



MISSION

To deliver the standards of quality healthcare to the residents of and visitors to Big Bear Valley through the most effective use of available resources.

VISION

To be the premier provider of emergency medical and healthcare services in our Big Bear Valley.

The Planning Committee is responsible for appropriate use of all District property, long range planning of construction, remodeling, space allocation, and acquisition of equipment

PLANNING & FACILITIES COMMITTEE MEETING AGENDA

THURSDAY, AUGUST 24, 2017

12:00 PM HOSPITAL CONFERENCE ROOM

41870 Garstin Dr., Big Bear Lake, California, 92315

Copies of staff reports or other written documentation relating to each item of business referred to on this agenda are on file in the Chief Executive Officer's Office and are available for public inspection or purchase at 10 cents per page with advance written notice. In compliance with the Americans with Disabilities Act and Government Code Section 54954.2, if you need special assistance to participate in a District meeting or other services offered by the District, please contact Administration (909) 878-8214. Notification at least 48 hours prior to the meeting or time when services are needed will assist the District staff in assuring that reasonable arrangements can be made to provide accessibility to the meeting or service. **DOCUMENTS RELATED TO OPEN SESSION AGENDAS (SB 343)** Any public record, relating to an open session agenda item, that is distributed within 72 hours prior to the meeting is available for public inspection at the public counter located in the Administration Office, located at 41870 Garstin Drive, Big Bear Lake, CA 92315. For questions regarding any agenda item, contact Administration at (909) 878-8214

1. CALL TO ORDER

Donna Nicely, President

2. ROLL CALL

Shelly Egerer, Administrative Assistant

3. ADOPTION OF AGENDA*

4. PUBLIC FORUM FOR OPEN SESSION

Opportunity for members of the public to address the Board (Government Code Section 54954.3). There will be a three (3) minute limit per speaker on items not scheduled for action on this agenda. Any report or data required at this time must be requested in writing, signed and turned in to Administration. Before speaking, please state your full name and city of residence.

5. DIRECTORS' COMMENTS

6. APPROVAL OF MINUTES*

A. July 27, 2017

7. OLD BUSINESS*

A. Discussion and Update on Request For Proposal's (RFP's) for District Master Plan Project (New Construction / Remodel Upgrade of BVCHD Hospital)

8. NEW BUSINESS*

A. Discussion and Update on Smoking Cessation Classes for BVCHD Employees and Community Members

9. PLANNING & FACILITIES*

A. Construction Project (s)

- Including FHC, RHC, PT, Hospital:
 - CT Scanner
 - Painting exterior and repairing stucco at the Hospital
 - Instillation of key pad at ER EMS Entrance

B. Potential Equipment Requirements

- Including FHC, RHC, PT, Hospital
 - Mezzanine Control Air Compressor
 - Dry Valve on Sprinkler System
 - Electric Cart

C. Repairs / Maintenance

- Including FHC, RHC, PT, Hospital
 - Replacing plastic water lines
 - Exhaust ducts in public bathrooms
 - FHC Boiler
 - Read Room Conversion
 - HVAC System Leak
 - Installation of alarms at FHC
 - Modified countertops in the Laboratory Department
 - District Phone System Update

10. ADJOURNMENT

*** Denotes Action Item**

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
PLANNING & FACILITIES COMMITTEE
MEETING MINUTES
JULY 27, 2017**

MEMBERS PRESENT: Donna Nicely, President Shelly Egerer, Admin. Assistant
Jack Roberts, 2nd Vice President Michael Mursick, Plant Manager
John Friel, CEO

STAFF: Kerri Jex Mary Norman
Pamela Lambert Garth Hamblin

ABSENT: None

COMMUNITY MEMBERS: Natalie Williams w/Grizzly

OPEN SESSION

1. CALL TO ORDER

President Nicely called the meeting to order at 12:00 p.m.

2. ROLL CALL

Donna Nicely and Jack Roberts were present. Also present were John Friel, CEO, Mike Mursick, Plant Manager and Shelly Egerer, Admin. Assistant.

3. ADOPTION OF AGENDA*

President Nicely motioned to adopt the July 27, 2017 agenda as presented. Second by Board Member Roberts to adopt the July 27, 2017 agenda as presented. President Nicely called for the vote. A vote in favor of the motion was unanimously approved.

- President Nicely - yes
- Board Member Roberts- yes

4. PUBLIC FORUM FOR OPEN SESSION:

President Nicely opened the Hearing Section for Public Comment on Open Session items at 12:00 p.m. Hearing no request to address the Planning & Facilities Committee, President Nicely closed the Hearing Section at 12:00 p.m.

5. DIRECTOR'S COMMENTS:

- Mr. Friel introduced Pamela Lambert, RD the new Dietary Director.

6. APPROVAL OF MINUTES:

A. May 25, 2017

President Nicely motioned to approve the May 25, 2017 minutes as presented. Second by Board Member Roberts to approve the May 25, 2017 minutes as presented. President Nicely called for a vote. A vote in favor of the motion was unanimously approved.

- President Nicely - yes
- Board Member Roberts- yes

6. OLD BUSINESS*

A. Discussion of Designated Employee and Patient Smoking Area:

- Mr. Friel stated that there is a policy in place and the District is a Non – Smoking Campus; Administration is continuing to monitor staff and asking them not to smoke on the sidewalk in front of the Hospital. This item is also being discussed at the monthly Manager Meetings.
- The committee discussed having a Smoking Cessation Class for staff and the community; further discussion took place on the staff leaving campus and if hourly employees are required to clock out. The committee once again stated there is an image when staff is dressed in scrubs and standing in front of the Hospital smoking. Administration is to bring information on a Smoking Cessation Class to the next Planning Committee.

President Nicely reported that no action is required.

