



Division of
Mental Health
and Addictions.

*"People helping
people help
themselves."*

Logansport State Hospital

The Spectrum

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Vol. 31, No. 3
March
2021



From the Superintendent's Desk –

LSH Staff,

Focus groups are now well underway. Managers and supervisors were provided the first batch of responses by email on March 19, so I hope by now that everyone has had a chance to see them. As promised, here are the answers to your specific “big picture” questions that I felt I needed to address personally:

- **Do not inform staff we are starting something and then pull back**
- In thinking about this question, most people I've asked believe that it is in reference to the December, 2020 pause that was put on the 12.5 hour shift rollout. Although we had set the ambitious goal to have this schedule in place before the end of the year, our low staffing levels simply would not allow it. The idea was to put things off until such a time that we were able to do it correctly. The following went out to all Nursing Staff on December 4, 2020 (Italics and underlining are mine).

After close examination, due to the recent staffing crisis, we have made the hard decision to administer a temporary pause on the 12.5-hour shift launch originally scheduled for December 27, 2020. This decision was not made lightly, as LSH was very excited to finally be able to move forward with the much anticipated 12.5-hour shift. Unfortunately, during these unprecedented times, and with recent turnover, our staffing numbers will not allow a successful and smooth transition to 12.5- hour shifts. Please know that we remain deeply committed to this process change. We will get there, but first need to make it through this global crisis healthcare is facing.

Several things happened next that eventually allowed us to move forward with an April 4 start date. Around the Thanksgiving holiday, staffing levels on Larson reached a critical low. A decision was made to consolidate two units, thereby freeing up staff. After the first of the year, the same decision was made on Isaac Ray. Although not ideal for many reasons, it did have the effect of providing enough staff to allow us to fill a 12-hour shift schedule.

- **Too many staff members quitting. 1% raise is a “slap in the face”**
While a 1% raise in these tough times may seem inadequate, the reality is that the State Budget simply wouldn't allow more than that.
- **Want Spot Bonuses for excessive working hours**
Unfortunately, spot bonuses come out of our operating budget and there simply are no funds available for that purpose.



SPECTRUM

Logansport State Hospital
1098 S. State Rd. 25
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The Spectrum is published and distributed on the second payday of each month for employees, retirees, and friends of Logansport State Hospital.

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- **Provide Hazard Pay like the DOC**
- As the largest department in the State, the DOC has a much larger budget and they were able to offer this to their staff. Budget allocations are made in Indianapolis. We simply have no control over the pay plan.
 - **Is there job security at LSH?**
- There is most definitely job security at LSH. We are the only specialized State Hospital, providing vital competency restoration services to the mentally ill.
 - **How long is the merge going to last?**
- How long the merge will last depends upon several things. The merges were necessary to ensure adequate coverage levels. This had the fortunate effect of allowing us to move to 12.5 hour shifts. Hopefully, the availability of such a schedule will attract potential employees and that will, in turn, drive staffing numbers up. When these levels get back to normal, we will be able to go back to eight units. You can assist by letting folks know of 12.5 hour shift availability here at LSH. Be active recruiters!
 - **End pyramiding or make a policy**
- Although a concerted effort was made to try to convince DMHA/FSSA/SPD to end this policy, we have been informed that there are no plans to do so. This affects all SPH's. Again, there are certain decisions that rest above the local level.
 - **Upper management doesn't care and doesn't know what we do daily**
 - **Upper management doesn't know how to manage**
 - **Rounds do not boost morale because always asking the same questions**
 - **Work the floor as an SA**
 - **Admin requests more feedback, but staff feels retaliation exists**
- "Upper Management" understands fully that many of you share these sentiments. Hopefully, the fact that we are willing to own it will convince you that we do care. As for not knowing how to manage, I can certainly understand how you might feel that way given the confusion and constant change that we all have had to endure over the past year. Operating a tax supported entity is difficult enough during the best of times, but when you factor in what has arguably been the worst natural disaster in recent history, it is understandable that people will be to be upset and searching for answers.

As for not knowing "what we do daily" and that we "need to work the floor as an SA"..... I personally know very well what it takes because I spent three years as a Special Attendant right here at LSH on the original Isaac Ray Unit. Granted, that was a long time ago, but the same pressures and frustrations today's SA's feel existed then, too.

It is human nature to want things to be better than they are. I can promise you that things will begin to change, and you will see brighter days ahead. It is going to take everyone working together, however. I urge you to commit to these efforts by actively participating in the process of change. The work you do here every day is too important.

In closing, I just want you all to know what an honor it has been to have had the opportunity to serve as your Superintendent. Yesterday, for personal reasons, I submitted my resignation to DMHA and it has been accepted. My last day here will be April 6.

To me, Logansport State Hospital will always be “that shining Hospital on the Hill.” We have been through a great deal together over the past three years, and I do feel confident that you have one of the most talented leadership teams anywhere in State Government. Please continue to communicate with them and I’m certain they will do the same with you.

