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OSHMed Magazine

Occupational Safety & Health and Medical

by



CHAMPION EMERGENCY PREPAREDNESS

OCCUPATIONAL HEALTH, AND WORKFORCE VITALITY AT REGIONAL SYMPOSIUM

DEMYSTIFYING CARDIOMYOPATHY • HEALTH & SAFETY: HOW FOOTWEAR TREAD POWERS BIOMECHANICAL FORCE • FUN TIME - JOKE OF THE WEEK • E.M.A. WEEKLY EMERGENCY STATISTICS

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Champion Emergency Preparedness, Occupational Health, and Workforce Vitality at Regional Symposium



Industrial expansion, maritime logistics, and flourishing eco-tourism converged at the coastal commercial hub of Walvis Bay this week as the annual ***Erongo Business & Tourism Expo and Symposium****(www.erongoexpo.com) brought together regional corporate executives, industry stakeholders, and civic leaders. Held under the banner of sustainable economic development, the business symposium addressed the operational vulnerabilities and health risks that accompany high-output commercial growth across the Erongo Region.*

Standing at the forefront of this regional safety dialogue, **OSH-Med International**, in dedicated collaboration with the **E.M.A. non-profit organisation**, participated actively as key symposium contributors and exhibitors. Delivering two vital presentations to the assembled delegates, Fabian Martens, Senior Medical Advisor and Managing Director of OSH-Med International, outlined strategic blueprints for strengthening corporate resilience, institutional emergency preparedness, statutory medical compliance, and proactive workforce wellness across Namibia's industrial and tourism sectors.

Critical Response Windows: Practical Guidance on Emergency Preparedness

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In his first keynote address, titled *"Practical Guidance on Emergency Preparedness: Strengthening Corporate Resilience, Safety Compliance & Medical Rapid Response,"* Martens examined the acute risks inherent in the Erongo Region's operating landscape. He noted that Erongo presents a demanding operational environment where high-hazard operations in the Walvis Bay port and logistics corridors intersect with isolated desert tourism operations and lengthy travel distances to tertiary medical facilities.

Central to his emergency preparedness address was the physiological imperative of the **critical response window**:

- Irreversible brain damage begins within just 4 to 6 minutes of oxygen deprivation.
- A patient's survival probability drops by approximately 10 percent for every single minute that passes without cardiopulmonary resuscitation (CPR).
- Onsite clinical competence and immediate first-responder intervention serve as the decisive bridge preserving life before advanced hospital care can be accessed.

To eliminate fatal delays, Martens detailed the **Four Pillars of Corporate Preparedness**, outlining an integrated structure that businesses must implement:

- **Comprehensive Risk Audits:** Conducting systematic assessments to identify site-specific medical vulnerabilities and environmental hazards.
- **Certified Workforce Responders:** Ensuring trained personnel certified in First Aid Levels 1 through 3, Basic Firefighting, and evacuation coordination are present on every working shift.
- **Onsite Medical Stations:** Establishing fully equipped treatment facilities with resuscitation equipment, diagnostic tools, and oxygen supplies.
- **Dedicated Emergency Medical Standby:** Contracting dedicated ambulance response capabilities to eliminate municipal dispatch lag during critical industrial trauma or remote excursions.

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Martens placed particular emphasis on the tourism sector, urging safari operators and remote desert lodges to implement standardised emergency medical kits, automated external defibrillators (AEDs), and the **ATA I OSH TeleMed service** to protect visitors and safeguard company reputations during remote dune expeditions and marine charters.

From Reaction to Prevention: Occupational Health and Workplace Wellness

In his second presentation, titled *"Emergency Medical Response, Occupational Health & Workplace Wellness: Prioritising Preventative Workforce Vitality & Statutory Compliance Across Erongo,"* Martens addressed the transition toward **Total Worker Health**, demonstrating how proactive occupational medicine protects both employees and balance sheets.

Highlighting the measurable financial return on investment (ROI) of preventative care, Martens presented clinical and economic evidence demonstrating a documented **3:1 return on investment** for structured workplace wellness programs. By intercepting chronic non-communicable diseases—such as hypertension and diabetes—early through routine vitality screenings, enterprises drastically reduce sick leave, curtail healthcare expenditures, and overcome the chronic fatigue that drives severe industrial accidents.

