

OSHMed Magazine

Occupational Safety & Health and Medical

by



MIND, BODY, AND COMMUNITY ALIGNING WITH GLOBAL W.H.O. OBSERVANCES

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Mind, Body, and Community: Aligning with Global WHO Observances



As October starts, the global healthcare community shifts its focus toward an urgent, interconnected objective: advancing mental health awareness and building sustainable community wellness. Highlighted in the seasonal health observances outlined by the World Health Organisation (WHO), this period serves as an international call to action to prioritise psychological well-being, demystify mental illness, and reinforce the foundational preventive health practices that safeguard human life.

In Namibia, where industrial expansion, shifting economic demands, and demanding workplace schedules shape daily life, these global observances carry profound local significance. Across mining operations in the Erongo desert, bustling logistics corridors through Walvis Bay, and corporate offices in Windhoek, individual health cannot be separated into isolated physical and mental

compartments. Achieving a resilient workforce and a thriving society requires confronting mental health challenges with the same urgency, resources, and clinical rigour applied to physical workplace safety.

Managing Stress and Building Emotional Resilience

Workplace stress, burnout, anxiety, and depression are among the leading drivers of diminished productivity, absenteeism, and occupational incidents worldwide. In high-consequence industries, an overwhelmed or emotionally exhausted worker experiences cognitive lapses and slowed reaction times,

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MENTAL HEALTH SUPPORT



significantly heightening the risk of machinery entanglements, transport collisions, and fall accidents.

Fostering daily mental wellness begins with actionable, evidence-based coping strategies:

- **Proactive Stress Management:** Chronic stress floods the body with cortisol and adrenaline, elevating arterial blood pressure and impairing sleep. Managing stress requires setting realistic daily boundaries, establishing structured rest periods between shifts, and engaging in deliberate decompression habits rather than relying on alcohol or stimulants.
- Building Emotional Resilience:**

Resilience is not about stoically absorbing pressure until a breaking point is reached; it is the capacity to adapt, seek perspective, and lean on healthy support networks. Developing psychological resilience involves cognitive reframing, maintaining open peer communication, and practicing emotional self-awareness.

Dismantling Stigma and Seeking Support: In many Namibian communities, mental distress is still erroneously viewed as a personal weakness or character flaw. Normalising discussions around mental wellness encourages individuals to seek professional psychological counselling or clinical support early, long before distress escalates into an acute mental health crisis.



Preventive Care: The Physical Foundation of Wellness

A resilient mind depends directly on a healthy body. As emphasised in the WHO community wellness guidelines, preventive healthcare serves as the frontline defence against non-communicable diseases (NCDs) like hypertension, type 2 diabetes, and cardiovascular disorders:

- **Routine Medical Screenings:** Chronic lifestyle diseases develop silently over years without noticeable pain. Regular health evaluations—including blood pressure monitoring, blood glucose testing, cholesterol profiling, and body mass index (BMI) assessments—enable healthcare practitioners to detect metabolic risks at a reversible stage.

- **Nutritional Discipline:** Adopting balanced dietary habits that limit refined sugars, heavily processed starches, and excess sodium protects the vascular system. Incorporating fresh, nutrient-dense local produce, lean proteins, and whole grains stabilises energy levels and supports neurotransmitter synthesis in the brain.
- **Consistent Physical Activity:** Engaging in moderate physical exercise—such as brisk walking, swimming, or bodyweight conditioning for at least 150 minutes per week—stimulates endorphin release, reduces systemic inflammation, and alleviates symptoms of mild-to-moderate anxiety and depression.

Global Health Updates: Staying Informed Through Official Guidance

In an era of rapid information sharing, widespread misinformation regarding public health threats can undermine community safety. The WHO emphasises the importance of consulting verified public health platforms, such as the official WHO portal and national updates from the Ministry of Health and Social Services (MoHSS).

As Namibia enters its warmer months, monitoring credible seasonal health advisories is essential for mitigating regional risks:

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- **Heat Stress & Dehydration**
Precautions: Preparing industrial outdoor workers for soaring daytime temperatures by enforcing mandatory fluid replacement schedules and shade rotations.
- **Seasonal Infectious Diseases:** Maintaining vigilant screening for vector-borne diseases (such as malaria in the northern regions) and airborne respiratory illnesses in communal living or working quarters.
- **Workplace Health Surveillance:** Ensuring organisational policies align with updated international standards on occupational hygiene, psychological safety, and environmental health.

