



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

THE FORT NEWS: Jan-April 2012 Edition

FROM THE OFFICE OF THE C.E.O



Mrs N.T Nxaba (C.E.O)

The theme for 2012 is:

Change starts with you
One of the National Ministers priorities is changing staff attitudes, The Fort Napier Hospital team has been working on various strategies to address staff attitudes..Programmes have been implemented to improve employee participation .Celebration of long

service awards and recognition of good performance are some of the strategies used. The HCT campaign has revived the staff relations it has also ensured that more employees participate in the campaign both internal and externally. Having our institution as a blood donor site has also improved staff attitudes , our numbers are gradually increasing. We would like to commend all those who donate blood regularly and those who donated for the first time and also motivate more of our staff to donate blood. Our HCT Team is committed and dedicated,they achieved set target for 2011.Lasly I would like to

congratulate our Events Committee and Psycho social Rehabilitation programme for the job well done. The academic programme to in-service staff was another successful story thanks to Prof Pillay and his team. 2011 was a good year and i know that there is a lot that can be achieved in 2012 if we continue with the same spirit .2012 is NHI implementation year we are fortunate to be on pilot district, this will enable us to improve mental Health care services.

Blood Donation Save Lives

“In all our lives, we receive helping hands from some people we know or some people we don’t know. Equally we ourselves have countless opportunities to provide helping hands”
I would like to take this opportunity to thank F.N.H employees who have continuously lend a helping hand by donating blood to S.A.N.B.S. By this “small act” you have saved more lives, you have made some families happy (put back smiles in their faces) more than you will ever imagine, Def-

initely your precious gift will never be unnoticed.

MAY GOD’S RICHEST BLESSINGS BE UPON YOU ALL!!

UKWANDA KWALIWA WUMTHAKATHI, NINGADINWA NANGOMUSO!!

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Bipolar Presentation

Academic Seminar Dr Cliff Allwood

Dr Cliff Allwood, a highly esteemed and accomplished psychiatrist in private practice was invited to present a lecture on Bipolar Disorder at our monthly Academic Seminar held on 15 February 2012. Dr Allwood was a past Professor of Psychia-

try at WITS Medical School, and worked as a private psychiatrist at Donald Gordon Hospital in Johannesburg. The seminar was well attended as always, and the presentation stimulated robust debate regarding current pharmacological and psychological treatment practices. Dr Allwood stressed the importance of multi-disciplinary team approaches to the treatment of

Bipolar Disorder, as well as appropriate timing of various multi-disciplinary interventions within the course of the Bipolar Disorder. Additionally, he emphasized the importance of a thorough clinical interview, and adequate collateral information.



Dr C Allwood presenting about bipolar



Dr C Allwood answering questions



Attendees attentively listening

Valentines Day Celebration For FNH patients

Every February 14, across the United States candy, flowers and gifts are exchanged between loved ones, all in the name of St. Valentine. Today Valentine's Day is celebrated in many countries around the world, mostly in the West. Fort Napier Hospital

events committee organized a Valentines ball for patients.

The day was very exciting for patients as they got a chance to showcase their talents in singing and dancing.

The PRO demonstrated on how to insert a condom properly using

a dildo.

The committee worked very hard to ensure that the event was successful.

Management would like to thank all who participated and contributed in the events success. Love was definitely in the air.



Musical item from Patients



Patients dancing enjoying Valentines



The Organizing team



illustration on how to insert a condom



Love Poetry from a patient

HCT Program for MHC Users

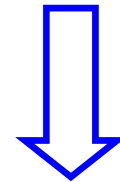
The HCT teams from different departments within the hospital conducted HCT on internal patients.

On interviewing one patient he said “ I am very happy to part of the program because I will know my HIV status”. Staff members prepare refreshments for patients after the program.

Management would like to thank all role players for their commit-

ment towards service delivery and fighting against HIV/AIDS.

Below are picture of HCT.



HCT IN PROGRESS



PATEINTS WAITING



FORT NAPIER HOSPITAL HCT



HCT IN PROGRESS



TUBERCULOSIS

WHAT IS T.B?

