

# MONTHLY Newsletter

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## From the Chief Inspector's desk



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Chief Inspector of Mines

It is a great pleasure to introduce the Mine Health and Safety Inspectorate's monthly newsletter. The newsletter will

prove to be an invaluable tool in communicating important health and safety messages to stakeholders in the mining sector.

The thought of having a monthly communication platform was sparked by a series of meetings between the Inspectorate management team and stakeholders in the sector.

A number of concerns were raised about the need for a consistent and uniform communication of health and safety in the sector. Hence this monthly newsletter was conceived.

The newsletter will communicate safety and health statistics and performance, development of health and safety legislation, research results from SIMRAC and MQA matters as they impact on occupational health and safety. It will attempt to tackle topical issues such as enforcement, professional registration, sharing of the industry's best practices and other matters of importance.

An editorial committee will on a monthly basis consider inputs from all nine regional offices for publication.

I hope you will find the newsletter

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## Labour in the mining industry is growing

The total number of persons at work in the South African mining industry reflects an increase of 0.94% employees in 2007. Close to half a million persons worked in mines in 2007 compared to a figure of 457 335 reported in 2006. In real terms the SA mining industry employed 28 565 more people in 2007 than in 2006.

Labour in platinum mines increased by 0.93% between 2006

and 2007. Although this appears to be a small percentage, the actual increase is 12 677 employees. The latter could be attributed to the rise in commodity prices. The ability to expand in the operating platinum mines can also contribute to the increase in labour.

An increase in the gold price resulted in the opening of areas that were previously not viable to mine and 2 979 more people

were employed in the gold sector in 2007. Compared to the 149 608 employees recorded in 2006, this is an 0.98% increase.

In 2007, 60.4% of the total number of persons at work in South African mines worked underground while 32.4% worked on surface. Percentage of employees in opencast mines is 6.9% and 0.3% persons were

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## Safety performance down in 2007

The safety performance of the South African mining industry has shown an undesirable downward trend in 2007. A number of 220 fatalities were reported by the mining industry. The 200 fatalities in 2006 was the lowest number of fatalities reported in the South African mining industry in recorded history.

Most of the regions had a significant increase in the number of fatalities when compared to 2006. In the Western Cape four fatalities were reported in 2007 compared to zero fatalities in the previous year. In 2006, two fatalities were recorded for the KwaZulu-Natal region. This increased by four fatalities to a total of six fatalities in 2007.

Although there is an improvement in the fatality rate of the Gauteng region, the actual number of fatalities increased from 77 in 2006, to 80 in 2007. This region has recorded the highest number of fatalities in 2007 as was the case in 2006.

The fatality rate for all mines has increased with 0.01% in 2007. The fatality rate of the gold sector dropped slightly from 0.35% to 0.34% while the fatality rate for diamond mines increased from 0.07% to 0.28%. This sector reported three fatalities in 2006 and 12 fatalities in 2007, which is an increase of 300%.

One of the reasons identified that contributed to an increase in the number of fatalities during the previous year was the lack of proper training of new employees

	2006		2007		Rates
	Fatalities	Fatality rate	Fatalities	Fatality rate	Year to year trends (% change)
<b>All mines</b>	<b>200</b>	<b>0.20</b>	<b>220</b>	<b>0.21</b>	<b>5.0</b>
Western Cape	0	0.00	4	0.22	100.0
Northern Cape	6	0.11	10	0.14	27.3
Free State	27	0.28	20	0.21	-25.0
Eastern Cape	2	0.39	1	0.20	-48.7
KwaZulu-Natal	2	0.09	6	0.27	200.0
Mpumalanga	22	0.15	23	0.15	0.0
Limpopo	9	0.12	9	0.11	-8.3
Gauteng	77	0.39	80	0.37	-5.1
North West	55	0.14	68	0.17	17.7

entering the mining industry. There is a dramatic increase in the number of fatalities classified as general. These are mainly resulting from the lack of proper supervision of safety standards

by operations.

An increase in the number of new companies that lack mining experience entering the platinum mine industry and an increase in the gold price resulted in old

unsafe working areas being opened up to generate more revenue by the gold sector could also be a contributing factor to the increase in the fatality rates.

## Review of the MHSA

### LEGISLATION

Occupational health and safety policy, prevention, research and enforcement within the mining industry in South Africa are regulated under the Mine Health and Safety Act, 1996 (MHSA). The MHSA came into force, on 15 January 1997.

The Department is currently in the process of amending the MHSA. This is done with the objective of ensuring that the MHSA is responsive to the ever changing mining and legal environment in South Africa.

