

HEALTH INCIDENT REPORT (HIR)

Instruction:

All sections of this form must be completed. Please refer to the attached Annexures A, B, C, D and E which serve as a guide and are NOT for submission to the Department of Mineral Resources and Energy. This report must be submitted to the relevant Principal Inspector of mines office/s at the regions.

A. MINE DETAILS

Mine name	
Mining House	
SAMRASS Mine Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Main commodity	
Other commodities mined	
Type of mine	Choose an item.
Telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal address	
Region	Choose an item.
District	
Health-care facility name	
Occupational Health	Choose an item.
Primary Health Care	Choose an item.

B. PERSONAL DETAILS OF EMPLOYEE

Surname:	Full name(s):
Date of birth	Click here to enter a date.
Gender	Choose an item.
Identity/ Passport number	
Industry/Company number	
Occupation	
Workplace	Choose an item.

C. DETAILS OF DIAGNOSED OCCUPATIONAL DISEASE/S (Mark with an "X")

PTB <input type="checkbox"/>	Sil+TB <input type="checkbox"/>	MDR-TB <input type="checkbox"/>	XDR-TB <input type="checkbox"/>	Silicosis <input type="checkbox"/>	Asbestosis <input type="checkbox"/>	CWP <input type="checkbox"/>	COAD <input type="checkbox"/>			
Occupational asthma <input type="checkbox"/>	Occupational lung cancer <input type="checkbox"/>	NIHL <input type="checkbox"/> PLH: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">%</td></tr></table>			%	Occupational skin disease <input type="checkbox"/>	Platinum salt sensitivity (PSS) <input type="checkbox"/>	Musculoskeletal disorders (MSD) <input type="checkbox"/>	Progressive massive fibrosis (PMF) <input type="checkbox"/>	Other occupational disease: (specify)
		%								
Date of diagnosis:			<u>Click here to enter a date.</u>							

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

Occupational disease/s submitted for compensation	Choose an item.																				
Compensation House/ Bodies	Choose an item.																				
Compensation Case Number (if available)	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
Employment status changed	Choose an item.																				
If yes, indicate date:	<u>Click here to enter a date.</u>																				

E: DETAILS OF DEATH DUE TO OCCUPATIONAL RELATED DISEASE/S (where applicable)

Occupational disease resulted in death?	Choose an item.
Date of death:	<u>Click here to enter a date.</u>
Cardiorespiratory organs removed and sent to NIOH for autopsy?	Choose an item.
Date sent:	<u>Click here to enter a date.</u>

Mine name:

Employee's Industry/Company No:

F: WORK-RELATED HAZARDS EXPOSURE THAT LED TO THE DIAGNOSED OCCUPATIONAL DISEASE/S (briefly elaborate where applicable)

Physical hazards	
Ergonomic/Mechanical hazards	
Chemical hazards	
Biological hazards	
Psychosocial hazards	
Other occupational health hazards	

Mine name:

Employee's Industry/Company No:

G: EMPLOYEE'S RECORD OF SERVICE (Labour history)

Date employee started work on the mine or works:				Click here to enter a date.				
Mine or Works name	U/G/Surface	Commodity	Company No.	Occupation	Date started	Date ended	Employee still employed	Termination reason
					Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/>	Choose an item.
					Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/>	Choose an item.
					Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/>	Choose an item.
					Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/>	Choose an item.
					Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/>	Choose an item.
					Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/>	Choose an item.
					Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/>	Choose an item.
					Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/>	Choose an item.

Mine name:

Employee's Industry/Company No:

H. APPOINTED OCCUPATIONAL MEDICAL PRACTITIONER

Full names																					
Surname																					
HPCSA number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Qualifications																					
Appointment status	Choose an item.																				
Contact number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
E-mail address																					
Signature																					
Date	Click here to enter a date.																				

I. PERSON SUBMITTING THE FORM

Full names																					
Surname																					
Job title																					
Contact number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Email address																					
Signature																					
Date	Click here to enter a date.																				

Mine name:

Employee's Industry/Company No:

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 must override personal interests. But, as mentioned, access to the detailed data must be restricted 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 considered:

- **Simplification**

An important consideration in the revision process was to design the reporting system without adding to the workload for the mines. 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.

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: ____/____/____

EXPLANATORY NOTES: HEALTH INCIDENT REPORT (HIR)**A. MINE DETAILS**

Mine name	provide the full name of the mine
Mining House	provide details of the mining house
SAMRASS Mine Code	provide SAMRASS Mines code assigned by the DMRE
Main commodity	provide details of the mine commodity (e.g. Gold, Coal, Platinum, etc.)
Type of mine	mark with "X to indicate if underground or surface mine
Telephone	provide the telephone number of the mine
Postal address	provide the postal address of the mine
Region	click to choose an item
District	provide details of the district in the jurisdiction of the mine
Health-care facility name	provide the name of the health-care facility of the mine
Occupational Health	mark with "X to indicate if in-house or outsourced
Primary Health Care	mark with "X to indicate if in-house or outsourced

B. PERSONAL DETAILS OF THE EMPLOYEE BEING REPORTED

Full names	provide full names of the employee
Surname	provide the surname of the employee
Date of birth	click to enter a date
Gender	mark with "X to indicate if male or female
Identity/Passport number	provide the identity or passport number of the employee
Industry/Company number	provide the industry or company number of the employee
Occupation	provide details of employee's occupation (e.g. miner, welder, etc.)
Workplace	mark "X to indicate if employee works underground or on surface

