

OSHMed Magazine

Occupational Safety & Health and Medical

by



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New Namibian Reality Series '9112' Explodes in Popularity as Episode 2 Shatters Viewership Records

The Namibian digital entertainment landscape has a new frontrunner. "9112," a gripping reality series produced by Bokeh Studios Namibia, has taken social media by storm, with its second episode reportedly amassing over 100,000 views in total



The show, which offers an unvarnished look into the high-stakes world of emergency responders, has captivated audiences with its raw and authentic portrayal of Namibia's paramedics. Following the viral success of its predecessor, the highly anticipated third episode has just been released, promising to keep viewers on the edge of their seats.

A Viral Sensation

While local productions often face an uphill battle for viewership, "9112"

has struck a chord with the Namibian public. Episode 2 proved to be a breakout moment for the series, hitting a record-breaking 100,000 views. The surge in numbers highlights a growing appetite for local content that reflects real-life heroes and the often-unseen challenges they face daily on Namibian roads and in homes.

The series distinguishes itself by following the dedicated teams of the E.M.A. (Emergency Medical Assistance) and other first responders, documenting their race against time to save lives. From motor vehicle accidents to critical medical emergencies, the cameras roll as the drama unfolds, providing a "fly-on-the-wall" perspective that is both educational and deeply emotional.

Episode 3: The Saga Continues

Riding the wave of this newfound popularity, Bokeh Studios has released Episode 3, which is now available for streaming. Early numbers suggest the momentum is far from slowing down. The new episode continues the narrative, diving deeper into the complexities of emergency medical care in Windhoek.

Fans on social media have praised the production quality and the bravery of the featured responders. The show not only entertains but also raises awareness about the critical role of emergency services and the importance of road safety.



Where to Watch

"9112" is available on digital platforms, allowing viewers to watch on demand.

- **YouTube:** Episodes can be streamed on the [Bokeh Studios Namibia YouTube Channel](#).
- **Facebook:** The show maintains an active community and posts updates on its [Facebook page](#).

As "9112" continues to grow, it stands as a testament to the potential of Namibian storytellers to create compelling content that resonates not just locally, but with a broad digital audience.

For more information and to catch up on the latest episodes, visit the Bokeh Studios Namibia social media pages or check out the website of E.M.A. on www.ema-organisation.pro



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Epilepsy: What You Should Know About the Disease

What is epilepsy? What are its causes and how does an epileptic seizure manifest? Information on the symptoms and treatment of epilepsy.



What is epilepsy and what are its causes?

Epilepsy is not a single disease. It is defined by the prominent symptom of an "epileptic seizure".

Epilepsy can have many causes – for example, genetic changes, metabolic disorders, brain malformations, the effects of brain injuries and inflammation, brain tumors, and strokes. Sometimes the cause remains unclear.

Epilepsy is defined as follows:

- Two epileptic seizures must have occurred within a 24-hour period.
- or information exists about changes in the brain that

suggest further seizures will follow a first seizure in the foreseeable future.

An epileptic seizure can manifest in many different ways. The most well-known is the grand mal seizure. The affected person experiences a convulsive seizure, which then progresses to jerking movements. Breathing is often disrupted, and the face may turn bluish. Other types of seizures are less noticeable. For example, the absence seizure, which occurs primarily in school-aged children and teenagers. In this type of seizure, the eyes roll upwards for a few seconds, and the affected person is unresponsive during this phase. The signs of epileptic seizures vary considerably. You can read more about different types of seizures below.

The precise sequence of events during a seizure is informative for the treating physicians and should be documented by family members whenever possible. A video recording with a mobile phone can be helpful, for example. However, family members should only film if they have agreed to do so beforehand with the affected person for diagnostic purposes. And, of course, first aid always takes priority.