Championing Holistic Workplace Health with OSH-Med International

Integrating mental health initiatives, preventive medical screenings, and statutory safety protocols into a cohesive workplace strategy requires accredited occupational health expertise.

As the proud **Platinum Supporter of the E.M.A. non-profit organisation**, **OSH-Med International** (www.osh-med.pro) assists Namibian enterprises in developing comprehensive health and safety management frameworks:

- **Approved Inspection Authority:** Registered with the Ministry of Labour to perform comprehensive

occupational health risk assessments, workplace hygiene evaluations, and legal compliance audits.

- **Employee Wellness & Accredited Training Programs:** Delivering tailored workforce workshops focused on stress management, fatigue mitigation, and accredited First Aid (Levels 1–3) through modern training academies located in **Windhoek, Walvis Bay, and Ongwediva**, or conducted on-site nationwide.

Rapid Support in Acute Crises

While preventive lifestyle adjustments and professional counselling build long-term resilience, acute medical emergencies—ranging from sudden cardiovascular collapse and severe respiratory distress to acute psychiatric crises—demand immediate pre-hospital intervention.

The **E.M.A. Rescue Service** operates 24/7 across Namibia, deploying specialised Advanced Life Support (ALS) paramedics and emergency transport units trained to stabilise complex medical emergencies and ensure safe transfer to advanced care facilities.

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Locked in Tension: Stiff-Person Syndrome, Diagnostic Hurdles, and Neurological Crises



*For most people, the simple act of stepping off a pavement or reacting to a sudden horn honk involves an automatic, split-second relaxation and contraction of opposing muscle groups. However, for individuals living with **Stiff-Person Syndrome (SPS)**, a sudden auditory surprise, light physical contact, or emotional stress can lock the entire body into an agonising, unyielding muscular spasm.*

As examined in a clinical report published, Stiff-Person Syndrome is an exceptionally rare, progressive autoimmune neurological disorder that affects the central nervous system. Because it strikes roughly one to two people per million—with women diagnosed twice as often as men—it

remains one of modern medicine's most misdiagnosed conditions. Patients often endure years of mislabeling, with symptoms mistakenly attributed to psychosomatic anxiety, phobias, Parkinson's disease, or chronic spinal disorders.

In Namibia's evolving healthcare landscape, fostering clinical awareness of this condition among occupational practitioners, primary care nurses, and emergency personnel is essential for timely intervention, fall prevention, and managing life-threatening respiratory crises.

The Neuro-Immunology: Why Muscles Lock Up

Under healthy conditions, the central nervous system uses the inhibitory neurotransmitter gamma-aminobutyric acid (GABA) to keep muscle contraction finely calibrated. When a nerve fires to contract a muscle, GABA-mediated pathways signal the opposing muscle to relax.

In the classical autoimmune form of Stiff-Person Syndrome, this inhibitory control breaks down:

- **The Autoantibody Attack:** In roughly 60 to 80 percent of patients, the immune system mistakenly manufactures autoantibodies against glutamic acid decarboxylase (anti-GAD antibodies)—the vital enzyme responsible for synthesising GABA.
- **Loss of the Neural "Brake":** Deprived of adequate GABA-ergic



inhibition, motor neurones in the spinal cord and brainstem fire uncontrollably, bombarding skeletal muscles with continuous, high-frequency contraction signals.

- **Persistent Rigidity:** The muscles of the trunk, abdomen, and spine become chronically taut and board-like. Over time, this chronic muscular pull exaggerates spinal curvature, often leading to a pronounced hollow back (hyperlordosis).

The condition frequently coexists with other autoimmune disorders, most notably type 1 diabetes, autoimmune thyroiditis, and vitiligo. In a smaller subset of patients (around 5 percent), SPS presents as a **paraneoplastic syndrome**, where autoantibodies (such as anti-amphiphysin) are triggered by an underlying, undetected malignancy, such as breast, lung, or colon cancer.

Hallmarks: Symptoms Beyond Simple Muscle Soreness

Stiff-Person Syndrome manifests across a distinct clinical spectrum, ranging from localised stiffness to severe, whole-body disability:

- **Progressive Axial Rigidity:** Stiffening begins insidiously, typically in the lower back, abdomen, and thighs, eventually spreading to the limbs. The abdomen often feels hard as a board upon examination.
- **Severe Paroxysmal Spasms:** Intense, violent muscle contractions strike suddenly and can last from minutes to hours. These spasms are excruciatingly painful and can exert enough mechanical force to dislocate joints or cause bone fractures.
- **Sensory and Emotional Triggers:** Episodes are routinely provoked by unexpected sensory stimuli—a

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Stiff person syndrome

The **two main symptoms** of stiff person syndrome are:



Muscle stiffness or rigidity.