The main purpose of the Amend-

ment Bill is to:

- \* Simplify the fine system and increase the maximum amount R 200 000 to R1 million.
- \* Strengthen offences and penalties and amend section 91 to include Corporate Bodies.
- \* Substitute, add and remove ambiguities in certain definitions and expressions.
- \* Effect amendments necessary to ensure consistency with other laws, particularly the Mineral and Petroleum Resources Development Act, 2002 (Act 28 of 2002).
- \* Effect amendments to establish the MHSI as an organ of State. This will create flexibility in ad-

ressing skills shortages.

\* Improve the effectiveness of the Mine Health and Safety Council and its sub-committees.

The Bill is out for public comment.

### REGULATIONS

The following regulations were promulgated in the last quarter of the year:

- Conveyor Belts
- Hazardous Location
- General machinery
- Flammable Gas Regulations
- Water storage and pumping
- Fires and explosions.

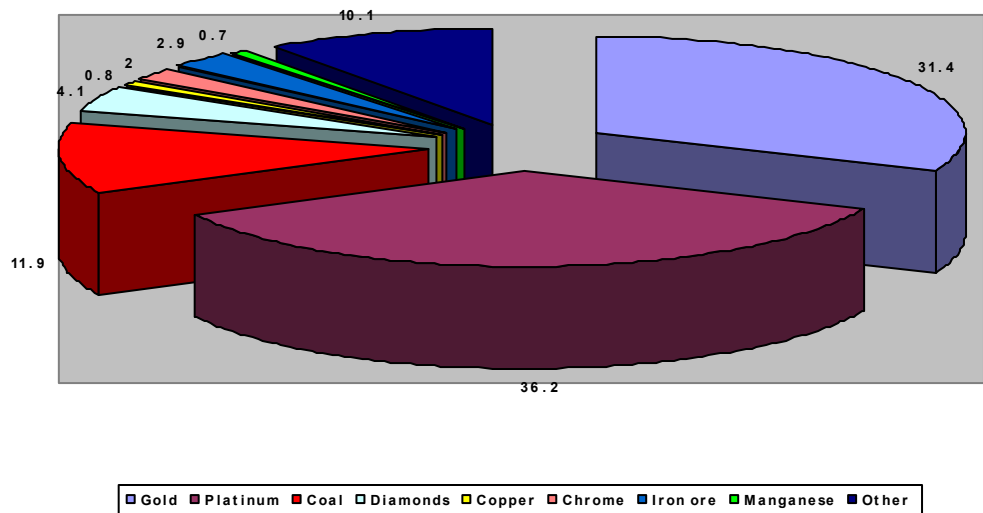
## Labour in the industry

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were employed on offshore mining installations.

The platinum and gold mines retained their status as the major employers in the SA mining industry. In 2007, these mines employed 36.2% and 31.4% of the total mine labour respectively. The copper and manganese sectors employed the least number of employees, employing 0.8% and 0.7% respectively of the total number of persons employed in the mining industry.

**2007 LABOUR PERCENTAGES PER COMMODITY**



## Medical incapacity due to ill-health and accidents in the SA mining

In the South African mining industry incapacitated employees are forced to leave employment following an injury or illness. Currently the process of incapacitation at mines is inconsistent and it is not transparent. The Inspectorate conducted a study on workers' incapacity due to ill-health and accidents in South African mines. The aim of this study was to establish measures that could be implemented by the mining industry to improve the systems of dealing with medical incapacity of workers.

A qualitative survey was conducted amongst large and small mines in Gauteng, Free State, KwaZulu-Natal and Western Cape.

The findings with reference to small mines highlighted the fact that these mines do not have formal disability management programmes and committees. In most cases, disability manage-

ment is driven by a single person, usually an Occupational Medicine Practitioner.

Some small mines appeared to have a good culture of disability management as they treat employees in a family manner. However, the danger of unfair dismissals occurring at small mines cannot be ignored.

Rehabilitation is sourced externally which might imply that traditional rehabilitation is offered. Alternative job placement and re-training is a challenge for small mines due to limited resources.

The results show that medically incapacitated employees are treated like employees who are retiring.

On the other hand, large mines have formal disability management programmes for medical incapacity based on international models. However, disability management committees are neither in place nor consist of all

the key persons as required.

The communication between key persons is facilitated through electronic data communication systems. There are in-house rehabilitation centres which conduct Functional Work Capacity tests, Physical Work Capacity tests and vocational rehabilitation.

