need for change, and celebrate successes.

By early next week, I will place copies of both NASMHPD reports in the SWVMHI Library and distribute copies to Clinical departments. If you would like a copy of one or both, please contact Linda Bonham at Extension 201. It is sobering reading. . .

“Hope” is the thing with feathers—That perches in the soul—And sings the tune without the words—And never stops—at all.” ~Emily Dickenson

COMMITMENT TO EDUCATED WORKFORCE

The SWVMHI Executive Management Committee believes very strongly that we can be a high performing organization, an employer of choice, and that our staff should continue to grow in knowledge and skills. We respect the inherent value of every person and believe that every person should have the opportunity to make contributions toward recovery; therefore, we were very pleased to be able to offer our staff the opportunity to apply for funds to help further their education.

As a demonstration of the SWVMHI commitment to a better trained and educated workforce, we have been able to offer the following programs this year:

- **Educational Assistance:** Beginning July 1, 2006, 17 employees received tuition reimbursement in order to work on degrees or prerequisites such as MSN, BSN, LPN to RN, LPC, RT, OTR, and MSW. Nineteen employees have applied for educational assistance for spring semester 2007. According to policy, upon successful completion of the course(s), we are able to reimburse 75% of the cost of in-state tuition. Employees furthering their education will be granted more than \$50,000 this fiscal year.
- **Certified Nursing Assistants:** All Direct Service Associates (Psychiatric Aides) who do not have their CNA are sent to school to earn this certification. This adds a level of skill and professionalism to staff throughout the hospital.
- **College of Direct Support:** Currently there are 11 core modules (56 lessons) and four advanced or second level modules (22 lessons) covering such topics as Maltreatment of Vulnerable Adults, Positive Behavior Support, Documentation, and Cultural Competence. In addition, four modules are available from the College of Frontline Supervision and Management (CFSM) (17 lessons), for a total of 95 lessons. CFSM lessons are applicable for all supervisors regardless of whether you work in direct care or not. In a report submitted to the General Assembly as of January 1, SWVMHI had 229 learners who had completed 10,087 lessons. This is more than a quarter of the total completed lessons in the DMHMRSAS.

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DIRECTOR – CONTINUED FROM PAGE 2

- High Performance Organization. In order to continue the next step of leadership training, SWVMHI has contracted to provide three days of training to all Department Heads/Nurse Manager level staff. There will be some slots for additional staff who have demonstrated a commitment to teamwork, exceptional performance, and leadership.

Congratulations to all those who have participated in CNA training, CDS, or educational assistance.

FOURTH QUARTER 2006 EMPLOYEE RECOGNITION EVENT

February 22, 2007 – Save the Date!

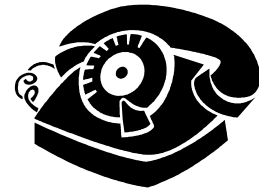
On February 22, George Washington's actual birthday, SWVMHI will celebrate Fourth Quarter employee recognition with a "Winter Blast" theme. Employees of the Quarter will be recognized, along with our first Employee of the Year. We will also celebrate those who earn service awards, cash, leave, or other awards, Making a Difference Awards, and retirees.

The Employee Recognition Committee is also seeking feedback on the first year's program and events. If you have comments or suggestions, please send them to Ruby Wells, Chair of the Recognition Committee.

Stay tuned for more information.

SPECIAL THANKS

Thank you to those staff who responded quickly during the recent late evening failure of the phone switch. As we discovered during a June, 2006, Code Orange drill, the phone system could fail at any time. Any attempt to reset it requires meticulous attention to detail and is very time consuming. (Thank you, Shannon Sauls!). Others who responded to ensure safety include unit nursing and psychiatric aides, security officers and supervisors, and Physical Plant Services staff.



Thank you for showing leadership in this situation.

~Cynthia McClaskey, Ph.D.
Director

NEWS AND NOTES FROM THE SWVMHI LIBRARY

“Good Grief, Charlie Brown!”

