

# OSHMed Health Magazine

by



## THE NEW JAC T9

AS EMERGENCY & RESCUE VEHICLE BY  
E.M.A. AND OSH-MED INTERNATIONAL

ADDITIONAL:

THESE DISEASES CAN LEAD TO A VITAMIN B12 DEFICIENCY • HEALTH SERIES - CHILDHOOD ILLNESSES: TONSILLITIS • HEALTH & SAFETY: CHANGING DRIVER EXPECTATIONS FOR BETTER OUTCOMES • FUN TIME - JOKE OF THE WEEK • E.M.A. EMERGENCY STATISTICS

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2<sup>nd</sup> edition

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## E . M . A . & O S H - M e d introduces the JAC T9 rescue car

*OSH-MED International's and E.M.A. are no strangers when it comes to saving a life, regardless of the danger or terrain he has to go into.*

E.M.A. in conjunction with OSH-Med International will soon introduce a multi purpose vehicle that can assist the medics in bringing them and patients to safety without any delays.

“The role of the vehicle is, number one, to bring advanced life support to a scene where it is needed and, number two, it also has special extricate tools according to the International Trauma Life Support, meaning, if the fire brigade services cannot be in time to extricate a patient, this vehicle will have the tools to carry out the task,” Martens says.

The vehicle is a super safe car, receiving the safety award in Australia. The JAC T9

dual cab ute has made a strong entrance into the Australian market, securing a 5-star safety rating from ANCAP. It is also fitted with various strobe and emergency lights for better visibility during a call out.

This vehicle comes standard with a 2.0L turbo diesel engine, with an 8-speed automatic gearbox that will ease the burden on the crew while driving to a scene.

It also has various 4x4 like 4H and 4L off-road terrain capabilities that can manoeuvre the vehicle in the various terrains it might be needed.

With the holiday season on hand, Martens advises vehicle owners to ensure their vehicles are roadworthy. Martens says in some cases, drivers get paranoid and confused and do not know how to handle the situation.

“When you hear sirens, observe your rear view mirrors as well as the front of the car to see from which side the emergency vehicle is coming.” Marten told this reporter.



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This can avoid secondary incidents and also assist the teams to get to a scene as soon as possible. Time is important in such cases where lives can be in danger.

He also says when approaching an accident scene, do not stop and prevent emergency services, be it an ambulance, the fire brigade or police, free access to the scene.

If you cannot be of any help to the injured, do not stop and take pictures of the scene to share on social media, rather respect the scene.

“With the festive season coming up, knowing your emergency numbers is very important. Know the emergency number of the MVA-Fund (9682), the E.M.A. emergency number (9112) and follow the traffic rules of the road,” Martens says.



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## These diseases can lead to a vitamin B12 deficiency

*A vitamin B12 deficiency can lead to nerve damage and symptoms such as fatigue and anemia. Some people are at increased risk of such a deficiency, for example if they suffer from diabetes or reflux disease.*

Vitamin B12 is important for various cell functions and the nervous system. In fact, most people in this country are well supplied with this nutrient. Only vegans need to supplement it, as it is only found in animal foods. But the absorption of vitamin B12 can be impaired by illnesses or medication. The Hesse Chamber of Pharmacists points this out.

Patients who suffer from type 1 diabetes are affected, for example. Or those who take the type 2 diabetes medication metformin or acid blockers over a longer period of time.



## Symptoms of deficiency

Typically, a vitamin B12 deficiency causes tingling or burning in the hands and feet, pale skin, a red or sore tongue and cracked corners of the mouth.

Memory problems, mood swings, lack of energy, severe fatigue or sleep, vision and coordination problems are also possible. In extreme cases, movement disorders, paralysis and spastic cramps can occur.

Be careful, however: there may be another cause behind some symptoms. For example, tingling or painful limbs can also be the direct result of diabetes.

