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Hidden

There are hummingbirds hidden on every page in this edition, just like the one pictured here. Can you find all of them?



From the Director

Governor Northam visits SWVMHI— July 29, 2019

On July 29, 2019, Governor Northam visited the campus of SWVMHI to kick-off the Alternative Transportation Project in Southwest Virginia, to view the transportation vehicle, and to thank the staff of SWVMHI and all the DBHDS facilities for their hard work.

In addition to Gov. Northam, attendees included Marion Mayor Helms; Ken Heath, Executive Director of Community & Economic Development; Sandy Bryant, Executive Director, Mt. Rogers Community Services Board; Kevin Mullins, Executive Director, Dickenson County Behavioral Health; and representatives from the CSBs of Highlands, New River Valley, Mt. Rogers, and Planning District 1. From the law enforcement community, we welcomed, John Jones, Executive Director of the Virginia Sheriff's Association; Sheriff

Fred Newman from Washington County; Sheriff David Maples, City of Bristol; and the Chiefs of Police from Wytheville, Ricky Arnold, and Marion, John Clair. We also had law enforcement representatives from Smyth County, Wise County, and Montgomery County. We also had with us two representatives from the Virginia Department of Veteran's Services and two consumer leaders in our region, Marty Grizzle and Suzanne Eller. Our Ballad Health community hospital partners also joined us, John Jeter, Tina Grizzle, and John Hagy.

Here are my remarks from that day:

"Thank you all for coming to southwest Virginia today. In addition to those named above, I thank our excellent colleagues from the Virginia Department of Behavioral Health and Developmental Services and last, but not least, the staff of Southwestern Virginia Mental Health Institute.

I also want to specially welcome several of the SWVMHI Employees of the Quarter for the two most recent quarters Daniel Eastridge, Stan Frye, Kristen Gillespie, Jeff Hanshaw, Cynthia Harvey, Wanda Hounshell, and Michele Poston, and the 2018 Employee of the Year, Tina Mitchell. You are shining examples of the SWVMHI Values in Action, and representatives of the hard work and dedication shown by all the staff of this facility during difficult times.

We are here today, all of us, because we care about individuals with serious behavioral health disorders and we also care about those individuals who provide the assessment, care, and transportation of those individuals receiving services. We, all of us, have a special role to play with those who come to us as a 'last resort.'

I have a quote I like to use to explain the special role that we all play in serving individual with serious behavioral

(Continued on page 2)

From the Director, *continued*

health disorders. It was remarked by Hubert Humphrey Jr., 38th Vice President of the United States and two time U.S. Senator from Minnesota in 1977:

“The moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the aged; and those in the shadows of life, the sick, the needy and the handicapped.”

What we are beginning to roll out here today with a comprehensive alternative transportation program is a statewide improvement in how our Commonwealth treats individuals who are in the shadows of life.

The location of today’s event is a very intentional choice. We are gathered in the region where the first alternative transportation pilot project was launched in 2015.

Southwestern Virginia Mental Health Institute and Mt. Rogers Community Services Board were instrumental in getting the program up and running and providing training to the transportation staff and I’d like to recognize the contributions of these two organizations to a very successful pilot that, by the end of its run, provided 40 percent of the TDO transportation in the counties served.

Before that time, as many of you know, and since the end of the pilot, the responsibility of transporting individuals under a Temporary Detention Order falls almost exclusively to local law enforcement. Although this role was necessary, it wasn’t and isn’t ideal support and care for individuals in crisis.

The Commonwealth recognized this problem, and four years later, we implemented its solution: alternative transportation.

The model we have now, thanks to G4S, will use unarmed, specially trained drivers in secure, unmarked vehicles.

As behavioral health care providers know, and as I have heard echoed from many different stakeholders – from law enforcement to prescreeners to hospital emergency department staff - we know that a more trauma informed and person centered approach to transportation supports an individual’s engagement in treatment, which helps boost positive health care outcomes. It also serves to reduce the stigma for those who need an inpatient level of care.

Not only will this alleviate the burden on law enforcement, but alternative transportation will help provide privacy and dignity for individuals under a Temporary Detention Order.

This innovative effort would not have been possible without the collaboration between state and local representatives.

Before I introduce the Governor, I’d like to thank local law enforcement, G4S, advocates, individuals with lived experiences, and every person who has had a role in making today’s launch possible.

Alternative transportation is one element of the new era of innovative behavioral health. Thank you.”