Martens outlined the statutory necessity of end-to-end occupational health surveillance:

- **Pre-Employment Screenings:** Establishing verified baseline medical fitness and physical suitability before

placing personnel into high-risk industrial duties.

- **Periodic Medical Surveillance:** Tracking continuous exposure to occupational noise, respirable mineral dusts, and chemical fumes through diagnostic audiometry, spirometry (lung function testing), and biological exposure monitoring.
- **Keystone Vision Diagnostics:** Measuring visual acuity, peripheral vision, and depth perception to prevent catastrophic collisions among heavy mobile plant and haulage operators.
- **Exit Medical Examinations:** Documenting an employee's definitive health status at the end of employment, providing legal protection against retrospective compensation disputes and statutory liability.

To solve the productivity loss associated with sending sick or injured workers off-site, Martens presented OSH-Med's turnkey, containerised modular onsite clinics. Staffed by qualified Occupational Health Nurses and paramedics, these stations deliver certified primary healthcare, medication dispensing, triage, and chronic vitals monitoring directly at the workplace with **zero travel downtime**.

Experience Advanced Solutions at the OSH-Med Symposium Expo Stand

Beyond the symposium lecture hall, OSH-Med International and E.M.A. welcomed delegates, business owners, and HSE practitioners to their dedicated exhibition stand at the Erongo Expo.

Visitors engaged directly with clinical leadership and experienced firsthand the

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modern diagnostic and emergency capabilities available across the region:

- **Mobile Diagnostic Screening Units:** Demonstrating on-site audiometric sound booths, computerised spirometers, vision screening hardware, and rapid biometric vitality testing.
- **Custom Corporate Wellness Packages:** Consulting on tailored employee health surveillance, ergonomic risk assessments, and shift-fatigue mitigation frameworks.
- **Emergency Standby Infrastructure:** Showcasing heavy-duty 4x4 Advanced Life Support (ALS) emergency response vehicles engineered specifically for remote desert terrain, open-cast mining sites, and off-road industrial corridors.

Partnering for Regional Safety and Emergency Excellence

As the proud **Platinum Supporter of the E.M.A. non-profit organisation**, **OSH-Med International**(www.osh-med.pro) continues to deliver accredited Occupational Safety and Health education, statutory legal compliance auditing (Approved Inspection Authority Certificate 22/110), and turnkey medical infrastructure throughout Namibia.

Through **ATA I OSH-Med International** (www.osh-med.pro/medical-services), commercial operations, logistics depots, and mining enterprises can deploy registered medical staff, certified safety officers, and mobile clinics directly to active job sites.

- To discuss statutory medical surveillance, corporate wellness audits, or certified safety training, contact OSH-Med International at +264 61 302 9315 or visit www.osh-med.pro.

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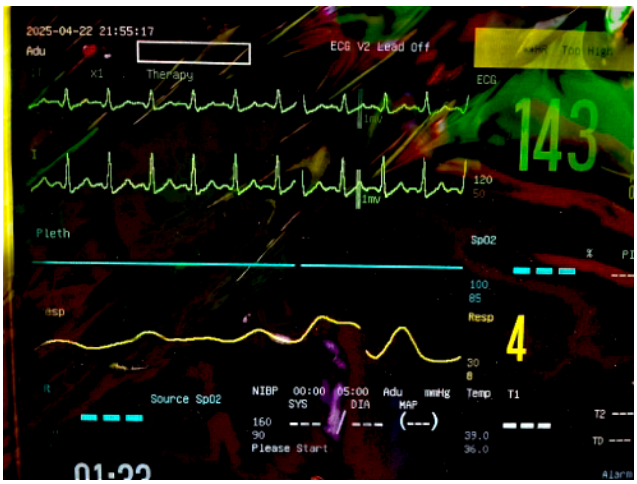
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Demystifying Cardiomyopathy, Silent Heart Failure, and Sudden Cardiac Hazards



Shortness of breath after climbing a flight of stairs, unexplained chronic fatigue, or mild swelling around the ankles are frequently written off as harmless signs of aging, dehydration in the desert sun, or the natural physical exhaustion of a gruelling work week. Yet, beneath these everyday complaints may lurk a profound and insidious pathology: ***cardiomyopathy****—a diverse group of diseases directly affecting the myocardium (heart muscle) that fundamentally impairs the heart's ability to pump life-sustaining blood.*

As detailed in a clinical review cardiomyopathy is neither a single illness nor solely an ailment of the elderly. It encompasses a spectrum of structural, electrical, and mechanical disorders of the heart tissue that can lead to progressive congestive heart failure, debilitating thromboembolic events, and catastrophic sudden cardiac arrest.

