

FIRE AT WOODLANDS LIMITED???????

GuyanaDailyNews....A fire threatened the Woodlands Hospital building located at Carmichael Street, Georgetown this morning, sending staff in panic mode. This newspaper understands that the fire reportedly started in the Generator Room which is located to the rear of the building at approximately 10:45h. Reports indicate that the staff however managed to contain the fire to the single room, while firefighters were on the way. When the Guyana Fire Service arrived on the scene there was minimal work to be done. Patients at the hospital were not required to be evacuated as the day to day running of the hospital continued without much hesitation.

Guyana Chronicle...The Guyana Fire Service this morning responded to a report of fire at the Woodlands hospital, Carmichael Street, Georgetown. Guyana Chronicle reporter, Alva Solomon is on the scene and reported that a generator at the back of the building caught on fire. The situation is reportedly under control.

GuyanaTimes...Quick action by employees of Woodlands Hospital averted a major catastrophe at the facility on Wednesday 20th July 2016.

The Hospital's staff reacted in a timely manner when an alarm was raised after a generator overheated and though the Fire Service was informed, the staff managed to gain control of the situation before their arrival, preventing what could have been a full-blown fire.

When Guyana Times arrived at the scene, fire trucks were present and eyewitnesses revealed that the fire reportedly began at the rear of the building among the generators.

The truth report by Mr. Roger Astwood, Health & Safety Officer, Woodlands Limited On Wednesday, 20th July, 2016 at approximately 10:45 am, I was informed by Attendant, Mr. Cary John that the old Generator Set caught fire. I visited the site and saw smoke coming from the base of the exhaust pipe of the Genset. Hospital Electrician, Mr. Errol Dryden and Welder Mr. Brian Khan were trying to extinguish the fire at the time I arrived.

I then left the site immediately to obtain additional fire extinguishers. On my way I met with attendants Suresh and Joel and informed them of the situation. I also instructed the switchboard to call the Guyana Fire Service (25 minutes response time), Guyana Power and Light and Macorp as protocol dictates.

Investigation

Investigations revealed that the Genset caught fire 30 minutes after it was manually turned on due to a blackout at 10:15am.

Mr. Brian Khan, Hospital's Welder, was working in the area outside of the Generator Room when he noticed fire rising from the base of the exhaust shaft to the ceiling of the Generator Hut. He then went into the Generator Hut, obtained the available fire extinguisher and attempted to extinguish the fire.

Mr. Khan also alerted Mr. Errol Dryden (Hospital's Electrician) who was in the area at that time of the fire who obtained another fire extinguisher. Attendants and the Safety Officer of the hospital also responded promptly to contain the situation.

After successfully extinguishing the fire, a crack to the base of the exhaust pipe, likely to have been caused by rust, was seen which could have given way leading to the fire occurring in the Gen Set.

The team at Macorp later extracted the Engine's Mufflers located under the exhaust pipe in the Gen Set which showed the extent of the damage.

Conclusion / Recommendation

There were records to suggest that servicing is being done by Macorp but the quality of service and the activities done at service will have to be reviewed and monitored in light of the recent mishap.

The quick response and training of the staff at Woodlands Limited must be commended.

The Hospital has since constructed and installed new mufflers and an exhaust pipe and will be monitoring closely, all maintenance activities to the Generator Set.

NO PANIC MODE BY STAFF OR PATIENTS WAS OBSERVED

Inside this Issue

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Announcements



NEWS IN BRIEF**SOME STATISTICS FOR
July 2016****Emergency Room**

Patients Seen- 2822

Admissions—90

Maternity

Total Deliveries— 51

Males— 33

Females- 19

Caesarean Sections-20

Neonatal Death— 0

Twins— 1

Premature—8

Breech—1

Still Births—0

Male ward

Admission—97

Deaths—0

Female ward

Admission -94

Deaths—0

ICU

Admissions— 29

Deaths- 0

Radiology

X-ray—1172

CT— 109

Ultrasound—2210

ECHO— 83

Holter—2

Stress—10

Theatre

Surgeries— 138

Ophthalmology —18

Pharmacy

Prescriptions 4058

Laboratory

Patients attended 2215

DOCTORS MEETING:-

Was held on 27, July 2016 at 17:00 hrs.....Chairperson—Dr. N. Gobin
Topic: Overview of Endoscopy Presented by: Dr. S. Legall

