

Black Mountain Mining (Pty) Ltd			
	Health, Safety & environmental COMPLIANCE	Doc #	BMM-HSE-VOH-COP-0005
		Version #	10.0
		Implementation Date:	2001/02/16
Approval / Owner:	HSE Manager	Last Reviewed/Update Date:	2025/01/16
Author:	VOH Manager	Sanction:	4.1 Appointee
MANDATORY CODE OF PRACTICE FOR A MINIMUM STANDARD OF FITNESS TO PERFORM WORK ON A MINE			

1. TITLE PAGE



COP : Code of Practice

Black Mountain Mining (PTY) LTD

MANDATORY CODE OF PRACTICE FOR MINIMUM STANDARDS OF FITNESS TO PERFORM WORK ON A MINE

This Code of Practice is Drawn Up in Accordance with The Guideline DMRE Reference Number 16/3/2/3-A3 Issued by the Chief Inspector of Mines

DMR Mine Code number: 0195

Operation Reference Number: BMM-HSE-SAF-COP-0005

DMR Effective Date: 16 January 2001

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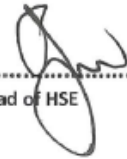
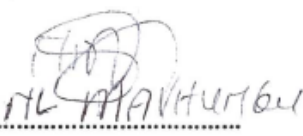
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Code of Practise Approval

Compiled By:  VOH Manager Date: 2025.05.23	Approved By:  NUM Health & Safety Representative Date:	Approved By:  Head of HSE Date:
Approved By:  Snr. Environmental Supervisor Date: 2025.05.23.	Approved By:  Survey Manager Date: 2025-05-27	Approved By:  Engineering Manager Date: 19/6/2025
Approved By:  HR Manager Date: 11/06/25	Approved By:  Plant Manager Date: 2025/07/03	Approved By:  Mining Manager Date: 26/06/2025
Approved By:  General Manager Date: 08/07/2025		

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3. STATUS OF CODE OF PRACTICE

- 3.1 The mandatory COP was drawn up in accordance with Guideline DMR 16/3/2/1-A3 issued by the Chief Inspector of Mines.
- 3.2 This is a mandatory COP in terms of Sections 9(2) & 9(3) of the MHSA.
- 3.3 The COP may be used in an accident investigation/inquiry to ascertain compliance and also to establish whether the COP is effective and fit for purpose.
- 3.4 The COP supersedes all previous relevant COP's.
- 3.5 All managerial instructions, recommended procedures (voluntary COP's) and standards on the relevant topics must comply with the COP and must be reviewed to ensure compliance.

4. MEMBERS OF THE REVIEW COMMITTEE

- 4.1 In terms of section 9(4) of the MHSA, the Health and Safety Committee was consulted on the preparation, implementation or revision of this COP.
- 4.2 The employer appointed a committee responsible for the drafting/revision of the COP, in consultation with the employees in terms of the MHSA
- 4.3 Review Committee:

NAME	DESIGNATION	QUALIFICATION	AFFILIATION	EXPERIENCE	SIGNATURE
Leonard Magerman	VOH Manager	Cert in Mine Environmental Control B-Tech Safety Management	MVSSA	27 years	
Dr Andre Stoffels	Occupational Medical Practitioner	Diploma in Occupational Health	SASOM HPCSA	30 years	
Eanthe Schrywer	Sectional Occupational Hygiene Officer	BSc Hons	MVSSA	7 years	
Marius Magerman	Sectional VOH Officer	Cert in Mine Environmental Control	MVSSA	19 years	
Johan Gertse	NUM Health & Safety	Plant Foreman	NUM	years	
Wendell Freeman	Full Time Health & Safety Rep	COMSOC 1 & 2 SAMTRAC		20 years	

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Cheryl Freeman		COMSOC 1 & 2		10 years	
Eben Daniels	Training Manager			years	
Marshalline Booysen	HR				
Levohna Genis	Plant Safety Officer		WIM	32 years	

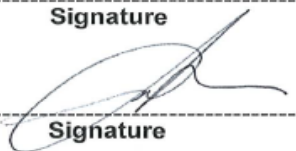
Signed for on behalf of the Joint Health and Safety Committee:

Eric van den Heever
Name


Signature

07/10/2024
Date

Wendell Freeman
Name


Signature

08/10/2024
Date

Approved: L Roode General Manager (4.1 Appointee)

Signature: 

Date: 08/10/2024

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5. GENERAL INFORMATION

5.1 Mine Description & Location

Black Mountain Mine is a Base Metal mine situated near the town of Aggeneys, 70 km west of Pofadder and 110 km east of Springbok, consisting of the following major areas:

- a) Deeps Section
- b) Swartberg Section
- c) BMM Concentrator Plant

5.2 Commodities Produced

The following main concentrates are produced at Black Mountain Mine:

- a) Lead
- b) Zinc
- c) Copper

5.3 Mining Methods

Black Mountain Mine is a fully mechanized mine and make use of the following mining methods:

- a) Deeps Section: Cut & Fill and Blast-hole mining methods
- b) Swartberg Section: Cut & Fill and Blast-hole mining methods

5.4 Systems In Use on The Mine

The following systems are in use on the mine to Determine, Implement and Monitor Minimum Standards of Fitness to Perform Work at the Mine:

- a) Pre-Employment / Initial Medical Examination
- b) Periodic Examination
- c) Transfer Medical examination
- d) Ad Hoc Medical examination
- e) HR Information System

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5.5 Relevant COP's, SOP's or Documents

- f) Black Mountain Mining Occupational Health Baseline Risk Assessment & Health Improvement Plan
- g) VOH-COP-002C Prevention, Mitigation and Management of COVID-19
- h) VOH-COP-003: Occupational Health Programme for Noise
- i) VOH-COP-004: Occupational Health Programme on Thermal Stress
- j) VOH-COP-006: Occupational Health Programme on Personal Exposure to Airborne Pollutants
- k) VOH-COP-008: Risk-Based Fatigue Management
- l) VOH-SOP-005A: Occupational Medical Surveillance Procedure
- m) VOH-SOP-005B: Standard Threshold Shift in Medical Surveillance of Noise Induced Hearing Loss
- n) VOH-SS-005A and B: Job Placement Medical Guide Matrix
- o) VOH-BMS-105: Management of Blood Lead Levels and over exposure to Airborne Lead
- p) VOH-BMF-005: Occupational Hygiene Exposure Profiles
- q) Black Mountain Alcohol and Drug Abuse Policy
- r) HRD-STD-001 Code of Practice for the Management of Medical Incapacity due to Ill-health and Injury
- s) Health Incident Report (DMR 231 form)
- t) Annual Medical Report (DMR 165 form)
- u) Employee's Record of Hazardous Work (DMR 276 form)
- v) Business Partner Management documentation

