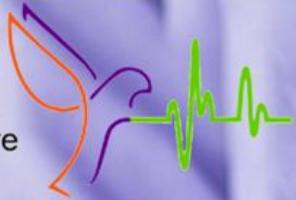


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Contact Emails & Website

Email: drcorneliandifon15@gmail.com
Email: stirlingmedicalcentre4@gmail.com
Website: www.stirlingmedical.health

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Emergency Call: 9 1 1 2

Real Calls, Real Pressure: A Heart-Wrenching Look Inside Namibia's '9112'

The latest episode of the local hit series 9112 (Season 1, Episode 6), produced by Bokeh Studios, reminds viewers that in the world of emergency response, there are no scripts and no second takes. In a harrowing 17-minute window into the lives of Windhoek's first responders, the episode highlights two vastly different but equally life-threatening emergencies that push the limits of local medical teams.

The Silent Danger: A Mother's Crisis

The episode opens with a high-stakes call involving a mother and her two young children. What began as a normal day turned into a nightmare as severe dehydration left the mother completely unable to walk.

The cameras capture the chilling vulnerability of the scene: two children watching as paramedics stabilize their mother. It serves as a stark public health warning about the speed at which dehydration can become a neurological and physical emergency. The paramedics' ability to manage not just the patient's vitals, but the emotional trauma of the children on-site, provides a poignant look at the "hidden" skills required in the field.

Emergency at the Mall



9-1-1-2

The tension shifts to a public setting as the team is dispatched to **Maerua Mall**. An elderly woman suffered a dangerous fall, an incident that quickly drew a crowd of concerned onlookers.



9-1-1-2

In a public space, the responders face a different kind of pressure: managing the environment while providing specialised care to a high-risk patient. The episode captures the



Emergency Call: 9 1 1 2

delicate nature of geriatric care, where a simple trip-and-fall can carry life-altering consequences.

A Local Production Making Waves

Unlike its fictional counterparts, 9112 is gaining massive traction for its "fly-on-the-wall" perspective. By documenting real calls and real people, Bokeh Studios is shining a long-overdue spotlight on the Namibian men and women who serve as the city's safety net.

"Every call is a reminder that emergencies don't come with warnings," the episode concludes. "A quick response can change everything."

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Emergency Call: 9112

The four degrees of burns explained: When do you need the emergency service?

Degrees of burns explained simply: Recognise the symptoms, provide the right first aid, and know when it's a medical emergency.

Whether from cooking, grilling, or too much sun, burns can happen quickly. The skin reacts to heat, chemicals, or radiation. The severity of a burn depends on the depth of tissue damage.



Medical professionals distinguish between different degrees of burns. These indicate the severity of the injury and the necessary treatment. While minor burns usually heal without complications, third- or fourth-degree burns can quickly become life-threatening. In addition to the severity of the burn, the size of the affected area of skin—and which body part is involved—is important for assessment. Correctly assessing symptoms and acting early

significantly improves the chances of recovery.

What are degrees of burns?

Degrees of burns describe the depth of the injury. They categorize how deeply the skin and underlying structures are damaged.

