

# OSHMed Magazine

Occupational Safety & Health and Medical

by



## MEDICAL GRID FOR FIM AFRICA MXOAN 2026

TRUE TUBERCULOSIS RISKS • HEALTH & SAFETY: THE STRATEGIC LINK • FUN TIME - JOKE OF THE WEEK • E.M.A.  
WEEKLY EMERGENCY STATISTICS

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# Setting a Historic Milestone in Motorsport Safety: Comprehensive Medical Grid for FIM Africa MXoAN 2026



*WINDHOEK – The stage is set for the 29. & 30.08.2026 at Gallina Motocross Park just outside Windhoek, as Namibia prepares to host Africa’s premier motorsport spectacle: the **2026 FIM Africa Motocross of African Nations (MXoAN)**. With elite riders from across the continent arriving to battle for continental glory, the high-speed jumps, steep berms, and roaring crowds demand an uncompromising, world-class emergency medical safety operation.*

To provide total medical coverage throughout the championship, the medical services of ATA | OSH-Med International have joined forces with the E.M.A..

In preparation for this continental showcase, clinical crews completed a specialised FIM Africa Medical Seminar and Practical Training on 23 August 2026 at the OSH-Med International training centre in Windhoek. Marking the first training of its kind hosted in

Namibia, the workshop set a new benchmark for motorsport medicine in the country, ensuring that medical teams, event coordinators, and track marshals operate in total synergy to keep the event safe and running smoothly.

## Grounded in Continental Standards

The morning session provided a streamlined review of the **FIM Medical Code 2024**, aligning the deployment grid with international motorsport governance, strict pre-event checklists, anti-doping regulations, and rider medical fitness criteria.

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Teams reviewed the precise coordination required between track marshals, the Chief Medical Officer, and Race Control, establishing rapid-response thresholds for trackside intervention and hospital pre-notification protocols.

## Mastering High-Impact Practical Trauma Care

Because high-speed motocross accidents generate extreme kinetic forces, the core focus of the training was an intensive, hands-on practical simulation curriculum designed around real-world crash scenarios:

### 1. Advanced Airway Management

Responders drilled critical airway interventions under emergency track conditions, managing simulated airway obstructions, maxillofacial trauma, and respiratory failure. Practical stations covered

suctioning, bag-valve-mask ventilation, supraglottic airway placement, surgical cricothyrotomy readiness, and high-flow oxygenation.

### 2. Two-Person Helmet & Body Armour Removal

Improper extrication of protective gear can convert a stable cervical injury into a permanent spinal cord lesion. The teams practiced the mandatory FIM two-person helmet removal standard:

- *Operator 1* maintains strict manual in-line stabilisation (MILS) of the head and neck from above.
- *Operator 2* releases the chin strap, removes emergency quick-release cheek pads, and takes over neck support from the jaw and occiput.
- *Operator 1* expands the helmet laterally, sliding it straight back along the body's long axis before applying



- rigid cervical collars and head blocks.
- Teams also practiced cutting and unbuckling complex motocross body armour, chest protectors, and rigid neck braces while maintaining unbroken spinal alignment.



### 3. Catastrophic Bleeding Control

Crews trained extensively on stopping massive external haemorrhages caused by high-speed impacts or sharp mechanical components. Scenarios demanded the rapid application of arterial tourniquets (including turnbuckle and haemostatic systems), wound packing, and pressure dressings within seconds of reaching a downed rider.

### 4. Trauma and Polytrauma Management

Handling complex, multi-system injuries—such as pelvic disruptions, severe chest compression, open limb fractures, and thoracolumbar spinal burst fractures—formed the backbone of the practical drills. Responders mastered full-body anatomical immobilisation using orthopaedic scoop stretchers and four-person log-roll manoeuvres to transfer patients onto **vacuum mattresses**, the clinical gold standard for preventing secondary spinal trauma during transit.

### Total Coverage at Gallina Motocross Park

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Through rigorous practical preparation, seamless teamwork, and international standard alignment, ATA | OSH-Med International and E.M.A. Rescue stand ready to safeguard the continent's finest racers.

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# Clearing the Air: Understanding True Tuberculosis Risks and Management



*Tuberculosis (TB) remains one of the most formidable public health and occupational challenges across Southern Africa. In Namibia, where community health initiatives and industrial health programs continually battle the disease, TB is frequently misunderstood. Misconceptions about how easily the infection spreads often fuel unwarranted panic and social stigma, while genuine high-risk exposures are overlooked.*

As detailed in a clinical review, understanding the true transmission dynamics of *Mycobacterium tuberculosis* is the most effective weapon against both infection and fear. While TB is a serious bacterial disease, it is neither an unavoidable airborne curse nor an incurable death sentence. With accurate knowledge, proper workplace ventilation, routine medical surveillance, and strict adherence to treatment, TB is entirely preventable and

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# How Does TB Actually Spread? Separating Fact from Fiction

Tuberculosis is an airborne infectious disease caused by the bacterium *Mycobacterium tuberculosis*. However, catching TB is significantly more difficult than catching a common cold or influenza.

