

CLINIC CARE

Your health is our priority | Issue 9



VAPING AND E-CIGS

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HELPING ORGANISATIONS ACHIEVE THEIR SUSTAINABILITY PRIORITIES

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LETTER FROM THE EDITOR



“The preservation of health is easier than the cure of disease.” – BJ Palmer

This 9th edition of Clinic Care offers you sound advice from our doctors across the globe on the secrets to good health and how to take care of yourself and your family. We provide answers to your questions about sore throats - from causes to treatments - and highlight the differences between those nasty cases of colds and flu.

We provide important information about natural disasters and safety in disaster areas, including a list of important lifesaving preparation tips like food and water safety – helping you to the 3P’s of survival – Planning, Preparing, Practicing.

Recycle today for a better tomorrow – we uncover Project Kijani and realise that one can make a big difference with small changes at a time. Stressed spelled backwards is desserts – we expose the ingredients of occupational stress and the sweet secrets of managing and controlling stress at the office.

With today’s climate changes, we focus on heat disorders and ways in which you can protect your family in times of extreme heat. Cramps, dehydration, exhaustion and heat stroke are all the result of exposure to extreme heat. Children and parents need to be aware of the signs, symptoms and treatment.

Our dedicated kids’ section has some exciting activities just for the young ones.

Remember take care of your health, it is never too early or too late to work towards being the healthiest you.

Lizette Klingenberg

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Disclaimer: These articles have been developed for educational purposes only. It is not a substitute for professional medical advice. Should you have questions or concerns about any topic described here, please consult your medical professional.

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ANSWERING YOUR QUESTIONS ABOUT SORE THROATS

Written by Dr Michael Wilson, Medical Director – Australasia Region

┌ A sore throat could be one of the first symptoms of a cold or flu, which are most common during the winter months. └

Most people will experience a sore throat throughout their lifetime. It's a very common symptom as a stand-alone illness or as part of something else like a cold or flu. Pharyngitis, the technical term for a sore throat, is caused by inflammation at the back of the throat.



A sore throat could be one of the first symptoms of a cold or flu, which are most common during the winter months. This is usually the result of a virus infection, but they can also be caused by bacteria. The symptoms are similar for both, however, the treatment is dependent on the cause. Family doctors often see patients with a sore throat and here are the most common questions:

What causes a sore throat?

The majority of sore throats - approximately 90% - are caused by common viruses such as rhinovirus (cold virus). Only about 10% of sore throats are caused by bacteria, most often a strain of *Streptococcus*, otherwise known as "strep throat".

Symptoms of a viral sore throat include a low-grade fever, achy body, dry cough and sniffles. If bacteria are the cause, the sore throat might be the main symptom without the associated cold and flu symptoms. Unfortunately, it can be hard to tell the difference between the two.

How do you treat a sore throat?

As the majority of sore throats are caused by viral infections, antibiotics are not effective in treating them. Luckily, most of these viral sore throats will clear within three to five days without treatment. The recommended course of action is to get plenty of rest, keep fluids up and use simple pain relievers such as paracetamol or ibuprofen. Your family doctor can help distinguish between a virus and bacteria with a throat swab.

Are there home remedies to soothe a sore throat?

There are several ways to minimise discomfort which include gargling with a cup of warm water and $\frac{1}{2}$ teaspoon of salt (not for small children), sucking on throat lozenges or ice, using throat sprays, taking a pain reliever such as paracetamol, drinking plenty of fluids, eating soft foods and not smoking.

Do I need antibiotics?

The treatment of a bacterial sore throat includes all of the above; however, your doctor may also prescribe a course of antibiotics as part of the treatment regimen. Interestingly, there is some debate as to whether antibiotics should be prescribed in all cases of a bacterial sore throat, as the particular strep bacteria are often found in healthy people's system and cause no symptoms. In an otherwise fit and healthy adult, the sore throat may clear within seven days regardless of whether antibiotics are used or not.

There are, however, some circumstances and populations where it is important to have a course of antibiotics as part of treatment which we will discuss below.

Am I contagious?

Just like the common cold, sore throats are often very contagious. Once you start feeling unwell, be sure to take extra precautions to stop other people from getting sick. Stay at home and pay attention to hygiene. This can include frequently washing hands, coughing into your arm or tissue instead of your hand or without covering your mouth, covering your sneezes and not sharing cups or utensils.

When sore throats go bad

Generally in otherwise healthy adults, conservative treatment is all that is required for a sore throat; however, there are some specific situations where antibiotics are important.

Severe symptoms, including extreme discomfort with difficulty swallowing, swollen neck glands, yellowish spots on the back of your throat and a high fever, may indicate a diagnosis of bacterial tonsillitis. A peritonsillar abscess (quinsy) can present with swelling of one side of the throat, difficulty swallowing and an altered (hot potato) voice along with fever. Both of these conditions require a medical assessment along with antibiotics and can result in hospitalisation for further management depending on the diagnosis and severity.

Glandular fever, caused by the Epstein-Barr virus, is also associated with tonsillitis along with flu-like symptoms, tiredness and very swollen neck glands. There may be a grey coating on the inflamed tonsils, distinguishing it from bacterial tonsillitis. Doctors will often diagnose this through blood tests and the absence of strep bacteria on a throat swab. In this condition, treatment with antibiotics is ineffective, with rest and symptom treatment as the best course of action. In some circumstances, the doctor may prescribe steroids to reduce tonsil swelling and help with swallowing.

Left untreated, a strep throat can lead to a potentially serious complication called rheumatic fever. This is a rare complication in most developed nations,

with an incidence of around 1 in 50 000 cases of strep throat. There are, however, certain age groups and populations who are at a much higher risk of developing rheumatic fever. Children and adolescents between the ages of 3 and 18 are most at risk, particularly in developing nations as well as high-risk indigenous populations in Australia, New Zealand and the Pacific Islands. Antibiotics are much more commonly prescribed where there is a high incidence of rheumatic fever in the community.

Other causes of a sore throat

Laryngitis (inflammation of the vocal cords) is caused by viruses and results in an irritated throat as well as a croaky voice. This is normally treated by resting the voice as well as the usual cold and flu treatments. Croup is a potentially more serious inflammation of the voice box and throat, commonly seen in young children in winter.