7. NEW BUSINESS*

A. Discussion and Update on Request For Proposal (RFP) for District Master Plan Project (New Construction / Remodel Upgrade of BVCHD Hospital):

- President Nicely stated that she asked this to be on the agenda to begin progress and obtain information on retro fitting the Hospital or building a new Hospital.
- Mr. Friel reported that he has begun reaching out to Quorum and other resources to complete a RFP to send to organizations within California. Mr. Friel would also like to search for an outside consultant to provide feedback on the best process to begin either retro fitting or building a new Hospital.

President Nicely reported there is no action required.

8. PLANNING & FACILITIES*

A. Construction Project:

- Mr. Mursick reported the following:
 - CT Scanner is on schedule, Toshiba will be delivering the new CT Machine tomorrow.
 - A checklist was provided to ensure there were some small items that need to be completed prior to delivery.
 - Mammo Project is completed and the Radiology Department has begun seeing patients.
 - Presentations and tours are scheduled for the Soroptimist and AAUW to promote the new equipment.
 - Painting exterior and repairing stucco will begin next month.
 - Under eve, lighting has begun; installation began this morning.
 - Keypad at ER EMS Entrance – this will be scheduled in the next two weeks.
- Mr. Friel is working with staff and the Grizzly to promote the new Mammo Equipment.

B. Potential Equipment Requirements:

- Mr. Mursick reported the following:
 - Compressor in the Hospital mezzanine will be replaced.
 - Dry valve in sprinkler system was approved in the Capital Budget and working with vendor
 - Electric cart should be purchased soon.
- The committee suggested that staff try to get this item donated by Foundation or Auxiliary. There are very strict laws in place to get the cart licensed and asked that Administration spend the extra money to get the golf cart licensed and street legal, this would be an un-capitalized budget item and would need to be approved by the Board.

C. Repairs Maintenance (FHC, RHC, PT, Hospital):

- Mr. Mursick reported the following:
 - Replacing plastic water lines above CT; current lines are not up to code.
 - Plumber was on site to install the hard lines.
 - ER glass door was replaced; patient had kicked it in.
 - Repaired water heater at the FHC, new building has some repairs that are being completed.

President Nicely motioned to approve the Planning & Facilities Report as presented. Second by Board Member Roberts to approve the Planning & Facilities Report as presented. President Nicely called for the vote. A vote in favor of the motion was unanimously approved.

- President Nicely - yes
- Board Member Roberts- yes

9. ADJOURNMENT*

President Nicely motioned to adjourn the meeting at 12:38 p.m. Second by Board Member Roberts to adjourn the meeting. President Nicely adjourned the meeting.

- President Nicely - yes
- Board Member Roberts- yes



MEMO

Date: August 17, 2017
To: Planning & Facilities Committee
From: John Friel, CEO
Re: Request for Proposal (RFP) for District Master Plan

Attached you will find the following documents that pertain to the District Master Plan, Request for Proposal. Please be advised that the Cover letter and the RFP has been sent to legal counsel.

- Cover letter to all recipients
- Potential List of Request for Proposal Recipient
- The Facility Master Plan for Request for Proposal
- Site Location Map (s)



Date xxx

Business Name
Address
City, State, Zip

Dear;

Bear Valley Community Healthcare District offers this Request For Proposal to qualified firms to guide the District with Master Planning and Facility Design to meet the Healthcare needs to the community we serve.

Bear Valley Community Healthcare District (BVCHD) is a Critical Access Hospital located at 41870 Garstin Drive, Big Bear Lake, CA 92315. Medical and Emergency Room care is provided along with 9 Acute care beds, 21 Skilled Nursing beds and 9 Swing beds.

Mission: It is our mission to deliver the highest quality of healthcare to the residents of and visitors to Big Bear Valley through the most effective use of available resources.

Vision: It is our vision to be the premier provider of emergency medical and healthcare services in our Big Bear Valley.

Big Bear is a four-season resort community nestled in the Southern California Mountains of San Bernardino at an altitude of 7000 ft. Boasting a beautiful 7 mile long freshwater lake where you can boat, fish, kayak, paddleboard, waterski, wakeboard and swim. We enjoy over 300 days of sunshine a year. Our two ski areas offer snowboarding and skiing. Big Bear also offers miles of hiking & biking trails, it is the ideal get-away for visitors from all over Southern California and beyond.

The District is governed by a 5 member elected Board of Directors and is managed through a contract with Quorum Health Resources.

Our Emergency Department see's 1,200 patients per month and our Rural Health Clinic (RHC) see's 1,800 patients per month. The RHC is located in a 4-year-old building, 8,500 square feet building on the campus.

The District employees 200 staff and has a Gross Operating Revenue of \$48,000,000 per year. The Hospital is currently classified as a SPC2 and wishes to study its options of upgrading to meet OSHPD 2030 Code or replace the existing facility.

Additional information is available on the Districts website, bvchd.com. We look forward to your response.

Sincerely,

John Friel
CEO

41870 Garstin Drive ▼ P.O. Box 1649 ▼ Big Bear Lake CA 92315
909 866-6501 ▼ Fax 909 878-8282 ▼ www.bvchd.com



Potential List of Request For Proposal Recipient

- DLR Group Riverside, CA
- GKK Works Irvine, CA
- ABS Consulting La Mirada, CA
- HTD Architects Sacramento, CA
- Otto Construction Sacramento, CA
- Architectural Nexus Sacramento, CA
- Devenney Group Phoenix, AZ
- Mascari Warner Architect San Diego, CA
- Lionakis Architects Newport Beach, CA
- Moon & Mayoras Architects San Diego, CA
- HMC Architects/Planning Ontario, CA
- CA Architects Long Beach, CA
- HOK Architects Los Angeles
- Darden Architects Fresno, CA
- Co-Architects Los Angeles
- Lee. Burkhart, Liu Inc
Architecture, Planning Marina Del Rey, CA



**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BIG BEAR LAKE, CA**

**REQUEST FOR PROPOSAL (RFP)
FOR
FACILITY MASTER PLAN SERVICES**

AUGUST 1, 2017

TABLE OF CONTENTS

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EXHIBIT "A"	<i>(ANY DOCUMENTS OR SITE DRAWINGS THAT WOULD DEFINE PROJECT SCOPE AND ASSIST IN DEFINING THE EXISTING CAMPUS.)</i> EXISTING SITE PLAN OF CAMPUS WITH SITE LIMITATIONS / ACREAGE IDENTIFIED.