Clockwise:
Dr. McClaskey introducing Gov. Northam,
Gov. Northam,
Gov. Northam greeting Daniel Herr, Deputy Commissioner, DBHDS

Autumn Health and Safety Tips

Follow these tips to help you and your family stay safe and healthy this autumn!

Keep your kids safe and healthy.

Get involved with your kids' activities at home and at school to help ensure they are safe and healthy.

Take steps to prevent the flu.

The single best way to protect against the flu is to get vaccinated each year in the fall. Cover your nose and mouth with a tissue when you cough or sneeze. Wash your hands often. Stay home if you get sick.

Get smart about antibiotics.

Antibiotics can cure bacterial infections, but not viral infections. The common cold and the flu are viral infections, so avoid using antibiotics if you have one of these. Using antibiotics when they are not needed causes some bacteria to become resistant to the antibiotic, and therefore stronger and harder to kill. See your doctor or nurse to find out if your illness is bacterial or viral.

Have a safe and healthy Halloween.

Make Halloween festivities fun, safe, and healthy for trick-or-treaters and party guests.

Test and replace batteries.

Check or replace carbon monoxide batteries twice a year when you change the time on your clocks each spring and fall. Replace smoke alarm alkaline batteries at least once a year. Test alarms every month to ensure they work properly.

Keep food safe.

Food is center stage during the holidays. Be sure to keep it safe by following basic food safety steps. Clean hands and surfaces often. Separate foods to avoid cross-contamination. Cook to proper temperatures. Chill promptly.

Learn your family history.

National Family History Day is observed on Thanksgiving Day. Over the holiday or at another family gathering, talk about and write down the health conditions that run in your family. Learning about your family's health history can help you take steps to ensure a longer, healthier future together.

Be prepared for cold weather.

Exposure to cold temperatures can cause serious health problems. Infants and the elderly are

particularly at risk, but anyone can be affected. Know how to prevent health problems and what to do if a cold-weather emergency arises. Remember that using space heaters and fireplaces can increase the risk of household fires and carbon monoxide poisoning.

Don't drink and drive.

Alcohol use impairs skills needed to drive a car safely. It slows reaction time and impairs judgment and coordination. Alcohol-related motor vehicle crashes kill someone every 31 minutes and non-fatally injure someone every two minutes. Don't drink and drive, and don't let others drink and drive.



Wash your hands.

Keeping hands clean is one of the most important steps you can take to avoid getting sick and spreading germs to others. It's best to wash your hands with soap and clean running water for 20 seconds. If that's not possible, use alcohol-based hand rubs.

For more information, visit:

www.cdc.gov/family/autumn/index.htm

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Office of Women's Health

CS207441



SWVMHI Culture of Safety and Quality

Some things learned or to review ~



WINDOWS, FOBS/CODE ALERTS, LEADERSHIP, TOVA, AND STEPPING BACK

Windows

Windows in the patient care areas have tempered safety glass that is hard to break.

In patient rooms, windows have laminated safety glass and if broken (which is hard to do, even with a ramming rod), will break into a starburst pattern. Windows in the day rooms and L- hallway, including by vending machines and café, are attached with multiple clips. If hit hard, a clip may “pop” but there are many clips. A window may shake if hit hard. If a window does manage to break, it breaks in small pieces like a windshield breaks. There may be fine shards that cause superficial cuts but nothing serious. If somehow a person breaks a window, the glass will not be life threatening or able to be used as a weapon. If the person escapes, call Code Green; through a coordinated team process, bring the person back. Life or limb is not at risk involving a broken window in patient care areas.

Fobs and Code Alerts

Always check the battery functioning when clocking in to work.

You do not want a dead battery when you need the alarm to work. If you press your fob to call a code and it doesn't work, call out loud for someone to call a code. Don't assume that others know you pressed your fob and want a code called. If the fob doesn't work to page a code, call it out so everyone knows.

Leadership and TOVA

No staff member should intervene alone to manage aggressive behaviors.

A coordinated team approach according to TOVA techniques with a designated person leading and communicating the plan must be used to approach someone displaying aggressive behavior. No staff member will be found negligent by waiting to physically intervene with aggression until help arrives and is coordinated to manage an aggressive incident. Available and designated staff members must respond to the call for a code and assist in the many things to be done during such an incident. A planned approach is essential so everyone knows they can rely on everyone else who has had the same training and expectations. If you fail to use TOVA from the start, others don't know how to step in and coordinate helping. Everyone can do something to help intervene with the patient, maintain the environment to be safe for others, direct staff, redirect patients, open doors, start paperwork, make calls, and so forth.

Stepping Back

If an individual focuses on you, leave the situation when others arrive to take over.