NURSES MEETING:-

One meeting held for all nurses on 7 July 2016

Topic:-Discussion and Clarification of Matters of Annual Leave by HR. Joan Yussuff

HOW TO SLEEP BETTER**How to sleep better tip 1****Support your body's natural rhythms**

Getting in sync with your body's natural sleep-wake cycle, or circadian rhythm, is one of the most important strategies for sleeping better. If you keep a regular sleep-wake schedule you'll feel much more refreshed and energized than if you sleep the same number of hours at different times, even if you only alter your sleep schedule by an hour or two.

Try to go to sleep and get up at the same time every day. This helps set your body's internal clock and optimize the quality of your sleep. Choose a bed time when you normally feel tired, so that you don't toss and turn. If you're getting enough sleep, you should wake up naturally without an alarm. If you need an alarm clock, you may need an earlier bedtime.

Avoid sleeping in—even on weekends. The more your weekend/weekday sleep schedules differ, the worse the jetlag-like symptoms you'll experience. If you need to make up for a late night, opt for a daytime nap rather than sleeping in. This allows you to pay off your sleep debt without disturbing your natural sleep-wake rhythm.

Be smart about napping. While napping is a good way to make up for lost sleep, if you have trouble falling asleep or staying asleep at night, napping can make things worse. Limit them to 15 to 20 minutes in the early afternoon.

Fight after-dinner drowsiness. If you get sleepy way before your bedtime, get off the couch and do something mildly stimulating, such as washing the dishes, calling a friend, or getting clothes ready for the next day. If you give in to the drowsiness, you may wake up later in the night and have trouble getting back to sleep.

How to sleep better tip 2**Control your exposure to light**

Melatonin is a naturally occurring hormone controlled by light exposure that helps regulate your sleep-wake cycle. Your brain secretes more melatonin when it's dark—making you sleepy—and less when it's light—making you more alert. However, many aspects of modern life can alter your body's production of melatonin and shift your circadian rhythm.

Use these tips to keep your sleep-wake cycle on track.

During the day

Expose yourself to bright sunlight in the morning. The closer to the time you get up, the better. Have your coffee outside, for example, or eat breakfast by a sunny window. The light on your face will help you wake up.

Spend more time outside during daylight. Take your work breaks outside in sunlight, exercise outside, or walk your dog during the day instead of at night.

Let as much natural light into your home or workspace as possible. Keep curtains and blinds open during the day, and try to move your desk closer to the window.

If necessary, use a light therapy box. This simulates sunshine and can be especially useful during short winter days.

At night

Avoid bright screens within 1-2 hours of your bedtime. The blue light emitted by your phone, tablet, computer, or TV is especially disruptive. You can minimize the impact by using devices with smaller screens, turning the brightness down, or using light-altering software such as f.lux.

Say no to late-night television. Not only does the light from a TV suppress melatonin, but many programs are stimulating rather than relaxing. Try listening to music or audio books instead.

Be smart about e-readers. Devices that are backlit, such as the Kindle Fire or the iPad, are more disruptive than e-readers that don't have their own light source—or good old-fashioned books.

When it's time to sleep, make sure the room is dark. Use heavy curtains or shades to block light from windows, or try a sleep mask. Also consider covering up electronics that emit light.

Keep the lights down if you get up during the night. If you need some light to move around safely, try installing a dim nightlight in the hall or bathroom or using a small flashlight. This will make it easier for you to fall back to sleep.

Can sleep apnea cause other problems?

Having sleep apnea can lead to serious problems such as:

- High blood pressure.
- High blood pressure in your lungs.
- An abnormal heart rhythm, heart failure, coronary artery disease -(CAD), or stroke.
- Depression.
- Diabetes.