Yes, I know that Valentine’s Day, Saint Patrick’s Day, and other joyous occasions will transpire before we next meet on this page.

What is on the opposite side of the coin of joy? – Grief. Our joy is enriched by the events that we have experienced that have caused us to grieve. The joy is appreciated that much more, because we have lived the sorrow and sadness that is part of grieving.

So why is my mind on grief? It seems to me that many of you have recently experienced events which have caused you personal grief, and it grieves others when they cast about for ways to respond to those who are grieving. Do persons with chronic conditions need to grieve?

So we have some titles that, hopefully, will help us help us all to face grief head-on and make it work for us. In no particular order:

- Colgrove. *How to Survive the Loss of a Love*. “When an emotional injury takes place, the body begins a process as natural as the healing of a physical wound. Let the process happen. Trust the process. Surrender to it.”
- Adams. *Once Upon A Family: A Son’s Journey of Love, Loss and Hope*. In workbook format, aimed at younger people. Quote from the book dedication. “___ who should not be remembered for the way he died, but for the way he lived.”
- Caplan. *Grief’s Courageous Journey: A Workbook*. “We found a simple, down-to-earth way to help people effectively grow through their losses.”
- McCracken. *A Broken Heart Still Beats: After Your Child Dies*. “This wonderful anthology richly demonstrates that literature is a medicine, a catharsis for the emotions we cannot face but cannot escape.”
- Jeffreys. *Helping Grieving People When Tears Are Not Enough: A Handbook for Care Providers*. What are we, if not care providers?
- Doka, ed. *Living with Grief After Sudden Loss: Suicide, Homicide, Accident, Heart Attack, Stroke*. Hospice Foundation of America produced this piece.
- Tick. *War and the Soul: Healing Our Nation’s Veterans From Post-Traumatic Stress Disorder*. “With a resounding salute to those who have given their lives, this book empowers us to overcome the soul loss that is the result of all wars.” Personal as well?

We take joy in those who have shared materials with us in the last few months. Thanks go to: Alicia Alvarado, Jane Atwell, Gail Campbell, Gengie Fisher, Sandy Harless, Paige Houchins, Benita Johnson, Roy Layne, Cynthia McClaskey, Jill McKinnon, Dick Mears, Judith Reid, Ward J, and Nancy Wood.

Looking forward to sharing some joy and good humor with you the next time we meet on this page.

~Ann Mathews, Librarian

“Where there’s life, there’s hope.” Cicero

SNORT. SNIFFLE. SNEEZE. NO ANTIBIOTICS PLEASE!

Are you aware that viruses cause colds, flu, most sore throats and bronchitis? Did you know antibiotics do not help fight viruses? It's true. Plus, taking antibiotics when you have a virus may do more harm than good. Taking antibiotics when they are not needed increases your risk of getting an infection later that resists antibiotic treatment.

If you have a cold or flu, antibiotics won't work for you!

Antibiotics kill bacteria, not viruses such as:

- Colds or flu
- Most coughs and bronchitis
- Sore throats not caused by strep
- Runny noses

Taking antibiotics for viral infections, such as a cold, cough, the flu or most bronchitis, will not:

- Cure the infection
- Keep other individuals from catching the illness
- Help you feel better



Get Smart About Antibiotics

When you are prescribed and use antibiotics appropriately, you do the best for your health, your family and those around you.

What To Do:

- Talk with your healthcare provider about antibiotic resistance.
- When you are prescribed an antibiotic:
 1. Take it exactly as the doctor tells you.
 2. Complete the entire course, even if you feel better. If treatment stops too soon, some bacteria may survive and re-infect you.
 3. Throw away any leftover medication once you have completed the prescription.

What NOT To Do:

- Do not take an antibiotic for infections such as colds or flu.
- Do not demand antibiotics if the doctor says they are not needed. They will not help treat your infection.

