

OSHMed Magazine

Occupational Safety & Health and Medical

by



THE ESSENTIAL ROLE OF PHYSICAL FITNESS IN COMBATING LIFESTYLE DISEASES

UNNOTICED ABSENCE SEIZURES • HEALTH & SAFETY: WHY SAFETY TECHNOLOGY FAILS • FUN TIME - JOKE OF THE WEEK • E.M.A. WEEKLY EMERGENCY STATISTICS

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The Essential Role of Physical Fitness in Combating Lifestyle Diseases



WINDHOEK – In today's fast-paced, increasingly automated world, daily physical exertion is steadily vanishing from routine life. In urban hubs like Windhoek, Swakopmund, and Walvis Bay, long commutes, desk-bound office routines, and screen-dominated leisure hours have created a silent public health crisis: physical inactivity.

Across Namibia, healthcare providers and occupational safety specialists are witnessing a sharp rise in non-communicable diseases (NCDs). Conditions such as hypertension (high blood pressure), type 2 diabetes, obesity, and cardiovascular disease are no longer isolated to old age—they are impacting young professionals and

the active workforce at unprecedented rates.

Prioritising regular physical activity is no longer just a recreational pastime; it is an indispensable pillar of personal health, preventative medicine, and workplace safety.

Why Fitness Matters: The Shield of Preventive Health

Physical exercise acts as natural preventive medicine, reinforcing every major biological system in the human body:

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Date:	5 September 2026
Race Categories:	* 5K Fun Run/Walk – N\$ 50 * 10K Challenge – N\$ 70 * 15K Endurance – N\$ 100
Registration / Info:	Phone: +264 (0)61 302 931
Enquiries Email:	sprinters@osh-med.pro
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- Cardiovascular Resilience:** Aerobic exercise strengthens the heart muscle, improves arterial elasticity, lowers resting blood pressure, and reduces the risk of fatal heart attacks and ischaemic strokes.
- Metabolic Control:** Consistent movement enhances insulin sensitivity, helping the body manage blood glucose levels effectively and preventing or reversing type 2 diabetes.
- Musculoskeletal Strength & Ergonomics:** Regular functional training strengthens core muscles, stabilises joints, and builds bone density, drastically cutting down on chronic lower back pain, neck stiffness, and workplace repetitive-strain injuries.
- Mental Clarity and Stress Reduction:** Physical activity releases endorphins and reduces cortisol levels, combating work-related burnout, anxiety, and depression while boosting daytime energy and

sleep quality.

Workplace Safety Connection: A physically fit workforce exhibits faster reaction times, higher endurance against heat and fatigue, and superior situational awareness—directly reducing the likelihood of industrial accidents and slip-and-trip incidents on the job site.

Spotlight Event: Lace Up for OSH-Sprinters 2026

To inspire the nation to move and build active community habits, **OSH-Med International** is hosting the premier fitness event of the season: **OSH-Sprinters**.

Whether you are a seasoned marathon runner, a casual jogger, or a family looking for a revitalising morning walk down Independence Avenue, OSH-Sprinters offers a category tailored to every fitness level.



Corporate teams, mining crews, government departments, and community groups are encouraged to register and challenge their limits together. The start line is just the beginning—take the first stride toward reclaiming your vitality and crossing the finish line stronger than ever.

Practical Tips to Kickstart Your Fitness Journey

Getting active does not require an expensive gym membership or complex equipment. Small, consistent daily habits yield massive health returns:

1. **Aim for the 150-Minute Target:** Strive for at least 150 minutes of moderate aerobic exercise (such as brisk walking, cycling, or jogging) or 75 minutes of vigorous exercise every week.
2. **Incorporate Movement into the Workday:** Stand up and stretch every 45 minutes, take walking meetings where possible, and use the stairs instead of the elevator.
3. **Find an Accountability Partner:** Exercising with colleagues, friends, or family members builds motivation and transforms workout routines into positive social habits.
4. **Listen to Your Body:** Start gradually and scale up intensity over time. Ensure proper warm-ups, adequate hydration—especially in Namibia's dry, sunny climate—and allow sufficient recovery time.