I. INTRODUCTION

Bear Valley Community Healthcare District intends to update the facility master plan and is extending to selected firms their invitation to respond to this Request for Proposal (RFP) for comprehensive facility master planning services.

II. PROJECT DESCRIPTION

Provide a comprehensive facility master plan.

III. FACILITY MASTER PLAN SCOPE OF SERVICES

- A. Utilizing the Hospital's current market assessment(s) and/or strategic plan, conduct meetings with key personnel and staff of all departments and develop a comprehensive functional room by room space program to right-size the facility.
- B. Utilizing the space program and other strategic information, conduct design studies and develop basic architectural block drawings that establish a functional layout of the facility by department / function in its optimal location. Expansion capability of all key ancillary and patient care areas are critical considerations to be addressed with the design.
- C. Update the master site plan identifying all building placements and orientation, future growth / buildings, parking, and traffic / access patterns.
- D. Develop a comprehensive preliminary capital budget for the project that includes all costs to establish a Total Project Budget from which project feasibility can be measured; site improvements, building construction, soft costs, all profession fees, furnishings, and medical equipment.

IV. STATEMENT OF QUALIFICATIONS

(Organize the proposal to correspond to headings underlined below.)

Company Overview and Qualifications:

- A. Provide a company profile that describes and highlights your firm, including history, healthcare experience and qualifications for this project. California and OSHPD experience will be mandatory.
- B. Provide a list of current and completed hospital projects where your firm provided facility master planning services.
- C. Provide at least five (5) hospital facility master plan project references consisting of Hospital senior management or Hospital board members. (Include contact information)

Company's Facility Planning Approach

Describe the facility master plan approach your firm will pursue to accomplish the "Scope of Services".

Project Planning Experience and Leadership

Provide resumes / credentials / experience of your facility master planning team.

Unique Organizational Characteristics

Discuss any characteristics of your organization not listed above which should be considered in evaluating your organization's qualifications to serve as the facility planner for the project; i.e. Critical Access Hospital and rural communities.

V. PROPOSAL

Develop and include "signature ready" proposal.

VI. COMPENSATION

FEE

Compensation or fee shall be on a lump basis for the scope of services as described in this RFP.

REIMBURSABLE EXPENSES

Expenses will be reimbursed at cost and are defined as follows:

- Travel Expenses (hotel, rental car, air travel, mileage, meals, parking, etc.)
- Printing Expenses.
- Photographic and other expenses related to reports and presentation materials.
- Fax, photocopy and telephone expenses.
- Overnight shipping or special delivery costs

VII. SELECTION PROCESS

The Hospital will analyze the RFP responses and a final selection will be determined. Hospital reserves the right to reject any or all proposals for any reason it may determine at its sole discretion.

VIII. SUMMARY

Questions regarding this RFP, contact:

Bear Valley Community Healthcare District
PO Box 1649
41870 Garstin Dr.
Big Bear Lake, CA 92315

