



**The Greype-Vine
Grey's Hospital**
Pietermaritzburg
May 2009
www.kznhealth.gov.za/greyshospital.htm



Dr B Belinge, acting CEO of Grey's Hospital and Yugesh Naidoo, Manager for Speech Therapy and Audiology, prepare to officially open the new ABR Unit.

Editorial Committee:

Editor:	Alison Guise-Brown	Pager 515
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Lots of new and exciting things have happened at Grey's recently, we had a visit from the MEC for Health in KZN, Dr S Dhlomo, the new Otoelectrophysiology Unit was officially opened as well as the Obstetrics and Gynaecology Admission Ward and Ward M3, for our oncology patients.



The Nursing Staff Uniform allowance will be paid soon, but so far there is no news about our 2009/2010 Public Servants annual increase. We wait with baited breath to see how much it will be.

To all of you who are writing either UNISA or University of Potchefstroom exams, we wish you luck and hope your results are as good as you would like them to be.

To those of you who braved the challenge and ran Comrades, well done. I know of at least 2 staff who are already making plans for next years run. Remember, the Comrades Marathon Association has announced a November cut off date for people wishing to enter and run in 2010, unlike in previous years where you could still put your entry in as late as April of the same year. They are hoping to have over 20 000 entrants next year. I wonder how many of them will be Grey's Hospital staff members.

The new lodger mother's facility is occupied and when I went down there the other day to have a look, all the ladies looked very comfortable and happy.

Grey's Hospital Nurses Uniform Policy.

(ENA, ENR, R/N, Student and Pupil Nurses)

- Jewellery-**
- Rings-** Plain wedding band only, if married. No rings with stones
 - Earrings-** Small plain studs (Gold or Silver/ No Stones.)
 - Small plain sleepers
 - Small pearls
 - 1 earring per ear and to be worn in the lobe of the ear.
 - Male nurses; no earrings at all.
 - No nose studs
 - No necklaces
 - Watches-fob type or attached to uniform. Not to be worn on the wrist
 - No red strings or skins around wrist as the hands can not be washed properly.
 - Medic-Alert; necklace not bracelet
- Hair**
- Tied up if touching collar
 - Ponytails must be made into buns if they touch the collar.
 - Braids must allow the cap to be worn sensibly
 - Men:- short and neat
- Shoes**
- Dark brown lace-ups only. No slip ons.
 - Polished
 - Low heeled
- Uniform**
- Clean: new uniform to be worn daily
 - Must be ironed
 - Long sleeves to be folded up above elbows, when working with the patients. Only rolled down if doing a Doctor's Round, Medicine Round, visiting the Matron's Office, or walking in the corridor and listening to Hand Over.
 - Dress length:-at or below the knee

Petticoat to be worn

Female nurses may only wear a dress, not a skirt and top or trousers. The dress must have a collar and sleeves. If a spencer/vest is worn underneath the uniform, its sleeves must not be visible.

Maroon jerseys/jackets may be worn, but not while on duty.

Caps

Available from the Nurses Home

Clean

Not folded too small

To be worn at all times when in uniform

Stockings

Doctor's letter required if there is any reason why the nurse can't wear them.

Nails

Short

Clean

No Nail Polish

Female Unit Managers wear a pale blue dress with navy blue shoes.

Male Unit managers wear navy blue trousers and a pale blue shirt.

NO Chewing gum!

All cell phones should be switched off while the nurse is on duty.

[Cancer Update from Johns-Hopkins](#)

**Bottled water left in your car is
very dangerous!**

On the Ellen show, Sheryl Crow said this is what caused her breast cancer. It has been identified as the most common cause of the high levels of dioxin in breast cancer tissue.

Sheryl Crow's oncologist told her: women should not drink bottled water that has been left in a car. The heat reacts with the chemicals in the plastic of the bottle which releases dioxin into the water.

Dioxin is a toxin increasingly found in breast cancer tissue. So please be careful and do not drink bottled water that has been left in a hot car.