C. DETAILS OF DIAGNOSED OCCUPATIONAL DISEASE/S

Note: Mark with "X" to indicate the diagnosed occupational disease/s reported

If noise-induced hearing loss is being reported, provide the percentage loss of hearing (PLH) to indicate shift from the employee's baseline audiogram

If other occupational disease/s is being reported, specify details

Date of diagnosis: click to enter a date

D. DETAILS OF SUBMISSION FOR COMPENSATION

Occupational disease submitted for compensation	mark with "X to indicate if yes or no
Compensation House/Bodies	mark with "X to indicate the applicable institution
Compensation Case Number	provide the number, if available
Employment status changed	mark with "X to indicate if yes or no
If yes, indicate date	click to enter a date

DETAILS OF DEATHS DUE TO OCCUPATIONAL RELATED DISEASE/S

Provide the information where applicable:

Occupational disease resulted in death	mark with "X to indicate if yes or no
Date of death	click to enter a date
Cardiorespiratory organs removed and sent to NIOH for autopsy	mark with "X to indicate if yes or no
Date sent	click to enter a date

E. WORK RELATED HAZARD/S EXPOSURE/S THAT LED TO THE OCCUPATIONAL DISEASE/S

Provide the information where applicable:

Physical hazards	provide details (e.g. dust, noise, ionizing radiation, etc.)
Ergonomic/Mechanical hazards	provide details (e.g. vibration, repetitive movements, postural, etc.)
Chemical hazards	provide details (e.g. noxious gases & fumes, diesel particulate matter, metals, etc.)
Biological hazards	provide details (e.g. bacteria, fungi, virus, etc.)
Psychosocial hazards	provide details (e.g. shift work, poor work-life balance, long working hours, long distance labour commuting, poor living conditions, lack of support network due to isolation from family & friends, sexual harassment, bullying, psychological harassment (mobbing), job insecurity, excessive workload, poor remuneration, etc.)
Other occupational health hazards	provide details on any other relevant hazards, (e.g. fatigue, etc.)

F. EMPLOYEE'S RECORD OF SERVICE

Provide ALL the required information, where available

Note: click to enter a date when the employee started/commenced work in the mining industry

Provide information on the current mine and all respective mines where the employee has worked

Mine name	provide the full name of each respective mine
U/G/ Surface	provide details to indicate the type of mine
Commodity mined	provide details of the main commodity of each mine
Company No.	provide company number of the employee at each mine
Occupation	provide details of employee's occupation at each mine
Date started	click to enter a date
Date ended	click to enter a date
Employee still employed	mark with "X to indicate
Termination reason	click to choose an item (e.g. discharged, medical incapacity, mine closure, retired, retrenched, resigned, voluntary severance package)

G. APPOINTED OCCUPATIONAL MEDICAL PRACTITIONER

Provide **ALL** the required information

Full names	provide the full names of appointed OMP
Surname	provide the surname of appointed OMP
HPCSA number	provide the HPCSA number of appointed OMP
Qualifications	provide full details of appointed OMPs qualifications
Appointment status	mark to indicate if OMP is engaged full-time or part-time
Contact number	provide details of appointed OMPs contact number
E-mail address	provide details of appointed OMPs email-address
Signature	appointed OMP to sign the report
Date	click to enter a date that an OMP signed the report

I. PERSON SUBMITTING THE FORM

Note: this section requires details of the person assigned by the OMP to complete and submit the HIR form

Full names	provide the full names of assigned person
Surname	provide the surname of assigned person
Job title	provide the job title of assigned person
Contact number	provide details of assigned person
E-mail address	provide details of assigned person
Signature	assigned person to sign
Date	<i>click to enter a date</i> that assigned person compiled and signed the report

ACRONYMS

CCOD	Compensation Commissioner for Occupational Diseases
CF	Compensation Fund
COAD	Chronic obstructive airway disease
COID	Compensation for Occupational Injuries and Diseases
CWP	Coal Workers' pneumoconiosis
DMRE	Department of Mineral Resources and Energy
HIR	Health Incident Report
HPCSA	Health Professions Council of South Africa
MBOD	Medical Bureau for Occupational Disease
MDR-TB	Multidrug-resistant tuberculosis
MSD	Musculoskeletal disorders
N/A	Not applicable
NCD	Non-compensable disease
NIHL	Noise-induced hearing loss
NIOH	National Institute for Occupational Health
OMP	Occupational Medical Practitioner
PLH	Percentage loss of hearing
PMF	Progressive massive fibrosis
PTB	Pulmonary tuberculosis
RMA	Rand Mutual Assurance
SAMRASS	South African Mines Reportable Accidents Statistical System
SIL+TB	Silico-tuberculosis
U/G	Underground
XDR-TB	Extensively drug-resistant tuberculosis

DMR (MHSI) Regional Offices Contact List

Region	Work telephone No.	Postal Address
Eastern Cape	041 403 6640	Private Bag X6076 PORT ELIZABETH 6000
Free State	057 391 1372	Private Bag X33 WELKOM 9460
Gauteng	011 358 9776	Private Bag X5 BRAAMFONTEIN 2017
KwaZulu-Natal	031 335 9626	Private Bag X54307 DURBAN 4000
Limpopo	015 287 4705	Private Bag X 9467 POLOKWANE 0700
Mpumalanga	013 653 0514	Private Bag X7279 WITBANK 1035
Northern Cape	053 807 1735	Private Bag X6093 KIMBERLY 8300
North West-Klerksdorp	018 464 4316	Private Bag A1 KLERKSDORP 2570
North West-Rustenburg	014 594 9240	P O BOX 150 TLHABANE 0390
Western Cape	021 427 1004	Private Bag X9 ROGGE BAY 8012