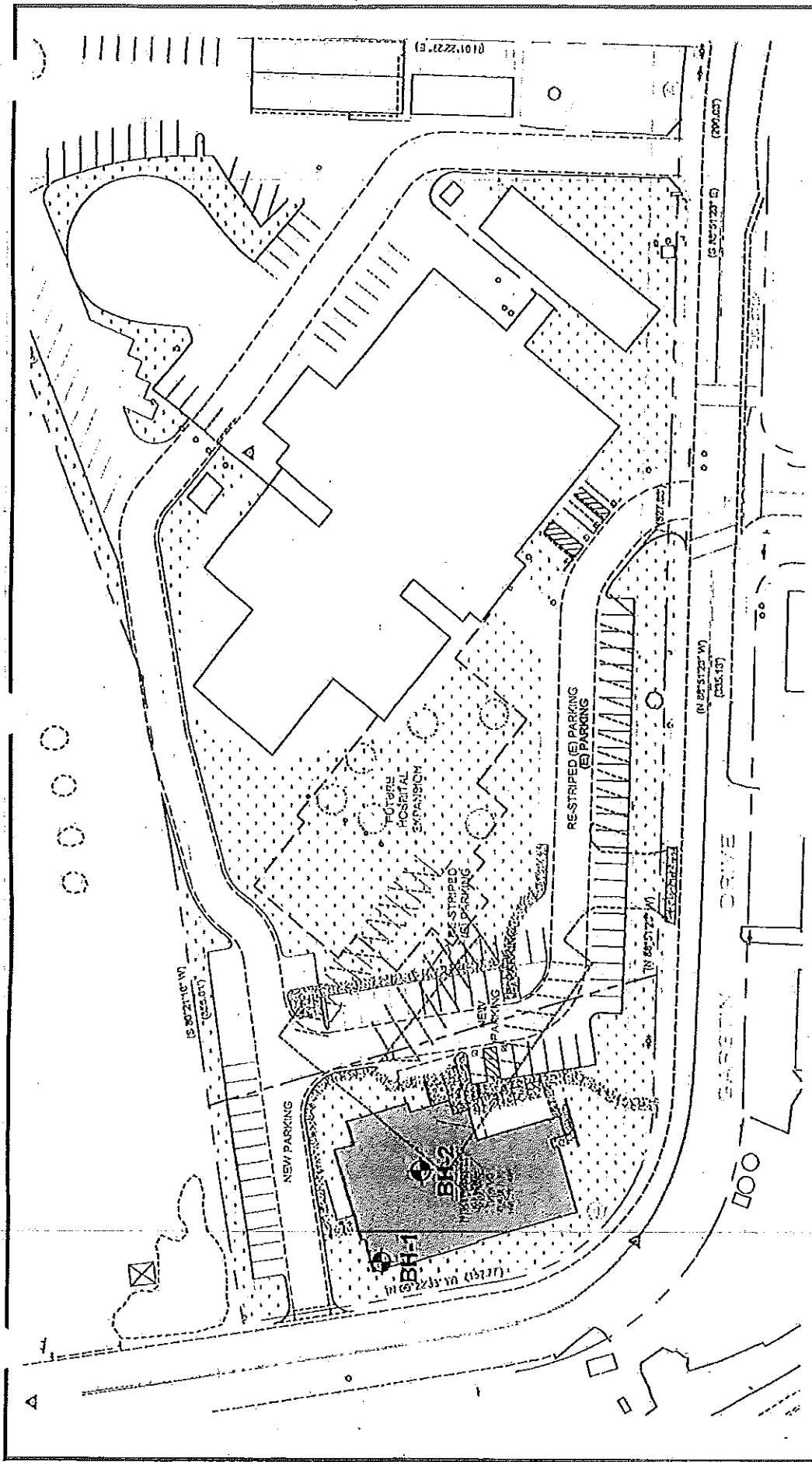
Contact: John Friel, CEO

E-mail: john.friel@bvchd.com

Phone: (909) 878-8214

Submission of Proposals

Submit the proposal to _____ at the above address no later than __: __pm on _____, 2017 in the format outlined in Section IV, "Statement of Qualifications".



APPROXIMATE BORING LOCATION MAP

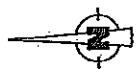
Project Number:
10-81-303-01

8,500 Square Feet Health Center Outpatient Facility

Bear Valley Community Hospital

Big Bear Lake, San Bernardino County, California

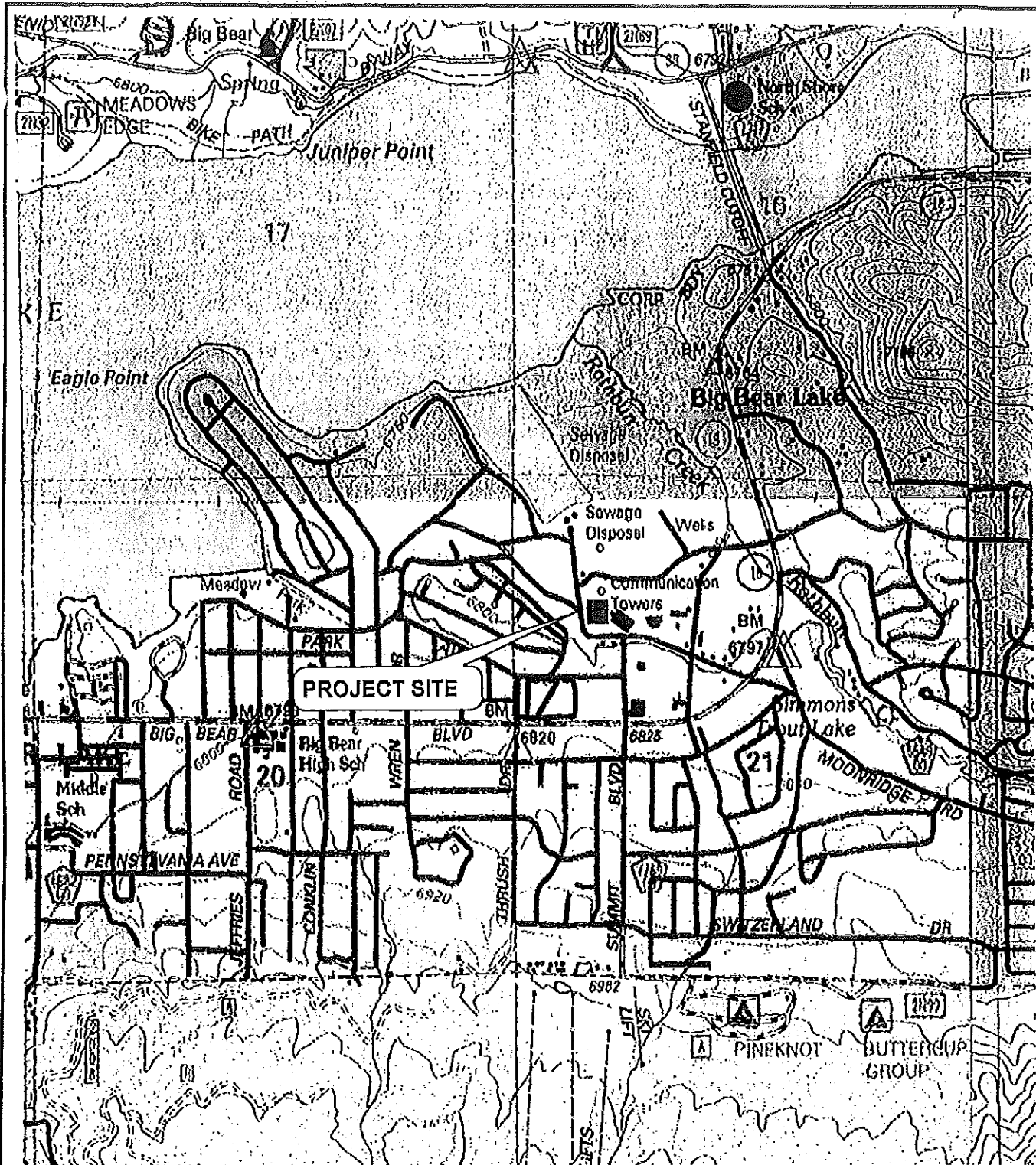
For: DLR Group / WWCO



Approximate Boring Location.