Medical Standby for Community Wellness

While regular exercise is vital for longevity, beginning any intensive training program after a period of inactivity should be approached sensibly. Individuals with underlying cardiovascular conditions or chronic ailments should seek medical clearance before undertaking intense endurance sports.

During community fitness drives and high-impact sporting events, professional medical standby remains essential to ensure participant safety.

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Recognising Unnoticed Absence Seizures in Classrooms and Homes

When most people picture an epileptic seizure, they imagine a dramatic medical emergency: a person collapsing to the ground, violent muscle convulsions, and loss of bodily control. However, a significant category of seizures occurs without a single muscle jerk or fall.

Known medically as **absence seizures** (historically termed *petit mal*), these generalised epileptic episodes last only a few seconds and leave no obvious physical aftermath. As highlighted in a clinical report, because absences look remarkably like ordinary daydreaming or fleeting

inattentiveness, they frequently go undiagnosed for months or years.

In Namibia, where children spend long hours in bustling classrooms, navigate busy roadways, and participate in community sports, raising awareness among parents, teachers, and primary healthcare workers about these silent seizures is vital for child development and injury prevention.

What Happens During an Absence Seizure?

An absence seizure is a generalised epileptic episode where organised electrical activity across both hemispheres of the brain is momentarily disrupted.

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DAYDREAMING / INATTENTION	ABSENCE SEIZURE
* Child responds when name is called or when gently touched.	* Zero response to voice, touch, or waving hands during episode.
* Occurs mostly during boring or unstimulating tasks.	* Occurs anytime, even during active conversation or sports.
* Can be interrupted immediately by external stimuli.	* Cannot be interrupted; runs its full neurological cycle.
* Child is aware of the passage of time and environment.	* Leaves a blank time gap; child misses chunks of conversation.
* No physical micro-movements.	* May feature subtle eyelid fluttering or lip-smacking.

During these brief episodes:

- Consciousness Shuts Down:** The brain temporarily loses awareness of its surroundings. The child does not register sounds, sights, or speech.

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- The "Freeze" Effect:** The individual typically remains upright—standing or sitting—without collapsing, but freezes mid-action, mid-sentence, or mid-stride.
- Sudden Start and Stop:** The seizure starts abruptly, lasts between **5 to 20 seconds**, and ends just as suddenly.
- The Amnesic Gap:** Once the seizure resolves, the child immediately resumes their previous activity with no memory of the blackout, often unaware that any time has passed.

Daydreaming vs. Absence: Spotting the Key Differences

Because absence seizures can occur dozens—sometimes up to 50 to 100 times—a day, adults often misinterpret them as behavioural issues, labelling the child as "lazy," "distracted," or suffering from Attention Deficit Hyperactivity Disorder





(ADHD) or hearing impairment.

To distinguish between normal daydreaming and an epileptic absence, look for these clinical markers:

Subtle Physical Signs to Watch For:

- **Vacant Gaze:** Eyes staring blankly into space or slightly drifting upward.
- **Facial Micro-Movements:** Rhythmic fluttering of the eyelids, subtle

twitching around the mouth, or chewing/swallowing motions.

- **Finger Twitching:** Brief, light fumbling or rhythmic twitching of the fingers.

The Hidden Hazards in Daily Namibian Life

While an individual absence seizure is rarely life-threatening on its own, the brief loss of awareness poses major physical risks depending on the child's environment:

- **Road & Traffic Dangers:** A child walking along busy thoroughfares or crossing roads on their way to school can step directly into traffic during a 10-second absence.
- **Water Safety:** Experiencing an absence while swimming in a pool or playing in rivers can lead to silent submersion and fatal drowning within

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- **Bicycle & Playground Accidents:** Freezing up while riding a bicycle, climbing trees, or navigating stairways can cause severe fall injuries.
- **Academic Frustration:** In school, missing 10-second segments of a teacher's lesson multiple times an hour leaves fragmented gaps in understanding. Children often feel overwhelmed and experience falling grades despite genuine effort.

