




MEMORIAL HOSPITAL'S The LAMP QUARTERLY NEWSLETTER

Vol. 2 Issue 4 - October 2021



COVID-19: What We Know, & ANTIBODY TREATMENTS

Over the past 18+ months many new words have entered the vocabulary of the public, such as pandemic, PPE, community spread, “herd immunity”, droplet transmission, asymptomatic, isolation, quarantine, and antibody. When listed together, these words can seem big, and threatening, so it is important to educate ourselves on what they really mean and understand them. Medical professionals and scientists use these words often as part of their language to communicate to each other, but when these words are broadcast across the news, social media, and cover newspaper headlines they can be scary to the rest of us.

So let's recap what we know...

Pandemic: By now, most of us know what a pandemic is; we have been making history living through one after all. The CDC defines a pandemic as an epidemic, or increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area, that has spread over several countries and continents, usually affecting a large number of people. Hence the current global state of our COVID-19 pandemic.

PPE: PPE is an acronym used every day in the medical field, which is short for personal protective equipment. Doctors and nurses have been using PPE for years to protect themselves from bodily fluids while treating patients. Standard supplies include gloves, masks, gowns, hair covers, face shields or eye protection, and shoe covers. The pandemic now requires that more extreme precautions are taken, at all times, by all, medical staff. Often the use of N-95 masks or respirators will be worn with full cap and gown garb to protect caregivers from infected patients.

Herd Immunity: Community spread and herd immunity are often mentioned in news stories sharing the latest reports on infection or vaccination numbers. Community spread is the circulation of a disease among people in a certain area with no clear explanation of how they were infected – they did not travel to an affected area and had no close link to another confirmed case. This means they may have contracted it while running errands or being in a large group of people. Herd immunity, or community immunity, is our protection against community spread. This happens when a sufficient proportion of a population is immune to an infectious disease [*\(Continued on Page 13\)*](#)



In this issue:

- [COVID-19 - Pg 1 & 13](#)
- [Rural Health Clinics - Pg 2-3](#)
- [Therapy & Sports Rehab Center - Pg 4-5](#)
- [Welcome New Providers - Pg 6](#)
- [Sleep Lab Accreditation - Pg 7](#)
- [COVID-19 Vaccinations and Boosters Q&A - Pg 8-9](#)
- [Taking Steps to Reduce Falls- Pg 10-11](#)
- [Breast Cancer Awareness Month - Pg 12](#)
- [Community Care - Pg 14](#)
- [What happened last quarter? - Pg 15-18](#)
- [Volunteer & Auxiliary News - Pg 19](#)

Upcoming events:

CHESTER COMMUNITY BLOOD DRIVES

- November 19 | 12:00pm-5:00pm - VFW
 - December 15 | 12:45pm-5:45pm - American Legion
 - January 14 | 1:00pm-6:00pm - VFW
- Schedule your appointment at [RedCrossBlood.org](https://www.redcrossblood.org) or by calling 1-800-RED CROSS (1-800-733-2767).

MENTAL HEALTH FIRST AID TRAINING

Presented by ComWell in partnership with Randolph County 708 Board
November 10 | December 3 | January 28
8:30am-3:00pm

Location: Sparta Community Hospital
 Auxiliary Room B at Broadway Plaza
Registration Required: kkennedy@comwell.us

DENTAL SAFARI

November 29 - Chester High School
November 30 - Chester Grade School
Exams, cleanings, fluoride, & sealants for all children. Cash, private insurance, and IL Medical Card accepted.
Register Online at: www.DentalSafariForms.com

PRENATAL CLASS

January 22, 2022 | 8:00am-12:00pm
Location: Memorial Hospital, Conference Room
 Pre-Registration Required, Call 618-826-4581 ext. 1223



RURAL HEALTH CLINICS

FAMILY HEALTH CARE Newborn Through Geriatrics

- | | |
|------------------------------|----------------------------|
| Medicare Wellness Visits | Minor In Office Procedures |
| Immunizations – VFC Provider | DOT Physicals |
| Age Specific Wellness Exams | Same Day Appointments |
| Injection Therapy | School & Sports Physicals |
| Family Planning | Patient Portal |

CHESTER CLINIC

2319 Old Plank Road - Chester, IL 62233

618-826-2388

STEELEVILLE FAMILY PRACTICE

602 W. Shawneetown Trail - Steeleville, IL 62288

618-965-3382



James Kirkpatrick, M.D. • James Krieg, M.D.
Lisa Lowry-Rohlfing, M.D. • Joseph Molnar, D.O.
Stephen Platt, M.D. • Angela Albertini, PA-C
Valerie Blechle, APN, FNP-BC • Jamie Hess, PA-C

Be a Flu Fighter: Get Vaccinated!



