

OSHMed Magazine

Occupational Safety & Health and Medical

by



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WOULD YOU BE ABLE TO RECOGNISE & **REACT TO STROKE ?**

FACE

Are their face swollen 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 are one of the three

You could lose
everything to **STROKE**

But you have nothing
to lose calling **9112**

9112

**STROKE
REACT
DON'T
REGRET.**



Emergency Call: **9 1 1 2**

E.M.A. Rescue Services delivers over NAD 1 Million in Critical Emergency Care & calls for continued Public Support

*E.M.A. Rescue Services, a dedicated non-profit organisation providing essential emergency medical response, today announced a major milestone: the delivery of emergency treatment and assistance valued at over **NAD 1,000,000.00** to patients in the region.*



This significant achievement underscores the vital role E.M.A. plays in community safety, and the organization stresses that this life-saving support is made possible solely through the generosity of public members and the corporate sector.

The high demand for E.M.A.'s services is reflected in its operational statistics. The organisation has successfully managed over **740 emergency call assistances** to date. This extensive caseload included a range of complexities: **119 Advanced** level emergency calls, **170 Intermediate** level responses, and **455 Basic** level assists.

"Reaching the NAD 1 million mark in delivered aid is a testament to the dedication of our teams and the profound impact of every single donation we receive," said an E.M.A. representative. "The need for immediate, high-quality emergency care is constant, and our services will always depend on the continuous support and partnership of the community."

To ensure the sustainability of its operations and cover the critical costing of emergencies, E.M.A. relies on donations and has established two main income streams:

- 1. Event Medical Services:** E.M.A. provides comprehensive medical services to various public gatherings, including sports tournaments, concerts, and other major events. For bookings contact us via email medics@osh-med.pro
- 2. The New Show '9-1-1-2':** The organisation's new initiative, the show '9-1-1-2', serves as a dedicated platform for fundraising and community awareness. To view the show,



tune into this YouTube Chanel:
[www.youtube.com/
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E.M.A. extends a heartfelt and profound thank you to its steadfast and generous corporate supporters: **OSH-Med international, M&Z Motors, WestCare Medical Centre, ATA OSH-Med International and Teltech**, and all public supporters and Eros Neighbourhood Watch whose commitment is instrumental in keeping the life-saving services operational.

Support E.M.A. Rescue Service:

E.M.A. invites all interested parties to support its critical services and the new '9-1-1-2' show. For sponsorship opportunities or to find out how you

can contribute, please contact the organization directly via email:

9112@osh-med.pro

More information about the E.M.A. Rescue Service and its mission is available on the official website: www.ema-organisation.pro.



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Click here & Watch the new Namibian Reality Show

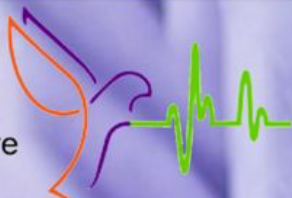
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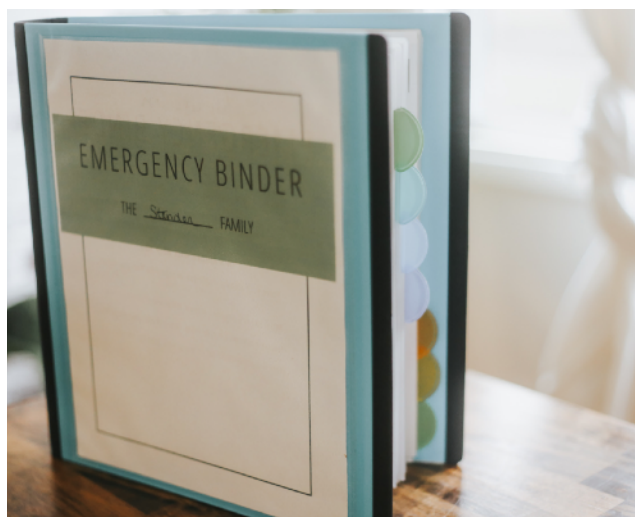
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Important documents at hand: How to create an emergency folder

Fire, flood, accident, illness, need for care, or death: In such extremely demanding situations, it is important to have documents readily available. An emergency folder saves you from having to search for them.



In stressful situations, an emergency folder can help you and your loved ones remain capable of taking action. But what should go in the folder? How should it be organized effectively? And where should it be stored?

Most people keep important documents in various places. In a crisis, such as an accident, death, fire, or computer malfunction, there's no time to scramble to gather everything. The folder keeps all essential documents and contact information centrally located in one place.

