



Division of
Mental Health
and Addictions.

*"People helping
people help
themselves."*

Logansport State Hospital

The Spectrum

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POLICY UPDATES!

The following LSH policies were **updated in March** (All Staff are to read all changed Policies):

- **LSH Policy A-2 Interstate Compact Transfers** – Absconded language added to Purpose section. Titles corrected in Guesting an Individual section.
- **LSH Policy A-59 Hospital Committees** – *This is a new policy*
- **LSH Policy C-10 Special Communication Needs** – Several changes made to the Procedure section regarding Social Services Director/Designee, and Communication Center/Designee responsibilities.
- **LSH Policy C-25 Supervision for Criminally Involved Persons** – No changes
- **LSH Policy C-35 Assessment of Capacity to Give Informed Consent for Medication and Treatment** – No Changes
- **LSH Policy IM-7 Minimum Necessary** – The Policy section was updated with Privacy Rule language.
- **LSH Policy IM-14 Notice of Privacy Practices** – No changes.
- **LSH Policy IM-16 Uses and disclosures to Carry Out Treatment, Payment or Health Care Operations** – No changes.
- **LSH Policy IM-17 Uses and Disclosures for Which an Authorization is Required** – Signed releases will be maintained by HIS.
- **LSH Policy IM-21 Designated Record Set** – Two References were corrected.
- **LSH Policy IM-22 Access of Individuals to Protected Health Information** – Reference to forms no longer used was removed from Procedure section and in Reference section. Minor language corrections made.
- **LSH Policy IM-23 Amendment of Protected Health Information** –Reference to forms no longer used was removed from Procedure section and in Reference section.
- **LSH Policy IM-27 Administrative Requirements: Safeguards** – Corrected the Reference Section.
- **LSH Policy IM-29 Administrative Requirements: Sanctions** – *Minor corrections to language and standards*
- **LSH Policy IM-30 Administrative Requirements: Refraining from Intimidating or Retaliatory Acts** – *Correction to a reference*
- **LSH Policy IM-32 Transition Provisions** – *Minor corrections to language and reference's*
- **LSH Policy IM-33 Compliance and Enforcement** – *Correction to references*
- **LSH Policy IM-34 HIPAA Compliant Access and Indiana Disability Rights** – *No changes*



SPECTRUM

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LSH Policies referenced can be found on the LSH intranet site in PolicyStat by following these steps:

- Go to LSH intranet home page
- Click on "Hospital Policies (PolicyStat)" button-top center of home page
- PolicyStat User Name is your state email address
- Once in PolicyStat, use the search bar to find policies by number, name or key word
- To find FSSA, DMHA, and other SPH policies, click on "change location" in the blue bar at the top of the page

Policies available on PolicyStat are the current and official policies.

Administrative Professionals' Day

This year, Administrative Professionals' Day fell on Wednesday, April 22nd!

At LSH, the role of Administrative Professional is incredibly important and deserving of special recognition. While it is unfortunate that there is only one day each year when we formally acknowledge their contributions, any successful organization is aware that these folks keep things running like a well-oiled machine. Please join me in extending our sincere thanks to this vital part of our staff.

Sincerely,



Greg Grostefon, Superintendent

LSH Changes!

Staff,

Please join me in welcoming Mike Busch, our current Community Engagement Director, to the role of Interim Assistant Superintendent. In addition to his duties as liaison to the community, Mike has been tasked with helping me address special projects related to the COVID-19 pandemic. I would like to thank Mike for agreeing to step into this role. His help will be invaluable as we confront this unprecedented situation.

Greg

Staff,

I am pleased to announce the newest addition to our leadership team here at LSH. Jennifer Fiscel-Shively has accepted the position of Service Line Manager on Isaac Ray Treatment Center. Jennifer brings with her a wealth of experience and will begin her duties on March 23, 2020. Please join me in congratulating her.

I would also like to add a special note of gratitude to Melissa Stewart for providing steady leadership on Isaac Ray in the interim.

Most Sincerely,

Greg

Staff,

I am pleased to announce that Julie Utter has been promoted to Clerical Assistant 1, and appointed Administrative Assistant to the Superintendent. Julie will start her duties as soon as her current position as Secretary to the Medical Director is filled.