The bacteria are spread into the air only when a person with **active, untreated pulmonary (lung) TB** coughs, sneezes, speaks, shouts, or sings. Infectious microscopic droplets (aerosols) can linger suspended in unventilated indoor air for hours.

## Common Myths vs. Biological Reality:

- **Myth:** You can catch TB from sharing food, cutlery, or drinking

glasses.

*Reality:* TB bacteria do not survive or transmit through digestive pathways, eating utensils, or saliva left on tableware.

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- **Myth: Shaking hands, touching clothes, or using the same toilet spreads TB.**

*Reality:* The bacteria cannot penetrate skin or spread via surface contact (fomites). Transmission occurs almost exclusively by inhaling infected aerosols directly into the lungs.

- **Myth: A brief encounter in an elevator or passing someone on the street causes infection.**

*Reality:* In most cases, transmission requires **prolonged, repeated exposure** in close, poorly ventilated, crowded indoor spaces over several hours or days.

Inhaling the TB bacterium does not automatically mean a person will become ill. In fact, human immune systems mount an exceptionally robust defence:

- **Latent TB Infection (LTBI):** In the vast majority of healthy individuals (approximately 90 to 95 percent of exposed people), the immune system successfully "walls off" the bacteria inside the lungs. People with latent TB have **no symptoms**, feel completely healthy, and **cannot transmit the bacteria to anyone else**.
- **Active TB Disease:** In roughly 5 to 10 percent of cases, the bacteria break through the immune barrier—either shortly after exposure or years later when the body's defences weaken. Only individuals with active disease experience symptoms and pose an infection risk to others.

## Latent vs. Active TB: The Immune System's Shield

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In Namibia, factors such as HIV co-infection, diabetes, malnutrition, heavy tobacco use, and occupational lung conditions (such as silicosis from long-term mining dust exposure) significantly increase the risk of latent infections converting into active disease.

## Recognising the Early Warning Signs

Early diagnosis of active TB is critical to breaking the chain of community and workplace transmission.

Safety officers, wellness coordinators, and family members should watch for these classic symptoms:

- **Persistent Cough:** A productive cough lasting **more than two to three weeks**, which does not improve with standard antibiotics.

- **Haemoptysis:** Coughing up blood or rust-coloured sputum.
- **Night Sweats:** Waking up drenched in heavy sweat, often requiring a change of clothes or bedding.
- **Unexplained Weight Loss:** Gradual, noticeable loss of body weight and appetite (the hallmark of "consumption").
- **Low-Grade Fever & Chronic Fatigue:** Persistent afternoon fever, chills, and unrelenting exhaustion.

## Workplace OSH: Prevention and Medical Surveillance

Because enclosed workshops, transport fleets, mining camps, and office spaces can become transmission hubs if ventilation is poor, proactive Occupational Safety and





Health (OSH) management is vital.

Employers can safeguard their teams by:

- **Optimising Natural and Mechanical Ventilation:** Maximising airflow in enclosed work areas to dilute and disperse airborne aerosols.
- **Routine Health Screenings:** Partnering with accredited occupational health providers like **ATA | OSH-Med International** to conduct pre-employment and periodic medical surveillance, including chest X-rays, spirometry, and symptom questionnaires.
- **Promoting a Stigma-Free Culture:** Encouraging workers with chronic coughs to seek testing at primary clinics without fear of losing their jobs or facing discrimination.

## Emergency Medical Support

While TB is managed primarily through scheduled clinical care, severe complications—such as massive coughing up of blood (life-threatening haemoptysis), acute respiratory collapse, or severe secondary pneumonias—can trigger immediate life-threatening crises.

In any acute respiratory or medical emergency across Namibia:

- **Call the E.M.A. Emergency Number immediately at 9112.**

By demystifying how tuberculosis spreads, protecting our lungs on the job site, and supporting those undergoing treatment, Namibia can continue to push back against the disease and build a healthier, safer workforce.



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The advertisement features a background image of a desert landscape with mountains under a blue sky. At the top left is a red cross logo. To its right is the text 'ATA OSH-Med International' in white and red, with the tagline 'Your Future in Healthcare.' below it. The main text 'MEDICAL CARE FOR YOU' is in large white capital letters, followed by 'here &amp; everywhere' in a mix of white lowercase and uppercase letters. At the bottom, the website 'www.osh-med.pro/medical-services' and phone number '+264 61 302 931' are listed, along with the email 'ata@osh-med.pro'.