When you are prescribed antibiotics:

- Do not skip doses.
- Do not save any for the next time you get sick.
- Do not take antibiotics prescribed for someone else. The antibiotic may not be appropriate for your illness. Taking the wrong medicine may delay correct treatment and allow bacteria to multiply.

INFLUENZA VACCINATION UPDATE

As of January 15, 2007,
415 SWVMHI employees and 120 patients
had received an influenza vaccine.

COMMENTS AND MISCELLANEOUS

THANKS TO STAFF

Dear Friends:

Phillip, Adam, and I, along with the rest of our family, were deeply touched by each and every one of your thoughtful gestures, including the uplifting prayers and calls, the comfort of your presence, the food and nourishment, and financial support. You made us feel as though you were part of a close-knit extended family. A number of you came to the funeral, and it was a blessing for us to see you there. Please know that each of you has touched our hearts in a time of the tragic loss of our precious son, Joshua. In closing, I would like to say that I am honored to be a fellow employee here where so many care so deeply.

With much gratitude for your support and prayers!

~Starlena Boyer & Family

THIS YEAR'S OPERATION SANTA CLAUS PROGRAM WAS A GREAT SUCCESS, AND OUR PATIENTS WERE GENUINELY APPRECIATIVE THAT THEY WERE REMEMBERED.

Each patient received a gift and a stocking. The many financial donations from the community, local churches, and businesses are greatly appreciated, in addition to the gifts and donations we received from SWVMHI staff.

I hope each of you had a happy holiday season and the beginning of a great new year.

Thanks so much for helping to make this another special Christmas season for our patients.

~Doug Smith, Volunteer Services Director

EARLY REMINDER: Volunteer services will hold the first of our bi-annual yard sales this spring, exact date TBA, Please begin collecting all those great treasures you have hidden in the back of closets, basements, and attics! You may donate these at any time. Please call Ext. 855 for more information.

Don't forget to give your change from lunch...use the volunteer donation jar in the employee cafeteria.

We would like to thank Linda Horne, Bill Funk, and the members of the ERS Achieving Group for the invitation that was extended to us to join them for their Thanksgiving dinner. The table setting was beautiful, the food was delicious, and the conversation was intriguing. We enjoyed ourselves immensely and feel "thankful" to the patients for their hard work and dedication while participating in the centralized activity groups. We see progress every day and wish the patients well in their continuing endeavor to achieve their treatment goals. We also are thankful for the staff who provide the means for the patients to achieve goals. Keep up the good work!

~Mike Jones, Martha L. Catron,
Lynn Henderson

STUDENTS RECEIVE ACADEMIC HONORS

King College announces students in **traditional and professional studies undergraduate programs** who received academic honors for the fall 2006 semester. King College **President's List** recognizes students who take at least 12 hours of academic work and achieve a perfect 4.0 semester grade point average. Students taking at least 12 hours of academic work and attaining a semester grade point average within the range of 3.50 to 3.99 averages are honored on the King College **Dean's List**.

SWVMHI is proud to recognize the following employees who are attending the King College BSN program meeting these requirements, as well as working full time.

President's List – Fall 2006

- Todd Gillespie, RNCB/Head Nurse, Adolescents
- Jim Lundy, UNC, Wards A/B

Dean's List – Fall 2006

- Sue Chapman, RNCA, Ward K
- ~Submitted by Ellen Tilson, UNC,
Geriatrics/Infirmary

A PATIENT'S POEM

I stroll through the garden
Picking flowers as I go
Melodys Dancing in my head
The words begin to flow

The river makes the music
My heart makes the song
My lips whisper words
My feet dance along

The dandelions whisper
Words I don't understand
But the Lord says to me
My child just hold my hand

For you will go down many roads
And there will seem to be no song
You'll be too tired to walk
But don't worry, I'll carry you along

There will be some pathways
You'll think have no end
There will be dark clouds over your head
But be patient my child for right around the bend

You'll find a rainbow so bright
Your eyes will have to adjust
To all the beauty set before you
But you must go through the darkness first

The dark clouds are not to punish you
Or instill in you fear
But to help you see through these clouds
And to know that I am here

No matter how dark things seem to be
Or how hopeless they appear
There's a rainbow waiting for you
Just hold my hand, I'll do the rest my dear.