The symptoms include a barking cough, noisy breathing and cold-like symptoms. While most children get better without treatment, some require hospitalisation if they find breathing difficult. Hand, foot and mouth disease is another virus affecting young children which can result in painful small ulcers in the back of the mouth as well as a rash of small blisters on the hands and feet.

Environmental exposures such as chemicals, smoke, cold or dust amongst other things can result in throat irritation. Reflux of stomach acid can result in a sore throat along with symptoms such as burning in the chest and mouth, hoarse voice or a dry cough. Another cause is overuse of the voice which can lead to damage to the vocal cords and result in a hoarse voice and throat irritation.

Persistent pain or irritation in the back of the mouth or throat can also be a symptom of a much more serious condition such as tumours of the oropharynx or even leukaemia. While this is a relatively uncommon occurrence, it is important that a sore throat which is not clearing is investigated and these conditions ruled out.

When to visit your doctor

Although most sore throats are caused by viruses, and will not need a doctor's assessment, there are some symptoms which would indicate that one is required.

These include a high fever, difficulty swallowing food and fluids, swelling and/or spots in the back of the throat as well as an earache. Similarly, if your sore throat isn't improving as quickly as expected, is recurrent, or is associated with a persistently hoarse voice a doctor assessment is warranted.

Other potentially serious symptoms requiring further investigation include persistently swollen neck glands, neck lumps, coughing blood or rashes. In all cases, if you are worried about anything, we would suggest erring on the side of caution and getting yourself checked.

Just like the common cold, sore throats are often very contagious. Once you start feeling unwell, be sure to take extra precautions to stop other people from getting sick.



References:

1. Treating Sore Throat. Pharmacy Times (2014). <https://www.pharmacytimes.com/publications/issue/2014/november2014/treating-sore-throat>
2. Antibiotics for acute sore throat. The Lancet (2014). [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(14\)70900-4/fulltext?code=lancet-site](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(14)70900-4/fulltext?code=lancet-site)
3. Sore throat - a patient's guide. Family doctor. <http://www.familydoctor.co.nz/categories/infections/sore-throat-a-patients-guide/>



IS IT A COLD OR IS IT FLU?



People often mistakenly say they have the flu when they actually have a common cold.

Influenza (the flu) is more serious than the common cold. The following table shows some of the differences between the two:

Symptoms	Cold	Flu
Fever	Rare in adults and older children. Can be as high as 102°F/38.9°C in infants and small children.	Common, often sudden onset temperature of 100.4°F/38°C or above. Usually lasts 3 to 4 days. NB Not everyone will have a fever
Headache	Rare	Appears suddenly and can be severe
Muscle aches	Mild	Common, and often severe
Tiredness and weakness	Mild	Often extreme and can last two or more weeks
Extreme exhaustion	Never	Appears suddenly and can be severe
Runny nose	Often	Sometimes
Sneezing	Often	Sometimes
Sore throat	Often	Sometimes
Cough	Mild hacking cough	Dry and chesty cough – can become severe

CHOOSE TO STAY HEALTHY WHILE TRAVELLING



Choose safe food

In countries where food may not be safe:

- ✓ Eat at reliable establishments
- ✓ Avoid street vendors
- ✓ Make sure meat, poultry, seafood, eggs are thoroughly cooked
- ✓ Food that is freshly cooked and served piping hot is safest. Cooking to 70°C (160°F) kills germs in food
- ✓ Avoid food that has been stored warm
- ✓ Ensure dairy products have been pasteurised



Choose safe water

In countries where water may not be safe, choose:

- ✓ Bottled water
- ✓ Boiled water
- ✓ Treated water

Use safe water only for:

- ✓ Drinking
- ✓ Making ice
- ✓ Cooking or preparing food
- ✓ Washing dishes
- ✓ Cleaning the kitchen areas
- ✓ Brushing your teeth
- ✓ Rinsing fruit/vegetables



Choose to be vaccinated

Check with the country you are travelling to for their vaccination requirements, e.g.:

- ✓ Hepatitis A
- ✓ Typhoid
- ✓ Cholera

「 Diseases can spread through contaminated food and water. 」



WHEN DISASTER STRIKES...

Written by Martin Botha, Regional Training Manager

The destructive, devastating forces of nature seem to be causing chaos more and more nowadays. The real-time visuals on the news and social media have focused the pain and the horror and the daunting possibility that this could indeed happen to anyone at any time.

According to the Centre for Research on the Epidemiology of Disasters, during the 20-year period spanning 1994 to 2013, 6 873 natural disasters worldwide claimed 1.35 million lives (68 000 lives on average per year) and affected 218 million people on average per annum. Instead of adopting a fatalistic or indifferent attitude, we should consider the probability of being a survivor of a disaster and prepare ourselves, our families and our communities, to reduce

the risk and enhance our chances of survival. While disasters are unexpected and unpredictable, that time-tested Boy Scout motto of 'being prepared' may save our lives and the lives of our loved ones. Our aim in this article is to raise awareness on personal health and safety before, during and after disaster strikes. There are many things one can pro-actively consider to mitigate the impact of a disaster.

Preparing for an earthquake

The real key to surviving an earthquake and reducing your risk of injury lies in planning, preparing, and practicing what you and your family will do if it happens, to learn to react reflexively. During an earthquake, most deaths and injuries are caused by collapsing building materials and heavy falling objects. Identify the safe spots in each room of your home and practice drills to mobilise to these locations as an earthquake begins. During your earthquake drill, drop down onto your hands and knees, cover at least your head and neck under some shelter, trying to stay clear of windows or glass that could shatter or objects that could fall on you.

Plan and practice evacuation, and make sure everyone in the family/workplace is well aware of the plan. Consider alternative exits for each room and prepare any special equipment (i.e. rope ladders, crow bars, etc).

Once you've made your plans, the most critical consideration is how you implement them. I.e. what you need is the ability to communicate. Make sure you

keep your phones charged, and that you have spare, charged batteries, so you can call the organisations on whose support you will rely, and inform others of your whereabouts and intentions.

Stock up on emergency supplies, and then make sure everyone knows where your emergency food, water, first aid kits, torches, survival kits (car and home) and fire extinguishers are located. Supplies should be sufficient to last three days.