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# Health & Safety - The Strategic Link Between Safety and Operational Timelines



*In Namibia's rapidly expanding industrial landscape—from heavy infrastructure and civil engineering in Khomas to deep-level uranium mining in the Erongo region, commercial shipping along the Walvis Bay port corridor, and renewable energy installations in the south—operations run against demanding timelines. Project managers face intense pressure to deliver on schedule, control overheads, and hit contract milestones.*

Under tight deadlines, an outdated operational mindset sometimes resurfaces: the belief that strict Occupational Safety and Health (OSH) protocols slow down progress. When speed is prioritised over standard operating procedures, supervisors or workers may be tempted to skip a pre-task risk check, bypass a machine lock-out,

or rush through working-at-height precautions.

However, modern occupational health and safety data proves that **safety and schedule adherence are mutually reinforcing**. Taking shortcuts does not accelerate timelines; it introduces catastrophic volatility. Protecting your workforce is the most reliable strategy for protecting your project schedule, budget, and business reputation.

## The Compounding Costs of "Schedule-First" Shortcuts

When safety is treated as negotiable in pursuit of speed, even minor incidents trigger operational chain reactions that

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cause far greater delays than the few minutes saved by cutting corners:

- **Mandatory Operational Shutdowns:** An on-site injury instantly halts work. The affected section is locked down for internal reviews, forensic evidence collection, and statutory inspections by the Ministry of Labour, Industrial Relations and Employment Creation.
- **Costly Machinery and Structural Damage:** Bypassed safeguards often result in equipment crashes, dropped loads, or mechanical seizures. In Namibia, sourcing specialised replacement components often involves lengthy international freight lead times, paralysing workflows for weeks.

- **Loss of Specialised Technical Skills:** Highly skilled artisans—such as certified riggers, coded welders, mobile crane operators, and electrical engineers—cannot be replaced instantly. A severe injury creates an acute skills gap that disrupts dependent project phases.
- **Administrative and Legal Friction:** Unsafe practices invite regulatory audits, fines, increased insurance premiums, and potential disqualification from future private and public sector tenders.

**The Operational Reality:** Safety measures take minutes of planning; recovering from a severe workplace incident takes weeks of downtime. **Safety never halts a project—uncontrolled risk does.**

## Embedding Safety into Schedule Management

To ensure safety drives project efficiency rather than friction, Namibian enterprises must integrate proactive risk controls directly into their daily production schedules:

- **Pre-Task Planning and HIRA:** Shift briefings should always include a rapid, structured Hazard Identification and Risk Assessment (HIRA). Identifying pinch points, overhead hazards, and proper tool requirements before starting work prevents mid-shift disruptions.
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**ARMS**

Can they raise both arms & keep them up

**SPEECH**

Is there a slurred speech

**TIME**

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- eliminates the ergonomic fatigue and discomfort that tempt workers to remove safety gear while on duty.
- **Empowered Stop-Work Authority:** Cultivate a culture where any team member is recognised, not reprimanded, for pausing an operation to correct an unsafe condition before it escalates into an injury.

## Building Workforce Competence with OSH-Med International

A safety-first schedule relies entirely on the knowledge and competence of the frontline workforce and site leadership.

As Namibia's leading Occupational Safety and Health training provider, **OSH-Med International** equips teams with practical, accredited skills designed to minimise downtime and prevent injuries:

- **Accredited OSH Qualifications:** Comprehensive courses for OSH Representatives, Safety Supervisors, and Health & Safety Officers to maintain compliance on site.
- **Hazard Control & Emergency Preparedness:** Hands-on training in HIRA, Accident and Incident Investigation, Firefighting, and First Aid at all skill levels.
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- **National Reach:** Modern, fully equipped training facilities located in **Windhoek, Walvis Bay, and Ongwediva**, offering both centre-based and on-site corporate training nationwide.



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Meeting tight operational schedules while maintaining safety standards often demands immediate, on-the-ground technical manpower.