"In an emergency, you grab the folder. With one quick grab, you have the most important things at hand," says Arthur Wilm. He's a consumer education trainer and advises individuals on financial planning and estate planning on behalf of various institutions. The folder can also be used preventively as a backup in case originals are lost or destroyed by hackers, floods, or fire.

What should go in the emergency folder?

What goes into your emergency folder is entirely up to you. Oliver Schmitz formulates the guiding question for selection as follows: "If something were to happen now, what would I, what would my family, need to be able to act?"

An emergency folder developed by Schmitz and his colleagues begins with phone numbers and personal information, and continues with documents such as birth and marriage certificates, passports, information on treating physicians and health, insurance policies, bank and account details, contracts, and pet care information. A will, power of attorney, advance healthcare directive, funeral wishes, and powers of attorney for banks, post office, businesses, and digital assets should also be included.

You can also include spare keys, for example, for your apartment and car. Remember to label the keys. This will





make it easier for you and your family to identify them.

How should the emergency folder be structured effectively?

"Clear organization, unambiguous headings," advises Arthur Wilm. Typical categories include family and children, finances (including loans, insurance), health, home, work and business, car, clubs, subscriptions and memberships, digital matters, and powers of attorney and advance directives.

Who needs an emergency folder?

An emergency can strike anyone unexpectedly at any time. Often, the shock leaves you feeling overwhelmed. It's not just about

organizing help; you may also need to make crucial decisions. If you don't have to search for important documents, you and your family can act more quickly. That's why such a folder is useful for every adult.

How do you prevent the folder from bursting at the seams?

For many people, the contents would fill more than one folder. To avoid this, Schmitz recommends keeping only original documents such as birth and marriage certificates. Copies of the cover sheets are sufficient for most other documents.

Bullet-style lists are a space-saving and clear alternative. List the name, title, and contact information. Also: Car insurance policy number X with company Y, reachable at phone number Z. Apartment: Landlord's



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name and address. Homeowners should note the address and land registry entry of their property; business owners should include their IT support staff and tax advisor, among others.

For your will, you can indicate where it is stored. The same applies to powers of attorney and advance healthcare directives if the originals are not in the folder. Owners of securities accounts and safe deposit boxes should note the bank. In each case, note whom you have authorized.

Where should emergency documents be kept?

Where you keep your emergency folder depends on your personal habits. If you are comfortable with a physical file folder, choose that option. If you prefer digital documents, create PDF files and save them. Either on an encrypted USB drive or directly in the cloud. You can also use both analog and

digital methods. In any case, creating two copies is advisable. "Redundancy increases security," says Schmitz.

Keep one copy at home. The other one is best given to someone you trust. "That should be the person who has to act if something happens to you," says Schmitz. Therefore, the emergency folder should be designed so that your trusted person can use it. "Anyone who isn't comfortable online won't be able to do anything with documents in the cloud. A physical file folder is better in that case," Arthur Wilm points out. Of course, you can have both: the online version for yourself and a paper copy for your trusted person.

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Health & Safety - Experts Warn of a “Silent Epidemic” as Fatigue, Stress and Financial Strain Undermine Worker Safety

Industry leaders say rising fatigue, economic pressure and mental overload are eroding fitness for duty in high-hazard sectors — increasing human error, near misses and the risk of catastrophic incidents.



In construction, oil and gas, aviation and other high-hazard sectors, a new threat is emerging—one that is far less visible than the fires, falls, leaks

and explosions that dominate safety briefings. According to industry experts, worker fatigue, economic strain, and mental overload are fueling what some are calling a “silent epidemic”—a deepening crisis that is eroding fitness for duty and raising the risk of catastrophic incidents across the workforce.

During a recent industry conference, Susie Scott, Director of Safety, Practice Lead for Safety at Oliver Wyman Vector, spoke candidly about what she and her colleagues are witnessing across field operations. Her insights align closely with findings from The Ugly Truth report, explored in depth by Larry Pearlman, Vice President of Environmental Health, Safety, and Security at ADL.