Converse Consultants

Figure No. 2



SITE LOCATION MAP

5,000 Square Feet Health Center Outpatient Facility

Project Number:

Bear Valley Community Hospital

10-81-303-01

Big Bare Lake, San Bernardino County, California

For: DLR Group/WWCOT



Converse Consultants


Figure No.

1



MEMO

Date: August 17, 2017
To: Planning & Facilities Committee
From: John Friel, CEO
Re: Smoking Cessation for Staff



Attached you will find information from Mutual of Omaha for our Employee Assistant Program (EAP). Our EAP provides numerous information to employees one being "Quit Smoking". The items in this packet provides an overview of what the employees have available to assist in quitting smoking.

The Administration Team along with nursing staff is working towards a Smoking Cessation Program that the District will provide to all employees and community members.

Smoking harms nearly every organ of the body, causing many diseases and affecting the health of smokers in general. Quitting smoking has immediate as well as long-term benefits for you and your loved ones.

While quitting is hard – and may even require several attempts – the health benefits are well worth the effort. You greatly reduce the risk of developing serious health problems, many diseases and even death.

Related Content

[CDC: Quit Smoking](#)

[Quit Smoking Your Way: Creating a Personal Smoking Cessation Plan](#)

[National Library of Medicine: Quitting Smoking](#)

Any Questions?

Visit our [About page](#) for additional information about EAP services.



Smoking & Tobacco Use



(/tobacco/about/osh/program-funding/index.htm)

2 of 5



FAST FACTS

Learn more about how cigarette smoking and secondhand smoke cause disease, disability, and death.

[More >](#)



TIPS® CAMPAIGN

Hear personal stories from former smokers and access free resources, including Quitguide App and 1-800-Quit-Now.

[More >](#)



STATE FACT SHEETS

View National Tobacco Control Program fact sheets for all 50 states and the District of Columbia.

[More >](#)



OSHDATA

Explore the STATE System and other tools for gathering comprehensive tobacco prevention and control data.

[More >](#)

OFFICE ON SMOKING AND HEALTH

Learn the mission, vision, goals, organization, and other information about this office.

QUIT SMOKING

Links to the *Tips*[®] Campaign, benefits of quitting, quitting resources, and cessation materials for state tobacco control programs.

BASIC INFORMATION

Information on the dangers of tobacco use, including its health effects and details on secondhand smoke and smokeless products.

TOBACCO-RELATED DISPARITIES

Patterns, prevention, and treatment of tobacco use among population groups in the United States.

DATA AND STATISTICS

Data and other information from various sources, such as CDC surveillance systems, journal articles, and reports.

STATE AND COMMUNITY RESOURCES

Information and resources related to tobacco control programs.

GLOBAL TOBACCO CONTROL

Global Tobacco Control resources and the GTSSData, a website with data from four surveys conducted worldwide.

MULTIMEDIA & TOOLS

Access selected printable and shareable media as well as free subscription services and the Publication Catalog.

Quick Links to Tools & Resources

[STATE System](#)

[Surgeon General's Reports](#)

[Infographics](#)

[Morbidity and Mortality Weekly Reports \(MMWRs\)](#)

[Media Campaign Resource Center](#)

[Newsroom](#)

[Global Tobacco Surveillance System Data \(http://nccd.cdc.gov/GTSSData/default/default.aspx\)](http://nccd.cdc.gov/GTSSData/default/default.aspx)

[Publications Catalog \(http://nccd.cdc.gov/osh_pub_catalog/Home.aspx\)](http://nccd.cdc.gov/osh_pub_catalog/Home.aspx)

[Smoking & Tobacco Use Features](#)

[CDCTobaccoFree Facebook Posts \(http://www.facebook.com/cdctobaccofree\)](http://www.facebook.com/cdctobaccofree)

[CDCTobaccoFree Posts \(http://www.facebook.com/cdctobaccofree\)](http://www.facebook.com/cdctobaccofree)

Ready to quit? Pencil it in! Planning out key steps can help you make your quit a reality. SmokefreeUS has a tool to help: <http://bit.ly/2uDMESj> (<http://bit.ly/2uDMESj>)

You deserve all of the benefits that come with staying smokefree. For free help to quit smoking, visit <http://bit.ly/CDCQuit> (<http://bit.ly/CDCQuit>) .

[CDCTobaccoFree Tweets \(http://twitter.com/cdctobaccofree\)](http://twitter.com/cdctobaccofree)

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Ready to quit? Planning out key steps can help you make your quit a reality. @SmokefreeUs (<https://twitter.com/SmokefreeUs>) has a tool to help:... <https://t.co/yQ7ooJZscT> (<https://twitter.com/i/web/status/897816932463804416>)

Quitting smoking can help you be more active and improve your overall health. Visit <https://t.co/N6zYMofnEY> (<http://CDC.gov/quit>) for fre... <https://t.co/xAgOd9viEO> (<https://twitter.com/i/web/status/897206664398594049>)

File Formats Help:

How do I view different file formats (PDF, DOC, PPT, MPEG) on this site?
(<https://www.cdc.gov/Other/plugins/>)

(<https://www.cdc.gov/Other/plugins/#pdf>)

Page last reviewed: July 12, 2017

Page last updated: July 12, 2017

Content source: Office on Smoking and Health (/tobacco/about/), National Center for Chronic Disease Prevention and Health Promotion (<http://www.cdc.gov/chronicdisease/>)

**HELPGUIDE.ORG**

Trusted guide to mental, emotional & social health

How to Quit Smoking

Tips for Kicking Your Cigarette Habit for Good



We all know the health risks of smoking, but that doesn't make it any easier to kick the habit. Whether you're a teen smoker or a lifetime pack-a-day smoker, quitting can be really tough. The nicotine in cigarettes offers a quick and reliable way to boost your outlook, relieve stress, and unwind. To successfully quit smoking, you'll need to not only change your behavior and cope with nicotine withdrawal symptoms, but also find healthier ways to manage your moods. With the right game plan, though, you can break the addiction and join the millions of people who've kicked the habit for good.