Written by a SWVMHI patient
~Submitted by Barbara McCreedy, PLA
Ward A/B, Third Shift

SANTA FOR A DAY

A seven-year-old is old enough to know
That this Christmas will not be special.
The face of the mother shows all
When she asks, "Do we have enough for bread?"

A seven-year-old knows and remembers
That last Christmas his wishes
Were just wishes,
And daddy said, "Maybe next Christmas
Santa will grant you your wishes."

Teamwork, ERS, understanding.
Building blocks to toys, food, clothes and
Money amounting to 240 dollars,
Grant wishes for a seven-year-old,
And show the love we carry in our hearts.

Thanks to each of you who were able to donate.
Thanks to each of you who maybe could not,
But gave your support and encouragement
So a little boy and his family
Could have a special Christmas
To carry forever in their hearts.

Written 12/21/06
~Charlotte Carter, RN
3RD Shift/Ward J/ERS

THE GREATEST OF THESE IS LOVE

By Roberta L. Messner

Though I articulate the contemporary jargon of nursing,
If I have not understanding that touches the heartbeat of my
patients,
I only generate chatter.

Though I boast of diplomas, awards, and publications, and
my skills reflect the wonderment of technology,
If I have not mastered the gift of compassion, my endeavors
are hollow.

Though I impress my colleagues with my intellectual
prowess and lofty idealism,
If I offer not the instrument of self,
I serve my patients with mere activity.

Though I devote my life to the profession of nursing, and
forfeit personal desires,
If I become cynical, detached and fatigued to the point of
indifference,
My energy is expended in futility.

Though I integrate the art and science of nursing, translate
research into clinical practice, and achieve professional
notoriety,

If I do not notice wounded hearts and broken dreams,
My mission is not fulfilled.

I may be competent, dependable, efficient, but if I fail to
communicate the language of love,
I practiced nursing in vain.

Faith, hope and love – these are all cravings of the human
spirit – but
The greatest of these is Love.

~Submitted by Sandy Harless, RNCA

FROM THE STAFFING NURSE COORDINATORS

December was a busy month for the hospital. We had 22 staff members on SD or FML. In addition, we had several vacant positions on all shifts. Even with the number of absences and vacancies, we were able to grant 156 shifts of planned leave. Fifty requests were granted after the schedule was posted. There were 213 call-ins, with only two mandates. Fifty-five employees volunteered to work extra hours. Thirty-six codes were called (five code alerts, 30 response team codes, and one code blue).

The Transportation Department arranged staffing and transportation for 228 trips.

All nursing staff with December and June birthdays attended CPR in December. Everyone in nursing was scheduled to attend TOVA in January. Staff with January birthdays also took a CPR competency test in January. Beginning in February, nursing staff will attend TOVA and CPR classes during their birth months. Training to drive the wheelchair van was offered in January. Any employee who has not had wheelchair van training and would like the training may contact the SNC office for scheduling.

A big thanks to P-14 staff who worked 1126 hours in December to help staff members take time off to be with families and friends.

A NURSE'S STORY

The old man anxiously moving about in the checkout line listened as the clerk explained that, if he wanted to pay for his items tomorrow, she would jot them down on a pad and ring it up tomorrow when he returned to pay and pick them up. As I stood behind this poor soul, my mind began to wander as I assessed him and the situation. An overwhelming flood of compassion came over my mind, as I thought about where he lived and if someone cared for him. His hair was long, gray, and very unkempt. A worn-out old hat sat on his head. His coat was long, dirty, and tattered. There were no shoestrings in his white plastic, dirty shoes. His nails were very long--that is, the ones that were not diseased, as I assessed the discoloration and form.

