



ceasa

THE CLINICAL ENGINEERING ASSOCIATION
OF SOUTH AFRICA

CEASA NATIONAL NEWS
APRIL –JUNE 2010

Objectives:

- Technology
- Feedback
- Participation
- News

CEASA.

**The Voice of Clinical
Engineering in South
Africa**

PRESIDENT'S REPORT

As promised in the previous newsletter, this will now become a regular communication medium to all our members, as well as other interested parties. Thanks to all who have contributed to this publication and thanks to Freddie for compiling and editing the CEASA newsletter. I think we should start a competition to give our newsletter a name!

Everybody these days has hectic work programs, but I would really like to applaud and thank everybody who puts in the extra effort and time to make a success of the organization. I think our successes this year shows that we have committed members that are

prepared to put in a concerted effort to make a success of our Association.

For me, CEASA was brought about for a few reasons. One is to bring the technical staff of different spheres together, and without being in competition, get together on a personal level and just be friends. Secondly, to share our expertise in different fields with other members, and to inform members of new technologies without promoting a specific brand. Thirdly to look after the interest of Clinical Engineering in South Africa, and promote the occupation in our country.

You will see in the articles in this newsletter that we have



achieved many of these goals – Golf days and barn dances being organized, talks organized regarding different technologies, and associations being strengthened with the likes of Tshwane University of Technology, SAMED, SAFHE and others. We will keep you updated on the progress with these associations going forward. Please keep in mind that the next SAFHE/CEASA congress is being organized for next year in the North, and that we would like as many Clinical Engi-

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CEASA NEWS-NATIONAL

neering papers as possible being presented at this congress, please prepare yourself for this auspicious occasion. We have unfortunately lost the services of Julie Webber, our virtual admin person that has looked after our administration and finances of

the National and Gauteng branch for the past few years. As CEASA we would like to extend a huge thank you to Julie for the hard work she has done for us, and wish her well on her career forward. We will keep you updated with regards to our future plans for a re-

placement for Julie. Thanks again for everybody's effort to make a success of CEASA, and of this newsletter.

HENDRIK RADYN
National President



CEASA DONATION

CEASA CHEQUE HANDOVER HELPS SAVE A CHILD'S LIFE

Seen at the cheque handover are, from left: Rodger van der Bank, CEASA Gauteng Chairman; Phillip Wilmot, CEASA Gauteng Vice-Chairman; Lynda Bleazard, CEO of the Walter Sisulu Paediatric Cardiac Centre for Africa; and Paolo Boschetti, President of the CEASA National Council



In March 2008, the Clinical Engineering Association of South Africa (CEASA) held a golf day and raised R25 000 for the Walter Sisulu Paediatric Cardiac Centre for Africa (the Centre), the largest philanthropic cardiac centre on the continent. Based at Netcare Sunninghill Hospital, the Centre was established to ensure that children born with congenital heart defects have access to live-saving intervention irrespective of whether they have the funds to pay for it or not. To date the surgeons involved in the Centre – which is run under the expert

guidance of Dr Robin Kinsley – have performed in excess of 200 operations on 181 children. Centre CEO Lynda Bleazard said it was through the generosity of organisations such as CEASA that many children, living into adulthood, will one day be able to stand up proudly and say: “My heart was healed at the Walter Sisulu Paediatric Cardiac Centre for Africa.” Paolo Boschetti, then president of the CEASA National Council, said: “We were thrilled to be in a position to assist with the life-saving surgery of a child who would

(CONTINUED FROM PREVIOUS PAGE)

otherwise not be in a position to afford it. 1 in 100 babies, worldwide, is born with a potentially correctable heart defect – and tragically only a limited number of children have access to surgery and intervention because of a lack of funds. We are delighted that one more child will be closer to having his dream of living a normal life fulfilled as a result of our donation.”

Phillip Wilmot, then CEASA Gauteng’s vice-chairman – and the man behind the golf day – said: “I have long wanted to start the tradition of a golf day for CEASA, but knew in my heart that the funds had to be given to a very worthy cause. At a Gauteng committee meeting, the decision was unanimous: The Centre would be the ideal place to ‘invest’ our funds. We were totally overwhelmed by the wonderful work undertaken at the Centre, so much so that the Gauteng branch has committed itself to ensuring that the relationship will be an on-going one, and one that will grow as the years pass.”