On floor-plan sketches, pinpoint where utility switches or valves (gas, electricity, water) are found so that they can be turned off, if possible, and indicate the location of your emergency outdoor meeting place.

Take time before an earthquake, or any disaster for that matter, to write an emergency priority list, which should identify important items to be hand-carried, and those to be removed by car or truck if one is available. This should include significant documents, personal medications, etc. If time permits, make sure everyone locks doors and windows, and turns off the utilities.



The real key to surviving an earthquake and reducing your risk of injury lies in planning, preparing, and practicing.

Make a list of important information and put it in a secure location, including:



Emergency telephone numbers



Important **medical information**, such as allergies, regular medications, etc.



The names, addresses, and telephone numbers of **your insurance agents**, including policy types and numbers



The **vehicle identification number, year, model, and license number** of your automobile, etc.



The telephone numbers of the **electric, gas, and water companies**



Your **bank's telephone number, account types, and numbers**



The names and telephone numbers of **neighbours or landlord**



Radio and television broadcast stations to tune in to for emergency broadcast information

After an earthquake, do not use matches, lighters, or appliances, and do not operate light switches until you are sure there are no gas leaks. Sparks from electrical switches could pose a shock or fire hazard, igniting gas causing an explosion.

If you smell gas, or if you notice a large consumption of gas being registered on the gas meter, shut off the gas immediately. Electricity and water supply should also be shut off after a major disaster.

In the overwhelming aftermath of a disaster, there is increased risk of drowning and contracting waterborne diseases due to new and/or excess bacteria, mosquitoes and parasites.

Gastrointestinal problems may develop due to water contamination.

Access to rescue and specialised care may be delayed, so survivors need to organise and implement practical precautions to

reduce risk of further injury and disease. Ensure everyone can swim, and identify potential flotation devices. If you sustain any cut or laceration, try to clean the wound and keep it dry, away from potentially contaminated water. With the likely increase of mosquitoes, repellent should be available.

In some cases, authorities might warn the public of an imminent disaster, which may allow some preparation time. However, a plan should be in place to prioritise actions, to reduce panic, and to enhance safety and survival.

Practical aspects are not the only consideration – self-care after a disaster is extremely important. Disasters are traumatic events and can result in Post Traumatic Stress Disorder (PTSD), anxiety, depression, and other mental health problems.



SAFETY IN A DISASTER AREA

Here are some more practical ideas to keep safe in the wake of a disaster:

- + Keep a radio on or track social media for information and announcements. Make sure there are spare batteries for radios.
- + Avoid riding, driving or walking through a flooded area. Walk or drive cautiously. Debris-filled streets are dangerous. In flooded areas, washouts may have weakened roads and bridges, and they could collapse under the weight of your vehicle.
- + Don't touch any building, car or other structure that has a fallen power line touching it. Call the emergency services.
- + Be careful around damaged buildings and trees, which may be unstable. Look for leaning walls, sagging roofs and ceilings, and weakened support columns.
- + If possible, wear hard-wearing clothing, sturdy shoes and gloves.
- + Be aware that snakes, rodents and other animals may be displaced by the disaster, and may have taken refuge in storm debris or even in your home. Proper clean-up and disposal of debris will reduce the potential for nesting and animal and insect infestation. Watch where you place your hands and feet when removing or cleaning debris. If your debris will not be disposed of quickly, be sure to pile it as far from habitation as possible. Don't let children play on or around debris.
- + If you sustain even a minor injury, check your tetanus vaccination status, and seek medical advice as soon as possible. Bacteria which cause tetanus, or lockjaw, may lie dormant in soil. Once the dormant forms (spores) of tetanus enter the body, they begin to multiply and form a powerful toxin that affects muscles. About half the tetanus cases in the United States result from injuries considered trivial at the time they occur.



FOOD AND WATER SAFETY

- 💧 **Assume that all water supplies and food that have been in contact with flood-water are contaminated.** Floodwater may have flowed through the local sewerage system - such water may have elevated levels of bacteria, chemicals, pesticides, herbicides, fertilisers and gasoline. Do not eat any food that may have come into contact with floodwater.
- 💧 **Purify all water used for drinking, cooking and for washing.** Do not use or purify water that smells bad, has a dark colour, or contains floating material. Note that the purification procedures outlined here reduce biological contamination only; if you suspect chemical contamination, do not use the water.
- 💧 **Boiling is the most effective method of disinfecting of water.** Boil water for one full minute in a clean container. The flat taste can be improved by shaking the water in a bottle or pouring it from one container to another.
- 💧 **If you can't boil the water, you can treat it to make it safe.** If the water is clear, mix 1/8 teaspoon or 16 drops of unscented liquid chlorine laundry bleach with one gallon of water and let it stand for at least 30 minutes prior to consumption. If the water is cloudy or coloured, use 1/4 teaspoon per gallon of water. Be sure to mix thoroughly. If the treated water has a chlorine taste, pour it from one clean container to another several times.
- 💧 **Canned foods and dry mixes** will remain fresh for about two years. Discard cans that bulge at the ends or that are leaking.
- 💧 **Plan to have a minimum drinking supply of one gallon per person per day.** You will also need water for food preparation, bathing, brushing teeth, and dish washing. Store a 3 - 5 day supply of water (at least five gallons for each person).
- 💧 **Water should be stored in sturdy plastic bottles with tight-fitting lids away from direct sunlight.** All containers should be labelled. Stored water should be changed every six months.
- 💧 **Avoid placing water containers in areas where toxic substances, such as gasoline and pesticides, are present.** Vapours may penetrate the plastic over time.
- 💧 **If you use bottled water, make sure the seal has not been broken.** Otherwise, water should be boiled or treated before use. Drink only bottled, boiled, or treated water until your supply is tested and found safe.
- 💧 **In terms of emergency food, keep at least a three day supply of food on hand.** Include foods that have a long storage life, are not spicy or salty, require little or no cooking, water, or refrigeration, and foods that meet the needs of babies or other family members dependent on special diets. Don't forget about pets' needs.
- 💧 **Date all food items.** Use and replace food before it loses freshness.
- 💧 **Use perishable food in your refrigerator or freezer** before using food in your emergency supplies.
- 💧 **Eat only foods that have a normal colour, texture and odour.**
- 💧 **Consider alternative fuels,** camp stoves, charcoal (never burn charcoal indoors).