In Namibia—where demanding industrial labor across mining, maritime logistics, and agriculture intersects with high rates of undiagnosed cardiovascular conditions, hypertension, and alcohol-related lifestyle risks—understanding cardiomyopathy is essential for early clinical intervention and occupational safety.

Anatomy of a Compromised Heart: The Five Primary Forms

Cardiomyopathies are classified primarily by the structural and functional changes they inflict on the ventricular walls:

1. Dilated Cardiomyopathy (DCM)

The most common form, DCM is characterised by ventricular dilation—the heart muscle thins out, stretches, and becomes flaccid, resembling an overstretched balloon. Because the weakened chambers cannot contract forcefully, cardiac output plummets.

- **Triggers:** While approximately one-third of DCM cases are hereditary, secondary causes are exceptionally prevalent. These include past subclinical viral infections (viral myocarditis), chronic toxic exposure—most notably prolonged heavy alcohol consumption—uncontrolled long-term arterial hypertension,

metabolic endocrine disorders, and chemotherapeutic agents.

2. Hypertrophic Cardiomyopathy (HCM)

In direct contrast to DCM, HCM causes abnormal, excessive thickening (hypertrophy) of the myocardial fibres, predominantly affecting the left ventricle and the inter-ventricular septum.

- **The Obstructive Hazard:** The thickened muscle walls become stiff, severely limiting the chamber's capacity to fill with blood during diastole. In many patients, the thickened septum obstructs blood flow out of the aorta (hypertrophic obstructive cardiomyopathy, or HOCM). Because HCM is overwhelmingly genetic and frequently asymptomatic during everyday rest, it represents the leading cause of sudden,unexpected cardiac death among young athletes and physically active young artisans during strenuous exertion.

3. Restrictive Cardiomyopathy (RCM)

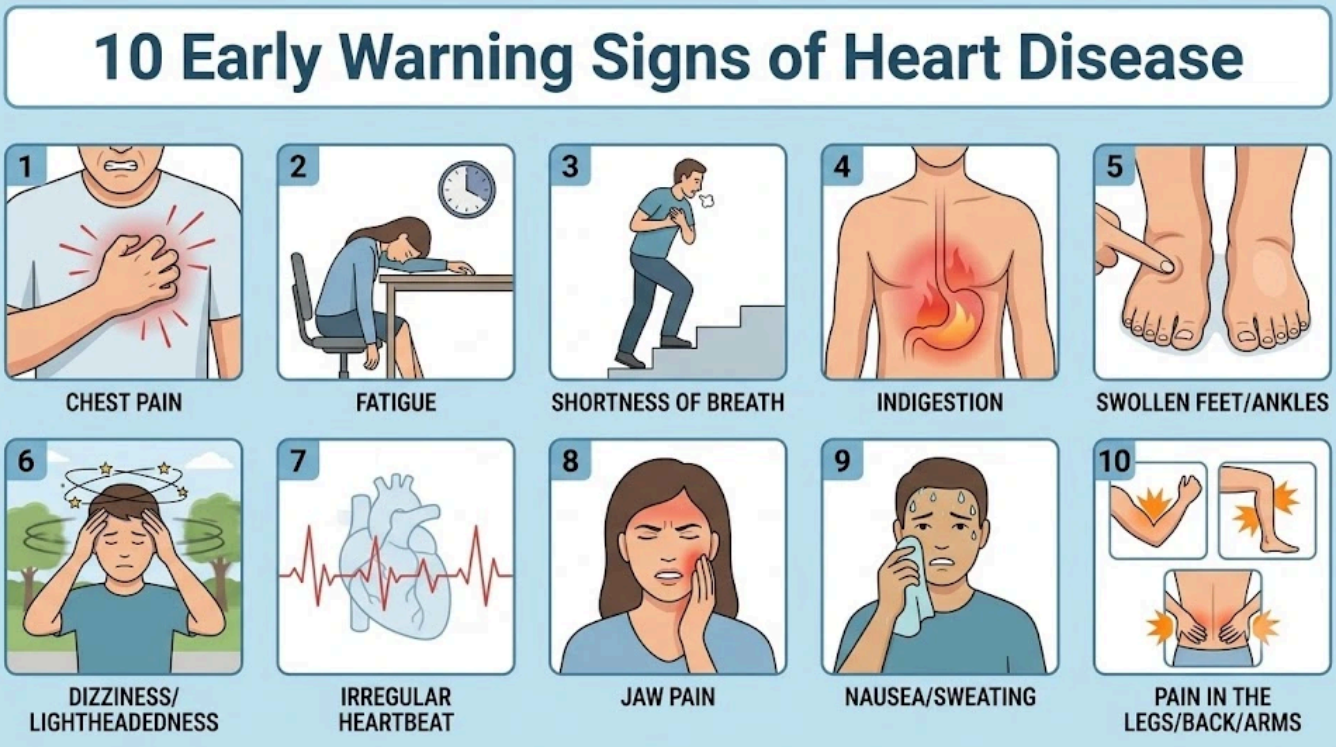
RCM is a rarer condition where the ventricular walls become rigid and non-compliant without necessarily becoming visibly enlarged or thickened. The ventricles cannot relax and stretch to fill with blood, causing pressure to back up into the atria and pulmonary circulation. RCM is typically secondary to systemic infiltrative diseases, such as amyloidosis (abnormal protein accumulation), sarcoidosis, or hemochrombtosis (iron overload).

4. Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)

ARVC is a genetic disorder wherein normal myocardial cells in the right ventricle are progressively replaced by fibrofatty scar tissue. This structural breakdown disrupts normal cardiac electrical conduction, creating volatile re-entrant circuits that trigger life-threatening ventricular

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arrhythmias, especially during heavy adrenaline surges or intense physical exertion.

5. Takotsubo Cardiomyopathy ("Broken Heart Syndrome")

An acute, temporary form of cardiomyopathy triggered by severe emotional trauma, acute grief, or extreme physical shock. A massive surge of stress hormones (catecholamines/adrenaline) temporarily "stuns" the heart, causing the tip of the left ventricle to balloon outward while the base contracts normally. While often reversible with rapid medical care, its initial presentation closely mimics an acute anterior myocardial infarction (heart attack).

Industrial Heat, Alcohol, and Hidden Genetic Risks

Operating within Namibia's unique socio-economic and industrial framework exposes several critical friction points where cardiomyopathy presents serious operational and clinical hazards:

- **The Dehydration vs. Cardiac Failure Mask:** On open-pit uranium and diamond mines in the Erongo and Karas regions, or during civil road construction along the Trans-Kalahari corridor, ambient temperatures frequently exceed 38°C. Workers suffering from early dilated cardiomyopathy often interpret exercise dyspnea, lightheadedness, and lethargy as simple heat stress or dehydration. When supervisors encourage them to drink copious amounts of fluids without recognising underlying heart failure, fluid overload can trigger acute, life-threatening pulmonary oedema.
- **Alcohol-Induced Toxic Cardiomyopathy:** Hazardous alcohol consumption remains a widespread public health and

occupational challenge in Namibia. Chronic binge drinking directly poisons cardiac myocytes, disrupting calcium homeostasis and protein synthesis within muscle fibres. Over time, heavy alcohol intake is a direct cause of dilated cardiomyopathy, leading to premature cardiac failure in working-age men and women.

- **Sudden Incapacitation in High-Risk Roles:** In heavy machinery operations—such as piloting massive haul trucks, manoeuvring overhead gantry cranes at the Port of Walvis Bay, or performing working-at-height rigging—an undiagnosed worker with hypertrophic cardiomyopathy or ARVC can experience a sudden ventricular arrhythmia. The resulting sudden loss of consciousness (syncope) or fatal cardiac arrest endangers not only the worker's life, but also colleagues and massive industrial assets.