If you see that another staff member should step back if their presence agitates or upsets the individual, intervene. Don't expect someone to stay in the situation and be “therapeutic” if they have been hurt themselves or if the individual sees them as “hurting them.” Someone else needs to step in and relieve the staff member.

Be prepared

Practice TOVA in your workgroups and on your shifts on a regular basis.

Talk about scenarios. Walk through a situation. Consult with a TOVA trainer if needed. We want everyone – individuals served and staff members who serve them - to be safe.

~ Alicia Alvarado/July 29, 2019

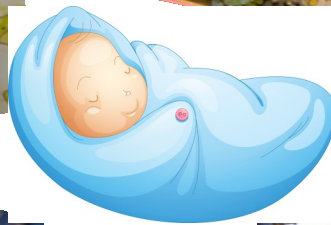


“CUDDLES” FROM THE NURSING WEEK PROJECT



This is a little late but thanks to everyone who donated to Cuddles from the Nursing Week Project. It has taken a little more time this year since there was more money that was donated for material than blankets. It has taken time to make them. Forty-one blankets were donated to Niswonger's Children's Hospital for babies born with addiction to Opioids. Thanks to all who made blankets and to those who donated money. A special thanks to Sarah Hale and Leanne Hyler who helped me to make blankets. Again, thank you for the babies!

~Angie Routh, RN, UNC





SWVMHI Culture of Quality and Safety: The TOVA Toolbox

#5 Hair Pull Management



Beyond the pain they cause, hair pulls can be extremely dangerous because of the risk they pose of cervical spine injury. If a person can whip you around by your head serious damage can be done.

It is extremely difficult to remove a person's hand from your *hair without hurting them* if they don't want you to. For this reason TOVA does not teach a hair pull release, but rather a hair pull **management**. The goal is to manage the grab in order to minimize pain and risk of injury until a co-worker can arrive to help us.

Generally, there are two basic scenarios involving hair-pulls. The first is when a person, usually with significant cognitive or neurological impairments, impulsively grabs our hair and doesn't let go. They may do nothing other than hold on or they may hang their weight from their hands, pulling us down. This type of hold can escalate into a more serious attack (e.g., a bite) if we panic and frighten them. Our goal in this case is to reduce the risk of injury and try to keep them from escalating until help arrives.



The second scenario is one in which the hair-pull is used to hold us still for a secondary attack – the real attack. In any case, most times a hair-pull will result in our being *pulled downward and into* the person's space.


- ◆ When our hair is pulled from the front, we must immediately anchor the person's hand or hands to our head by placing both our hands on the wrist of the person's grabbing hand. With your hands grasp the person's wrist securely, but without squeezing. The goal is to stabilize the hand so he cannot pull your hair out or move your head around. Draw your elbows close to your head in front of your face to shield it from punches, slaps, or other blows from the person's free hand.



- ◆ Once the person's arm has been secured and you are in no danger of further attack you may ask him to release you or summon help. It is important to stay calm or at least appear to stay calm so that you do not inadvertently panic or encourage the person to escalate his aggression.

**Stay tuned for next month's TOVA
Tool # 6: Supine Restraint (6-point
and 4-point)**

Walk Smart



Every day we see people of all ages walking with their heads down like zombies while using mobile phones, talking, texting, playing games, totally oblivious to what's going on around them. **Distracted walking** is a dangerous habit that has prompted some states to enact laws prohibiting such activity. The laws are targeting people using mobile phones while walking about without paying proper attention to their surroundings. Walking without paying attention to the environment around you can put not only you, but everyone's safety at risk, and all ages are susceptible.

According to a report in "Injury Facts," in 2017, about **16 percent of all traffic deaths were pedestrians**. Also, 10- to 14-year-olds and 50- to 69-year-olds experienced 20 percent more pedestrian deaths as a percentage of all traffic fatalities. Roughly 91 percent of the pedestrians killed in traffic crashes involved single vehicles, and more than two-thirds were males.

It's a fact that **distracted walking** incidents are increasing, and everyone with a cell phone is at risk. We are continually losing focus on our surroundings. A large number of distracted walking injuries occur at home, proving that we need to pay attention to our surroundings, whether indoors or out.

Keep your Head Up, and Your Mobile Phone Down

How do you protect yourself?

- Stay alert—stop cell phone use, remove headphones, or earbuds while walking in congested areas or using crosswalks and intersections.
- Whenever possible, use the sidewalk, facing traffic; if no sidewalk or walking path is available, walk facing oncoming traffic.
- Obey all traffic signs and crossing signals; don't "jaywalk."
- When possible, cross streets at crosswalks.
- Children younger than 10 should cross the street with an adult.



