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EXPLANATORY NOTES FOR THE HEALTH INCIDENT REPORT FORM

The purpose of the explanatory notes is to provide information and/or clarity on the completion of the DMPR 231 form.

INTRODUCTION

The Health Incident Report (HIR) was developed from the GEN 501 recommendations to generate a centralised occupational health database to record the occurrence of occupational diseases in the South African mining industry including the morbidity and mortality of such diseases.

The Mine Health and Safety Inspectorate (MHSI) uses the database for research to identify and classify problem areas in occupational disease management in the mining industry to implement appropriate preventative measures. The database was designed with an attached user guideline or procedure as well as a data-input form. Occupational Medical Practitioners (OMPs) must complete this form to submit the details of disease occurrences in the South African mining industry.

The HIR occupational diseases system uses the Departmental list of mines to standardise the data on disease incidents for administrative simplicity and statistical purposes.

An employee must complete the consent form as attached below. Normal medical ethics must apply to confidentiality of personal and medical data. Adherence to the legal obligations regarding the reporting of certain diseases e.g. tuberculosis (TB) to the authorities is for the protection of the communities. In such cases, 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 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 prioritise and monitor corrective measures in the mining industry. The document was developed in consultation with representatives from the State, employers and labour organisations.

The following aspects were considered:

- ✓ **Simplification**
  An important consideration in the revision process was to design the reporting system without adding to the workload of 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 reported variables, statistical measures as well as categories and groups were revisited. The new system was 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 historical data is not lost and should be readily understood by persons completing the prescribed forms.

- ✓ **Accessibility**
  Statistics will be published in the MHSI Annual Report. Graphs, diagrams and explanatory notes will be used.

- ✓ **Uses**
  Statistics will be presented to illustrate the situation and trends within the different mining sectors.

- ✓ **Common vocabulary**
  The intention of this document is to ensure that all mines use the same terminology regarding disease reporting.

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HOW TO COMPLETE OF THE FORM

SECTION A:	PARTICULARS OF THE MINE
Name of the mine	Provide the official name of the mine.
Name of the mining house	Provide the name of the mining house or owner of the mine.
Departmental mine code	Provide the five-digit number assigned to the mine by the DMPR.
Type of mine	Select from the drop-down list provided.
Main commodity mined	Select from the drop-down list provided.
Other mines *[specify other commodities mined]*	If other mines were selected above, provide the commodities mined.
Postal address	Provide the full postal address of the mine including the postal code.
Region	Select from the drop-down list provided.
District	Provide the name of the district (geographical area) in the jurisdiction of the mine.
Contact number	Provide the official telephone number of the mine.
Name of the health care facility	Provide the name of the health-care facility of the mine.
Occupational health	Select from the drop-down list provided.
Primary health care	Select from the drop-down list provided.
SECTION B:	**PARTICULARS OF THE EMPLOYEE**
Surname	Provide the surname of the employee.
Full name(s)	Provide the full names of the employee.
Date of birth	Provide the date of birth of the employee in the format yyyy/mm/dd.
Age at time of diagnosis	Provide the age of the employee at the time of the diagnosis.
Gender	Select from the drop-down list provided.
Race	Select from the drop-down list provided.
Other *[specify]*	If other was selected above, provide the race of the employee.
Identity or passport number	Provide the identity or passport number of the employee.
Employment status	Select from the drop-down list provided.
Workplace	Select from the drop-down list provided.
Occupation	Provide the occupation of the employee.
Industry or company number	Provide the industry or company number of the employee.
SECTION C:	**SUMMARY OF OCCUPATIONAL RISK FACTORS LINKED TO THE REPORTED OCCUPATIONAL DISEASES**
Diseases caused by chemical agents	Mark the check box to indicate if this section was completed. Press ctrl and click DISEASES CAUSED BY CHEMICAL AGENTS to follow the link.
Diseases caused by physical agents	Mark the check box to indicate if this section was completed. Press ctrl and click DISEASES CAUSED BY PHYSICAL AGENTS to follow the link.
Biological agents and infectious or parasitic diseases	Mark the check box to indicate if this section was completed. Press ctrl and click BIOLOGICAL AGENTS AND INFECTIOUS OR PARASITIC DISEASES to follow the link.
Occupational diseases by target organ systems	Mark the check box to indicate if this section was completed. Press ctrl and click OCCUPATIONAL DISEASES BY TARGET ORGAN SYSTEMS to follow the link.
Skin diseases	Mark the check box to indicate if this section was completed. Press ctrl and click SKIN DISEASES to follow the link.
Musculoskeletal disorders	Mark the check box to indicate if this section was completed. Press ctrl and click MUSCULOSKELETAL DISORDERS to follow the link.