For more information on the Walter Sisulu Paediatric Cardiac Centre please visit www.wspcca.org.za or email wspcca@sunninghill.netcare.co.za

TECHNOLOGY UPDATE - HYBRID OPERATING THEATRES

The term hybrid was traditionally used with interbreeding between animals and plants and more recently it is being used with energy efficient motor cars. The hybrid operating theatre as described in this short article refers to the normal operating theatre with the combination of high-end x-ray imaging equipment creating a multi-purpose operating room. Conventionally when fluoroscopy is required in theatre a c-arm is moved into the surgical area while in the hybrid theatre the c-arm is a fixed installation, similar to a catheter lab, providing better images and increased

flexibility. Recent development in cardiac and vascular surgery have let to new therapies integrating surgical procedures with less invasive skin incisions and interventions. Vascular surgery is generally performed in all arteries of the human body with exception of the heart where cardiologists focus. High powered equipment is required to visualize thin guide wires, quantify small vessel diameters and evaluate delicate anastomoses. In the hybrid theatre the development of technology and procedures are utilised to improve patient care due to less invasive

surgery providing better outcomes, faster recovery and therefore shorter stay in hospital. The following main benefits can be achieved: Patients can get diagnosed and treated in one visit Complex cases are more easily treated, since the suite is designed to handle both minimally invasive and open procedures Technology in the suite allows doctors across different specialties to work together in the best interest of the patient The advanced imaging systems provide quick and detailed information for shorter, more accurate treatment with



substantially less X-ray exposure when compared to traditional devices

The open and spacious environment, resulting from ceiling-mounted equipment, provides patients with improved comfort and safety

All the equipment in the suite can be directly controlled by the surgical team

The major equipment role players in the imaging market have differing hybrid theatre solutions. One of the brands has come up with a unique solution with the integration of industrial robot technology, used in car manufacturing, in angiography systems as can be seen from the picture below:

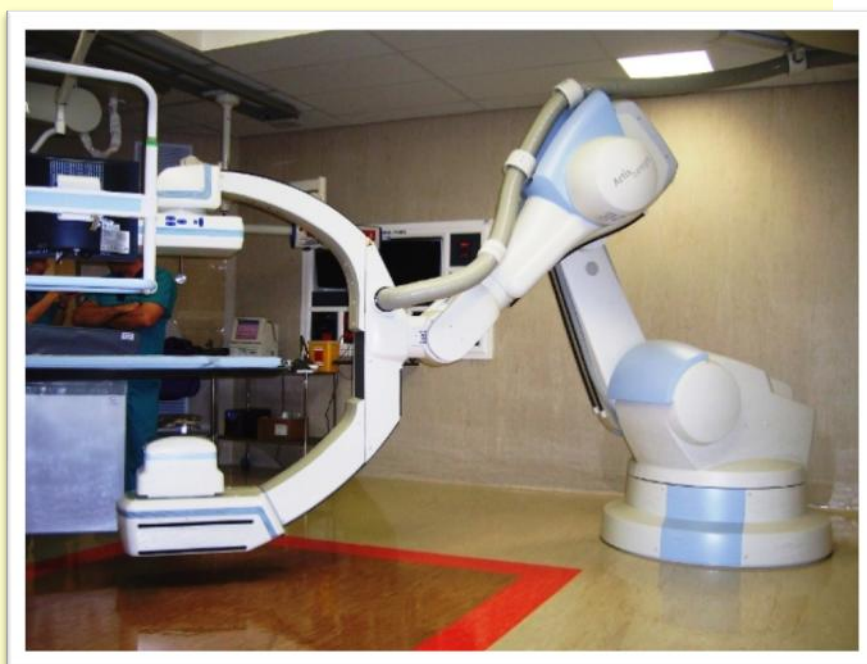


The combination of a C-arm with a powerful industrial robotic arm provides a new angiography system that introduces great flexibility in catheter labs and operating rooms. The robot technology allows the physician freedom of movement to manoeuvre the C-arm to almost any position around the patient. This makes it easy to visualize internal organs or vessel from various sides. The flat detector of this system rotates around the patient at such high velocity and precision that CT-like images are created. In addition, the physician can perform complex C-arm movements, for example for peripheral acquisitions of the patient with the patient table in a tilted position.

