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Occupational Safety & Health and Medical

by



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Guarding the Mind Through the Heart: Study Reveals Intensive Blood Pressure Control Slashes Dementia Risk by 15%



High blood pressure has earned its reputation as the "silent killer" for its devastating role in heart attacks, kidney failure, and acute strokes. However, compelling medical evidence demonstrates that the damage wrought by hypertension extends far beyond the cardiovascular system—it silently attacks the brain.

According to a landmark seven-year clinical trial highlighted presented at the European Society of Cardiology (ESC) Congress, intensive blood pressure management reduces the risk of developing all-cause dementia by approximately 15 percent and cuts the rate of cognitive impairment by 13 percent.

For Namibia—a nation grappling with a high prevalence of hypertension across both urban workforces and rural communities—these findings provide a critical wake-up call: keeping blood pressure under tight control is not only vital for cardiovascular survival, but also one of the single most effective strategies for preserving lifelong cognitive vitality and workplace competence.

The Vascular-Brain Connection: Why Pressure Matters to Cognitive Health

The human brain is an intensely vascular organ. Despite accounting for only about 2 percent of total body weight, it consumes roughly 15 percent of the heart's entire blood output. To function at peak

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performance, brain tissue relies on an intricate network of microscopic blood vessels delivering a continuous supply of oxygen and glucose.

When a person lives with untreated or poorly managed high blood pressure, the consequences for the brain are severe:

- **Microvascular Damage:** High arterial pressure causes the delicate walls of cerebral micro-vessels to thicken, stiffen, and narrow, drastically reducing blood perfusion to critical brain centres responsible for memory and executive function.
- **Silent Micro-Infarcts:** Hypertension frequently causes microscopic, unnoticed mini-strokes (lacunar infarcts) and white-matter lesions that accumulate silently over decades.
- **Accelerated Neurodegeneration:** Compromised cerebral blood flow deprives neurons of nutrients and hampers the brain's ability to clear metabolic waste, lowering the threshold for vascular dementia and exacerbating underlying neurodegenerative conditions.

By aggressively lowering blood pressure toward optimal levels, vascular elasticity is maintained, micro-vessels remain open, and the brain is shielded against cumulative tissue loss.

The 7-Year Breakthrough: Scalable Community Care Works

The study—conducted through the China Rural Hypertension Control Program

(CRHCP) across nearly 34,000 adults aged 40 and older—compared standard hypertension care against an intensive protocol targeting blood pressure levels strictly below **130/80 mmHg**.



What makes this research transformative for Namibia is *how* the care was delivered:

- **Non-Physician Healthcare Delivery:** Treatment was administered primarily by trained community healthcare workers under physician supervision rather than requiring constant visits to specialist hospitals.
- **Accessible Protocols:** Providers utilised standard, affordable antihypertensive medications, structured lifestyle coaching, and routine blood pressure tracking.
- **Proven Longevity:** Over seven years of follow-up, participants achieved sustained blood pressure reductions, a 15 percent lower incidence of dementia, and fewer overall serious medical adverse events.





This proves that proactive, decentralised hypertension management can be successfully deployed in underserved, low-resource, and rural environments—a finding directly applicable to Namibia's health landscape.

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The Namibian Reality: Protecting Our Aging Workforce and Communities

In Namibia, hypertension remains one of the most widespread chronic conditions. From corporate offices in Windhoek to logistics hubs in Walvis Bay, remote mining operations in the Erongo desert, and agricultural farms in the northern regions, thousands of workers live with unmonitored high blood pressure.

Because hypertension produces zero daily pain, many individuals neglect medication or avoid regular checkups. However, in hazardous industries, cognitive decline, slowed reaction times, and memory lapses among aging artisans and machinery operators represent severe occupational safety hazards.

Employers and wellness managers can implement targeted blood pressure strategies:

1. **Enforce Blood Pressure Screenings:** Integrate routine blood



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1. pressure checks into annual fit-for-duty medicals, pre-shift wellness huddles, and occupational health surveillance.
2. **Aim for Modern Targets:** Work with occupational health practitioners to target blood pressure levels below 130/80 mmHg rather than settling for borderline hypertensive readings.
3. **Encourage Dietary Modifications:** Promote diets lower in sodium (reducing excessive table salt and heavily cured meats) and rich in potassium (leafy greens, legumes, and bananas), combined with adequate daily hydration in Namibia's hot climate.
4. **Support Medication Compliance:** Ensure employees diagnosed with hypertension have continuous access to their prescribed daily medications without interruption.

Frontier Healthcare: ATA | OSH-Med International

Deploying decentralised, high-impact medical surveillance across commercial and industrial operations requires specialised clinical infrastructure.