As he turned to see me in line behind him, he asked the clerk to move his items to the side to accommodate me. As I spoke up, I felt the Lord giving me an overwhelming feeling like I never had. I assured the clerk it was ok to go ahead and finish with her customer. Turning to the old man, I commented on his cups and mugs lying on the counter. The old cups and mugs began to look so beautiful, even though they were cracked and faded and not a single one matched the other. He smiled "real big," looking up at me with his "little old" eyes as they watered, stating "I have something I'm gonna do." The feeling was strongly overwhelming me as he spoke of giving them away to different people. It took everything I had to hold back the tears. A million things crossed my mind, wondering if indeed he would be back tomorrow, if he "could" pay the \$16.35 for the cups, and did he have a mental or physical illness. He appeared so gentle and kind. I wondered as he anxiously waited for the clerk to finish if he had a home or maybe lived in a box and how he ended up like this?

Then, I thought of my home, my children, my job, and that my husband was gone--but I had good memories of him and knew that he had thought of me even in death, and that I would be taken care of! I felt so privileged at the moment, but then knew that I had taken everything for granted. This man was in much need, yet he thought of others more than himself. I went to my car, and tears began to roll. Today, this day, I actually wiped tears! It appeared as if my old attitude went out the car window as I cried driving to my next destination.

I love junk stores and antiques, and at times you can see many classes of folks in junk stores. I believe in my heart that man was no accident that day. At that moment, I knew why I was led to be a nurse. I pray that I may incorporate what I experienced that day with my patients. I pray that I can continue to look deeper into the heart of mankind and let the trivial things go. I pray that the Lord continues to work on me to be the best nurse I can be. I pray that we can all look deeper in order to get our patients well and on their feet, that they may say "someone was kind to me and now I have the strength to go on."

~Author Requested to Remain Anonymous

PERSONNEL CHANGES

NEW EMPLOYEES	
Bobbie A. Clark, Psy. Aide	12/10/2006
H. Laird Baldwin, Rehab. Therapist Senior	12/10/2006
Judy K. Britt, Psychology Associate	12/25/2006
Stella Ndem, Psychiatrist	01/01/2007
Missy L. Tuell, HR Assistant (Hrly.)	01/03/2007
Virginia L. Self, Rehab. Specialist (Hrly.)	01/03/2007
Jennifer J. Lowe, Psy. Aide	01/10/2007
Emily R. Blevins, Psy. Aide	01/10/2007
Kenneth L. Clark, Psy. Aide	01/10/2007
Doreen M. Nally, Psychologist	01/10/2007
Carolyn W. Totten, Housekeeping Worker	01/10/2007
Jennifer L. Esch, Housekeeping Worker	01/10/2007
D. Brooke Patton, Admissions Clerk (Hrly.)	01/10/2007
Stacy L. Goings, Occupational Therapist	01/25/2007
Teresa G. Widener, Psy. Aide	01/25/2007
Ralph B. Mabry, Psy. Aide	01/25/2007
Tammy E. Powers, Housekeeping Worker	01/25/2007

PROMOTIONS/ROLE CHANGES	
Thelma Josie Wade, RNCA (Hrly.) to RNCA Full Time	12/10/2006
Cynthia R. Frye, RN Coordinator Admissions to RNC, ERS	01/10/2007
James W. Lundy, RNCB to RN Coordinator	01/10/2007
Julie L. Stoots, RNCB to RN Coordinator	01/10/2007
Rebecca W. Crewey, Food Service Tech. (Hrly. to Full-time)	01/25/2007

SWVMHI CENSUS				
	Admissions	Discharges	Passes	Avg. Daily Census
2006				
Nov.	94	108	14	158
Dec.	63	67	21	144