Wishing you the Best Always,

Greg

Greg Grostefon
Superintendent
Logansport State Hospital

From the Medical Director...

LSH staff,

I hope everyone is doing well and looking forward to spring. It has been a brutal year overall which has taken a high toll in our country, state, county and hospital. It has been about 1 year ago when an NBA game was suspended after a player tested positive for COVID 19 and the game was cancelled. Shortly thereafter sports was cancelled and lockdowns around the country began to take effect. Personally, my son and I were in a hotel in Indianapolis waiting for him to take his SAT exam and then being notified that all schools were cancelled and the tests were cancelled. I was listening to a call with other doctors about how the virus was ravaging Northern Italy and shortly thereafter was the outbreak that occurred at Tyson here in Cass County. I have appreciated all of the efforts that have been made to make it through this year with the sacrifices by staff for the care of our patients. The stress from this year has been quite overwhelming and I know has been felt by all in one way or another.

The data now is beginning to look much better. We have 3 very good vaccines on the market and now 2/3rds of the counties in Indiana are at the lowest level of restriction shown by the color blue. 10% of the US population has been vaccinated and more daily records are being set. Cass County remains stubborn at a high yellow but continues to make progress forward. The hospital is making strong efforts to begin the vaccination of our patients and remain committed to make sure they have this opportunity as soon as possible. March will be a crucial decision month in Indiana as people go on spring break and the NCAA tournament along with the current Big 10 tournament will be held exclusively in Indiana. We also continue to monitor the variants of the virus and those effects on the positivity rate which are up to 70% more infectious than the original virus. If the positive trends continue we will look at opening more of our hospital up and return to more normalcy but in a safe manner.

Please make sure that you consider vaccination very seriously as the country and state begin to roll back restrictions. The recent CDC guidelines are a **start** of showing the benefits of being vaccinated. I believe future guidance will be less conservative. Our vaccination rate here at LSH is still too low so remember some of the benefits of vaccination include less stress over becoming infected by the virus, freedom of travel, and less worry over spreading the disease to your friends and family. Please reach out if you have questions.

Dr. Meadows
Medical Director

National Doctor's Day

I want to thank all of the doctors here that provide treatment for the patients under our care. It has a pleasure to be part of a medical staff that works hard and is diligent in the care of our patients here at Logansport State Hospital.

I want to equally express my thanks to all staff at LSH who treat our doctors with kindness and respect as we all work together for our patients, especially during this very trying last year. I feel the path forward especially during difficult times is to treat each other equally well and find solutions together. Have great day!

Dr. Meadows
Medical Director

CHANGES at LSH

Social Services

Please join me in welcoming Elizabeth Mills as the new Social Services Director. The Social Work Dept has had some incredible success with discharging of patients and working hand in hand with our other clinical departments in improving our clinical services to our patients. I look forward to Ms. Mills' leadership as we continue to treat the most challenging patients with Severe Psychiatric Disorders in our state and handling the constant challenges in our system.

Dr. Meadows
Director of Nursing

Maintenance

Please join me in welcoming Mark Belanger as the new plumbing foreman and Verlin Klinefelter as the new carpenter foreman. Mark started in maintenance in 2013 while Verlin started in 2018. Also, please welcome Jon Mueller to the repair shop and Daniel Neal to the plumbing shop.

Congratulations to all of you.

Eric Minks
Maintenance Supervisor

Please join me in welcoming Deana Daugherty as the new Program Coordinator- Account Management in the Patient Accounts Department. Our department is looking forward to working with Deana and she is looking forward to working with all of our other departments in meeting our patient's financial needs. If you are in the Dodds 1 area she is located in Patient Accounts and can be reached at ext. 3621.

Thanks,
Misty Moss
Director of Business Administration

Welcome new staff :

Castelan-Melendez, Norma
Cattorn, Joshua C

Flora, Angela A
McFarland, Della B

Miller, Katie L
Moss, Damian L



Introduction to Transition

Gregory Addison, Transition Care Manager

Clint Linback, Transitional Care Specialist

The Mission of the Transitional Program is to provide our patients with a program to bridge the gap between being in a hospital and community/group home living. Emphasis is placed on community readiness skills. Since patients can come from different units, it is important that patients receive individualized and comprehensive treatments based on variables such as observations, monthly progress notes, and annual assessments.

The Goal of the Transitional Program is to provide programming utilizing three main educational techniques (evidence based, experiential, and illness management/ recovery) to aid in the improvement of community readiness. Classes offered will cover several different areas such as budgeting/money management, decision making, interpersonal skills, time management, & housekeeping/cooking skills. Community need will be based on gatekeeper survey and client needs will be assessed on an individual basis.