## This is what happens in the body

We absorb vitamin B12 primarily through animal foods. Liver, muscle meat, fish, milk, cheese and eggs are particularly rich in vitamin B12. Once in the human stomach, the vitamin B12 must be bound there and transported further. In a type 1 diabetic, however, an autoimmune reaction can disrupt this binding.

Acid blockers such as pantoprazole, omeprazole and esomeprazole, used for heartburn or reflux symptoms, also disrupt the process. They prevent enough vitamin from being released. This is because stomach acid dissolves the vitamin B12 from the food so that it can be further utilized.

The drug metformin, which overweight type 2 diabetics often take, can restrict





the further transport of B12. And the problem is often doubled because type 2 diabetics often also suffer from reflux disease. So you take both metformin and acid blockers.

### What can you do?

To prevent subsequent damage, it is important to identify and correct a vitamin B12 deficiency early. If a patient has been taking metformin or acid blockers for a long time or there are signs of a deficiency, the vitamin B12 levels should be checked regularly.

A diagnosed deficiency can be remedied with injections or high-dose oral preparations. Most people take tablets or capsules. According to the Chamber of Pharmacists, a dose of 1000 micrograms is sufficient.

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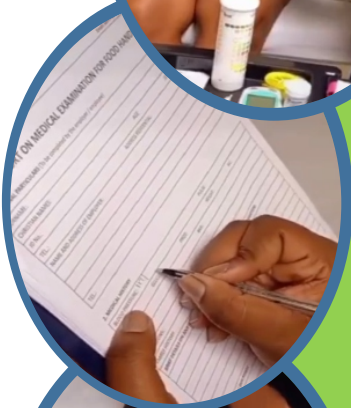
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## **Health Series - Childhood illnesses: Tonsillitis**

*Pain when swallowing, fever, swollen and red throat - these are typical symptoms of tonsillitis. What can help sick children.*

### **Which pathogens cause tonsillitis?**

In most cases, viruses cause tonsillitis. "Sometimes, however, bacteria are responsible, most commonly streptococci," says Dr. Ellen Lundershausen, an ENT doctor. If there is already a viral infection - for example a cold - a bacterial infection can also occur. Doctors then speak of a bacterial superinfection.



If left untreated, any form of acute tonsillitis is contagious. The pathogens are transmitted through sneezing and coughing ("droplet infection").

### **Can I tell for myself whether it is a viral or bacterial infection?**

"As a layperson, it is impossible to distinguish between the two," says Ellen

Lundershausen. Yellowish-white, purulent deposits, also known as spots, are considered an indication of bacteria. "Similar deposits also occur, for example, in glandular fever, which is caused by viruses," says the expert.

Therefore, if you have a severe sore throat, you should definitely have the cause checked by a doctor, especially if other symptoms such as fever occur. With the help of a throat swab, doctors can determine whether streptococci are responsible for the inflammation, for example.

