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by



CPR IN CASE OF A DRUG OVERDOSE

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Emergency Call: 9 1 1 2

Can A Layperson Stop an Overdose Death? Updated Guidelines May Help

Although the update affirms much of the previous science on the topic, it's the first comprehensive review since 2010.

Saving lives after an opioid overdose isn't just the job of emergency department workers, according to guidelines on how to treat heart-stopping poisonings.



Opioids are just one of the substances addressed in the updated American Heart Association guidelines. But the threat posed by overdoses from such drugs, particularly fentanyl, is immense, said Dr. Eric Lavonas, professor of emergency medicine at Denver Health and the Rocky Mountain Poison and Drug Center.

“Opioids kill more Americans than all other poisons together by a lot,” said Lavonas, who led the expert panel that wrote the [updated guidelines](#), published Monday in the journal *Circulation*. “They kill more Americans than motor vehicles,

and the death rate keeps climbing. It's getting insane.”

The guidelines address substances that cause cardiac arrest, when the heart suddenly stops beating. Although the update affirms much of the previous science on the topic, it's the first comprehensive review since 2010, Lavonas said. It includes recommendations for the treatment of 12 common types of poisoning, including drug overdose, chemical exposure and drug interactions. It also offers guidance on when to use the latest life-sustaining technology to help patients “whose hearts are so badly affected by a poison that they otherwise could not sustain life,” he said.

That technology, called ECMO, is the most important new advance in the treatment of poisonings, Lavonas said. ECMO, which stands for extracorporeal membrane oxygenation, pumps blood when the heart is unable to do so, buying time for the poison to leave the body.

Although primarily available in large medical centers, he said, it's saving lives. Earlier this summer, Lavonas helped take care of a young woman who had overdosed on an antidepressant. “Despite every antidote in our arsenal, she was in shock and dying. We were able to mobilize an ECMO team, who supported her blood pressure for several days while her liver metabolized the



toxin. She is now home from the hospital, fully recovered.”

But a doctor might encounter a life-threatening overdose of that particular drug once every few years, Lavonas said. By contrast, he treats someone for opioid overdose almost every emergency room shift. “On many shifts, it’s multiple,” he said.

The new guidelines reflect the fact that opioid overdoses are becoming common enough to upend traditional thinking about cardiac arrest patients, said co-author Dr. Maryann Amirshahi, a professor of emergency medicine at Georgetown University School of Medicine in Washington, D.C.

“A lot of these patients have healthy hearts,” said Amirshahi, who also is an emergency medicine physician at MedStar Washington Hospital Center and a medical toxicologist for the National Capital Poison Center. “A clogged artery isn’t their primary pathology. They stopped breathing because of an opioid, and that caused their heart to stop.”

The guidelines note that in the 12-month period ending in April 2021, more than 75,000 people in the United States died from an opioid overdose, which makes it the leading cause of cardiac arrest due to poisoning in North America.

According to a study published in July in [JAMA Network Open](#), as of 2021, accidental opioid overdoses caused 1 of every 22 U.S. deaths. Opioid overdoses were responsible for 1 in 10 deaths of people ages 15 to 19 and more than 1 in 5 deaths among those ages 20 to 39.



Patterns of drug abuse vary by city, said Amirshahi, whose medical system covers Baltimore and Washington. In her D.C. hospital, she’s seen opioid overdoses grow in relation to other drugs over the past five years to the point that she sees an overdose every shift she works.

A the primary problem is fentanyl, Lavonas said. People with addiction seek it out instead of heroin, and fentanyl shows up in counterfeit pills that are sold as oxycodone or ecstasy.

Victims can turn up anywhere, he said. “You can go to the bathroom in a department store, and maybe that person in the stall next to you is passed out. I came upon someone when I was driving to the bank, and he had passed out in a car. These situations are so



common that any person who moves about in our society may run into someone with an opioid overdose and have the opportunity to save a life.”

Which is why everybody needs to be prepared, Lavonas said.

“Every teenager and adult should know how to perform CPR, use a defibrillator and administer naloxone,” Lavonas said. If you find someone passed out and unresponsive, he said:

- Call 9112
- If the person is not responding and not breathing normally, start CPR.
- Have someone get an automated external defibrillator, or AED, if one is available.
- If you have reason to think opioids might be involved, get and give naloxone.
- Continue CPR, including using the AED, until help arrives.