Seizure types and the "post-seizure phase"

Focal seizures: Epileptic seizures can originate in specific areas of the brain (focal seizures). Sometimes, the



Seizures are caused by abnormal electrical activity in the brain

Generalised seizures

- All of the brain is affected
- The person is unconscious



Focal seizures

- One area of the brain is affected
- The person may have impaired consciousness or be fully aware



affected person shows no outward signs of having a seizure. They may only report a sensation, such as seeing flashes of light in one half of their visual field, auditory disturbances, or tingling and numbness in a limb. However, these symptoms can also have other causes (e.g., flashes of light in one half of the visual field due to retinal tears or detachment, unusual noises due to tinnitus or migraine, tingling/numbness due to peripheral nerve damage).

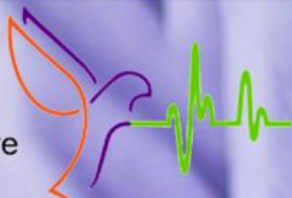
Some sensations are more complex, such as feelings of anxiety or déjà vu, where the patient believes they have experienced something before. However, this phenomenon also occurs occasionally in healthy individuals. Motor symptoms can also occur. The affected person may

exhibit, for example, twitching of the hand, arm, or leg. Temporal lobe seizures are frequently accompanied by impaired consciousness. The patient may chew, smack their lips, and make unconscious, repetitive hand movements.

Generalized seizures: Generalized seizures affect both hemispheres of the brain. They may begin as a brief lapse of consciousness lasting 10-20 seconds. The affected person may also blink, move their eyes upwards, or tilt their head slightly backwards (petit mal). In a grand mal seizure, the patient first experiences muscle spasms (tonic phase). This is usually followed after 30-60 seconds by a phase of jerking movements throughout the entire body (clonic phase). Particularly during a grand mal seizure, the affected person is



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deeply unconscious. Their breathing is restricted, and their face may turn blue.

Focal seizures can progress to generalized seizures. There are also other types of seizures. For example, twitching may occur irregularly throughout the body, or complex actions such as running away or bizarre movements may be observed.

There are also attacks in which the affected person loses muscle tone and collapses. Such attacks are called atonic attacks. They are easily confused with fainting (syncope), a brief circulatory collapse. It is particularly important to differentiate between these two conditions.

On the other hand, there are episodes in which the affected person collapses, completely stiff. This is dangerous for them and sometimes leads to serious head injuries.

Post-Seizure Phenomena

There are various phenomena that occur after a seizure. Experts call this the "postictal" phase. After a major tonic-clonic seizure, the affected person usually sleeps for an extended period. Afterward, they are exhausted and often experience muscle soreness by the next day at the latest. If they have back pain, it must be checked whether they have possibly fractured a vertebra. This

can happen because enormous muscle forces occur during this type of epileptic seizure. Hence the muscle soreness.

After a focal seizure, the affected person may remain confused, slurred, or paralyzed in the affected limb for an extended period. In young people, this phase usually lasts only a few minutes. In older people, it can last 24 hours or longer and may be mistaken for a stroke. During the post-seizure period, some people also experience depression for several days. In rare cases, "psychosis-like" symptoms, similar to those seen in patients with schizophrenia, can also occur.

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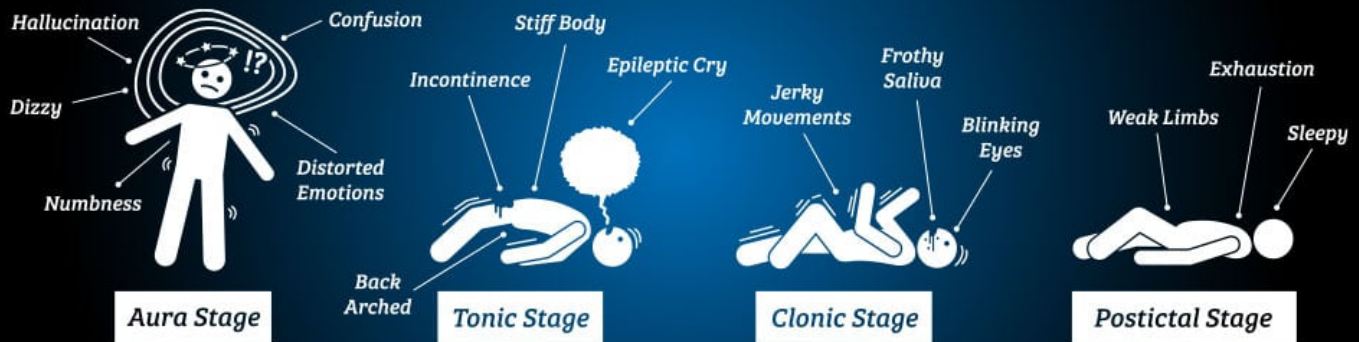
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Stages of a Seizure



