

#### ADDITIONAL:

FIRST AID - HOW TO PROVIDE FIRST AID AT HYPOGLYCEMIA • HAVING A HEART
- IMPORTANCE OF AN AED • BUILDING A SUCCESSFUL HEALTH & SAFETY

CULTURE • FUN TIME - JOKE OF THE WEEK

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# What is often behind headaches at teenagers

Many children and young people suffer from recurring headaches. A bad lifestyle favors them.

Headaches are common among children and adolescents and are becoming increasingly common. According to medical guidelines, almost 20 percent of children complain of occasional headaches even in preschool age. Among 16 to 17 year olds, almost 40 percent said they had a headache at least once a week. Almost 80 percent of teenagers with recurring headaches regularly take painkilling medication. These are the results of the CHAP project, which investigated how frequently headaches occur in children and adolescents on behalf of the GER Ministry of Education and Research (BMBF).



#### Little sleep, too much screen time

Researchers from Canada have set out to find possible causes for the increasing

number of children and young people suffering from headaches. To get to the point: Headaches are strongly linked to the lifestyle of children and young people. According to the study, young "night owls" who go to bed too late and sleep too little were particularly at high risk of headaches. Long periods of screen time also greatly increased the likelihood of getting headaches. Children and adolescents aged five to 17 years took part in the large cross-sectional survey in Canada (n=4,978,370; mean age 10.9 years; 48.8% female).

#### Irregular meals, cannabis and alcohol

Children and adolescents who eat irregularly also appear to have an increased likelihood of more frequent headache attacks, according to the study. Among 12 to 17 year olds, the risk of suffering from regular headaches was also increased among those who regularly drink alcohol or smoke cigarettes every day - whether conventional or e-cigarettes. In the current study, cannabis consumption was also a relevant risk factor.

# Actively control it instead of taking painkillers

"The results show that lifestyle factors influence the frequency of headaches in children and adolescents. As so-called potentially modifiable risk factors, they should be addressed in practice because it is important to take countermeasures," says headache expert Prof. Dr. Hans-Christoph Diener from the Society for

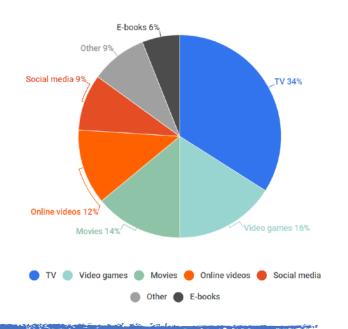




Neurology in a press release from the Science Information Service.

The only primary headache diagnosis that warrants the use of painkillers such as paracetamol, ibuprofen and triptans (the latter from twelve years old) is a proven migraine. Nevertheless, around 80% of young people with recurring headaches take painkillers regularly. In the longer term, as in adults, there is a risk that a so-called medication-overuse headache (MOH) will develop secondarily.

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# First aid: How to provide first aid at hypoglycemia

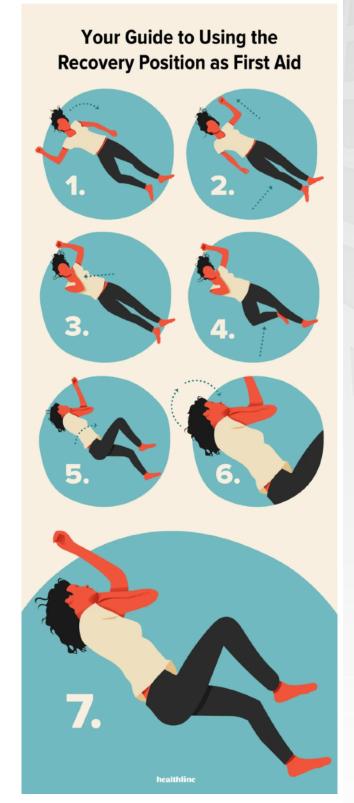
Hypoglycemic and unconscious: This is how relatives can help people with diabetes.

Do you spend a lot of time with someone who has diabetes? Then it is important to know how to react if you experience hypoglycemia. Luckily, hypoglycemia can usually be treated well before someone faints. For example with glucose or lemonade. However, if in extreme cases you lose consciousness, call 9112 for help. Stay by the helpless person's side until emergency services arrive and keep their airway open if they vomit.