Medical Diagnosis and Treatment

If parents or teachers observe repeated, un-interruptible staring spells, prompt medical evaluation is essential:

1. **Electroencephalogram (EEG):** A specialist doctor (paediatrician or neurologist) conducts an EEG to

record the brain's electrical waves. Absence epilepsy produces a distinct "3-per-second spike-and-wave" pattern that confirms the diagnosis.

2. **Anti-Epileptic Medication:** Unlike convulsive seizures, absence seizures respond exceptionally well to specific anti-seizure medications (such as ethosuximide, valproate, or lamotrigine), allowing the vast majority of children to achieve complete seizure control.
3. **School Communication:** Inform teachers and school nurses about the child's condition so they can provide supportive learning adjustments and supervise safety during physical education and swimming.

Emergency Protocols: When to Intervene

In typical cases, an absence seizure ends on its own within seconds, requiring gentle



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reassurance rather than an emergency ambulance.

However, urgent medical intervention is required if:

- The absence episode lasts longer than **two to five minutes**.
- Multiple seizures occur back-to-back without the person regaining full consciousness in between (Absence Status Epilepticus).
- The absence transitions into a full convulsive (tonic-clonic) seizure with body stiffness and shaking.
- The person suffers a severe fall, head trauma, or water submersion during the seizure.

In any acute neurological crisis or severe injury:

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

By learning to recognise the subtle warning signs of absence seizures, we can ensure Namibian children receive timely medical care, avoid preventable accidents, and thrive in the classroom and beyond.



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Absence seizure

The symptoms of absence seizures include:

Brief sudden staring spell or "blank stare."

Loss of awareness.

Complete stop in activity during the seizure.

Occasional nodding of the head.

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Health & Safety - Beyond the Shiny Gadget: Why Safety Technology Fails Before It Ever Reaches the Job site



In today's digital era, the landscape of Occupational Safety and Health (OSH) is evolving rapidly. From AI-driven hazard-detection cameras and smart wearables that monitor worker fatigue to cloud-based incident management applications and connected Personal Protective Equipment (PPE), safety technology promises to revolutionise risk prevention. Across Namibia—from corporate headquarters in Windhoek to massive mining operations in the Erongo region and bustling shipping terminals in Walvis Bay—executives are increasingly investing in cutting-edge digital safety platforms.

Yet, a glaring disconnect continues to plague industrial safety initiatives: a

significant portion of safety technology fails long before it ever protects a worker on the active job site.

As examined in a critical safety analysis published by *Occupational Health & Safety*, the breakdown rarely lies in the software code or sensor hardware. Instead, safety technology fails during procurement, planning, and cultural integration. When organisations treat technology as an off-the-shelf silver bullet rather than a tool that must adapt to frontline human realities, even multi-million-dollar safety systems quickly become expensive, unused shelf ware.

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An advertisement for OSH-Med international. The background is a grayscale image of industrial cranes and structures. The text 'OSH-Med international' is at the top left in a blue and red box. Below it, 'OCCUPATIONAL SAFETY & HEALTH TRAINING' is written in large, bold, blue letters. A list of services follows: 'OSH Officer', 'OSH Supervisor', 'OSH Representative', and 'and more', each preceded by a blue diamond symbol. At the bottom, the locations 'Windhoek • Ongwediva • Walvis Bay' and the website 'www.osh-med.pro' are listed in blue text.



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Know the hazards in every task and process.

Choose safety every time.

The Root Causes: Why Safety Tech Stumbles in Pre-Deployment

Understanding why safety innovations stall requires a close look at the organisational blind spots that occur before equipment arrives in the field:

- **The Boardroom-to-Field Disconnect:** Technology is frequently evaluated and purchased by executive committees or IT departments with zero input from the frontline workers who must actually wear or operate it. If a wearable device is bulky, uncomfortable, or complicates a technician's workflow, workers will quietly leave it in their lockers.
- **Neglecting the Harsh Operating Environment:** Many high-tech solutions designed in clean, climate-controlled foreign labs cannot withstand Namibia's extreme

operational conditions. High ambient temperatures, corrosive coastal fog, abrasive desert sand, and remote areas with zero cellular connectivity can instantly disable devices that rely on constant internet sync or delicate sensors.