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Mental and behavioural disorders	Mark the check box to indicate if this section was completed. Press ctrl and click MENTAL AND BEHAVIOURAL DISORDERS to follow the link.
Occupational cancer	Mark the check box to indicate if this section was completed. Press ctrl and click OCCUPATIONAL CANCER to follow the link.
Other diseases	Mark the check box to indicate if this section was completed. Press ctrl and click OTHER DISEASES to follow the link.
SECTION D: DETAILS OF OCCUPATIONAL DISEASES	
Note! · Occupational diseases must be reported as listed in Schedule 3 of the Compensation for Occupational Injuries and Diseases Act 130 of 1993 as amended [COIDA] · Occupational diseases must be reported as listed in the International Labour Organization [ILO] list of occupational diseases (revised 2010) · For the improvement of national reporting, data collection and data analysis of occupational accidents and diseases, statistics should consider the following categories: ▫ Suspected cases of an occupational disease(s). ▫ Confirmed cases of an occupational disease(s). ▫ Compensated cases of an occupational disease. ▫ Occupational disease(s) with fatal consequences	
Step 1	a) Select the disease from the drop-down list provided. b) If other occupational disease not listed above was selected, provide the occupational disease.
Step 2	a) If a drop-down list is not provided, mark the check box to indicate your selection. b) If other occupational disease was selected, provide the occupational disease.
Step 3	Select either yes or no from the drop-down list provided.
Step 4	When reporting on noise-induced hearing loss (NIHL) under D2.1, provide the baseline PLH, the current PLH and PLH shift in the text field provided.
SECTION E: CATEGORY OF OCCUPATIONAL DISEASE DIAGNOSIS	
Note! · Only one diagnosis category must be selected per occupational disease. · The OMP should not select more than one category for the same diagnosis	
Date of suspected occupational disease	Select from the calendar provided.
Date of confirmed occupational disease	Select from the calendar provided.
SECTION F: DETAILS OF SUBMISSION FOR COMPENSATION	
Was the occupational disease(s) submitted for compensation?	Select from the drop-down list provided.
To which compensation house or body was the above submitted	Select from the drop-down list provided.
Provide the compensation case number *[if available]*	Provide the compensation case number if available.
Did the employment status change?	Select from the drop-down list provided.
If yes, provide the date	Select from the calendar provided.
SECTION G: OCCUPATIONAL DISEASE WITH FATAL CONSEQUENCE *[where applicable]*	
Did the occupational disease result in death?	Select from the drop-down list provided.
Date of death	Select from the calendar provided.
Were the cardiorespiratory organs removed and sent to the NIOH for autopsy?	Select from the drop-down list provided.
Date sent	Select from the calendar provided.

