

No. R. 702

12 September 2014

**MINE HEALTH AND SAFETY ACT, 1996 (ACT NO 29 OF 1996)****REGULATIONS RELATING TO FORMS**

I **S SHABANGU**, Minister of Mineral Resources, under section 98 (1) (x) of the Mine Health and Safety Act, 1996 (Act No. 29 of 1996) and after consultation with the Council, hereby amends Chapter 21 of the Regulations in terms of the Mine Health and Safety Act, as set out in the in the Schedule.

  
**S SHABANGU****MINISTER OF MINERAL RESOURCES****SCHEDULE****REGULATIONS AMENDMENTS****CHAPTER 21****FORMS****Amendment of Chapter 21 of the regulations**

Chapter 21 of the regulations is hereby amended by addition of the following form:

1. DMR 231:

DMR 231



mineral resources  
Department:  
Mineral Resources  
REPUBLIC OF SOUTH AFRICA

## HEALTH INCIDENT REPORT (HIR)

### Instructions:

1. Please refer to the attached Annexure A, B, C, D and E when completing this form;
2. These Annexures serve as a guide and are not for submission to the Department of Mineral Resources.

### PLEASE RETURN THE COMPLETED FORM TO:

The Medical Inspector; Occupational Health Chief Directorate, DMR, Trevenna Campus, private Bag X59, ARCADIA, 0007; C/o Regional Inspectors of Medicine

### A. DETAILS OF EMPLOYER

Name of Mine:

SAMRASS Code:

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Mine Code:

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Mine Address:

### B. PERSONAL DETAILS OF THE AFFECTED EMPLOYEE

Surname:

Name(s):

Date of birth:

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Gender:

Male:

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Female:

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South African ID number/ Passport number:

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Industry number:

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Pension Fund number:

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TEBA number:

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Occupation:

U/G

Surface

Date of death (If applicable):

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## C. DETAILS OF DISEASE (Mark with "X" on the specific disease)

| PTB | SIL+TB | MDR-TB | XDR-TB | SIL | ASB | CWP | COAD | Occupational-<br>Asthma | Heat illness/<br>Stroke | NIHL | Occupational Skin<br>Diseases | Muskulo-Skeletal<br>Disorders | Other<br>(Specify) |
|-----|--------|--------|--------|-----|-----|-----|------|-------------------------|-------------------------|------|-------------------------------|-------------------------------|--------------------|
|     |        |        |        |     |     |     |      |                         |                         |      |                               |                               |                    |
|     |        |        |        |     |     |     |      |                         |                         |      |                               |                               |                    |

Date diagnosed:

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**D. DETAILS OF SUBMISSION FOR COMPENSATION (Mark with "X" whether applicable)**

Is the disease compensable?

☐ Yes☐ No

Date submitted:

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Was death caused by the reported disease/s?

☐ Yes☐ No

Employment status changed:

☐ Yes☐ No

If yes,

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state date:

Is the disease reportable  
to:DoL Compensation  
Commissioner☐

MBOD

☐

RMA

☐

Compensation/claim number (If applicable):

### **E. EMPLOYMENT HISTORY RECORD (start with recent employment history)**

**F. GENERAL DETAILS****Person submitting the form:**

Surname:

Full Name(s):

Contact No.

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Signature (person submitting)**Occupational Medical Practitioner:**

Surname:

Full Name(s):

HPCSA No:

Contact No.

|  |  |  |  |  |  |  |  |  |  |
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Date:

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| D | D | M | M | Y | Y | Y | Y |
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## INTRODUCTION

The Health Incident Report (HIR) has been developed from recommendations of GEN 501 to generate centralised database to record the occurrence of occupational diseases in the South African mining industry, together with the morbidity and mortality of such diseases.

The database is used by the Mine Health and Safety Inspectorate for research purposes. This research helps to identify and classify problem areas in occupational disease management, so that appropriate preventative measures can be implemented. The occupational diseases database has been designed with an attached user guideline/procedure and the data-input form for completion by Occupational Medical Practitioners (OMPs) in the mining industry in submitting details of disease occurrences.

The Health Incident Report occupational diseases system uses the same list of mines as SAMRASS, the intention being to standardise data on disease incidents for administrative simplicity, as well as for statistical purposes.

Normal medical ethics must apply to confidentiality of personal and medical data. An employee consent form is attached as an annexure (Annexure B). There is a legal obligation to notify certain diseases, such as tuberculosis, to the authorities for protection of the community. In such a case, the common good has to override personal interests. But, as mentioned, access to the detailed data must be restricted in order to prevent violation of personal privacy rights.

The system is not designed to record clinical details of a disease occurrence; the main purpose of the data is to address the lack of information on the prevalence of occupational diseases in the mining industry. The nature of the data is designed to facilitate subsequent statistical analysis of masses of cases, rather than an in-depth clinical analysis of any specific case. This is to enable corrective measures to be prioritised and monitored. The document was developed in consultation with representatives from State, Labour and Employer.

The following aspects were taken into account:

- **Simplification**

An important consideration in the revision process was to design the reporting system without adding to the workload for the mines. With this in mind, codes which are consistent with industry reporting to Rand Mutual Assurance have been incorporated with SAMRASS reporting.

- **Content**

The choice and definition of variables to be reported, statistical measures and categories and groups for which statistics are reported, were revisited.