Although the advantages of these tests are widely documented, the concern is the use of these tests as part of pre-employment assessment.

The large mines offer skills training for the purpose of alternative employment.

The study recommended that small mines be encouraged to set up disability management programmes based on international standards. It is further recommended that larger mines strengthen certain key areas of disability management programmes including em-

ployee/employer disability management agreements and disability management committees comprising of all the key persons. The study also stressed the importance of conducting training of all people on disability management programmes.

Issues identified regarding compensation houses will need further investigation and this could include the possibility of collaboration with the DME.

The recommendations also highlighted the need to investigate the popularisation of Section 20 appeals of the Mine Health and Safety Act, 1996. The Medical Inspector, while dealing with Section 20 appeals, can make referrals for rehabilitation tests in the process of determining the employees' ability to perform work in spite of the disability. The Integration Bill should address legal loopholes related to the issue of medical incapacity.

## More employees underwent medical surveillance in 2007

In 2007, 25 244 more mine employees underwent medical surveillance than in the previous year. It is a statutory requirement in terms of the Mine Health and Safety Act, 1996 (MHSA) that the occupational medical practitioner should compile an annual medical report based on the health status of employees at a mine.

From a workforce of 485 900 in 2007, 172 714 initial medical examinations and 63 858 exit medical examinations were conducted.

Gold mines have the highest incidence of silicosis and Pulmonary Tuberculosis (PTB) when compared with platinum mines. The reported PTB cases in platinum mines are even higher since silicosis predisposes employees to tuberculosis (TB) and HIV

infection exacerbates the situation.

Noise induced hearing loss (NIHL) is significantly higher in the platinum mines and this could be the result of an influx of employees from the gold mines who already had NIHL.

In terms of the milestones for silicosis and NIHL, there seem to be an increase rather than an expected decrease. This might be due to the early recognition of silicosis and NIHL in an effort to eradicate these occupational diseases by 2013. This could also be the result of an increase in the submission of the annual medical reports of employees in the mining industry.

MEDICAL SURVEILLANCE CAPTURED PER COMMODITIES FROM ANNUAL MEDICAL REPORTS: 1 JANUARY TO 31 DECEMBER 2007

COMMODITIES	EMPLOYEES	INITIALS	PERIODIC	EXIT
GOLD	110660	43538	92175	21757
PLATINUM	74590	44249	79138	752
DIAMOND	19947	9669	7611	1961
COAL	56729	24011	37716	8896
OTHER	140392	27198	29987	4257
<b>TOTAL</b>	<b>402318</b>	<b>148665</b>	<b>246627</b>	<b>37623</b>

DISEASES CAPTURED PER COMMODITIES FROM ANNUAL MEDICAL REPORTS: 1 JANUARY TO 31 DECEMBER 2007

COM-MODITIES	Silico-sis	PTB	NIHL	Coal workers Pneumo-coniosis	As-bestos is	Silica TB	Othe r
GOLD	1620	3812	626	0	0	518	185
PLATI-NUM	24	358	926	4	9	0	0
DIAMOND	9	127	73	22	1	5	2
COAL	9	9	23	0	2	0	0
OTHER	11	176	172	10	1	2	31
<b>TOTAL</b>	<b>1673</b>	<b>4482</b>	<b>1820</b>	<b>36</b>	<b>13</b>	<b>525</b>	<b>218</b>

## Ensuring safe and healthy working conditions

The Mine Health and Safety Inspectorate (MHSI) of the Department provides the framework for health and safety in the mining industry. This is achieved through research and the development of occupational health and safety policies and legislation.

A centre of excellence within the MHSI provides specialist and technical services focusing on regional components. The regional components develop and

implement strategies to reduce occupational diseases and injuries in mines. Regional operations for gold and platinum mines include Gauteng, Free State and North-West provinces. The Northern Cape, Eastern Cape and Western Cape provinces forms part of other mines and offshore mining. Regional operations for coal mining in South Africa include the Limpopo, Kwa-Zulu-Natal and Mpumalanga provinces.

## Diarize the following:

### June 2008

- 6: Closing date for the submission of mark sheets by examiners for May 2008
- 12: Plant Engineering examination
- 20: Mine Surveyors examination results available
- 20: Commission meeting for determining of the results for the April 2008 examinations and the allocation of examiners for the October 2008 examinations
- 20: Legal Knowledge examinations for Mine Managers
- 24: Commission meeting for determining the results for the May 2008 examinations and the allocation of examiners for the October 2008 examinations
- 25: Mine Managers examination results available

### July 2008

- 4: Mine Engineers examination results available

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