

OSHMed Health Magazine

by

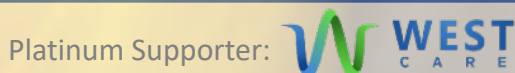


HYPOGLYCEMIA RECOGNISE AND FIRST AID

ADDITIONAL:

HEALTH SERIES - CHILDHOOD ILLNESSES: CUTE OTITIS MEDIA • HEALTH & SAFETY: MANAGING THE EXPECTATIONS OF MILLENNIALS AND GEN Z • FUN TIME - JOKE OF THE WEEK • E.M.A. EMERGENCY STATISTICS

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First aid for hypoglycemia

Recognizing hypoglycemia in others is not easy. What are the typical symptoms and how can you help?

What is hypoglycemia?

In hypoglycemia, the blood sugar level is too low. Severe hypoglycemia can be dangerous, as our brain in particular relies on sugar as an energy source. Hypoglycemia is usually defined as values below 3.9 mmol/l. But the blood sugar level at which symptoms appear varies from person to person.

When can hypoglycemia occur?

People with type 1 diabetes, diabetes patients who inject insulin or take medication that increases insulin production, such as sulfonylureas or glinides, are at increased risk of hypoglycemia. For example, they can become hypoglycemia if they skip a meal, exert themselves too much physically, inject too much insulin or drink alcohol.

How do I know if someone has hypoglycemia?

"People who have never had hypoglycemia themselves often find it difficult to recognize it in others," says Dr. Nicola Haller. If you observe the following symptoms, this may indicate hypoglycemia:

People affected may also experience cravings, complain of headaches or have a high pulse. Other symptoms may

HYPOGLYCEMIA SYMPTOMS



include inner restlessness, fear or aggression. "Some people start to speak a little erratically," says Haller. "Hypoglycemia is often confused with being drunk, which is of course fatal."

Important: The symptoms are not the same for everyone.

If diabetes is known and a blood glucose meter is to hand, it is easy to determine



whether hypoglycemia is present.

How can I help?

Many people with diabetes know their risk of hypoglycemia and can prevent it or help themselves when they experience the first symptoms. Nevertheless, it can happen that diabetes patients do not notice warning signs and their blood sugar level drops too much. "If you notice suspicious symptoms in someone, don't be afraid to speak to them," says Haller. "Don't immediately assume that the person might have hypoglycemia. Instead, ask, 'How are you?' and 'Do you need help?'" explains the diabetes advisor.

If a person with diabetes has hypoglycemia, the treatment is simple: give the person a sugary drink, such as juice or lemonade (note: no "zero" or "light" drinks), or something sugary to eat, such as gummy bears, glucose tablets, honey or a ripe banana. Do not offer fatty foods such as chocolate or milk, as the fat slows down the absorption of sugar. Do not leave the person alone!

If the person is feeling better, the person should eat something afterwards so that hypoglycemia does not occur again.

What to do if you lose consciousness?

Severe hypoglycemia can lead to

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unconsciousness! Place the affected person in the recovery position and call the emergency services immediately (dial 9112). Do not try to force soda or anything similar into the person, as there is a risk of choking. Also remove loose dentures or food particles from the mouth.

Can non-diabetics also have hypoglycemia?

Sometimes people without diabetes also have hypoglycemia with symptoms such as shaking, palpitations or food cravings. These are often slim women or athletes. Here too, it helps to offer a sweetened drink or a sugary snack.

If you experience such hypoglycemia frequently, get a medical examination!

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FIRST AID DIABETES

A condition caused by the body's failure to regulate blood sugar levels. Insulin regulates blood sugar levels.

Hypoglycaemia (Blood sugar content too low)

TREATMENT

- Sit the casualty down, calm and reassure.
- For suspected hypoglycaemia, assist the casualty to take their glucose tablets or give other dietary forms of sugar.
- If the condition improves offer further sugary drinks or foods.
- If there is no improvement in the casualty's condition then call for an ambulance - Dial 9112
- Monitor the condition; if the casualty becomes unconscious carry out basic life support.