This information is the kind we need to know that just might save us! Use a stainless steel canteen or a glass bottle instead of plastic!

No plastic containers in microwave.
No plastic water bottles in the freezer
No plastic wrap in the microwave.

A dioxin chemical causes cancer, especially breast cancer. Dioxins are highly poisonous to the cells of our bodies. Don't freeze your plastic bottles with water in them as this releases dioxins from the plastic.

Recently, Edward Fujimoto, Wellness Program Manager at Castle Hospital, was on a TV program to explain this health hazard. He talked about dioxins and how bad they are for us. He said that we should not be heating our food in the microwave using plastic containers...

This especially applies to foods that contain fat.

He said that the combination of fat, high heat, and plastic releases dioxin into the food and ultimately into the cells of the body...Instead, he recommends using glass, such as Corning Ware, Pyrex or ceramic containers for heating food.. You get the same results, only without the dioxin.

So such things as TV dinners, instant ramen and soups, etc., should be removed from the container and heated in something else. Paper isn't bad but you don't know what is in the paper. It's just safer to use tempered glass, Corning Ware, etc.

He reminded us that a while ago some of the fast food restaurants moved away from the foam containers to paper. The dioxin problem is one of the reasons...

Also, he pointed out that plastic wrap, is just as dangerous when placed over foods to be cooked in the microwave. As the food is nuked, the high heat causes poisonous toxins to actually melt out of the plastic wrap and drip into the food.
Cover food with a paper towel instead.



The new KZN MEC for Health, Dr Sibongiseni Dhlomo, recently visited Grey's Hospital. Our PRO Mr. Zamo Mntungwa took this photograph of Dr Dhlomo with members of Management.

Take into account that great love and great achievements involve great risk.

AUSTRALIA.

In March I was fortunate enough to travel to Australia for a short 2 week holiday. I have never seen such clear blue sea, felt so safe or spent so much money. Being on holiday you can't help but continuously convert dollars to rands and so there are just some things you don't buy. But then again there are other things that cost virtually the same in the two different countries. 5 disposable razor blades cost \$2.99 (about R20) yet a 500ml bottled water costs \$2.50 (R16.75). Rump steak is \$14.00/kg, (R93.00/kg) and petrol \$1.12/l, (R7.61/l). A beer in a restaurant costs about \$8, (R54.) My sister-in-law told me an average salary in Australia is about \$50 000 per annum, (R340 000) an amount most of us can only dream of in South Africa.

Their transport system is amazing. A day tripper ticket in Sydney costs \$18, (R122) and you can travel on the train, bus or ferry, as often and as far as you like in 24 hours. Everything is clean and runs on time. The Australians are fanatical about obeying traffic rules, pedestrians don't cross the road unless the robot is green, there is always a designated driver who doesn't drink alcohol if you go out to a party, and nearly everyone sticks to the speed limit. For the first two years after passing their driving test a red or green "P" is attached to drivers car license plate, to indicate to others that the driver is newly qualified. These drivers are called provisional drivers and are not allowed to be on the road after midnight, because most newly qualified drivers are on average 18-20 years old and the authorities don't trust them not to drink and drive. The theory is you can't get too drunk before midnight. The driver's license works on the point system where points are deducted for each traffic offense, the amount deducted depends on the severity of the offense. The points are renewed every 3 years with a provisional driver allocated 10 and others 12. If all your points

have been deducted before the 3 years is up, you have to redo your driving test. Despite all these rules, there are numerous wooden crosses planted on the side of the road to commemorate the life of someone who has died in a car accident.

I spent 10 days in Sydney and was horrified at the type of school uniforms the children who attend state schools wear. It would appear that as long as your shoes are black, they can be lace-ups, have buckles, can be shoes, tackies or ankle length boots. White socks can be secret socks, ankle length or up to the knees. The only standard thing about the girls black skirts was the length. SHORT!! How they sit down, I don't know. Ties are worn but not with the knot near the throat, some are as low as chest level and the tail trails down to the knees. Boys don't have to have short hair and some don't look like they have brushed it in months. Yet the average Australian adult is smartly dressed in the same manner that most South African Adults are. (Although I did see some of the most amazing tattoos, piercings and hairstyles.) The transition from teenager to adult is quite unbelievable.