The best way to protect yourself and your loved ones against influenza (flu) is to get a flu vaccine every flu season. Flu is a contagious respiratory disease that can lead to serious illness, hospitalization, or even death. CDC recommends everyone six months and older get an annual flu vaccine.

What are some key reasons to get a flu vaccine?

- Every year, flu vaccination prevents illnesses, medical visits, hospitalizations, and deaths.
- Flu vaccination also is an important preventive tool for people with chronic health conditions. For example flu vaccination has been associated with lower rates of some cardiac events among people with heart disease.
- Vaccinating pregnant women helps protect them from flu illness and hospitalization, and also has been shown to help protect the baby from flu infection for several months after birth, before the baby can be vaccinated.
- A 2017 study showed that flu vaccine can be life-saving in children.
- While some people who get vaccinated still get sick, flu vaccination has been shown in several studies to reduce severity of illness.

Why is it important to get a flu vaccine EVERY year?

- Flu viruses are constantly changing, so flu vaccines may be updated from one season to the next to protect against the viruses that research suggests will be common during the upcoming flu season.
- Your protection from a flu vaccine declines over time. Yearly vaccination is needed for the best protection.

Is the flu vaccine safe?

Flu vaccines have a good safety record. Hundreds of millions of Americans have safely received flu vaccines over the past 50 years. Extensive research supports the safety of seasonal flu vaccines. Each year, CDC works with the U.S. Food

and Drug Administration (FDA) and other partners to ensure the highest safety standards for flu vaccines. More information about the safety of flu vaccines is available at www.cdc.gov/flu/protect/vaccine/vaccinesafety.htm.

What are the side effects of flu vaccines?

Flu shots: Flu shots are made using killed flu viruses (for inactivated vaccines), or without flu virus at all (for the recombinant vaccine). So, you cannot get flu from a flu shot. Some minor side effects that may occur include soreness, redness and/or swelling where the shot was given, low grade fever, and aches.

Nasal spray flu vaccines: The viruses in nasal spray flu vaccines are weakened and do not cause the severe symptoms often associated with influenza illness. For adults, side effects from the nasal spray may include runny nose, headache, sore throat, and cough. For children, side effects may also include wheezing, vomiting, muscle aches, and fever.

If these problems occur, they are usually mild and go away on their own, but serious reactions are also possible. Almost all people who receive flu vaccine have no serious problems from it.

When and Where to get vaccinated:




You should get a flu vaccine by the end of October. However, as long as flu viruses are circulating, vaccination should continue throughout flu season, even in January or later.

Memorial Hospital's Rural Health Clinics are currently scheduling appointments for flu vaccines now. You can contact the Chester Clinic or Steeleville Family Practice to schedule you and your family member's vaccinations.

For more information on the flu vaccine, visit: www.cdc.gov/flu or call 1-800-CDC-INFO





BE A FLU FIGHTER

Schedule Your Flu Shot Today!

Chester Clinic 618-826-2388
Steeleville Family Practice 618-965-3382

MEMORIAL HOSPITAL
TS&RC THERAPY & SPORTS
 CHESTER, ILLINOIS REHAB CENTER

833 Lehmen Drive - Chester, IL 62233
618-826-4588

*Caring for you throughout
 your life span.*

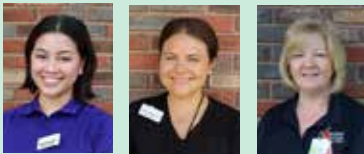
*Treating pediatrics, youth, adults,
 and geriatrics.*

SPECIALIZED SERVICES:

- Sports Rehab
- Balance Rehab
- Vertigo
- Stroke Rehab
- Hand Therapy
- Pool Therapy
- Urinary Incontinence
- Manual Therapy
- Orthopedic Rehab

SPECIALIZED EQUIPMENT:

- Bariatric Treadmill
- Biodex Balance System
- Mechanical Traction
- Ultrasound
- Electrical Stimulation
- Fluidotherapy
- Iontophoresis



Elphie Busayong, *Physical Therapist*
 Isabel Hotop, *Speech-Language Pathologist*
 Anita McDonough, *Physical Therapist Assistant*
 Megan Stewart, *Occupational Therapist*
 Jena Tressler, *Physical Therapist Assistant*