Greg

Hello,

Please join me in welcoming Clint Linback to the role of Transitional Care Specialist 2. He will begin on April 19th. We are looking forward to the addition of his experience & skills to the Transitional Program & to the Social Service Department.

Gregory Addison

I am pleased to announce that Kyle Price accepted the IRTC day shift Special Attendant Supervisor position. He will start May 3, 2020. Please join me in welcoming Kyle to his new shift on Isaac Ray.

Dawn Sell, RN, MSN
Director of Nursing

Heroes Work Here



Three months ago, just as we were beginning to hear about a new virus wreaking havoc in China, the circumstances in which we now find ourselves seemed unimaginable. Stay at home orders, schools closing for the year, even toilet paper shortages... all have become reality. As we watched the situation play out in Italy, the danger still felt far away. Soon it became evident that the virus did not understand borders and that things were about to get real for us here at home. Now, some of the heaviest burdens seem to fall directly on front line health care workers. While many of our friends and family members are fortunate to be able to shelter in place, we have answered the call, coming to work each day to care for the 147 people who are totally dependent on us. Doing so is an act of courage, and it makes you a hero.

I want to thank you all for doing all that is necessary to seamlessly continue operations in this tough time. I realize that many of you are concerned - even frightened - by this invisible enemy. Please know that your LSH leadership remains committed to you and to your safety. We spend our days ensuring that you are provided with the information and support you need to do your jobs. Your dedication has been an inspiration.

All the expert guidance indicates that the best way to combat the virus is to continue to do all the familiar, commonsense things - good hand hygiene, practicing social distancing, and staying home as much as possible. These have been proven to "flatten the curve" and it is my fervent hope that you continue to take them seriously.

Now is the time to trust in science and to listen to the experts. I implore you to resist the urge to speculate about misinformation or to react to social media postings that purport to know about the health information of your LSH colleagues. As I have said many times before, the best way to find out what is really going on is to directly ask those who know.

Finally, there is nothing we can read or listen to that will tell us how to feel in a time like this. If you are feeling overwhelmed and overly stressed, there is help available, and I urge you to seek it. Perhaps the best thing you can do is to hug those you love, whether physically or in your heart, and try to take some time for yourself. And remember.....heroes work here.

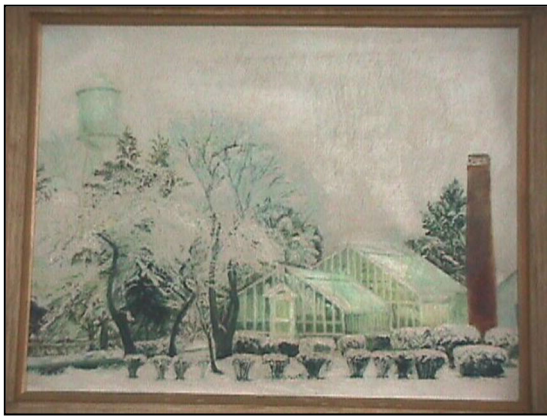
Longcliff Museum - What's New?

Greenhouse Memories-Part Two!

LSH Greenhouse

By Jerry Kelley, retired Rehabilitation Therapist (1965 – 2003)

The LSH Greenhouse was located directly across the street from the present water tower. As you stepped through the front door of the greenhouse, you were in a small tropical room that grew a variety of plants, mostly tropical plants such as orchids, philodendrons, bird of paradise and elephant's ear to name a few.



Other plants included ferns, fungus and moss. This area was warm and humid; as best as possible the temperature was maintained around 80 degrees. The plants utilized carbon dioxide and water in their growing process and gave off oxygen as a byproduct. This room was an oxygen-rich environment. It was often said it was like walking into and through an oxygen tent.

Upon entering the front door, one could walk through this room (about 12 feet) to the door leading to the large greenhouse. The tropical room of the greenhouse was about 30 feet long and 12 feet wide. It was filled with many plants on tables with others hanging from the ceiling frame.