From Sydney I flew to Perth, which was must dryer, because they have winter rain. The garden sand is just like beach sand and most of the flower beds are covered in a mulch of bark, grass cuttings and manure, to try and retain the moisture in the soil. Grass verges aren't always cut but there is virtually NO LITTER. People use rubbish bins and comments are passed if you inadvertently drop something and don't pick it up. Most households have 3 rubbish bins. The red one for general waste, the green for garden waste and the yellow for recycling. The municipality empties these bins every 1-2 weeks and although the home owner has to pay for the service, everyone is involved. No 'braais' or Webers are allowed because an open flame is a fire hazard. All 'barbeques' are gas and although the meat is nice it lacks the South African atmosphere.

I didn't see one double cab and all bakkies are work vehicles, none are driven by a family. You see lots of 4x4s, cars from Japan and America but virtually none from Germany or England. (I didn't see one VW or Mercedes.)

At times I battled with the Australian accent and spent my day saying, 'pardon'. They have different names for various things;

Bakkie-UTE

Takkies/running shoes-Trainers

Duvet/comforter-Doooha

Rice Crispies- Rice bubbles

Flap jacks- pikelets

Complaining - whingeing

My 2 nephews have both been to university and both have 2 degrees but they both work in a call centre. It is the only job they can get. Most school children have jobs which they do after school and on a Saturday. They work in shops as tellers and packers. Very few state schools offer afternoon sport. If the children are interested in playing sport they must join a club. Shops close at 6pm and none are open on a Sunday because the government sees this as family time. They feel that if the shops are open 7 days a week, staff and customers will not spend time with their families.

Despite all the new and exciting things I saw in Australia, we won't be emigrating. Our weather, education and life style is too good.

Why do pharmacies make sick people walk all the way to the back of the shop to fill their prescriptions yet you can buy cigarettes from the till at the front?

DIETETICS DEPARTMENT

The Staff Health Awareness Day was held on 31 October 2008, and was a great success.



The Dietetics Department hosted a stand where staff could be weighed and their Body Mass Index (BMI) calculated. Brief advice on healthy eating was also given to interested staff members, and healthy recipes were made available to take

home.

The weight, height and BMI of staff was recorded to determine which categories they fall into. BMI is calculated by dividing the weight (in kg) by the height (in m) squared: $\frac{Wt}{(ht)^2}$

BMI is not 100% accurate as many factors affect it, but it can be used as a reliable indicator of whether an individual's weight is ideal for their height.



88 staff from various areas within Grey's Hospital participated, such as College, Stores, Registry, Radiography, X-Ray, Pharmacy, Nursing, Supplies and HR.

The results are as follows:

Underweight (BMI<18.5):	7%
Normal (BMI 18.5-24.9):	23%
Overweight (BMI 25-29.9):	32%
Obese (BMI> 30):	38%

From these results it can be seen that a whopping 70% of staff who participated are overweight or obese. This obviously has many serious health implications, and needs to be addressed.

Throughout the year, the Dietetics Department hopes to host several events targeting healthy eating amongst staff members. Some events planned include regular in-services training at ward level, Healthy "cake" sales, talks during National Nutrition Week and future articles with healthy recipes in the *Greype-vine*. We also counsel staff members, who are referred to us by various clinics for weight loss, on an individual basis as outpatients,

We strongly encourage all staff members at Grey's Hospital to actively become involved in taking control of their own health by following a few general points:

- 1) Eat a variety of foods everyday
- 2) Reduce intake of sugar and fat in the diet
- 3) Make sure meat, chicken and fish are lean, and cooked using very little oil
- 4) Increase intake of fruit, vegetables and salad
- 5) Drink plenty of water everyday, and cut down on alcohol if taken
- 6) Try to find the time to exercise at least 3 times in a week.

We look forward to seeing you at our in-services and talks, and working with you towards a leaner future!