If the system is not used, it can be folded together to require minimal parking space or suspended on the ceiling. This is a highly significant feature in the aim to create a real multi-purpose or hybrid theatre environment.

South Africa first in the southern hemisphere

A new hospital in Cape Town recently installed the first robotic unit in the southern hemisphere. The first cases were completed successful and we will probably see more of this technology in the near future.



BLUETOOTH ENABLED STETHOSCOPE FEEDS ANALYTIC SOFTWARE

Electronic stethoscope offers exceptional sound quality and a simple-to-operate user interface. The Littmann Electronic Stethoscope Model 3200 is the first electronic stethoscope to feature Bluetooth technology, wirelessly transferring heart, lung, and other body sounds from the chestpiece to product software for analysis. It is designed to help clinicians identify suspected heart murmurs and differentiate between those that should be referred and those that should not, based on guidelines issued jointly by

the American College of Cardiology (ACC) and the American Heart Association (AHA). Based on the software analysis and their own assessment, physicians can then choose to refer patients for an echocardiogram test.

Some features are Ambient Noise Reduction Technology (ANR), which reduces background noise by 85% on average, without eliminating critical body sounds; acoustic seal eartips that create a tight acoustic seal, impeding ambient noise from entering through the eartips; a state-of-

the-art sound sensor, with the sound received from the sensor transmitted naturally to ears through the tubing; frictional noise reduction technology that helps reduce handling noises; and up to 24X sound amplification for hard to hear auscultations. The digital user interface offers easy-to-operate controls, a liquid crystal diode (LCD) backlight for low-light conditions, and an instant-on feature that activates with a quick touch of the power button. The product from 3M/Littmann, the Electronic Stethoscope Model 3200

with the Zargis Cardioscan has won the Popular Science magazine "Innovation of the Year" award for 2009. (Reference, Hospimedica)



With thanks to Mr J.D.Van Roon for this contribution

FROM THE DESK OF PHILLIP WILMOT - CEASA – GAUTENG CHAIRMAN

Can you believe it is already mid 2010? World soccer is upon us as well, so going to be hectic but amazing for our wonderful country! Crazy how fast time passes by. I hope you have all seen the area surrounding O.R.Tambo airport, if not, it is worth a drive. There is such pride shown on the road out of O.R.T. towards Edenvale / Sandton area, flags of all participat-

ing countries flying high and lovely gardens, a MUST see, as this will not be long lived after the world cup is over.

The airport itself is also spectacular to see now. It makes us proud to be South Africans- Go Bafana Bafana, Go!

I would like to also ask that we all be aware of the upcoming 2011 SAFHE//CEASA congress from 6 – 8 April,

2011, at the Birchwood near O.R. Tambo airport. There will be a call for papers to be presented as well as attendance at the congress in one form or another. Please diarise this period as this is always the one not to be missed. All papers for presentation will be appreciated and will also have some advantages for attendance.

As far as what we

have done so far in 2010, here we go:
1. We have had some discussions with T.U.T. in Pretoria. And CEASA have been collaborating very well so far with T.U.T. and have offered some of our members to T.U.T. and the training centre to assist with mentoring of students, analyzing

projects and offering students career opportunities in certain areas. Please let me know if you are willing to assist in this program as all knowledge sharing is very welcome.

2. We are also talking with SAMED to collaborate better with them in our talks on all related matters, whilst also looking into becoming a member of SAMED for the bigger cause.
3. We have had 2 meetings so far in the year and will have another 2 including a change in committee after nominations and elections by latest November, as per your choices, so please prepare your top 3 candidates in your mind and be ready for the electronic nomination forms to follow later in the year. This is how you add your voice to who will lead this association. Sadly, voting will only be for paid up members.
4. Please ensure that you have paid your 2010 subs and are up to date by contacting Julie before the end of June 2010 or myself thereafter.
5. Julie Webber has sadly resigned as at end June 2010. Julie will be venturing into bigger & greener pastures with her family and was left with no alternative but to move on. This will be a sad time for us as she has held the flag high with us and has been our backbone.
6. I have also attended some SAFHE meetings this year and I would like to ask / recommend that you also join me as the talks are really very interesting. The invites are usually sent to you as well, so please RSVP and share the occasion with us.