The large greenhouse was approximately 70—80 feet long and 40 feet wide. The length ran east to west with an aisle going down the middle. On each side of the aisle were 12 foot by 4 foot hot beds or benches, 18 inches apart in a herring bone configuration. On display was a variety of germinating seeds, growing seedlings, plants, shrubs, bushes and mature flowers.

West of the glass greenhouse was the garden area. This area contained many hotbeds, plant beds and garden plots. On display was a large variety of vegetable plants, flowers, house plants, shrubs and bushes, many of these plants were replanted in seventeen large flower gardens located around the hospital grounds. Also many types of flowers and green plants were displayed in the dayrooms to create an appealing environment. Large green plants such as elephant's ear, philodendrons, ficus and dumb cane gave the dayrooms a natural look. Colorful flowering such as roses, violets, bird of paradise, orchids and lilies provided a warm and attractive appearance.

The greenhouse was heated by direct sunlight streaming through the glass plates and warming the gases contained in an almost airtight room. It was also heated by compost used to create hotbeds. Composting was developed by putting a layer of leaves, wood chips or organic material in a hotbed with a layer of fresh manure placed on top and then covered with wooden boards. The compost material would ferment and heat up. Composting could increase the temperature in a greenhouse by ten to fifteen degrees. If the temperature increased to 85 degrees, it could be lowered by slightly turning on the water pipes, creating a mist or fog in the room: water particles would unite with the heat in the greenhouse gasses and then fall to the floor---lowering the temperature in the process.

Several patients worked in the greenhouse during the 1960s. They all learned knowledge and skills on how to make a greenhouse functional. On the lighter side, one patient learned how to graft a crabapple sprig onto a red delicious root core. His purpose was to create a fruit that looked like a beautiful, sweet Red Delicious apple that tasted like a nasty crab apple. The grafting was successful; the sapling was nurtured for several months and then planted near the Friendship Garden. It grew for 2-3 years but was accidentally cut down by one of the mowers before it could bear fruit. The patients at the greenhouse gleefully anticipated the day an apple-thief would pull what looked like a sweet Delicious Apple only to quickly discover the taste of a sour crab apple.

For more information, please explore the Longcliff Museum and learn the many positive results this hospital accomplished.

Additional note on the Greenhouse's impact in service to the State of Indiana from: Annual Report of the Logansport State Hospital for the Year Ending June 30, 1936, p. 25.

Relief

The hospital has continued to cooperate with the Governor's Commission on Unemployment Relief by furnishing tomato and cabbage plants for distribution to relief garden plots throughout the state. The hospital furnished 257,230 tomato plants and 211,020 cabbage plants.

THANK YOU!

We have great reason to be proud of our Logansport State Hospital team this afternoon.

Today's Red Cross Blood Drive here at LSH achieved 138% of our goal. We even had the unpleasant task of turning a few folks wishing to donate away.

Heartfelt thanks go to each donor for their gift of life-saving blood.

Thanks are due also to:

Jill Rowe, Jeannette Holle, and Belinda Grawcock for their work in getting the Fogel Auditorium ready for the blood drive.

Dan Cooper and the maintenance team who literally saved the day by getting the Auditorium cooled down enough this morning for the Red Cross to be able to draw blood.

Paula Green Scheffer and Angela Edwards for working the registration table.

Many area blood drives have been cancelled due to the pandemic crisis. Today's collection means so much to the Red Cross and to those in need of blood.





What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic>.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.



CS 314937-A 03/03/2020

For more information: www.cdc.gov/COVID19

Stress and Coping

Outbreaks can be stressful

The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. **Coping with stress will make you, the people you care about, and your community stronger.**

Stress during an infectious disease outbreak can include:

- Fear and worry about your own health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Worsening of mental health conditions
- Increased use of [alcohol](#), [tobacco](#), or [other drugs](#)

Everyone reacts differently to stressful situations

How you respond to the outbreak can depend on your background, the things that make you different from other people, and the community you live in.

People who may respond more strongly to the stress of a crisis include

- Older people and people with chronic diseases who are [at higher risk for severe illness](#) from COVID-19
- Children and teens
- People who are helping with the response to COVID-19, like doctors, other health care providers, and first responders
- People who have mental health conditions including problems with substance use

Take care of yourself and your community

Taking care of yourself, your friends, and your family can help you cope with stress. Helping others cope with their stress can also make your community stronger.