Tuberculosis is an infectious disease that usually attacks the lungs but can affect almost any part of the body. A person infected with T.B. does not necessarily feel ill, and such cases are known as “latent” infections. When the lung disease becomes “active”, the symptoms include:

- Cough (that last for more than two or three weeks)
- Cough up blood (at times)
- Shortness of breath
- Weight loss
- Loss of appetite
- Fever
- Night sweats



WHAT CAUSES T.B?

T.B is caused by bacteria called Mycobacterium Tuberculosis; the bacteria can cause the disease in any part of the body e.g. spine, brain, kidneys, skin and skeleton but it normally enters the body through the lungs and resides there.

HOW IS T.B SPREAD?

T.B is spread from an infectious person to a vulnerable person through the air, it is spread through aerosol droplets after infected people cough, sneeze or even speak. People nearby, if exposed long enough, may breathe in bacteria in the droplets and become infected. People with T.B of the lungs are most likely to spread the bacteria to those with whom they spend time every day, including family members, friends and colleagues. T.B in other parts of the body is usually not infectious.

IS T.B TREATABLE?

T.B. is curable, DOTS is the internationally recommended strategy for T.B control. DOTS treatment uses the variety of powerful antibiotics in different ways over a long period of time (6 months and above) to attack the bacteria and ensure their eradication. It is important that people who have contracted the disease are identified at the earliest possible stage, so that they can receive treatment and contacts can be traced for investigation of T.B, and measures can be taken to minimize the risk to others.

However, some strains of bacteria have now acquired resistance to one or more of the antibiotics commonly used to treat them, these are known as drug resistance strains. These strains can be created by inconsistent and inadequate treatment practices that encourage the bacteria to become tougher. The multi drug resistant strain is much more difficult and costly to treat.

WHAT ARE THE LINKS BETWEEN HIV AND T.B?

HIV/AIDS and T.B are so closely connected that the term “co-epidemic or dual epidemic is often used to describe their relationship. The intersecting epidemic is often denoted as HIV/TB. HIV affects the immune systems and increases the likelihood of people acquiring new TB infections. It also promotes both the progression of the latent TB infection to activate disease and relapse of the disease in previously treated patients.

Therefore HIV infection is the most potent risk factor for converting latent TB into active TB, while TB bacteria accelerate the progress of AIDS infection in the person.

OCCUPATIONAL HEALTH

Pulmonary Tuberculosis is counted as one of Occupational Diseases; therefore baseline screening and 6 monthly periodical screening for TB needs to be done or when necessary e.g. when there's a patient or staff member diagnosed with PTB in the department, all contacts need to be screened for TB as soon as possible to protect or to minimize the risk to significant others.

Recycling will develop job opportunities:

The PRO interviewed Mr J.D. Sithole who is Fort Napier Occupational Therapy Assistant.

PRO: Morning Sir

Mr Sithole: Morning

PRO: When did you start this project?

Mr Sithole: I started doing Paper Technology in the year 2000 at Sinokwazi Protection Workshop. I was then appointment to this hospital on 1 January 2012. I have then taught patients about Paper Technology.

PRO: Mr Sithole tell us what is Paper Technology ?

Mr Sithole: Paper Technology is a form of art where we use old cardboards to design and manufacture table and chairs.

PRO: Tell us how is it done?

Mr Sithole: Firstly we take cardboards old or new and design a table, then we combine it using flower an glue. We then keep it for a day to dry. After it has dried up we then use a brown paper from the cement bags and cover the cardboard. We then paint the table using a vanishing paint. We keep the table dry for five hours then the project is complete.

PRO: What are strong points about this project.

Mr Sithole: The whole project does not require a lot of money for it to done. It will help our patients after they have rehabilitated to be independent, they can make money out of this project.

PRO: Thank you Mr Sithole for your time

Mr Sithole: Thank you



This is how a table looks at an Initial Phase

Below are pictures of Mr J.D Sithole with complete projects