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6. TERMS & DEFINITIONS

Term	Explanation
<i>As & When Required</i>	This COP will be reviewed and updated after every serious incident relating to the topic covered in the COP or if significant changes are introduced to procedures, mining and ventilation layouts, mining methods, plant or equipment and material
<i>BCEA</i>	Basic Conditions of Employment Act (Act 75 of 1997)
<i>BMI</i>	Body Mass Index
<i>BMM</i>	Black Mountain Mine
<i>COIDA</i>	Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993)
<i>COP</i>	Code of Practice
<i>DMR</i>	Department of Minerals Resources
<i>DoL</i>	Department of Labour
<i>EEA</i>	Employment Equity Act (Act 55 of 1998)
<i>Employee</i>	Includes both BMM and Business Partner (Contractor) employees
<i>FTW</i>	Fitness To Work
<i>LRA</i>	Labour Relations Act (Act 66 of 1995)
<i>MHSA</i>	Mine Health & Safety Act, 1996 (Act No. 29 of 1996)
<i>ODMWA</i>	Occupational Diseases in Mines and Works Act 1973 (Act No 78 of 1973)
<i>OMP</i>	Occupational Medical Practitioner
<i>OREP</i>	Occupational Risk Exposure Profile
<i>PWC</i>	Physical Work Capacity
<i>PPE</i>	Personal Protective Equipment
<i>SPAG</i>	Standard Procedures Advisory (Drafting) Group
<i>The Employer</i>	Black Mountain Mining (Pty) Ltd (including Contractor & Business Partners)
<i>VOH</i>	Ventilation & Occupational Hygiene
<i>ECG</i>	Electrocardiogram (ECG)

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7. RISK MANAGEMENT

7.1 Risk Assessment

Section 7 and 11 of the MHSA requires the employer to identify hazards, assess the health and safety risks to which employees may be exposed while they are at work and to record the significant hazards identified and risk assessed.

This COP addresses how the significant risks identified in the risk assessment process are dealt with, having regard to the requirements of Section 11(2) and (3) that, as far as reasonable practicable, attempts are made to, in order of priority:

- Eliminate the risk at source
- Control the risk at source
- Minimize the risk
- Provide PPE insofar as the risk remains
- Monitor the risk via a formal programme

Comprehensive Risk Assessments were conducted for all underground mining sections & workshops and surface areas including the concentrator plant and main workshops. It included the following:

- Black Mountain Mining Occupational Health Baseline Risk Assessment & Health Improvement Plan
- Ergonomic Risk Assessments, Reference - ERG 001/14
- Vibration Risk Assessments, Reference - VIB 001/14

These assessments systematically identified the risk of all the processes and prioritized these risks.

The main purpose of the assessment was to comply with the relevant Occupational Health and Safety Legislation, identify and evaluate current control measures, provide recommendations for control of risks in the workplace and obtain and provide detailed information.

7.2 Relevant Information

To assist with the risk assessment process all possible relevant information such as accident statistics, ergonomic studies, research reports, manufacturers specifications,

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approvals, design criteria and performance figure for all relevant equipment will be obtained and considered.

7.3 Existence of a Medical Condition

The existence of a medical condition with the likelihood of precipitating an acute illness or medical emergency is taken into account during the risk based medical examinations, given that evacuation may entail a delay in providing treatment, and may put the health and safety of the individual or that of others at risk. Specific workplace and work environment circumstances with regards to evacuation thus are taken into account as part of the examination.

7.4 Periodic Review

In addition to the periodic review required by Section 11(4) of the MHSA, the COP will be reviewed and updated after every emergency, altered circumstance, or if significant changes are introduced to procedures, mining and ventilation layouts, mining methods, plant or equipment and material. The periodic review will not exceed a period of three (3) years.

7.5 OMP to Consider All Relevant Legal Obligations

The OMP, before making a final decision on fitness to work, will consider all relevant legal obligations including those prescribed in the Labour Relations Act (LRA), Employment Equity Act (EEA), Basic Conditions of Employment Act (BCEA) and all relevant COPs linked to these Acts with special reference with medical incapacity and disability.

A risk-based approach is followed in the process leading to a decision on fitness to work on a mine as impairments may increase individual risk, but more importantly that of other employees also. In addition, work exposures and environmental conditions can also impact on the ability of an employee to control impairment effectively, thereby increasing the risk to health and safety. All these factors are considered by the OMP, taking into account the Occupational Hygiene Risk profile information, prior to making a recommendation. "Blanket exclusions" of employees suffering from certain medical conditions are thus not done as each case is evaluated on its own merit taking into account all risk factors.

7.6 Risk Assessment Methodology

The responsible OMP will make decisions, especially where an employee is found not to be fit for a specific job, by taking into consideration the specific risks of the specific job (and working environment) instead of "generalization" of working in groups (e. g. a truck

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driver with respiratory pathology working in a dust area but who has a relative low risk because of working in a relative safe area of an enclosed air conditioned environment).

7.7 Integrated Risk Assessment Process

An integrated risk management process between Management, Occupational Health (Occupational Medicine & Occupational Hygiene), Safety Professionals and Safety Representatives will be followed. Should an employee's medical condition constitute an unreasonable risk to continue his/her work, such a risk will be confirmed in writing by the OMP after considering the specifics of his/her medical condition and his/her working environment.

Medical confidentiality will be respected, and cases related to medical conditions will only be discussed by the Health & Safety Committee after written, informed consent has been obtained from the employee. In the event an employee does not consent to disclosure of his/her medical information to the Health & Safety Committee, the OMP will note such an objection in writing and make the final decision on fitness to work taking into account the information available to the OMP at the time.

7.8 Interpretation of Employee's Medical Condition

The interpretation of an employee's medical condition and certification of fitness to work is done in functional terms and in the context of the job requirements as some disabilities or impairments will be irrelevant to performing a particular job without health and safety risks. The Occupational Hygiene Risk Profiles for each area are thus considered and not a "worst-case" scenario on the mine. The OMP will thus consider all risk factors when interpreting an employee's medical conditions.

8. ASPECTS ADDRESSED IN THE COP

This COP will ensure that the process of health risk and health impact assessment, including ergonomic risks, are addressed.

The OMP conducting the medical examination must be satisfied in each case that no disease or impairment is present which could either be significantly aggravated by working at a mine or represent an unacceptable health or safety risk to that employee or any other employee.

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8.1 Extend & Frequency of Medical Examination

8.1.1 Initial/Pre-Placement Examination (Pre-Employment)

The OMP will act on health disorders that are detected during the initial or any other examination, either immediately or by appropriate referral. Fitness-to-work decisions are reasonably practicably delayed until the state of maximum improvement has been reached.

Employees are informed and sign-off to acknowledge that they have been informed of their obligation to comply fully to prescribed medical treatment regimens during this process and during the period of employment.

8.1.2 Periodic Examinations

Periodical examinations will be risk specific, taking into account the physical requirements of the occupation and workplace hazard exposure and results from the risk assessment.