Ways to cope with stress

- **Take breaks from watching, reading, or listening to news stories**, including social media. Hearing about the pandemic repeatedly can be upsetting.
- **Take care of your body.**
 - * Take deep breaths, stretch, or [meditateexternal icon](#).
 - * [Try to eat healthy, well-balanced meals](#).
 - * [Exercise regularly, get plenty of sleep](#).
 - * Avoid [alcohol](#) and [drugsexternal icon](#).
- **Make time to unwind.** Try to do some other activities you enjoy.
- **Connect with others.** Talk with people you trust about your concerns and how you are feeling.

Know the facts to help reduce stress

Sharing the facts about COVID-19. Understanding the risk to yourself and people you care about can make an outbreak less stressful.

When you share accurate information about COVID-19, you can help make people feel less stressed and make a connection with them.

Related: [Reducing Stigma](#) and [Stop the Spread of Rumors](#)

Take care of your mental health

Call your healthcare provider if stress gets in the way of your daily activities for several days in a row.

People with preexisting mental health conditions should continue with their treatment and be aware of new or worsening symptoms. Additional information can be found at the Substance Abuse and Mental Health Services Administration [\(SAMHSA\) Disaster Preparednessexternal icon](#) page.

For parents

Children and teens react, in part, on what they see from the adults around them. When parents and caregivers deal with the COVID-19 calmly and confidently, they can provide the best support for their children. Parents can be more reassuring to others around them, especially children, if they are better prepared.

Watch for behavior changes in your child

Not all children and teens respond to stress in the same way. Some common changes to watch for include

- Excessive crying or irritation in younger children
- Returning to behaviors they have outgrown (for example, toileting accidents or bedwetting)
- Excessive worry or sadness
- Unhealthy eating or sleeping habits
- Irritability and “acting out” behaviors in teens
- Poor school performance or avoiding school
- Difficulty with attention and concentration
- Avoidance of activities enjoyed in the past
- Unexplained headaches or body pain
- Use of alcohol, tobacco, or other drugs

Ways to support your child

- [Talk with your child or teen](#) about the COVID-19 outbreak.
- **Answer questions** and [share facts about COVID-19](#) in a way that your child or teen can understand.
- **Reassure your child or teen** that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.

- **Limit your family's exposure to news coverage** of the event, including social media. Children may misinterpret what they hear and can be frightened about something they do not understand.
- **Try to keep up with regular routines.** If schools are closed, create a schedule for learning activities and relaxing or fun activities.
- **Be a role model.** Take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members.

For people at higher risk for serious illness

People [at higher risk for severe illness](#), such as older adults, and people with underlying health conditions are also at increased risk of stress due to COVID-19. Special considerations include:

- Older adults and people with disabilities are at increased risk for having mental health concerns, such as depression.
- Mental health problems can present as physical complaints (such as headaches or stomachaches) or cognitive problems (such as having trouble concentrating).
- Doctors may be more likely to miss mental health concerns among
 - *People with disabilities due to a focus on treating underlying health conditions, compared to people without disabilities.
 - *Older adults because [depression can be mistaken for a normal part of aging](#).

Common reactions to COVID-19

- **Concern about protecting oneself** from the virus because they are at higher risk of serious illness.
- **Concern that regular medical care or community services may be disrupted** due to facility closures or reductions in services and public transport closure.
- **Feeling socially isolated**, especially if they live alone or are in a community setting that is not allowing visitors because of the outbreak.
- **Guilt** if loved ones help them with activities of daily living.
- **Increased levels of distress** if they:
 - *Have mental health concerns before the outbreak, such as depression.
 - *Live in lower-income households or have language barriers
 - *Experience [stigma](#) because of age, race or ethnicity, disability, or perceived likelihood of spreading COVID-19.

Support your loved ones

Check in with your loved ones often. Virtual communication can help you and your loved ones feel less lonely and isolated. Consider connecting with loved ones by:

- Telephone
- Email
- Mailing letters or cards
- Text messages
- Video chat
- Social media

Help keep your loved ones safe.