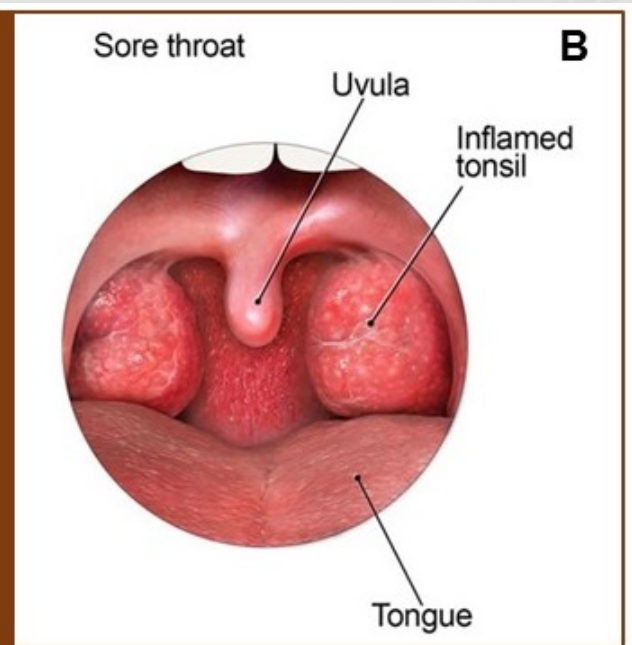
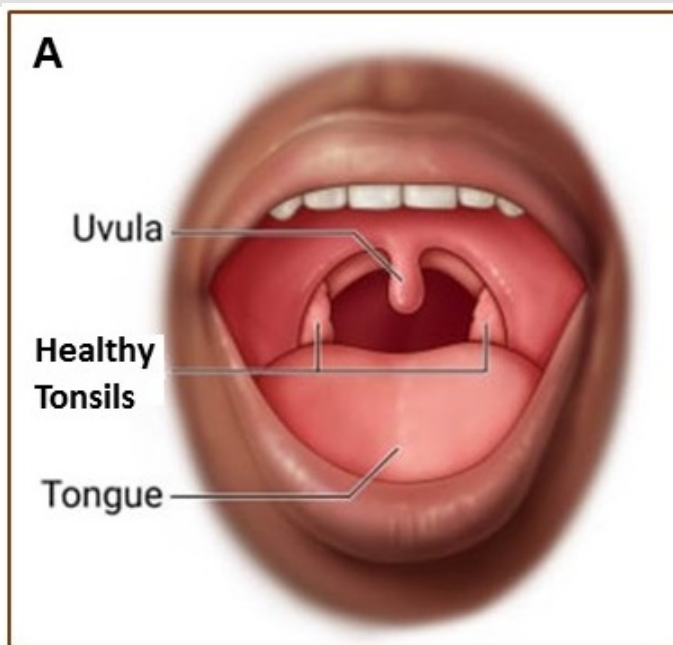
### **Why does it affect some people so often?**

It is not unusual for children in particular to get their tonsils inflamed several times a year. "The palatine tonsils are part of the lymphatic pharyngeal ring and have a defensive function," explains expert Lundershausen. Their job is to intercept and fight pathogens in the throat. Since the immune system still has to mature after birth, the body does not always succeed in neutralizing pathogens in childhood.

But even in adults, the palatine tonsils are still susceptible to infection. "When you look through the microscope, the surface is furrowed, which are known as crypts," says the ENT doctor. Germs often settle in these furrows. But why one person never gets tonsillitis and another gets it five times in a year is not scientifically explained.







**Do I have to take antibiotics for every bout of tonsillitis?**

Not necessarily. "If someone comes to me with a sore throat, I first ask whether there are any other symptoms such as a runny nose, cough, headache or aching limbs," says Sebastian Pape, a pharmacist from Hanover. "If that is the case, it is often a viral infection that heals on its own." However, only doctors can determine this, and they have to examine the sick person thoroughly to make a diagnosis.

If viruses are actually the cause, gargles, painkillers or lozenges with a slightly anaesthetic effect are sufficient, and they also stimulate saliva flow. Important for lozenges: They are only suitable for children who can already suck. Otherwise there is a risk of choking!

Severe pain, especially when swallowing, often accompanied by fever, is more likely to indicate a bacterial infection.

Ellen Lundershausen decides on a case-by-case basis whether an antibiotic is really necessary, even in the case of bacterial infections. "For mild tonsillitis, painkillers are often sufficient," she says. Make sure that children are given the correct dosage for their age!

**Which home remedies relieve difficulty swallowing?**

A simple remedy that is effective for milder cases is gargling with salt water, says Sebastian Pape: "Add a teaspoon of salt to a cup of lukewarm water, gargle several times a day and - very important - spit out the solution." Salt lozenges have a similar effect, and there is also a sugar-free version for older children who can already suck. It can also be beneficial to gargle with chamomile tea - if you are not allergic to chamomile.

"For external use, for example, quark compresses have proven to be effective, as they have a pleasant cooling effect,"





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says Pape. To do this, spread a thin layer of quark on a cloth and place it lightly around the front of the neck, from ear to ear, for about 20 minutes.