The primary reason somebody has a cardiac arrest from an opioid overdose is that they stopped breathing, Amirshahi said. Naloxone is now an over-the-counter medication that temporarily reverses the effects of opioids. It can restore breathing, and it may make the victim more awake and alert.

Naloxone is sold over-the-counter as an automatic injector or as a nasal spray, and is easy to administer, Lavonas said. “Our Denver public librarians save lives

with naloxone on a regular basis. Both my teenage kids carry naloxone in their school bags, just in case.”

Amirshahi said that although it might not be practical for everyone to carry naloxone, she wants it to be widely accessible. “I think that we should really push to have it more in public places, because you never know where you’re going to need it.” She emphasized the importance of starting CPR before seeking out naloxone if the patient is believed to be in cardiac arrest. “Once the heart stops, the naloxone doesn’t help.”



Emergency Call
dial 9112



www.ema-organisation.pro

What to do before help arrives...

- Move any cars or obstructions from driveway
- Ensure a clear path to the patient
- Secure your pets away from trouble
- Gather all patient's medication, ID and relevant history
- At night, turn on outside lights and unlock door
- Send someone outside to direct responders

Stay calm, we are on the way!

In case of an Emergency,
Call 9112

The guidelines note the importance of fast action and educating friends, families and close contacts of people at risk of opioid overdose. That would include people taking opioids legally to control pain. But, Amirshahi said, it’s



important for people to be willing to dial 9112 even if illegal drugs are involved.

Lavonas personally would like to see naloxone treatment worked into all CPR training. Meanwhile, he said, training on naloxone is offered by community groups across the country. Information can be found online through the [Centers for Disease Control and Prevention](#), state health departments and elsewhere.

As a toxicologist, Amirshahi said doctors should be willing to ask for guidance, too – either from a regional center or from an expert colleague. “Please call us,” she said. “We have tremendous expertise in this. You don’t have to manage patients with these guidelines in a vacuum.”

Lavonas said that in his emergency room, most of the overdose patients he treats

have been rescued by someone who was trained in naloxone and had it on hand. “Unfortunately, some people who use opioids by themselves, or use opioids where someone’s not there to help, don’t survive to see me.”

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This site and its services do not constitute the practice of medical advice, diagnosis or treatment. Always talk to your health care provider for diagnosis and treatment, including your specific medical needs. If you have or suspect that you have a medical problem or condition, please contact a qualified health care professional immediately. If you are in the United States and experiencing a medical emergency, call 9112 or call for emergency medical help immediately.



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Preventing Electrical Accidents on Job Sites

Since even employees who indirectly work with electricity can be at risk, employers and workers need to take steps to prevent electricity-related injuries and fatalities on job sites.

Did you know that electricity exposure or contact is one of the leading causes of occupational injuries? According to the [Electrical Safety Foundation International](#), between 2011 and 2021, OSHA reported over 1,200 workplace fatalities in the US involving electricity. Some of the most at-risk workers for electrical injuries and fatalities are engineers, linemen, electricians and construction workers. Still, even those who work with electricity indirectly, like roofers and carpenters, may be exposed to serious electrical hazards.



With this being a prominent safety issue across various labor trades, it is crucial for both employers and workers to take steps to spread awareness of electricity-

related risks and prevent injuries on job sites.

Electrocution occurs when a person is exposed to a lethal amount of electricity. Electrical hazards can result in **Burns, Electrocution, Shock, Arc flash/blast, Fire and Explosions** (often referenced by the acronym **BE SAFE**).

Electrical Safety Tips for Employers, Workers.

Electricity is widely recognized as a serious workplace hazard, and related accidents can result in serious injuries. Under OSHA law, employers must provide workers with a reasonably safe work environment. For this reason, employers should set the standard of safety on job sites by implementing strategies to reduce electricity-related risks and prevent accidents.

Identify Hazards

According to the Centers for Disease Control and Prevention (CDC), some of the most dangerous electrical hazards on job sites include the following:

- Inadequate wiring
- Exposed electrical parts
- Overhead powerlines
- Defective insulation
- Overloaded circuits
- Wet conditions
- Damaged tools and equipment
- Improper PPE



Evaluate Hazards

Employers should advise workers to first look for clues if they believe an electrical hazard is present. For example, tripped circuit breakers or blown fuses may suggest too much current running through a circuit. Evaluate the "clue" and then decide what course of action to take to control the risks the hazards present.