The Criteria of the Transitional Program

1. *Must be at least Y2, Y3, or Green Level depending on the respective Treatment Teams along with Transition Department. Behavioral criteria, treatment engagement, achievement of treatment outcomes (therapeutic tasks), assessed as a need, etc. will be taken under consideration.
2. No more than 1 personal hygiene refusal per week
3. No more than 1 refusal per week of treatment groups
4. Willingness to participate in the transition program
5. Free of violence for a minimum of 45 days
6. Medication compliant
7. Motivated to live in the community
8. Cooperative with Gatekeeper/Liaison Interviews
9. Successfully complete the Transition Readiness Class

Treatment Teams will collaborate with the Transition Department concerning individuals being referred to the Transition Readiness class. Treatment Teams will identify area of need and Transition Care staff will assess those areas prior to the referral.

*In some special cases the client may be entered into the Transition Program with Y1 privileges based on individualized treatment needs. These rare cases would be when the CMHC is able to accept and address the reasons for being on Y1 that do not pose a barrier to placement in the community.

EXPECTATIONS AND GUIDELINES

1. Will be supervised during all activities on and off the Larson Treatment Center Complex.
2. Will be expected to attend all assigned groups/activities, on and off the Larson Treatment Center Complex.
3. To get out of bed at wake-up time, be dressed, and have bed made by 0700.
4. To bathe/shower using soap per unit shower schedule.
5. To be dressed appropriately while on the unit as well as off the unit. Slippers or shower shoes will be worn on the unit during bathing time only.
6. To keep your room clean and organized. This includes picking up after self in the bathroom.
7. To be courteous, respectful, honest, and considerate of others.
8. Maintain Personal Space, at least an arm's length from staff and peers.
9. To be compliant with taking medications and receiving treatment as ordered.
10. To be in bed per level bedtimes with lights out.
11. To keep clothes clean and organized while adhering to appropriate hygiene guidelines.
12. To complete alternate groups and all nursing led unit groups while on unit observation.
13. No hats, do-rags, bandanas, sunglasses, or coats will be worn on unit or during activities.
14. No bags, backpacks, or personal items will be taken off unit.
15. No one is allowed in other client's room or pod. Patients may go into other pods when accompanied by staff.
16. Increased client self-responsibility.
17. Should a client refuse to attend a group/activity or have an unexcused absence from a group/activity, he will be encouraged to sit in the dayroom (during the time of the activity) to complete an alternate assignment.

Basic Life Skills You Should Know

Home and Personal Care Skills

- How to use basic kitchen appliances
- Wash/Dry clothes
- Make a bed (with clean sheets)
- Fold laundry
- How to properly clean a toilet, shower, bathroom floor, etc.
- How to unclog a toilet
- Set an alarm and wake yourself up on time

Life-Management and Organization Skills

- Create a budget
- Keep your finances records organized
- Time management
- Keep a daily calendar
- Calculate a tip
- How to split a check amongst friends
- Address an envelope
- Write a check
- Balance a checkbook
- Change the battery in a fire alarm

General Conscientiousness

- [Awareness](#) of your surroundings
- Recognizing a potentially dangerous situation
- Have personal medical information and keep up with appointments
- Emergency preparedness
- Avoid [drugs](#) and alcohol
- Be sexually responsible
- How to say “no,” respectfully
- How to ask for help
- Be open-minded
- Accept constructive criticism

Life Skills, which are valuable in life in order to succeed and thrive in life in general:

- | | |
|--|--------------------------|
| 1. Conversation | 6. Cooking |
| 2. Thinking | 7. Manners |
| 3. How to Handle Money | 8. Finding A Job |
| 4. How to Survive Without Certain Technology | 9. Learning from Failure |
| 5. Home Repair | 10. First Aid |
| | 11. Time Management |

Narrative Description of the Transition Groups currently being offered:**Monday**

- | | |
|-----------|---|
| 1000-1100 | <u>Community Integration</u> : group is to assist in maintaining or enhancing skills of community awareness, self-advocacy, socialization, independent living and pre-employment. To assist in the opportunity to live in the community and be valued for one's uniqueness and abilities, like everyone else. |
| 1000-1100 | <u>Transition Readiness</u> : This program is designed to acclimate patients to the LSH Transitional Services Program. Patients will receive an overall view of the goals, and expectations of the LSH Transitional Services Program as well as current groups being offered. |
| 1300-1400 | <u>Leisure Education</u> : Patients will be provided the opportunity to learn about what leisure is, how they currently participate in leisure, what its role is in their recovery process, what their leisure barriers are as they relate to their specific problem areas, what resources are available to them in regards to leisure, develop leisure related skills, understand how leisure activities benefit them, and explore different types of leisure experiences. |
| 1400-1500 | <u>Consumer Skills (Combine with Menu Planning, Nutrition & Home Living)</u> : Community Outing to local grocery stores to price items for that Thursday's Cooking Skills Meal. Skills worked on will include price matching, ability to follow a list, ability to make changes in planning (if needed) and ability to get along in community setting. |