Why is quitting smoking so hard?

Smoking tobacco is both a physical addiction and a psychological habit. The nicotine from cigarettes provides a temporary—and addictive—high. Eliminating that regular fix of nicotine will cause your body to experience physical withdrawal symptoms and cravings. Because of nicotine's "feel good" effect on the brain, you may also have become accustomed to smoking as a way of coping with stress, depression, anxiety, or even boredom.

At the same time, the act of smoking is ingrained as a daily ritual. It may be an automatic response for you to smoke a cigarette with your morning coffee, while taking a break from work or school, or during your commute home at the end of a long day. Perhaps friends, family members, and colleagues smoke, and it has become part of the way you relate with them.

To successfully quit smoking, you'll need to address both the addiction and the habits and routines that go along with it. But it can be done. With the right support and combination of strategies, *any* smoker can quit—even if you've tried and failed multiple times before.

Your personal stop smoking plan

While some smokers successfully quit by going cold turkey, most people do better with a plan to keep themselves on track. A good plan addresses both the short-term challenge of quitting smoking and the long-term challenge of preventing relapse. It should also be tailored to your specific needs and smoking habits.

Questions to ask yourself

Take the time to think of what kind of smoker you are, which moments of your life call for a cigarette, and why. This will help you to identify which tips, techniques or therapies may be most beneficial for you.

Is it a very bad addiction (more than a pack a day)? Or are you more of a social smoker? Would a simple nicotine patch do the job?

Are there certain activities, places, or people you associate with smoking? Do you feel the need to smoke at every meal?

Do you reach for cigarettes when you're feeling stressed or down? Or is your cigarette smoking linked to other addictions, such as alcohol or gambling?

Start your stop smoking plan with START

S = Set a quit date.

Choose a date within the next two weeks, so you have enough time to prepare without losing your motivation to quit. If you mainly smoke at work, quit on the weekend, so you have a few days to adjust to the change.

T = Tell family, friends, and co-workers that you plan to quit.

Let your friends and family in on your plan to quit smoking and tell them you need their support and encouragement to stop. Look for a quit buddy who wants to stop smoking as well. You can help each other get through the rough times.

A = Anticipate and plan for the challenges you'll face while quitting.

Most people who begin smoking again do so within the first three months. You can help yourself make it through by preparing ahead for common challenges, such as nicotine withdrawal and cigarette cravings.

R = Remove cigarettes and other tobacco products from your home, car, and work.

Throw away all of your cigarettes (no emergency pack!), lighters, ashtrays, and matches. Wash your clothes and freshen up anything that smells like smoke. Shampoo your car, clean your drapes and carpet, and steam your furniture.

T = Talk to your doctor about getting help to quit.

Your doctor can prescribe medication to help with withdrawal and suggest other alternatives. If you can't see a doctor, you can get many products over the counter at your local pharmacy or grocery store, including the nicotine patch, nicotine lozenges, and nicotine gum.

Identify your smoking triggers

One of the best things you can do to help yourself quit is to identify the things that make you want to smoke, including specific situations, activities, feelings, and people.

Keep a craving journal

A craving journal can help you zero in on your patterns and triggers. For a week or so leading up to your quit date, keep a log of your smoking. Note the moments in each day when you crave a cigarette:

1. What time was it?
2. How intense was the craving (on a scale of 1-10)?
3. What were you doing?
4. Who were you with?
5. How were you feeling?
6. How did you feel after smoking?

Do you smoke to relieve unpleasant or overwhelming feelings?

Managing unpleasant feelings such as stress, depression, loneliness, fear, and anxiety are some of the most common reasons why adults smoke. When you have a bad day, it can seem like cigarettes are your only friend. As much comfort as cigarettes provide, though, it's important to remember that there are healthier (and more effective) ways to keep unpleasant feelings in check. These may include exercising, meditating, using sensory relaxation strategies, and practicing simple breathing exercises.

For many people, an important aspect of quitting smoking is to [find alternate ways to handle these difficult feelings](#) (/emotional-intelligence-toolkit/index.htm) without smoking. Even when cigarettes are no longer a part of your life, the painful and unpleasant feelings that may have prompted you to smoke in the past will still remain. So, it's worth spending some time thinking about the different ways you intend to deal with stressful situations and the daily irritations that would normally have you reaching for a cigarette.

Tips for avoiding common triggers

Alcohol. Many people have a habit of smoking when they drink. TIP: switch to non-alcoholic drinks or drink only in places where smoking inside is prohibited. Alternatively, try snacking on nuts, chewing on a cocktail stick or sucking on a straw.

Other smokers. When friends, family, and co-workers smoke around you, it is doubly difficult to quit or avoid relapse. TIP: Your social circles need to know that you are changing your habits so talk about your decision to quit. Let them know they won't be able to smoke when you're in the car with them or taking a coffee break together. In your workplace, don't take all your coffee breaks with smokers only, do something else instead, or find non-smokers to have your breaks with.

End of a meal. For some smokers, ending a meal means lighting up, and the prospect of giving that up may appear daunting. TIP: replace that moment after a meal with something such as a piece of fruit, a (healthy) dessert, a square of chocolate, or a stick of gum.

Coping with nicotine withdrawal symptoms

Once you stop smoking, you will experience a number of physical symptoms as your body withdraws from nicotine. Nicotine withdrawal begins quickly, usually starting within thirty minutes to an hour of the last cigarette and peaking about two to three days later. Withdrawal symptoms can last for a few days to several weeks and differ from person to person.

Common nicotine withdrawal symptoms include:

1. Cigarette cravings
2. Irritability, frustration, or anger
3. Anxiety or nervousness
4. Difficulty concentrating
5. Restlessness
6. Increased appetite
7. Headaches
8. Insomnia
9. Tremors
10. Increased coughing
11. Fatigue
12. Constipation or upset stomach
13. Depression
14. Decreased heart rate

Unpleasant as these withdrawal symptoms may be, they are only temporary. They will get better in a few weeks as the toxins are flushed from your body. In the meantime, let your friends and family know that you won't be your usual self and ask for their understanding.

