

AUGUST 2019



## Inside This Issue

In the News	2
Let's Meet: Determined and Driven-Robert Campbell	7
Wellness Bytes	8
Disaster Preparedness Tips	9
HR Focus	10

## Lionel Town Hospital Receives Much-Needed Supplies

When the Lionel Town Hospital (LTH) in Clarendon received hospital supplies valued at more than US \$15, 000 or J \$2 million in February this year, they were utilized within 24 hours of delivery.

The much-needed items including 23 beds, six wheel chairs, 30 over-bed tables, seven mattresses, 40 pillows, 14 quad walkers, a recliner, five rolling walkers, six crutches and 34 walking canes, were donated by US-based Jamaican Dr. Everton Fider and officially handed over on Thursday, August 8.

Dr. Fider noted that he was impressed and encouraged that the items were utilized so quickly

after receipt and not placed in storage, indicating that the items were well needed. The healthcare administrator, who believes that patients and customers must be treated selflessly, encouraged the staff members at the LTH, to provide care unselfishly.

"I want to encourage the health staff that when you give care to a person, look at the person as if it was your mother, your father, your child; look at the person as if you were the one receiving the care. You never know how a simple act of kindness can change a person's life" Dr. Fider said.

Regional Director for the Southern Regional Health Authority, Michael Bent expressed appreciation to Dr. Fider for his generous donation, adding that: "Dr. Fider could have gone elsewhere to donate. There are so many other places and countries but he chose the Lionel Town Hospital and we are indeed grateful. Health care is a high cost business and cannot be sustained by the government alone so we thank the donors for their invaluable contribution and for building a relationship with us" Mr. Bent said.

The Lionel Town Hospital is a 47 bed facility, which offers service to more than 36, 000 persons in Clarendon.



**CEO of the Lionel Town Hospital (LTH), Nadine Preddie (2<sup>nd</sup> right) along with donor, Dr. Everton Fider (3<sup>rd</sup> left) cut the ribbon to display some of the hospital supplies which were donated. Also photographed are: Regional Director of the Southern Regional Health Authority, Michael Bent (right), Senior Medical Officer at the LTH, Dr. Darsie Haughton (right) and Director of Nursing Services at the LTH, Nichola Fowler-Higgins.**



**Ward Manager at the Lionel Town Hospital, Simone Williams (left) and donor, Dr. Everton Fider examine some of the donated items.**

## In The News: Southern Regional Health Authority

### Clarendon Health Department has Been Relocated

The Clarendon Health Department (CHD) has relocated to 1-3 Jackson Street, Denbigh, Clarendon, immediately beside the Denbigh Primary School.

The health department, which was located at 1 Muirhead Avenue, May Pen, Clarendon, on the compound of the May Pen Hospital (MPH), began offering administrative services from its new location on Monday, August 19, 2019.

All other services including food handlers certification, mental health, diabetic retinopathy and child guidance clinics will remain at their current location on the MPH compound and at their usual time.

The phone numbers for the health department remain the same. The numbers are: 876-986-4548, 876-986-7869 and 876-986-1175.

The management of the CHD apologizes to the public for the inconvenience and craves their understanding during this period.



The Lighter Side



## In The News: Southern Regional Health Authority

### Enhanced Vector Control Programme for Mandeville, Black River and May Pen Town Centres

The Southern Regional Health Authority (SRHA), once again commenced an enhanced vector control programme as it continues the fight against mosquito-borne illnesses.

The SRHA deployed more than 300 staff members from its vector control and environmental health units on Friday, August 16, to the town centres of Mandeville in Manchester, Black River in St. Elizabeth and May Pen in Clarendon.

The teams targeted the general public, vendors and by standers, while placing primary focus on business owners and operators through education about controlling mosquito-borne illnesses. Search and destroy operations were also carried out.

The teams began with a march at 9:00 a.m. from the office of the Manchester Health Department on Race Course Road, Mandeville into the town of Mandeville while the march in Black River began at 9:30 a.m. from the St. Elizabeth Health Department at High Street, Black River to the Black River town centre.

Please see below photo highlights from the Manchester leg.



# In The News: Southern Regional Health Authority

## Enhanced Vector Programme in Clarendon



## Enhanced Vector Programme in St. Elizabeth



## Facilities on the Move

### Concerned Friends of PJH Keeps on Giving



Dunovan Dillon, president of the Concerned Friends of the Percy Junor Hospital recently visited the island to officially hand over hospital beds, IV poles, wheelchairs, walkers, mattresses, crutches, disposable diapers and other medical supplies.

The items were distributed to Percy Junor, Mandeville Regional, Black River and May Pen hospitals and other facilities within the Southern Regional Health Authority (SRHA).

The organisation which is more than 21 years old, began with the intention to give back to Percy Junor Hospital but with members coming from various parts of the island, the foundation has since broadened its scope to include: Kingston Public Hospital, Princess Margaret Hospital, Cornwall Regional Hospital and others in the SRHA.