~MCI MC Innovations Newsletter

~SWVMHI Culture of Quality and Safety

School has been in session for about a month and now is a good time for a reminder:

FOLLOW THE A B C'S OF DRIVING

Always

Be

Cautious



“What you do speaks so loudly I can’t hear what you are saying.” ~ Henry Adams

SWVMHI Culture of Quality and Safety



What do we mean by a Just Culture?

According to the Institute of Medicine, “*the biggest challenge to moving toward a safer health system is changing the culture from one of blaming individuals for errors to one in which errors are treated not as personal failures, but as opportunities to improve the system and prevent harm.*”

SWVMHI implemented a Patient and Staff Safety Quality Survey in Fall, 2018, as a way to measure and improve our safety culture. We found that we have a robust, strong reporting system for indicating patient incidents and employee incidents. We are not shy to report near misses, even when no one was injured. We report medication errors, med refusals, falls, patient aggression, and incidents involving staff even when no or a minor injury occurred. This is an amazing and excellent result to find.

However, when it comes to looking into incidents and events, we found that some staff reported that they felt blamed and that they themselves were being investigated.

A Just Culture has to recognize that most events should be looked at for patterns and what we can do differently so that the event is less likely to occur in the future. A Just Culture balances carefully the need to hold people accountable for reckless or dangerous behavior, but not for following procedures and making an honest mistake.

Staff behavior can be classified into three categories, error, at-risk behavior, and reckless behavior.

Human error is an inadvertent action; inadvertently doing other than what should have been done; a slip, lapse, mistake. **At-risk behavior** is behavior that increases risk where risk is not recognized, or is mistakenly believed to be justified. **Reckless behavior** is the behavioral choice to consciously disregard a substantial and unjustifiable risk.

If a person makes an *error*, he/she knew the right thing to do, intended to do the right thing, and followed the right process, but made a mistake (e.g., misreads a label); he/she should be consoled and we should figure out a system that will prevent future errors.

If a person engages in *at-risk* behavior, he/she knows the right thing to do, but does otherwise because he/she does not see the risk or feels that the benefit of the chosen behavior outweighs the risk (e.g., does not wake a patient to check a name band), management must understand why people are engaging in this risky behavior. Leaders must ask hard questions like, “How prevalent is this behavior? Why are people doing this? How can we put systems in place that will encourage or force the correct behavior? How can we help people perceive the risk that exists so they will make the right behavioral choice?” Last, the organization and clinical leadership should identify which behaviors will be considered *reckless* and are, therefore, punishable.

As one step, SWVMHI has asked the Accident Review and Prevention Committee to suggest changes in the way that events are investigated and to make distinctions between these three types of events so that incidents/injuries are less likely to happen in the future.

Building awareness is the first step in any movement.~ The Safety & Quality Comm. 3x3 Committee



Millennium Newsletter

Volume 1, Issue 7

September 3, 2019

WE ARE HERE

Workshop 7



Key Message: Paving the Way

There is no question that the process of design, training, and implementing Millennium is a big job. There are several ways to reduce anxiety and maintain the incredible momentum we have going as we get closer to making Millennium a reality for all of us.

1. Continue to keep communication open and bi-directional. Newsletters, meetings, emails, and unit huddles are an excellent way to keep everyone informed of upcoming events and new information that arrives on a regular basis.
2. Enthusiasm is also important as we work to design and develop a system that works for all DBHDS facilities. Leadership continues to do an incredible job owning this process and encouraging their staff members. Having positive role models helps all members embrace and accept new policies and procedures.
3. Paving the way towards a new Millennium is well underway and the collaboration between the facilities has been very impressive. Through our many workshops here in Richmond, facility members have worked together to build a robust, efficient, and safe Electronic Health Record that will last for years to come.

What's Happening?

- Workshop 6.2 was held last week offering nurses the opportunity to see and work hands on with the Medication Administration Point of Care solution.
- The Clinical Process Review (CPR) has been scheduled for Wave 1 facilities (SVMHI, NVMHI, CH) to discuss clinical processes and how they will be adopted in Millennium.
- The Adoption Team is working on an Accountable Executive alignment to share lessons learned, what works well, and what doesn't during and after implementation.
- The Training Team is scheduling Wave 1 and Wave 2 facility Super User Kickoff Events. This fun and informative event will answer many questions about what to expect during Millennium training and the important role of Super Users.