Recognising the Early Warning Cascade

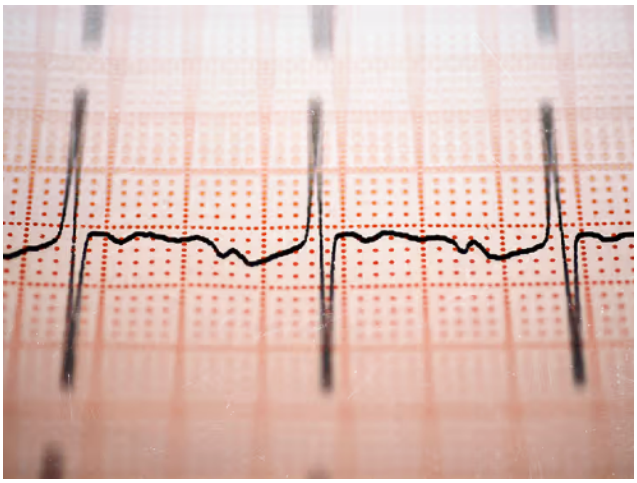
Early detection transforms cardiomyopathy from a lethal mystery into a medically manageable condition.Workers and healthcare providers should be vigilant for the classic diagnostic warning signs:

- **Exertional Dyspnea:** Progressive shortness of breath during routine physical activities that previously caused no fatigue.
- **Orthopnea:** Inability to breathe comfortably while lying flat, forcing the individual to sleep propped up on several pillows.
- **Peripheral Oedema:** Symmetrical swelling of the feet, ankles, and lower legs that leaves an indentation when pressed (pitting oedema), often

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- accompanied by sudden, unexplained weight gain from water retention.
- **Palpitations & Syncope:** Sensations of racing, pounding, or fluttering heartbeats, and particularly unexplained dizzy spells or fainting episodes during physical work.
- **Persistent Dry Cough:** A hacking, chronic cough—sometimes producing pink, frothy sputum—caused by fluid congestion backing up into lung tissue.



Modern Clinical Diagnostics and Therapeutic Strategies

Diagnosing cardiomyopathy requires specialised cardiovascular imaging. Standard resting electrocardiograms (ECGs) frequently display non-specific ST-T wave changes, bundle branch blocks, or arrhythmias, but the gold standard remains **transthoracic echocardiography (ultrasound of the heart)**, which directly visualises chamber dimensions, wall thickness, and ejection fraction (the percentage of blood pumped out with each beat). Advanced cases utilise cardiac MRI to identify myocardial fibrosis and scarring.

Modern medical therapies can dramatically alter disease trajectory:

- **Guideline-Directed Medical Therapy (GDMT):** For dilated cardiomyopathy and heart failure, standard treatment incorporates ACE inhibitors or ARNIs (angiotensin receptor-neprilysin inhibitors), beta-blockers to reduce myocardial strain, mineralocorticoid receptor antagonists (MRAs), and modern SGLT2 inhibitors.Diuretics are vital to eliminate excess fluid accumulation.
- **Device Interventions:** In patients with severe left ventricular dysfunction or high-risk genetic variants (HCM/ARVC), implanting an **Automated Implantable Cardioverter-Defibrillator (ICD)** delivers life-saving electrical shocks if malignant ventricular fibrillation occurs. Cardiac Resynchronisation Therapy (CRT) pacemakers can realign uncoordinated ventricular contractions.
- **Lifestyle Restrictions:** Patients diagnosed with HCM or ARVC must strictly avoid competitive sports, intense isometric straining, and severe dehydration, while individuals with toxic cardiomyopathy must achieve complete alcohol abstinence to allow heart muscle recovery.

Emergency Management for Sudden Cardiac Collapse

When a damaged heart muscle degenerates into ventricular tachycardia or ventricular fibrillation, biological death begins within four minutes. Survival depends entirely on immediate bystander intervention and rapid defibrillation.

If a worker, colleague, or family member suddenly collapses, becomes unresponsive, and stops breathing normally:

1. **Call for help and direct someone to fetch an Automated External Defibrillator (AED) immediately.**
2. **Begin High-Quality CPR instantly:** Place hands in the center of the chest and deliver hard, fast chest compressions at a rate of 100 to 120 beats per minute, depressing the sternum at least 5 to 6 cm.
3. **Deploy the AED:** Turn on the unit and attach the pads to the bare chest; follow the verbal voice prompts and deliver a shock immediately if advised.
4. **Activate Specialised Paramedic Response:**

- **Dial the E.M.A. Emergency Dispatch Center immediately at 9112 for 24/7 Advanced Life Support (ALS) paramedic dispatch and intensive care resuscitation across Namibia.**



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Health & Safety - How Footwear Tread Powers Biomechanical Force, Ergonomic Stability, and Injury Prevention