Tuesday

- 0900-1000 Health & Safety: Programming will include education and skill training in the following areas: Basic Healthcare, importance of good hygiene, how to handle dangerous situations, understanding how to utilize safety equipment (fire extinguisher, smoke detector, cell phone usage & important numbers and when & how to access 911), how to deal with “over the counter” medications and fire safety instructions.
- 1000-1100 Budget/Money Management: This program is designed to help patients with problems in the areas of budgeting, money management, decision making skills, & problem-solving skills.
- 1300-1400 Clothing Maintenance: The purpose of this program is to provide opportunities for patients to gain experience in determining clothes that need to be hand or machine washed, practicing sorting clothes for washing (e.g. dark/light colors), type & correct amount of laundry soap, & learning appropriate temperatures for drying various kinds of laundry.
- 1400-1500 Menu Planning (Combine with Consumer Skills, Nutrition & Home Living): This program is designed to help patients with problems in the areas of poor problem management skills coupled with diminished nutritional habits. Teach the 5 basic food groups, nutrition, & plan monthly meals for cooking class.

Wednesday

- 0900-1000 Time Management: This program is designed to help patients with problems in the area of poor use of time. Time management can also help to improve efficiency in everything that you do as well as physical and emotion benefits.
- 1100-1500 Community Re-Entry (1st, 3rd, & 5th Wed.): This program is designed to give patients an opportunity to demonstrate skills taught in the Transition Courses, to define risks, & to ease their anxiety concerning discharge in order to have successful reintegration back into the community.
- 1300-1400 Risk Awareness (2nd & 4th Wed.): This program is designed to help patients with problems in the areas of treatment compliance, poor problem-solving skills, identifying their risk, & how to manage their behavior.
- 1400-1500 Choice of Leisure (2nd & 4th Wed.): The purpose of this program is to provide opportunities for patients to gain experience in choosing and actively participating in leisure activities.
- 1500-1600 Transition Review: A weekly group which focuses on activities of the previous week in Transition & discuss issues related to placement in the community.

Thursday

- 0900-1000 Life Skills: The class will start with cook prep which may entail: Prepping for the meal, making drinks, make dessert for the meal, set the table, roll the silverware.
- 1000-1100 Nutrition: This program is designed to help patients with problems in the areas of poor problem solving coupled with self-management problems. The class will continue with meal prep from 0900-1000 Life Skills. Then prepare the meal.

- 1100-1230 Home Living (Cooking Class-Combine with Consumer Skills, Nutrition, & Menu Planning): This program is designed to help patients with problems in the areas of poor problem solving coupled with self-management problems. Finish cooking the meal. Next comes the eating part coupled with manners and proper social skills. After that is clean up: wash their own dishes, put dishes in the drying rack.
- 1400-1500 Household Maintenance: This course will include skills building in the areas of: cleaning microwave, cleaning stove, cleaning fridge, cleaning kitchen counters, sweeping & mopping floor, dusting, cleaning restroom, and taking out the trash.
- Friday**
1015-1145 Meals on Wheels: This program is designed to help patients with problems in the areas of poor social supports (non-rewarding relationships) and poor use of time. For those who have spent time in the mental health system being able to volunteer and give back for the help they have received is hugely rewarding.
- 1300-1500 Community Awareness: How to find & use resources in the community such as libraries, post offices, laundromats, hair salons, Work One, Fire Station, Utility Office, and gathering places, such as community centers and churches; and businesses that serve the community by providing jobs and easy access to necessary products.



March feature: Succession planning can disaster-proof your journey



There is an old saying; "If you fail to plan, you plan to fail."

Succession planning, from both a management and employee perspective, will remove failure points in your agency. Since we are all busy with day-to-day operations, it is often difficult to make succession planning a priority.

New tools on the way

As an employee, you are a key stakeholder in the succession and development process. Within SuccessFactors Employee Files section, you have an avenue to document and share your skills, career goals and attributes you want to develop.

For managers, tools and resources to facilitate succession planning through SuccessFactors are on the way and over the next several weeks we'll be telling you more about how you can better prepare your agency. For more on this, [click here to take a Talent Road Deep Dive](#) with INSPD's Talent Acquisition Director Brent Morrell.



Indiana Learning Portal

The work continues

The State reached a significant milestone with the launch of the SOI Learning Portal and agency learning domains for INDOT, BMV, IOT, and IDOA. The Learning project team is now working with the remaining agency training stakeholders to migrate learning content to the new Learning Portal by July 2021. If you have questions about your agency's move, please reach out to your agency's training team.

Learn something new! LinkedIn Learning courses are now available in the new SOI Learning Portal. If your agency subscribes to INSPD's HR services, you now have access to LinkedIn Learning's diverse library of content. You can browse the library and take courses through your "My Learning" page in the Learning Portal. If you have issues with accessing the Portal, please submit an IOT help desk ticket. If you have questions about a course, please email SPDTraining@spd.in.gov.



Performance & Goals

Goals, activities, competencies-- What's the difference?