SVMHI is working hard to transition to new technology in preparation for Millennium !!



Stay tuned for more facility themes !



Upcoming Events

Workshop 7	week of 9/23/19
Workshop 7.2	week of 10/8/19
CPR	week of 10/10/19
Workshop 8	week of 10/21/19
IT 1	week of 11/4/19

Tentative Wave 1 Training Schedule:
 (SVMHI, NVMHI, CH)
 Super User Training: 2/17 - 2/21
 End User Training: 2/24 - 3/27
 Favorites Fair: 3/16 - 3/27
 Go-Live: March 30, 2020

Education Corner

What is a Cerner Conversion Coach?

- ◆ Provide at the elbow assistance during go-live in addition to your facility Super Users.
- ◆ Serve as the liaison between facility staff and Millennium technical personnel
- ◆ You will not be alone during your Go-Live!!

Fun Facts

Participation

23	Solution Workgroups
270+	Facility Workgroup Members
Completed To Date	
6	Major Workshops
8	Sub Workshops
485	Workshop Sessions



meet our **NEW HIRES**

Please welcome the newest additions to the **SWVMHI Team!**

New Hires for 8-10-19

- Carl Brown**, Food Service Tech.
- Joseph Clark**, Trades Technician, Power Plant
- Brandy Collins**, Psych. Care Tech., Ward E/F, 3rd shift
- Israel Combs**, Food Service Tech.
- Brandyn Doss**, RNII, Ward A/B, 2nd shift
- Deja Edwards**, RNI, Float,
- Emily Schlayer**, Food Service Tech.
- Audra Tolbert**, Psych. Care Tech., Ward C/D, 2nd shift
- Gary "Clay" Woodward**, Psych. Care Tech, Ward C/D, 3rd shift

New Hires for 8-13-19

Freddie Williams, Trades Technician III, P14

New Hires for 8-26-19

Nakila Colman, Food Service Tech., P14
Lesia Henley, Food Service Tech. P14

New Hires for 8-16-19

Glenda "Beth" Lykins, Psych. Care Tech., Ward A/B, 2nd shift



Gov. Northam and Sandy Bryant, Executive Director, Mt. Rogers CSB



Dr. McClaskey greets Gov. Northam

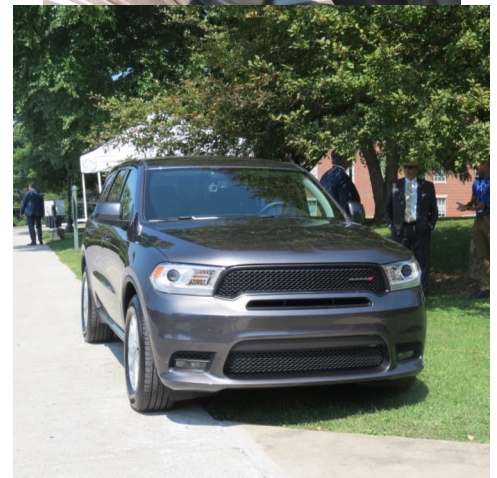
Vehicle to be used in transportation



Crowd gathering to hear Gov. Northam



Gov. Northam with law enforcement





A Special Thank You to Two Food Service Leaders—Calvin A. Hall & Richard G. Taylor, Food Service Techs !!!

On Monday August 5, 2019, a finalist for the Assistant Director position visited and was interviewed. In the afternoon, I took him for a tour. By the time we reached Food Services, Robbie Horne had left for the day and the supervisor was on break. Several staff greeted us, but when we ran across Calvin Hall and Richard Taylor, they did not wait to be asked but were incredibly helpful.



They took turns explaining the operations of the various subsections of the kitchen, explaining dishwashing and food prep, as well as the trayline and special diets, including special utensils needed. Both Calvin and Richard are exceptional representatives of the Food Services Department. The applicant was also impressed with their knowledge, helpfulness, and friendliness.

I appreciate how they saw a need and stepped forward with Self Initiative to volunteer their time to be helpful. I am impressed by their ability to communicate the important work that Food Services does to me and to a visitor. They showed Leadership and I am grateful to them. Thank you, Calvin and Richard, for the work you do every day and for stepping up on August 5!!

~ Cynthia McClaskey

History from the Month of September

Virginia Governor Fitzhugh Lee appointed the first Board of Directors and on March 1, 1887, the Board elected Dr. Harvey Black as superintendent, Dr. Robert Preston as his first assistant physician, and Dr. John H. Apperson, second assistant physician.