Yours in health,

Reshmee, Jo, Gayle, Natasha and Elsmarie

OPENING OF THE GREY'S HOSPITAL ABR **(Auditory Brain Stem Response) UNIT**



Hearing is a critical tool that people use to develop speech, language and communication skills. With little or no hearing, children are often unable to understand and participate in the world around them. It is

therefore important that every effort is made to identify hearing loss early in life. Significant behavioral problems, and speech and language delays in children, can be avoided if amplification is provided early. This is ONE of the crucial things that the new unit will allow us to do.





The NEW EQUIPMENT:

With this type of testing, no response is required from the patient, which is why it is particularly useful with babies, young children, difficult to



The UNIT

The Hospital purchased the equipment, and the Physiotherapy department graciously gave us a room to conduct the testing in. We had a vision of creating a safe, cheerful, relaxed and welcoming environment for the children and their parents.

test populations such as, mentally & physically handicapped individuals, who cannot respond reliably during a diagnostic audiological evaluation. The new equipment will allow us to do the following: -

- Perform advanced diagnostic Hearing and Balance assessments.
- Test the hearing of children and adults who do not have external ears, ear canals or middle ears systems.



- The test findings also allow us to select and accurately fit appropriate hearing aids.

We have found that the procedure is stressful and terrifying for both the children and the parent. This assessment is particularly distressing for parents, as potentially at the end of it, they will hear that their child is deaf. We wanted to have a non-clinical, non-intimidating environment to support them through the difficult process.



In this difficult financial climate, creating this environment was only going to happen through fundraising and sponsorship, and we were thankful that Grey's Management supported our request to fundraise for this project. We had a very successful cake sale and a raffle, thanks to the support of Grey's Hospital staff, who as always rose to the occasion. Through the Greype-Vine, the Grey's Hospital Audiology Department would also like to extend their sincere appreciation to the following sponsors, who made the opening of this new hearing unit possible:



HASS Group/ Batho Kopanang, Chatters, Dulux for the generous contribution of paint for the murals, Sanofi Aventis for the donation of the platters for our refreshment today, Management and head office for recognizing the value of this service to the patients, and purchasing the equipment.

REHAB COMMUNITY SERVICE AT GREY'S

For many, their first year of work is stored away in a distant memory. Only now to be refreshed by the new group of freshly brewed community service employees in the rehabilitation department of Grey's Hospital.

As you know com-serve placements offers little variety in choice, but by grace Tamsin Geddes (Audiologist), Marené Prinsloo (Speech Therapist) and Marti Simpson (Occupational Therapist) were placed in the city of choice for their community service year in 2009.

2009...what an adjustment.

Shifting from Varsity-mode to work-mode. Trading the comfort of old friends and your mom's financial safety net for an odd couch, kind landlady and the world at your feet. It was noted that misjudging the traffic on your first day of work can either lead to being a half an hour early or late for work – a mistake not to be repeated again. January can be remembered with trying to find our feet amongst systems, protocols and weird and wonderful colleagues.

To stumble upon your life's calling, when taking this leap from theory to practice is a relief, especially in a tertiary set-up. The mind-boggling patients we came across in Grey's (the kind varsity taught you not to worry about, because "you'll hardly find these cases in practice"), has become part of our day to day practice and has really stretched our brain-juices to great extends.

Doing your community service actually entails that you serve the community. Thus, 40% of our time is spent outside the walls of Grey's. The community service rehabilitation team of Grey's joined forces with Northdale Hospital's community service Physiotherapist (Jenine Jeena).

Together we service East/Boom Street Clinic, Mpophomeni Clinic and Balgowan Clinic.

Our initial enthusiasm received a shot of cold water when no referrals had been made after the first few (or three) initial clinic outreaches (except for the odd cases of referrals involving "breast pain" or "relaxation massages"). This led to several in-services at the clinics, which were kindly received with an "Ohh!" and a nod of the head. We are currently receiving slightly more referrals. However, the referrals are not always accurate, but the nurses are slowly becoming more informed.