# What to do if someone passes out due to low blood sugar?

"Put the person in the stable side position," advises Andrea Witt, diabetes consultant. "If you don't know how to do it, put a small pillow under your head," says Witt. "Don't hesitate! Any help is better than none." This is also emphasized by Prof. Dr. Thomas Haak, head physician at the diabetes clinic and senior emergency physician. He reassures: "The E.M.A. is in Windhoek. Emergency services usually arrive on site within 15 minutes at the latest."

Relatives, teachers and people who look after children or sports groups should, if possible, do even more while waiting: namely, provide the unconscious person with their emergency glucagon.



Patients who have type 1 or type 2 diabetes and need to receive intensive insulin therapy or take sulfonylureas can get them with a prescription. Emergency glucagon is available as a syringe — and increasingly as a nasal spray that you



simply spray into your nose.

## What to do if the hypoglycemic person becomes conscious?

But the operation is not yet over. As soon as the person is conscious, they must eat or drink something containing sugar, such as a glass of cola (not light products) or five to six tablets of glucose. Because the liver immediately retrieves the sugar from the blood.



"If those affected don't consume any carbohydrates, they are at risk of having the next hypoglycaemia," says Witt. After another 10 to 15 minutes, follow with a meal or snack, such as bread and fruit. These complex carbohydrates counteract the drop in blood sugar levels. Blood sugar must be checked regularly for the next 24 hours in order to be able to take immediate action if it drops again. After the emergency, the cause of the hypoglycemia should be clarified by a doctor.

## Help with low blood sugar: How is a glucagon set maintained?

The syringe and spray have a shelf life of around 18 months and must then be replaced. Diabetologists recommend the more manageable glucagon nasal spray, which is prescribed in justified cases despite the higher cost. So far, only the emergency injection has been approved for children under the age of four.

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# WHERE PATIENTS BECOME FAMILY

WHERE DO YOU GO AFTER YOUR ILLNESS OR OPERATION?

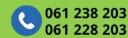
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#### **Having a Heart**

Ensure you keep AEDs at the work site and train the team in their use.

February, a month we often associate with heart-shaped boxes of candy. However, February also marks a monthlong heart health and heart attack awareness campaign, Heart Month, which encourages individuals, especially women, to focus on their cardiovascular health.

Why is that important? Heart disease is the leading cause of death for men and women. Alone in the U.S. every year, 805,000 Americans have a heart attack, 605,000 of them for the first time, according to the CDC.



Moreover, approximately 10,000 cardiac arrests occur in the workplace each year in the United States, according to the American Heart Association (AHA). And what are the fatality rates in heart attack victims if treatment isn't provided until emergency response arrives? Waiting for emergency medical system personnel to

save the worker results in only a 5 to 7 percent chance of survival, according to OSHA. If that isn't a sobering statistic, then I don't know what is.

The benefits of CPR training are clear:

According to the AHA, when bystanders apply CPR immediately during a cardiac arrest that is occurring in a location that isn't a hospital (such as the workplace), they can double or triple the victim's chance of survival. That's a huge boost. But there's another piece to workplace heart attack response, and that's automated external defibrillators (AEDs). AEDs analyze a victim's heart rhythm for ventricular fibrillation, the uncoordinated heart rhythm that is most often responsible for sudden cardiac arrest. The AED then delivers an electric shock to restore the victim's heart rhythm to normal.

When CPR is combined with the early use of an AED, a victim's chances of surviving an out-of-hospital cardiac arrest can increase substantially. To illustrate, the Journal of the American College of Cardiology examined 13,769 out-of-hospital cardiac arrests that occurred between December 2005 and May 2007 and found that 38 percent of victims who received CPR and an AED shock from bystanders survived all the way to hospital discharge.

AEDs should be a regular component of any workplace's first aid readiness and emergency response. The devices are