Results from this examination will be:

8.1.2.1 Standard has been met: a person is fit for usual category of work

8.1.2.2 Standard has not been met: a person is unfit for usual category of work

8.1.2.3 Discretion of OMP

Professional discretion for fitness for work will rest with the OMP and include:

8.1.2.3.1 During any periodic medical examination, the standards of fitness required of an employee should generally be the same as the initial standards of fitness to perform work

8.1.2.3.2 If an illness or impairment is present the OMP will consider the effect this can have on the ability of the employee to continue to work without endangering the health and safety of the employee or any other person

8.1.2.3.3 As it is impractical to cover all medical problems that employees may develop after employment the OMP must use professional discretion when applying the standards of fitness during periodic medical examinations

The following must be taken cognizance of:

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8.1.2.3.4 The period of further exposure of the employee:

Some occupational diseases take a long time to develop and further deterioration of health may continue even after discontinuing exposure to the hazard. Further exposure of an employee to such a hazard where there is a significant impairment present will be questioned. Where it is not practicable to reduce such exposure, it must be considered whether continuous exposure to these hazards (adversely affecting the employee's health) should be allowed and for what period of time. Where serious, permanent disablement could result, further exposure is undesirable, for example: an employee with more than 60 dB average pure tone hearing loss (0.5, 1, 2 and 3 kHz) is not fit to work in a noise zone at a mine. Each case must be assessed on own merit

8.1.2.3.5 The experience of the employee:

As experience in a certain occupation or type of work usually enables employees to perform such work safely and without risk to their own or fellow employee's health and safety it could compensate for their impairment in such a way that allows the employee to continue work effectively without risk to health and safety. Each case must be assessed on own merit

8.1.2.3.6 The ability to protect the employee from further deterioration in health or impairment at work and reduce risk to fellow employees must be considered – Each case must be assessed on own merit.

8.1.2.3.7 Supervision at work may also assist in reducing or eliminating health or safety risks due to illness or impairment (but will have to be assessed on the merits of each case as well as taking cognizance of VOH-SS-005: Minimum Standards Table - reference the COP guideline Annexure 1: Minimum Standards Table), for example:

- Personal protective equipment could be required, and its use supervised to ensure compliance where impairment has resulted from failure to use such equipment

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- Supervised work can ensure that an employee with an illness that may cause harm to that employee (e.g. Diabetes) will be able to receive help immediately. Where such supervision is not possible the employee will not be able to perform such work without risk
- Similarly, a serving driver for passenger and goods conveyance is no longer fit to work as a driver if there is more than 40 dB average pure tone (note: also see paragraph 8.5.7.2.1) hearing loss, due to unacceptable risk to the employee and fellow employees
- Supervised medication may eliminate or reduce the risk to health and safety of an employee or fellow employees: A well-controlled, responsible diabetic under close medical surveillance and supervision may be able to perform work without creating unacceptable risk
- Where such supervision is not possible or where there is a documented reluctance of the employee to comply with such measures, the OMP will consider these in declaring an employee fit or unfit to continue work

8.1.2.3.8 A comprehensive assessment of the employee will be conducted, taking into account physical, emotional and psychological factors:

- The OMP will consider how one condition may aggravate another as part of the decision whether an employee is fit to continue work
- A holistic approach will be followed by the OMP, taking cognizance of the employee's health, experience, the type of work, the risks involved, compliance of the employee to prescribed medical treatment regimens, supervision, etc. Each case will be assessed on own merit.
- The employee's medical condition will be interpreted in functional terms and in the context of job requirements taking into account associated risks as some disabilities or impairments may be irrelevant to performing a particular job

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without risk to health or safety and therefore such a person could be declared fit to do such work.

8.1.2.3.9 Alterations in exposure or medical surveillance:

- The OMP, as part of the assessment and taking associated risk factors into account, can consider declaring a person fit to continue working subject to certain conditions such as closer supervision and monitoring. It can also include, but not be limited to, reduction in exposure, more frequent medical surveillance and compliance of the employee to prescribed medical treatment regimens. Again, each case will be assessed on own merit.
- In the event that the standards of fitness are not met during the periodic examination, the results of the medical examination are discussed with the employee and signed-off to acknowledge that they have been informed and understand the risks and consequences.
- If an employee is declared fit for work, despite certain impairments and where certain qualifications are applied to certain working standards, supervision, compliance of the employee to prescribed medical treatment regimens, etc. this will be discussed with the employee and signed-off to acknowledge that they have been informed and understand the importance of these qualifications
- The OMP will notify the employer of these qualifications or conditions subject to which the employee may continue to perform specific work

8.2 Exit Medical Examination

All persons leaving the employment of Black Mountain (Pty) Ltd are informed and sign-off to acknowledge that they have been informed of their right to appeal any finding of the OMP contained in the exit to the Medical Inspector of Mines in terms of section 20 of the MHSA.

The Medical Inspector will, as far as possible, be assisted by the disclosing in confidence of personal medical information in accordance with section 15 of the MHSA

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8.3 Categories Of Fitness For Work

An employee will be categorized “fit for work” when the standards has been met or “unfit for work” when the standards have not been met for a particular job:

8.1.3 Permanent Unfit or Temporarily Unfit

Issues relating to unfitness at work are considered as follows:

- In the event that the OMP find a serving employee to be unfit to perform work, the reason thereof and the effective date will be recorded in the employee’s occupational medical file on the form provided
- The decision that an employee is unfit to perform work due to that employee’s usual category of work and medical condition will only be reached after thorough consideration of the case and a full discussion by the OMP with the employee. If requested in writing by the employee, the employee’s own medical practitioner will be informed of the decision and reasons for it.
- The OMP will follow the appropriate procedures in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993) (COIDA) or Occupational Diseases in Mines and Works Act 1973 (Act No 78 of 1973) (ODMWA) if applicable
- The employee will be informed of the provision contained in the Mine Health & Safety Act, Section 20, of the option to dispute the finding of unfitness to perform a particular category of work. In this case the employer will take reasonable steps to assist the employee.

8.1.4 Review Of Fitness After Absence For Medical Reasons

A review of fitness to work will be conducted after a period of absence from work of more than 10 to 14 days or more due to medical reasons, for example serious illness or injury, irrespective of whether the reason is occupationally- or non-occupationally related. The sick note certificates used by Black Mountain Mining (Pty) Ltd mine medical practitioners will provide space for the treating doctor to indicate whether an employee is fit for his/her usual occupation. If declared unfit, or if the treating doctor is unsure of the employee’s status of fitness, the employee will be referred to the BMM occupational health centre for assessment by the HR Department.

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In cases where the treating doctor is not employed by the mine, the sick note certificate will be routed through the BMM HR Department when the employee resumes work. The HR Department will refer the employee to the OMP for review and for a review of medical condition and fitness to work. This applies to all levels of employees, including business partners and contractor employees.