Another community service outreach area, which grew close to our hearts, is Emuseni old age home situated in Edendale. For us the highlight had become the enthusiastic singing and dancing amongst these 50 residents. These activities are typical to the rich Zulu culture but with an added feature of rattling walking frames and wheelchairs. The story telling groups also leads to great entertainment. It became clear that youth is definitely a personal state of mind.

The residents mainly suffer from Dementia, Institutionalisation, Strokes, Arthritis etc. Thus, our primary aim at Emuseni is to get a system in place and train caregivers in providing regular cognitive and physical stimulation groups for the residents. Our biggest stumbling block however is a lack of resources:

-In order to run and maintain stimulation groups we need: Paint, paper, glue, crafting bits and pieces, music instruments, a gym ball and Zulu folk tales.

-For the winter months, blankets, pillows, clothing and wheat bags are considered a necessity.

We urge Grey's staff members to share in the experience of making 2009 a year of impact in the mentioned community areas serviced by Grey's Hospital. Please feel free to drop off any possible donations at the Occupational Therapy department.

Thank you for all the kind faces and everyone who had a part in our com-serve experience thus far.

Marti, Marené and Tamsin.

Cellphones spread bugs in Hospitals.

The Natal Witness recently featured an article regarding a study conducted in Turkey, where researchers tested the hands and cellphones of health care workers in hospitals. 95% of cellphones tested were contaminated with at least one type of bacteria and some even showed methicillin resistant Staph aureus (MRSA,) a virulent strain that has emerged as a major health threat throughout the world. Only 10% of staff interviewed regularly cleaned their phones and so these cellphones acted as a reservoir of infection.

So next time you reach into your pocket to answer your cellphone, while on duty, consider the germs you will be leaving on the phone after you have finished talking, and remember the fact that at this hospital nursing staff are not supposed to have their phones switched on while they are on duty. If we obeyed the rules we wouldn't be answering our phones with contaminated hands.



Amazing! You hang something in your closet for a while and it shrinks 2 sizes!

Admission Room for Obstetrics and Gynaecology.

There is a global commitment to improving Maternal and Child Care and one of the contributions, by the Department of Obstetrics and Gynaecology, was the opening of the Admission Ward and the Induction Bay for labour ward. Due to budgetary constraints, the objective was not met sooner but with much deliberation and support from the Obstetricians, as well as Management, we made this possible. The unit was officially opened on the 9th April 2009, by Dr MJ Titus, Chief Specialist and Metropolitan Head. The celebration and luncheon were well attended.



The Admission Ward, which is for both Gynaecology and Obstetric admissions, is operational on a 24 hour basis. Patient care is more streamlined and patients are ultimately managed promptly. All inductions are done in the Induction Bay, where patients are vigilantly observed and appropriately managed. A special thank you to all the staff of O and G, who assisted in making the official opening successful. We will aspire to continue, improving the standard and quality of patient care.



Mrs P Ramnund. Assistant Nurse Manager
Have you had your swine flu vaccination yet???



HR NEWS

Over the past couple of months HR has welcomed some new faces and said farewell to some.

*The following have transferred to other departments:
Ms Nonhle Sithole (Labour Relations)*

Ms PNF Mbatha (Human Resources Development & Planning)

Mrs Devikie Naidoo (Human Resources Development and Planning)

Human Resources wishes them well and success in their new posts.

The following have been welcomed:

Ms NC Dimba

Ms Sindisiwe Zulu (HR Practices)

Mr Mandla Mhlanzi (HR Practices)

Ms Sphindile Duma (HRD & Planning)

Uniform Allowances for Nursing Staff

New rates for Uniform Allowances for the Nursing Staff have been received. Subject to the smooth functioning of PERSAL the amount of R 1586.56 will be paid by 11 June 2009.

Radiology News 2009

New Equipment

At Greys Hospital, as a Tertiary Institution performing the full range of ultrasound examinations it is essential to have a State-of-the-Art ultrasound unit. Extensive motivations were made to the relevant authorities indicating the need for this essential item of equipment. A State-of-the-Art Toshiba Aplio Colour Doppler U/S Unit with 3 probes has just been delivered and an applications expert will be training the Radiologists and Ultrasonographers over several days.