SEPARATIONS	
Janie A. Johnson, RN	12/09/2006
Rosario T. Orsos, Housekeeping Worker	12/24/2006
Leda V. Blevins, Housekeeping Worker	12/24/2006
Rose Mary Blevins, Psy. Aide	12/27/2006
Charlotte M. Carter, RN	12/31/2006
Karen E. Hackler, Training & Development Coord.	01/03/2007
Matina A. Gillespie, Housekeeping Worker	01/08/2007
Barbara A. Meadows, Psy. Aide	01/18/2007

PSYCHOLOGY DEPARTMENT WELCOMES NEW STAFF

The Department of Psychological Services is pleased to welcome Judy Britt, Ph.D., on the A Team, and Doreen Nally, Ph.D., on the C Team. Jim Moon, Ph.D., will be joining the I Team as soon as Dr. Britt completes orientation and training.

Please say hello and introduce yourself to Judy and Doreen.

~Richard Mears, Ph.D.

Director of Psychological Services

ANNASUE B. COOK EARNS CERTIFICATION AS A PROFESSIONAL IN HUMAN RESOURCES

Annasue B. Cook, Human Resource Analyst at Southwestern Virginia Mental Health Institute, recently earned certification as a Professional in Human Resources (PHR).

The certification, awarded by the Human Resource Certification Institute (HRCI), signifies that Ms. Cook possesses the theoretical knowledge and practical experience in human resource management necessary to pass a rigorous examination demonstrating a mastery of the body of knowledge in the field.

"Certification as a human resource professional clearly demonstrates a commitment to personal excellence and to the human resource profession," said Susan Meisinger, SPHR, President and CEO of the Society for Human Resource Management (SHRM). HRCI awards two levels of certification: Professional in Human Resources (PHR) and Senior Professional in Human Resources (SPHR).

To become certified, an applicant must pass a comprehensive examination and demonstrate a strong background of professional human resource experience.

HRCI is the credentialing body for human resource professionals and is affiliated with the Society for Human Resource Management (SHRM), the world's largest organization dedicated exclusively to the human resource profession. The Institute's purpose is to promote the establishment of professional standards and to recognize professionals who meet those standards.

~Ruby Wells, Human Resources Manager

FEBRUARY DATES TO CELEBRATE	MARCH DATES TO CELEBRATE
<ul style="list-style-type: none"> • Groundhog Day (February 2) • Valentine's Day (February 14) • George Washington's Birthday (February 22) • American Heart Month • American History Month • Black History Month • International Friendship Month • National Cherry Month • National Embroidery Month • National Wild Bird Feeding Month • Responsible Pet Owners' Month 	<ul style="list-style-type: none"> • Return Borrowed Books Week (March 1 – 7) • NEA's Read Across America Day (March 2) • World Day of Prayer (March 2) • Anniversary of TV Premiere of Jeopardy (1964) (March 30) • Doctors' Day (March 30) • Mental Retardation Month • National Brain Injury Awareness Month • National Kidney Month • National Professional Social Work Month • National Women's History Month



CONGRATULATIONS to the Nursing Staff who have been working diligently to complete the lessons offered through The College of Direct Support. As you are aware, the response has been overwhelming, with over 160 participants completing a total of 8,980 lessons **as of December 31, 2006**. Keep up the good work.

COMPLETED THROUGH DOCTORAL LEVEL 3 (Completed 119 Lessons)

Lorene Blevins	Teresa Blevins	James Colgate
Robert Farmer	Tina Goodman	Karen Graham
Lisa Gravley	Judy Harris	Robin Heldreth
Donna Jackson	Tammy Jackson	Beth Lykins
Virginia Parsons	Bonnie Sexton	Pamela St. John
Elizabeth Stamper	Donna White	

COMPLETED THROUGH DOCTORAL LEVEL 2 (Completed 113 Lessons)

Debra Buchanan	Charlotte Carter	Karleen Davidson
Rachel Evans	Rita Heath	Amelia Henderson
Katherine Hogston	John Jones	Sue Roberts
Ruby Thomas	Liddie White	Carolyn Woodward
Earleen York		

COMPLETED THROUGH DOCTORAL LEVEL 1 (Completed 103 Lessons)