- **Know what medications your loved one is taking.** Try to help them have a 4-week supply of prescription and over the counter medications. and see if you can help them have extra on hand.
- **Monitor other medical supplies** (oxygen, incontinence, dialysis, wound care) needed and create a back-up plan.
- **Stock up on non-perishable food** (canned foods, dried beans, pasta) to have on hand in your home to minimize trips to stores.
- If you care for a loved one living in a care facility, monitor the situation, and speak with facility administrators or staff over the phone. Ask about the health of the other residents frequently and know the protocol if there is an outbreak.

Take care of your own emotional health. Caring for a loved one can take an emotional toll, especially during an outbreak like COVID-19. There are ways to support yourself.

Stay home if you are sick. Do not visit family or friends who are at greater risk for severe illness from COVID-19. Use virtual communication to keep in touch to support your loved one and keep them safe.

What health care providers can do

- **Help connect people with family and loved ones** to help lower distress and feelings of social isolation.
- **Let older adults and people with disabilities know it is common for people to feel distressed during a crisis.** Remind them that asking for and accepting help is a sign of strength.
- **Have a procedure and referrals ready** for anyone who shows severe distress or expresses a desire to hurt him- or herself or someone else.

What communities can do

Community preparedness planning for COVID-19 should include older adults and people with disabilities, and the organizations that support them in their communities, to ensure their needs are taken into consideration.

- Many of these individuals live in the community, and many depend on services and supports provided in their homes or in the community to maintain their health and independence.
- **Long-term care facilities should be vigilant** to prevent the introduction and spread of COVID-19. [See guidance for long-term care facilities and nursing homes.](#)

For people coming out of quarantine

It can be stressful to be separated from others if a healthcare provider thinks you may have been exposed to COVID-19, even if you do not get sick. Everyone feels differently after coming out of quarantine.

Emotional reactions to coming out of quarantine may include

- Mixed emotions, including relief after quarantine
- Fear and worry about your own health and the health of your loved ones
- Stress from the experience of monitoring yourself or being monitored by others for signs and symptoms of COVID-19
- Sadness, anger, or frustration because friends or loved ones have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious
- Guilt about not being able to perform normal work or parenting duties during quarantine
- Other emotional or mental health changes

Children may also feel upset or have other strong emotions if they, or someone they know, has been released from quarantine.

For responders

Responding to COVID-19 can take an emotional toll on you, and you may experience secondary traumatic stress. Secondary traumatic stress is stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event.

There are things you can do to reduce secondary traumatic stress reactions:

- Acknowledge that secondary traumatic stress can impact anyone helping families after a traumatic event.
- Learn the symptoms including physical (fatigue, illness) and mental (fear, withdrawal, guilt).
- Allow time for you and your family to recover from responding to the pandemic.
- Create a menu of personal self-care activities that you enjoy, such as spending time with friends and family, exercising, or reading a book.
- Take a break from media coverage of COVID-19.
- Ask for help if you feel overwhelmed or concerned that COVID-19 is affecting your ability to care for your family and patients as you did before the outbreak.

Source: Centers for Disease Control

What is the right way to wash your hands?

There have been a few studies in recent years suggesting that most people wash their hands too briefly to actually kill germs. So, if you want to avoid getting sick and spreading illness, it's time to sit back, swallow your pride, forget everything you thought you knew, and follow these instructions for proper hygiene:

1. Wet your hands with water at a comfortable temperature. You can't actually get the water hot enough to kill microbes without burning your skin, so just do what feels nice. *The CDC actually recommends shutting the tap off while you lather your soap to conserve water.*
2. Lather your hands with soap. Don't worry about buying something with anti-microbial ingredients; research shows that outside of a hospital setting, these additives don't provide a significant benefit, and their use contributes to the rise of antibiotic resistance.
3. Make sure you lather the backs of your hands, between your fingers, and under your nails, as dangerous microbes can lurk on any part of your skin.
4. Continue scrubbing for 20-30 seconds *before* you start rinsing. It's longer than you think. One study showed that most adults lather for just six seconds. Try singing "Happy Birthday" twice in your head (*or out loud, if you're feeling jaunty*) to help keep time.
5. Turn the tap back on and rinse. *The CDC notes there's little evidence that using a paper towel to turn the tap on and off after washing will improve your health.*
6. Dry your hands with a clean towel if possible, or with an air dryer. *The CDC says that wet hands more easily transfer microbes, so you don't want to walk around with clammy hands all day.*

Does hand sanitizer work as well as washing your hands?