Important for Treatment Planning: Types and Syndromes

In adult epilepsy, doctors distinguish between generalized epilepsies and focal epilepsies. Knowing the classification makes it easier to find suitable medications.

In childhood, the situation is more complex. A variety of syndromes exist. A syndrome is a complex combination of the symptoms, the age of onset, and the results of technical examinations that characterize this form of epilepsy. It allows specialists to predict how medications will work and what the further course of the disease will be. For example, absence epilepsy in school-aged children is a syndrome that is accompanied by characteristic EEG changes and usually disappears by puberty at the latest.

How common is epilepsy?

Epilepsy is one of the most common neurological disorders. According to

guidelines, 40 to 70 out of every 100,000 people in industrialized nations are newly diagnosed with epilepsy each year.

Epileptic seizures are particularly common in early childhood and old age. However, the causes differ. In old age, seizures are more often the result of circulatory disorders of the brain and brain tumors. In childhood, the causes are frequently genetic alterations, birth injuries, but also malformations of the brain and other childhood illnesses affecting the brain.

How does an epileptic seizure occur?

In people with epilepsy, the brain is altered in such a way that it is prone to repeated epileptic seizures.

It is likely that groups of nerve cells in the cerebral cortex exhibit highly synchronous electrical activity, which under certain circumstances spreads to other nerve cells. If a sufficiently



large group of nerve cells is affected by this abnormal pattern, external signs of an epileptic seizure occur. It can interfere with all bodily functions and produce variable symptoms depending on the location of the seizure.

It is still not understood why the majority of epileptic seizures end after a short time – usually less than two minutes.

External factors can promote the development of seizures. These include extreme sleep deprivation, regular and heavy alcohol consumption, as well as certain substances and medications. A small group of patients also experience seizures triggered by sensory stimuli. The most well-known example is photostimulation, where rhythmic light stimuli act as a seizure trigger. There are even epileptic seizures that can be triggered by activities such as reading.

Is an epileptic seizure dangerous?

During an epileptic seizure, it sometimes happens that those affected involuntarily bite their tongue.

Accidents can occur due to impaired consciousness during or after a seizure, as well as uncontrolled movements or hearing and vision problems during a seizure. Certain sports, such as swimming and climbing, are dangerous for those affected. The ability to drive a motor vehicle independently is also

restricted for almost all patients who still experience seizures, or a driving ban is imposed. Particularly strict regulations apply to passenger transport and truck driving. All people with epilepsy should absolutely seek thorough advice from their treating physician regarding driving bans, driving licenses, fitness to drive, and driver's licenses.

Most people with epilepsy are intellectually fully capable, even though they have sometimes had, and may still have, many epileptic seizures.

A seizure is usually not harmful to the brain. If cognitive impairments occur, they are generally not a consequence of seizures, but rather originate in the cause of the seizures.

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The cause of epilepsy determines the so-called phenotype, that is, the outward appearance of the disease. Genetic alterations, for example, are often associated with intellectual disability and/or delayed motor development. If strokes are the cause of epilepsy, they exhibit the typical clinical picture, which can be significantly exacerbated, especially in the period following the seizure.