I would also like to thank all the committee members for their valuable support and input in the success of CEASA thus far.

Thanks as well to Freddie Gouws, our esteemed editor, for his efforts in gathering the info herein and putting into some form of legible semblance for us to enjoy. This is no easy task. Thank you Freddie.

Looking forward to seeing you all somewhere, somehow, sometime. Go well, keep the head up and shout for the boys, Vuvuzela in hand if you can handle the tone and volume as it is rather loud, but very South African.

Warmest wishes to one and all.

Phill

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CEASA SAFHE GOLF DAY 2010



CEASA & SAFHE hosted their first Golf Day in the Western Cape.

The event was held at the Bellville Golf Club on the 19th March and was extremely well attended and supported by the members.

A total of 22 teams entered and plenty of fun and golf in the sun was had by all.

There was some serious "encouragement" drinks at the watering holes which helped relax the players and loosen up their swings. Hendrik Radyn scooted around on his golf cart to make sure that the players moved along nicely with the photographer, Nico Venter close on his heels !



After a long day of exciting golf, everyone enjoyed the prize giving and a delicious meal of lasagna.



Congratulations to our first time Western Cape winning Team, Sloth Communications, who received the first CEASA SAFHE trophies.



The day was a great success and hopefully this event will be repeated bi-annually giving us all enough time to improve upon our golf.

A special word of thanks again to our organizing committee, James Herbert, Hendrik Radyn, Royden Peirone and Chris Goslin for all their hard work and efforts.

Remember, as Gary Player once said, the more you practice the luckier you get - and as Tiger Woods once said, do not TEE up your balls too high when you drive!!

By: Royden Peirone - SSEM Mthembu

THE NEXT STEP IN DIGITAL OPERATING ROOMS OR MULTIMEDIA THEATRES

In our world of rapid changing technology, more and more devices are becoming media enabled. These devices have some form of media output whether it is LCD screen or display port. These media outputs come in a range of different video formats which need to be controlled

in separate ways according to the format, digital or analog. These include: Composite, S-Video, VGA, Component, DVI, SDI and HDSDI just to name a few. To manage these signals is where the Multimedia Theatre (MMT) or Digital Operating Room (DOR) comes in. These

systems normally comprises of video switchers to route the signals to preferred destinations (screens and image capture units). Manual switching of the video switchers and screen inputs are needed in these systems which can make it "scary" and "confusing" to theatre



VGA and S-video switchers in normal MMT Theatre.



Touch Panel for Theatre interface

staff. In this picture you can see 2 video switchers which could make things difficult for staff to understand and limiting functionality of the MMT investment. To get the MMT functional and working to its true potential we have to take

the **next step**, adding a control system and central interface point to simplify the operation of the system. This interface is normally a touch panel or keypad. On the touch panel the interface can be customized to the staff or surgeon prefer-

ence, thus promoting interaction with the system and increasing productivity. Commands are programmed in the controller to respond to a press on the touch panel and are sent to the switchers and screens via RS232, Ethernet or Infra



Remote Cabinet for Switchers and controllers

Red. This makes it possible to perform a task on multiple units (screens and switchers) with the press of one button, thus simplifying the process dramatically. The touch panel only needs a CAT5 connection for power and data so the controller, switchers and

all necessary hardware can be in a remote location and not in the theatre. Other equipment such as theatre lights, ceiling lights, HVAC, Timers, pendant control, iPods, iPads etc. can all be interfaced with the system to be controlled from the touch

panel and truly having a central point of control in the theatre. **The possibilities are endless.**

THE ENGINEERING PROFESSION IN AUSTRALIA

The changing face of the Engineering Profession in Australia has arisen due to the growing demands over the past two decades for more and more qualified and experienced Engineers across the spectrum of the range of fields in engineering, due to 18 years of sustained National economic growth rates averaging 3.8 % of the GDP per annum. Even during the recent Global Economic Crisis, Australia's economy continued growing at 1% of GDP, while the economies of the USA, Europe and UK were registering negative growths in the range of 3.8% to 5.8% per annum. The last recorded recession in Australia was in the period from 1989 to 1991.