Hyperglycaemia (Blood sugar content too high)

TREATMENT

- Sit the casualty down.
- Encourage the casualty to use their medication.
- If they have not been previously diagnosed then call for an ambulance - Dial 9112
- Monitor the condition; if the casualty becomes unconscious carry out basic life support.

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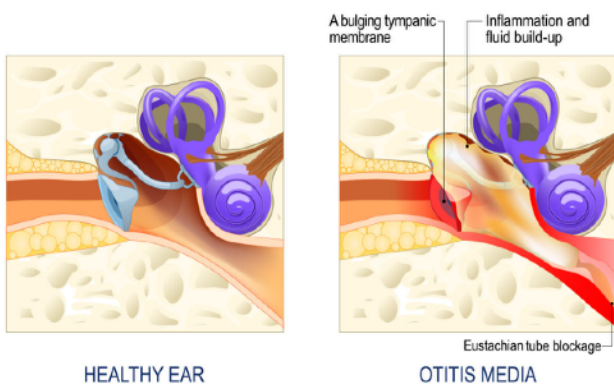
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Health Series - Acute otitis media: painful, but usually harmless

Severe ear pain and a feeling of pressure in the ear are typical symptoms of an inflamed middle ear. How it happens and what you can do.

In brief

An acute middle ear infection usually manifests itself as sudden, severe ear pain. It is often triggered by a cold. Children up to primary school age often suffer from a middle ear infection; however, it can also affect older children and adults.



The infection usually heals itself within a few days and without consequences. If necessary, medication can relieve symptoms such as pain or fever. Since there are other causes of ear pain, these should always be checked by a doctor.

An acute middle ear infection occurs when fluid infected with pathogens has accumulated in the middle ear and the mucous membrane that lines the inside

of the middle ear is inflamed. This inner cavity is known in medicine as the tympanic cavity.

Respiratory infections are often triggered. The middle ear infection can be caused by pathogens that cause respiratory infections. These include cold viruses and bacteria such as streptococci, Haemophilus influenzae or Moraxella catarrhalis. If you are infected with one of the pathogens, they can get from the throat into the tympanic cavity via the Eustachian tube.

The Eustachian tube is a tube between the nasopharynx and the middle ear. It serves to ventilate the ear and to equalize the pressure difference with the outside air. In children, the Eustachian tube is shorter than in adults. Therefore, small children up to the age of six are particularly affected by otitis media. However, the disease can in principle occur at any age.

What symptoms occur with otitis media? If the middle ear is acutely inflamed, this is typically indicated by symptoms such as:

sudden, severe ear pain: In babies, for example, this is often recognized by the fact that they sleep restlessly, are whiny and frequently touch their ears.

Feeling of pressure in the ear, as if there was water in the ear: Doctors sometimes speak of a feeling of fullness.

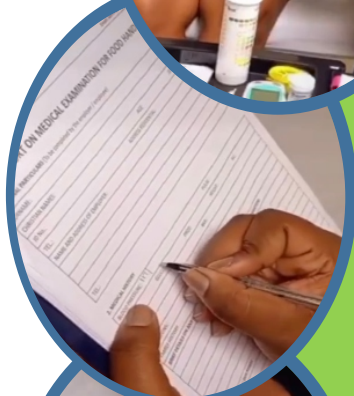
Hearing problems: These usually result



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from a build-up of fluid behind the eardrum in the middle ear, causing the eardrum to bulge. This is also known as middle ear effusion.

General feeling of illness, irritability, dizziness and fever

If the eardrum is damaged as a result of the inflammation, purulent secretion can flow out of the ear. In medical terms, such discharge from the ear is called otorrhea.

Important: Earache and "running ears" can indicate various illnesses. The doctor will determine whether a middle ear infection is the cause. To make the diagnosis, an inspection of the eardrum, hearing tests and an ear pressure measurement (tympanometry) are possible.

How does a middle ear infection occur?

An acute middle ear infection usually occurs when pathogens such as viruses and bacteria are carried into the middle ear during an illness of the nasopharynx. This can be the case with a cold or tonsillitis, for example.