8.1.5 Disability Evaluation & Transfer Examinations (Failed Fitness-To-Work Examination)

In the event that the OMP certifies an employee as “not fit” for work, the OMP will note the following in the employee’s occupational medical file:

- Reference to why the decision was made, e.g.: “not being able to comply with physical demands of job”
- Reason for the decision, e.g.: “unable to climb stairs”

Reasonable care will be exercised in this process of evaluating potential impaired employees to ensure the employee’s sick leave benefits are not utilized unnecessarily. Employees will be kept in employment as far as is reasonably practicable while the investigation(s) is conducted, except in cases where further work exposures could dramatically impact on the employee’s wellbeing, health or safety, e.g.: hearing impairment and pneumoconiosis. If employees are removed from their jobs during these investigations, the case will be managed in line with the prescripts of the BMM-HRD-GEN-COP-0001 Code of Practice for the Management of Medical Incapacity due to Ill-health and Injury and the BMM Medical Incapacity Policy.

8.4 Minimum Standards Of Fitness To Perform Work At A Mine

8.4.1 Establish Minimum Standards Of Fitness

The OMP, as the responsible competent person in terms of section 13 of the MHSA, must establish minimum health standards depending on the findings of risk and health impact assessments at the mine

8.4.2 Risk Based Medical Surveillance System

The risk based medical surveillance system that is established and maintained for determining fitness to perform work will include work of a strenuous nature

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8.4.3 Holistic Approach

A holistic approach is followed and includes medical, physical, mental and functional work capacity assessments

8.4.4 Decision Of Fitness

The decision of fitness is based on the outcomes of medical, physical and functional work capacity assessments. Failure to meet the standards of a single test will be dealt with in a discretionary way by the OMP. As some chronic conditions could need adequate supervision and control for successful accommodation to occur, the employee must give consent for disclosure of his/her condition and allow for employer involvement with management and monitoring of compliance with treatment regimens.

8.4.5 Notes And Record Keeping

In order to allow for substantive fairness in the process of fitness to work recommendations, the OMP will make notes and keep records of all aspects informing them on reaching recommendations. These records are kept on the employee's occupational medical file, and their confidentiality information maintained.

In making the decision about a person's ability to do a specific job the OMP will take cognizance of the World Health Organization's (WHO) stance to apply the Social Model approach rather than the Medical Model (Refer to ILO Disability Management Code – Annexure 1 of the guideline for a Mandatory Code of Practice for Minimum Standard of Fitness to Perform Work on a Mine).

The OMP will determine minimum standards for each job category (OREP or man job specifications) as per the table below

Categorization and Minimum Standards for Strenuous Work

Very Heavy	Manual Material Handling: Consists of 34-66% of work shift (daily exposure) Work Environment: Manual material handling takes place in restricted work environments (ceiling heights of 0.850-1.5 meters) Heat Exposure: Daily exposure to high environmental heat loads for more than 34% of the work shift Production / Non Production Related: Work tasks are imposed by a process (directly linked to production)
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Heavy	Manual Material Handling: Consists of 34-66% of work shift (daily exposure) Work Environment: Manual material handling takes place in unrestricted work environments Heat Exposure: Daily exposure to high environmental heat loads for more than 34% of the work shift Production / Non Production Related: Work tasks are imposed by a process (directly or indirectly linked to production)
Moderate	Manual Material Handling: Load handling consists of less than 34% of work shift on a daily basis or more than 34% of the work shift on an occasional basis Work Environment: Unrestricted work environments or supervisory work in restricted environments Heat Exposure: Occasional exposure or daily exposure in case of supervisory work Production / Non Production Related: Work tasks indirectly linked to production
Light	Manual Material Handling: Load handling consists of less than 34% of work shift - occasional load handling Work Environment: Unrestricted work environments and/or occasional exposure to restricted work areas Heat Exposure: Occasional exposure Production / Non Production Related: Work tasks indirectly linked to production
Sedentary	Manual Material Handling: Load handling limited to loads of up to 10kg, occasional exposure only Work Environment: Unrestricted. Work tasks takes place in a seated / standing work position for at least 50% of the work shift Heat Exposure: Not exposed to heat Production / Non Production Related: Not linked to production
Roaming	Manual Material Handling:

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	None. No external workloads required other than wearing PPE Work Environment: Unrestricted Heat Exposure: Low exposure to heat Production / Non Production Related: Not linked to production i.e.: no external workloads; physical demands essentially restricted to walking, climbing or crawling, wearing prescribed PPE but not transporting any equipment, etc.
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8.5 Different Bodily Systems

8.5.1 Cardiovascular System

- The cardiovascular system should be free from acute or chronic disease, which may impair ability to undertake the required physical exertion for a particular category of work.
- Persons with cardiovascular disease, particularly ischaemic heart disease or uncontrolled hypertension are not be suitable for employment as operators, drivers of passenger or dangerous goods conveyances.
- A Physical Work Capacity (PWC) screening may be recommended by the OMP as an objective assessment of the cardiovascular system
- An Electrocardiogram (ECG) (Resting or Stress) will be conducted for all prospective or current employees with any cardiac risk history, symptoms or conditions shown during special medical investigations. Should cardiac risk abnormalities be identified, the person will be referred to more specialized medical facilities for additional testing.
- All uncontrolled co-morbidities such as, the combinations of Uncontrolled Hypertension, Diabetes and Obesity will also require an annual ECG.

Hypertension

- Controlled blood pressure should be below 140mmHg (systolic) and 90mm Hg (diastolic)
- A blood pressure of 160mmHg (systolic) to 100mmHg (diastolic) with no proteinuria will be allowed to work under circumstances by the OMP discretion

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- Uncontrollable hypertension will be followed up frequently; employees will be counselled with regards to lifestyle modification and adherence to medication and this will be signed off by the employee and the OMP as discussed
- If hypertension is still uncontrolled after 6 months with the above remedial actions the employee will be deemed to be unfit and might be referred for a medical incapacity process

8.5.2 Respiratory System

Refer to the Mine Occupational Health Advisory Committee (MOHAC) Guidance Notes for OMP's on lung function testing.

8.5.2.1 The respiratory system should be free from acute or chronic disease that may impair the ability to meet the required physical performance of a particular category of work

8.5.2.2 For screening purposes, a lung function test is normal if the FEV1 is greater than 80% of predicted or the (FEV1/FVC) ratio is equal to or greater than 70%

8.5.2.3 In individuals where there are mild abnormalities of lung function, this test will not be the sole criterion on which an individual is precluded from mine work. If the individual otherwise appears to have a normal cardio-respiratory system and is capable to meet the physical performance requirements of the specified occupation, then he/she may be found fit for a particular category of work.

8.5.2.4 Any respiratory impairment, whether occupational or non-occupational in origin, equal to or greater than that which may be required for a certification of **second-degree occupational lung disease**, will disqualify for work in an environment considered a respiratory risk.

8.5.2.5 **Active, Infectious Pulmonary Tuberculosis** - An employee suffering from active infection will be referred to a facility providing treatment or treated appropriately by the OMP. The employee will not be fit to work where there is continuing infectivity or serious permanent impairment. Employees, where either one or both lungs have been seriously affected by previous tuberculosis, may not be exposed to significant dusty environments. Employees with simple pulmonary TB on treatment will be allowed back to work after two weeks with a negative gene expert test and examination by the OMP

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8.5.2.6 **Asthma** - Workers with respiratory system abnormalities will be assessed based on their medical surveillance results and occupation as they may experience difficulties in the following working environments:

- Dusty environments.
- Extreme heat.
- Strenuous work.