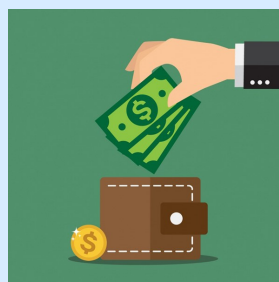
According to the vahistoryexchange.com website, both Doctors Black and Apperson served together in the 4th Virginia Regiment as surgeons during the civil war. The Second Corps Field Hospital was the site of the amputation of Stonewall Jackson's arm at Chancellorsville, and Dr. Black was one of three surgeons who assisted Dr. Hunter McGuire in the operation. Doctors Black and Apperson served until the war was over and were present together at the Appomattox Court House in April 1865, just as they had been at First Manassas at the war's beginning. After the war, Dr. Black returned to Blacksburg and helped found what is today known as Virginia Tech. He was superintendent at Eastern Lunatic Asylum in 1886 prior to becoming the first superintendent of Southwestern Lunatic Asylum.

Dr. Robert Preston became the second Superintendent of Southwest Lunatic Asylum upon the death of Dr. Black in 1888. and served until 1906. Dr. Preston had the second-longest length of service as Superintendent with approximately 18 years.



**Health Insurance Premium Holiday:
State Employees and Retirees Will See Savings**

Governor Northam's letter to state employees announced that state employees and covered family members; retirees, and their beneficiaries; and long-term care participants enrolled in the State Health Benefits Program will have a premium holiday for the month of October. No health insurance premiums will be deducted from state employees' October 16 and November 1 paychecks. Retirees will see the premium savings in their November 1 benefit payment.



HISTORY



September Lunar Phases

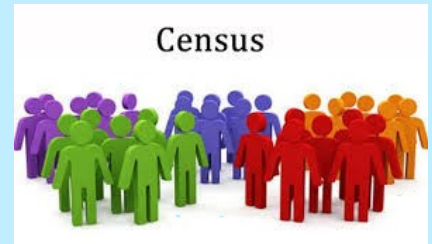


Sept. 5 — First Quarter

Sept. 14 — Full Moon

Sept. 21 — Last Quarter Moon

Sept. 28 — New Moon



Census

MONTHLY PATIENT CENSUS

August 2019

Admissions - 89

Discharges - 97

Passes - 7

Average Daily Census - 166

Patient Activity Calendar

September 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 No Group or Gameroom <i>Happy Labor Day!!</i>	3 Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	4 Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	5 Chapel 6:15-8pm	6 Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	7
8	9 Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	10 Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	11 MOVIE NIGHT 6:00 - 8:00 All units together	12 Chapel 6:15-8pm	13 Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	14
15	16 Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	17 Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	18 Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	19 No Afternoon Groups 1:30-3:30 Special Event Chapel 6:15-8pm	20 Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	
22	23 First Day Of Fall Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	24 Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	25 Birthday Party & Gameroom 6:15 - 8pm 	26 Chapel 6:15-8pm	27 Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	28
29	30 Gameroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45					

Safety News & Updates



**PREPARED,
NOT SCARED**
National Preparedness Month 2019

September is National Preparedness Month and the theme for 2019 is “Prepared, Not Scared.”

“Imagine you are at work or at home and your child is at school or on a playdate when a disaster strikes. Do they know what to do if you are not around?” said Acting FEMA Administrator Pete Gaynor. “It is important to have these conversations now and prepare ahead of time to be ready for the unexpected.”

Production partner Newfangled Studios created pro bono TV, digital and out-of-home ads. Additionally, FEMA is also teaming up with Sony Pictures on their upcoming film *Zombieland: Double Tap* to promote the crucial message of emergency preparedness.

“Emergency preparedness should be top of mind for every American,” says Chief Campaign Development Officer, Michelle Hillman. “For families with kids in the home, it’s especially important. This campaign will continue to empower families to have peace-of-mind knowing their children know what to do in case of a disaster.”

This preparedness effort by the Ready Campaign follows 16 years of educating the American public about disaster and emergency preparedness. In that time, the campaign has reached millions of Americans and encouraged more than 100 million visits to the campaign’s website, Ready.gov.

Each week of [National Preparedness Month](#), the Ready Campaign will emphasize a unique aspect of preparedness:

- September 1—7: Save Early for Disaster Costs
- September 8—14: Make a Plan to Prepare for Disasters
- September 15—21: Teach Youth to Prepare for Disasters
- September 22—30: Get Involved in Your Community’s Preparedness

To help first responders, communities, families and businesses to help prepare for disasters, the American Red Cross has a variety of apps for disaster preparedness, shelter location and first aid. They also have detailed information on how to prepare for and deal with different types of disasters. In addition to the messaging materials, Ready.gov offers planning information on different disasters and how to stay prepared for each. There is also a large section specifically for kids and advice for parents on how to help kids deal with disasters. Information is available in 13 languages.