ATA | OSH-Med International (www.osh-med.pro/medical-services) stands as Namibia's premier provider for **turnkey onsite medical clinics, occupational health surveillance, and qualified medical staffing**.

By placing registered Occupational Health Nurses, EMTs, and Occupational Medical Practitioners directly on industrial job sites

and remote project camps, ATA | OSH-Med International ensures that chronic conditions like hypertension are detected early, monitored continuously, and managed aggressively before they cause heart attacks, strokes, or long-term cognitive impairment.

Emergency Management for Hypertensive Crises

While long-term hypertension silently erodes the brain over years, sudden, severe spikes in arterial pressure (hypertensive crises) can trigger immediate, life-threatening catastrophes—including acute hemorrhagic strokes, aortic dissections, and sudden cardiac arrests.

Recognising the acute warning signs is vital:

- Sudden, severe "thunderclap" headache.
- Sudden numbness, weakness, or facial drooping on one side of the body.
- Difficulty speaking, slurred speech, or acute visual disturbance.
- Severe chest pain accompanied by shortness of breath.

In any acute cardiovascular or neurological emergency across Namibia:

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

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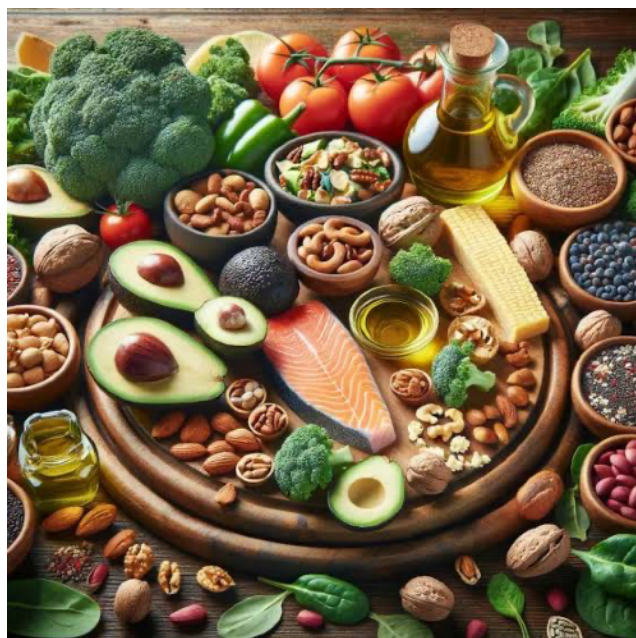
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Fuelling the Fat-Burner: The Science, Myths, and Health Realities of the Ketogenic Diet

From corporate boardrooms in Windhoek to fitness groups in Swakopmund, the ketogenic ("keto") diet remains one of the most talked-about dietary regimens. Marketed as a rapid weight-loss solution, a cognitive booster, and a blood-sugar stabiliser, keto has inspired thousands of Namibians to swap bread, rice, and traditional maize meal for high-fat, ultra-low-carb plates.



However, behind the viral social media testimonials lies a complex metabolic shift. As detailed in a nutritional analysis, the ketogenic diet is not simply a high-protein braai plan—it is a radical physiological

intervention that fundamentally rewires how the body generates energy.

In a country where non-communicable diseases, cardiovascular conditions, and metabolic syndrome are on the rise, understanding how ketosis works—along with its real benefits and potential health hazards—is critical for personal well-being and workplace vitality.

How Ketosis Works: Swapping Sugar for Ketones

Under a standard diet, the body relies on carbohydrates (sugars and starches) as its primary fuel source, breaking them down into glucose to power the brain, muscles, and organs.

A strict ketogenic diet disrupts this process by drastically reducing carbohydrate intake to **under 20 to 50 grams per day** (roughly 5 to 10 percent of total caloric intake), while increasing dietary fats to 70 to 80 percent of daily calories, with moderate protein.

When carbohydrate stores (glycogen) in the liver and muscles are depleted:

- The liver begins breaking down dietary and stored fats into chemical compounds called **ketone bodies** (such as acetoacetate and beta-hydroxybutyrate).
- The body enters a state of



- **nutritional ketosis**, where cells and the brain shift to utilising ketones as their primary fuel instead of glucose.

Clinical Origins vs. Modern Weight Loss Claims

Ketogenic nutrition was not originally invented as a lifestyle fad. In the 1920s, medical specialists developed the diet as a clinical treatment for children suffering from **drug-resistant epilepsy**, as ketone bodies alter brain excitability and significantly reduce seizure frequency.