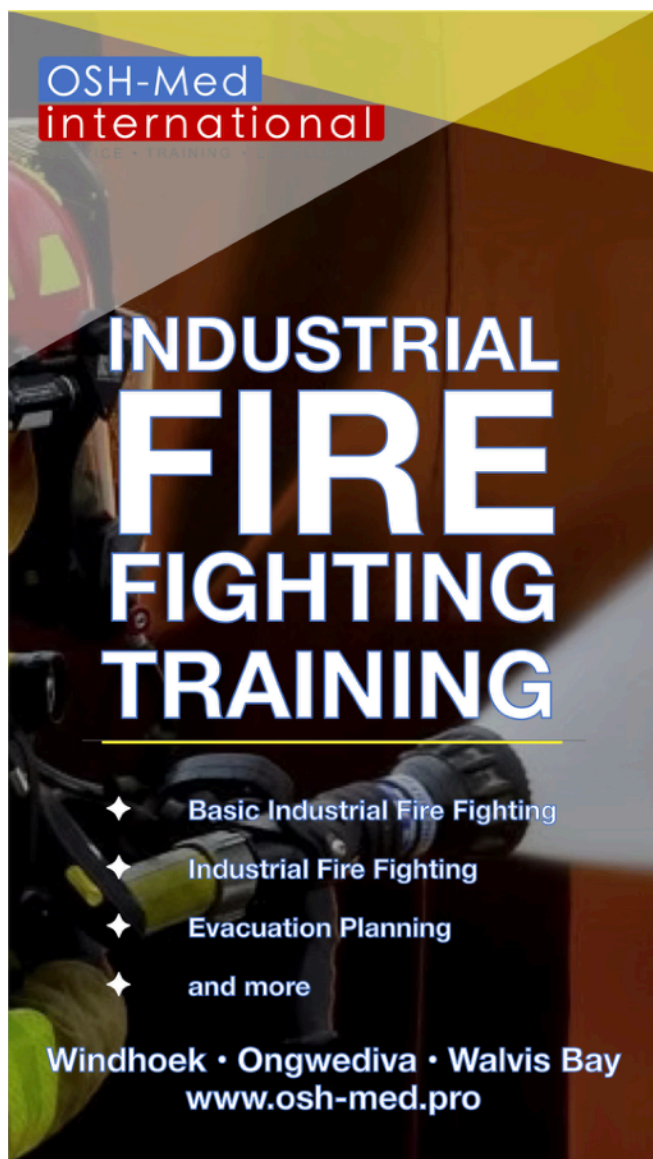




To bridge this gap, **ATA | OSH-Med International** provides specialised **medical and Health, Safety, and Environment (HSE) staffing solutions**, placing qualified safety and healthcare professionals directly onto client project sites:

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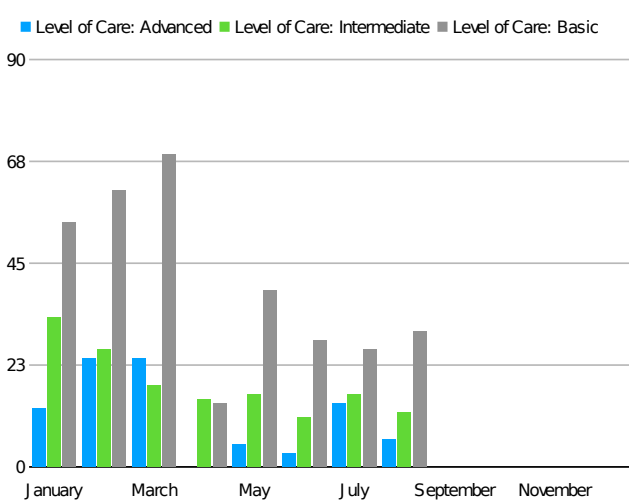
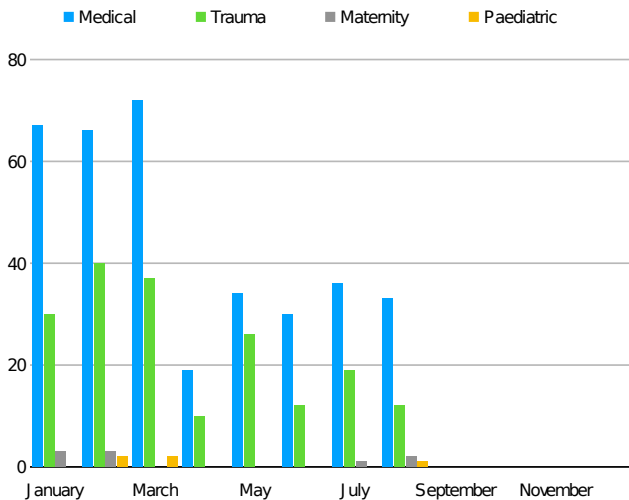
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In 2026

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Emergencies in the value of  
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up till now

|                 | Medical | Trauma | Maternity | Paediatric | Level of Care:<br>Advanced | Level of Care:<br>Intermediate | Level of Care:<br>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                             | 26                      |
| August          | 33      | 12     | 2         | 1          | 6                          | 12                             | 30                      |
| 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 | 357     | 186    | 9         | 5          | 89                         | 147                            | 321                     |
| Total           | 557     |        |           |            | 557                        |                                |                         |



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# Emergency Call



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- **What** happened?
- **What** kind of injuries?
- **How many** injured person
- **Waiting** for further question

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**9112**

### **Fire Brigade:**

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### **Police:**

NamPol

10 111

City Police (Whk)

061-302 302

MVA Fund

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



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