Washing hands with soap is the most effective way to kill germs, but using a hand sanitizer that's at least 60 percent alcohol is a good substitute in a pinch. Check the label of the product you're using to see how much you should dispense, then squirt that amount onto the palm of one hand and rub your hands together. It's important to rub the sanitizer all over your hands and fingers, and to continue doing so until your hands are dry—don't just wipe the sanitizer off on a towel or your clothes.



The Wellness Committee consists of:

Mike Busch, Vicki Campbell, Mary Clem, Theresa Dexter, Maureen Guimont, Kris Keeler, Marcy LaCosse, Darrin Monroe, Julie Stapleton, and Lucia Ward,

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

How to Wear Cloth Face Coverings

Cloth face coverings should—

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape

CDC on Homemade Cloth Face Coverings

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cloth face covering without assistance.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

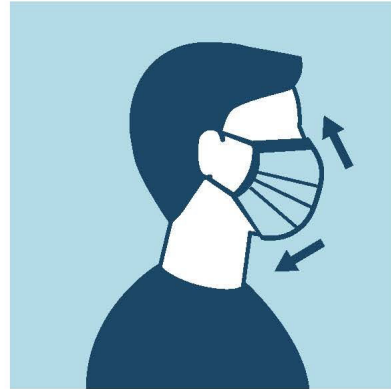
Yes. They should be routinely washed depending on the frequency of use.

How does one safely sterilize/clean a cloth face covering?

A washing machine should suffice in properly washing a cloth face covering.

How does one safely remove a used cloth face covering?

Individuals should be careful not to touch their eyes, nose, and mouth when removing their cloth face covering and wash hands immediately after removing.



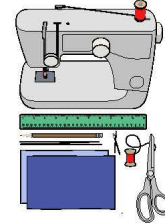
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cdc.gov/coronavirus

Sewn Cloth Face Covering

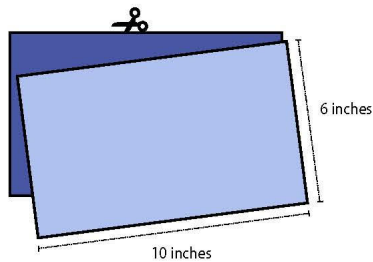
Materials

- Two 10"x6" rectangles of cotton fabric
- Two 6" pieces of elastic (or rubber bands, string, cloth strips, or hair ties)
- Needle and thread (or bobby pin)
- Scissors
- Sewing machine

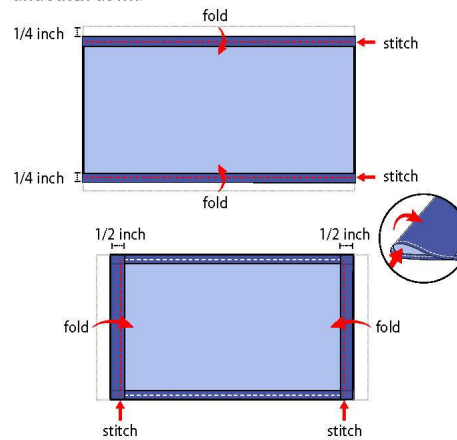


Tutorial

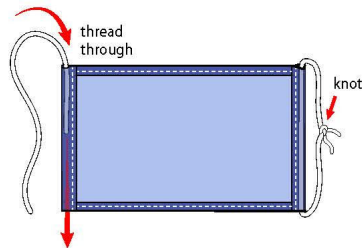
1. Cut out two 10-by-6-inch rectangles of cotton fabric. Use tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric will work in a pinch. Stack the two rectangles; you will sew the cloth face covering as if it was a single piece of fabric.