Michelle Clatterbuck	Helen Gill	Herman Kirk
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COMPLETED THROUGH MASTERS LEVEL 4 (Completed 92 Lessons)

Dean Anderson	Luke Armstrong	Lucita Chapman
Clay Dolinger	Teresa Dunford	Terri Griffey
Judy Grimsley	Jack Hawk	Wanda Hounshell
Cathy Huff	Janice Morris	Leslie Warden
Dreama Wilkinson		

The following was extracted from the Emergency Preparedness and Response Website:

Extreme Cold: A Prevention Guide to Promote Your Personal Health and Safety

Exposure to cold temperatures, whether indoors or outside, can cause other serious or life-threatening health problems. Infants and the elderly are particularly at risk, but anyone can be affected. To keep yourself and your family safe, you should know how to prevent cold-related health problems and what to do if a cold-weather health emergency arises.

Plan Ahead

Prepare for extremely cold weather every winter—it's always a possibility. There are steps you can take in advance for greater wintertime safety in your home and in your car.

Emergency Supplies List:

- an alternate way to heat your home during a power failure:
 - dry firewood for a fireplace or wood stove, or
 - kerosene for a kerosene heater
- furnace fuel (coal, propane, or oil)
- electric space heater with automatic shut-off switch and non-glowing elements
- blankets
- matches
- multipurpose, dry-chemical fire extinguisher
- first aid kit and instruction manual
- flashlight or battery-powered lantern
- battery-powered radio
- battery-powered clock or watch
- extra batteries
- non-electric can opener
- snow shovel
- rock salt
- special needs items (diapers, hearing aid batteries, medications, etc.)

Winter Survival Kit for Your Home

Keep several days' supply of these items:

- Food that needs no cooking or refrigeration, such as bread, crackers, cereal, canned foods, and dried fruits.
- Remember baby food and formula if you have young children
- Water stored in clean containers, or purchased bottled water (5 gallons per person) in case your water pipes freeze and rupture
- Medicines that any family member may need

Prepare Your Car for Winter

You can avoid many dangerous winter travel problems by planning ahead. Have maintenance service on your vehicle as often as the manufacturer recommends. In addition, every fall:

- Have the radiator serviced, or check the antifreeze level yourself with an antifreeze tester. Add antifreeze, as needed.
- Replace windshield-wiper fluid with a wintertime mixture.
- Replace any worn tires, and check the air pressure in the tires.

During winter, keep the gas tank near full to help avoid ice in the tank and fuel lines.

Winter Survival Kit for Your Car

Equip your car with these items:

- blankets
- first aid kit
- a can and waterproof matches (to melt snow for water)
- windshield scraper
- booster cables
- road maps
- mobile phone
- compass
- tool kit
- paper towels
- bag of sand or cat litter (to pour on ice or snow for added traction)
- tow rope
- tire chains (in areas with heavy snow)
- collapsible shovel
- container of water and high-calorie canned or dried foods and a can opener
- flashlight and extra batteries
- canned compressed air with sealant (for emergency tire repair)
- brightly colored cloth

Keep a Water Supply

Extreme cold can cause water pipes in your home to freeze and sometimes rupture. When very cold temperatures are expected:

- Leave all water taps slightly open so they drip continuously.
- Keep the indoor temperature warm.

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Extreme Cold – Continued from Page 12

- Improve the circulation of heated air near pipes. For example, open kitchen cabinet doors beneath the kitchen sink.

If your pipes do freeze, do not thaw them with a torch. Instead, thaw them slowly by directing the warm air from an electric hair dryer onto the pipes. If you cannot thaw your pipes, or the pipes are ruptured, use bottled water or get water from a neighbor's home. As an emergency measure—if no other water is available—snow can be melted for water. Bringing water to a rolling boil for one minute will kill most microorganisms or parasites that may be present, but won't remove chemical pollutants sometimes found in snow.