Today, research highlights several distinct metabolic effects:

- **Rapid Initial Weight Drop:** Early weight loss on keto is dramatic, though much of the initial shedding is stored water released as glycogen stores are emptied.
- **Appetite Suppression:** Ketones and higher fat intake influence hunger hormones like ghrelin, often helping individuals feel full longer on fewer calories.
- **Insulin and Blood Glucose Control:** By removing fast sugars and refined carbohydrates, the diet can help stabilise blood sugar levels in individuals managing insulin resistance and early type 2 diabetes under medical supervision.

However, long-term clinical trials show that after 12 to 24 months, overall weight loss and metabolic markers on a keto diet tend

to align closely with other well-structured, calorie-controlled dietary approaches.

The Namibian "Braai Trap" and Potential Health Risks

In Namibia's rich meat-loving culinary culture, many people adopt keto by simply consuming unlimited quantities of fatty red meat, processed boerewors, bacon, and butter, while cutting out all fruits and vegetables. Medical experts caution against this approach:

1. Cardiovascular and Cholesterol Spikes

An unguided keto diet loaded with saturated animal fats can trigger sharp increases in low-density lipoprotein (LDL) cholesterol

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and apolipoprotein B, accelerating arterial plaque buildup (atherosclerosis) and increasing lifetime cardiovascular disease risk.

2. The "Keto Flu" & Dehydration

During the initial transition into ketosis, the body excretes large amounts of water and essential electrolytes (sodium, potassium, magnesium). In Namibia's dry, sunny climate, this frequently causes the "keto flu"—characterised by severe fatigue, headaches, dizziness, muscle cramps, and brain fog.

3. Micronutrient and Fibre Deficiencies

Eliminating whole grains, legumes, and many fruits deprives the digestive tract of dietary fiber, leading to chronic constipation and disrupting the beneficial gut microbiome.

4. Kidney and Liver Strain

High protein-and-fat loads increase uric acid production, potentially triggering acute gout attacks—a condition already widespread across Namibia—and placing extra filtration burdens on the kidneys and liver.

Nutritional Ketosis vs. Diabetic Ketoacidosis (DKA)

It is crucial to distinguish between safe nutritional ketosis and Diabetic Ketoacidosis (DKA).

While nutritional ketosis produces a controlled, regulated amount of ketones in healthy individuals, DKA is a life-threatening acute complication seen primarily in

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individuals with type 1 or advanced, unmanaged type 2 diabetes.

In DKA, an absolute lack of insulin causes uncontrolled ketone overproduction, turning the bloodstream dangerously acidic. Symptoms include sweet/fruity-smelling breath, extreme thirst, frequent urination, persistent vomiting, confusion, and rapid, deep breathing. DKA is a critical medical emergency requiring immediate hospitalisation.

Workplace Wellness & Metabolic Support

For industrial workforces—whether in deep-level mining, logistics, or construction—extreme dietary shifts can impact hydration, reaction times, and physical endurance under heavy heat stress. Employers can support employee health through structured wellness programs:

- Encouraging balanced nutrition emphasising healthy fats (such as avocados, nuts, seeds, and olive oil) and non-starchy vegetables over heavily processed meats.
- Conducting routine health surveillance to monitor lipid profiles, liver enzymes, and kidney function.

Emergency Medical Intervention

Sudden electrolyte collapse, severe heat-induced dehydration during dietary

transitions, or acute diabetic ketoacidosis require immediate advanced pre-hospital stabilization.

If an individual experiences severe confusion, persistent vomiting, rapid shallow breathing, or loss of consciousness:

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

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The advertisement features a background image of a mountain range under a blue sky. At the top, the ATA OSH-Med International logo is displayed, consisting of a red cross symbol and the text 'ATA OSH-Med International' in white and red. Below the logo, the tagline 'Your Future in Healthcare.' is written in a smaller font. The main text of the advertisement reads 'MEDICAL CARE FOR YOU' in large, bold, white capital letters, followed by 'here & everywhere' in a similar but slightly smaller font. At the bottom, the website 'www.osh-med.pro/medical-services' and the phone number '+264 61 302 931' are listed, along with the email address 'ata@osh-med.pro'.

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

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

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**STROKE
REACT
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Health & Safety - Closing the Fatal Gaps: Why Fragmented Fall Protection Systems Fail

Falls from height remain among the leading causes of catastrophic trauma and occupational fatalities across Namibia. Whether on multi-storey commercial construction sites in Windhoek, towering ship-to-shore cranes along the Walvis Bay port corridor, processing plants in the Erongo mining basin, or remote telecommunication towers in the south, working at elevation is an everyday operational reality.