Painful muscle spasms.

Symptoms of stiff person syndrome can trigger after:



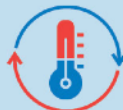
Unexpected or loud noises.



Physical touch or stimulation.



Stressful events.



Changes in temperature.

slamming door, a sudden gust of wind, a gentle tap on the shoulder, or acute emotional distress.

- **Statue-Like Falls:** Because their trunk and limbs cannot flex normally to regain balance or cushion an impact, patients frequently fall rigidly, like a felled tree, leading to severe closed-head trauma, facial fractures, and orthopaedic damage.
- **Task-Specific Agoraphobia:** The persistent terror of experiencing a violent spasm in public or crossing open, crowded spaces without physical support often causes profound anxiety and social isolation,

which is frequently mistaken for a purely psychiatric disorder.

Diagnostic Milestones & Modern Management

Because Stiff-Person Syndrome is so rare, clinical diagnosis requires a high degree of suspicion and specialised neurological testing:

1. **Electromyography (EMG):** Shows continuous motor unit activity in agonist and antagonist muscle groups simultaneously, which fails to quiet down during voluntary relaxation.
2. **Serological and CSF Antibody Testing:** High-titer anti-GAD antibodies in the serum or cerebrospinal fluid strongly point toward classical autoimmune SPS.
3. **Oncological Screening:** Thorough tumour evaluations (CT, PET scans, mammography) are mandatory to rule out paraneoplastic variants.

While Stiff-Person Syndrome remains a chronic condition without a definitive cure, early, comprehensive therapy can significantly reduce symptoms and preserve functional independence:

- **Symptomatic GABA Enhancement:** High-dose benzodiazepines (such as diazepam) serve as frontline therapy to boost GABA activity, often combined with oral or intrathecal baclofen to dampen spinal reflex excitability.



- **Immunomodulatory Therapies:** Intravenous immunoglobulin (IVIG) infusions, plasmapheresis (plasma exchange), high-dose corticosteroids, and targeted biological agents (such as rituximab) halt the progression of autoimmune destruction.
- **Targeted Physical Therapy:** Gentle, customised rehabilitation helps maintain mobility, stretch hypertonic muscle groups, and prevent joint contractures without provoking reflex spasms.

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Occupational Wellness and Medical Surveillance

Navigating complex, chronic, or debilitating neurological conditions within commercial workforces requires structured occupational health expertise:

- Detect early, atypical symptoms of neurological and musculoskeletal impairment before they lead to catastrophic workplace falls or machinery accidents.
- Structure sensible, ergonomic workplace accommodations for employees navigating chronic physical limitations.

When Spasms Become a Medical Emergency

While SPS is primarily managed on an outpatient basis, severe, prolonged episodes can escalate into a critical medical crisis known as **Stiff-Person Status**.

If muscle spasms spread to the diaphragm and intercostal muscles, the patient can experience acute respiratory arrest. Furthermore, continuous, unrelenting muscle breakdown can trigger rhabdomyolysis, severe hyperthermia, metabolic acidosis, and renal failure.

Immediate emergency medical intervention is required if an individual:

- Experiences continuous, severe spasms accompanied by gasping,



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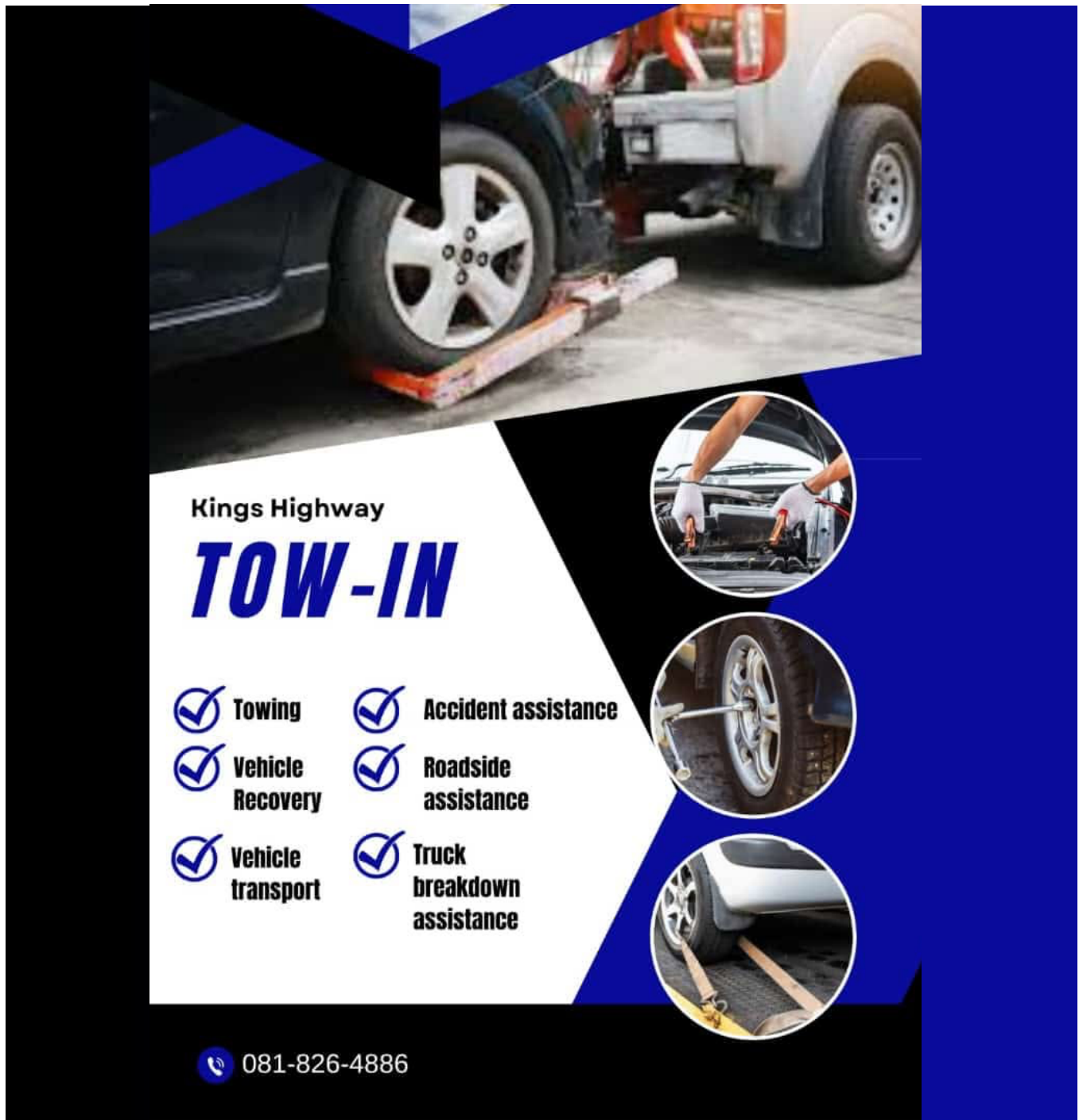
- blue lips (cyanosis), or breathing arrest.
- Suffers an uncontrolled, rigid fall resulting in head trauma or suspected spinal damage.
- Exhibits acute delirium, severe tachycardia, or sudden physical

collapse during a spasm storm.

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Health & Safety - Engineered to Save Lives: What Safety Professionals Must Know About Engineered Fall Protection Systems

Across Namibia's industrial landscape, work at elevation is an everyday operational reality. From towering draglines, overland conveyors, and acid plant structures in the Erongo mining corridor to ship-to-shore gantry cranes at the Port of Walvis Bay and multi-storey commercial developments across Windhoek, elevated operations present persistent, high-consequence hazards.

Falls from height remain among the leading causes of catastrophic workplace fatalities and permanent disabilities nationwide. Yet, investigations into fall incidents frequently reveal a dangerous operational assumption: the belief that simply issuing workers a standard harness and shock-absorbing lanyard fulfils working-at-height safety requirements.

As highlighted in an occupational safety analysis by *Occupational Health & Safety*, personal protective equipment (PPE) represents only the final link in a much larger chain. Without a structurally sound, professionally calculated foundation, personal fall arrest equipment cannot perform as intended. For safety managers, plant engineers, and project directors across Namibia, transitioning from improvised tie-off points to **engineered fall protection systems** is the single most critical step in eliminating fatal falls.