SPEECH THERAPY AND EXPIRATORY MUSCLE STRENGTH TRAINING

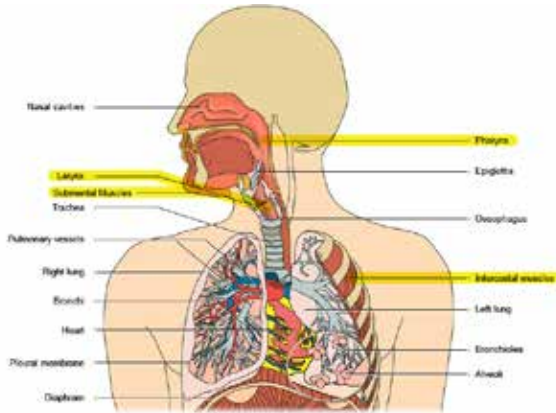
History of EMST

Expiratory Muscle Strength Training (EMST) was developed about 20 years ago at the University of Florida. It initially began as a collaborative effort between exercise physiologists, neurologists and engineering, but later involved key professors/researchers in speech pathology.

What is EMST?

EMST was originally developed to improve expiratory respiratory strength, or the expiration of air from the lungs as in a cough, but it was subsequently found to also strengthen some muscles of the upper respiratory tract.

EMST allows therapists to be specific about the muscles they target with exercise. The following muscles are all strengthened by EMST:



- The abdominal and internal intercostal muscles (between the vertebrae and the junction of the ribs) in the chest wall. They were the original primary targets of EMST.
- Submental (under the chin) muscles important in moving the larynx (area of the throat containing vocal cords and used for breathing, swallowing, and talking). Muscles that move the vocal folds, and
- Muscles of the pharynx (the hollow tube that starts behind the nose, goes down the neck, and ends at the top of the trachea and esophagus), larynx, and soft palate.

How Does EMST Work the Muscles?

EMST targets skeletal muscles. All skeletal muscles, over time, are going to degenerate and lose function, whether because of your age or a disease process. However, skeletal muscles have the ability to adapt. This ability to adapt is called neuroplasticity. In order to adapt though, they need to be able to generate force. An example of respiratory force is how strong you cough or are able to cough.

EMST uses a pressure threshold device. It works like weight lifting for your arms. It is not a resistance trainer. For example, blowing through a straw is a resistance exercise. You can change the resistance by blowing slower - but it won't actually build up strength in your respiratory muscles.

EMST relies on the release of pressure via a valve, inside the device. You can increase the pressure, like you would increase the weights you lift in a gym. So you can increase the pressure on your respiratory system muscles, and build up strength. Much like you would build up strength in your arms in a gym.

Skeletal muscles have both fast and slow twitch fibres. Fast twitch fibres generate force but are prone to fatigue (as in coughing). Slow twitch fibres are slow to contract but resistant to fatigue (as in posture). Respiratory Muscle Strength Training, in general, stimulates fast twitch fibres resulting in muscular enlargement or "hypertrophy".

With any exercise, there can also be a detraining effect (i.e. when your muscles go back to their original size after you stop exercising). Skeletal muscles generally return to pre-training levels within 1 month of exercise, however, respiratory muscle gains remain significantly higher than pre-training levels up to 8 weeks after training cessation.

What is the Benefit for Speech Therapy?

Improved Coughing

Overall, the research coming out of EMST studies is showing very good changes in muscle forces generating Maximum Expiratory Pressures (MEP). Increased expiratory pressure results in a better ability to produce a higher expiratory flow. A high expiratory flow is critical for coughing.

Coughing is important for preventing food and drink going into the lungs (aspiration), which could lead to a pneumonia (aspiration pneumonia). So if our cough is strong and operating efficiently, we can reduce our risk of aspiration and aspiration pneumonia.

Shortness of Breath

Subjects of various studies have also reported a decrease in the sensation of shortness of breath (dyspnea), which resulted in less anxiety around their shortness of breath and improved quality of life.

Improved Swallow Safety

EMST has been shown in several studies, to help improve the muscle force generation of the swallow muscles:

Increased submental muscle force generation results in increased hyloaryngeal complex movement, resulting in increased airway protection and upper esophageal sphincter (UES) opening.

The overall result is a "safer swallow".

Who Could Benefit from EMST?

Research has shown that EMST would benefit those with a spinal cord injury, ALS, MS, Myotonic Dystrophy, Parkinson's Disease, COPD, the sedentary elderly, clients with head and neck cancer, and more. Clients who may not be suitable for EMST include those with occurrence of acute stroke, untreated hypertension, untreated gastroesophageal reflux, reactive airway disease (like asthma) and women who are pregnant.