Safety is everyone’s responsibility

National Preparedness Month [Ready.gov](https://www.ready.gov)

September 1—7: Save Early for Disaster Costs

Americans at all income levels have experienced the challenges of rebuilding their lives after a disaster or other emergency. In these stressful circumstances, having access to personal financial, insurance, medical, and other records is crucial for starting the process of recovery quickly and efficiently. Taking the time now to collect and secure these critical records will give you peace of mind and, in the event of an emergency, will ensure that you have the documentation needed to start the recovery process without delay.

Gather financial and critical personal, household, and medical information.

Consider saving money in an emergency savings account that could be used in any crisis. Keep a small amount of cash at home in a safe place. It is important to have small bills on hand because ATM's and credit cards may not work during a disaster when you need to purchase necessary supplies, fuel or food.

Obtain property (homeowners or renters), health, and life insurance if you do not have them. Review existing policies for the amount and extent of coverage to ensure that what you have in place is what is required for you and your family for all possible hazards. Homeowners insurance does not typically cover flooding, so you may need to purchase flood insurance from the [National Flood Insurance Program](#).

Having your financial and medical records and important contact information will be crucial to help you start the recovery process quickly. Take time now to [safeguard these critical documents](#).

Household Identification

- Photo ID to prove identity of household members
- Birth certificate to maintain or re-establish contact with family members
- Social security card to apply for FEMA disaster assistance
- Military service
- Pet ID tags/vaccination information/microchip information

Financial and Legal Documentation

- Housing Payments to identify financial records and obligations
- Insurance policies to re-establish financial accounts
- Sources of income to maintain payments and credit
- Tax statements to provide contact information for financial and legal providers & apply for FEMA disaster assistance

Medical Information

- Physician information to provide doctors with health information if medical care is needed
- Copies of health insurance information to ensure existing care continues uninterrupted
- Immunization records
- Medications

Insurance Information

Get your benefits electronically

A disaster can disrupt mail service for days or weeks. If you depend on Social Security or other regular benefits, switching to electronic payments is a simple, significant way to protect yourself financially before disaster strikes. It also eliminates the risk of stolen checks. The U.S. Department of the Treasury recommends two safer ways to get federal benefits:

- Direct deposit to a checking or savings account. Federal benefit recipients can sign up by calling (800) 333-1795 or [sign up online](#)
- The **Direct Express**® prepaid debit card is designed as a safe and easy alternative to paper

The [Emergency Financial First Aid Kit](#) can help you prepare financially to reduce the impact of disasters.




Training Calendar

SEP | 2019

CAI: Corporate Compliance / Influenza Vaccine

Call Patricia @ x854 to REGISTER

D = Dogwood Room; C = Commonwealth Room; CL = Computer Lab; AB = AB Classroom

MON	TUE	WED	THURS	FRI
<p>2 HOLIDAY</p> 	3	<p>4 (C) CPR Comp / TOVA Recert > 6:30pm-3pm (1st shift) > 10:30pm-7am (3rd shift)</p>	<p>5 (C) CPR Comp / TOVA Recert > 2:30-11 (2nd shift)</p> <p>(AB) 10-11:30 JC Webinar</p> <p>(D) 1-4:30 PM STAY INTERVIEW TRAINING</p>	<p>6 For Supervisors Only ALL SUPERVISORS ARE WELCOME! MUST sign up</p> <p>(HR) 9-12 - MVP & Performance Management</p>
9	<p>10 (D) 8:30-5 Human Resource/ Training Dept Orientation</p>	<p>11 (D) 8:30 – 12n Human Rights (D) 1-2 -Ethical Relationship- Policy 1018 (D) 2-2:45 IT Security (D) 3-5 CLC</p>	<p>12 (D) 8:15-10:30 Fire, Gen Safety & Security (D) 10:45-12:15 Hazard Com (D) 1-3 Infection Control (D) 3:15 – 5 Risk Assess/Mgmt</p> <p>(AB) 10-11:30 JC Webinar</p>	<p>13 (C) 8:30-5 Healthcare Provider CPR (CL) Support Staff CAIs</p>
16	<p>17 (D) 8:30-12 Intro to Mental Illness (D) 1-2 Intro to Substance Use Disorder (D) 2:15-3:30 - REVIVE! Opioid Education/Naloxone Administration Class (Steve Perry/Alexa Mabe teaching)</p> <p>(D) 12-4 LHRC Mtg.</p>	<p>18 (D) 8:30 – 12 Recovery & Wellness (RAFT) (D) 1-3pm – Intro to ID/DD (CL) 3-5 OneMIND Overview</p>	<p>19 (C) 8:30-4:30 TOVA Part 1</p> <p>(AB) 10-11:30 JC Webinar</p> <p>Blood Drive 10-5pm</p>	<p>20 (C) 8:30-2:30 TOVA Part 2</p>
<p>23 (D) 8:30-5 MHFA</p>	<p>24</p>	<p>25 (D) 8:30-5 Human Resource/ Training Dept Orientation</p>	<p>26 (D) 8:30-10:30 Director's Orientation (D) 10:45 - 11:30 HR Wrap Up (D) 1-3 Trauma Informed Care</p> <p>(AB) 10-11:30 JC Webinar</p>	<p>27 (D) 8:15 – 5 PM STEP FORWARD TRAINING</p>
30				

