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*Delta Variant: Eight Things You Should Know
About This COVID-19 Strain*

Contributed by Andy Sutter, Village Manor Executive Director

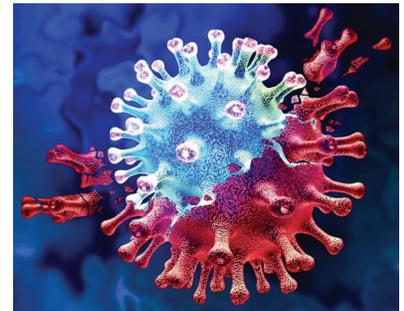
A newer strain of COVID-19 is causing concern as cases are rising across the U.S. The Delta variant, which originated in India, began spreading more rapidly and making news around the middle of June. Now, health experts are warning of another surge of COVID-19. Here's what health experts have learned about the Delta variant:

1. Delta variant is highly contagious

As of July 22, nearly 80% of UC Davis Health (California) patients who tested positive for COVID-19 had the Delta variant. According to the CDC during the same week, the Delta variant accounted for more than 80% of new cases in the U.S. Health experts say it's typical for a new strain of a virus to be more contagious because it often becomes much more efficient and easily transmitted.

2. Delta variant symptoms are the same

The symptoms of the Delta variant appear to be the same as the original version of COVID-19. However, physicians are seeing people getting sicker quicker, especially for younger people. Recent research found that the Delta variant grows more rapidly – and to much greater levels – in the respiratory tract.



Typically, vaccinated people are either asymptomatic or have very mild symptoms if they contract the Delta variant. Their symptoms are more like those of a common cold, such as cough, fever or headache, with the addition of significant loss of smell.

3. Delta variant is affecting unvaccinated people more

Nationally, 97% of patients hospitalized with COVID-19 are unvaccinated, as of July 22. Vaccines are highly effective at preventing COVID-19 infection and are also effective in fighting against the Delta variant.

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Across the U.S., data shows that areas with lower vaccination rates tend to have higher COVID-19 infection rates. Health experts urge that COVID-19 vaccines work to prevent severe disease, which may be fatal.

4. Breakthrough cases for vaccinated people are rare, but do happen

When a vaccinated person tests positive for COVID-19, most either have no symptoms or have very mild symptoms, and it rarely results in hospitalization or death. Their symptoms are more like those of a common cold, such as cough, fever or headache, with the addition of significant loss of smell.

No vaccine is 100% effective. With the COVID-19 vaccines averaging about 90% efficacy, health experts expect about 10% of those vaccinated could be infected. According to the U.S. Center for Disease Control and Prevention, about 0.005% of the vaccinated population has reported breakthrough cases of COVID-19.

5. Delta variant could be catastrophic in some communities

In communities with lower vaccination rates, particularly rural areas with limited access to care, the Delta variant could be even more damaging. This is already being seen around the world in poorer countries where the COVID-19 vaccine isn't as accessible. Health experts say the impact could be felt for decades to come.

6. Many unvaccinated patients with COVID-19 wish they had gotten the vaccine

UC Davis Health physicians have noted that a number of younger patients, when they come in with critical illness, say that they wish they would have gotten the COVID-19 vaccine. Many patients have told their physicians, “Why did I not get the vaccine?” or “Why did I not listen?”

7. Some experts are recommending to wear masks, even if you're fully vaccinated

Many health experts across the country are wearing masks themselves even though they're fully vaccinated against COVID-19. They're also advising vaccinated people to avoid large gatherings and mask up indoors where the vaccination status of other people is unknown.

8. More COVID-19 variants are likely to come

The Delta variant is currently the most prominent strain of COVID-19, but the Lambda variant out of South America is also emerging. Health experts urge that if people want to get back to normal, a significant portion of the population needs to be vaccinated. As long as a chunk of people across the world are unvaccinated, new strains of the virus will continue to develop and cause problems.