In most industrial safety manuals, protective footwear is categorised almost exclusively as an armour against external impact—a rigid barrier designed to shield toes from dropped tools, guard soles against sharp puncturing debris, or prevent catastrophic crushing under heavy mobile equipment. While these protective properties remain non-negotiable, occupational biomechanics reveals a much broader operational truth: ***the outsole of a safety boot is the vital mechanical foundation that powers every physical movement a worker makes.***

As highlighted in a technical safety analysis published by *Occupational Health & Safety* ("Get a Grip: How Footwear Tread Powers Pushing, Pulling and Reaching"), proper outsole tread does far more than prevent classic slip-and-fall accidents. It provides the essential traction that enables workers to push heavy trolleys, pull palletised freight, and reach across machinery without losing their footing or subjecting their musculoskeletal system to damaging overexertion.

Across Namibia's diverse industrial landscape—from the logistics terminals and fish processing plants of Walvis Bay to the sprawling open-pit mines of Erongo, construction sites in Windhoek, and commercial agricultural warehouses across the north—rethinking footwear tread as an ergonomic tool is essential to reducing debilitating sprains, strains, and lost-time injuries.

The Biomechanics of Traction: The Foot as an Anchor Point

Human physical labor operates through an interconnected kinetic chain: force generated by large muscle groups in the legs and hips must be transferred through the core and upper body to move a physical object.However, according to Newton's third law of motion, every force exerted requires an equal and opposite reaction against the floor.

The outsole tread serves as the sole physical contact point through which this

ground reaction force is anchored:

- **The Pushing Dynamic:** When pushing a heavily laden manual cart or positioning heavy machinery, workers lean forward, driving their forefeet back into the floor at an acute angle to generate forward horizontal shear force. If the tread lacks adequate traction or grip, the foot experiences microscopic backward slips. To compensate, the worker instinctively over-activates the lumbar spine, hamstring, and shoulder muscles, multiplying the risk of acute disc herniations and severe lower-back strains.
- **The Pulling Dynamic:** Pulling a manual pallet jack or dragging cables requires the worker to lean their centre of mass backward, anchoring into the floor through the heels and mid foot. A sudden forward slip during a pull often results in an uncontrollable backward fall—frequently culminating in closed-head trauma or causing the moving load to roll over and crush the worker's lower extremities.
- **The Reaching Dynamic:** When reaching across a workbench, conveyor belt, or racking system—especially while holding a tool or package—the body's centre of gravity shifts outside its normal base of support. Secure footwear tread provides the lateral friction necessary to stabilise the pelvis and ankles.Without adequate tread grip, subtle lateral shifts lead to sudden loss of balance, knee meniscus tears, and ankle inversion sprains.

The Hidden Cost of "Micro-Slips" and Ergonomic Fatigue

Not all traction failures end in dramatic, recordable falls. In everyday workplace operations, the most insidious injuries stem from **micro-slips**—fleeting, sub-conscious foot displacements measuring only millimetres.

When a worker operates on a slick surface with worn-out outsoles, their central nervous system detects the lack of friction and enters a continuous state of guarding. The worker stiffens their posture, shortens their

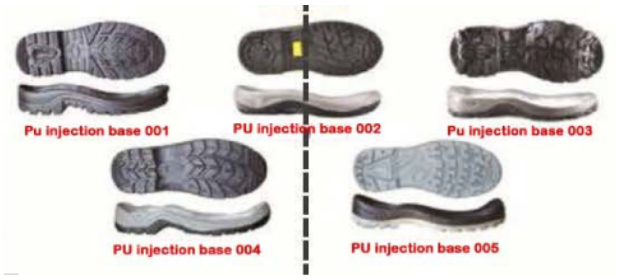
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stride, and continuously contracts their core and leg stabilisers to avoid slipping. Over an 8- to 12-hour shift, this constant postural tension accelerates physical exhaustion, triggers chronic musculoskeletal fatigue, and slows cognitive reaction times, making workers far more vulnerable to acute accidents during non-routine or heavy tasks.