The middle ear is connected to the throat via a tube - the Eustachian tube. This can become inflamed and blocked, for example, if you have a cold caused by viruses. As a result, secretions accumulate in the middle ear, on which bacteria can settle and multiply.

If there is a defect in the eardrum, it is possible that pathogens can enter the middle ear from outside and cause inflammation. Rarely, pathogens enter the middle ear via the blood, as can happen in individual cases with measles

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or scarlet fever.

Certain factors promote otitis media

There are factors that increase the risk of acute inflammation of the middle ear.

These include:

- Allergies
- Immune system dysfunction (immunodeficiency)
- Enlarged tonsils
- Passive smoking
- Babies: frequent use of pacifiers

Is otitis media contagious?

If you have an acute middle ear infection, you don't have to worry about infecting other people - unlike the infection that caused it. Or with an ear infection such as an ear canal infection. In this case, the pathogens can be transmitted to other people via contaminated bath water or shared earplugs.

How long does it take for a middle ear infection to go away?

An acute inflammation of the middle ear usually heals on its own within two to

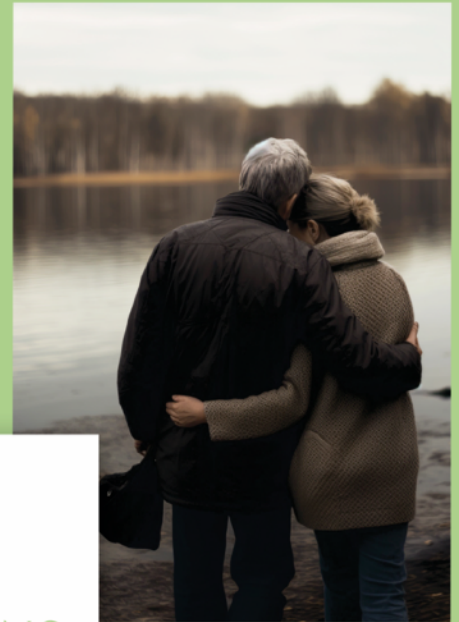
seven days. Serious consequences do not usually occur. The acute inflammation does not usually turn into a chronic inflammation either, as chronic middle ear infections have other causes.

Complications are rare but possible

In rare cases, the inflammation can spread from the middle ear into cavities in the neighboring temporal bone. The affected bone is called the mastoid process, and the inflammation is called mastoiditis. Mastoiditis is typically recognized by reddened skin behind the ear that is swollen and sensitive to pressure - this causes the ear to protrude. In addition, discharge from the ear and fever can occur repeatedly; the earache can become more severe.

It is also possible that the inflammation spreads to the inner ear, which can result in hearing loss. If the pathogens spread further, there is a risk of meningitis. This initially manifests itself in symptoms such as high fever and headaches. As the disease progresses, confusion, sensitivity





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to light, vomiting and a stiff neck occur.

What helps with a middle ear infection?

To support the healing process of an acute middle ear infection, it is advisable to take it easy and drink plenty of fluids. You should also make sure that no water gets into your ears when bathing or showering.

If you have pain and fever, medication such as ibuprofen can relieve the symptoms. It is important that you use it correctly. Get advice from your doctor or pharmacist.



Caution: Acute middle ear infections are often caused by viruses. Children under 12 years of age must not be given medication containing the active ingredient acetylsalicylic acid (ASA) if they have a viral infection. This is because taking them increases the risk of Reye's syndrome - a rare disease that can lead

to life-threatening damage to the brain and liver.

Do nose and ear drops help?

There is no definitive evidence that nose drops help with an acutely inflamed middle ear. If a child also has a cold, short-term use can be useful. This is because the drops reduce swelling of the nasal mucosa, which makes breathing easier. In addition, the Eustachian tube - the tube between the nasopharynx and the middle ear - is better ventilated. This allows fluid that has accumulated to drain more easily.

There is also no evidence that ear drops improve symptoms. The use of ear drops with painkillers is not generally recommended. If you want to use them, you should only do so after consulting a doctor.

Important: Nasal drops are available over the counter in pharmacies - including those specifically for children. You should use them as quickly as possible, but not for longer than a week. Ask your doctor or pharmacist how to use the medication correctly.