Source: health.ucdavis.edu

**Read our newsletter online at www.villagemanor.org
or call (785) 263-1431 to be added to our E-newsletter list!**



September



Sun

Mon

Tue

Wed

Thu

Fri

Sat

			1	2	3	4
			9:00 News & Prayer 10:00 Aerobics 11:00 Library 2:00 Snack 6:30 Cards	9:00 News & Prayer 11:00 D. & Trivia 3:00 Piano Time 6:30 Board Games	9:30 News Time 10-12 Cards & Chat Outside 12:00 Labor Day Picnic & BBQ 6:30 Cards	11:00 Movie 3:00 Puzzle Time 6:30 Hall Choice
5	6	7	8	9	10	11
9-11 Morning Church (Viral) 11:00 Movie 6:30 Music	10:00 Movie 11:00 Outside Time 2:00 Snack Time 6:30 Hall Choice LABOR DAY	9:00 Resident Council 10:00 Resident Meeting 2:00 Treats for all 6:30 Cards	9:00 News & Prayer 10:00 Aerobics 11:00 Outside Time 2:00 Snacks 6:30 Puzzles	9:00 News & Prayer 10:00 Memorial Service & Sing-A-Long 11:00 D. & Trivia 6:30 Cards	9:00 News Time & Pray 10-12 Cards & Chat 2:00 Ice Cream Social 3:00 Cart 6:30 Puzzles	11:00 Movie 3:00 Puzzle Time 6:30 Cinema Night
12	13	14	15	16	17	18
9-11 Morning Church (Viral) 11:00 Movie 6:30 Cards GRANDPARENTS DAY	9:00 News & Prayer 9:30 Reminisce 11:00 Outside Time 3:00 Drives 6:30 Hall Choice	9:00 News & Prayer 11:00 Drums & Trivia 2:00 Treats 6:30 Puzzles	9:00 News & Prayer 10:00 Aerobics 11:00 Outside Time 2:00 Snacks 6:30 Cards	7:30-9:00 AM Cafe 9:00 News & Prayer 11:00 D. & Trivia 2:00 Snacks 6:30 Board Games	9:00 News Time & Prayer 10-12 Cards & Chat 2:00 Treats 3:00 Gift Cart 6:30 Puzzles	11:00 Movie 3:00 Puzzle Time 6:30 Hall Choice
19	20	21	22	23	24	25
9-11 Morning Church (Viral) 11:00 Movie 6:30 Music	9:00 News & Prayer 9:30 Reminisce 11:00 Outside Time 3:00 Bingo 6:30 Hall Choice	9:00 News & Prayer 11:00 Drums & Trivia 2:00 Treats 3:00 Nails 6:30 Cards	9:00 News & Prayer 10:00 Aerobics 11:00 Outside Time 2:00 Snacks 6:30 Cards	9:00 News & Prayer 11:00 Drums & Trivia 3:00 What is for Dinner? 6:30 Cards	9:00 News Time & Prayer 10-12 Cards & Chat 3:00 Birthday Party 3:00 Gift Cart 6:30 Puzzles	11:00 Movie 3:00 Puzzle Time 6:30 Cinema Night
26	27	28	29	30		
9-11 Morning Church (Viral) 11:00 Movie 6:30 Cards	9:00 News & Prayer 9:30 Reminisce 11:00 Outside Time 3:00 Bingo 6:30 Hall Choice	9:00 News & Prayer 11:00 Drums & Trivia 2:00 Treats 3:00 Cards 6:30 Puzzles	9:00 News & Prayer 10:00 Aerobics 11:00 Outside Time 2:00 Snacks 6:30 Music	9:00 News & Prayer 11:00 D. & Trivia 3:00 Piano Time 6:30 Puzzles		
			Available Daily: games, books, puzzles, movies, manicures, horseshoes, music, and more.	Available Daily: Face-time and Skype and 1x1s, computer time, free WiFi.	One-to-Ones Daily *Activities Subject to Change	

Resident Birthdays

Shirley Bebermeyer	Sept. 1
Dennis Roberts	Sept. 3
Sue Utterback	Sept. 4
Clell Reschke	Sept. 5
Lou Manning	Sept. 7



Thank you to Auburn Pharmacy for providing the birthday cake

Welcomes

- Sue Utterback
- Betty Danner
- Margaret Miller
- Richard Lewis
- Nancy Wise
- Fred Klanke Jr.
- Stella Maynard-Mead

In Memory

- Shirley Copas
- Donna Watson
- Lisa Zodrow



Discharges

- Patricia Carver
- Diane Smith
- Etta Garten
- Betty Danner

Staff Birthdays

Ebony Garrett	Sept. 8
Emily Gantenbein	Sept. 10
Carla Richardson	Sept. 17
Kyla Hasselman	Sept. 19
Chelsey Picking	Sept. 22
Kristi Hottman	Sept. 24
Samantha Emig	Sept. 24
Alexis McCoy	Sept. 25
Ann Winters	Sept. 27
Madison Carpentier	Sept. 28
Sandy Spani	Sept. 29



Welcome to our Team!