The radiology department was also privileged to recently receive a new digital C-Arm unit for use in theatre. We are sure that the surgeons will enjoy the good quality images produced by the machine.

Congratulations To:

Dr P. Hartwig on passing his FC Rad (Diag) Part II in May 2009

Dr V Du Plessis who passed Part I F.C.Rad.(Diag) in September 2008

Mrs Yolanda Thambiran on her promotion to Quality Manager at Grey's Hospital – the department is very sad that you are leaving but wish you everything of the best for your new position

Welcome:

To the three community service radiographers:

Rhea Ramnarain

Lee-Ann Chetty

Asande Mbanjwa

We hope that you will have an enjoyable learning experience with us.

It can only be home affairs...

I recently met a Chinese man and his name was Siphon Mthethwa and

I asked:

"How did you ever get a name like Siphon Mthethwa, being a Chinese man?"

"Many, many years ago when I came to this country, I was standing in line at Home Affairs Document Center.

Man in front was a big black man.

The lady at the counter looked at him and asked, "What is your name", he says, "Siphon Mthethwa".

Then she looks at me and asks, "What is your name?"
I say, "Sem Ting".



On Wednesday 27th May, 9 teddies knitted by Sr Debbie McKean and her family, were given to Mrs G Trollip, a registered nurse who trained at Grey's and now runs The Hope Centre (Tabitha Ministries.) Our thanks to her and her family, for their generosity.



Ward M3 opened towards the end of April, they have 12 beds of which 4 are for male oncology lodgers and 8 are for oncology patients.

ENA NC Dube, P/N KC Luthuli and St/n SV Ndlovu working in Ward M3.



Staff have moved into their Prefab offices and some of them look quite homely. The picture above is of Mrs. Phumzile Ndlovu, Clinician Support Officer for the Department of Paediatrics.

Competition:

See if you can unravel the following puzzles. Send your answers to Sr A Guise-Brown, Clinical Department, Grey's Campus or e-mail them to me at CTD.Greys@kznhealth.gov.za by 19th June 2009. The first correct answer chosen will win a chocolate cake from **Chatters Coffee Shop**.

Q1. **man**

 board

Q2 **stand**

 i

Q3. **/r/e/a/d/i/n/g/**

Q4. **r**
 road
 a
 d

Q5. **cycle**
 cycle
 cycle

Q6. **0**

 M.D.
 Ph.D.

Q7.-----
 Knee
 light

Q8. **ground**

 feet feet feet feet feet feet

Q9. **he's X himself**

Q10. **ecnalg**

Q11. **death life**

Q12. **THINK**

Did you know: Leonardo Da Vinci invented the scissors?



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EAP Financial Literacy Workshops.

We held 3 successful workshops last month.

They were presented in English and isiZulu by Zain Khan of YDH (Your Debt Helpline, a registered Debt Rehabilitation Service provider). Over 70 people attended the workshops, and this was encouraging to see.

Zain did a lot of educating about what constitutes an Administration Order, what happens when you have a Garnishing Order on your salary, what you can learn from your Credit Record, and how YDH could help those people who find themselves overwhelmed by the level of their Debt.

He also brought along 2 Debt Counsellors -Zama and Wendy- from YDH so that people could start the process of Debt Rehabilitation immediately and obtain their free Credit Record at the workshops.

Lots of people indicated that they wanted to start rehabilitating themselves regarding their high level of Debt, and so we decided to bring Wendy and Zama back to Grey's to do One-to-One Debt Counselling.

We initially had some problems sorting out a day, but are pleased to tell you that Zama and Wendy will be here on Wednesday and Thursday for the coming 2 weeks to get the process on the road for those wanting to live again. (3rd and 4th ; 10th and 11th June)

Please call Sally on ext. 3472 if you want to see Zama or Wendy to discuss your Debt problems. They will be here all

day so you will have complete privacy with them to discuss your stuff, one at a time.