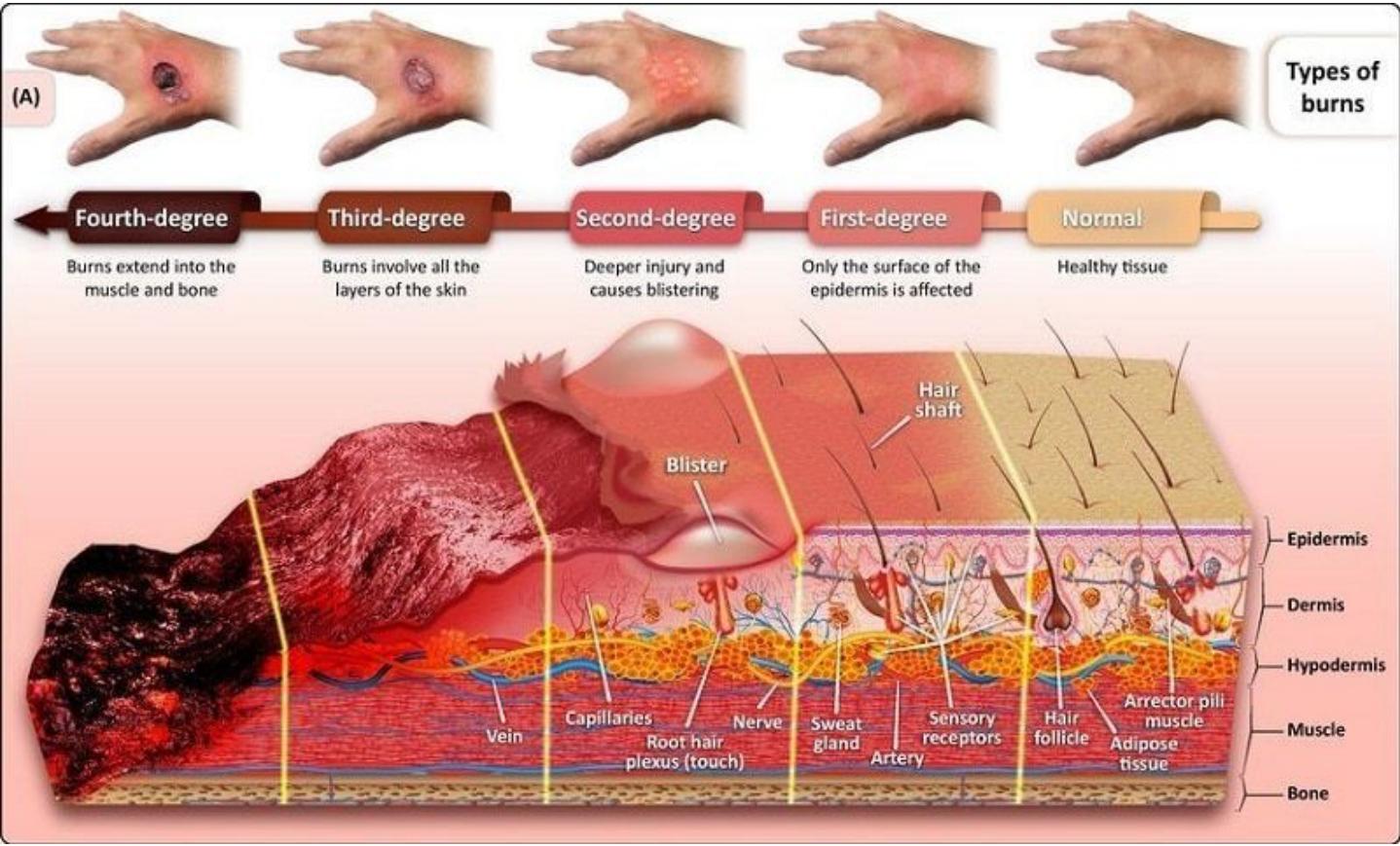
The classification into four degrees helps medical professionals assess the severity of the injury and determine the appropriate treatment. For those affected or their relatives, it can provide an indication, along with the extent of the burn, of whether medical help is needed.

In addition to classic fire burns, a number of other burns are also classified using burn degrees, such as injuries caused by:

- hot liquids or steam – for example, while cooking
- open flames or hot surfaces – for example, while baking or grilling
- chemicals, for example, from strong cleaning agents
- electricity
- UV radiation from the sun

To classify the severity of a burn, the doctor first assesses the depth of the burn. Additionally, they determine how much of the body surface is affected. "If it's more than ten percent, roughly the area of an arm, it's considered a severe burn,"





explains Dr. Florian Meier, emergency physician and state medical officer for the Bavarian Red Cross (BRK). In the case of a severe burn, the patient must be taken to a specialized clinic. They will also check for accompanying injuries or damage to the airways. If the latter is the case, it is generally a life-threatening condition, explains Meier.

What are the different burn degrees?

First-degree burns - In a first-degree burn, only the outermost layer of skin is affected. The skin is red, painful, and may swell slightly. Blisters do not form. A typical example of a first-degree burn is a mild sunburn. The skin usually heals within a few days.