Yet, despite widespread investments in Personal Protective Equipment (PPE), severe fall incidents continue to occur. As highlighted in an in-depth safety analysis by *Occupational Health & Safety*, the root cause of these failures is rarely a catastrophic mechanical defect in the harness itself. Instead, falls occur because organisations treat fall protection as a collection of isolated products rather than a fully integrated, comprehensive safety system.

When fall protection is fragmented—where equipment is purchased without structural anchor engineering, workers are trained without clearance calculations, and fall arrest gear is deployed without a prompt rescue plan—the system fails precisely at the moment of maximum risk.

The Anatomy of System Fragmentation

A fragmented safety approach creates an illusion of compliance while leaving critical vulnerabilities unmanaged. In industrial settings across Namibia, several systemic failure points routinely undermine fall protection:

- **The "Harness-Centric" Fallacy:** A common misconception is that issuing a worker a full-body harness and lanyard satisfies working-at-height obligations. A harness is merely a connecting element; without an engineered anchorage point, verified clearance, and a compatible arrestor, it offers zero protection.
- **Improvised Anchor Points:** Workers frequently tie off to unrated

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- structures—such as electrical conduit, standard handrails, cable trays, or scaffolding cross-braces. In a fall, dynamic forces easily exceed several kilo newtons of impact load, ripping uncertified anchorages from their mountings.
- **Miscalculating Fall Clearances and Swing Hazards:** Fall arrest systems require sufficient vertical space to deploy safely. Failing to calculate free-fall distance, shock-absorber extension, harness stretch, worker height, and a safety margin often leads to a worker striking the ground or intermediate steelwork before the system arrests the fall. Furthermore, working away from the anchor point introduces severe swing-fall (pendulum) hazards into nearby obstacles.
- **Environmental Degradation:** Namibia's extreme operational conditions accelerate equipment wear. Intense UV solar radiation

quickly degrades synthetic nylon and polyester webbing, while abrasive desert sand and coastal salt fog corrode metal snap hooks, D-rings, and cable grabs. Without mandatory pre-use inspections, weakened gear goes unnoticed until failure.

The Overlooked Emergency: Suspension Trauma & The Rescue Plan

Deploying fall arrest equipment without an immediate, actionable rescue plan is one of the most dangerous oversights in occupational safety.

When a worker is suspended upright in a harness following an arrested fall, the leg straps exert intense pressure on femoral veins while muscle pumps in the legs remain inactive. This causes rapid blood pooling in the lower extremities, severely



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reducing venous return to the heart and brain.

Known clinically as **suspension trauma** (or orthostatic intolerance / harness hang syndrome), this condition can cause loss of consciousness within minutes and lead to fatal cardiac arrest or irreversible renal damage in as little as **10 to 15 minutes**.

Relying on standard municipal emergency response times in remote mining areas or high-elevation structures is not a viable strategy. Every job site must have the specialised rigging, relief straps, and trained personnel capable of safely extricating a suspended worker within minutes.

The Integrated Fall Management Framework

Eliminating fall hazards requires shifting from piecemeal equipment procurement to a

disciplined, end-to-end fall management framework:

1. **Strict Adherence to the Hierarchy of Controls:** Always prioritise eliminating the hazard first (e.g., modular assembly at ground level) or passive fall prevention (engineered guardrails, work platforms, and mobile elevating work platforms) before relying on personal fall arrest systems.
2. **Engineered Anchorages:** Ensure every designated anchor point is certified by a competent person or structural engineer to withstand statutory dynamic load requirements.
3. **Mandatory Pre-Use and Periodic Inspections:** Enforce daily visual checks by the user and documented formal inspections by certified inspectors to remove damaged, UV-bleached, or chemically exposed webbing from service.
4. **Dedicated Suspension Relief & Rescue Drills:** Equip every harness



with suspension relief trauma straps to allow suspended workers to stand and relieve vein compression, and conduct regular practical rescue simulations on site.