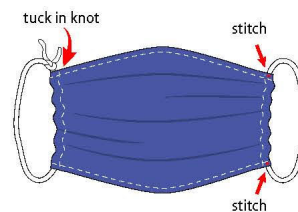
2. Fold over the long sides $\frac{1}{4}$ inch and hem. Then fold the double layer of fabric over $\frac{1}{2}$ inch along the short sides and stitch down.



3. Run a 6-inch length of $\frac{1}{8}$ -inch wide elastic through the wider hem on each side of the cloth face covering. These will be the ear loops. Use a large needle or a bobby pin to thread it through. Tie the ends tight. Don't have elastic? Use hair ties or elastic head bands. If you only have string, you can make the ties longer and tie the cloth face covering behind your head.



4. Gently pull on the elastic so that the knots are tucked inside the hem. Gather the sides of the cloth face covering on the elastic and adjust so the mask fits your face. Then securely stitch the elastic in place to keep it from slipping.

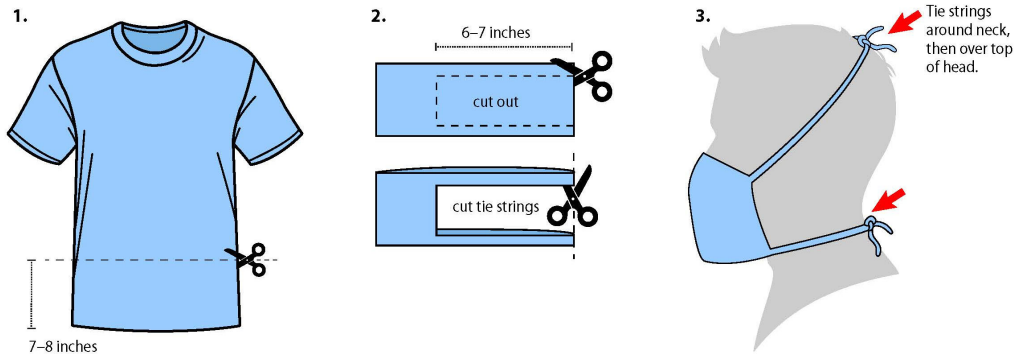


Quick Cut T-shirt Cloth Face Covering (no sew method)

Materials

- T-shirt
- Scissors

Tutorial

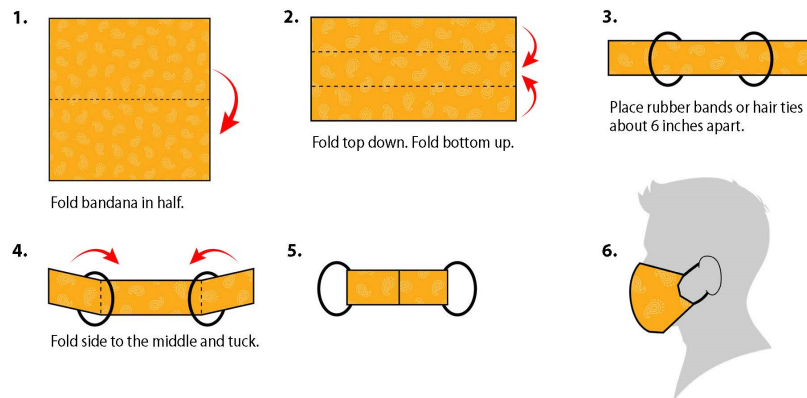


Bandana Cloth Face Covering (no sew method)

Materials

- Bandana (or square cotton cloth approximately 20"x20")
- Rubber bands (or hair ties)
- Scissors (if you are cutting your own cloth)

Tutorial





G
O
T
C
H
A

Sneaky



Snap!



G
O
T
C
H
A



Photos provided

Pictured above: Memorial sign for Debi Miller that found its home in the Larson Courtyard flower garden. Thank you Joe Melin and Eric Minks in maintenance for their excellent work on this special project! Debi was a wonderful RTA and a friend to so many at LSH! She will live in our hearts forever.

Pictured Right: are Rehab. Therapists L-R: Dottie Hill; Shawna Strickland, and Joy Scott, who are proud to stand by their former friend and coworkers newly made sign.



Lookout for Darrin and his camera,
you could be next!