Are antibiotics useful?

Acute otitis media is often preceded by a flu-like infection. In these cases, viruses are usually the trigger. Antibiotics do not help in such cases. However, they are used in certain situations, for example when:

- the earache lasts longer than 48 hours



- there is discharge from the ear (otorrhea)
- there is bilateral otitis media
- there is a high fever
- you are struggling with recurring infections

Are home remedies suitable?

Applying onion bags is a popular home remedy for earache. There is no certainty that it actually relieves symptoms. Red light applications or dripping olive oil into the ear are not recommended. Such measures can make the symptoms worse. Red light can also have side effects if used incorrectly. If the heat is too high, burns are even possible.

Is an operation necessary?

In the case of an acute inflammation of the middle ear, no operation is usually

necessary. If fluid has accumulated in the middle ear, an ENT doctor can open the eardrum with a small incision. The secretion then flows out more easily or can be suctioned out.

As the incision closes quickly on its own, the doctor may consider using a grommet. This is a tube made of plastic or metal that is inserted into the incision and falls off by itself after a few months.

Can a middle ear infection be prevented? If you follow a few tips, you can prevent acute otitis media to a limited extent. These include:

Don't smoke and avoid places where people smoke: This applies primarily to babies and small children.

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Breastfeeding: Children who are breastfed are slightly less likely to develop otitis media.

Get children vaccinated: The Standing Committee on Vaccination (Stiko) recommends vaccinations against pneumococci and Haemophilus influenzae. These pathogens can cause otitis media, among other things. The pneumococcal vaccination in particular helps to reduce the risk of disease.

Don't give the child a pacifier too often, especially when lying down

If enlarged adenoids promote otitis media, the doctor may recommend removing the adenoids.

Important note

This article contains only general information and should not be used for self-diagnosis or treatment. It cannot replace medical advice. Please understand that we cannot answer individual questions.

Middle Ear Infection

Common Symptoms



fluid behind the eardrum



pain



hearing loss



drainage



overall ill feeling



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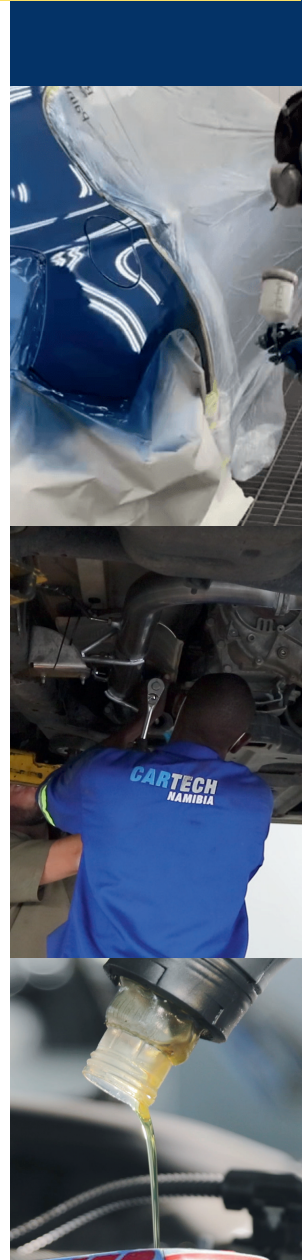
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Health & Safety - Managing the Expectations of Millennials and Gen Z

The workplace is evolving, and leadership must evolve with it to understand relevant risks and how to relate to the future of the safety industry.

In today's modern workplace, ensuring the safety of employees goes beyond just physical well-being and correcting of the "low-hanging fruit". The low-hanging fruit in this case is the easiest and most obvious safety actions to progress or achieve minor success within a workplace's culture while negating the focus or expense of the more important initiatives.



Baby Boomers are retiring and as the workforce shifts with Gen X, Millennials and Gen Z taking the helm, organizations must rethink how they approach safety to meet the needs and expectations of these younger generations. But what exactly do these workers prioritize, and

how can employers create an environment that both engages and protects them?