What are the Results?

In summary, the studies from EMST are generally showing:

- Improved maximum expiratory pressures
- Improved coughing ability
- Increased swallow muscle activity
- Improved swallow safety (in some diagnostic groups)
- Less deterioration in swallow muscle function, compared to control groups who did not do the exercise or who did a 'sham' exercise
- Increased neuroprotective benefits for swallowing and respiratory function
- Improved quality of life for those who followed the EMST training protocol

Isabel Hotop, Speech-Language Pathologist at Memorial Hospital's Therapy & Sports Rehab Center uses EMST with a variety of patients to help them reach goals including: increasing speech volume, cough strength, swallow safety, and breath/swallow coordination. "[EMST] involves forceful expiration against different levels of resistance. I can assist patients by determining their expiratory muscle strength and developing a training plan targeting their individual goals," says Hotop. "It is often a method of training I will use in conjunction with other therapy tasks depending on their goals."

Source: EMST (Expiratory Muscle Strength Training) and Speech Therapy - What and why? - Enable Speech Pathology. Author Lisa Vaughton. <https://www.enablepeechpathology.com.au/post/emst-expiratory-muscle-strength-training-and-speech-therapy-what-and-why>

To learn more about EMST and other services offered by the Therapy & Sports Rehab Center call 618-826-4588.

WELCOME NEW TEAM MEMBERS



Isabel Hotop M.S., CCC-SLP

Isabel graduated with a Masters in Speech-Language Pathology, from Fontbonne University in St. Louis, in 2020. Isabel is from Perryville, MO and works at Memorial Hospital's Therapy Sports Rehab Center and Ste. Genevieve Hospital. She has experience working in skilled nursing facilities and hospital settings with inpatients and outpatients. She is skilled in working with communication and swallowing disorders.

Isabel says that she loves helping others achieve their goals. "Whether it's communicating better or swallowing safer, I enjoy empowering patients and families to be successful!"



Jena Tressler, PTA

Jena graduated with an Associates in Applied Science from Southern Illinois University. Jena has worked as a travel PTA throughout Texas in skilled nursing facilities and in outpatient therapy settings in Knoxville, TN. Her focus has been on orthopedics, balance training, and lots of neck and back pain. She is experienced in the McKenzie technique, which she finds to be very effective with decreasing pain. She says that she loves, "bonding with patients, watching progress, and helping take people's pain away."

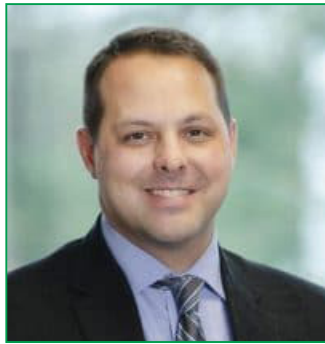
Welcome New Specialty Providers

Memorial Hospital Welcomes Dr. Samuel Medaris, Otolaryngologist/ENT and Dr. Vamsi Chilluru, Nephrologist with a specialty in internal medicine, to our Specialty Clinic Team.

Dr. Samuel Medaris, M.D.

Dr. Samuel Medaris specializes in Ear, Nose and Throat/Otolaryngology. He attended the University of Missouri-Columbia where he earned his Bachelors of Science in Biological Sciences, followed by medical school at the University of Missouri-Columbia School of Medicine where he achieved his Medical Doctorate. Dr. Medaris completed his internship in general surgery and residency in otolaryngology at the University of Nebraska Medical Center in Omaha, Nebraska. He then served four years in the United States Air Force at Offutt Air Force Base in Bellevue, Nebraska. He is board certified by the Academy of Otolaryngology.

Dr. Medaris joined Memorial Hospital's team of specialty providers offering outpatient ENT services beginning September 2021. Outpatient clinics are held twice a month on Fridays along with in-office and same day surgery procedures.



Dr. Samuel Medaris, M.D.

Dr. Vamsi Chilluru, M.D.

Dr. Chilluru specializes in nephrology and internal medicine. He received his license to practice medicine in India in 2010. He then completed his internal medicine residency at Creighton University in Omaha, Nebraska in 2015. He completed fellowships in nephrology at University Hospitals Cleveland Medical Center in Cleveland, Ohio in 2016 and at University of Nebraska Medical Center in Omaha, Nebraska in 2017, followed by a fellowship in interventional nephrology at



Dr. Vamsi Chilluru, M.D.

the University of Nebraska Medical Center in 2018. He is board certified in both nephrology and internal medicine

Dr. Chilluru holds outpatient clinics at Memorial Hospital once a month on Fridays, starting October 8, 2021.