The shipment of supplies was valued at more than US\$5000 and Mr. Dillon said the organization holds fund-raising events to offset the shipment and other costs associated with their annual donations.

“Working with our current vice president and founder, Huntley Rattray, we receive the hospital supplies from hospitals and nursing homes as well as philanthropists and individuals. We also send clothing and school supplies to schools and the needy in St. Elizabeth,” Dillon said.

He noted that along with the 17-member executive, there are many Jamaicans in New York who help to pack the container. They group is based in Brooklyn, New York and they plan to continue helping the health care sector in Jamaica for as long as possible.

Dillon who is originally from St. Elizabeth, resides in New York where he is also involved in other organizations that specifically help to advance the lives of their countrymen and women in Jamaica.

## Staff Highlight

### SRHA Drivers' Association Launched



The Southern Regional Health Authority's Drivers' Association was formally launched on Thursday, October 3. The Association was born out of the desire of the drivers to more effectively advocate for positive changes related to their profession.

Drivers from the parishes of Manchester, St. Elizabeth and Clarendon attended the meeting, which was held at the Percy Junor Hospital in Manchester.

It is hoped that the Association will be replicated across the other Regions.

The Executive Body, pictured above are: President, Mr. Oneil Simmonds from the Black River Hospital (right); Vice President Mr. Gaston Cameron from the Mandeville Regional Hospital (2nd right); Public Relations Officer, Mr. Sheldon Robothom from the Lionel Town Hospital (2nd left); Secretary, Robert Campbell from the Percy Junor Hospital (centre) and Treasurer, Michael Johnson from the SRHA Regional Office.



## **Robert Campbell**

**Driver  
Percy Junor Hospital**

**“Determined and Driven”**



Drivers play an important role in safeguarding the most valuable fixed assets of the Health and Wellness Ministry, with an invaluable role in quality healthcare delivery.

For Robert Campbell, who is stationed at the Percy Junor Hospital in north-east Manchester as a Driver, his journey in providing quality healthcare for some six years, has been fulfilling and rewarding.

He notes that he is responsible for providing transportation services in a timely and efficient manner, following standard procedures and safety requirements of the Southern Regional Health Authority.

Mr. Campbell's work attitude, which results in quality service, has earned him several awards and recognition including the Driver of the Year award twice by the Percy Junor Hospital and the second place honour in the Driver of the Year category at the regional level.

A hardworking and focused individual, Mr. Campbell tells the Pulse that his daughter is his source of inspiration. “I am motivated to be my best self everyday, a good human being and a proper example for her” Mr. Campbell says.

He relates that one of the most important life lesson he has learnt is “not taking things for granted. We take for granted some of the simple things in life, like having both parents present in your life. When I lost my father, albeit as an adult, it made me do some soul searching” Mr. Campbell adds.

With an Associate Degree in Business Studies, Robert describes himself as determined, driven, calm, organized and happy. He notes that he is guided by the philosophy, “for everything you do, make it your best effort.”

He enjoys listening to the soulful voice of singer Anita Baker and enjoys watching movies with actor Denzel Washington.

He is advising his colleagues to “be diligent in performing your duties.”

# Wellness Bytes

## "Sickle Cell"



Sickle cell disease (SCD), or sickle cell anaemia, is a major genetic disease that affects most countries in the African Region. In sickle cell disease, the normal round shape of red blood cells become like crescent moons. Round red blood cells can move easily through the blood vessels but sickled shaped cells interconnect and can result in blood clots.

These blood clots can cause extreme pain in the back, chest, hands and feet. The disrupted blood flow can also cause damage to bones, muscles and organs. People with sickle cell disease often feel weak, tired and look pale. The whites of the eyes and skin often have a yellowish tint.

Environmental factors often play a role in the occurrence of painful attacks. Common triggers include cold temperatures, dehydration, excessive amounts of exercise and tobacco smoke. Other triggers such as plane flights and high altitudes can also trigger an attack.

In the Region, the majority of children with the most severe form of the disease die before the age of 5, usually from an infection or severe blood loss. In countries such as Cameroon, Republic of Congo, Gabon, Ghana and Nigeria the prevalence is between 20% to 30% while in some parts of Uganda it is as high as 45%.

Haemoglobin disorders can be effectively reduced through a strategic balance of disease management and prevention programmes.

Sickle-cell disease can be managed by simple procedures including:

- high fluid intake
- healthy diet

- folic acid supplementation
- pain medication
- vaccination and antibiotics for the prevention and treatment of infections
- a number of other therapeutic measures.

Thalassaemia major requires regular blood transfusions to maintain an adequate supply of haemoglobin and sustain life. As a result of multiple transfusions, organs become severely overloaded with iron and a specific treatment is needed to manage this condition.

Thalassaemias can be cured by a successful bone-marrow transplant, however this procedure is expensive and not readily available in most settings. Recently, gene therapy has been successfully applied to a patient with thalassaemia.

The most cost-effective strategy for reducing the burden of haemoglobin disorders is to complement disease management with prevention programmes. Inexpensive and reliable blood tests can identify couples at risk for having affected children. This screening is especially opportune before marriage or pregnancy, allowing couples to discuss the health of their family.