You will need to bring your Payslip, a Bank Statement, a list of all your Accounts and the account Numbers, and your ID Book.

Once you have opted for Debt Counselling then the relationship between you and YDH is your business as it is a private matter. However, EAP can assist you to contact your counselor if necessary during work hours.

YDH pamphlets explaining the Debt Rehabilitation process are available from Merle Hughes in HR, ext. 3727; Social Worker Lekha Chirkoot, ext. 3136; or myself in the Nurses Rec Hall Foyer.

Should you have any queries please contact Sally Chesterton (Nurse Counsellor & EAPP) on extension 3472 or Cell: 0847461327.

New Quality Manager.



Congratulations to Yolanda Thambiran on her promotion to Quality Manager. Mrs. Thambiran will be joining us from the Radiology Department where she will be sadly missed.

Yolanda has had

a long history with Grey's Hospital where she was a first year student

in 1997. After qualifying as a Radiographer she resumed working at Grey's X-Ray Department where she started as a junior radiographer, she worked her way up to senior, chief radiographer and then chief radiographer in charge of the mammography department.

We look forward to working with Mrs. Thambiran and wish her well in her new post.

Mercury disposal

What is mercury?

It is a heavy metal which evaporates and stays in the atmosphere for up to a year when released from its containment. E.g. Baumanometer/ thermometer.

Where is it found?

In a hospital environment it is found in baumanometers, thermometers, gastrointestinal tubes, laboratory chemicals, eye/nose drops and florescent tubes.

Dangers associated with mercury.

It affects the Central Nervous System, Kidneys and liver.

It may be fatal if inhaled and is harmful if absorbed through the skin. It can disturb the auto immune process e.g cause tremors, impaired vision and hearing and even paralysis, insomnia and emotional instability.

How to handle small public spills.

Remove everyone from the area.

Take off all jewellery and wear old clothes or overalls. Wear gloves. Carefully pick up any broken or sharp objects.

Locate visible mercury beads and collect them carefully.

Place all materials that were used, including gloves and mercury, into a labeled sealable waste bag, which are then stored in a safe place.

Keep the area well ventilated for 24 hours.

All florescent tubes are stored in a metal drum and taken away by Wasteman, a waste disposal company.

The Natal Mercury Institution based in Pinetown disposes of mercury.



Model of Mac Donald Ward in the Grey's Hospital Museum.

The Hospital Board financed the museum, which is at the main patient entrance to the hospital, with funds from the E.E. Hodgson bequest. It was set up by Mrs. Jenny Duckworth with the help of Miss Ros Devereux and was officially opened in 1992.

Anyone wishing to visit the museum may obtain the key from the security officer at the Montgomery Drive Entrance to the hospital. It is well worth a visit.

Whydo people order double cheeseburgers, large fries, and a diet coke.

No vegetables or fruit 'could be fatal'.

Are you still looking for a good reason to eat more fruit and veggies? Well, how about this: a low intake of fruit and vegetables has been ranked as the 10th leading risk factor for death in South Africa. According to the Medical Research Council (MRC) as many as 21 000 deaths each year can be directly attributed to South Africans not reaching the minimum 5-a-day servings of vegetables and fruit.

As many as 80% of adults 15 years and older eat on average just under 3 servings a day!

Heart disease, stroke and some cancers

Worldwide, it is estimated that the daily increased consumption of vegetables and fruit might save 2.7million lives a year! They could also reduce the burden of heart disease by 31%, stroke by 19% and some cancers by between 12% and 20%.

The key role of vegetables and fruit in health is the antioxidant effect that they exert and how they neutralise excess free radicals commonly generated by radiation, pollution, tobacco smoke and a high-fat diet - ending a potentially cell damaging chain reaction within the body.

So, start piling up your trolley with a variety of colourful fruit and vegetables to ensure you reach the target of "5-a- day"!

Dietetics Department

I Believe...

'The happiest of people don't necessarily have the best of everything; they just make the most of everything.