8.5.2.7 Sensitivity to specific substances (Occupational asthma).

8.5.3 Endocrine And Metabolic Diseases

8.5.3.1. **Diabetes Mellitus**

- Diabetics will be required to do a three monthly HBA1C test at the clinic and the ideal value must be <7%. Those above 7% will be advised to seek medical attention
- Uncontrolled diabetics for more than a year will be referred to a specialist that might include a dietician as well
- Diabetics may be employed in such occupations as the OMP considers safe, taking cognizance of their specific condition
- Insulin dependent diabetics will not work underground except under exceptional circumstances where the OMP is satisfied that all required health or safety concerns have been met
- Well-controlled, mild non-insulin dependent diabetics may be certified fit to work in a particular category of work underground
- Well-controlled, mild non-insulin dependent diabetics may be certified fit to work by the OMP as drivers for non-passenger or ordinary goods conveyance (refer to Spec Sheet "SS 0003A Job Placement Medical Guide" and vision & cardiovascular system sections)
- Diabetics should not work as drivers of passenger or dangerous goods conveyances

Diabetics with target organ disease will be referred to the medical incapacity process

8.5.3.2. **Obesity**

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- A degree of obesity adversely affecting heat tolerance or the ability to exercise, mobility, general health or possible medical evacuation may render a person unfit for a particular category of work
- Obesity may also be associated with sleep apnea (refer to VOH-COP-008: Risk-based Fatigue Management for more information)
- A Body Mass Index exceeding “30” results in an increased risk to the individual working in heat areas and could result in a person not to be certified fit for work in a particular category of work on surface or underground
- A person with a BMI above “35” who fail a physical assessment test may not be certified fit for work in a particular category of work on surface or underground as per OMP discretion. A person's certificate of fitness could be withdrawn unless an acceptable BMI can be achieved within a reasonable time as per OMP discretion (refer to VOH-COP-004: Thermal Stress for more information)

8.5.3.3. Dyslipidaemia

- All existing employees with high cholesterol will undergo a total cholesterol blood test annually.
- All diabetics and hypertensive employees will also undergo a lipogram annually
- All uncontrolled dyslipidemia employees will be referred to their medical practitioner
- Abnormal cholesterol results will be screened by the OMP and treated accordingly

8.5.4 Diseases Of The Blood And Blood Forming Organs

Any significant disease of the haemopoietic system may preclude employment in certain categories of work.

8.5.5 Mental Or Behavioural Disorders

8.5.5.1. Acute Or Chronic Psychosis

A person suffering from a psychosis may not be fit for a particular category of work

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8.5.5.2. Alcohol Or Substance Abuse / Dependency

An alcohol and substance abuse policy, agreed upon by the Health and Safety Committee, is in place on the mine:

- Persistent alcohol or substance abuse affecting health by causing physical or behavioral disorder may render a person unfit for a particular category of work. Such persons will not be certified fit for employment as drivers of passenger or goods conveyances. Liver damage caused by alcohol abuse may disqualify an employee for work in heat areas
- Any person being considered for employment on the mine, surface or underground, or in the heat areas or as a driver of passenger and dangerous goods conveyances will be screened for alcohol or substance abuse when required by the OMP. Daily screening also takes place at the entrance to the mine

8.5.6 Reproductive System

Woman will be protected against health risks during pregnancy, after birth and while breast feeding. The following applies:

- a) The Department of Labour (DoL) Code of Practice in terms of Section 87 (1) (b) of the Basic Conditions of Employment Act (75 of 1997) are used as guide by the OMP on the management of this category of employees (Reference No 19453 Government Gazette, 13 November 1998; No R.1441 13 November 1998).
- b) Blood lead monitoring and pregnancy tests (for early detection of pregnancy) will be conducted for all woman capable of procreation as a measure to protect against health risks before & during pregnancy, after birth and while breast feeding – refer to section 8.5.12 below for more details on blood lead monitoring

8.5.7 Diseases Of The Nervous System And Sensory Organs

8.5.7.1. Epilepsy And Other Conditions Of Altered Or Impaired Consciousness

- 8.5.7.1.1. Any medical condition that may result in an altered or impaired level of consciousness, including epilepsy, renders a person unsuitable for employment in certain areas or occupations on the mine. This includes underground, or operation of moving machinery or in dangerous situations such as working at

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heights, near water, high voltage electricity or any other potentially dangerous situations.

8.5.7.1.2. Notwithstanding the above, an epileptic under medical treatment and without any events within a preceding period of two years may be considered for certain categories of work underground or on the surface

8.5.7.1.3. No persons with a history of epilepsy may ever be certified fit as a driver for passenger or goods conveyance

8.5.7.2. Ear, Nose And Throat

An ear, nose and throat examination is required (which includes intact tympanic membranes and functioning Eustachian tubes) and the minimum standards set below must be met for occupations involving changes in barometric pressure and /or exposure to noise.

8.5.7.2.1. Audiometric Standards

Pure tone audiometric screening at 0.5 kHz, 1 kHz, 2 kHz and 3 kHz must meet the following criteria:

- AGE 16-39: pure tone average of 15 dB or less
- AGE 40 AND ABOVE: Pure tone average of 25 dB or less
- IRRESPECTIVE OF AGE: a threshold of 45 dB or less at 3 kHz

Where serious permanent disability could result, further exposure is undesirable.

Category 2 & 3 employees with more than 60 dB average pure tone hearing loss (0.5, 1, 2, & 3 kHz) is Not Fit for work at a mine

Category 4 & 5 employees with more than 40 dB average pure tone hearing loss (0.5, 1, 2, & 3 kHz) is Not Fit for work at a mine

8.5.7.2.2. Hearing Aids

The occupation and work area of a person will be taken into account when assessing if a person will be allowed to work in

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a certain area. In general, the use of hearing aid devices by those working in a designated noise zone will not be permitted.

8.5.7.2.3. Vision and Eye Disorders

Binocular vision is necessary for all categories of underground employees

Underground	6 / 9 Binocular	6 / 12 Weaker Eye
Surface	6 / 18 Binocular	6 / 24 Weaker Eye
Passengers & Goods Conveyances		6 / 9 Weaker Eye 6 / 9 Worst

Colour vision and normal visual fields are required for passenger, dangerous and non-dangerous goods conveyances and certain occupations, such as electricians. A normal visual field refers to at least 50 degrees nasal and 70 degrees temporal vision

8.5.7.2.4. Skin

A history of or presence of skin conditions liable to be aggravated by working conditions may preclude employment in a particular category of work

8.5.8 Musculo-Skeletal System

Spine: There should be sufficient musculo-skeletal integrity to undertake the required physical exertion for a particular category of work. Physical Work Capacity (PWC) may be recommended by the OMP to assess fitness to perform work of a strenuous nature.