Second-degree burns - In a second-degree burn, the deeper layers of skin are also damaged. A typical example would be scalding from boiling water or hot oil while cooking. Blisters, sometimes severe pain, and a weeping wound are characteristic of such a burn.

"To prevent infection and promote healing, second-degree burns should always be treated by a doctor," says Dr. Meier.

Third-degree burns - A third-degree burn destroys all layers of skin. The skin appears whitish, grey, or leathery. A third-degree burn can occur, for example, from exposure to open flames or hot coals, such as in a barbecue accident with a tipping grill grate. Caution: Because the nerves are also damaged, those





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Emergency Call: 9112

affected often feel little or no pain at the burn site.

Emergency physician Meier explains: "In the case of such a burn, emergency medical services must always be called immediately. This is a medical emergency that absolutely requires hospital treatment."

Emergency Control Centre dial 9112

Fourth-degree burns - In the most severe form, the damage extends into the muscles or even the bones. Such a burn can be caused, for example, by an open flame or high-voltage electricity. The tissue is charred, and vital structures may be affected. These types of burns are life-threatening and require immediate intensive care.

How is the size of the affected skin area determined?

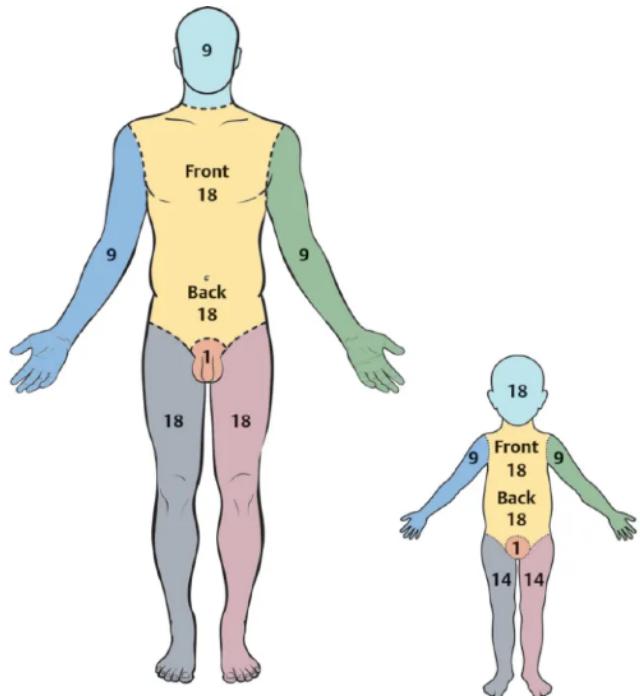
In addition to assessing the degree of the burn, the size of the affected skin area is important for further treatment. An important rule of thumb for determining the affected body surface area in adults is the so-called "rule of nines" according to Wallace:

Head: 9 percent

Left arm: 9 percent, right arm: 9 percent

Torso: four times 9 percent (18 percent front torso, 18 percent back torso)

Left leg: twice 9 percent, right leg: twice 9 percent



One percent corresponds roughly to the size of a palm, so the extent of a burn can also be calculated by imagining the affected person's hand placed on the burn. "The burn area is approximately four palms in size (including the fingers)" means that about four percent of the body surface is burned.

What degree of burn can you treat yourself?

Quick and correct action can often limit the damage from burns and scalds. Minor first-degree burns and scalds, and smaller second-degree burns, can be treated as follows:

Cool the affected area with lukewarm water for ten to twenty minutes. Emergency physician Meier warns: "Cold water or ice can damage the skin, and there is also a risk of hypothermia." Therefore, cooling should only be applied to areas up to a maximum of 10 percent of the body



surface in adults and a maximum of 5 percent in children.

Carefully remove clothing covering the burned area. "If the clothing sticks to the wound, it should not be removed," advises Meier.

Cover the wound with a sterile dressing. According to Meier, an aluminum compress is best, but a sterile wound dressing will also work, "or, if necessary, even a clean dish towel," says the emergency physician.