*To learn more about our specialists
visit www.mhchester.com or
call Memorial Hospital Specialty
Clinic at (618) 826-4581 ext. 1366*

MEMORIAL RECEIVES ISHMPR PINNACLE AWARD

Memorial Hospital was recognized at the Illinois Society of Healthcare Marketing and Public Relations' (ISHMPR), annual conference, in Alsip, IL on, October 14, with a Honorable Mention Award. An entry was submitted into the Physician Relations and Recruitment category by Community Relations and Marketing Manager, Mariah Bargman.

During 2020-2021 Memorial developed new tools to continue provider recruitment during the pandemic. With in-person meetings, tours, and interviews postponed, Martha Roth, Director of Professional Services, and Julie Stern, Director of Human Resources, worked with Bargman, to create provider recruitment advertising and digital resources to hold virtual interviews and virtual tours to candidates.

The recruitment package developed includes fliers for circulation to medical schools and larger hospitals. The fliers highlight the organization's achievements, improvements and accreditations, along

with benefit opportunities and community amenities and attractions. Single sheet info-graphics with answers to frequently asked questions were also developed for specific professions that were tailored to a potential provider's specialty.

The final piece was a digital presentation and tour of Memorial and our locations that could be shared with prospective providers in place of an in-person tour. The video highlights many of the newly renovated spaces at Memorial and features images and details for all medical departments, the Rural Health Clinic locations, and the Therapy and Sports Rehab Center.

Being a recipient of the Pinnacle Award represents the continued work and dedication our healthcare team of directors put into continuing provider recruitment even during a pandemic. When things stopped, the team found a way to continue and persevere to ensure Memorial is able to provide quality healthcare professionals to our community.



Mariah Bargman, Marketing & Community Relations Manager accepts the award in honor of Memorial Hospital at the ISHMPR conference.

Sleep Lab Receives Re-Accreditation

Memorial Hospital's Sleep Lab is proud to announce it has achieved re-accreditation through Accreditation Commission for Health Care (ACHC) for its Sleep Lab.

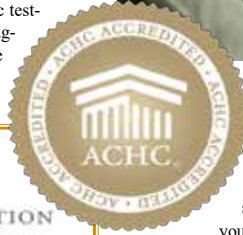
Accreditation is a process through which healthcare organizations demonstrate compliance with national standards. Accreditation by ACHC reflects an organization's dedication and commitment to meeting standards that facilitate a higher level of performance and patient care.

ACHC is a nonprofit organization that has stood as a symbol of quality and excellence since 1986.

Memorial Hospital has been providing Sleep Diagnostic testing since 1998. Memorial provides services for sleep diagnostic testing and treatment of all sleep disorders, home sleep studies, education on the many sleep disorders, and support services for patients with CPAP systems.



Made Patient in one of Memorial Hospital's comfortable Sleep Lab rooms.



Sleep is more than a "time out" from your busy routine. Sleep is an important contributor to good health, mental and emotional wellness and safety. When you sleep well, you wake up feeling refreshed, alert and ready for your day. But when sleep is poor, it can have a big impact—not just on your daily routine, but on your overall health.

Do you find yourself struggling to feel rested? Do you have mood and memory problems?

Sleep apnea affects 18 million Americans—and there are certain characteristics that can put you at a higher risk for the disorder such as, a higher BMI, large neck circumference, snoring, smoking and alcohol use, and a small airway.

If you have a sleep problem that lasts for longer than a week, or if sleepiness is getting in the way of how you feel and function during the day, do something today to address it. Contact Memorial Hospital's Sleep Lab at 618-826-4581 ext. 1106. Learn more about the Sleep Lab and services offered on our website at www.mhchester.com.

CERTIFICATE of ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

**Randolph Hospital District
d/b/a Memorial Hospital**
CHESTER, ILLINOIS

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

SLEEP

Home Sleep Testing, Sleep Lab/Center Services

FROM December 11, 2021 THROUGH December 10, 2024



PRENATAL CLASS

For most pregnant women, even if you already have a child, the labor and birth process can be both overwhelming and joyful. Many women and their partners choose to attend childbirth classes to gather information and lessen their anxiety.