Cold Weather Health Emergencies

Serious health problems can result from prolonged exposure to the cold. The most common cold-related problems are hypothermia and frostbite.

Hypothermia

When exposed to cold temperatures, your body begins to lose heat faster than it can be produced. Prolonged exposure to cold will eventually use up your body's stored energy. The result is hypothermia, or abnormally low body temperature. Body temperature that is too low affects the brain, making the victim unable to think clearly or move well. This makes hypothermia particularly dangerous because a person may not know it is happening and won't be able to do anything about it.

Hypothermia is most likely at very cold temperatures, but it can occur even at cool temperatures (above 40° F) if a person becomes chilled from rain, sweat, or submersion in cold water.

Victims of hypothermia are often (1) elderly people with inadequate food, clothing, or heating; (2) babies sleeping in cold bedrooms; (3) people who remain outdoors for long periods—the homeless, hikers, hunters, etc.; and (4) people who drink alcohol or use illicit drugs.

Recognizing Hypothermia

Warning signs of hypothermia:

Adults:

- shivering, exhaustion
- confusion, fumbling hands
- memory loss, slurred speech
- drowsiness

Infants:

- bright red, cold skin
- very low energy

What to Do

If you notice any of these signs, take the person's temperature. If it is below 95°, the situation is an emergency—get medical attention immediately.

If medical care is not available, begin warming the person, as follows:

- Get the victim into a warm room or shelter.
- If the victim has on any wet clothing, remove it.
- Warm the center of the body first—chest, head, and groin—using an electric blanket, if available. Or use skin-to-skin contact under loose, dry layers of blankets, clothing, towels, or sheets.
- Warm beverages can help increase the body temperature, but do not give alcoholic beverages. Do not try to give beverages to an unconscious person.
- After body temperature has increased, keep the person dry and wrapped in a warm blanket, including the head and neck.
- Get medical attention as soon as possible.

A person with severe hypothermia may be unconscious and may not seem to have a pulse or to be breathing. In this case, handle the victim gently, and get emergency assistance immediately. Even if the victim appears dead, CPR should be provided. CPR should continue while the victim is being warmed, until the victim responds or medical aid becomes available. In some cases, hypothermia victims who appear to be dead can be successfully resuscitated.

What to Do

If you detect symptoms of frostbite, seek medical care. Because frostbite and hypothermia both result from exposure, first determine whether the victim shows signs of hypothermia, as described previously. Hypothermia is a more serious medical condition and requires emergency medical assistance.

If (1) there is frostbite but no sign of hypothermia and (2) immediate medical care is not available, proceed as follows:

- Get into a warm room as soon as possible.
- Unless absolutely necessary, do not walk on frostbitten feet or toes—this increases the damage.
- Immerse the affected area in warm—not hot—water (the temperature should be comfortable to the touch for unaffected parts of the body).
- Or, warm the affected area using body heat. For example, the heat of an armpit can be used to warm frostbitten fingers.
- Do not rub the frostbitten area with snow or massage it at all. This can cause more damage.
- Don't use a heating pad, heat lamp, or the heat of a stove, fireplace, or radiator for warming. Affected areas are numb and can be easily burned.

~Submitted by Richard W. Mears and Colin Barrom
For the Safety Committee

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The editorial staff thanks all who contributed to this issue and welcomes your suggestions for improvement.
We continue to seek volunteers to write articles and for the editorial board.

2007 SWVMHI NEWSLETTER SCHEDULE	
Deadline for Submission of Articles	Date of Publication/Distribution
January 22, 2007	February 1, 2007
March 19, 2007	March 30, 2007
May 21, 2007	June 1, 2007
July 20, 2007	August 1, 2007
September 18, 2007	September 28, 2007
November 19, 2007	November 30, 2007
Please submit your UNFORMATTED articles to Linda Bonham, Admin. Assistant, Office of the Director.	

As has been done in the past, when a large volume of information is submitted, extra newsletters will be issued during the year.