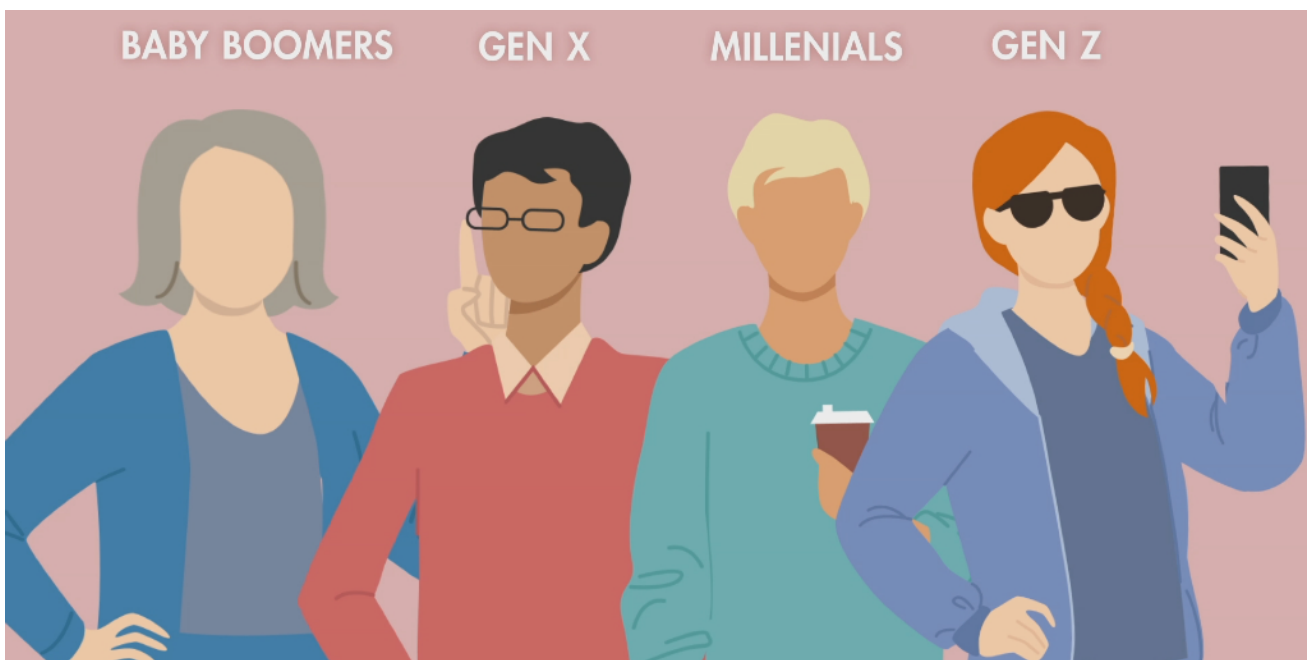
The Shift in Workplace Safety Expectations

The Occupational Safety and Health Act was enacted in 2007. For older generations, workplace safety often meant a set of rules and regulations designed to prevent injury such as introducing PPE usage. This is the last line of defense and the least effective method of controlling a hazard. Nonetheless, it is a very straightforward approach. Clear, digestible protocols for hazardous environments with the bare minimum requirements were also enacted, but the manner in which the content was delivered was in its infancy.

However, Millennials (born between 1981 and 1996) and Gen Z (born between 1997 and 2012) have different expectations of what it means to work in a safe, effective environment. Raised in an era of rapid technological advancement, widespread social change and greater awareness of mental health, they demand more from their employers in terms of both physical safety and psychological well-being.

Context drives the behavior within. Millennials and Gen Z want the value of purpose and meaning. The traditional and hierarchical structures that are more driven by authority are what Baby Boomers are typically comfortable with,





in addition to understanding the “how” or “what” instead of the “why” that younger generations emphasize. Millennials and Gen Z seek work environments that value not just physical safety but also mental, emotional and social safety.