Important: "Absolutely avoid using home remedies such as oil, flour, or toothpaste." Also, do not puncture any blisters, as they serve to protect against infection. "Only first-degree burns can be treated with over-the-counter ointments after cooling," explains Meier. Suitable options include water-based burn and wound gels or ointments containing the active ingredient dexamphenol.

At what degree of burn should you see a doctor? Extensive second-degree burns—covering more than 10 percent of the body surface in adults—as well as third- and fourth-degree burns always require urgent emergency medical attention. Medical attention is required if:

blisters develop (second-degree burns) or the skin is open;

larger areas of skin (more than 10 percent of the body surface) are affected;

one or more body parts from the so-called "rule of five" are affected: the face, hands, feet, genitals, or large joints;
it involves babies or children;
signs of shock occur.

"When in doubt, it's always better to call emergency services at 9112," says emergency physician Meier.

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ARMS

Can they raise both arms & keep them up?

SPEECH

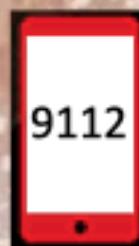
Is there a slurred speech?

TIME

Time to call 9112 if you see one of this signs

You could lose
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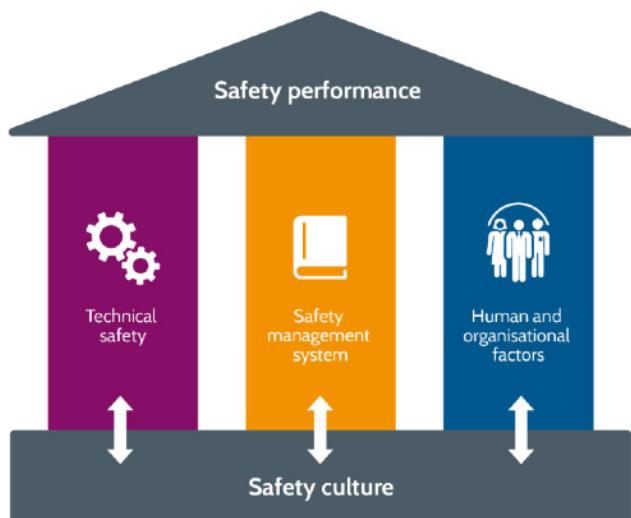
STROKE
REACT
DON'T
REGRET.



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Health & Safety - Why Regular Culture Checks Drive Safety and Performance

Regular culture checks help leaders align strategy with real work, prevent drift, and improve both safety performance and business results through disciplined assessment and execution.



Leaders do not manage outcomes. They manage the conditions that produce them. Safety performance and business results are two outcomes shaped by the same conditions: how work is organised, led, measured, and learned from. That is culture. If you fail to assess it regularly and align your strategy to the culture you intend to create, drift fills the gap. Drift manifests in preventable injuries, stalled improvement, and initiatives that socialise well yet never change how work gets done.

Two Cultures, One Reality

Safety culture is the shared beliefs, norms, and behaviors about risk, learning, and care for people. It is the lived story about what “safe” really means here. Occupational culture is the broader set of expectations and habits regarding production, planning, maintenance, staffing, and decision-making rights. Simply put, culture is the common beliefs that govern common behavior. A leader cannot improve one without the other. When incentives, schedules, and routines conflict with safety expectations, workers reconcile that conflict in the field, often in favor of output, speed, and convenience. Over time, that reconciliation becomes the real culture.

Regular assessments make the reconciliation visible. They show where “work as imagined” or “work as planned” diverges from “work as done,” where rules and tools exist but are misaligned with how value is actually created, and where leadership messages, metrics, and decisions unintentionally reward risky shortcuts.

Pulse Checks Beat Postmortems

Culture shifts with turnover, market cycles, capital projects, and leadership changes. People adapt faster than systems, which is why lagging indicators chronically arrive late. A point-in-time assessment helps, but it timestamps a moving target. Establishing a cadence of



assessment, strategy alignment, and coaching delivers compounding benefits. It calibrates your view to current realities rather than last year's problems. It sharpens focus to the few actions that matter most and stops effort dilution. It builds credibility by demonstrating that worker input changes direction, strengthening engagement and ownership.