At the end of each appraisal cycle, some managers may feel that by the time they get through to the end, they've been repeating themselves. The challenge may have started at the goal statements and comments. **Check out this Talent Road Deep Dive with Performance Management's Cam Rowley by [clicking here](#).**

Due April 2, 2021: A Performance Progress Review is launched before employees transfer or go on leave longer than 30 days. Managers are required to complete the form. A 4-minute computer-based training on this responsibility is required by April 2. [Click here to take the training.](#)

Volume 1 Number 2

Monarch is the name of the project to transform the employee experience at the State of Indiana, from the point of hire throughout the entire employee journey. SAP SuccessFactors is the multi-faceted system powering the transformation.

Sign-on changes to SuccessFactors coming soon

In late March, changes will be made to the way SOI employees will log on to SuccessFactors that will impact all users.

Currently, depending on where you work, you will have a different sign-on URL. To find the correct log-in for your agency, go to the [INSPD website here](#). It is suggested that you use these links to make sure you are able to access SuccessFactors. For more details on the upcoming changes, [click here](#).

Dates to Remember

Performance Progress Review computer-based training is scheduled to be completed by April 2, 2021. [Click here for information on how to access the training](#)

Pulse Survey delivered to all SOI employees beginning April 5, 2021

BLOOD DRIVE



On **Wednesday, April 7**, Logansport State Hospital will host the **American Red Cross Blood Drive** from **9:00 a.m. to 3:00 p.m.** Donations will be collected in the Conference Center.

Logansport State Hospital and the Red Cross have a long-standing relationship. Because of the generosity of LSH staff, we have provided 69 gallons of blood to the Red Cross for use in area hospitals during 22 blood drives at LSH.

To **schedule a time to donate**, please contact me via email or my extension 3612. The time slots currently available for donations are listed below.

The Red Cross Blood Drive at Logansport State Hospital will be held next week on **Wednesday, April 7** in the Conference Center. We currently have several times available for blood donations (see below).

JUST ANNOUNCED: The Red Cross is giving donors an opportunity to win a great prize: **4 tickets to the 2022 Indianapolis 500**, including transportation, a hotel room, and a \$500 gift card. Sign up to donate here at LSH on April 7th and you're registered in the drawing.

AND: The Red Cross is ALSO offering donors during the month of April a chance to win one of FIVE **\$1,000 e-gift cards** to use at a participating merchant.

To donate on **Wednesday, April 7** in the LSH Conference Center, please email me, or call me at extension 3612, to reserve your donation time.

Appointments for blood donations are available at:

- 9:30 a.m.
- 9:45 a.m.
- 10:15 a.m.
- 10:30 a.m.
- 10:45 a.m.
- 11:30 a.m.
- 11:15 a.m.
- 12:00 p.m.
- 12:15 p.m.
- 12:30 p.m.
- 1:15 p.m.
- 2:45 p.m.
- 3:00 p.m.

The 2022 American Red Cross Indy 500 Trip Giveaway Officials Rules can be found here: https://www.redcrossblood.org/content/dam/redcrossblood/promo-pages/2021indy_500_trip_giveaway_official_rules_final.pdf

Mike Busch
Director, Community Engagement

COVID NEWS

Another reason to schedule your COVID vaccine!

Good news for those that already have been fully vaccinated!

The CDC has announced guidance on what fully vaccinated people can safely do.

This is a link to the announcement in its entirety. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>

The highlights are.....

If you've been fully vaccinated:

- You can gather indoors with fully vaccinated people without wearing a mask.
- You can gather indoors with unvaccinated people from one other household (*for example, visiting with relatives who all live together*) without masks, unless any of those people or anyone they live with has an increased risk for severe illness from COVID-19.
- If you've been around someone who has COVID-19, you do not need to stay away from others or get tested unless you have symptoms.

What are you waiting for?

This is the link to vaccination sites on the ISDH website

<https://experience.arcgis.com/experience/24159814f1dd4f69b6c22e7e87bca65b>

Click on your county, choose a vaccination site, and click on "register".

It is that easy

As the vaccine age qualifications continue to decrease, your wait will continue to increase, so the sooner you schedule the vaccine the better!

Be sure to send proof of your vaccination to Employee Health for your Health file!

Any questions just call Employee Health/Infection Control X378



**MYTHS
VS
FACTS**

COVID-19: Get the Facts Straight and Vaccinate

As COVID-19 continues to surge across the U.S., everyone who is eligible needs to step up and get vaccinated when it is their turn. It is natural to have questions and concerns, and APIC is here to help.

Let's get the facts straight and vaccinate!

MYTH

The COVID-19 vaccine is not safe.

FACT

The FDA has determined that the COVID-19 vaccines are safe and effective to use. The vaccines have undergone the most intensive safety monitoring in U.S. history, and vaccine developers followed all the necessary steps during clinical trials. The messenger RNA (mRNA) technology used to develop the Pfizer and Moderna vaccines allows for faster vaccine development and has been in use for years.

MYTH

The vaccine will alter my DNA.

FACT

The mRNA in the vaccine does not enter the cell's nucleus, where your DNA is kept. The mRNA will not change your DNA, since the two do not interact.

MYTH

The vaccine will make me sterile/infertile.