Control Hazards

If there is a "clue" that an electrical hazard is present, controlling contact with the electrical voltages and currents is important. The CDC recommends these strategies to help control electrical hazards and create a safe work environment:

- Lock out and tag out circuits and machines
- Use the right size and type of wire to prevent overloading

- Isolate live electrical parts to prevent exposure
- Use insulation to prevent exposure to live wires and parts
- Ground electrical systems and tools to prevent shocking currents
- Use GFCIs to prevent shocking currents
- Use overcurrent protection devices to prevent overloading circuits with too much current

Safe Work Practices

It's important always to practice safe work tactics when working with electricity. This includes planning work and safety in advance, wearing proper PPE, using and maintaining the right tools for the job, avoiding overhead powerlines, using proper wiring and connectors and avoiding wet working conditions and other hazards.



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Our vision

To be the leader in providing quality medical and clinical care enhancing the well-being of patients.

Our mission

- To provide competent, quality medical care;
- To provide appropriate, relevant and affordable medical support services;
- To contribute to the health of all Namibians;
- To provide an environment that enables all staff to develop their full potential;
- To maintain efficient and cost-effective processes and procedures; and
- To apply the highest ethical standards

Thank you to allow us PROUDLY INTRODUCE OUR SMALL FACILITY.

We are a 100% Namibian owned private entity with Namibian stakeholders and Namibian employees.

To emphasize: We are one of the few fully registered subacute and stepdown facilities in Namibia.

Newly developed wing for Frail care and Hospice care

BACKGROUND

West Care is an established Step-down and Rehabilitation facility providing short and long-term care for patients, enabling them to regain functional independence through skilled nursing care and rehabilitative services. West Care is a health care provider founded in 2016 and

is registered with the Namibia Ministry of Health and Social Services. The group has grown to include West Care Step-down and rehabilitation facility, Frail Care, Palliative Care as well as hospice and clinics. West Care provides a comprehensive range of medical services to the people of Namibia.

West Care has extensive experience in caring for sub-acute patients who are medically stable and no longer require high intensity acute care services. West Care's group of dynamic professionals have proven their commitment and compassion for caring and assisting patients on their journey to recovery.

As a private facility we focus on professional service and the quality of life of our patients. Our clients consist of



specialist physicians, medical practitioners, hospitals, all private medical aids, MVA, mines, insurance agencies, private patients referred directly from a medical hospital or patients transferred to our frail care facilities.



CORE VALUES

At West Care we embrace and promote the following values:

- **Integrity** - All activities will be conducted honestly and ethically.
- **Respect** - The Company recognises the value of all stakeholders, employees, customers and suppliers.
- **Teamwork** - The Company encourages each employee to be a team player.
- **Knowledge** - The Company strives to keep updated with the latest developments and technology.
- **Service Excellence** - The Company seeks to provide the best possible care and service to our patients and customers.
- **Continuous Improvement** - The Company aims to continually improve all aspects of its operation.

SERVICES

Sub-acute and rehabilitation

We offer an equipped isolation unit plus 10 private en-suite rooms meeting all our patients' needs. We offer:

- short-term post-surgical care,
- infections and specialized wound care,
- pain management,
- IV therapy,
- cardiac monitoring,
- nutritional counselling,
- restorative rehabilitation
- doctors-on-call (24-hour service)

We care for patients recovering from orthopedic surgery, strokes and respiratory and pulmonary failure. Our patients are cared for by specialized nursing staff and physician monitoring.

Frail Care/Palliative Care and Hospice services

Our long-term frail, palliative and hospice care patients receive the best of care. 24/7 nursing staff are here to attend to their every need.

Clinics

Highly-trained nursing staff perform primary health care services at our clinics.

A travel nurse is available every week day performing special services for insurance companies





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

9682

(all numbers are from GRN or non-profit organisations)



d.o.c.
Service Hotline
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OSH-Med International and Emergency & Medical Assistance Service Hotline: 061 – 302 931



Emergency Call: 9 1 1 2