In order to sustain such high levels of economic growth over the past two decades, Australia has created opportunities which have attracted over 2.4 million migrants, and amongst them recruited Engineers in all fields, from most of the English speaking countries in the world, and some from non English

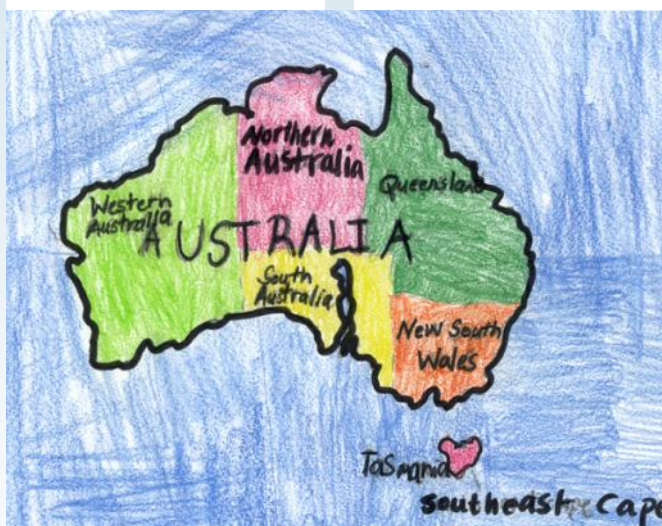
speaking countries. Throughout this period of high population growth from 19.6 million to 22 million, and sustained expansion of the engineering profession in Australia, the regulatory body for all engineering occupations, Engineers Australia has maintained high levels and standards of qualifications and work experience for Overseas Engineers wanting to register and practice in Australia.

The key requirements for any overseas Engineering applicant is that an Engineer needs to be able to communicate at the professional level of English, and for South African qualified Engineers, there is a requirement to complete the International English Language Test (IELTS) and achieve not less than a score of 6 out of 9 on each of the four bands of the test.

Overseas Engineers are then required to have their qualifications and work experience assessed by Engineers Australia, and for those Engineers who are professional members in their

countries which are signatories to the Washington Accord, or in the case of Engineering Technologists, who are members of the professional body in the countries which are signatories to the Sydney Accord, the assessment process of qualifications and work experiences is done via an application form for which there is a fee, and is lodged together with the necessary supporting documents evidencing their membership of the relevant professional body, their qualifica-

and also for Engineering Technologists who are not members of (ECSA), the assessment of their qualifications and work experience by Engineers Australia is undertaken through a written Competency Demonstration Report (CDR) covering three career episodes through which they need to demonstrate the level of professional engineering skills in their relevant field of engineering, which they have applied in connection with each such career episode.



tions and their work experience.

For those Engineers who are not registered as professional members of the South African engineering body, which is the Engineering Council of South Africa (ECSA)

Once Engineers Australia have assessed the Applicant to have qualifications and work experience equivalent to those required for an Engineer in that field in Australia, it will issue a letter to the Applicant stating that the

1 relevant skills may be suitable for the purpose of migration to Australia and ultimately for registration.

I have couched the last sentence somewhat cautiously as not every engineering occupation is currently on the new Skilled Occupations List (SOL) for Skilled Independent migration to Australia, as that list is driven by the specific demands for certain occupations which are in short supply in Australia, and may change from time to time. Most engineering occupations are



on the new SOL

Where an employer is prepared to sponsor an Applicant whose occupation is not on that Skilled Occupations List, the employer may nevertheless be able to do so if the occupation for which the employer has a vacancy is on a separate list called Employer Nominated Skilled Occupations List (ENSOL) in which case the candidate for the vacant position may need to have their qualifications assessed by Engineers Australia before being

able to be sponsored for employment in Australia.