FACT

There is no evidence to suggest that a COVID-19 infection or vaccine could result in sterility or infertility.

MYTH

The vaccine will not be effective against the new strains, so I should just wait.

FACT

The presence of new strains makes vaccination even more important. When more people are vaccinated, there are fewer chances for deadlier virus mutations to occur.

MYTH

The vaccine will give me COVID-19.

FACT

mRNA vaccines do not contain a live strain of the virus that causes COVID-19 and, therefore, cannot give you COVID-19.

MYTH

The side effects from the vaccine are worse than getting COVID-19.

FACT

The vaccines prevent you from getting sick from COVID-19, a disease that has killed many people in the U.S. You may feel achy and uncomfortable after your shot, but these symptoms are temporary and signal that your body is mounting an immune response to the virus.



I have already had COVID-19, so I do not need to get vaccinated.



It is possible to become re-infected, which is why everyone should be vaccinated against COVID-19 regardless of whether you have previously had it.

COVID-19 Vaccination: What to Keep in Mind **Are the COVID-19 vaccines safe?**



Millions of people in the U.S. have received COVID-19 vaccines, and these vaccines have undergone the most intensive safety monitoring in U.S. history. The Food and Drug Administration (FDA) ensures safety before vaccines are made available. Data from large trials in patients are reviewed by experts who are completely independent from both the government and the manufacturers responsible for creating the vaccines. Additionally, the vaccines were tested in diverse patient groups (age, race, ethnicity, etc.) to ensure safety and effectiveness.

How do the COVID-19 vaccines work?



When you receive a COVID-19 vaccine, your body builds up the immunity it needs to fight the COVID-19 illness and lessen the mild-to-severe symptoms. It is important to remember that it takes the body a few weeks after vaccination to produce the necessary antibodies to protect you from COVID-19. It is possible to become infected with SARS-CoV-2 just before or just after vaccination and get sick with COVID-19.

Will the vaccines be effective against new variants of the coronavirus?



When more people are vaccinated, there are fewer chances for COVID-19 to spread, regardless of the mutation. Scientists expected that the virus would mutate because viruses change all the time. From the data that are currently available, the vaccines appear to be effective against the new strains of SARS-CoV-2.

Can I test positive for COVID-19 because of the vaccine?



No, it is impossible for any of the vaccines currently authorized by the FDA to cause a positive result from a viral test (a test taken to see if you have a current infection). Additionally, none of the existing vaccines can give you COVID-19 because they do not use a live virus strain.

What side effects can I expect from the COVID-19 vaccine?



You may experience side effects such as the ones listed for up to a week after your vaccine; they are more likely to occur after your second dose if you are receiving a multi-dose vaccine. If they persist or worsen after a week, contact your healthcare provider immediately. Taking pain relievers like acetaminophen or ibuprofen can help prevent or lessen these symptoms.

- Localized swelling, tenderness, redness, or warmth to the touch
- Fever
- Chills
- Body aches/headaches
- Joint pain
- Fatigue

Are there any single dose vaccines? How important is the second dose?



There are single dose COVID-19 vaccines that may soon be available, but currently all COVID-19 vaccines being given in the U.S. require a second dose. If you are receiving a multi-dose vaccine, it's essential that you get that second dose because you are still at risk for getting COVID-19 until you are fully vaccinated.

Can I stop wearing my mask after I've been vaccinated?



No, you need to continue masking when you go out in public until enough people have been vaccinated and "herd immunity" is reached. Herd immunity occurs when a high percentage of the population is immune to a disease through vaccination or prior illness. The vaccine is effective at preventing you from getting sick with COVID-19, but we do not know if it prevents you from being able to spread COVID-19 without symptoms. In order to prevent this "asymptomatic spread" to the vulnerable people in your community, continue to wear a mask, practice hand hygiene, and keep a distance of at least 6 feet between yourself and others.

The Association for Professionals in Infection Control and Epidemiology (APIC) is creating a safer world through the prevention of infection. APIC's nearly 16,000 members develop and direct infection prevention and control programs that save lives and improve the bottom line for healthcare facilities. APIC advances its mission through patient safety, education, implementation science, competencies and certification, advocacy, and data standardization. Visit us at apic.org.

1400 Crystal Drive, Suite 900
Arlington, VA 22202
www.apic.org

NOROVIRUS

Norovirus—the stomach bug

Norovirus is a highly contagious virus. Norovirus infection causes gastroenteritis (inflammation of the stomach and intestines). This leads to diarrhea, vomiting, and stomach pain.

Norovirus illness is often called by other names, such as food poisoning and stomach flu. Noroviruses can cause food poisoning, as can other germs and chemicals. Norovirus illness is not related to the flu (influenza). Though they share some of the same symptoms, the flu is a respiratory illness caused by influenza virus.

Anyone can get norovirus illness

- Norovirus is the most common cause of acute gastroenteritis in the U.S.
- Each year, norovirus causes 19 to 21 million cases of acute gastroenteritis in the U.S.
- There are many types of norovirus and you can get it more than once.