### When does tonsillitis become chronic?

According to current guidelines, the previously used term "chronic tonsillitis" is no longer correct, as the tonsil tissue is naturally in a permanent physiological inflammatory reaction due to its defense function. "Today we speak of a recurrent, i.e. constantly recurring infection, when more than five to six purulent, feverish infections occur per year," explains Lundershausen.

### When are inflamed tonsils removed?

The surgical removal of the tonsils - also known as tonsillectomy - is one of the most common surgical procedures in children and adolescents. It is performed on around 48 out of 10,000 children. "However, doctors today generally wait and see, especially with young children, because the susceptibility can grow out of it," says Lundershausen. Before the child's third birthday, surgery is only actually performed if the enlarged tonsils hinder the child's breathing or if there is an intolerance to antibiotics.

If more than six purulent infections occur per year, surgery is at least an option for both children and adults. However, because the procedure is very painful and the risk of subsequent bleeding is quite high, the guideline now recommends a more gentle partial

removal, also known as tonsillectomy. The doctor reduces the size of the palatine tonsils, which also reduces the susceptibility to infection. "Another advantage: the immune system is partially preserved," adds Lundershausen.

### How do I prevent tonsillitis?

Hygiene measures such as regular hand washing reduce the risk of illness. Important: keep the mucous membranes moist, drink plenty of fluids and avoid dry heating air. And: please do not share glasses or drinking bottles if a family member is ill. Smoking, even passive smoking, can increase susceptibility.

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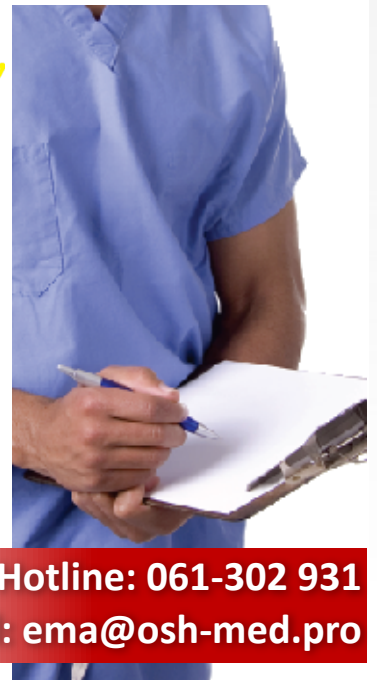
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# Health & Safety - The Real Culprits Behind Road Accidents: Understanding and Changing Driver Attitudes

*Beyond skills and knowledge: how attitudes and risk tolerance influence driving safety.*

The expert has conducted thousands of driving evaluations over 25 years and have run across very few truly bad drivers. This raises the question: why do we continue to have so many accidents on our roads and perhaps within your organization?

It can't be just a few bad drivers causing all the problems, so it must be something else. Could it be that all of us "good drivers" are the problem?



## The Role of Attitudes in Driving Behavior

In fact, even good drivers sometimes take chances and make mistakes in judgment that can result in a crash. So, what could cause a good driver to become involved

in an at-fault accident or property damage incident? To answer this question, it's important to remember that good driving is a combination of skills, knowledge, and attitudes.

We need skills to safely and competently operate a motor vehicle, knowledge of the rules and regulations, and a positive attitude.

For decades, driver safety programs have identified these elements as the key to accident reduction and done a good job of refreshing knowledge in a classroom or online course and polishing skills with behind-the-wheel training. Having a good attitude is also stressed. But what is a good attitude? What are attitudes in the first place?

We know a bad attitude when we see one, but to successfully make meaningful changes to driver behavior, we need to help drivers understand, recognize, and change their attitudes.

## Understanding Risk Tolerance

Attitudes are a mixture of belief systems and values that determine how we experience the world and how we respond to things in our lives, like driving. It is our attitude that determines how we will use our skills and knowledge when confronted with a driving challenge.

Preconceived notions about other drivers based on age, gender, or ethnicity, and expectations about their behavior can create attitudes of intolerance and







frustration where cooperation and patience may yield more positive results.

