
**GOVERNMENT NOTICES
GOEWERMENSKENNISGEWINGS**

**DEPARTMENT OF MINERAL RESOURCES
DEPARTEMENT VAN MINERALE BRONNE**

No. R. 906

21 November 2014

MINE HEALTH AND SAFETY ACT, 1996 (ACT NO 29 OF 1996)

**REGULATIONS RELATING TO RESCUE, FIRST AID, EMERGENCY
PREPAREDNESS AND RESPONSE**

I **SUSAN SHABANGU**, Minister of Mineral Resources, under section 98 (1) of the Mine Health and Safety Act, 1996 (Act No. 29 of 1996) and after consultation with the Council, hereby amends Chapter 16 of the Regulations in terms of the Mine Health and Safety Act, as set out in the in the Schedule.



SUSAN SHABANGU

MINISTER OF MINERAL RESOURCES

SCHEDULE

REGULATIONS

CHAPTER 16

RESCUE, FIRST AID, EMERGENCY PREPAREDNESS AND RESPONSE

Regulation 16.6 of the Mine Health and Safety Regulations

REFUGE BAYS

16.6(1) The employer of every underground mine must ensure that:

- (a) readily accessible refuge bays are provided in the underground workings of the mine; and

(b) where a mine is required to have self-contained self rescuers in terms of regulation 16.2 above, such refuge bays are located within the limits of protection afforded by the self-contained self-rescuers in use at the mine, when being used.

16.6(2) The employer must take reasonably practicable measures to ensure, that having regard to the number of persons likely to be present in the area served by the refuge bay, every refuge bay complies with at least the following -

- (a) is of sufficient size;
- (b) is equipped with means for the sufficient supply of respirable air;
- (c) is equipped with a sufficient supply of potable water;
- (d) is equipped with sufficient ablution facilities;
- (e) is equipped with sufficient illumination;
- (f) is equipped with sufficient first aid equipment;
- (g) is equipped with efficient means to communicate verbally to surface;
- (h) is situated, where practicable, in an area not being used for storage of combustible material or close to such an area;
- (i) is constructed in such a way that air containing noxious smoke, fumes or gases will not enter the refuge bay;
- (j) a plan of the escape route is displayed in the refuge bay, indicating the position of the refuge bay in relation to the shaft or any other egress or access way to the surface;
- (k) a sign is displayed in the refuge bay, setting out the emergency procedures to be followed in the refuge bay and relevant emergency phone numbers; and
- (l) has a means to facilitate clear identification of the location of the refuge bay from the outside in poor visibility.

16.6(3) The employer must take reasonably practicable measures to ensure that every refuge bay is examined to ensure compliance with 16.6.(2)(a) to (l) –

- (a) at least once every 30 days by a person appointed in terms of regulation 2.15.1 or 2.17.1 in force in terms of item 4 of Schedule 4 of the Act or any other employee of a higher ranking.
- (b) at least once every 90 days by a person appointed in terms of section 12 of the Act, or by a person who holds the Intermediate Certificate in Mine Environmental Control, issued by the Chamber of Mines of South Africa, working under the control of a person appointed in terms of section 12 of the Act,

16.6(4) The employer must take reasonably practicable measures to ensure that a written report on the inspection contemplated in regulation 16.6(3)(b) is provided within 7 days to the manager appointed in terms of section 3 (1)(a).

DMR 231



mineral resources
 Department:
 Mineral Resources
 REPUBLIC OF SOUTH AFRICA

HEALTH INCIDENT REPORT (HIR)

Instructions:

1. Please refer to the attached Annexures 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: Mineral Resources;
3. **PLEASE RETURN THE COMPLETED FORM TO: The Occupational Medicine Inspectors in the relevant regional offices as listed on Annexure E.**

A. DETAILS OF EMPLOYER

Name of Mine: _____

SAMRASS Mine Code:

Mine Address:

Commodity(s) mined:

B. PERSONAL DETAILS OF THE AFFECTED EMPLOYEE

Surname: _____

Name(s): _____

Date of birth:

Gender: Male: Female:

South African ID number/ Passport number:

Industry No:

Pension Fund No:

TEBA number:

COY number:

Occupation:

Surface or underground: Surface: Underground:

C. DETAILS OF DIAGNOSED DISEASE (Mark with an "X" on the specific diagnosed disease)

PTB	SIL + TB	MDR – TB	XDR – TB	SIL	ASB	CWP	COAD	OCCUPA- TIONAL- ASTHMA	HEAT STROKE	NIHL	OCCUPA- TIONAL SKIN DISEASES	MUSKULO- SKELETAL DISORDERS	OTHER (SPECIFY)

Date diagnosed:

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Date of death (if applicable):

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D. DETAILS OF SUBMISSION FOR COMPENSATION (Mark with an "X" where applicable)

Is the disease to be submitted for compensation? Yes No

Date submitted:

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Did the reported disease(s) result in death? Yes No

Employment status changed: Yes No

If yes, state date:

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Compensation House/ Bodies: Compensation Commissioner MBOD RMA

Compensation number (if applicable):

E. DESCRIBE THE WORK AND/OR EXPOSURES THAT LED TO THE DIAGNOSED DISEASE

G. GENERAL DETAILS

Person submitting this form:

Surname: _____ Full Name(s): _____

Contact No.

E-mail address:

Date:

Signature (person submitting)

Occupational Medical Practitioner:

Surname: _____ Full Name(s): _____

HPCSA No: _____ Qualifications: _____

Practice No:

E-mail address:

Contact No:

Date:

Annexure A**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: ____/____/____

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 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 DIAGNOSED DISEASE

Indicate with an "X" on the disease (s) / illness diagnosed

- *Date diagnosed:* Complete the date when the disease/illness was diagnosed, e.g. DD/MM/YYYY
- *Date of death (if applicable):* Indicate date if the diagnosed disease (s) / illness caused death

D. DETAILS OF SUBMISSION FOR COMPENSATION

- *Submitted for compensation:* Mark with "X" if a compensation claim has been submitted
- *Date submitted:* Date on which the compensation claim was submitted
- *Disease caused Death:* State whether the employee died as a result of the disease.
- *Employment status changed:* State if the employee's occupation has changed as a result of the disease
- *Date:* Indicate the date from which the employee's employment status has changed
- *Compensation Houses/ Bodies* Indicate which institution handled the compensation claim e.g.
Rand Mutual Assurance, Compensation Commissioner or
Medical Bureau for Occupational Diseases
- *Compensation /claim number* 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
OTHER	Specify

Annexure E

MHSI Regional Offices - Contact List

Region	Telephone No.	Physical Address	Postal Address
Eastern Cape	041 396 3940	C/o Mount Road & Diaz, Mount Croix, PORT ELIZABETH	Private Bag X6076 PORT ELIZABETH 6000
Free State	057 391 1371/3	The Strip, 314 State Way & Bok Streets WELKOM 9459	Private Bag X33 WELKOM 9460
Gauteng	011 358 9700	Mineralia Building, 1 st and 2 nd Floor, c/o De Korte & De beer Streets BRAAMFONTEIN Johannesburg	Private Bag X5 BRAAMFONTEIN 2017
KwaZulu-Natal	031 335 9626	Durban Bay House 333 Anton Lembede Street (former Smith Street) DURBAN 4001	Private Bag X54307 DURBAN 3000
Limpopo	015 287 4705	101 Dorp Street POLOKWANE 0699	Private Bag X9467 POLOKWANE 0700
Mpumalanga	013 653 0500	Receiver of Revenue Building, C/o Paul Kruger & Botha Street EMALAHLENI 1035	Private Bag X7279 WITBANK 1035
Northern Cape	053 807 1735	65 Phakamile Mabija Street Perm Building KIMBERLEY 8300	Private Bag X6093 KIMBERLY 8300
North West-Klerksdorp	018 487 9867	Vaal University of Technology Building, C/o Voortrekker & Margaret Prinsloo Streets KLERKSDORP 2570	Private Bag A1 KLERKSDORP 2570
North West-Rustenburg	014 594 9240	254 C/o Beyers Naude & Unie Streets RUSTENBURG	P O BOX 150 TLHABANE 0390
Western Cape	012 427 1004	Atterbury House, 9 th Floor C/o Lower Burg & Riebeeck Streets CAPE TOWN 8012	Private Bag X9 ROGGE BAY 8012