



mineral resources & energy

Department:
Mineral Resources and Energy
REPUBLIC OF SOUTH AFRICA

November 2020

PROCESS DOCUMENT ON THE REPORTING AND INVESTIGATION OF COVID-19 CASES

PART 1: IMPLEMENTATION OF THE REVISED COVID-19 DATA REPORTING TEMPLATES

In terms of Section 8.4.3.2 of the revised “Guideline for a Mandatory Code of Practice on the Mitigation and Management of COVID-19 Outbreak” as revised, the employer is required to complete and report all confirmed COVID-19 cases to the Principal Inspector of Mines (PIoM) within 24hours. The employer in terms of section 8.4.3.3 is further required to investigate all confirmed COVID-19 positive cases at the mine in term of the MHSa Section 11(5)(a) (i) and (ii) and report to the PIoM. In addition, Section 8.4.3.4 requires the employer to consolidate the DMRE COVID-19 reports into weekly reports and submit them to the PI as determined by the Department of Mineral Resources and Energy.

It is therefore recommended that mines should:

- (i) Comply with the requirements of the revised DMRE COVID-19 data reporting template.
- (ii) Complete and report the confirmed COVID-19 positive cases to the Principal Inspector of Mines **within 24 hours** using the reporting template titled “**Information on employees diagnosed with COVID-19**” as attachment 1.
- (iii) Consolidate and report the confirmed COVID-19 positive cases to the Principal Inspector of Mines on **weekly basis** using the reporting template titled “**South African Mining Industry COVID-19 Data**” as attachment 2.
- (iv) familiarize themselves with the content of the revised forms as well as the explanatory notes (attachment 3 to assist in standardizing reporting)

ATTACHMENT 1 – DAILY REPORTING TEMPLATE ON INFORMATION OF EMPLOYEES DIAGNOSED WITH COVID-19 (To be filled in with the guidance of attachment 3-Explanatory notes)

Date of report:

| Part A: Mine details | | | | | | | | | | | | | |
|--|--------------|--------------|-------------------|--------------------|--------------------|-------------------|----------|--------|---------------|--------|-------------------|-------------------------------|---------------------------|
| Mine name | Mining House | | SAMRASS Mine Code | Main commodity | Type of mine | Teleph one | District | Region | | | | | |
| | | | | | | | | | | | | | |
| Part B: Information on employees diagnosed with COVID-19 | | | | | | | | | | | | | |
| COVID-19 Mine Case number | Sex | Age | Occupation | Area of work | Place of Residence | History of travel | | | | Status | Date of diagnosis | Number of Comorbid conditions | Number of contacts traced |
| | | | | | | Yes/No | RSA | SADC | Other | | | | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| Part C: Appointed Occupational Medical Practitioner | | | | | | | | | | | | | |
| Full names | Surname | HPCSA number | Qualifications | Appointment status | | Contact number | | | Email address | | | | |
| | | | | | | | | | | | | | |
| Part D: Appointed Covid-19 Compliance Officer | | | | | | | | | | | | | |
| Full names | Surname | | Contact number | | | Email address | | | | | | | |
| | | | | | | | | | | | | | |
| Part E: Employer / Mine Manager | | | | | | | | | | | | | |

| Full names | Surname | Contact number | Email address |
|------------|---------|----------------|---------------|
| | | | |

ATTACHMENT 2 – WEEKLY REPORTING TEMPLATE ON SOUTH AFRICAN MINING INDUSTRY COVID-19 DATA (To be filled in with the guidance of attachment 3-Explanatory notes)

| | |
|-----------------|--|
| Date of report: | |
|-----------------|--|

Part A: Mine details

| Mine name | Mining House | SAMRASS Mine Code | Main commodity | Type of mine | Telephone | District | Region |
|-----------|--------------|-------------------|----------------|--------------|-----------|----------|--------|
| | | | | | | | |

Part B: Covid-19 Data (Provide total numbers)

| Employees and contractors | Employees and contractors with Comorbidities | Employees returned to work | Screening tests done | Employees referred for testing | Employees tested for COVID-19 | Variance | Positive cases | | Negative cases | Pending | Employees quarantined | Isolated | | | Employees recovered | Deaths | Active cases |
|---------------------------|--|----------------------------|----------------------|--------------------------------|-------------------------------|----------|-------------------|--------------------|----------------|---------|-----------------------|----------|------------------|----------|---------------------|--------|--------------|
| | | | | | | | symptomatic cases | asymptomatic cases | | | | Home | Isolation center | Hospital | | | |
| | | | | | | | | | | | | | | | | | |

Part C: Appointed Occupational Medical Practitioner

| Full names | Surname | HPCSA number | Qualifications | Appointment status | Contact number | Email address | E-signature/Initials | Date |
|------------|---------|--------------|----------------|--------------------|----------------|---------------|----------------------|------|
| | | | | | | | | |