Subsequent genetic counselling informs trait carriers of risks that the condition may be passed along to their children, the treatment needed, if affected by a haemoglobin disorder, and the possible options for the couple. Prenatal screening of genetic diseases raises specific ethical, legal and social issues that require appropriate consideration.

## Disaster Preparedness Tips

### "Storm Surges"

Credit:  
Office of Disaster Preparedness and Emergency Management



A storm surge is an abnormal rise in the water level along a shoreline produced by a meteorological disturbance such as hurricanes.

As the hurricane winds pass over the surface of the sea they generate waves, which flood the shoreline. The rise in water level and the hammering effect of the waves produce a storm surge that can cause coastal erosion, flooding, scour roads, undercut sea walls and demolish buildings.

You are most at risk from a storm surge if you live close to the coast. A storm surge causes damage in two ways:

The rising water level floods areas that are usually beyond the water line.

The breaking waves impact higher along the beach-front and as they crash into the shore, they send water rushing even further inland.

What to do if You are at Risk From a Storm Surge

A storm surge is a feature of a hurricane, so take the following general precautions when a hurricane threatens:

- Monitor the radio.
- Wrap important personal items, family documents and electrical appliances in plastic bags and store away from the reach of flood waters.
- Move your refrigerator, stove and furniture to a higher floor, or place them on building blocks and secure to the wall.

- Shut off electrical power, gas and water supplies in areas in immediate danger of flooding.
- Store all chemicals, fertilizers, insecticides, etc., in properly labeled waterproof containers and store away from floodwaters.
- Move small boats to higher ground. Move larger boats and moor in a safe cove.

Be aware. If you see waves coming in higher than normal tide, be prepared to evacuate.

Take all necessary flood precautions.

## SUBMIT AN ARTICLE

We welcome your input. Please submit your articles and feedback for the August edition to:

**Latoya Laylor Brown, Public Relations Officer**

Email: [latoya.laylor@srha.gov.jm](mailto:latoya.laylor@srha.gov.jm)

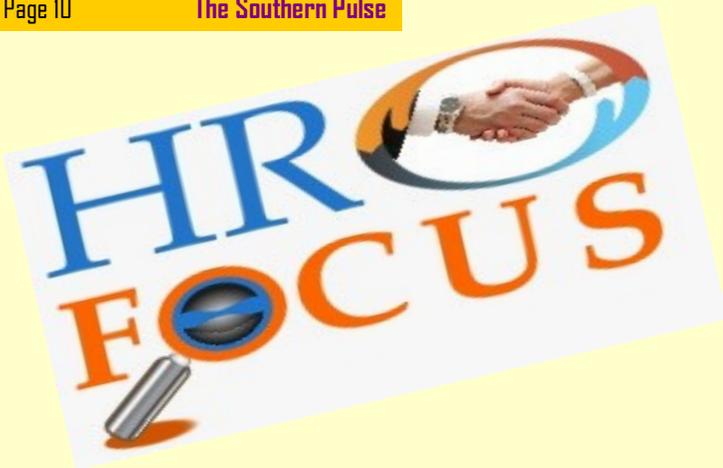
**Deadline: October 18, 2019**

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# HR And You:

“HOURS OF WORK”

tivity, improve the working conditions of employees, and especially to improve the quality of service to the public.

## 3.1 DETERMINATION

- i) The hours of work for each category of staff employed in the Central Government Service shall be as determined by the Minister with responsibility for the Public Service;
- ii) Permanent Secretaries/Heads of Departments may propose work schedules for the approval of the Minister responsible for the Public Service, based upon the nature of the operation, the exigencies of the service, and in order to ensure quality service to the public;
- iii) Any hours of work or work schedules established must allow for scheduled breaks which shall be arranged between managers and employees. Any such arrangement must ensure an appropriate level of service to the public at all times;

## 3.2 ATTENDANCE

- i) Public Officers are required to observe the established hours of work (work schedules), to arrive punctually and to be in attendance during the hours prescribed. Failure to comply could lead to disciplinary measures;
- ii) Managers and supervisors shall establish mechanisms and procedures to monitor and record the punctuality and attendance of employees within their jurisdiction;

## 3.3 ALTERNATIVE WORK ARRANGEMENTS

A variety of alternative work arrangements may be applied, subject to the approval of the Minister responsible for the Public Service, in order to improve produc-

### 3.3.1 Compressed Work Week

Employees may be allowed to work the required number of hours within a compressed period, thereby allowing for additional periods of continuous time for personal activities.

### 3.3.2 Flexible Work Schedule

The hours of operation may be extended to respond to service demands and the hours of work for employees may be staggered within the extended period, such that the entire period is adequately staffed and each employee works the required number of hours.

## 3.4 EXCESS HOURS OF WORK

Any time worked in excess of the required hours of work is to be recorded and dealt with in accordance with established provisions/procedures.

### Credit: Staff Orders for the Public Service