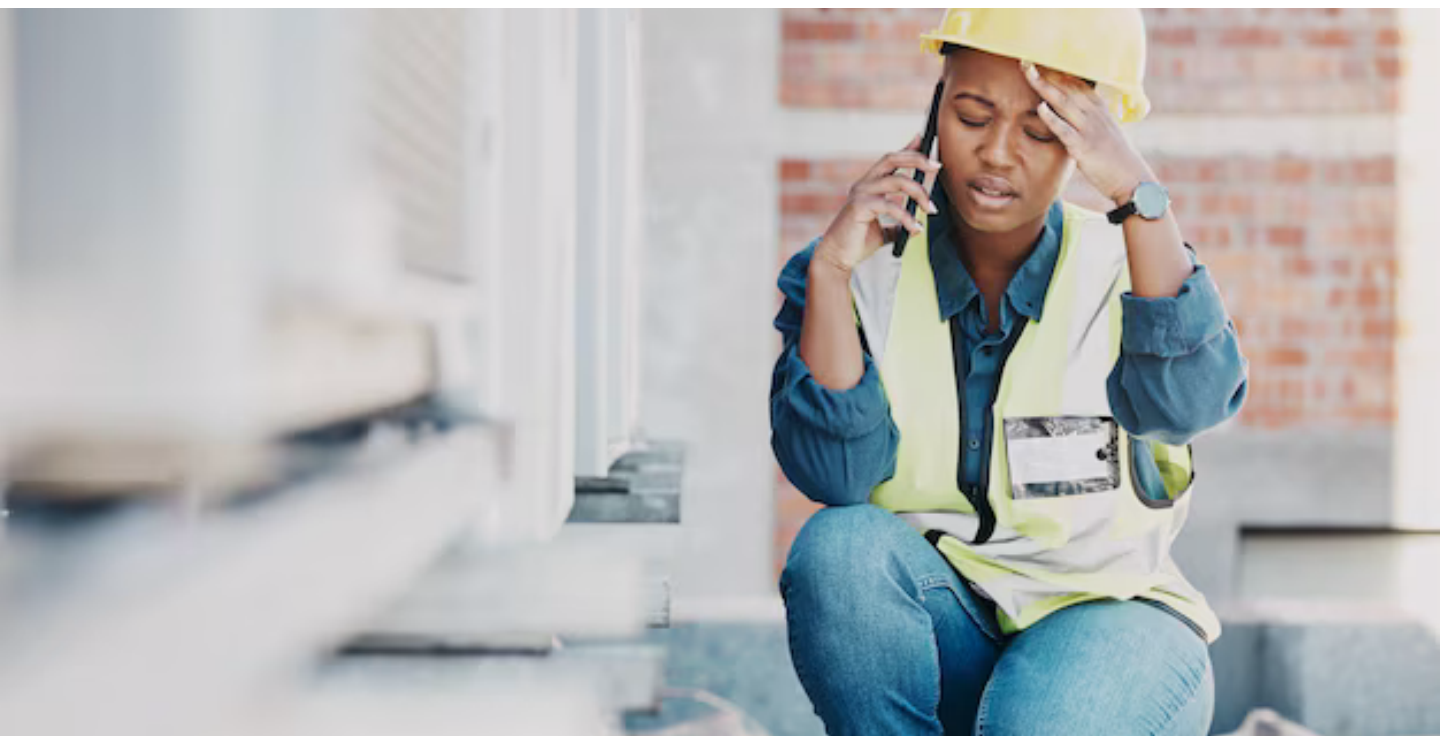
Together, their perspectives paint a sobering picture: today’s workforce is struggling in ways that employers do not see—and largely do not measure. The consequences, they warn, can no longer be ignored.

Fatigue: The First Red Flag

Scott says fatigue is the earliest and clearest signal that a worker may not be fit for duty.

“The initial ones I’d be primarily looking for is fatigue,” she explained. “That could show up by being just sort of distracted, by lack of attention, lack of situational awareness, irritability, failure to concentrate—a whole range of attributes that could physically show up.”





Yet these cues are often missed because supervisors are increasingly tied up with administrative work rather than spending time in the field. “A lot of leaders aren’t spending as much time physically with their teams,” Scott said. “And so, you may not pick up on these things if you don’t know your team very well.”

Pearlman’s research supports this. Workers deemed “injury-prone” often aren’t careless — they’re overwhelmed. “We’re seeing a growing number of workers who are not fully fit for duty,” Pearlman said. “They may be tired, distracted or dealing with significant personal stressors, and that leads to human error.”

Catastrophic Consequences in High-Hazard Work

In industries like aviation, construction, oil and gas, fatigue isn’t

just a wellness issue, it’s a potentially fatal one.

Scott has seen workers “literally fall asleep on the job,” especially while driving or operating equipment. But the more serious threat is to cognitive function.

“If it gets to the point where you’re so fatigued you’re making critical-thinking mistakes, that’s when it becomes extremely dangerous,” she said.