In addition to the above requirements, Professional Engineers are required to be registered and licensed by Engineers Australia in order to be able to practice in their field in Australia. It is for that reason that the skills assessment by Engineers Australia of skills and qualifications of the Applicant is the first step towards both migration/relocation, and registration and working in Australia.

It is estimated that with the present projections for growth of the Australian Economy, being in the of range 3.8% to 5% over the next 3-5 years, that there will be a growing demand for over a 100,000 skilled jobs to be created in Australia in the mining, petroleum, construction, engineering, manufacturing, environmental and associated light industries, of which at least 5% to 7% will need to be filled by Professional Engineers, Engineering Technologists and Engineering Technicians.

To achieve such large numbers of recruits from a single profession Australia will need to look at traditional English speaking countries

such as South Africa, UK, Canada, USA, India and Sri Lanka, and some less traditional areas such as Europe, China, Russia and South American countries to provide Engineering recruits for Australia's growing industries.

During the recent economic boom in Australia from 2005 to 2008 Engineers were amongst the most highly remunerated professionals in Australia with salaries ranging from AUD\$150,000 up to AUD\$ 350,000 for those at the highest levels in their profession. And for those at the lower levels and in between from AUD\$ 75,000 to AUD \$150,000. While the global economic crises has put a slight dampener on those salary levels, most of those Engineers who were employed at that level still remain, while new recruits will still need to have attractive remuneration packages offered to them as an inducement relocate to Australia.

It is for that reason that the Engineering profession and industry in general, will continue to offer lucrative employment and career opportunities for overseas qualified Engineers.

The same trend in both salary levels

and employment opportunities as outlined above, is applicable to Engineers in the Biomedical and Clinical Fields in Australia as companies in these fields in Australia are spending significant amounts of money on research and development as in certain areas of Biomedical and Clinical research Australia is at the cutting edge of new technology and world best practices.

The entire issue of health care in Australia is one of the most difficult political, social and economic issues facing Australia, due to the ageing of the population, with the first of the baby boomers having now reached retirement age, and within the next 10 to 20 years is estimated that 28% of the Australian population will be over the age of 60. This will put enormous pressure on health care, medical and geriatric services, which are already showing signs of strain and requiring significant increases in government funding in order to keep up with the ever growing demand for such services by Australia's rapidly expanding, and ageing population.

It is partly for that

reason that Australia has adopted a policy of growing its population from the present levels of 22 million, to a level of 35 million by the year 2047 through high levels of migration intake of both permanent and temporary residents, averaging 200, 000 people per annum. Through migration Australia will develop its population size and reduce the impact of its ageing population through intake of younger people and

be able to continue to provide world first health care facilities to all of its people.

Over the past decade, Australians have enjoyed some of the highest standards of material living of any developed country in the world, while enjoying a superb quality of life due to Australia's pristine and unspoiled environment. It is little wonder that the Washington International Forum has rated Melbourne, Perth, Brisbane and

Sydney amongst the top 10 most livable cities in the world for the past 5 years.

John Chapman

Managing Director

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FOLLOW ROB ON FACEBOOK... IN UGANDA!



Rob Dickinson of Fairmed recently did voluntary faculty work on the ORBIS airplane as healthcare technology trainer in Uganda. Check out his [Facebook Uganda pics](#).... !



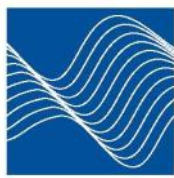
Rob's also just back from the Congo on another volunteer trip for Operation Smile:

[Operation Smile](#)



In January and April he was working in Nigeria with other African country visits too, also last month, May, had American biomed students here in SA for a health facilities / system educational tour.