Namibia's Challenging Operating Terrains

Selecting the correct footwear tread requires matching outsole engineering to specific workplace contaminants and ground conditions found across Namibia:



- **Wet, Greasy, and Brine-Coated Floors:** In coastal fish processing factories in Walvis Bay and Lüderitz, abattoirs, and commercial food production facilities, concrete floors are perpetually contaminated with water, animal fats, and brine slurry. Footwear in these environments requires dense siping (microscopic slits in the tread) and flexible rubber compounds that channel liquids away and maintain direct contact with the floor surface.
- **Abrasive Desert Dust & Caliche:** In the Erongo and Karas mining corridors, fine caliche dust, loose sand, and crushed mineral aggregate act like microscopic ball bearings on smooth concrete workshop slabs and steel catwalks. Deep, self-cleaning lug patterns are necessary to bite through loose surface dust and grip solid sub-surfaces.
- **Industrial Hydrocarbons and Lubricants:** Heavy equipment maintenance bays and logistics staging depots frequently feature localised engine oil, hydraulic fluid, and diesel leaks. Outsoles must be chemically formulated with oil-resistant nitrile or polyurethane compounds to prevent the rubber from softening, swelling, or degrading into a slick, traction less surface.
- **Extreme Heat Stress:** Namibian summer temperatures regularly exceed 35°C to 40°C in outdoor construction and road rehabilitation projects. Scorching asphalt and baking rock quickly break down cheap polymer outsoles, causing them to melt, harden, or wear smooth within weeks.

Overcoming the "Bald Tire" Hazard: Outsole Maintenance

A dangerous oversight in safety management is replacing boots only when the upper leather tears or the steel toe cap becomes exposed.

Just like vehicle tires, a safety boot can appear structurally sound on the outside

while its tread is completely bald and biomechanically useless. Safety officers and supervisors must enforce formal footwear inspection protocols:

1. **Monitor Tread Depth:** Establish clear retirement criteria for outsoles. When tread lugs wear down below 2 to 3 millimetres, the shoe loses its ability to channel contaminants and must be removed from service.
2. **Inspect Wear Symmetry:** Uneven wear patterns—such as severe wearing on the outer edge (supination) or inner edge (pronation)—indicate gait imbalances that compromise stability and require replacement or ergonomic insole correction.
3. **Inspect for Clogging:** Soles with compacted mud, stone chips, or hardened grease cannot establish traction. Workers must have access to boot scrapers and wash-down points before transitioning from unpaved yards to interior concrete walkways.

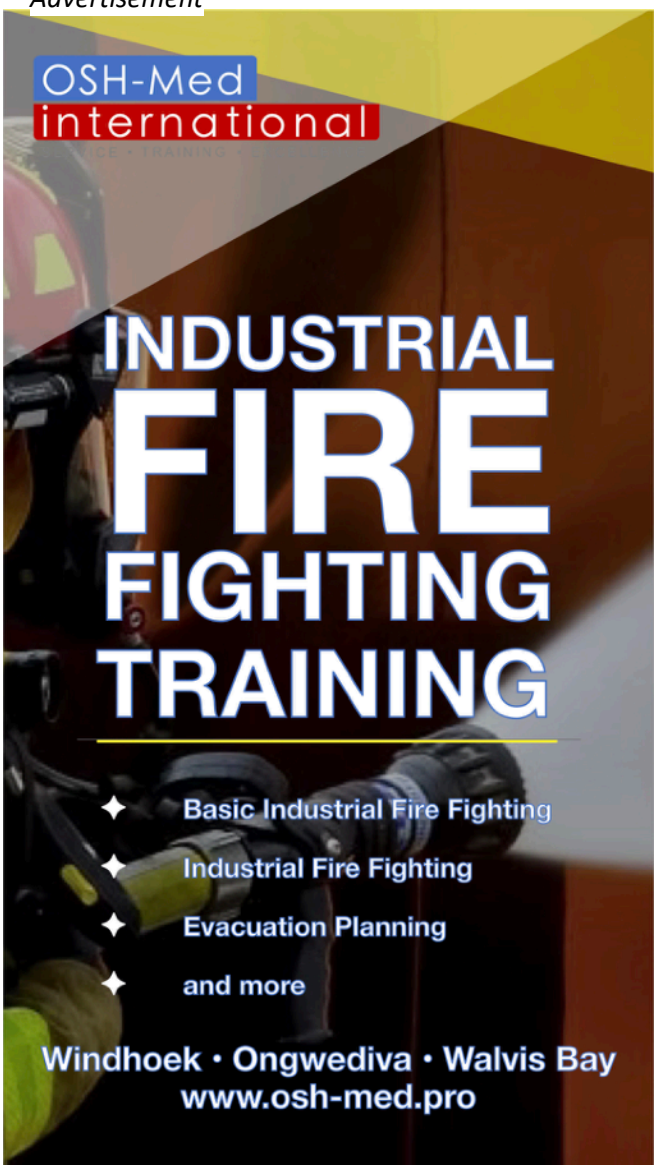
Superior Protection: OSH-Med International's PPE & Safety Footwear Solutions

Equipping a workforce with safety footwear that balances mechanical protection, slip resistance, and ergonomic support requires specialised safety distribution.