She offered examples:

- In aviation, a fatigued technician forgetting a step could create a safety-of-flight issue.
- In oil and gas, a single lapse could trigger an explosion or a gas leak.
- In construction, skipping lockout/tagout because of exhaustion could injure the next worker who touches the equipment.



“There are very significant system-wide implications of failure that go much broader than hurting yourself,” Scott noted.

Pearlman aligns: “Reduced alertness, more mistakes, increased mental health concerns—classic fitness-for-duty problems.”

These issues are already surfacing like slips, near misses, and procedural errors that wouldn’t happen if workers were rested and stable.

Economic Pressure: The Hidden Driver

One of the most striking themes in both discussions is the role of financial strain.

Pearlman describes workers in high-cost cities who simply cannot make ends meet on \$15–\$18 an hour. “Some juggle multiple jobs, take excessive overtime or even live out of their vehicles,” he said. “When workers are exhausted, undernourished, or stretched too thin, their safety performance naturally declines.”

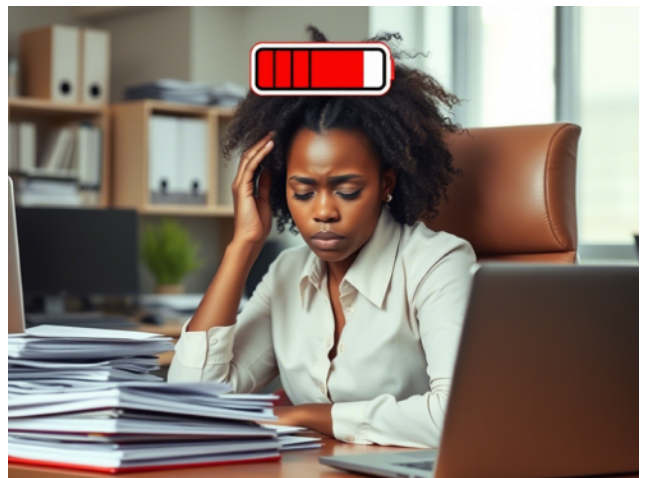
Scott calls this reality part of the “silent epidemic.”

“This is why Larry and I coined the phrase,” she said. “All of this stuff is really happening behind closed doors. There is nobody really drawing people’s attention to the fact that we have people living out of their cars, trying to juggle three jobs, struggling

to do that to the extent that we’ve got incredible levels of absenteeism and injury rates and sick time.”

What troubles her most is that these issues aren’t tracked or discussed. “It’s just not being measured and managed,” she said. “And it’s not on people’s radars.”

Pearlman agrees. “Many organizations assume certain employees are ‘injury-prone,’ but research shows these periods of higher risk often coincide with personal crises,” he said.



Psychological Safety Matters Too

Both Scott and Pearlman emphasized that psychological safety plays a critical role in physical safety outcomes.

Scott explained that today’s workforce is dealing with a combination of economic pressure, post-COVID social strain, and rapidly changing expectations, all of which affect mental well-being. “These challenges are impacting physical safety and psychological safety,” she said. “It’s no longer possible to



separate the two.”

Pearlman ties this directly into the Total Worker Health model. “The ‘H’ in EHS—health—has been too quiet for too long,” he said. Supporting psychological recovery is essential: “The mind requires recovery just like the body.”

What Employers Can Do—Beyond Wages

When asked what the C-suite can realistically do to support workers, especially in low-margin industries, Scott emphasized that solutions go beyond pay.

“There’s no easy answer here,” she admitted. “In some environments, I can’t change the shift patterns, I can’t change pay rates because it

would be detrimental to the whole business model.”

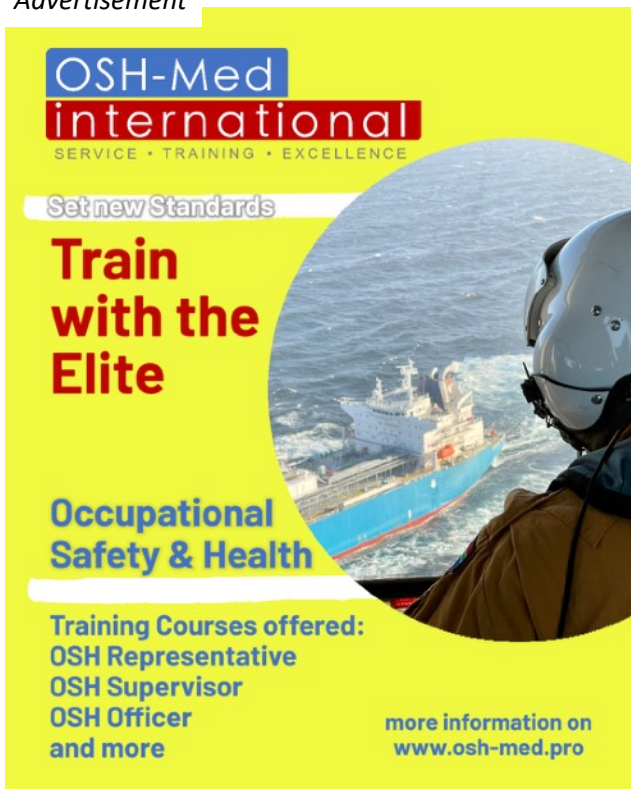
But leadership can still act. Pearlman gives examples:

- Reduce stigma around mental health
- Provide access to nutritious meals
- Offer financial wellness coaching
- Normalize the use of employee assistance programs
- Add on-site wellness or health staff
- Give workers more consistent shift schedules

“In my company, about 10% of our workforce uses EAP services—which is quite high,” he said. “Privacy and trust are key.”

Scott points to the importance of

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leadership presence. “You won’t see the early warning signs if you’re not out there with your team,” she said.

The C-Suite Must Connect the Dots

Corporate leaders, Pearlman argues, often misunderstand the issue. “Many leaders aren’t asking the deeper questions,” he said. “They may assume raising wages is the only solution and immediately dismiss the idea. But wages are only one piece.”

Support-focused programs often cost far less and can have a larger impact on worker readiness.

But the missing piece is data.

“We need to collect data and show leaders how wages, instability and personal stress correlate with incidents,” Pearlman said. “Once leaders understand the ‘why,’ they’re more open to exploring solutions.”

And for Scott, recognizing the problem is the first step in solving it.

“If your workforce is exhausted, distracted or struggling, you’re not just talking about minor issues—you’re talking about the potential for major incidents.”

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E.M.A. Emergency Statistics

updated 10.12.2025

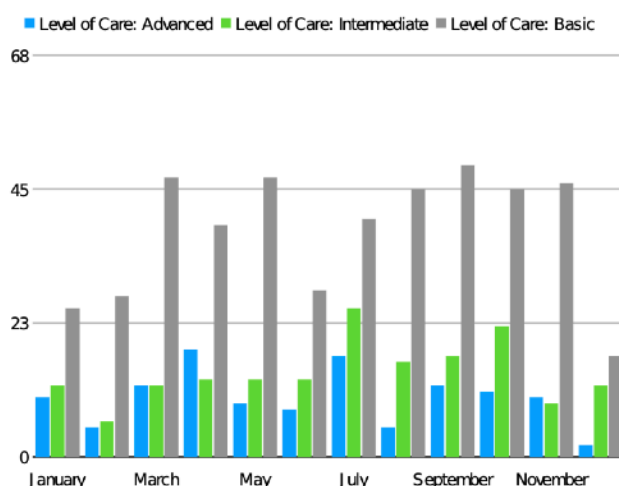
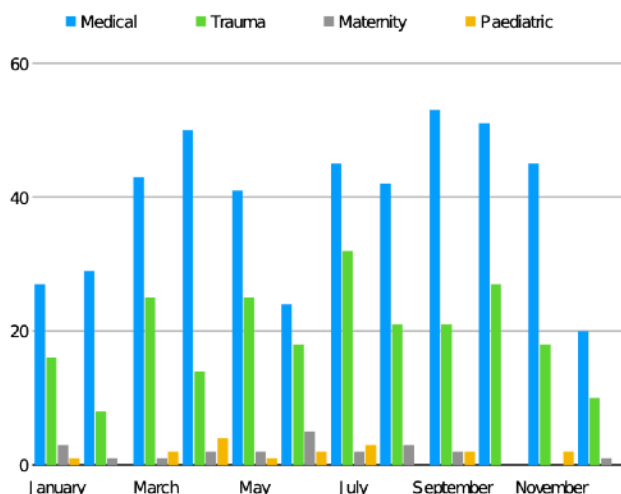
In 2025

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

NAD 1,012,750.00

up till now

	Medical	Trauma	Maternity	Paediatric	Level of Care: Advanced	Level of Care: Intermediate	Level of Care: Basic
January	27	16	3	1	10	12	25
February	29	8	1	0	5	6	27
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
December	20	10	1	0	2	12	17
Total per annum	470	235	22	17	119	170	455
Total	744				744		



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

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9112

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MVA Fund

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