Part D: Appointed Covid-19 Compliance Officer

| Full names | Surname | Contact number | Email address | E-signature/Initials | Date |
|------------|---------|----------------|---------------|----------------------|------|
| | | | | | |

Part E: Employer / Mine Manager

| Full names | Surname | Contact number | Email address | E-signature/Initials | Date |
|------------|---------|----------------|---------------|----------------------|------|
| | | | | | |

ATTACHMENT 3

EXPLANATORY NOTES ON SOUTH AFRICAN MINING INDUSTRY COVID-19 DATA REPORTING

The purpose of the explanatory notes is to:

- Guide those responsible for completing the COVID-19 data on how to respond to each question in the reporting forms in a standardized manner.

PART A: MINE DETAILS

Mine name: provide the name of the mine.

Mining house: provide the name of the company or owner of the mine.

SAMRASS Mine Code: provide the DMR mine code/sub-mine code allocated to the mine.

Main commodity: click on the cell below the heading to select the main commodity from a dropdown list.

Type of mine: indicate if underground/surface, by selecting from dropdown menu on the cell below.

Telephone: provide the mine contact details.

District: provide the district at which the mine is located.

Region: click on the cell below the heading to select region from a dropdown list.

PART B: COVID-19 DATA (For daily reporting)

COVID-19 Mine Case number: Provide the COVID-19 mine allocated case number.

Sex: Provide the gender of the employee diagnosed with COVID-19 by clicking on the cell below to select from the dropdown menu.

Age: Provide the age of the employee

Occupation: Provide the job that the employee does.

Area of work: indicate if underground/surface, by clicking on the cell below to select from dropdown menu.

Place of Residence: Provide residential address of the employee from where s/he travels to and from the mine daily.

History of travel: Provide information regarding whether the employee has travelled, if that happened within South Africa (dropdown menu) or SADC (dropdown menu) or internationally.

Status: Provide the status of the employee by selecting on the dropdown menu indicating if employee has been confirmed COVID-19 positive or has recovered or died from COVID-19.

Date: Provide the date of the status

Number of contacts traced: Provide the number of identified people that have been in direct contact with an employee confirmed to be COVID-19 positive prior to diagnosis.

PART B: COVID-19 DATA (Provide totals numbers) (For weekly reporting)

Total number of employees including contractors (Normal compliment): Provide total number of employees at the mine irrespective of category of work.

Total number of employees returned to work: Provide total number of employees who returned to work after 27th March 2020 (when lockdown started).

Total number of screening tests done on employees upon return to work: Provide total number of initial screening tests done on employees upon return to work after lockdown. (Through the use of questionnaire and temperature check, daily screening has to continue and records must be available on request)

Variance: The system will automatically provide the variance number in relation to the last two totals provided by the individual completing the report.

Total number of employees referred for COVID-19 testing: Provide the number of employees suspected of COVID-19 referred for testing (e.g. a temperature of 38 degrees and/or symptoms in keeping with COVID-19).

Total number of employees tested for COVID-19: Provide the total number of employees who underwent testing for COVID-19.

Variance: The system will automatically provide the variance number in relation to the last two totals provided by the individual completing the report.

Total number of positive cases identified: Provide the number of employees that were confirmed positive and of those identify:

1. Total employees who were symptomatic
2. Total employees who were asymptomatic

Total number of negative cases identified: Provide total number of employees who tested negative.

Pending: Provide the number employees whose test results are pending or are still to be determined.

Total number of employees quarantined: Provide the total number of employees who required quarantine as a result of being contacts to a positive COVID-19 person

Isolated: Provide the number of employees who are confirmed positive for COVID-19, who may or not be sick and are separated from healthy individuals that are not infected to prevent the spreading of infection either at:

1. **Home:** Provide the number of employees self-isolated in line with the NDoH directives at the place of their residence as advised by their medical practitioner.
2. **Isolation center:** Provide the number of employees isolated at a designated area/center for isolation provided by the mine approved by the DoH.
3. **Hospital:** Provide the number of employees isolated at a healthcare facility like hospital, especially when sick.

Total number of employees recovered and back at work: Provide the number of employees, who after being confirmed with COVID-19, no longer present with symptoms or completed required quarantine period with no symptoms and /or test negative for COVID-19.

Total number of deaths: Provide the number of employees that succumbed to the disease or complications of COVID-19.

Total number of active cases: Provide the total number of employees with active disease who may have symptoms, excluding those who have recovered and those who have died.

PART C: APPOINTED OCCUPATIONAL MEDICAL PRACTITIONER (OMP)

Full names and Surname: Provide details of the appointed OMP.

HPCSA number: Provide the details of the OMP's HPCSA's number.