- **Data Overload and "App Fatigue":** When a digital tool requires an employee to navigate five different screens and enter lengthy text just to log a simple 30-second hazard check, compliance collapses. Overly complicated digital workflows create administrative friction, leading workers to take shortcuts.
- **The Change Management Vacuum:** Handing workers new hardware without addressing behavioural safety, user training, and underlying trust creates active resistance. If workers suspect a wearable is being used to surveil their productivity rather than protect their physical health, adoption rates drop to zero.



The Strategic Blueprint for Successful HSE Technology Adoption

To ensure that safety investments translate into real-world injury prevention, Namibian safety leaders must follow a structured, human-centred implementation pathway:

1. **Involve Frontline Workers from Day One:** Before signing procurement contracts, conduct field trials with active operators, technicians, and safety

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2. **Ensure Environmental Ruggedness:** Verify that all hardware possesses adequate ingress protection (IP ratings) against fine dust and moisture, and ensure software systems include robust offline functionality for remote desert or underground operations.
3. **Align Tech with Practical Workflow:** Digital tools must simplify safety, not complicate it. A digital pre-use inspection checklist should be faster, clearer, and more intuitive than the paper form it replaces.
4. **Prioritise Behavioural Coaching Over Policing:** Frame technology as a protective guardian. Transparently explain how data is collected, how it protects worker health, and use findings to improve site conditions rather than penalise individuals.

Expert HSE Implementation with OSH-Med International

Navigating the intersection of technological innovation, behavioural psychology, and statutory compliance requires specialised industry guidance.

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Environment (HSE) implementation.

Rather than allowing companies to fall into the trap of superficial compliance, OSH-Med International assists industrial clients in designing, integrating, and maintaining robust HSE management systems tailored to practical Namibian field operations.

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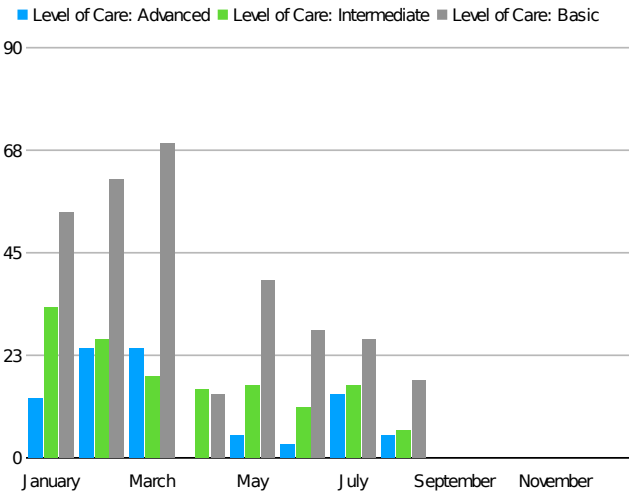
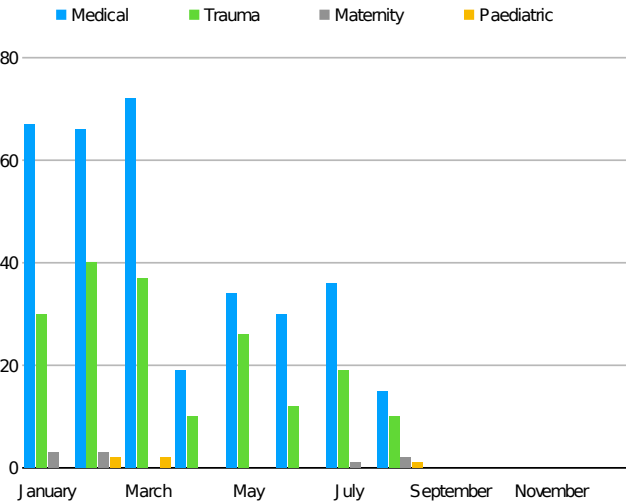
E.M.A. Emergency Statistics

updated 19.8.2026

In 2026

E.M.A. assisted the public with
Emergencies in the value of
NAD 942,000.00
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	26
August	15	10	2	1	5	6	17
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	339	184	9	5	88	141	308
Total	537				537		



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

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