It is important for the OMP to differentiate between degenerative processes which are normal for a specific age and “pathological” degeneration before a decision is made on fitness to work and required cases a specialist orthopaedic surgeon or specialist neurosurgeon opinion will be considered. Occupational therapy, physiotherapy and biokineticist functionality evaluation report will also be considered by the OMP with Fitness to Work (FTW) recommendations.

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8.5.9 Disease Of The Digestive System

Significant disease of the digestive system should not be present as it could impair the ability to perform a particular category of work, e.g. food handlers (diarrhea) and in hot environments.

- The OMP will take special care to ensure that persons suffering from Gastro-Intestinal Infectious Diseases / Hepatitis are not involved in food handling – all food handlers may also be administered with Hepatitis B injections. Food Handlers may undergo:
 - Staphylococcus Aureus (Throat and Nose swabs)
 - Salmonella Typhi (Stool sample)
 - Sewerage workers: hepatitis will be administered to all persons involved in sewerage works

8.5.10 Disease Of The Genito-Urinary System

There should not be any cases of unexplained proteinuria, glycosuria, haematuria or other urinary abnormalities that may render a person unfit for a particular category of work.

8.5.11 Heat Tolerance

For employees working in conditions where the wet bulb temperature is equal to or exceeds 27.5 degrees Celsius, or the dry bulb temperature is equal to or exceeds 37.0 degrees Celsius, BMM-HSE-VOH-COP-0004: Occupational Health Programme on Thermal Stress are applied.

- Employees who need to work in such environments must meet all the physical requirements and pass the necessary screening tests prescribed in this COP before declared fit to work.
- Currently, no Heat Stress Screening is conducted at Black Mountain as the mine is a mechanized mine and strenuous work is limited. Emphasis is placed on administrative controls in order to acclimatize persons when working in hot environments (refer to BMM-HSE-VOH-COP-0004: Occupational Health Programme on Thermal Stress for more information)

8.5.12 Blood Lead Monitoring

Due to the health risk, biological monitoring of Blood Lead Levels will be conducted on all employees working in lead risk areas at Black Mountain Mining (Pty) Ltd.

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Monitoring frequency and exposure limits is as specified in BMM-HSE-VOH-STD-0105

NOTE:

- All contracting employees entering the mine area for work purposes in designated lead areas, excluding company representatives on casual visit (to offices and Surface Workshops) and truck drivers doing deliveries, are included within the scope of this COP irrespective of the duration of the stay on the mine.
- Such contracting employees must undergo a medical examination by the OMP prior to starting any work activities on the mine.
- The risk profile of the intended job as well as the past and current exposure will be considered when the medical evaluation and examinations are determined for contracting employees.

8.6 Medical Surveillance & Records

This issue is dealt with comprehensively in the Guideline for the Compilation of a Mandatory COP on the Roles and Responsibilities of Occupational Health Practitioners in a System of Medical Surveillance on a Mine (DMR 16/3/3-A7). The following applies in order to link the relevant COP's:

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- 8.6.1 Occupational medical surveillance will be done at the BMM occupational health centre. Staff conducting medical examinations will be competent in terms of the MHSA
- 8.6.2 Records will be kept in a medically confidential manner at the occupational health centre and computerized network records will have appropriate access controls (level and password protections). These will only be made available in accordance with the ethics of medical practice, or if required by law or court order, or if the employee has in writing consented to the release of the information (section 15 of MHSA)
- 8.6.3 Employees are entitled to copies of, or copies of parts of, medical surveillance records of records of occupational hygiene measurements that relate to themselves (section 19 of MHSA)
- 8.6.4 All reasonable steps are taken to ensure that records of medical surveillance are stored safely and not be destroyed or disposed of for 40 years from the last date of medical surveillance of an employee, as prescribed by the MHSA (sections 15(2) and 13(8))
- 8.6.5 Medical surveillance procedures will be transparent and open to discussion with all role-players (refer to VOH-SOP-003 Medical Surveillance). Endeavors is made to conduct these professionally, scientifically and based on best reasonable current medical practice

8.7 Medically Affected Employee Policy And Procedures

A formal BMM Medical Incapacity Policy and Code of Practice for the Management of Medical Incapacity due to Ill-health and Injury are in place to ensure optimal placement of employees found unfit for their usual category of work.

Out of Cycle Assessments:

Employees may refer themselves or may be referred for fitness assessments to continue in their current occupation at any time by making an appointment through the BMM Human Resources department, e.g.:

- An employee who has problems in coping with the physical demands of his/her occupation
- An employee who may suspect a work-related illness, such as boot dermatitis

Line Management or the Human Resources department may refer an employee who is unable to cope at work.

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8.8 Appeals

An employee may lodge an appeal in terms of Section 20 of the MHSA with the Medical Inspector should the employee or his/her representative dispute the decision that the employee is unfit to perform work. Employees are informed of this when attending medical surveillance.

8.9 Conclusion

It is clearly impossible to encompass within this code of practice specific advice on every medical condition. However, as a general rule the OMP conducting the examination should be satisfied in each case that no medical condition or impairment is present which could either be significantly aggravated by working at Black Mountain Mine or represent an unacceptable health or safety risk to the individual employee, or any other person at the mine. Conditions not specified in this code of practice, which impact on health and safety will be assessed in light of this general principle. For the assessment of fitness to work at BMM according to this code of practice an employee includes both BMM and contractor/business partner employees as defined in the MHSA.

Different evidence-based guidelines will be consulted for assessment of medical impairment and the ability to do specific work. These could be used to support OMPs to create a more informed opinion on the work stressors that employees with medical conditions can cope with and include:

- The official disability guidelines used by American Academy for Disability Evaluating Physicians
- The guides to the Evaluation of Permanent Medical Impairment – 6th Edition (American Medical Association), which describes the levels of impairment of bodily systems to indicate to OMPs when such impairments could be classified as Minimal, Mild, Moderate or Severe