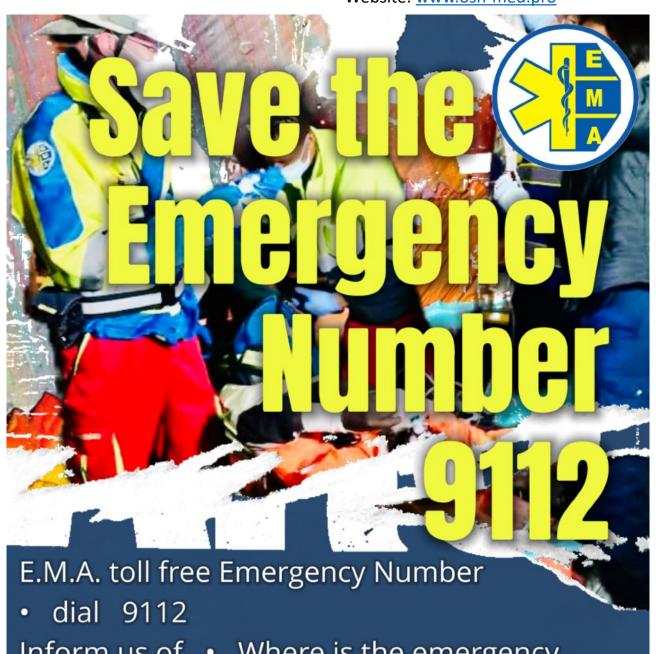


small and light. The cost to get AED training is on par with CPR training costs, and good sources for combined CPR/AED training include the AHA, the American Red Cross, and local community centers or hospitals, which will provide certifications upon completion.

Suffice it to say, if you want to spread the love during Heart Month, adding AEDs to your workplace safety program is a great way to let the team know you care.

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Inform us of • Where is the emergency

- What happened
   What kind of injuries
- How many people are injured



#### **Building a Successful Safety Culture**

Many leaders understand what a safe working environment looks like but might not have the tools to creat a productive safety culture.

A productive safety culture is an elusive but vital component of successful operations. Many leaders understand what a safe working environment looks like but might not have the tools to set that vision in place at every level of the organization.



In more than 30 years of overseeing safety operations, I've worked with organizations at all levels to align EHS strategies with business goals and slowly build out a culture of safety. Across industries from services to manufacturing, I've seen the positive transformation that comes from putting an emphasis on safety as well as the hurdles along the way. Here are the best practices leaders can take in promoting and strengthening a facility's safety culture:

In vite feedback from all levels. Decentralizing the power to create

safety systems is a vital part of making sure no part of an organization is left out of the conversation. Guidance on safety is expected from top-level management, but at scale, it works best when all employees feel ownership in their safety. Safety protocols affect employees at all levels. So when everyone is empowered to voice their concerns, they'll often find creative solutions that top-level leaders might miss.

Communicate honestly about safety concerns. To give everyone a say in safety operations, it's vital to understand how different teams within an organization communicate. It's the leader's responsibility to share and enforce safety improvements in a way that's meaningful to the team they're working with at that moment. Discussions around safety should be two-sided, empathetic and occur regularly. In my work with clients, I've seen regularly scheduled safety conversations help create a noticeable reduction in accidents. Working to normalize these discussions takes the corniness out of the conversation and shows employees they're invested in their safety and productivity.

Create safety systems. As Atomic Habits author James Clear said, "You don't rise to the level of your goals, you fall to the level of your systems." Even the most well-intentioned safety practices will fall through the cracks in peak demand when there aren't regular systems in place to back them up.



Systems, routines and repeated behaviors turn safety initiatives into habits. Many of the facilities I've worked with have a system of backups to allow employees to safely complete their tasks without having to actively choose that safer option. Once they become nobrainers, some of the decision fatigue facing the team will be relieved, making the safest option the automatic one.

Choose to support instead of punish. Safety leaders aren't always the most welcome faces in facilities. I don't always get the warmest welcome when I enter a new facility, since people associate my position less as enforcement and more as punishment. We often get a bad reputation for looking for reasons people are falling short. But this isn't what we're here for. Driving safety changes in an organization leads to more engagement and positive reactions, especially when leaders treat their role as a support to theirs. Though they might encounter some pushback along the way, safety measures that don't fit the risk can create an excess burden on workers and slow productivity. Be mindful of the small trends, but never lose sight of the big picture when balancing risk reduction with the current practices employees are used to.

Creating a true culture of safety is a long process that often includes unlearning certain habits to make way for more positive practices. Take the time to transition to new ideas, and remember to

hear out everyone impacted by new policies. A little empathetic communication and a lot of strategic thinking will inevitably reduce the risk of injury, boost productivity and create plenty of happy employees, thereby strengthening the safety culture in the workplace.

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### Fun Time - Joke of the week



# Why did the tomato blush?

Because it saw salad dressing.











# **Emergency Call**



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Where is the emergency?

What happened?

What kind of injuries?

How many injured person

Waiting for further question

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Fire Brigade:

Windhoek 061-21 1111

Police:

NamPol 10 111

City Police (Whk) 061-302 302

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