These are trying times

A natural disaster leaves more than a trail of property destruction in its wake. Many times it leaves thousands of victims with a destroyed sense of balance. In addition to avoiding physical hazards, restoring buildings and replacing material possessions during the recovery period, you need to be aware of stress and how to reduce it. It is normal to be numb, to feel disoriented, confused, anxious, grief, helpless, terrified, angry and despondent. You may have lost many things, including loved ones, homes, security, etc.

Be patient with yourself and others. Don't expect things to restore themselves instantly. Focus on the big picture instead of the little details.

Determine what's really important, and keep in mind that different people, even in your own household, will have different priorities. Be tolerant of mood swings and expressions of disbelief, anger, sadness, anxiety and depression.

Disasters are dreadful and disruptive with dire after effects. Lives and property can be lost with little warning, causing a great deal of heartache and suffering.

Don't overlook the feelings and needs of children.

Although severe disasters catch even the most conscientious and well-prepared people off-guard, diligent planning and preparation will help to bolster your response.

- Try to keep your body healthy and strong. Keep your family's diet as nourishing as possible. Make time for rest and relaxation.
- Talk with friends, family and ministers. In crisis situations, a supportive network is essential. Provide help to other families when possible; it will make both of you feel better. Spend time with people who care.
- Resist the temptation to resort to bad habits. Alcohol, blaming, denial, smoking, overeating and revenge eventually cause more problems than they solve.
- Take time to talk openly, honestly and often.
- Beyond a normal stress reaction, if you experience any of these symptoms at any time, seek professional help: a sense that the emotional and physical reactions are not normal; thoughts of ending your life or self-harm; loss of hope or interest in the future; avoiding things that bring back memories of what happened to the point where you're unable to carry out day-to-day tasks; being startled easily; feeling overwhelming fear for no obvious reason; panic attack symptoms: increased heart rate, breathlessness, shakiness, dizziness and a sudden urge to go to the toilet; excessive guilt about things that were or weren't said and done.
- Don't use alcohol or drugs to try to cope.
- Don't withdraw from family and friends.
- Don't stop yourself from doing things that you enjoy.
- Don't avoid talking about what happened.



YOU CAN MAKE A DIFFERENCE - EVERY LITTLE BIT HELPS



Start recycling today. Contact your local recycling agency for items they accept.

Typical recyclable items include:

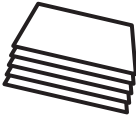


Paper & cardboard

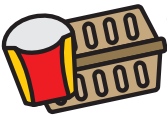
Newspapers, magazines & catalogues



Paper



Take-away cardboard boxes



Envelopes



Bottles, cans, beverage cartons, metal & foil



Plastic bottles, jugs and containers

Plastic bags

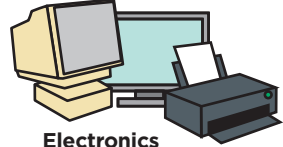


Ceramics and glassware



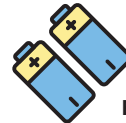
Empty aerosol cans

Look out for special recycle bins for these items:



Electronics

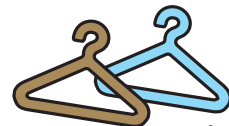
Light bulbs



Batteries



Clothing & toys



Plastic & wooden hangers

VAPING AND E-CIGS

Vaping liquid may contain harmful chemicals such as nicotine that can damage your lungs, like regular cigarettes.

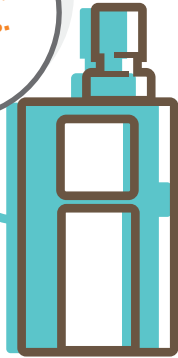
Liquid nicotine is

HIGHLY ADDICTIVE, toxic and causes poisoning on exposure.

Vaping products are

NOT REGULATED AND ARE BANNED

in many countries.



E-CIGARETTE OR AN ELECTRONIC CIGARETTE IS A DEVICE THAT SIMULATES SMOKING.

Users **INHALE VAPOUR OR AEROSOL** that is released.

"VAPING"

It consists of a **BATTERY, HEATING ELEMENT** and **LIQUID HOLDER.**



Different **SIZES AND SHAPES.**



Liquid **MAY OR MAY NOT** contain nicotine.

E-cigs may be used for **DRUGS LIKE MARIJUANA.**

ARE NOT SAFE



WHAT DO THEY CONTAIN?

Although e-cigs are less harmful than regular cigarettes, its aerosol has many toxic chemicals such as:

NICOTINE

HEAVY METALS

CANCER CAUSING
chemicals

Flavouring chemicals e.g. diacetyl which is linked to serious **LUNG DISEASE**

Ultrafine particles that go deep within lungs and cause **RESPIRATORY DISEASE**

NICOTINE LIQUID, VERY COMMONLY USED IN E-CIGARETTES:

is **VERY ADDICTIVE** ☹️
affects **BRAIN DEVELOPMENT** ☹️
in **UNBORN BABIES**, if exposed during pregnancy ☹️
in **ADOLESCENT** up to mid-twenties ☹️
can **CAUSE POISONING** by swallowing, breathing or ☹️
exposure to skin/eyes in children and adults

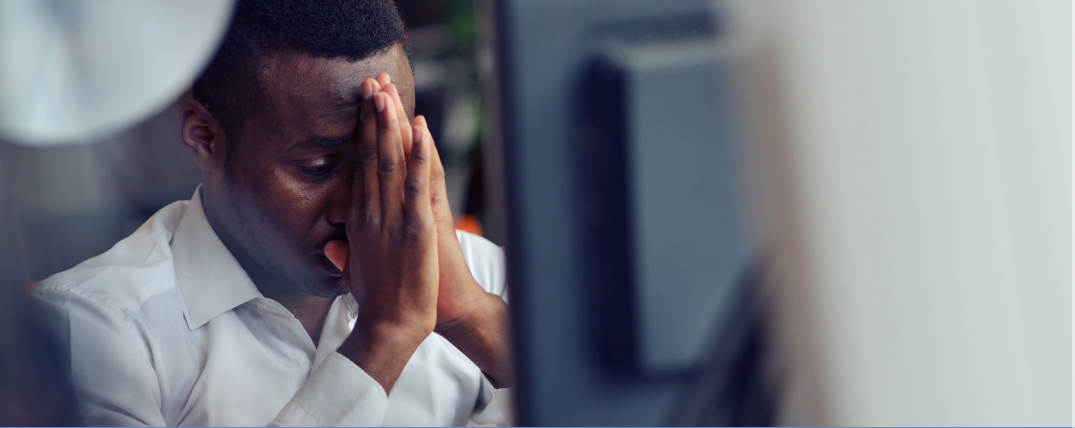


HEALTH RISKS OF E-CIGS



- Respiratory illnesses
- Cancers
- Harmful to brain development
- Poisoning on exposure to liquid nicotine
- Defective e-cigs may cause injuries due to fires or explosion
- Research on long term health effects and second hand aerosol are ongoing