[Go, Rob!](#)



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THE CLINICAL ENGINEERING ASSOCIATION
OF SOUTH AFRICA



AND



South African Federation
of
Hospital Engineering

Presents

DATE & TIME:

Friday 13 August
19:00pm

COST:

R50 per person, or
R400 for a full table
(seats 8 people)

VENUE:

Edgemoed
Community Hall,
Edgemoed Drive,
Edgemoed
(see map, street in
light yellow)

Open invitation
for anybody
Bring own snacks
and beverages



Barn Dance

MAP:



RSVP:

Please contact
Hendrik Radyn for
bookings and to obtain
your unique number for
the Lucky Draw:

Tel. 021 918 1583

Cell 082 895 3002

hjradyn@pgwc.gov.za

Payment directly
into the
CEASA Bank account,
which will confirm your
booking:

Absa Montague Gardens

Branch code: 548-309





European Diagnostic Manufacturers Association

PRESS RELEASE

19 May 2010

EDMA SUPPORTS THE FIGHT AGAINST HEPATITIS

EDMA, the European Diagnostic Manufacturers Association, marks World Hepatitis Day by calling for enhanced measures for the prevention and diagnosis of this chronic disease. World Hepatitis Day seeks to raise awareness and political support for the disease, with a long-term aim to prevent new infections and to improve health outcomes for those living with hepatitis B or C.

Brussels, 19 May 2010 – The statistics for this disease are shocking, with 500 million people around the world infected with chronic hepatitis B or C, approximately 1 million people dying per year as a result, and one in three people being affected by one or both viruses. Even so, not only does hepatitis not receive the same levels of publicity or political support as HIV/AIDS, TB or malaria, but the majority of sufferers are unaware of their situation.

In order to rectify these figures, EDMA calls for intensified awareness-raising campaigns focusing on the risk that this disease holds for society. The most threatening aspect of hepatitis B and C is that they are ‘silent’ viruses that could exist within a victim for years without showing any symptoms. If diagnosis of hepatitis B or C is left too late, it could result in cirrhosis of the liver, which has its own fatal repercussions, including liver cancer.

The *In Vitro* Diagnostic (IVD) industry can become involved at the prevention and diagnosis levels of this disease. IVD devices for infectious markers (such as hepatitis B or C) are used to screen blood donations for the manufacture of safe blood and blood products. If infection exists, early diagnosis gives patients the opportunity to consider treatment options, to avoid further transmission of the virus, and to control their lives with their own self-management strategies.

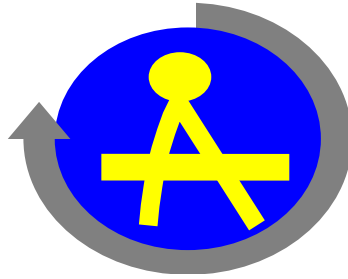
For further reading on the IVD laboratory tests associated with the different forms of hepatitis, please visit LabTestsOnline (www.labtestsonline.info), a multilingual information portal on laboratory testing coordinated by EDMA in Europe.

About EDMA

EDMA, the European Diagnostic Manufacturers Association, represents national associations and major companies engaged in the research, development, manufacture or distribution of *In Vitro* Diagnostic (IVD) tests in Europe. Through its membership, EDMA represents in total more than 500 companies (or over 700 legal entities) across Europe. The mission of EDMA is to raise awareness of the importance, usefulness and added value that diagnostic information can provide to healthcare. For this purpose, EDMA cooperates with European institutions, patients groups, trade associations, health professionals and academia to support an appropriate regulatory system, to work towards a realistic economic environment for healthcare in Europe and to be an effective voice in globalisation.

For more information, please visit [EDMA website](http://www.edma-ivd.be) or contact: [Miriam Gargesj](mailto:Miriam.Gargesj@edma-ivd.be), EDMA Communications and Public Affairs Manager (Tel. +32 2 777 02 79).

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For an appointment at your premises and company needs analysis,
please contact Mari-Lize on 072 563 7590 or Yvonne on 082 454 9678



LISTEN UP, EVERYBODY!!!!

Please see the plea below from Nicolene of Steve Biko Hospital's fund raising marketing department where they are raising funds for deaf children to receive COCHLEAR IMPLANTS. This is the power of sound folks, we all take this for granted. These poor kids are born into a world of silence and we can all for only R15.00 assist in their ray of light into the world of sound. The project is aptly named "beautiful noise" and this is literally what the kids hear when they turn the implanted device on. The little faces light up in amazed wonder.