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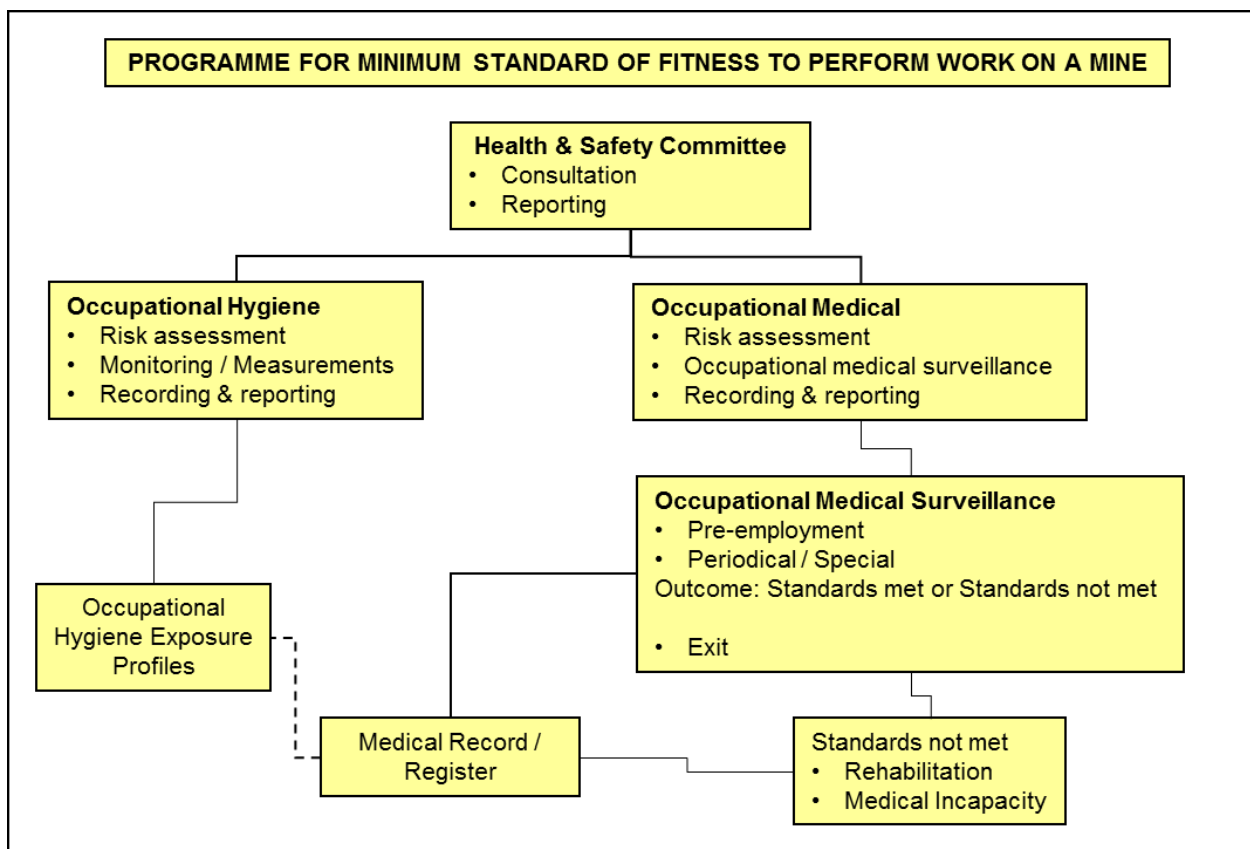
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PART D: IMPLEMENTATION.

1. IMPLEMENTATION PLAN.

1.1 The implementation plan for this COP covers the following: Organizational structures, responsibilities of functionaries and programs and schedules for the COP that will enable proper implementation of the COP. The overall programme for Minimum Standard of Fitness to Perform Work on a Mine is depicted schematically below. This is an integrated approach that requires planning, co-ordination and co-operation between various departments

1.1.1 The overall Medical Surveillance programme is depicted schematically below. This is an integrated approach that requires planning, co-ordination and co-operation between various departments and structures:



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The main focus of the medical surveillance programme is to provide the necessary assurance of employee fitness to work, but also to be sensitive to detect any deviation from the baseline medical information for each employee. The following medical surveillance will be done:

- Pre-employment
- Periodical
- Exit
- Special / ad hoc (as determined by risk or on advice from the OMP)

Occupational Hygiene risk profiles is established and updated for all the operational areas as part of the risk management process. For legal compliance purposes the Occupational Hygiene risk profiles will be used to assign exposure levels to individual or groups of workers with similar exposures that is linked to their medical surveillance information (Refer to VOH-BMF-005: Occupational Hygiene Exposure Profiles)

1.1.1.1. Medical Surveillance Procedure

Medical examinations are done as set out in VOH-SOP-005 Occupational Medical Surveillance. Below is a summary of the requirements contained in the procedure:

- Initial interview
- Physical Evaluation
- Vision testing/screening
- Blood pressure monitoring
- Lung function testing
- Audiometry
- Biological monitoring
- X-Rays (of lungs)
- Tuberculosis
- Job placement evaluation
- Medical evaluation
- Physical Work Assessments

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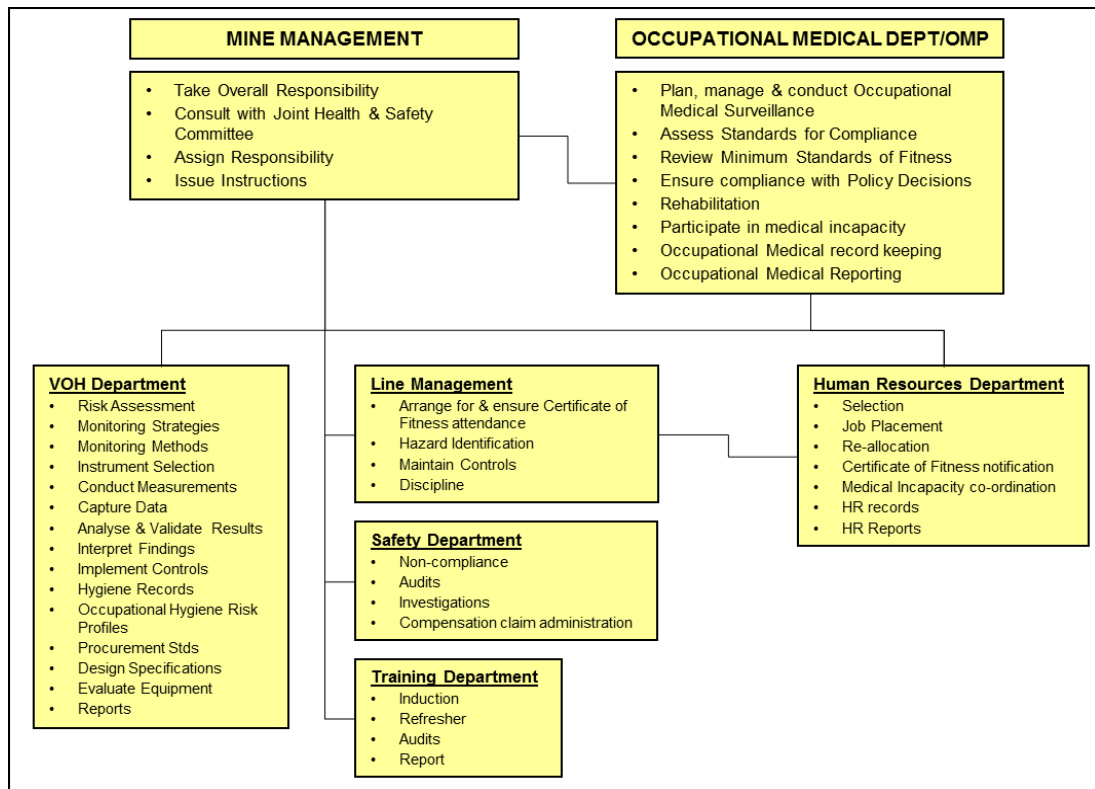
1.1.1.2. Medical Equipment – Maintenance & Calibration