What to Examine and How

An effective assessment balances systems, data, and lived experience. Start with a rigorous review of your Safety Management System and programs to confirm they are aligned with the business strategy, adequately resourced, and used as intended. Pair this with event and exposure analytics. Apply a Transformational Prevention Pareto

Analysis to identify the prevention focus points that yield the greatest risk reduction. Then, examine patterns with a Transformational Variable Pareto across commonly tracked variables such as time of day, tenure, contractor status, tasks, and environmental conditions to reveal where and why exposure concentrates.

A Safety Culture and Strategy Alignment Study should triangulate perspectives. Hold leadership alignment sessions to clarify expectations and tradeoffs at the top. Conduct focus groups and interviews that reach a statistically meaningful slice of the workforce across levels and shifts so you surface "work as done." Administer safety perception, climate, and chemistry surveys to verify the cultural signals people actually receive and to test whether current business and safety strategies are shaping the behaviors

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From there, establish a maturity baseline across all these elements: strategy, systems, leadership, engagement, culture, the role of safety professionals, and metrics. Identify specific gaps and next steps, and treat culture as a managed outcome rather than a side effect.

If well executed, this phase produces executive-ready outputs: a maturity heatmap, clear gap statements, prioritized opportunities, and an integrated data and perception analysis with practical recommendations. With disciplined preparation and efficient on-site work, organizations should receive these deliverables within four to five weeks of the visit, preserving momentum and minimizing narrative drift.

From Findings to a Strategy People Can Execute On

Data without design does not change results. Convert assessment insights into an integrated 3-to5-year safety and culture strategy through a focused, cross-functional workshop. Define a concrete vision of success in observable terms. Set data-driven objectives and initiatives tied to the patterns revealed by your Pareto analyses and maturity gaps. Build a concise roadmap with named owners, resourcing, and a review cadence that lives on the leadership calendar. Design measurement that tracks the efficacy of choices made,

progress, and value creation. Align leadership roles and daily commitments so the target culture is modeled in routines, decisions, and symbols.

Execution With Accountability

Plans seldom fail on a whiteboard. They fail in handoffs, calendars, and tradeoffs. Sustain execution with a governance rhythm that keeps decisions close to the work. Provide

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Elevate Workplace Safety

leaders access to timely counsel so yesterday's logic does not solve tomorrow's risks. Use bi-weekly or monthly operating reviews to track progress, remove obstacles, and adapt quickly. When your scorecard signals a problem, go see. Maintain closed-loop action tracking to capture issues, assign owners, and verify resolutions. Tie leadership behavior coaching to specific scorecard signals so behaviors and metrics move together. Periodically refresh the strategy to incorporate emerging practices and lessons learned.

What Proof Looks Like

Meaningful measurement shows adoption, behavior change, and exposure reduction, not just lower incident counts. You should expect leaders to articulate, with evidence, the current maturity, priorities, and

progress. Early wins should land on time and stick. A live Safety Excellence Scorecard should be in use within 60 days of strategy development. Within a year, at least two maturity elements should move up a level, while priority risks identified by your Pareto work decline and cultural indicators tied to ownership and engagement improve. That chain of evidence connects assessment to action and impact.

Win Fast, Then Win Deep

Balance momentum with structural change. Early wins might include retiring a conflicting KPI, removing a high-exposure task, fixing a persistent permitting pain point, or standardizing a high-value practice. These demonstrate seriousness and build trust. Structural wins redesign planning, scheduling, incentives, training pathways, and leader





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routines so the desired culture becomes the easiest way to succeed. When systems and symbols agree, safe and reliable work becomes the default.

Avoid the Usual Traps

Do not mistake communication for culture; flyers and slogans without system change breed cynicism. Do not over-collect and under-decide; if you cannot name the top three risks

to reduce this quarter, you have analysis, not direction. Avoid metric myopia; outcome rates alone do not guide action, so balance exposure, process, and capability indicators. Guard against inconsistent leadership; a single exception due to schedule pressure can erase months of modeling. And never treat culture work as a one-and-done effort; at minimum, recalibrate annually to keep pace with new assets, new people, and new pressures.