OCCUPATIONAL STRESS



Since the mid-1990s, the psychological wellbeing of employees has been at the fore of occupational health practice research and legislation. A healthy workplace can be described as one where workers and managers actively contribute to the working environment by promoting and protecting the health, safety and wellbeing of all employees.

Written by Dr Ehab Chalabre, Medical Director OCH Services – Iraq

Occupational stress occurs when the demands placed upon employees/ individuals outweigh their ability to meet those demands. Stress can also arise when workers are underutilised – boredom and lack of challenge can be just as harmful as high demands.

Mental stress can affect work at multiple levels; individual employees, group of employees and the organisation as a whole, it is of great importance that workforce and ‘especially’ senior managers understand the causes of occupational mental stress, its effects and how to control its harm.

Stress could be positive, builds motivation (e.g. job promotion), keeps you safe in dangerous situations, increase alertness and concentration (e.g. when it protects you from predators’ attacks), positive stress might challenge you to grow.

On the other hand, negative stress – what people usually mean when they say stress – might lead to physical symptoms, anxiety, worry, overscheduling and feeling overwhelmed.

Sources of occupational stress can be subdivided into:



Current job causes – work overload, time pressure, deadlines, difficulty of work and under-loading



Work roles causes – lack of job clarity, conflict of interests, conflict of beliefs



Workplace culture causes – communication between management and workers, workforce involvement in decision making, resources availability, support



Structural causes – over-promotion, under-promotion, redundancy threats and pay structure/inequalities



Organisational causes – shift work, long working hours, unsociable working hours, unpredictable working hours, restructuring and non-consulted organisational changes



Environmental causes – noise, temperature, lighting, space, ergonomics and hazard exposure



Relationships causes – communication problems, harassment, bullying, verbal abuse and physical abuse/intimidation



Home-work interface – children issues, transport problems, commuting, relocation and housing issues

Managing and controlling occupational stress

- ♥ Strengthening individual employees, via;
 - Stress awareness and training to understand causes and types of stress, effects and how to control stress.
 - Provide confidential counselling.
 - Open-door management policy to understand employees' stressors.
 - Anonymous complaint box.
 - Provide physical exercise access at work.
 - Health promotion techniques.
 - Advice to avoid tobacco, excess alcohol and drugs when stressed.
 - Avoid unhealthy diet.
- ♥ Management role; revision of job design and flexibly manage job requirements, use clear job roles, management support to employees, reduce job insecurity, increase employees' participation in decision

making, reasonably manage demands, strict policy against bullying, harassment and violence at work, match employees skills with the designated duties.

Health effects if not managed

- ♥ Individual level: stress, muscles, bones and joints pain especially backache, heart problems, infections, reduced immunity, depression, anxiety, cancer resulting from increase alcohol intake, drugs and tobacco smoking.
- ♥ Organisational level: low morale and poor job satisfaction, low productivity, increase industrial disputes, increase employees turnover and rate of incidents and accidents.



NON-COMMUNICABLE DISEASES

Written by Dr Nwanneka Afakwu, Occupational Health – Nigeria

Non-communicable diseases (NCDs), also known as chronic diseases or lifestyle diseases, are the leading causes of death and disability worldwide.

NCDs refer to diseases caused by non-infectious and non-transmissible agents, and are usually slow progressing and last for long periods of time. The progression of these diseases is usually multifactorial, from a combination of genetic, physiological, environmental and especially, lifestyle or behavioural factors.

Key issues

According to the World Health Organization (WHO), NCDs are responsible for around 41 million deaths annually, translating to 71% of deaths globally.

They are also the leading causes of premature deaths, between the ages of 30 and 69, with a significant number of these deaths, around 82%, occurring in low- and middle-income countries.

Although NCDs are usually linked to older age groups, they can be found in all age groups, as well as all ethnic groups and in all geographical regions globally. The long duration of these diseases, as well as long term and often expensive treatment, have huge socioeconomic effects as they often lead to decreased productivity, job losses, sub-optimal health, quickly draining household resources and forcing millions of people into poverty yearly.

The burden of NCDs is an epidemic which has disastrous health consequences for society. It is, therefore, imperative that government and stakeholders make the prevention, detection and control of NCDs top priority for the 21st century and beyond.

There are four main types of NCDs and they include:

- ♥ Cardiovascular diseases
- ♥ Cancers
- ♥ Respiratory disorders, and
- ♥ Diabetes

Risk factors

Most premature deaths are linked to modifiable risk factors such as:

- ♥ Unhealthy diet
- ♥ Physical inactivity
- ♥ Tobacco use, and
- ♥ Harmful use of alcohol

Metabolic factors such as:

- ♥ Elevated blood pressure
- ♥ Elevated blood glucose
- ♥ Elevated fat or cholesterol levels, and
- ♥ Obesity/overweight, all increase the burden of risk for NCDs

According to the WHO, elevated blood pressure is the leading metabolic risk factor, accounting for about 19% of deaths due to NCDs, closely followed by obesity/overweight and elevated blood glucose.

A study conducted on a Korean population showed that tobacco use is the leading modifiable risk factor attributable to NCDs.

Prevention and control

A holistic approach by government and other stakeholders is required to prevent and curb the menace of NCDs on individuals and the society at large. Focus and emphasis should be placed on implementing programmes/policies aimed at reducing the modifiable risk factors, with methods and indicators in place to monitor progress of such programmes.