Culinary Corner

Vegetarian Thai Pineapple Forbidden Fried Rice



Ingredients

For the rice:

- 1 cup uncooked forbidden rice
- 1 teaspoon coconut oil or toasted sesame oil
- 2 cups water
- Pinch of salt

For the scrambled eggs*

- Nonstick cooking spray (I like avocado oil cooking spray)
- 2 large eggs + 1 tablespoon water

For the fried rice + veggies:

- 1 ½ tablespoons toasted sesame oil or coconut oil, divided
- 1 ½ cups fresh or frozen cubed pineapple
- 3 cloves garlic, minced
- 1/2 tablespoon freshly grated ginger
- 1 bunch green onions, chopped (reserve some for topping)
- 1 red bell pepper, diced
- 3 cups shredded red cabbage
- 1/2 cup shredded carrots (or carrots cut into matchsticks)
- 1/2 cup frozen shelled edamame
- 1 tablespoon chili paste
- 2 tablespoons gluten free soy sauce or coconut aminos, plus more to taste
- 1/3 cup coarsely chopped honey roasted or regular cashews (or peanuts)

To garnish:

- ¼ cup fresh chopped cilantro
- Extra green onion/scallions
- honey roasted cashews (use regular roasted cashews if vegan)

Instructions

1. To make the forbidden rice: Add rice and coconut oil to a medium pot and place over medium heat. Toast rice for 2 minutes with the oil to enhance the flavor and texture. After 2 minutes, add water and salt and stir. Allow water to come to a boil, then turn heat to low, cover and cook for 45-55 minutes. Remove from heat and allow to sit in pan covered for 10 minutes, then fluff with a fork. The rice should be slightly chewy but still soft.
2. While the rice is cooking, you can chop your veggies and cook your eggs. Add eggs and water to a bowl and beat slightly with a fork. Place a large skillet or wok over medium low heat and spray with a little nonstick cooking spray (alternatively you can use a little oil). Add eggs to the pan and season with a little salt and pepper, scramble and cook eggs until done but still slightly wet. Transfer eggs to a bowl and set aside.
3. Once rice is done cooking, you can start cooking your veggies. Wipe the same large skillet or wok you used clean with a paper towel, then add in 1 tablespoon of coconut oil or sesame oil and place over medium high heat. Add in pineapple, garlic, ginger, green onion and red bell pepper; sauté for 4-6 minutes until pineapple starts to caramelize and turn slightly golden brown on the edges.
4. Next add in the remaining veggies: red cabbage, carrots and edamame. Sauté for 3-5 more minutes, stirring frequently. Transfer all of the veggies to a large plate or bowl.
5. Now it's time to fry up the rice! Add the remaining ½ tablespoon oil to the same pan and place over medium heat. Add in your cooked rice and cook, stirring frequently for 2-4 minutes.
6. Add all of your cooked veggies plus the cooked eggs back to the pan. Stir in the chili paste, soy sauce and honey roasted cashews and cook for a few more minutes. Taste and adjust seasonings as necessary. You may want to add another tablespoon of soy sauce or even some crushed red pepper flakes for a little hint of spice. It's up to you.
7. Garnish with additional nuts, cilantro and a little extra green onion. Serves 4.

Recipe Notes

You can enjoy this pineapple fried rice as is, or if you aren't vegetarian you can serve with salmon, chicken or beef. Feel free to add more edamame too!

If you don't have black rice, feel free to use brown rice or jasmine rice.

To make vegan: leave out the eggs or swap with a plant-based protein like tofu, and use regular roasted cashews instead of honey roasted.

Monique of AmbitiousKitchen.com

Who Am I?

Can you guess who's behind the Smiley face in the picture below? If you can, call Darrin Monroe at #3803 or e-mail Darrin at darrin.monroe@fssa.in.gov by May 22, 2020.

Employees with correct answers will have their names put into a drawing, sponsored by the EMBRACE Committee, for a chance to win a free, five dollar Mr. Happy Burger gift certificate.

*Winner Will Be Announced In
The Next Spectrum.*



Dr. Morris



No one correctly guessed Dr. Morris, pictured as the last Who Am I.

If you have a picture of an employee and would love to have a little fun with it, call Darrin Monroe at # 3803.