Mental Health and Psychological Safety: The New Frontiers

The growing emphasis on psychological safety is one of the key differences in how Millennials and Gen Z view workplace safety. Psychological safety—defined as the ability to speak up without fear of retribution or ridicule—is now a fundamental component of a healthy work culture. For younger generations, being heard and feeling valued is just as crucial as wearing the correct safety equipment. Employees who do not fear the failure or negative consequences of voicing their opinion are more than likely to be more forward-thinking, driving innovation. Innovation drives

improvement, and improvement allows organizations to stay competitive.

Organizations that are on the forefront of understanding the psychological side of safety are now implementing mental health programs and offering resources like Employee Assistance Programs (EAPs), mental health days and even counseling services. Beyond that, creating a workplace culture that encourages openness and inclusivity is vital. Younger workers are particularly sensitive to issues like discrimination, harassment and microaggressions. A lack of action on these fronts can create an unsafe atmosphere that undermines morale, safety and performance.

Digital Tools and Technology: Enhancing Safety in New Ways

Millennials and Gen Z are digital natives, and their expectations for safety extend to the technology they use in the workplace. From ergonomic software





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tools to advanced safety apps that track real-time hazards, technology is transforming how safety is managed. Digital solutions like wearable devices that monitor employee health or augmented reality (AR) tools that offer virtual safety training are becoming standard in many industries. These immersive training tools allow employers to simulate hazardous work conditions without having to expose employees to physical hazards. Reinforcing safe practices in a low-risk environment improves emergency response, equipment handling, material manipulations and more.

Furthermore, safety management systems are increasingly being integrated with AI-driven analytics. These systems can predict and prevent potential risks by analyzing trends in worker behavior, near-miss incidents and environmental

conditions. This proactive approach to safety is not only efficient but also aligns with younger workers' preferences for data-driven decision-making. Are organizations investing in this data-driven approach? Industries are often encouraged to be leaner, continually improve, do more with less and optimize working conditions. Take advantage of what technology is doing for the safety industry. Pay now or pay later.

The Role of Leadership in Safety Culture
For Millennials and Gen Z, leadership commitment to safety goes beyond mere policy enforcement. It's about leading by example and creating a transparent, supportive environment. Gone are the days of just constructing a safety mission statement and cascading it via the company newsletter. While a safety mission statement is an important fundamental element that articulates an

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GENERATION X 1965-1979



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13th Generation

organization's commitment to safety, it lacks specificity, continual engagement, employee empowerment and ownership.

Both Millennials and Gen Z place significant trust in organizations that demonstrate a clear commitment to the well-being of their employees through action. Without action, a safety mission statement is merely words on a letterhead. They expect leaders to be actively engaged in fostering a culture of safety, which includes everything from regular check-ins with staff, allocating resources, investing monetarily and making mental health a key priority.

Moreover, Millennials and Gen Z value autonomy and flexibility. Safety protocols that are rigid and top-down may be less effective than those that empower workers to take an active role in identifying and mitigating risks. This can

include safety committees, feedback loops and crowd-sourced solutions to improve workplace conditions. A workplace where employees are encouraged to contribute to safety discussions helps foster a sense of ownership and responsibility.

The Bottom Line: Why It Matters

Investing in safety management for Millennials and Gen Z isn't just the right thing to do; it's also good for business. Companies that prioritize comprehensive safety programs—addressing both physical and psychological needs—see higher employee engagement, lower turnover rates and improved productivity. In fact, businesses with strong safety cultures report lower injury rates and higher levels of innovation, as employees feel empowered and supported in their work environment.



By understanding and addressing the unique safety concerns of Millennials and Gen Z, employers can create workplaces where safety isn't just about avoiding accidents. It's about fostering an environment where employees thrive. As the workforce continues to evolve, so too must the approach to workplace safety.

In conclusion, the overall "takeover" of Millennials and Gen Z in the workplace will unfold gradually, but the most noticeable shifts have begun. By the late 2020s and early 2030s, all Baby Boomers will be retired or nearing retirement. Are you prepared for leading and managing the safety of Millennials and Gen Z?

Can organizations embrace a holistic approach that blends traditional safety measures with a strong focus on mental

health, well-being and technology? By taking these generations' concerns seriously and providing the tools and resources they need to stay safe, companies can ensure they remain competitive in an ever-changing landscape.