Such policies may include:

- ♥ Engaging the public by creating awareness of NCDs and providing good quality health information
- ♥ Ensuring healthy diets
- ♥ Placing higher taxes on alcohol and tobacco products, as well as creating tighter laws and regulations governing use of these products; and
- ♥ Creating cleaner and healthier environments

Providing resources for prompt detection, adequate screening and treatment of these diseases, as well as providing access to palliative care for affected people, are of immense benefit, especially in long term measures to reduce morbidity and mortality.

Access to primary healthcare and adequate health insurance programmes are key interventions in the prevention and control of NCDs.

In addition to these measures, adequate surveillance programmes should be adopted to monitor the trends of disease.

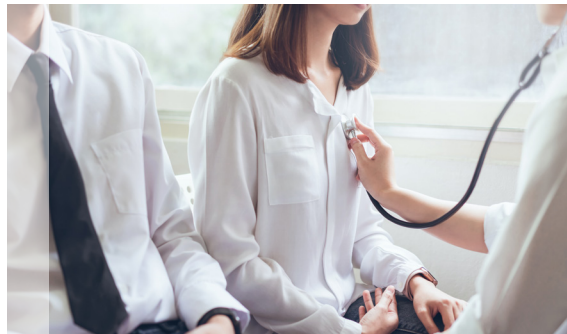
What roles can we play?

As individuals, we can:

- ♥ Stay physically active
- ♥ Eat wholesome and healthy, mainly unprocessed foods
- ♥ Seek and follow medical advice promptly
- ♥ Avoid tobacco use
- ♥ Avoid harmful use of alcohol
- ♥ Avoid consumption of food and drinks high in salt, sugar and unhealthy fats

What has been done?

The WHO has taken a leadership and coordination role by recognising NCDs as a major challenge to sustainable development and put forward a global Action Plan for the Prevention and Control of NCDs 2013 - 2020. This plan has been adopted by the World Health Assembly, and if implemented properly, will lead to a worldwide reduction in NCDs by 25%.



Overall, investing resources in the prevention and control of NCDs will improve health and lead to longer and healthier lives, as well as increase the socioeconomic status of a region. It will lead to a healthier workforce, thus, increase productivity and decrease the burden and attendant consequences of ill health due to NCDs on the society.



LOW BACK PAIN

Written by Dr Nwanneka Afakwa, Occupational Health – Nigeria

Low back pain is a common, often recurring condition that has been experienced by almost everyone at some point in their lifetime.

This is referred to as pain arising from the lumbar region of the spine. The lumbar region is made up of an intricate network of bones, joints, ligaments, muscles and nerves, which work together to provide support for the upper body, strength and flexibility for bending and twisting movements, as well as provide support and aid mobility of the lower body. Whatever affects any of these components makes the low back susceptible to injury and subsequent pain.

Low back pain affects both men and women, in all cultures, with varying symptoms from as mild as a dull ache to as severe as difficulty in standing up straight or walking which can be debilitating.

Warning signs such as numbness and tingling sensation in the legs, difficulty

in passing urine, fever and weight loss, associated with low back pain should be discussed with your doctor immediately.

The symptoms may manifest abruptly, for example, after an accident, lifting heavy equipment or assuming an awkward posture; or gradually over time after assuming an awkward position for long periods or repeatedly; or from a muscle strain; nerve impingement or joint pain. The pain may also be acute, lasting a few days to a few weeks; sub acute, between four weeks and three months; and chronic, lasting more than three months.

It tends to be more common among farmers, operators of heavy equipment, construction workers, long distance drivers and nurses.

The World Health Organization (WHO) states that it is the most common cause of medical consultations and is usually non-specific, thus, making it a problem for diagnosis. If not managed properly, may lead to disability.

Low back pain is of economic importance because it is one of the most common causes of health-related absence from work, leading to decreased productivity and contributing to financial and job losses for the individual and organisation.

Causes of low back pain

- Some causes of low back pain are work-related, especially if the job involves reaching, pulling, lifting heavy equipment or any task that involves twisting of the spine or assuming an awkward posture for an extended period, as well as repetitive movements.
- Desk jobs that involve sitting for long periods without taking frequent rest breaks, not sitting upright or even sitting in an uncomfortable chair can also contribute to low back pain.
- Assuming poor posture or overextending your muscles during workouts can also lead to low back pain, especially if you have been inactive most of the week.
- Lifestyle factors such as smoking and being overweight.
- Stress and working beyond your limits.
- Disc herniation can cause intense pain that should be attended to urgently.
- Chronic causes include spinal stenosis or narrowing, spondylitis (inflammation of the spinal joints) and fibromyalgia (pain in muscle fibres), nerve compression (for example, sciatica).

Management

This may range from home therapy, alternative therapy, medication or even surgery.

Use of heating pads, hot water bottles, ice packs, taking warm baths, taking rest

breaks, modifying your activity, practising yoga or stretching exercises at home can help alleviate the pain, even if only temporarily. Bed rest may help initially but it is also important to return to your regular safe activities as soon as possible to prevent the pain from getting worse and to increase muscle flexibility.

- See your doctor if you experience any uncomfortable symptoms. Try to give an accurate history of your symptoms and describe the pain, if you can. Imaging techniques like x-rays and CT scans may not always be required to diagnose the problem.
- Some cases may require spinal manipulation by osteopathic specialists or chiropractors; however, this must be approved by the managing specialist. Massage and acupuncture are also beneficial remedies, but these forms of management are not for everyone.
- Mild low back pain may be relieved by taking over the counter pain relievers like paracetamol or ibuprofen, or even applying pain relieving creams. Some prescription medication or even injections may be required for more severe cases.
- If none of these do not work, or if the pain persists for longer than three months despite therapy, surgery may be indicated, especially if a specific cause can be found.

Rehabilitation programmes are also beneficial in some cases, especially, if you have been inactive for a long time.

Preventing low back pain

- Stay at a healthy weight
- Learn safe and proper lifting techniques
- Stay active and exercise regularly, listen to your body and know when to take a break, gradually increase your exercise intensity
- Take frequent rest breaks
- Be intentional about assuming proper posture always
- Make sure your workstation is properly fitted to suit you.

HEAT DISORDERS

PROTECTING YOUR CHILD

Written by Dr David Teo, Regional Medical Director – Asia



Physical activities such as sports and physical exercise are a regular part of the school curriculum, but carry risks such as dehydration and heat disorders.