- Crystal Picking
- Dietary Aide

“Calm”- continued from Page 6

Sometimes, anger can also be caused by sensory or social discomfort. Are they missing something that they like to see, or are they seeing something that they don't like? Are they hearing something that they don't like, or could their clothes be scratchy? Could it be that somehow, something isn't feeling okay on them? You may try to move to a different space, or change the social situation (who or what is around them) to see if things improve.

As dementia sets in and abilities decline, remember that a person's ability to express themselves becomes less and less. To reduce the chance of frustration and anger due to miscommunication, try incorporating visual cues whenever you can.

So instead of taking the empty plate off of your person's table assuming they're done, try pairing a visual with your verbal by saying something like Hey John, are you finished? May I?, and reaching out your hand suggesting you're ready to take their plate.

Slow down, give your person time to process, and remember that they are doing the best they can with the abilities they have in their current state of brain change.

Source: teepasnow.com; *Positive Approach to Care*

Our new patio project is underway! We are making great progress, and our residents will be outside enjoying their new patio very soon!



How to Calm Angry Outbursts of People Living With Dementia

Strategies to bring back calm and comfort for you both

Contributed by Loretta McMillen, Village Manor Social Worker

One of the most uncomfortable situations for caregivers (or care partners, as we call them here at Positive Approach to Care®) are sudden, angry outbursts by people living with dementia.

Often taken by surprise, care partners are left trying to figure out how to calm and resolve the situation. Without the proper skills and knowledge, this can be a daunting task.

Below are a few tips and techniques that you can try next time to help bring back comfort for you both:

Get into *Supportive Stance*

Being aware of your body language can make a big difference in dementia care in general. When it comes to conflict, you'll want to make sure to not stand directly facing the other person, which can come across as confrontational.

Instead, turn your body sideways to the person to get into a non-threatening, supportive stance. By turning your body sideways, you're giving the other person some visual space, which makes the situation feel less threatening.

Take a look at the images below, and see which one would feel more comforting to you. The one with Teepa looking straight at you, or the one in supportive stance with her body angled to the side?

Confrontational Stance



Supportive Stance



Confrontational Stance



Supportive Stance



Acknowledge Their Anger

When somebody lashes out verbally or even physically, throwing something or telling you to shut up, what we tend to see is people that are loud and intense. Your person living with Alzheimers or another form of dementia may be swearing, or yelling the same phrases repeatedly.

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Depending on the severity of the anger, one of the most important things you can do in this situation is to acknowledge their anger by using a phrase like Sounds like you're furious! By doing so, you're sharing your observation and letting the other person know that you have heard them.

Tip: Did you notice the first three words used in that phrase above? To make responses feel less confrontational, Teepa Snow uses labels as It sounds like..., it seems like..., or it looks like... at the beginning of an observation. Doing this will make your comments feel less like an attack and more like curiosity.

Reflect Their Words and Emotions

With your body positioned in a supportive stance, try mirroring your person's words, expressions, and energy, but with a little less intensity. While you don't want to get loud with them, do try to get angry along with them so that they can see you got the message and that you are on their side.

So, if your person were to say Ugh, I hate this freaking place!, you may try to respond with You hate it here! in a matching energy yet slightly calmer voice.

By reflecting back your person's message in a slightly less angry tone of voice, you're signaling that they've been heard and that you are there for them, while also gently bringing down the intensity.

- Example:
- Valerie: “This isn't fair, none of this is fair.”
- Teepa: (in a similar but slightly calmer tone) “You're furious!”
- Valerie: “Yeah! None of this is fair. I didn't do anything.”
- Teepa: (in a similar but even calmer tone) “So, it doesn't feel fair. None of this feels fair.”

Continue reflecting your person's words, expressions, and emotions with a softer voice until you can feel them calming down.

See If You Can Identify the Trigger

Once you notice your person taking in a deep breath, making more eye contact with you, and calming down a bit, try bringing in a little curiosity to see if you can find out what's underneath the anger. Why? Because with dementia, we can't just assume that emotions are always just emotions.

While an angry outburst can be caused by emotional or spiritual pain, it can also be triggered by a physical, unmet need that the person is no longer able to communicate. It could be something like their bra strap is turned over and causing a discomfort, or they need to have a bowel movement but don't remember where the bathroom is.

With a healthy brain, we can either meet those needs ourselves or ask for help. But if a person's brain has been affected by dementia, as explained above, they may not be aware of what is causing the discomfort, let alone be able to describe it.

Take a look at the list below and see if you can find if any of these may have been the culprit:

Emotional Expressions of Need:

Anger, Sadness, Loneliness, Fear, Boredom

Physical Unmet Needs:

Hunger or thirst, Energy level, Elimination (using the restroom), Discomfort, Pain

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