Manage cigarette cravings

Avoiding smoking triggers will help reduce the urge to smoke, but you can't avoid cravings entirely. But cigarette cravings don't last long, so if you're tempted to light up, remember that the craving will pass and try to wait it out. It also helps to be prepared in advance. Having a plan to cope with cravings will help keep you from giving in.

Distract yourself. Do the dishes, turn on the TV, take a shower, or call a friend. The activity doesn't matter as long as it gets your mind off of smoking.

Remind yourself why you quit. Focus on your reasons for quitting, including the health benefits, improved appearance, money you're saving, and enhanced self-esteem.

Get out of a tempting situation. Where you are or what you're doing may be triggering the craving. If so, a change of scenery can make all the difference.

Reward yourself. Reinforce your victories. Whenever you triumph over a craving, give yourself a reward to keep yourself motivated.

Coping with Cigarette Cravings in the Moment

Find an oral substitute - Keep other things around to pop in your mouth when cravings hit. Good choices include mints, carrot or celery sticks, gum, and sunflower seeds. Or suck on a drinking straw.

Keep your mind busy - Read a book or magazine, listen to some music you love, do a crossword or Sudoku puzzle, or play an online game.

Keep your hands busy - Squeeze balls, pencils, or paper clips are good substitutes to satisfy that need for tactile stimulation.

Brush your teeth - The just-brushed, clean feeling can help get rid of cigarette cravings.

Drink water - Slowly drink a large, cold glass of water. Not only will it help the craving pass, but staying hydrated helps minimize the symptoms of nicotine withdrawal.

Light something else - Instead of lighting a cigarette, light a candle or some incense.

Get active - Go for a walk, do some jumping jacks or pushups, try some yoga stretches, or run around the block.

Try to relax - Do something that calms you down, such as taking a warm bath, meditating, reading a book, or practicing deep breathing exercises.

Preventing weight gain after you stop smoking

Weight gain is a common concern when quitting smoking. Some people even use it as a reason not to quit. While it's true that many smokers put on weight within six months of stopping smoking, the gain is usually small—about five pounds on average—and that initial gain decreases over time. It's also important to remember that carrying a few extra pounds for a few months won't hurt your heart as much as smoking will. But gaining weight is NOT inevitable when you quit smoking.

Smoking acts as an appetite suppressant. It also dampens your sense of smell and taste. So, after you quit, your appetite will likely increase and food will seem more appealing. Weight gain can also happen if you replace the oral gratification of smoking with eating unhealthy comfort foods. Therefore, it's important to find other, healthy ways to deal with stress and other unpleasant feelings rather than [mindless, emotional eating](#) (/articles/diets/emotional-eating.htm).

Nurture yourself. Instead of turning to cigarettes or food when you feel stressed, anxious, or depressed, learn new ways to soothe yourself.

Eat healthy, varied meals. Eat plenty of fruits, vegetables, and [healthy fats](#) (/articles/healthy-eating/choosing-healthy-fats.htm). Avoid sugary food, sodas, fried, and convenience food.

Drink lots of water. Drinking at least six to eight 8 oz. glasses will help you feel full and keep you from eating when you're not hungry. Water will also help flush toxins from your body.

Take a walk. Not only will it help you burn calories and keep the weight off, but it will also help alleviate feelings of stress and frustration that accompany smoking withdrawal.

Snack on guilt-free foods. Good choices include sugar-free gum, carrot and celery sticks, or sliced bell peppers or jicama.

Medication and therapy to help you quit

There are many different methods that have successfully helped people to quit smoking. You may be successful with the first method you try. More likely, you'll have to try a number of different methods or a combination of treatments to find the ones that work best for you.

Medications

Smoking cessation medications can ease withdrawal symptoms and reduce cravings, and are most effective when used as part of a comprehensive stop smoking program monitored by your physician. Talk to your doctor about your options and whether an anti-smoking medication is right for you. U.S. Food and Drug Administration (FDA) approved options are:

Nicotine replacement therapy. Nicotine replacement therapy involves "replacing" cigarettes with other nicotine substitutes, such as nicotine gum, patch, lozenge, inhaler, or nasal spray. It works by delivering small and steady doses of nicotine into the body to

relieve some of the withdrawal symptoms without the tars and poisonous gases found in cigarettes. This type of treatment helps smokers focus on breaking their psychological addiction and makes it easier to concentrate on learning new behaviors and coping skills.

Non-nicotine medication. These medications help you stop smoking by reducing cravings and withdrawal symptoms without the use of nicotine. Medications such as bupropion (Zyban) and varenicline (Chantix) are intended for short-term use only.

What you need to know about e-cigarettes

Since it eliminates the tar and toxic gases found in cigarette smoke, smoking e-cigarettes (vaping) is almost certainly less dangerous than smoking conventional cigarettes. While different studies have conflicting results, e-cigarettes may also be helpful in kicking the habit. However, there are some downsides to vaping:

- The liquid used in e-cigarettes contains nicotine which has many negative health effects, including high blood pressure and diabetes.
- The nicotine from e-liquid is especially dangerous to the developing brains of children and teens
- E-liquids may contain flavoring agents that can cause chronic lung disease
- Some vaporizers can generate significant amounts of toxins such as formaldehyde.

Source: *Harvard Health Publications*

Alternative therapies

There are several things you can do to stop smoking that don't involve nicotine replacement therapy or prescription medications: Ask your doctor for a referral or see Resources and References below for help finding qualified professionals in each area.

Hypnosis – A popular option that has produced good results. Forget anything you may have seen from stage hypnotists, hypnosis works by getting you into a deeply relaxed state where you are open to suggestions that strengthen your resolve to quit smoking and increase your negative feelings toward cigarettes.