It is important to note that children may also take part in strenuous physical activities that are not part of school curriculum. As parents, you need to be aware of these risks and ensure that your children take the relevant precautionary measures.

What is heat disorder?

Heat disorder, a preventable medical condition, if not managed adequately and fast enough, could lead to organ failure, permanent disability and death.

Heat disorder can be viewed as the change in the body heat homeostasis (balance of heat gain and heat loss). Heat disorder arises when the body has more heat gain than heat loss. This can result in increased body core temperature, reduced amount of sweating and ultimately damaged muscles and organs such as the, brain, kidneys and cardiac system.

It is important to note that a mild case of heat cramps can progress to a heat stroke if the problem is not resolved and treated rapidly.

Heat disorders can be classified into the following three categories.



Heat cramps



Heat exhaustion



Heat stroke



Heat cramps

What is it?

A mild form of heat disorder and may occur in healthy students who exercise in heat and don't replace the water and salt lost from their body through sweating.

Signs and symptoms

Profuse sweating and muscular cramps; usually painful cramps in the arms, lower limbs (calf muscles) and abdominal wall muscles.

Treatment

- ☀ Stop activity and move to a cool shaded area
- ☀ Loosen clothes
- ☀ Cool off by fanning
- ☀ Drink water (clear juice, sports or rehydration drinks)
- ☀ Gently massage painful areas

Rest for several hours after the cramps have gone.





Heat exhaustion

What is it?

A serious form of heat disorder and should be managed as a medical emergency. If not managed quickly, may progress to heat stroke.

Signs and symptoms

- ☀ Looking either pale or flushed
- ☀ Skin is cool and moist (“clammy”) – person is sweating
- ☀ Dizzy or passing out (heat collapse)
- ☀ Headache
- ☀ Nausea
- ☀ Fast, weak pulse
- ☀ Feeling weak, clumsy and a little confused

Treatment

- ☀ Recognise symptoms
- ☀ Rest casualty
- ☀ Remove (to shade and remove clothes)
- ☀ Rehydrate - slowly drink water (clear juice, sports or rehydration drinks)
- ☀ Reduce body temperature
- ☀ Resuscitate
- ☀ Rush to hospital



Heat stroke

What is it?

A medical emergency situation. Patients need emergency treatment. Without it, people become permanently disabled or die.

Signs and symptoms

- ☀ Extremely high body temperature (above 39.4°C/103°F)
- ☀ Hot, red skin (without sweat)
- ☀ Severe headache
- ☀ Fatigue (unusual tiredness)
- ☀ Dizziness or lack of coordination (hard to walk, pick things up, etc.)
- ☀ Nausea or vomiting
- ☀ Fast pulse
- ☀ Confused, aggressive behaviour

Treatment

- ☀ Get medical help right away. Perform first aid until help arrives.
- ☀ Move the patient to a cool environment, e.g. out of the sun, inside to air-conditioning or to a shady area.
- ☀ Remove or loosen any tight or excessive clothing, especially non-cotton.
- ☀ Actively cool the patient: spray with cool water, or wrap them in a cool wet sheet and fan them.
- ☀ Encourage them to drink water, if they can.

Heat stroke must always be treated by a medical professional - even after effective first aid. Heat stroke can kill.

What factors increase your risk of heat disorders?

Risk factors for heat disorders could be classified as:

Human factors	Environmental factors
<ul style="list-style-type: none">☀ Obesity☀ Lack of physical fitness☀ Illness or return from illness☀ Lack of acclimatisation (new students)☀ Intense physical activity☀ Medications☀ "Sports mentality" and "peer pressure" persisting on with the game despite signs of heat disorder	<ul style="list-style-type: none">☀ High ambient temperature☀ High relative humidity☀ Lack of wind☀ WBGT (Wet Bulb Globe Thermometer) has been used by many military and sporting facilities as an indicator of Heat Stress Index

What steps can you take to prevent your child from heat disorders?

- ☀ Hydration is key
- ☀ Monitor weather, especially using WBGT and provide appropriate warning if WBGT is high
- ☀ Prior to each training, sporting activity and exercises, check if your child is well or if he or she needs to be excluded from the sports and training
- ☀ Ensure that your child knows how to rest regularly during training and consume cold plain water to remain hydrated
- ☀ Children should be encouraged to raise their condition to their teachers or coach if they are not feeling well prior, during and after physical activities



Children should be encouraged to raise awareness about their condition if they are not feeling well.



HOW MUCH WATER TO DRINK?

The amount of water required by individuals depends on the age, duration, intensity of activities and environment e.g. ambient temperature and humidity. It also depends if the student is sick, which means he/she would require more fluid intake.

The guidelines from USA (IOM) and Europe (EFSA) are both acceptable. The IOM guidelines would be recommended to schools in tropical countries or during the summer period as higher water intake is required. Meanwhile, schools located in cold countries or during the winter period may adopt the EFSA guidelines, requiring less water intake.

Age	USA (IOM 2004)*		Europe (EFSA 2010)**	
1 - 2 years old	1.3 l/d		1.1 - 1.2 l/d	
2 - 3 years old			1.3 l/d	
4 - 8 years old	1.7 l/d		1.6 l/d	
9 - 13 years old	Females 2.1 l/d	Males 2.4 l/d	Females 1.9 l/d	Males 2.1 l/d
14 - 18 years old	Females 2.3 l/d	Males 3.3 l/d	Females 2 l/d	Males 2.5 l/d
Adults (>18 years)	Females 2.7 l/d	Males 3.7 l/d		

* IOM: US Institute of Medicine of the National Academy of Sciences

** EFSA: European Food Safety Authority

l/d: Litres per day (1 Litre = 1 000 ml)

SHINGLES



Shingles (also called zoster or herpes zoster), is a painful rash caused by the varicella zoster virus, the same virus which causes chickenpox (varicella). Only someone who has previously had chickenpox can get shingles.

The risk of developing shingles increases with age. Pregnant women, newborns, people with compromised immune systems (such as some cancers, HIV and people on immunosuppressive medication) are also at higher risk of contracting shingles.