WARNING SIGNS



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Tingling / Numbness



Light-headedness



Sensory Issues



Involuntary Blinking

Status epilepticus – that's the term experts use for a series of epileptic seizures. If prolonged, it

can cause brain damage. Status epilepticus is life-threatening for the patient, making rapid intensive care treatment crucial.

SUDEP: In rare cases, even a single epileptic seizure can be dangerous. This is usually a tonic-clonic seizure. It leads to cardiovascular collapse. This phenomenon is called SUDEP, which stands for "sudden unexpected death in epilepsy."

First seizure – synonymous with epilepsy?

If a first seizure occurs, it should always be medically evaluated. The cause of the epileptic seizure could already require urgent treatment. For example, an epileptic seizure during an infection can indicate meningitis or encephalitis, which must be treated.

Furthermore, it must be clarified whether the seizure was provoked and whether this provocation was demonstrably significant. In children, for example, high fever can lead to febrile seizures, which are usually only treated if they occur repeatedly.

The first occurrence of a seizure should always be investigated to



determine whether it was indeed an epileptic seizure. Simple fainting spells, for example, can be accompanied by twitching (convulsive syncope) that resembles an epileptic seizure. Exceptional psychological states can also lead to seizure-like phenomena that are misinterpreted as epileptic. This could initiate unnecessary treatment, while simultaneously neglecting necessary psychological treatment. Sleep phenomena can mimic seizures occurring during sleep. For instance, there are behavioral disturbances in older adults during sleep that are unrelated to epileptic seizures but can resemble seizures originating in the frontal lobe of the brain.

Diagnosing a seizure requires great care to ensure that the therapeutic course is not set incorrectly.

First aid for an epileptic seizure:

It is often initially unclear to outsiders whether it is an epileptic seizure or a completely different condition – such as a cardiac arrhythmia or hypoglycemia in diabetes. Therefore:

- In unclear cases, proceed according to the general rules of first aid .
- If in doubt or in the event of a first-time epileptic seizure, immediately call emergency services on 112!
- In cases of known epilepsy – if it is definitely an epileptic seizure – check the time at the beginning of the seizure.

- Gently try to place the patient in a stable side position if they have lost consciousness or are experiencing a tonic-clonic grand mal seizure.
- Remove dangerous objects from the vicinity, secure edges or stairs.
- If a seizure lasts longer than 5 minutes, call emergency services at 112. This also applies if several seizures occur in succession.
- If emergency medication is available and the instructions for use are known, it is usually administered after 3-5 minutes. However, those affected should adhere to their individual agreements. If the seizure lasts longer than 5 minutes or if several seizures occur in succession, the same applies: call emergency services at 112.
- After a seizure, one should stay with the affected person until they are completely lucid and oriented, unless emergency medical services are available.

The patient should discuss the therapeutic consequences of the seizure with their family doctor or the treating neuropsychiatrician/neurologist.

Note: This information cannot replace a first aid course with practical exercises in first aid and resuscitation measures.

You can visit a First Aid Course at OSH-Med international. More information on www.osh-med.pro