Please see it in your hearts to SMS the word **"noise"** to **39101** and **donate R15.00**, and all you will be missing will be a liter of milk, 15 cigarettes, or 3 newspapers, NOT A LOT AT ALL for the sound a child will hear when your pocket change assists in getting them into this wonderful world of ours, to hear the birds, and also mommy and daddy moaning. This will be a blessing to hear.

BAAS OR KLAAS?

CEASA Biltong Competition, April to June Edition, 2010



Whoever guesses who it is and responds by email to [me](#) by August 10 can win a prize of the biltong, delivered in Gauteng area by me personally! Hee Haa!!!

Phill



Due to the overwhelming success of this season's CEASA Newsletter, there was a slight delay in publication. But all thanks to the enthusiastic and generous contributions of our members, (we couldn't have done this publication without you!) we have mustered a tight little read for you all this time around. And we hope sincerely that everyone will benefit from it.

Without further adieu, we bring you, "CEASA News, April to June 2010".

Freddie Gouws, Editor



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The objectives of the Association are fully de-fined within our Constitution, however some key fundamentals are:

1. To encourage and promote the personal and professional growth and development of all our Clinical Engineering members.
2. To further reinforce and elevate the Clinical Engineering professional seen by all healthcare professionals.
3. To strive for continued Clinical Engineering excellence and partnership within all healthcare provision environments.
4. To directly represent all levels of the clinical Engineering profession within the engineering council of South Arica.
5. To foster and establish international links and cooperation surrounding standards development and all aspects of Clinical Engineering.

We are involved in the planning of ongoing educational meetings, programs and interaction with other healthcare professionals and their Associations,

For employment opportunities as well as training and courses, please visit our website on www.ceasa-national.org.za

Upcoming Events:

Gauteng:

- CEASA TUT @ 15:30, 10 August 2010
- CEASA Adcock Ingram/ Netcare @ 15:30, 12 October 2010.

Western Cape:

- ville Golf Course
- Barn Dance @ Edgemead Community Hall, Edgemead on August 13 at 19:00

National:

- CEASA/SAFHE Congress Taking Place in Boksburg at the Birchwood Hotel & O.R.Tambo Conference Centre on 6-8 April 2011.

We're on the Web!

www.ceasa-national.org.za

The Joke Box!

WHEN INSULTS HAD CLASS!

These glorious insults are from an era before the English language got boiled down to 4-letter words.

"I am enclosing two tickets to the first night of my new play; bring a friend ... if you have one."

- George Bernard Shaw to Winston Churchill

"Cannot possibly attend first night, will attend second ... if there is one." - Winston Churchill, in response.

"He has never been known to use a word that might send a reader to the dictionary." - William Faulkner (about Ernest Hemingway).

"He is a self-made man and worships his creator." - John Bright



Wat is die toppunt van dronkheid?

As jy oor die dansvloer stap om 'n dop te gaan koop en jy wen die single's danskompetisie.

Sipho, driving the latest BMW, was pulled over by a Gauteng policeman at a roadblock. 'Congratulations', said the cop... 'Because you are wearing your seat belt you have just won R5, 000 in an Arrive Alive safety competition'.

Sipho could hardly believe his luck. 'What are you going to do with your cash?' asked the traffic cop.

'Well I guess I'm going to get a driver's license,' Sipho answered.

'Oh, don't listen to him,' yelled Dipuo in the passenger seat. 'He tries to be smart when he's drunk.'

This woke up Ndlovu in the back seat who took one look at the cop and moaned,

'I TOLD you stealing the BMW was a bad idea. A Mazda would have been better.'

At that moment there was a knock from the boot and Zakeles' voice said, 'Are we over the border yet?'

The cop said 'Okay, my brothers. How are we sharing this R5000?!'



Stewardesses' is the **longest word** typed with only the **left hand**.



And **'lollipop'** is the **longest word** typed with your **right hand**.

(Bet you tried this out mentally, didn't you?)

No word in the English language rhymes with **month**, **orange**, **silver**, or **purple**.



Silver
Purple

'Dreamt' is the only English word that ends in the letters **'mt'**.

(Are you doubting this?)