Our Curriculum Includes :

- Lamaze & Relaxation Techniques
 - Pregnancy Complications
 - Cesarean Sections & Epidural Information
 - Maternal Nutrition & Infant Feeding
 - Child Safety, Growth, & Development
 - Discipline & Bringing Up Baby
- All prenatal classes at Memorial Hospital

are free. Jill Arbeiter, RN and Julie Hartman, LPN have taught the Prenatal and Family Education Class together for 28 years at Memorial Hospital. Both are able to continue their OB education by working part-time at other facilities including Perry County Memorial Hospital's OB department in Missouri, and Heartland Women's Healthcare in Sparta respectfully.

Classes are offered four times a year at Memorial with the next class being held on January 22, 2022 from 8:00am-Noon in the Conference Room. To register, call 618-826-4581. ext. 1233.

**NUTRITION,
BIRTHING,
RAISING BABY.**

JANUARY 22, 2022
8:00AM-NOON
Call to Register
618-826-4581 ext. 1233

COVID-19 VACCINATIONS AND BOOSTERS Q&A

As scientists and doctors continue to learn about COVID-19, its variants, the effectiveness of vaccinations, and their prevention of the disease more and more information is being released to the public weekly, which leads to lots of questions. In the [April issue](#) of our quarterly publication of "The Lamp", we answered questions regarding COVID-19 vaccinations. We are using this issue to follow-up with more Q&A regarding the vaccines and booster shots.

- Some people who are fully vaccinated against COVID-19 will still get sick because no vaccine is 100% effective. Experts continue to monitor and evaluate how often this occurs, how severe their illness is, and how likely a vaccinated person is to spread COVID-19 to others.
- CDC recommends you get a COVID-19 vaccine as soon as one is available to you.

What is the effectiveness of the COVID-19 vaccine?

Vaccine effectiveness studies provide growing evidence that mRNA COVID-19 vaccines protect as well in real-world conditions as they have in clinical trial settings. These studies show that the vaccines reduce the risk of COVID-19, especially severe illness, among people who are fully vaccinated.

The COVID-19 vaccines offer protection against symptoms, but also help avoid people get infected with the virus that causes COVID-19 at all. Vaccination can reduce the spread of disease, which helps protect you and the people around you.

- All COVID-19 vaccines currently available in the United States are effective at preventing COVID-19 as seen in clinical trial settings.
- [Research](#) provides growing evidence that mRNA COVID-19 vaccines offer similar protection in real world conditions.
- COVID-19 vaccination is an important tool to help stop the COVID-19 pandemic.
- COVID-19 vaccination helps protect people from getting sick or severely ill with COVID-19 and might also help protect people around them.
- To receive the most protection, people should receive all recommended doses of a COVID-19 vaccine.

If I am pregnant or plan to get pregnant should I get vaccinated?

- COVID-19 vaccination is recommended for all people 12 years and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.
- Evidence about the safety and effectiveness of COVID-19 vaccination during pregnancy has been growing. These data suggest that the benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy.
- There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men.
- Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people.

Who is eligible for a COVID-19 vaccine booster shot?

Studies show that after getting vaccinated against COVID-19, protection against the virus may decrease over time and be less able to protect against the Delta variant. Although COVID-19 vaccination for adults aged 65 years and older remains effective in preventing severe disease, recent data suggest vaccination is less effective at preventing infection or milder illness with symptoms.

Vaccine Brand Name	Safe?	Effective?	Reduces your risk of severe illness?	Age group who can get this vaccine	How many shots you will need?	When you are fully vaccinated
				12 years and older	2 shots given 3 weeks (21 days) apart*	2 weeks after your second shot
				18 years and older	2 shots given 4 weeks (28 days) apart*	2 weeks after your second shot
				18 years and older	1 Shot	2 weeks after your shot

*You should get your second shot as close to the recommended 3-week or 4-week interval as possible. However, your second shot may be given up to 6 weeks (42 days) after the first dose, if necessary.



cdc.gov/coronavirus

VIF-008-0203

Data from a small clinical trial show that a Pfizer-BioNTech booster shot increased the immune response in trial participants who finished their primary series 6 months earlier. With an increased immune response, people should have improved protection against COVID-19, including the Delta variant. All three vaccines (Pfizer-BioNTech, Moderna COVID-19 vaccine, and Janssen [Johnson and Johnson] COVID-19 vaccine) have recently been approved for booster doses.