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What Defines an "Engineered" Fall Protection System?

An engineered fall protection system is not merely an assembly of off-the-shelf hardware bolted to an overhead beam. It is a custom-designed, structurally verified safety installation engineered to withstand the violent dynamic forces generated during an arrested fall.

Unlike non-engineered systems—where workers often improvise anchor points by wrapping slings around structural steel, handrails, or cable trays—engineered systems are designed by a **Qualified Person** (typically a registered professional structural engineer specialising in fall dynamics).

Core Components of Engineered Systems:

- **Engineered Single-Point Anchors:** Permanently fixed, load-tested anchor points designed to sustain specific dynamic impact loads (typically a minimum of 22.2 kN or twice the maximum arresting force calculated by an engineer).
- **Horizontal Lifeline Systems (HLLs):** Continuous cable systems spanning work areas that allow workers to travel without unhooking. These systems require complex mathematical modelling to account for cable pre-tension, dynamic sag,

and the catastrophic multiplication of end-anchor forces when a fall occurs.

- **Rigid Rail Systems:** Overhead enclosed track or beam systems that eliminate cable sag, dramatically reducing required fall clearance distances—an ideal solution for low-clearance environments like vehicle maintenance bays and aircraft hangars.
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The Physics of a Fall: Understanding Total Clearance and Cable Sag

The primary failure point in non-engineered setups is a miscalculation of **Total Fall Clearance Distance (TFCD)**. When a worker falls, the distance required to stop them before they strike the ground or an intermediate structure involves far more than lanyard length.

In an engineered system, calculations must accurately account for:

1. **Free-Fall Distance:** The vertical distance a worker travels before the arrest system engages.
2. **Deceleration Distance:** The extension of the energy-absorbing pack or rip-stitch lanyard.
3. **Harness Stretch & D-Ring Slide:** The dynamic displacement of

webbing and upward movement of the dorsal D-ring.

4. **Lifeline Deflection (Sag):** In horizontal lifelines, the cable bows dynamically under impact load, adding significant distance to the total fall path.
5. **Safety Margin:** A mandatory clearance buffer (typically 0.6 to 1 meter) between the worker's feet and lower obstructions.

Without an engineer's dynamic modelling, safety officers frequently underestimate this combined distance, resulting in a worker striking steelwork or concrete even though the harness and lanyard technically "held."

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severe physical stress on fall protection hardware. An engineered system must be designed to withstand local environmental degradation:

- **Coastal Corrosion (Walvis Bay & Lüderitz):** Marine salt fog, persistent humidity, and sulfur-rich coastal winds rapidly corrode standard galvanised carbon steel. Engineered systems deployed in maritime and port environments must specify marine-grade 316 stainless steel components, sealed cable terminations, and anti-corrosive fasteners.
- **Desert Heat and UV Degradation (Erongo & Southern Regions):** Intense solar ultraviolet radiation breaks down synthetic webbing and polymer buffer pads, while ambient daytime temperatures exceeding 40°C cause thermal expansion in continuous steel cables, altering pre-set tension levels.
- **Abrasive Mineral Dust:** Fine silica and mineral dust from mining and quarrying operations infiltrate mechanical cable travellers and self-retracting lifelines (SRLs), causing internal gear seizing if systems lack protective dust housings and specialised sealed brake assemblies.

Inspection, Recertification, and Statutory Compliance

Installing an engineered system is not a one-time event; it initiates an ongoing statutory compliance lifecycle:

- **Pre-Use Daily Checks:** Workers must conduct visual inspections of cables, end-terminations, tension indicators, and anchor points before clipping on.
- **Annual Formal Recertification:** Engineered systems must undergo rigorous, documented inspections by a competent person or approved authority at least every 12 months. This includes tension verification, structural weld inspections, and ultrasonic or non-destructive testing where applicable.
- **Post-Fall Decommissioning:** Any system that arrests a fall must be immediately locked out, removed from service, and re-evaluated by a qualified engineer before being recertified for use.

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Achieving Fall Safety Excellence with OSH-Med International



Implementing engineered fall protection requires high-level technical auditing, certified hardware, and accredited workforce education.