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Make Culture a Managed Outcome

If you cannot clearly answer the following questions today, your next steps are already overdue: What is our present cultural maturity, and where will we move it this quarter? Which two or three risk patterns create most of our exposure, and what, specifically, are we doing about them now? How will we know, within 90 days, that behaviors, conditions, and decisions are shifting the way we intend?

Within the next 30 days, run a culture pulse that samples leadership, frontline, and contractors. Within 45 days, convene a cross-functional session to translate those insights into three decisive actions with named owners. Within 60 days, stand up a Safety Excellence Scorecard that blends exposure, process, and outcome indicators, and integrate it into your operating cadence. Then hold the line. Assess, align, and advance on purpose, on a schedule, and with proof. The organizations



Emergency Call: 9112

that treat culture as a managed outcome will earn fewer surprises, better reliability, and a level of performance that scales. The ones that do not will keep managing drift. Which future will your workforce experience?

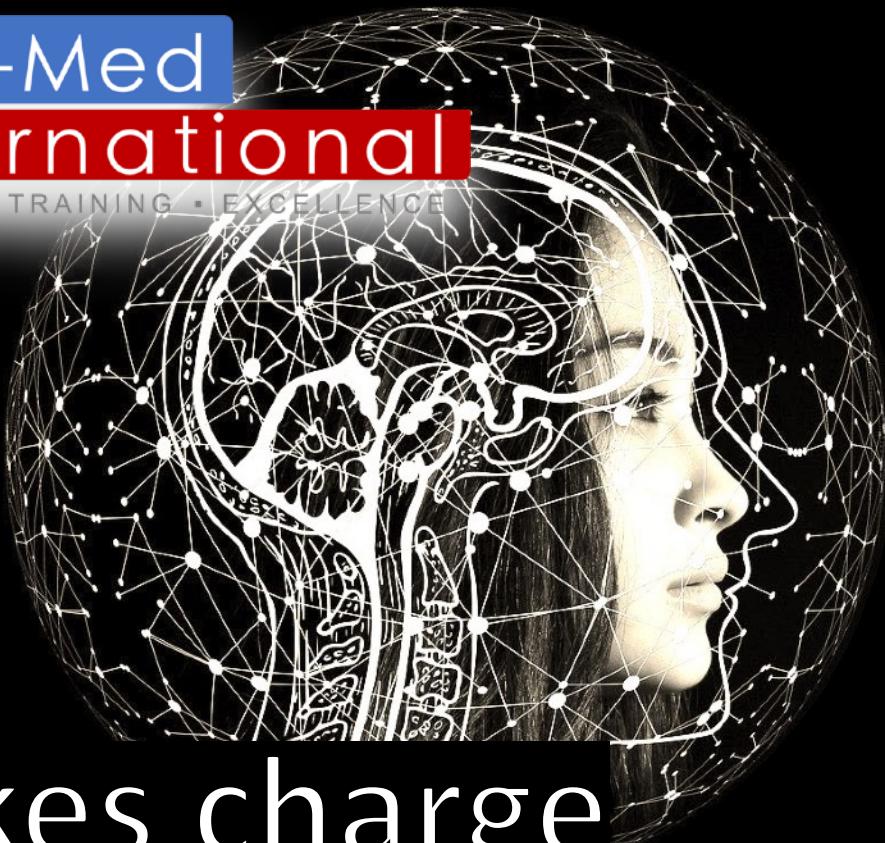
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2026