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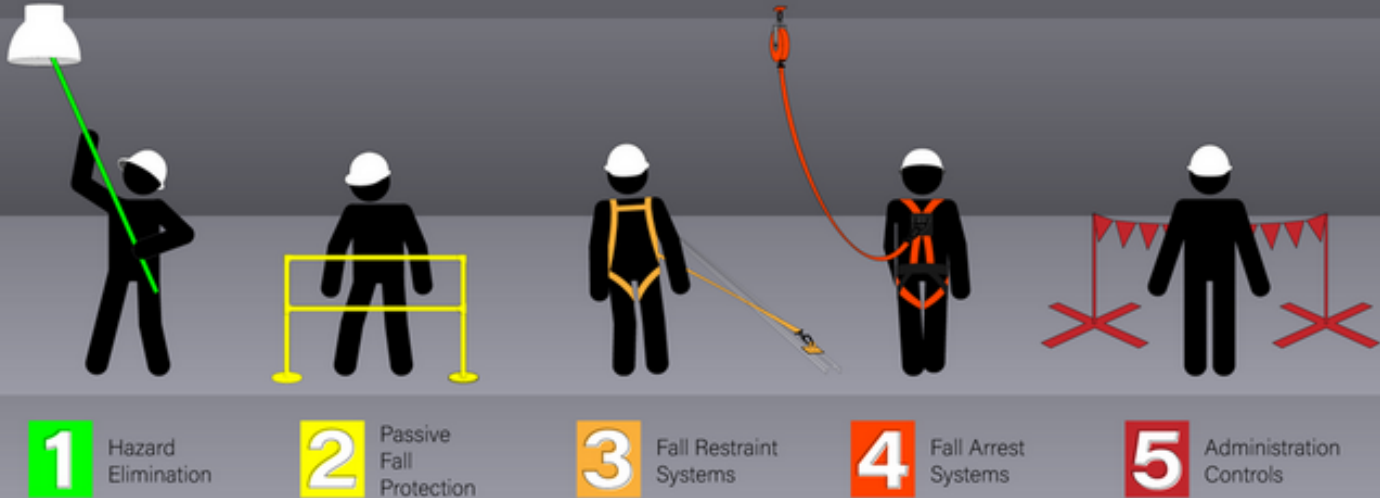
- **Accredited Working at Height & Fall Arrest Training:** Hands-on certified training programs covering hazard identification, harness fitting, equipment inspection, clearance calculations, and safe anchorage selection.
- **Specialised High-Angle & Fall Rescue Courses:** Equipping on-site safety teams, riggers, and rescue crews with practical technical skills to perform rapid extrication and suspension trauma management.
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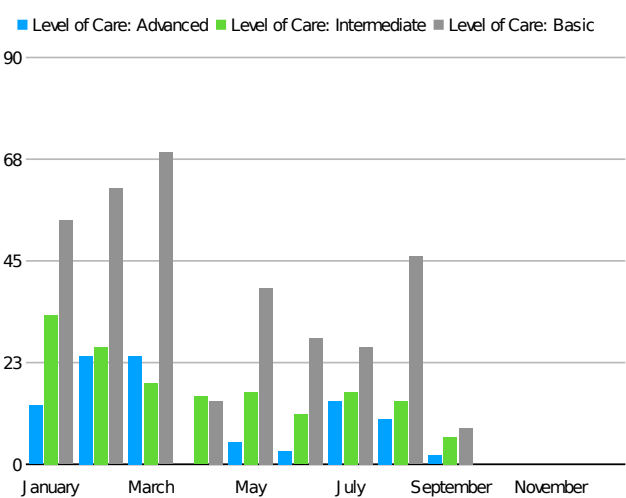
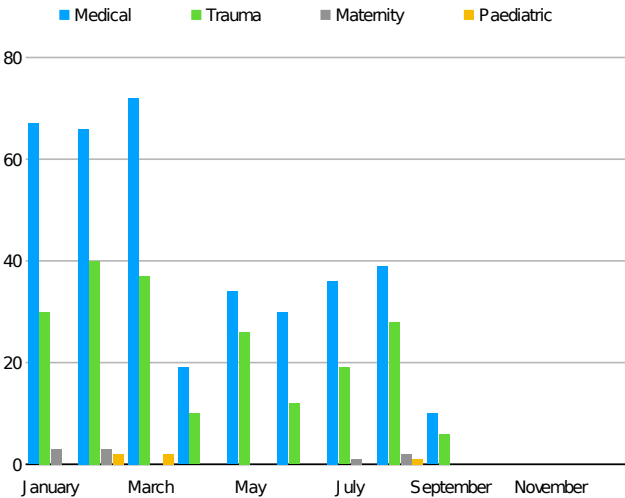
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	Medical	Trauma	Maternity	Paediatric	Level of Care: Advanced	Level of Care: Intermediate	Level of Care: Basic
January	67	30	3	0	13	33	54
February	66	40	3	2	24	26	61
March	72	37	0	2	24	18	69
April	19	10	0	0	0	15	14
May	34	26	0	0	5	16	39
June	30	12	0	0	3	11	28
July	36	19	1	0	14	16	26
August	39	28	2	1	10	14	46
September	10	6	0	0	2	6	8
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	373	208	9	5	95	155	345
Total	595				595		



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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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10 111

City Police (Whk)

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MVA Fund

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



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