For Moderna COVID-19 vaccine, a single COVID-19 vaccine booster dose is recommended greater than or equal to 6 months after completion of an mRNA primary series. The Moderna booster dose is a smaller 50 micro-gram dose. For Janssen (Johnson and Johnson) COVID-19 vaccine, a single COVID-19 vaccine booster dose is recommended for persons aged 18 years and older, greater than or equal to 2 months after receipt of the initial Janssen dose, under the FDA's Emergency Use Authorization.

For individuals who received the **Johnson & Johnson COVID-19 vaccine**, booster shots are recommended for those who are 18 and older and who were vaccinated two or more months ago.

For individuals who received a **Pfizer-BioNTech** or **Moderna COVID-19 vaccine**, the following groups are eligible for a booster shot at 6 months or more after their initial series:

Adults 65 and older and 50-64 year old people with medical conditions. People aged 65 years and older and adults 50–64 years with underlying medical conditions should get a booster shot. The risk of severe illness from COVID-19 increases with age, and can also increase for adults of any age with underlying medical conditions.

Long-term care setting residents aged 18 years and older. Residents aged 18 years and older of long-term care settings should get a booster shot vaccine. Because residents in long-term care settings live closely together in group settings and are often older adults with underlying medical conditions, they are at increased risk of infection and severe illness from COVID-19.

People with medical conditions aged 18 years and older. People aged 18–49 years with underlying medical conditions may get a booster shot vaccine based on their individual benefits and risks. Adults aged 18–49 years who have underlying medical conditions are at increased risk for severe illness from COVID-19. However, that risk is likely not as high as it would be for adults aged 50 years and older who have underlying medical conditions. People aged 18–49 years who have underlying medical conditions may get a booster shot after considering their individual risks and benefits. This recommendation may change in the future as more data become available.

Employees and residents at increased risk for COVID-19 exposure and transmission who are 18 years and older. People aged 18–64 years at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting may get a booster shot vaccine based on their individual benefits and risks. Adults aged 18–64 years who work or reside in certain settings (e.g., health care, schools, correctional facilities, homeless shelters) may be at increased risk of being exposed to COVID-19, which could be spreading where they work or reside. Since that risk can vary across settings and based on how much COVID-19 is spreading in a community, people aged 18–64 years who are at

increased risk for COVID-19 exposure and transmission because of occupational or institutional setting may get a booster shot after considering their individual risks and benefits. This recommendation may change in the future as more data become available.

Occupations at increased risk for COVID-19 exposure and transmission include front line essential workers and health care workers as previously detailed by the CDC:

- First responders (healthcare workers, firefighters, police, congregate care staff)
- Education staff (teachers, support staff, daycare workers)
- Food and agriculture workers
- Manufacturing workers
- Corrections workers
- U.S. Postal Service workers
- Public transit workers
- Grocery store workers

Can I "mix-and-match" which vaccines I receive?

According to an IDPH press release on October 22, 2021, the FDA and CDC have approved the mixing and matching of vaccines. In their statement they said, "The use of each of the available COVID-19 vaccines as a heterologous (or "mix and match") booster dose in eligible individuals, following completion of primary vaccination with a different available COVID-19 vaccine, is allowable. Allowing mixing and matching could alleviate supply issues, make the task of getting a booster simpler for Americans and allow people who may have had adverse reactions to the initial dose to try a different shot." Heterologous dosing may be considered for the booster dose only.

When can I get a COVID-19 vaccine booster if I am NOT in one of the recommended groups?

Additional populations may be recommended to receive a booster shot as more data become available. The COVID-19 vaccines approved and authorized in the United States continue to be effective at reducing risk of severe disease, hospitalization, and death. Experts are looking at all available data to understand how well the vaccines are working for different populations. This includes looking at how new variants, like Delta, affect vaccine effectiveness.

What are the risks to getting a booster shot?

So far, [reactions reported](#) after getting the Pfizer-BioNTech booster shot were similar to that of the 2-shot primary series. Fatigue and pain at the injection site were the most commonly reported side effects, and overall, most side effects were mild to moderate. However, as with the 2-shot primary series, serious side effects are rare, but may occur.

Am I still considered "fully vaccinated" if I don't get a booster shot?

Yes. Everyone is still considered fully vaccinated two weeks after their second dose in a 2-shot series, such as the Pfizer-BioNTech or Moderna vaccines, or two weeks after a single-dose vaccine, such as the J&J/Janssen vaccine.

Information in this article was provided by the CDC.gov website. For more information visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>



Falls can lead to minor and major injuries, Hospitalization, and even surgery.