If you have sleep apnea, you also may not be sleeping as well as you could. If you feel sleepy during the day and this gets in the way of the normal things you do (like work, school, or driving), it's important to talk to your doctor. Be safe. Do not drive while you are drowsy.

How is sleep apnea diagnosed?

Your doctor will probably examine you and ask about your past health. He or she may also ask you or your sleep partner about your snoring and sleep behavior and how tired you feel during the day.

Your doctor may suggest a sleep study. A sleep study usually takes place at a sleep center, where you will spend the night. Sleep studies find out how often you stop breathing or have too little air flowing into your lungs during sleep. They also find out how much oxygen you have in your blood during sleep. You may have blood tests and X-rays.

Diagnosing sleep apnea in children

Most doctors follow these guidelines from the American Academy of Pediatrics:

During a routine checkup, your doctor will ask you and your child about snoring. If your child snores, be sure to tell your doctor.

A complete sleep study typically is needed to find out if your child has sleep apnea and is not just snoring.

Children who have sleep apnea and other disorders, such as Down syndrome or sickle cell disease, may need to see a specialist.

Testing after initial treatment

To see how well your treatment is working, you may need sleep tests after treatment begins.

If your sleep apnea has not improved after initial treatment, and if enlarged tissues in your mouth and throat are causing it, your doctor may do one or more tests before suggesting surgery to remove the excess tissue. These tests may include:

-Fiber-optic pharyngoscopy **Fiber-optic pharyngoscopy**, to see whether your airway is too narrow or collapses during breathing.

CT scan of the head **CT scan** of the head to look for an overly large tongue and excessive soft tissue in the neck, as well as to locate the narrowest part of your airway.

X-rays. A cephalometric X-ray is a type of head X-ray that allows your doctor to see bone deformities of the skull. This type of X-ray test may not be available in every hospital.

Treating Sleep Apnea

You may be able to treat mild cases of sleep apnea by changing your behavior, for example:

- Losing weight.
- Avoiding alcohol and sleeping pills.
- Changing sleep positions to improve breathing.
- Stopping smoking. Smoking can increase the swelling in the upper airway, which may worsen both snoring and

apnea.

-Avoiding sleeping on your back.

-Continuous Positive Airway Pressure (CPAP)

Continuous positive airway pressure -- also called CPAP -- is a treatment in which a mask is worn over the nose and/or mouth while you sleep. The mask is hooked up to a machine that delivers a continuous flow of air into the nose. This air flow helps keep the airways open so that breathing is regular. CPAP is the most common treatment for sleep apnea. There's also bi-level positive airway pressure, or BPAP, which is similar to CPAP but the air flow changes when you breathe in and then breathe out.

Sleep Apnea and Dental Devices

Dental devices can be made that help keep the airway open during sleep. Such devices can be specifically designed by dentists with special expertise in treating sleep apnea.

Surgery for Sleep Apnea

If you have a deviated nasal septum, enlarged tonsils, or a small lower jaw with an overbite causing the throat to be too narrow, surgery may be needed to correct sleep apnea.

The most commonly performed types of surgery for sleep apnea include:

Nasal surgery: Correction of nasal problems such as a deviated septum.

Uvulopalatopharyngoplasty (UPPP): A procedure that removes soft tissue on the back of the throat and palate, increasing the width of the airway at the opening of throat.

Mandibular maxillar advancement surgery: Surgery to correct certain facial problems or throat obstructions that contribute to sleep apnea.

Other Treatment Options for Sleep Apnea

There are minimally invasive office procedures that reduce and stiffen the soft tissue of the soft palate. While these procedures have been effective in treating snoring, their effectiveness in treating sleep apnea in the long term isn't known.

For people unable to use a CPAP, an implanted device called Inspire is now available. The device, called an upper airway stimulator, consists of a small pulse generator placed under the skin in the upper chest. A wire leading to the lung detects the person's natural breathing pattern.

Another wire, leading up to the neck, delivers mild stimulation to nerves that control airway muscles, keeping them open. A doctor can program the device from an external remote. Also, those who have Inspire use a remote to turn it on before bed and turn off upon waking in the morning.