As the proud **Platinum Supporter of the E.M.A. non-profit organisation, OSH-Med International** (www.osh-med.pro) stands as Namibia's benchmark authority for comprehensive working-at-height solutions and Occupational Safety and Health (OSH) management:

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- **Accredited Working-at-Height & Rescue Training:** Hands-on certified courses—including Basic Fall Arrest, Fall Protection Plan Developer, and High-Angle Industrial Rescue—conducted at modern training academies in **Windhoek, Walvis Bay, and Ongwediva**, or delivered directly on client premises.
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The Critical Rescue Phase: Suspension Trauma Management

An engineered fall arrest system is only half of the equation; the other half is an immediate, engineered rescue plan.

When a worker is suspended upright in a harness following a fall, leg straps cut off venous blood flow from the lower limbs. Within minutes, **suspension trauma** (orthostatic intolerance) sets in, which can cause unconsciousness and fatal cardiac arrest in as little as 10 to 15 minutes. Site crews must be trained and equipped with



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mechanical rescue kits to extract suspended personnel immediately.

For complex, high-angle rescue scenarios and acute trauma management, specialised emergency medical support is vital.

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EVERY 1ST AND 15TH OF THE MONTH

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and homes:

1. **Use Manufacturer-Certified Chargers Only:** Always pair batteries with original equipment manufacturer (OEM) chargers and cables designed specifically for that battery model. Never use makeshift wiring or unverified universal chargers.
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3. **Keep Escape Corridors Clear:** Never charge batteries in stairwells, doorways, primary hallways, or designated emergency egress routes. A battery fire produces blinding toxic smoke within seconds.
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FACE

Are their face tilted on one side? (as they smile)

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 the signs

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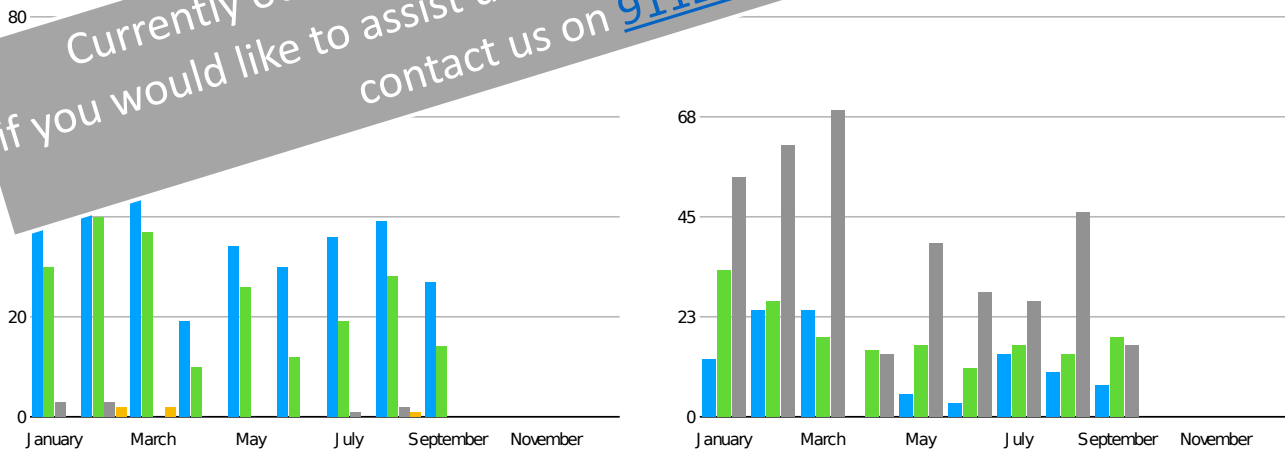
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In 2026

E.M.A. assisted the public with
Emergencies in the value of
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up till now

	Medical	Trauma	Maternity	Paediatric	Level of Care: Advanced	Level of Care: Intermediate	Level of Care: Basic
January	67	30	3	0	13	33	54
February	66	40	3	2	24	26	61
March	72	37	0	2	24	18	69
April	19	10	0	0	0	15	14
May	34	26	0	0	5	16	39
June	30	12	0	0	3	11	28
July	36	19	1	0	14	16	
August	39	28	2	1	10		
September	27	14	0	0	7		
October	0	0	0	0			
November	0	0	0				
December	0	0	0				
Total per annum	390	216					353
Total	620						

■ Medical ■ Level of Care: Advanced ■ Level of Care: Intermediate ■ Level of Care: Basic



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Emergency Call



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- **Where** is the emergency?
- **What** happened?
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- **How many** injured person
- **Waiting** for further question

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E.M.A. Rescue Service

9112

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Police:

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City Police (Whk)

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