CAI: Back Injury Prevention



September Days to Celebrate

“Off the cuff” Sept. holidays to celebrate:

Sept 2 - Great Bathtub Race

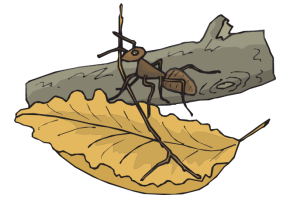
Sept. 7 - World Beard Day

Sept. 10 - Ants on a Log Day

Sept. 16 - National Guacamole Day

Sept. 19 - National PawPaw Day

Sept 21 - International Eat an Apple Day



National Grandparents Day



Word Search

Just for fun, how many of the following words can you find related to the Safety?



A T Y U I O P L K J H G F D S A C Z
 N L B V F I R E F I G H T E R C O X
 M L A K J N H G F D S A W E R T M Y
 M H G R F J D S A E K O M S L K M H
 N B V C M U X A Z A S W D E F R U G
 K I U J M R N H G L O V E S Y H N T
 L P O I U Y S T R E S S Y T R E I W
 L K S H O C K J H R H G F D S A C Q
 M N B G F D O G S T N E D I C C A W
 X C H V G H T R E W P O K N A G T E
 N D A N G E R O U S M J U E U R I W
 F C Z V O Q U W W E R T P Y T M O N
 H J A K G O L I U W E A Y G I D N C
 S D R G G T E U M N C V C C O X Z A
 S D D R L E S U O S P I K M U N H Y
 W E R F E V C H E M I C A L S B G T
 S A Z X S A F E T Y C V B N M K L P
 W A R N I N G O A T R E W Q T I X E

"We can complain because rose bushes have thorns, or rejoice because thorn bushes have roses."
 ~Abraham Lincoln

- Accident
- Alarm
- Alert
- Cautious
- Chemicals
- Communicatio
- Dangerous
- Escape
- Exit
- Firefighter



- Gloves
- Goggles
- Hazard
- Injury
- Rules
- Safety
- Shock
- Stress
- Smoke
- Warning





Chaplain's Corner

“WHAT IS ROOTED IS EASY TO NOURISH.”

#64 IN TAO TE CHING

I want to thank everyone reading this for their contribution to the recovery of hope for those we serve, and for your role in maintaining a hope-filled environment for all of us. When in crisis, a common struggle is the idea that “God has abandoned me, or God doesn’t care.” So how do we respond to this? As the Tao says, we go to the roots of our spiritual grounding and pour out the ‘nutrients’ stored there into our relationships— patience, compassion, mercy, wisdom, and love. The distorted idea that God has abandoned someone in crisis is undistorted when relationships prove otherwise—and I see many examples of ‘re-rooting’ daily in the therapeutic and professional relationships at SWVMHI. Right now, spiritual care is provided in 3 devotion groups, an E/F on-ward worship service, a weekly chapel service, an “Exploring Spirituality” rehabilitation group, and 1:1 Chaplain visits. There has been much to celebrate too—with a baptism and reaffirmation of faiths, many peers serving as worship leaders by singing, composing poetry, playing instruments, and acting as liturgists—all sharing their gifts while rooting in spiritual soil. All of these have been nurtured by the therapeutic relationships of the staff here, and it is inspiring for all!

I encourage you to email andrew.parkey@dbhds.virginia.gov, call (ext. 472), or stop by my office (#145, across from the cafeteria) if you have ideas to enhance the spiritual care we provide the community.

Blessings,

Andy