The new system has also been designed to conform to international standards and to facilitate comparison with other statistics.

- **Accuracy and Consistency**

Coding structures should be consistent with previous code sets so that history is not lost and should be readily understood by persons completing the prescribed forms.

- **Accessibility**

Statistics will be published in the Mine Health and Safety Inspectorate (MHSI) Annual Report and disseminated. Graphs, diagrams and explanatory notes will be used.

- **Uses**

Statistics will be presented, illustrating the situation and trends within the different mining sectors.

- **Common Vocabulary**

The intention of this document is to ensure that all mines make use of the same terminology regarding disease reporting.



## Annexure B

**Employee Consent Form**

I \_\_\_\_\_ (full names and surname) understand that my personal information regarding disease and employment will be sent as regulated to the Health Incident report database and may be used for purposes of reporting of occupational disease in mines and research.

I have been informed that confidentiality will be maintained in terms of Section 15 of the Mine Health and Safety Act, 1996, as amended.

\_\_\_\_\_  
Employee  
(Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Occupational Medical Practitioner  
(Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Witness1  
(Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Witness2  
(Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Annexure C

## USER GUIDELINE ON HEALTH INCIDENT REPORT (HIR)

### A. DETAILS OF EMPLOYER

- *Name of mine:* The name of the mine must be filled in.
- *SAMRASS Code:* The Mine's SAMRASS code must be filled in.
- *Mine Code:* The Mine's SAMRASS code must be filled in.
- *Mine Address:* The Mine's postal address must be filled in.

### B. PERSONAL DETAILS OF THE AFFECTED EMPLOYEE

Supply **ALL** available information on personal details.

U/G and surface Indicate the employee's designated working area

### C. DETAILS OF DISEASE

- *Date diagnosed:* The date when the employee was diagnosed, e.g. DD/MM/YYYY.
- *Disease:* Indicate with an "X" which disease/s the employee has been diagnosed with.

#### D. DETAILS OF SUBMISSION FOR COMPENSATION

- |                                      |  |
|--------------------------------------|--|
| • <i>Submitted for compensation:</i> | Mark with "X" if a compensation claim has been submitted.  |
| • <i>Date Submitted:</i>             | Date on which the compensation claim was submitted.  |
| • <i>Disease Caused Death:</i>       | State whether the employee died as a result of the disease.  |
| • <i>Employment Status Changed:</i>  | State if the employee's occupation has changed as a result of the disease.   |
| • <i>Date:</i>                       | Indicate the date from which the employee's employment status has changed.   |
| • <i>Compensation Houses/ Bodies</i> | Indicate which institution handled the compensation claim eg:<br>Rand Mutual Assurance, Compensation Commissioner or<br>Medical Bureau for Occupational Diseases |
| • <i>Compensation /claim number</i>  | Indicate the compensation/claim number   |

**E. WORK AND / EXPOSURES THAT LED TO THE DISEASE**

Supply **ALL** available information on the affected employee's work and work exposures.

F. EMPLOYMENT HISTORY RECORD:

Supply **ALL** information

**G. GENERAL DETAILS:**

Supply **ALL** information and sign the form where indicated

**Annexure D****USER GUIDELINE ON HEALTH INCIDENT REPORT (HIR)****LIST OF ACRONYMS**

|        |   |
|--------|---|
| PTB    | Pulmonary tuberculosis                  |
| SIL+TB | Silico-tuberculosis                     |
| MDR-TB | Multidrug-resistant tuberculosis        |
| XDR-TB | Extensively drug-resistant tuberculosis |
| SIL    | Silicosis                               |
| ASB    | Asbestosis                              |
| CWP    | Coal Workers' pneumoconiosis            |
| COAD   | Chronic obstructive airway disease      |
| NIHL   | Noise-induced hearing loss              |

## Annexure E

## MHSI Regional Offices - Contact List

| Region                | Work Telephone | Work Fax     | Postal Address                              |
|-----------------------|----------------|--------------|---|
| Eastern Cape          | 041 396 3940   | 041 373 8171 | Private Bag X6076<br>PORT ELIZABETH<br>6000 |
| Free State            | 057 391 1371/3 | 057 352 2270 | Private Bag X33<br>WELKOM<br>9460           |
| Gauteng               | 011 358 9776   | 011 339 6910 | Private Bag X5<br>BRAAMFONTEIN<br>2017      |
| KwaZulu-Natal         | 031 335 9626   | 031 305 5803 | Private Bag X54307<br>DURBAN<br>3000        |
| Limpopo               | 015 287 4705   | 015 287 4740 | Private Bag X9467<br>POLOKWANE<br>0700      |
| Mpumalanga            | 013 653 0500   | 013 690 2390 | Private Bag X7279<br>WITBANK<br>1035        |
| Northern Cape         | 053 807 1735   | 053 807 1761 | Private Bag X6093<br>KIMBERLY<br>8300       |
| North West-Klerksdorp | 018 487 9867   | 018 487 9836 | Private Bag A1<br>KLERKSDORP<br>2570        |
| North West-Rustenburg | 014 594 9240   | 086 750 2127 | P O BOX 150<br>TLHABANE<br>0390             |
| Western Cape          | 012 427 1004   | 021 427 1047 | Private Bag X9<br>ROGGE BAY<br>8012         |