Qualifications: Provide details of the OMP's qualifications.

Appointment status: Provide details indicating whether OMP's appointment is full-time or part-time by clicking on the cell below on the dropdown menu provided.

Contact number: Provide details of the OMP's contact number.

Email address: Provide details of the OMP's email address.

E-signature/Initials: Provide the OMP's electronic signature or initials.

Date: Provide the date of signature.

PART D: APPOINTED COVID-19 COMPLIANCE OFFICER

Full names and Surname: Provide details of the appointed Compliance Officer.

Contact number: Provide details of the Compliance Officer's contact number.

Email address: Provide details of the Compliance Officer's email address.

E-signature/Initials: Provide the Compliance Officer's electronic signature or initials.

Date: Provide the date of signature.

PART E: EMPLOYER / MINE MANAGER

Full names and Surname: Provide details of the Mine Manager/Employer's full names and surname.

Contact number: Provide details of the Mine Manager/Employer's contact number.

Email address: Provide details of the Mine Manager/Employer's email address.

E-signature/Initials: Provide the Mine Manager/Employer's electronic signature or initials

Date: Provide the date of signature

PART 2:

IMPLEMENTATION OF THE COVID-19 INVESTIGATION REPORT IN TERMS OF SECTION 11(5)(d) OF THE MINE HEALTH AND SAFETY ACT 29 OF 1996 ("MHSA")

1. In terms of Section 8.4.3.3 of the revised "Guideline for a Mandatory Code of Practice on the Mitigation and Management of COVID-19 Outbreak" as amended on the 25th of August 2020, the employer is required to investigate all confirmed COVID-19 positive cases at the mine in terms of MHSA Section 11(5) (d) and report to the PlOM. In addition, Section 8.4.3.4 requires the employer to consolidate the DMRE COVID-19 reports into weekly reports and submit them to the PI as determined by the Department of Mineral Resources and Energy.

It is therefore recommended that mines should:

- (i) Familiarize themselves with the content of the revised COVID-19 MHSA Section 11.5 (d) investigation report template;
- (ii) Comply with the requirements of the revised DMRE COVID-19 data reporting template.
- (iii) Report to the Principal Inspector of Mines as determined by the DMRE; and
- (iv) Implement control measures

2.1 Streamlining of the process

2.1.1 The purpose of the annexed investigation reporting template is to streamline the traditional investigation process, as required in terms of section 11(5) of the MHSA, in order to assist employers to focus on relevant COVID-19 information, further scientific information which has become available, and data in order to analyse the effectiveness of transmission prevention steps. The aim is for an employer to complete the investigation in terms of section 11(5) of the MHSA efficiently and in a relatively short period of time to achieve the purpose of such a report.

2.1.2 The employer may perform joint investigations in respect of employees that tested positive for COVID-19, based on commonality between them. In such an instance, the employer may complete the annexed template, but may complete one joint report in respect of items 5.1 and 5.2 of the annexed template, as well as any other matter which applies to all employees in respect of which the joint investigation has been done.

2.1.3 In a group investigation scenario, an employer may also include a report of the Occupational Medical Practitioner ("OMP") which delineates the commonality of the employees grouped together.

2.2 Confidentiality

2.2.1 To protect the identity of the affected employees, the employer should not disclose the identity of employees in report/s prepared in terms of section 11(5)(d) of the MHSA, however, the identity of those affected employees must be contained in the employee's medical file. The identity of the affected employee/s can only be disclosed with the written consent from that employee.

2.2.2 In terms of the Code of Practice entitled "Key Aspects of HIV/Aids and employment" published in terms of the Labour Relations Act, 66 of 1995, an employer may not disclose an employee's HIV-AIDS status.

2.2.3 A COVID-19 mine case number must be allocated by the employer's appointed Occupational Medicine Practitioner (OMP) to each employee that tests positive for COVID-19. This reference number must be used on the reports as the identification method of the employee. For Mine Health and Safety Inspectorate investigation/s, the reference number will be cross-referenced to the records of the OMP.

1. Investigate and report the confirmed COVID-19 positive cases using the reporting template titled "**Information on employees diagnosed with COVID-19**" as attached.
2. Deliver a copy of the report as attached within 30 days from the date of the confirmed COVID-19 positive case/s being investigated to the Principal Inspector of Mines and to the health and safety committee.
3. An investigation must be completed within 30 days after the COVID-19 positive case/s has been confirmed.
4. familiarize themselves with the content of the revised forms and as well as the guiding principles.