We take falls very

SERIOUS



TAKING STEPS TO REDUCE FALLS

Falls can lead to minor and major injuries, hospitalization, and even surgery. At Memorial Hospital, we take falls very serious. Whether you are at a care facility or just roaming around your home, it is important to take the necessary steps and precautions to minimize your risk of falling.

At Memorial Hospital, we have our basic safety plan that involves transportation routes within the facility, fire exits, access, flooring, lighting, signage and prevention of slips, trips and falls. These signs and precautions are in place for everyone.

BASIC SAFETY PRECAUTIONS

- Hallways are clear of obstacles.
- Exit signs are visible.
- Handrails in hallways.
- Adequate lighting.
- Floors clean and dry.
- Non-slip footwear.
- Beds, stretchers and wheelchairs are locked and maintained.

OUR PLAN

- Registration calls for assistance to escort patients if necessary.
- Patients being discharged from Surgery or Inpatient care are escorted to their vehicle.
- Staff report all unsafe and potentially unsafe conditions.
- All Nursing Departments use a Fall Risk Scale to determine patient risk.

OUT-PATIENTS/VISITORS

When patients come to our facility for outpatient procedures or visits we ask a few basic questions that will help us determine if you may need assistance while you are here. Here are the ques-

tions that we ask. Know yourself and be honest with your answers to our staff.

Do you feel unsteady?

Do you have weakness?

Have you fell recently?

Do you use a walker or a cane and need help?

Are you scared of falling?

Would you like help?



You can always just ask one of our staff if you need help, and we will be glad to assist!

IN-PATIENTS

People are at a greater risk of falling just being admitted to the hospital. Why is that? Because you are in unfamiliar surroundings; you do not have your normal items that you have at home; you may be taking medication that can make you confused or dizzy (pain medications can do this); you may be receiving treatment or testing that makes you weak, dizzy or unsteady; you may have an IV or monitor tubing and wires that could trip you up; and many more reasons.

What can you do to prevent a fall?

- Listen to staff suggestions
- Use your call light when you need assistance
- Do NOT rush to the bathroom yourself
- Let your nurse know if you notice a safety hazard
- Make sure your call light is in reach
- Have your visitors tell the staff that they are leaving
- Make sure your personal items are within reach
- Sit up in bed for a couple of minutes before standing.

For patients who stay with us we perform constant assessments on your risk for falls. We have methods to help decrease your risk of falling while you are here.

What we do to protect you if you are a high fall risk:

- Educate you on how to use equipment, like sit-to-stand and regular lifts.
- Use a gait belt that aids the staff in anchoring you if you do become weak.
- Explain to you how we are going to do something before we do it. That way you know the exact process.
- Remind you where you are and what day it is.
- Assist you when moving from place to place.
- Use a personal alarm to make us aware if you try to get up without assistance.
- Stop in hourly to assess the 4 P's (Pain, Position, Potty and Personal Items)
- Use a bedside commode or a shower chair.
- Educate family and visitors on fall reduction.
- Apply an Orange Bracelet to you. This lets all staff members know that you are a High Fall Risk, so if they see you alone, they should stop and help you.
- Review your medications if one could be causing your instability.

Examples of why you would be a high fall risk:

- You have had a fall in the last 90 days
- You have more than 1 diagnosis for this stay
- You are on Bedrest
- You use an ambulatory aid (walker, crutches, cane)
- You have an IV site
- You are weak and need help moving
- You are on pain medication
- You had surgery
- Your mental status has changed
- If the nursing or medical staff feel that you may fall
- If you are under the age of 3
- If you have a seizure disorder
- You have dizziness or balance disturbances



The best thing that you can do to help us to protect you and to protect yourself is to Speak Up.

As a patient, it is your responsibility to:

- Provide information. Patients must provide to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medication and other matters relating to their health.
- Ask questions. Patients must ask questions when they do not understand their care, treatment and service or what they are expected to do.
- Follow instructions. Patients must follow the treatment plan developed. Patients should express any concerns about their ability to follow the proposed care plan.
- Accept consequences. Patients are responsible for outcomes if they do not follow the treatment plan.
- Follow the hospital policies and rules affecting their care and conduct while in the hospital.

We encourage all patients to:

- Be an active, involved and informed member of the health-care team by asking questions about their own health and safety.
- Remind staff to check their armband/patient ID prior to receiving any medication, blood/blood product or invasive procedure.
- Ask questions regarding medications given.

All employees at Memorial Hospital help to keep you safe during your visit.

You can do your part by speaking up and following our safety precautions.

TOGETHER, we can prevent falls.