Norovirus illness can be serious

- Norovirus illness can make you feel extremely sick with diarrhea and vomiting many times a day.
- Some people may get severely dehydrated, especially young children, the elderly, and people with other illnesses.
- Each year, norovirus causes 56,000 to 71,000 hospitalizations and 570 to 800 deaths, mostly in young children and the elderly.

Norovirus spreads very easily and quickly

- It only takes a very small amount of norovirus particles (fewer than 100) to make you sick.
- People with norovirus illness shed billions of virus particles in their stool and vomit and can easily infect others.
- You are contagious from the moment you begin feeling sick and for the first few days after you recover.
- Norovirus can spread quickly in enclosed places like daycare centers, nursing homes, schools, and cruise ships.
- Norovirus can stay on objects and surfaces and still infect people for days or weeks.
- Norovirus can survive some disinfectants, making it hard to get rid of.

Norovirus can spread in many ways

- Norovirus can spread to others by—
- having direct contact with an infected person, for example, touching an infected person while caring for them,
- eating food or drinking liquids that are contaminated with norovirus,
- touching objects that have norovirus on them and then putting your fingers in your mouth, for example, touching a countertop that has vomit droplets on it and then putting your fingers in your mouth and
- sharing utensils or cups with people who are infected with norovirus.

There's no vaccine to prevent norovirus infection and no drug to treat it

Antibiotics will not help with norovirus illness because antibiotics do not work on viruses.

When you have norovirus illness, drink plenty of liquids to replace fluid loss and prevent dehydration.

If you or someone you are caring for is dehydrated, call a doctor.

What is the Right Way to Wash Your Hands?

1. Wet your hands with clean, running water (warm or cold) and apply soap.
2. Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
3. Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under running water.
5. Dry your hands using a clean towel or air dry them.

See Handwashing: Clean Hands Saves Lives (www.cdc.gov/handwashing/)

5 Tips to Prevent Norovirus From Spreading

1. Practice proper hand hygiene

Always wash your hands carefully with soap and water—

- after using the toilet and changing diapers, and
- before eating, preparing, or handling food.

Alcohol-based hand sanitizers can be used in addition to hand washing. But, they should not be used as a substitute for washing with soap and water.

2. Wash fruits and vegetables and cook seafood thoroughly

Carefully wash fruits and vegetables before preparing and eating them. Cook oysters and other shellfish thoroughly before eating them.

Be aware that noroviruses are relatively resistant. They can survive temperatures as high as 140°F and quick steaming processes that are often used for cooking shellfish.

Food that might be contaminated with norovirus should be thrown out.

Keep sick infants and children out of areas where food is being handled and prepared.

3. When you are sick, do not prepare food or care for others

You should not prepare food for others or provide healthcare while you are sick and for at least 2 to 3 days after you recover. This also applies to sick workers in schools, daycares, and other places where they may expose people to norovirus.

4. Clean and disinfect contaminated surfaces

After throwing up or having diarrhea, immediately clean and disinfect contaminated surfaces. Use a chlorine bleach solution with a concentration of 1000–5000 ppm (5–25 tablespoons of household bleach [5.25%] per gallon of water) or other disinfectant registered as effective against norovirus by the Environmental Protection Agency (EPA).

1. Wash laundry thoroughly

2. Immediately remove and wash clothes or linens that may be contaminated with vomit or stool (feces).
3. You should—
4. handle soiled items carefully without agitating them,
5. wear rubber or disposable gloves while handling soiled items and wash your hands after, and wash the items with detergent at the maximum available cycle length then machine dry them.

Visit CDC’s Norovirus Web site at www.cdc.gov/norovirus for more information.

Longcliff Museum

Art-n-Facts

K Ward, Rogers Hall, the Old Isaac Ray Building, and the Paint Shop

(reprinted 2008 when these buildings were torn down.)

By Ron Bennett, retired Social Worker at LSH, (1977-2013)



During the past few weeks, I have been overcome with sadness due to the demise of several buildings that have gallantly served Logansport State Hospital for well over 50 years. The first casualty was old K Ward, or as many know it, old Staff Development. As Jim Foster described, this building served both as a ward and as a staff training location during the 1980s and 1990s. It was here that we learned about CPR, First Aid, Mental Illnesses and where the seeds of Therapeutic Intervention training were sown. Sadly, several years ago, I last visited the building with a contingent of other museum volunteers in an effort to save any items with historical significance. This edifice was then inhabited by pigeons, mold, and dust. Even though we wore masks, the result of spending a few hours inside was wheezing and coughing for a day or two. The floors were waterlogged from the leaky roof and walking on the second floor required extreme caution. Truly, this building needed to

be torn down in order to ensure the safety of both patients and staff members.