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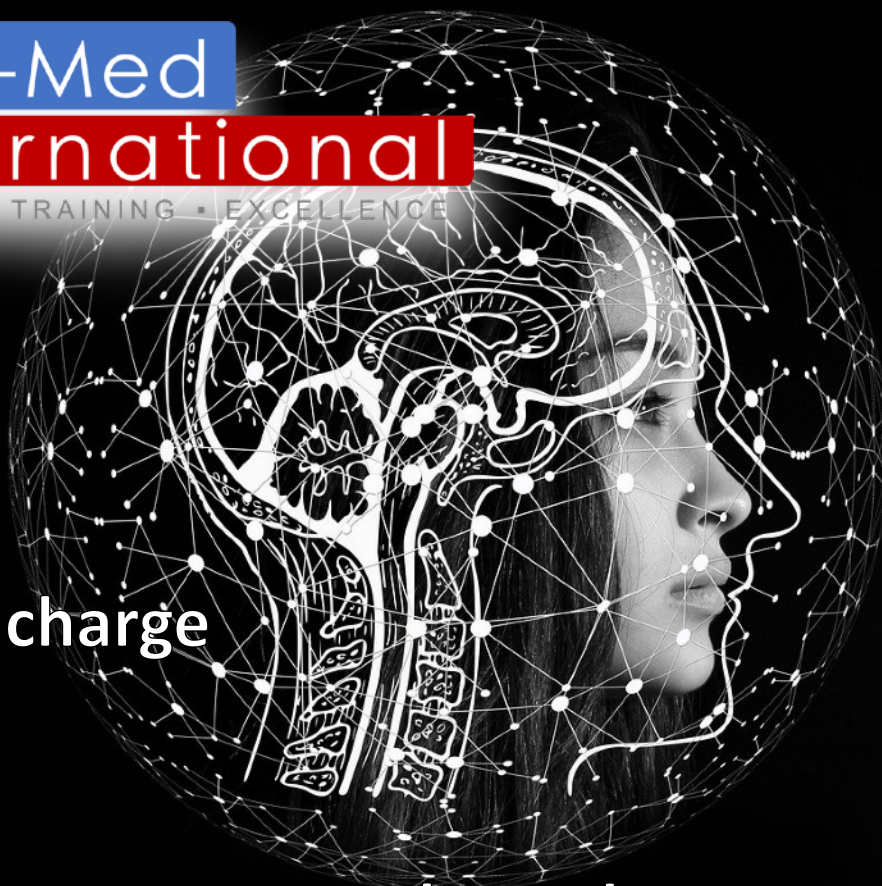
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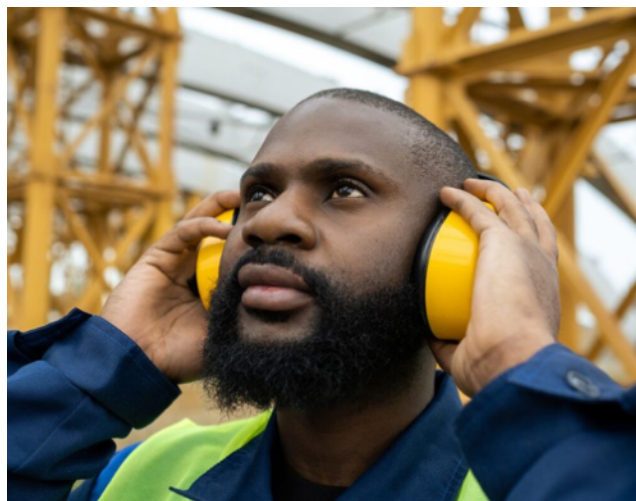
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Health & Safety - New Noise Risks: Look Beyond the Factory Floor

While occupational noise hazards are traditionally associated with heavy industry and mining—sectors central to the Namibian economy—new data suggests that the "silent" threat of noise-induced hearing loss (NIHL) is growing in unexpected places. A recent report highlights that employees in offices, call centers, and entertainment venues are increasingly at risk, prompting a call for Namibian businesses to rethink their safety strategies.



The insights, drawn from a September 2025 feature in *Occupational Health & Safety*, reveal that modern work environments are getting louder. The report, "Beyond the Factory Floor: Noise Monitoring," warns that as economies diversify, so do the risks. In bustling open-plan offices, call centers, and vibrant

entertainment hubs, workers often face "moderate chronic noise exposure." While less dramatic than the roar of a mine blast, this constant auditory stress can lead to permanent hearing damage, cardiovascular issues, and elevated stress levels.

A Challenge for Modern Namibia

As Namibia continues to develop its service and corporate sectors, these findings hit close to home. The country's growing gig economy, expanding call center operations, and thriving nightlife and tourism industries mean more workers are exposed to decibel levels that, over an eight-hour shift, can be harmful.

"The attitude to safeguarding individual hearing is shifting," the report notes. "Health and safety professionals will find further opportunity away from factories and facilities."