Failure to accept our powerlessness in situations where traffic is slow or tied up can encourage aggressive driving behavior in an attempt to get there quicker.

Our attitudes are the prime determinant of how much risk we take on the road: our risk tolerance.

Risk tolerance is the amount of risk that we normally accept when performing a risky task like driving. What is crucial to understand is that our tolerance for risk can change in a moment based on our internal state and the events around us.

Our emotional state is one of the personal factors that can cause changes in our willingness to take risks. Stress, anger, overconfidence, and fatigue are a few of these factors.

Our expectations play a huge role in the process. If we live in a world of “shoulds”

—we drive with the expectation that others should drive properly or safely, respect our space, and follow the rules—then we are setting ourselves up for a stressful trip. When another driver doesn’t meet our expectations and doesn’t do what they should do, we may respond in anger and find that our willingness to take an unsafe risk escalates.

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## Health & Safety - Changing driver expectations for better outcomes

Anger at other drivers' behavior and frustration with traffic can cause us to take chances; so can minor problems, like running late.

If you honestly ask yourself if you have ever done something downright dangerous while driving under the influence of stress or frustration, you will likely say yes.



You see, most people are good drivers, except during moments when they become angry, frustrated, or otherwise influenced by factors that elevate risk tolerance.

Changing expectations is just one stress reduction technique that can make a

major difference in driver attitudes and behavior. But most driving courses fail to consider it and instead bore drivers with reviews of rules that most already know and, for the most part, follow.

When we live in a world of “is” instead of “should,” we drive with the expectation that there will be discourteous or rude drivers, and that there will be traffic tie-ups and delays. We are armed now, however, with the knowledge and tools to safely and responsibly manage ourselves in these stressful situations. This goes a long way towards reducing risk-taking behavior behind the wheel of the company truck or our personal vehicles.

To make changes in fleet safety, simple driver training is only part of the solution. Defensive driving courses or refresher training that focuses only on driving rules and techniques miss the critical issue of personal factors and attitudes that change risk tolerance.

To be effective, driver safety training and education must focus on driver attitudes about risk and stress and provide more meaningful and workable tools that employees can use to self-manage these states.

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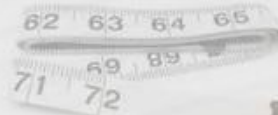
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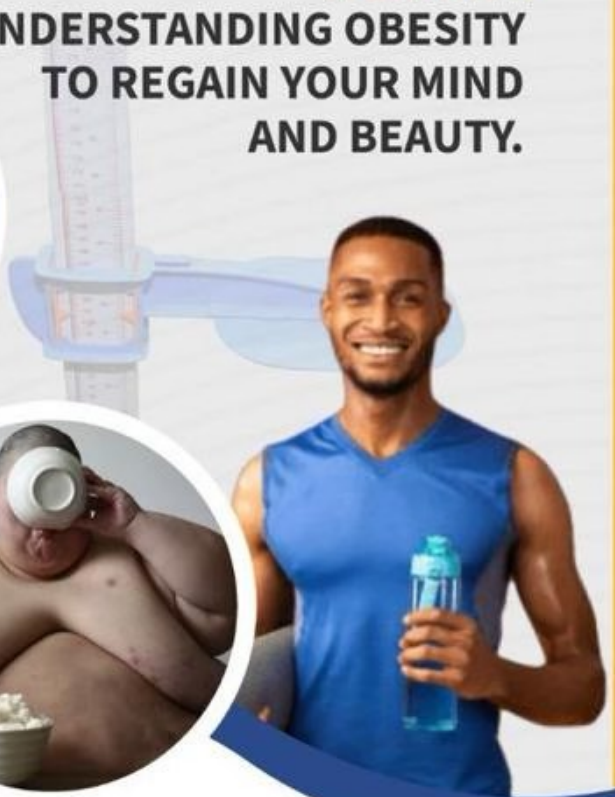
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# Fun Time - Joke of the week