The second building to feel the sting of the wrecking ball was Rogers Hall. As I write this, the plumbing and windows have been removed and part of the rear wing exists only as a pile of bricks awaiting removal to their last resting place. Many, if not most, of us older employees have either resided at The Hall or known friends who lived there at one time. I was there for less than a year in 1978 and my room was on the 5th floor, with a nice view of

the railroad tracks, the workshop, and the paint shop. There was a phone system where phone calls came into the first floor and there was a buzzer system that was activated to tell you that there was a phone call. I believe there was also a light that was activated by the buzzer, but memory has grown cloudy over the years. I shared a restroom with an adjoining room. Lucky me! My "potty mate" worked for Dietary and got ready for work at 4:00 a.m. It also seemed that whenever I had something heavy to carry, the elevator did not work. In spite of these inconveniences, Rogers Hall proudly served hospital employees by providing them with affordable housing and the opportunity to get to know fellow employees. There used to be a brick grill across the creek by the Superintendent's cottage, where we had summer cookouts, played music and relaxed in the shade of the stately trees. Many spirited games of horse took place on the adjoining basketball court. The Hall later served as ATRP Unit and LCCD (Long Cliff Chemical Dependency Unit) serving those with substance abuse problems for many years.



The original Isaac Ray building was the first ward that I ever entered at LSH, as a Summer Student in 1970, shortly following my high school graduation. I was working in rehab and after a brief orientation, I was given a key and directions to the Orange Unit, then housed in that building. I was able to locate the elevator in the basement and haltingly pressed the button for the second floor. As the door opened it seemed like 50 patients came toward the elevator to see who was arriving. Some were confined to wheelchairs, some wore football helmets, and all wanted to speak at the same time. This was too much for me to

process and I tried to get back on the elevator, but the door had closed.

I hastily approached an open door and went inside to find the nursing station. My heartbeat soon returned to normal and I spent a very enjoyable summer on the unit. Had the elevator door stayed open, I would have probably left, never to return. I have now been employed at LSH for almost 31 years. This building later served as the Issac Ray Unit from 1979 until the move into the new Isaac Ray Treatment Center in 2005.



I have saved the best for last. The Paint Shop has now been reduced to a pile of wood, limestone, and twisted metal, the result of only a few days' work. This was the oldest building to meet its' demise this year. Over the years, it has served as a horse stable and a paint shop. Although I never worked in this building, it was my home for two days each year during the 12-year span of the Haunted Train. It generally took volunteers about 6 hours to transform the shop into a habitat of witches, ghouls, and gremlins. This was the only building that the train was actually able to drive through, and it enabled us to make use of blacklights, cobwebs, plastic

bats and cats, cornstalks and hay bales with the addition of many spooky items that could be set up and left in a secure environment for both nights of the train. The first night was for the patients and the second night was for employees and their family members. The old Paint Shop provided warmth, security for the exhibits, and hours of fun for all, over the years. Two years ago, with the assistance of the LSH Maintenance Department, we haunted the Paint Shop for the last time. The electricity had already been disconnected and Maintenance hooked up a generator and ran extension cords for us. I have to admit that I shed a tear as I shut the door to the building at the end of the evening.

The Paint Shop was the building that many of us at LSH had hoped would eventually be saved. Since most of the structure was stone, which was quarried nearby, we thought that a new roof and some drywall would enable it to be used in some capacity such as a Welcome Center, Human Resources Office, or Security Office. Unfortunately, this was not to be. I join many others in saying goodbye to these buildings that are steeped in the history of LSH.

Change is part of life. Employees grow old and retire, just as buildings decay and outlive their usefulness to the people that they were built to serve. The Longcliff Museum exists in an effort to preserve memories of the past by artifacts, pictures, and stories told by long-time employees.

*ASK FOR YOUR LONGCLIFF MUSEUM
TOUR TODAY!*



Sneaky



Snap!



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Pictures of donated items from LSH Staff, during the EMBRACE Committee Humane Society Drive that was collected in September of 2020, that was given to the Cass County Humane Society in December to homeless pets for their Christmas!

Look out for Darrin and his camera, you could be next!

Culinary Corner

club salad

A club salad is a great way to use grilled chicken and boiled egg leftovers

Ingredients:

- 🍴 Romaine lettuce
- 🍴 Cherry tomatoes
- 🍴 Bacon
- 🍴 Avocado, chopped
- 🍴 Chicken, shredded
- 🍴 Mayonnaise
- 🍴 Mustard
- 🍴 Vinegar
- 🍴 Croutons
- 🍴 Hard-boiled eggs



Preparation:

Layer romaine lettuce, halved cherry tomatoes, bacon, chopped avocado, and shredded chicken on a plate. Whisk equal parts mayonnaise and mustard with a splash of vinegar, drizzle over salad. Top with croutons and quartered hard-boiled eggs.

<https://www.bonappetit.com/recipe/club-salad>

Who Am I?

Can you guess who's behind the Smiley face pictured below? If you can, call Darrin Monroe at #3803 or e-mail Darrin at darrin.monroe@fssa.in.gov by April 23, 2021.

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 gift certificate.

*Winner Will Be
Announced In
The Next Spectrum.*



Terry Tharp



No one guessed Terry Tharp, 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.