As the proud **Platinum Supporter of the E.M.A. non-profit organisation**, **OSH-Med International**(www.osh-med.pro) offers a comprehensive range of certified Personal Protective Equipment (PPE) and high-performance safety footwear tailored to the rigorous demands of Namibian industry:

- **Extensive Footwear Selection:** Providing a wide variety of safety shoes and boots—from heavy-duty mining boots with puncture-resistant steel/Kevlar midsoles and external metatarsal guards, to lightweight, ultra-flexible, slip-resistant footwear designed specifically for logistics, warehousing, and indoor manufacturing.

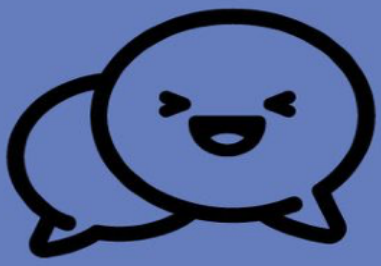
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- **Advanced Tread Engineering:** Sourcing footwear built with certified SRC slip resistance, dual-density polyurethane/rubber soles, anti-static properties, and aggressive self-cleaning tread designs capable of gripping slippery ramps, wet coastal tiles, and loose gravel.
- **Complete PPE Supply:** Beyond footwear, OSH-Med International equips organisations with a full spectrum of compliant safety gear, including high-visibility apparel, impact-rated eye and face protection, respiratory gear, fall arrest systems, and specialised chemical suits.



Fun Time - *Joke of the week*



What do you call a factory that makes okay products?

A satis-factory.

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E.M.A. Emergency Statistics updated 24.9.2026

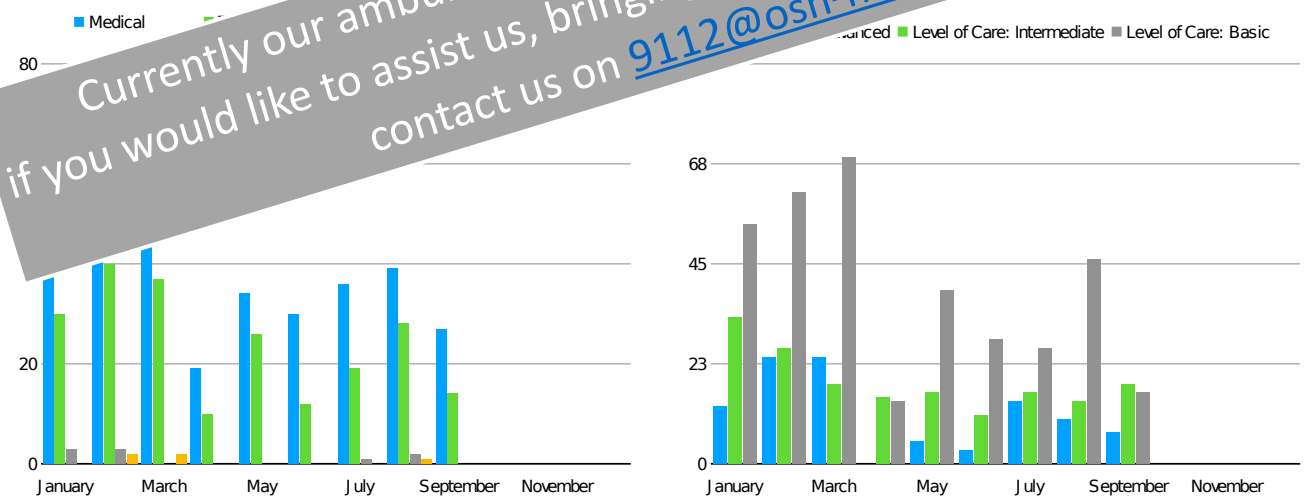
In 2026
E.M.A. assisted the public with
Emergencies in the value of

NAD 1,087,000.00

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	
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						

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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:

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