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Fun Time - Joke of the week



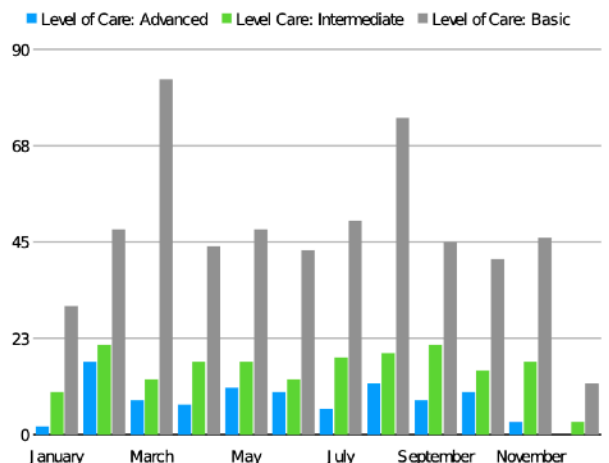
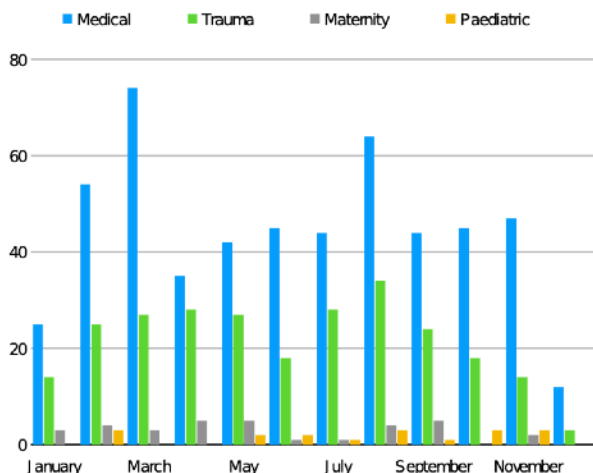
How did the trash collector do on his first day at work?

He just picked it up as he went.

You can help E.M.A. to help others by becoming a supporting member
 more information on www.ema-organisation.pro

E.M.A. Emergency Statistics, updated 4.12.2024

	Medical	Trauma	Maternity	Paediatric	Level of Care: Advanced	Level Care: Intermediate	Level of Care: Basic
January	25	14	3	0	2	10	30
February	54	25	4	3	17	21	48
March	74	27	3	0	8	13	83
April	35	28	5	0	7	17	44
May	42	27	5	2	11	17	48
June	45	18	1	2	10	13	43
July	44	28	1	1	6	18	50
August	64	34	4	3	12	19	74
September	44	24	5	1	8	21	45
October	45	18	0	3	10	15	41
November	47	14	2	3	3	17	46
December	12	3	0	0	0	3	12
Total per annum	531	260	33	18	94	184	564
Total	842				842		



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DID YOU KNOW ?!

E.M.A. is the only nonprofit organisation for Emergency Medical Assistance in Namibia

#emarescue

**Please support
the good work
of the nonprofit
organisation
E.M.A.**

Please donate to:
Bank Windhoek
E.M.A. nonprofit org.
Maerua Mall Branch
ACC No 801 582 7019
Swift Code: BWLINANX

or become a supporting member



Emergency Call

SOS dial 9112



www.ema-organisation.pro



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E.M.A. nonprofit organisation say THANK YOU to our supporters:

Platinum Supporter



www.osh-med.pro



www.westcarenam.com



www.metjeziegler.org



Gold Supporter

Silver Supporter



Bronze Supporter



Become a supporter

It is easy to become a supporter as private person or as company.
Apply with us to become a supporting member that we can fulfil our objectives.
Contact us:

Email: ema-organisation@osh-med.pro

Website: www.ema-organisation.pro

Telephone: +264 (0) 61 302 931



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Emergency Call



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:

NamPol

10 111

City Police (Whk)

061-302 302

MVA Fund

9682

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



d.o.c.
Service Hotline
085 - 9112

OSH-Med International and Emergency & Medical Assistance Service Hotline: 061 – 302 931



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