What increases your risk for sleep apnea

Things you can't change:

Age. Sleep apnea is most common in people age 30 and older.

Being male. Sleep apnea is more common in men.

Family history. If other members of your family have sleep apnea, you are more likely to have it than someone who doesn't have a family history of it.

Ethnicity. Hispanics and Pacific Islanders have a greater risk of sleep apnea than whites. Blacks tend to get sleep apnea at a younger age than whites.

Deformities of the spine. Deformities of the spine, such as scoliosis, may interfere with breathing and contribute to sleep apnea.

Conditions that may cause head and face abnormalities. Conditions such as Marfan's syndrome and Down syndrome may result in abnormalities and increase the risk for sleep apnea.

Menopause. Sleep apnea tends to occur more often in women who have been through menopause than in women who have not. After menopause, women get sleep apnea at a rate similar to men.¹ Experts don't know why or how menopause increases the risk of sleep apnea.

Things you may be able to change:

Obesity. People who have sleep apnea are more likely to be obese. Obesity is the factor most likely to lead to sleep apnea.

Neck circumference. People who are overweight may have extra tissue around their neck, adding to their risk for sleep apnea. The risk increases for a man whose neck measures more than 17 inches around and for a woman whose neck measures more than 16 inches around.

Enlarged tissues of the nose, mouth, or throat. Enlarged tissues in the nose, mouth, or throat can block your airway while you sleep, making sleep apnea more likely. Surgery can sometimes correct the blockage and improve sleep apnea.

Bone deformities. Bone deformities of the nose, mouth, or throat can interfere with breathing, causing sleep apnea. Some people who have sleep apnea have a small, receding jaw. Surgery can sometimes correct these deformities and improve sleep apnea.

Use of alcohol or medicine. Drinking alcohol or taking certain medicines before going to sleep can increase the risk for sleep apnea. Medicines include some types of sleeping pills and sedatives.

Sleeping on your back and using pillows. Sleeping on your back and using one or more pillows may make sleep apnea worse.

Smoking. Smoking can increase your risk for sleep apnea, because the nicotine in tobacco relaxes the muscles that keep the airways open.

Poor sleep habits. For example, going to bed in different places may increase your risk for sleep apnea.

Disorders of the hormone (endocrine) system. Disorders that may increase your risk include hypothyroidism and acromegaly.

Reference from internet WebMD website

Management and Staff wish to congratulate the following persons on their birth anniversary for August 2016

Joan Yussuff	5
Eliza Shiwprasad	6
Odessa Bobb	10
Vanessa Solomon	12
Tisha Amsterdam	15
Shannas Mohamed	15
Alexander Kwang	16
Gowrie Fraser	20
Shiji Shaji	21
Vonnetta Rampersaud-Dick	22
Nandawattie Dindyal	24
Micaila Singh	27
Julian Deane	28
Roopadevi	29
Semone Ranglall	29
Kalvin Ramnarain	30

TAKING A BREAK FROM WOODLANDS HOSPITAL

Susan Daniels	August 1st --14 th
Doolamattie De Almeida	August 1st--26 th
Farah Shariff	August 1st-- 21 st
Gavin Daziel	August 2nd --8 th
Dr. Rawle Nurse	August 2nd--13 th
Delisa Cummings	August 2nd--12 th
Odessa Bobb-Bacchus	August 3rd--20 th
Imelda Williams	August 8th--20 th
Amanda Williams	August 15th--28 th
Savitree Melville	August 15th--28 th
Gay-Marlene Waterman	22 nd August-- 5 th September
Sheneise Lopes	22 nd August-- 4 th September
Talfaa Sampson	27 th August--9 th September
Chandramattie Aneen	29 th August--18 th September
Rafman Aneen	29 th August--11 th September



elcoming our new Doctor Janine Paul (A & E)

vacancies exist for

Administrative Clerk
 Enquiry Receptionist
 Health Care Provider
 Canteen Supervisor
 Attendant
 Security Officer

We can now be perused on our Web Site
www.woodlandshospital.com