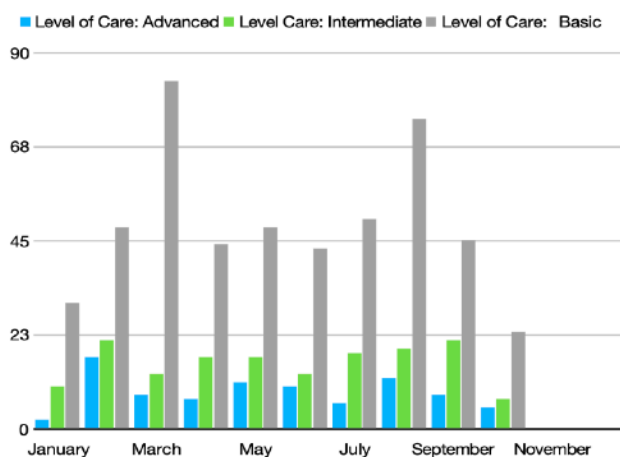
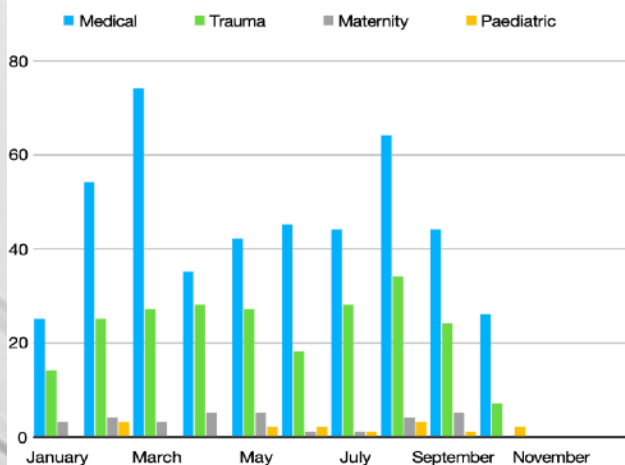
## What room has no doors or windows?

A mushroom.

You can help E.M.A. to help others by becoming a supporting member  
more information on [www.ema-organisation.pro](http://www.ema-organisation.pro)

### E.M.A. Emergency Statistics, updated 16.10.2024

	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	26	7	0	2	5	7	23
November							
December							
<b>Total per annum</b>	<b>453</b>	<b>232</b>	<b>31</b>	<b>14</b>	<b>86</b>	<b>156</b>	<b>488</b>
<b>Total</b>	<b>730</b>				<b>730</b>		



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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](http://www.ema-organisation.pro)



**Bible Society  
of Namibia**  
#WeShareTheBible

**WALK4BIBLES  
2024**

**FAMILY FUN DAY**

**SATURDAY ,26 OCTOBER 2024  
@7AM**

**VENUE: WHS VEGKOP SPORTS  
FIELD**

**REGISTRATION FEES**

**ADULTS**

**N\$100 BY 30 SEP 2024**

**N\$150 FROM 1 OCT 2024**

**CHILDREN**

**N\$50 BY 30 SEP 2024**

**N\$100 FROM 1 OCT 2024**

**GOODY BAGS FOR THE 1ST 100 ENTRIES**



**ACTIVITIES**

**Music Entertainment**

**Kiddies Zone**

**Jumping Castles**

**Exciting Stalls: Food, info, crafts  
and much more...**

**SPONSORED BY**



**momentum**



083 333 7777/8



info@nambible.ors.na



**Emergency Call: 9 1 1 2**

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

### Platinum Supporter



[www.osh-med.pro](http://www.osh-med.pro)



[www.westcarenam.com](http://www.westcarenam.com)



[www.metjeziegler.org](http://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](mailto:ema-organisation@osh-med.pro)

Website: [www.ema-organisation.pro](http://www.ema-organisation.pro)

Telephone: +264 (0) 61 302 931



Emergency Call: 9 1 1 2





# 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



**Emergency Call: 9 1 1 2**