For Namibian employers, the challenge is twofold: recognizing that a quiet-looking office might still be hazardous due to ambient noise and commuter volume, and understanding that "Total Worker Health" includes protecting hearing in these non-traditional settings.

Local Solutions to Global Standards

Addressing these evolving challenges requires specialized expertise. This is where **OSH-Med International** steps in as a critical partner for Namibian enterprises.



As a leading service and training provider in the region, OSH-Med International is uniquely positioned to bridge the gap between awareness and action. Their **Occupational Safety, Health and Environmental (OSHE) department** is equipped to assist clients in identifying, monitoring, and mitigating these modern noise risks.

Whether it is conducting detailed risk assessments in a busy Windhoek office complex or implementing noise monitoring programs for entertainment venues in Swakopmund, OSH-Med ensures that local businesses do not just meet minimum requirements but aspire to the highest national and international standards.

The organization offers a comprehensive suite of services that align with the solutions

recommended in global safety reports, including:

- **Risk Assessments (HIRA):** To quantify exposure levels in any work environment.
- **OSH Inspections & Policy Development:** Helping companies create a framework for hearing conservation.
- **Education & Training:** empowering employees to take personal responsibility for their hearing health.

In a world where the workplace is getting louder, silence is no longer an option for safety managers. With the support of OSH-Med International (www.osh-med.pro), Namibian businesses can ensure their workforce remains safe, healthy, and productive, regardless of the industry.

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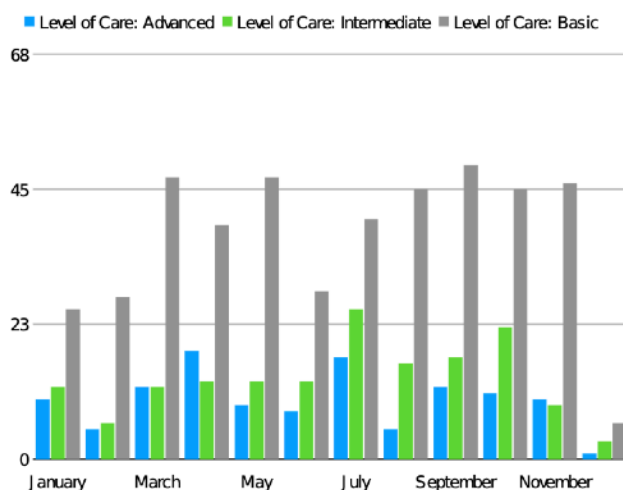
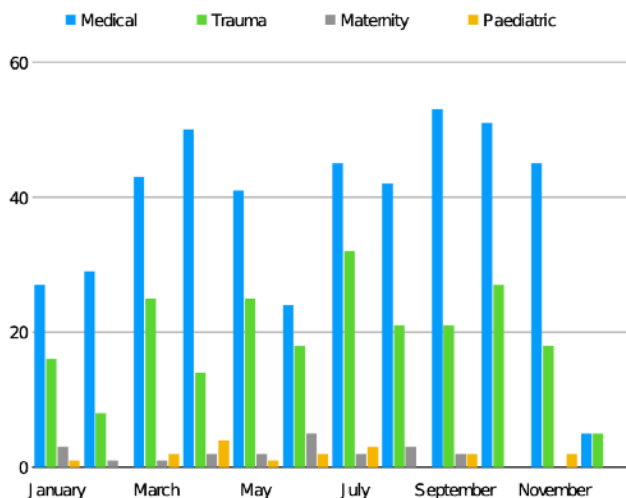
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March	43	25	1	2	12	12	47
April	50	14	2	4	18	13	39
May	41	25	2	1	9	13	47
June	24	18	5	2	8	13	28
July	45	32	2	3	17	25	40
August	42	21	3	0	5	16	45
September	53	21	2	2	12	17	49
October	51	27	0	0	11	22	45
November	45	18	0	2	10	9	46
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9112

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