Acupuncture – One of the oldest known medical techniques, acupuncture is believed to work by triggering the release of endorphins (natural pain relievers) that allow the body to relax. As a smoking cessation aid, acupuncture can be helpful in managing smoking withdrawal symptoms.

Behavioral Therapy – Nicotine addiction is related to the habitual behaviors (the “rituals”) involved in smoking. Behavior therapy focuses on learning new coping skills and breaking those habits.

Motivational Therapies – Self-help books and websites can provide a number of ways to motivate yourself to quit smoking. One well known example is calculating the monetary savings. Some people have been able to find the motivation to quit just by calculating how much money they will save. It may be enough to pay for a summer vacation.

Smokeless or spit tobacco is NOT a healthy alternative to smoking

Smokeless tobacco, otherwise known as spit or chewing tobacco, is not a safe alternative to smoking cigarettes. It contains the same addictive chemical, nicotine, contained in cigarettes. In fact, the amount of nicotine absorbed from smokeless tobacco can be 3 to 4 times the amount delivered by a cigarette.

What to do if you slip or relapse

Most people try to quit smoking several times before they kick the habit for good, so don't beat yourself up if you start smoking again. Turn the relapse into a rebound by learning from your mistake. Analyze what happened right before you started smoking again, identify the triggers or trouble spots you ran into, and make a new stop-smoking plan that eliminates them.

It's also important to emphasize the difference between a slip and a relapse. If you slip up and smoke a cigarette, it doesn't mean that you can't get back on the wagon. You can choose to learn from the slip and let it motivate you to try harder or you can use it as an excuse to go back to your smoking habit. But the choice is yours. A slip doesn't have to turn into a full-blown relapse.

I started smoking again, now what?

Having a small setback doesn't mean you're a smoker again. Most people try to quit smoking several times before they kick the habit for good. Identify the triggers or trouble spots you ran into and learn from your mistakes.

You're not a failure if you slip up. It doesn't mean you can't quit for good.

Don't let a slip become a mudslide. Throw out the rest of the pack. It's important to get back on the non-smoking track now.

Look back at your quit log and feel good about the time you went without smoking.

Find the trigger. Exactly what was it that made you smoke again? Decide how you will cope with that issue the next time it comes up.

Learn from your experience. What has been most helpful? What didn't work?

Are you using a medicine to help you quit? Call your doctor if you start smoking again. Some medicines cannot be used if you are smoking at the same time.

More help for addictions

[Stress Management: \(/articles/stress/stress-management.htm\)](/articles/stress/stress-management.htm) Simple Tips to Get Stress in Check and Regain Control of Your Life

[Relaxation Techniques: \(/articles/stress/relaxation-techniques-for-stress-relief.htm\)](/articles/stress/relaxation-techniques-for-stress-relief.htm) Using the Relaxation Response to Relieve Stress

[How to Lose Weight and Keep It Off: \(/articles/diets/how-to-lose-weight-and-keep-it-off.htm\)](/articles/diets/how-to-lose-weight-and-keep-it-off.htm) Dieting Tips that Work and Won't Make You Miserable

Resources and references

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Visit <https://www.helpguide.org/> for the complete article which includes

Bear Valley Community Healthcare District Construction Projects 2017

Department / Project	Details	Vendor and all associated costs	Comments	Date
CT Scanner Project	Project is on schedule. Drywall finish is complete, welding is complete, vinyl flooring is complete, and starting tile this week.	E.H. Butland	Will be completed soon	
Painting the Hospital exterior & repairing stucco.	Planning start of project with contractor.	Loose Painting	Project will start in August	
Install keypad at ER EMS Entrance	Keypad will keep door from auto opening when someone passes in front of photo eye	Action Doors	Completed	
Intall new under eye lights	Replacing old incandescent yellow lights to improve lighting for safety.	Ludeke Electric	Completed	

Bear Valley Community Healthcare District Potential Equipment Requirements

Department / Project	Details	Vendor and all associated costs	Comments	Date
Facilities- Mezzanine Control air compressor	Compressor needs replaced.	Ingersoll Rand- Approximately \$6500	In Progress	
Facilities- Dry Valve on sprinkler system	Planning installation with vendor.	Simplex Grinnell- \$ 11,000	In Progress	
Facilities- Electric Cart	Cart for guys performing small jobs.	N/A	Tabled until after CT project is complete.	

Bear Valley Community Healthcare District Repairs Maintenance

Department / Project	Details	Vendor and all associated costs	Comments	Date Completed
Replacing plastic water lines above CT.	Replacing Pex water lines that do not meet code.	Mike's Plumbing	Completed	
Repaired Exhaust Ducts in Public Bathrooms	We had zero exhaust in the public bathrooms when we performed the air balance for the	Facilities/Emcor	Completed	
FHC Boiler	The boiler had a flow switch fail and needs some preventative maintenance.	Facilities/Emcor	Completed	
Read Room Conversion	Remodeled and converted room to office/read room	Facilities	Completed	
Repaired leak on HVAC system for the Hospital	Old copper line broke and was replaced	Facilities	Completed	
Installed Panic Alarms at FHC	Installed alarms that were requested during security survey.	Facilities	Completed	
Changed HVAC Filters at Hospital	Regular preventative maintenance	Facilities	Completed	
Modified Countertops in Lab	Made modifications to accommodate new Lab equipment.	Facilities	Completed	

Bear Valley Community Healthcare District Repairs Maintenance

Phone System Repairs	IT department is working with vendor to repair the organizations phone lines that are not working	IT Department	In Progress	
	HICS was implemented Tuesday Morning with Senior Administration Team, Plant Director and the IT Department. The team continues to meet twice a day.			
	CDPH, Bear Lake Fire & Sherriff Station was contacted			
	As of Thursday at 1:15 all clinical departments and Administration had phones.			
	Public Announcement was sent out to the Media, website was used for communication.			