To ensure accurate medical assessments and monitoring, equipment will be maintained and calibrated as follows:

- Equipment will be maintained and serviced as per OEM requirements
- All applicable equipment used for medical surveillance are calibrated in accordance with the manufacturer's instructions to ensure measurement accuracy. Calibration records/certificates will be kept as proof of calibration
- Daily pre-use/calibration checks will be conducted for applicable equipment – refer to VOH-SOP-005 Occupational Medical Surveillance for more details

1.1.1.3. Functions & Responsibilities

The functions and responsibilities of departments, committees and disciplines are depicted schematically below (see text for details):



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1.1.1.4. Employer / Mine Management

The owners of the mine must take responsibility for health and safety in terms of the Act. However, the management of that responsibility is delegated to Mine Management. The Act places a number of obligations on the Employer relating to the Health, including (but are not limited to):

- a) The compilation and implementation of the mine's health and safety policy
- b) Consultation with Health & Safety Committees
 - A Joint Health & Safety Committee is also established, represented by Management and Employees for consultation on health and safety issues
- c) Establish and maintain a system of medical surveillance of employees exposed to health risks that is so designed to provide information that the employer can use in determining measures to
 - Eliminate, control and minimise health risks that employees are exposed to; or
 - Prevent, detect and treat occupational diseases
- d) The engagement of the services of an Occupational Medical Practitioner (OMP) and the supply of the means to perform the required functions
- e) Conduct investigations:
 - Into serious illnesses and health threatening occurrences
 - If an employee is declared unfit to perform work as a result of an occupational disease
- f) Approval of Occupational Medical surveillance practices, procedures and standards

1.1.1.5. Human Resources (HR)

The main functions of the HR department in respect of the Minimum Standard of Fitness are:

- a) Appointments arrangements of medical examinations with the Occupational medical facility and completion of required documents:

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- Pre-employment
- Periodical medicals
- Special/ad hoc medicals
- Movement / re-allocation of employees to different jobs and/or working locations

- The maintenance of personnel records including job category, work area, occupational career and job restrictions placed on employees as a result of their medical status
- Co-ordination and management of Medical Incapacity
- Management of temporary relocation of employees (blood lead, injury or illness)
- Reporting as required to internal/external parties

1.1.1.6. **OMP / Occupational Medical Department**

The main functions of the OMP/Occupational Medical department in respect of the Minimum Standard of Fitness are:

- Booking and conducting of medical examinations for:
 - Pre-employment
 - Periodical medicals
 - Special/ad hoc medicals
 - Movement / re-allocation of employees to different jobs and/or working locations
- The maintenance of personnel records including job category, work area, occupational career and job restrictions placed on employees as a result of their medical status
- Participate in investigations concerning ill health
- Assist in rehabilitation of ill-health employees
- Participate and advice on Medical Incapacity cases
- Company & legal reporting as required, including the Annual Medical Report

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h) Co-ordination of maintenance and calibration of medical equipment

1.1.1.7. VOH Department

The main function of this department with regards to Minimum Standard of Fitness is:

- Risk assessment for occupational hygiene exposures
- Data capturing into the prescribed format (defined by the Occupational Hygienist)
- The implementation of control strategies
- Assessment of standards for compliance. Those standards include international benchmarks, local regulatory standards or mine standards (procurement, monitoring, etc.).
- Compilation & maintenance of Occupational Hygiene Exposure Profiles
- Consultation with Medical Department on link between Occupational medical & Occupational Hygiene
- Record keeping with regards to Occupational Hygiene monitoring results
- Reporting as required to internal/external parties, including Statutory Occupational Hygiene Reports

Occupational Hygiene Exposure Profiles

The VOH department defines, log and maintains the occupational hygiene exposure levels. From this exposure information, the Occupational Hygiene Exposure Profile sheets are then updated, of which a copy is kept on the Occupational Medical Record of each employee in the Occupational Medical facility, serving as the link between Occupational Hygiene & Medical information. This also then enables the OMP to identifying those individuals that require special medical examination based on exposure risk.

1.1.1.8. Occupational Hygienist

The main function of the Occupational Hygienist is the anticipation and recognition of Occupational Hygiene risks coupled with the assessment of design, control and protection strategies. Specific responsibilities include:

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- a) The design of the monitoring strategies for personal and area measurements and for the assessment of equipment
- b) The selection of suitable monitoring methods and procedures for measurement
- c) The selection of suitable instrumentation for measurement.
- d) The analysis and validation of results collated by the VOH department.
- e) The interpretation of findings emanating from the analysis of the results
- f) Compilation and maintenance of the exposure risk profiles
- g) Defining of homogeneous exposure groups for the purpose of representative sampling
- h) Provision of exposure levels of HEGs in such a way that it could be ascribed to individuals for recording in the Occupational Hygiene Risk Profiles
- i) Defining the required competencies and training needs in respect of the hygiene and monitoring functions
- j) Compilation of procurement standards
- k) Evaluation of equipment and design specifications of various operations
- l) Exposure control engineering
- m) Prepare records and reports on the for the purpose of routine reporting, review and formal reporting (legal) on health and safety

1.1.1.9. 1.1.4.6 Training

The Training Department is responsible for:

- The induction and refresher training of employees in the first instance and also to report, for review purposes, on training statistics

1.1.1.10. Line Management

The main function of Line Management is to:

- Arrange for & ensure Certificate of Fitness attendance
- Hazard Identification
- Maintain Controls

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- Discipline

1.1.1.11. Safety Department

From a safety perspective the responsibilities include:

- Audits and reporting of non-conformances.
- The administration of compensation for noise related diseases.

1.2 Information may be graphically represented to facilitate easy interpretation of the data and to highlight trends for the purposes of risk assessment.

2. COMPLIANCE WITH THE COP.

Measures to ensure compliance is instituted through auditing from first, second and third party auditors.

3. ACCESS TO THE COP & RELATED DOCUMENTS.

- 3.1 A complete electronic COP, with related documents, is kept readily available at the mine for examination by any affected person. Hard copies, when printed, are treated as uncontrolled copies. Line supervisors and management have direct access to these electronic copies and can distribute it to affected employees when required. On written request to the Manager, any other affected person will be supplied with copies. A register will be kept of such persons or institutions to facilitate updating.
- 3.2 The registered Trade Unions and Full Time Health and Safety Representative will be supplied with copies of this COP. A register will be kept of such persons or institutions to facilitate updating.
- 3.3 The employer will ensure that all employees are fully conversant with those sections of this COP relevant to their respective areas of responsibility. This is conducted through various means including:
 - a) Induction & Refresher training
 - b) On-site training
 - c) Joint Health & Safety meetings
 - d) Toolbox talk and other notices

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4. DISTRIBUTION AND ACCESS

- The latest revision of this document is available as a read only on the document on the Intranet. The Compliance Officer shall maintain an authorised hard copy of this policy/procedure in the relevant location.
- Line Managers, who have staff reporting to them that do not have access to the Intranet, shall ensure that these personnel are adequately guided and informed.

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