Symptoms

- ☀ Painful rash in the affected area
- ☀ Pain, burning, numbness or tingling in the area
- ☀ Rash turns into small blisters
- ☀ Fever, headaches, chills and tiredness may occur

Complications

- ☀ If the eye is affected, there is a risk of blindness
- ☀ Neurological effects and skin infections
- ☀ Ongoing pain in affected areas

How it spreads

Shingles cannot be transmitted from one person to another. However a patient with shingles can transmit chickenpox to someone who has never been infected with chickenpox.

The blister fluids from shingles patients are infectious. Items contaminated with the fluid (e.g. bed linen, towels) can also transmit infection.

Treatment

Antiviral medications (such as acyclovir, valacyclovir and famciclovir) can be prescribed to treat shingles. It is important that the medication is started as early as possible to reduce the length and severity of the illness. Medication for pain management may also be prescribed. Taking a cool bath or using cool, wet compresses over the affected area may also help relieve some of the symptoms.

Prevention

- ☀ Wash hands frequently. Carry a hand sanitiser for use when soap and water aren't readily available.
- ☀ Stay at home if you are feeling unwell or if you have an oozing rash.
- ☀ Keep the rash and blisters covered and avoid touching or scratching them.
- ☀ Don't share personal items such as towels.

Vaccines to prevent shingles are available – speak to your doctor

EAT FRUITS AND VEGETABLES EVERYDAY



How many fruits can you count?

How many vegetables can you count?

Answer: 10 fruits, 13 vegetables

GET ENOUGH REST

SLEEP AT LEAST 8 HOURS



KEEP YOUR MOUTH HEALTHY



Eat healthy food

Brush your teeth
twice a day



Drink lots of water



Protect your teeth -
wear a mouth guard

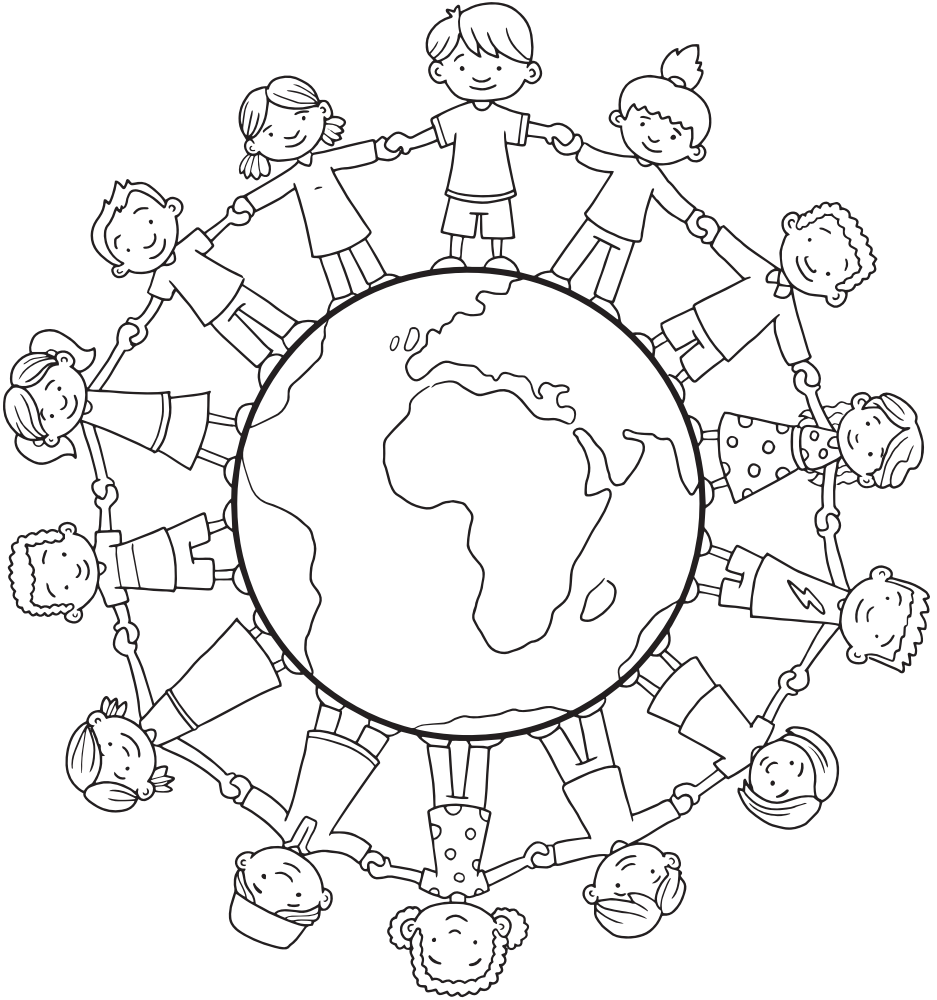


How many teeth can you count?



Answer: 22

LETS LOOK AFTER OUR WORLD TOGETHER



CELEBRATE EARTH DAY, 22 APRIL 2019

REDUCE REUSE RECYCLE

SINCE THE LAUNCH OF PROJECT KIJANI, WE HAVE BEEN SHARING AND PROMOTING LOCAL AND REGIONAL ENVIRONMENTAL INITIATIVES ACROSS OUR GLOBAL OFFICES TO INSPIRE OUR PEERS TO ADOPT ENVIRONMENTALLY SOUND HABITS. THIS INCLUDES CONSUMING LESS, RECYCLING MORE, CONSCIENTIOUS PURCHASING, AND REDUCING WASTE.

SO WHAT CAN YOU DO TO MAKE A DIFFERENCE?

WE SHARE A FEW TIPS FROM OUR PEERS AROUND THE WORLD.



RECYCLE &
UPCYCLE



TURN-OFF
UNUSED
ELECTRONICS



SOURCE
SUSTAINABLE
PRODUCTS



FILTER, DON'T
BOIL WATER



MEAT-FREE
MONDAYS



ELIMINATE THE
USE OF PLASTIC



REDUCE
DISPOSABLES

About Project Kijani

In line with our commitment to continually embed sustainability practices into our business, we formed Project Kijani to focus on creating awareness and advocating a cleaner, greener work place and environment!

Kijani, which means 'green' in Swahili was officially launched on Earth Day 2018 as a global challenge to our peers to encourage a change in attitude and behaviour and promote awareness of environment issues.