SECTION H: RECORD OF SERVICE OF THE EMPLOYEE	
Date employee started work in the mining industry	Provide the date in the format yyyy/mm/dd.
Name of the mine	Provide the official name of the mine.
Workplace	Select from the drop-down list provided.
Commodity mined	Provided the abbreviation of the commodity mined e.g. AU for gold.
Company or industry number	Provide the number for each mine.
Occupation	Provide the occupation at each mine.
Date started	Select the date from the calendar provided.
Date ended	Select the date from the calendar provided.
Employee status	Select from the drop-down list provided.
Reason for termination of employment *[where applicable]*	Select from the drop-down list provided.
SECTION I: PARTICULARS OF THE OMP	
Surname	Provide the surname of the appointed OMP.
Initial(s)	Provide the initial(s) of the appointed OMP.
Full name(s)	Provide full names of the appointed OMP.
HPCSA number	Provide the HPCSA number of appointed OMP.
Contact number	Provide the contact number of the appointed OMP.
Email address	Provide the email address of the appointed OMP.
Qualifications	Provide the full details of the qualification(s) of the appointed OMP.
Appointment status	Select from the drop-down list provided.
Signature of the OMP	The appointed OMP to sign the report.
Date	Select from the calendar provided.
SECTION J: PARTICULARS OF THE PERSON SUBMITTING THE FORM	
Surname	Provide the surname of the person submitting.
Initial(s)	Provide the initial(s) of the person submitting.
Full name(s)	Provide full names of the person submitting.
Job title	Provide the job title of the person submitting.
Contact number	Provide the contact number of the person submitting.
Email address	Provide the email address of the person submitting.
Signature of the person submitting	The person submitting to sign the report.
Date	Select from the calendar provided.
SECTION K: EMPLOYEE CONSENT FORM	
I	Provide full name(s) and surname of the employee.
Identity or passport number	Provide the identity or passport number of the employee.
Signature of the employee	The employee to sign the consent form.
Date	Select from the calendar provided.
Witness 1 and 2	The witnesses to sign the consent form.
Date	Select from the calendar provided.

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ACRONYMS AND ABBREVIATIONS

AD	Alzheimer's disease
ACD	Allergic contact dermatitis
ARDS	Adult respiratory distress syndrome
COAD	Chronic obstructive airway disease
COIDA	Compensation for Occupational Injuries and Diseases Act 130 of 1993, as amended
COID	Compensation for Occupational Injuries and Diseases
CU	Contact urticaria
COPD	Chronic obstructive pulmonary disease
CTS	Carpal tunnel syndrome
Cv	Cardiovascular
CWP	Coal workers' pneumoconiosis
DMPR	Department of Mineral and Petroleum Resources
EAA	Extrinsic allergic alveolitis
HAVS	Hand-arm vibration syndrome
HIR	Health incident report
HPCSA	Health Professions Council of South Africa
ILO	International Labour Organization
MBOD	Medical Bureau for Occupational Disease
MDR-TB	Multi-drug resistant tuberculosis
MDP	Mixed dust pneumoconiosis
MEK	Methyl ethyl ketone
MIBK	Methyl isobutyl ketone
MSDs	Musculoskeletal disorders
NIHL	Noise-induced hearing loss
NIOH	National Institute for Occupational Health
ODTS	Organic dust toxic syndrome
OMP	Occupational Medical Practitioner
PACD	Photoallergic contact dermatitis
PCD	Protein contact dermatitis
PD	Parkinson's disease
PLH	Percentage loss of hearing
PMF	Progressive massive fibrosis
PTB	Pulmonary tuberculosis
PTSD	Post-traumatic stress disorder
PSS	Platinum salt sensitivity
RADS	Reactive airways dysfunction syndrome
RMA	Rand Mutual Assurance
SIL-TB	Silico-tuberculosis
TB	Tuberculosis
UV	Ultraviolet
WEA	Work-exacerbated asthma
XDR-TB	Extensively drug-resistant tuberculosis

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DEPARTMENTAL REGIONAL OFFICES CONTACT LIST

REGION	LANDLINE OFFICE HOURS	POSTAL ADDRESS
Eastern Cape	041 403 6640	Private Bag X6076, GQEBERHA, 6000
Free State	057 391 1347	Private Bag X33, WELKOM, 9460
Gauteng	011 358 9830	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, EMALAHLENI, 1035
Northern Cape	053 807 1735	Private Bag X6093, KIMBERLEY, 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

Department of Mineral and Petroleum Resources
© Mine Health and Safety Inspectorate
Private Bag X59
Arcadia
0007
Switchboard: +27 (0) 12 444 3000

Trevenna Campus
70 Meintjes Street
Sunnyside, Pretoria
Email: mhsi@dmpr.gov.za