NAMIBIAN MOTOCROSS CHAMPIONSHIP

CALENDAR



LEG 1 SAT - 14 FEB
GALLINA

LEG 2 SAT - 21 MAR
GOBABIS

LEG 3 SAT - 18 APR
GALLINA

LEG 4 SAT - 13 JUN
OMARURU

LEG 5 SAT - 11 JUL
GALLINA

MXoAN 2026 29 - 30 AUG
GALLINA

LEG 6 SAT - 26 SEPT
SWAKOPMUND

LEG 7 SAT - 17 OCT
OMARURU

LEG 8 SAT - 28 NOV
GALLINA

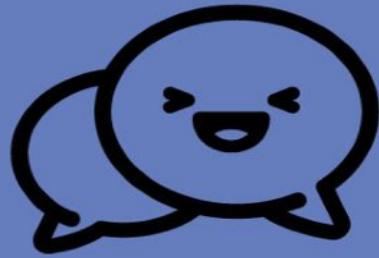
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MVA Fund Emergency Services	9682
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City Police	302 302
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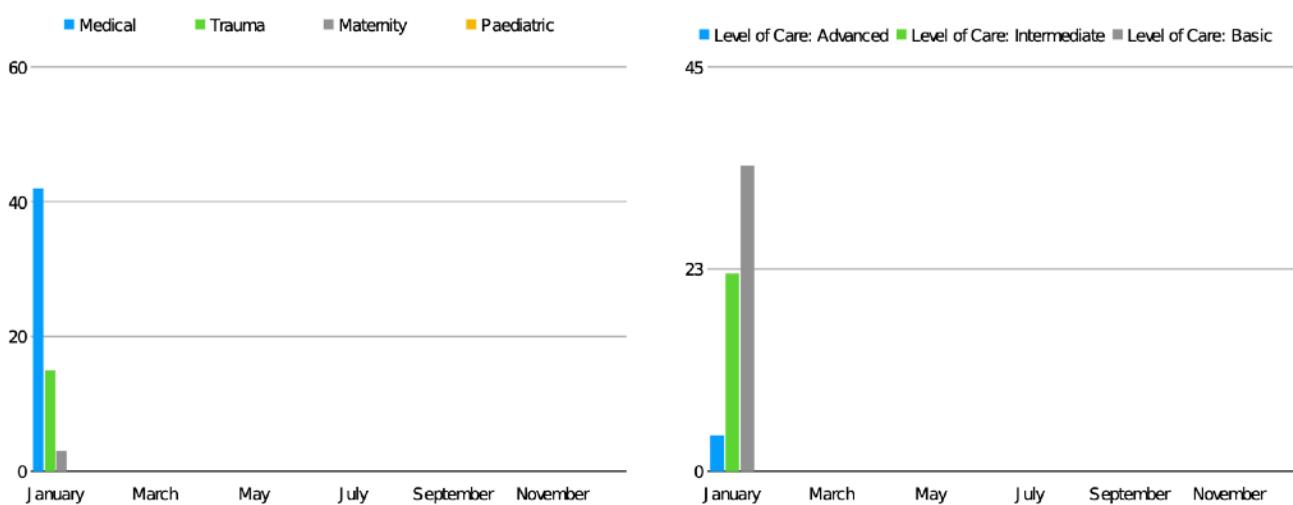


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E.M.A. Emergency Statistics updated 21.1.2026

In 2026
E.M.A. assisted the public with
Emergencies in the value of
NAD 94,000.00
up till now

	Medical	Trauma	Maternity	Paediatric	Level of Care: Advanced	Level of Care: Intermediate	Level of Care: Basic
January	42	15	3	0	4	22	34
February	0	0	0	0	0	0	0
March	0	0	0	0	0	0	0
April	0	0	0	0	0	0	0
May	0	0	0	0	0	0	0
June	0	0	0	0	0	0	0
July	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0
September	0	0	0	0	0	0	0
October	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0
December	0	0	0	0	0	0	0
Total per annum	42	15	3	0	4	22	34
Total	60				60		



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Emergency Call



Important information to give:

➤ Where	is the emergency?
➤ What	happened?
➤ What	kind of injuries?
➤ How many	injured person
➤ Waiting	for further question

Emergency Numbers:

Ambulance services:

E.M.A. Rescue Service

9112

Fire Brigade:

Windhoek

061-21 1111

Police:

NamPol

10 111

City Police (Whk)

061-302 302

MVA Fund

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