ATTACHMENT 1

INDIVIDUAL/GROUPING INVESTIGATION REPORT AFTER AN EMPLOYEE HAS TESTED POSITIVE FOR CORONAVIRUS ("COVID-19")

| | |
|--|----------|
| COVID-19 Mine Case Number/s (number allocated to prevent disclosure of person's identity) | |
| NAME OF MINE/SHAFT | |
| NAME/s OF WORKPLACE/SECTION, ASSIGNED TO EMPLOYEE/S TO WORK | |
| NAME/s OF CONTRACTING COMPANY (if applicable) | |
| SURFACE OR UNDERGROUND | |
| DAY / NIGHT / AFTERNOON SHIFT | |
| DATE OF LAST SHIFT | |
| AGENCY | COVID-19 |

1. INTRODUCTION

An internal investigation was conducted in terms of Section 11(5)(d) of the Mine Health and Safety Act, 29 of 1996 (“*the MHSA*”), which investigation was finalised on **[INSERT]**.

The purpose of the investigation was to obtain available relevant information to, amongst others, determine where and when the infection with COVID-19 occurred (if possible) and to establish whether adequate measures were, or had been implemented at the mine, to prevent or reduce the transmission of the COVID-19 virus, as far as reasonably practicable.

The opinions expressed and/or conclusions reached in this report are preliminary views based on the information available to the mine at the relevant time and must not be regarded as final.

2. GENERAL INFORMATION

| | |
|---|--|
| Date when the employee reported and/or presented with symptoms associated with COVID-19 (if the employee reported this at the mine) | |
| Symptoms reported and/or presented by employee (if the employee reported this at the mine) | |
| Date/s of self-isolation per case number | |
| Date/s of test for COVID-19 per case number | |
| Date/s of notification to employer of the positive COVID-19 test result | |
| Does / did the employee/s have an underlying condition and/or comorbidity? (Yes / No / unknown, but was not known to the mine) For group reporting, please indicate the number of employees with comorbidity • If yes, list condition and/or comorbidity | |
| Date/s of death per case number (if applicable) | |
| Date/s of return to work per case number (if applicable) | |
| The "<i>risk classification</i>" of the employee (very high, high, medium or lower risk) as per the mine's COP on Mitigation and Management of COVID-19 Outbreak | |

3. DETAILS OF THE EMPLOYEE/S, WHO TESTED POSITIVE FOR COVID-19:

3.1 Details of employee/s:

| | |
|---|--|
| COVID-19 Mine case number/s (number allocated to prevent disclosure of person's identity) | |
| Occupation/s per case number | |
| Age/s per case number | |
| Hometown per case number (eg Port Elizabeth, Eastern Cape Province) | |
| Place of residence per case number (for example, hostel accommodation or private house) | |
| Mine Service (experience – please attach the experience per case number when reporting for a group) <ul style="list-style-type: none">• Description of relevant work environment and circumstances (applicable at the time of the employee's infection with COVID-19) | |
| Number of shifts worked by the employee/group before reporting and/or presenting with symptoms associated with COVID-19 | |
| Section(s) / area(s) of the mine visited by the employee/group (3-4 days before reporting and/or presenting with symptoms associated with COVID-19) | |
| Travel history of the employee/group (14 days before reporting and/or presenting with symptoms associated with COVID-19) | |

4. FINDINGS

- 4.1 Whether place/source of infection could be determined and if so, particulars thereof
- 4.2 What are/were the basic cause/s of infection
- 4.3 Possible contributory underlying cause(s), unsafe condition(s) / unsafe act(s) / unsafe procedure (s).

5. RECOMMENDATIONS

- 5.1 Current measures in place at the mine to combat the spread of COVID-19 taking into consideration the hierarchy of controls.
- 5.2 Recommended additional measure/s to combat basic cause/s of infection identified above taking into consideration of hierarchy of controls (if any).

6. RESPONSIBLE PERSONS FOR COVID-19 INVESTIGATION

| Designation | Name | Signature |
|---|---------------------------------|------------------|
| COVID-19 Compliance Officer | | |
| Health and Safety Representative | | |
| Employee, who tested positive for COVID-19 | INSERT OMP REFERENCE NO. | |
| Employee Supervisor | | |
| Occupational Practitioner Medical | | |
| MHSA Section 12.1 appointee/representative | | |
| Steering Committee representative/s | | |

SUBMITTED BY MINE MANAGER ON BEHALF OF THE EMPLOYER:

DATE: **[INSERT]**

NAME OF MINE MANAGER: **[INSERT]**

SIGNATURE OF MINE MANAGER: **[INSERT]**

ACKNOWLEDGEMENT OF CONSULTATION AND RECEIPT OF A COPY OF THIS REPORT IN TERMS OF SECTION 11(5) OF THE MHSA:

DATE: **[INSERT]**

NAME OF HEALTH AND SAFETY COMMITTEE CHAIRPERSON: **[INSERT]**

SIGNATURE OF HEALTH AND SAFETY COMMITTEE CHAIRPERSON: **[INSERT]**