

Occupational Injuries Data Definitions and Statistical Reporting Procedure

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1. Introduction

Worldwide, AngloGold Ashanti (AGA) mines subscribe to Safety reporting practices that allow for consistent reporting and facilitating comparisons in occupational Safety performance. In order to allow for this, more complete reporting of data and consistent data definitions are required. In addition, it is necessary for AGA to compare itself with other mining companies. To facilitate meaningful analysis, definitions which are consistent with the ICMM Health and Safety performance indicators guideline as adopted by ICMM member companies.

2. Purpose

The purpose of this procedure is to define key performance indicators for safety performance management in AGA and to ensure that there is a consistent application of a standardized approach for target setting, monitoring & reporting.

3. Scope

This procedure is intended for all Operational and Safety Leaders in AGA.

4. Definitions and Abbreviations

Abbreviations and key words in this document are defined as follows:

Abbreviation	Explanation
AGA	AngloGold Ashanti
AIFR	All Injury Frequency Rate
DLI	Days Lost per injury
FI	Fatality Injury
FIFR	Fatality Injury Frequency Rate
HPI	High Potential Incidents
LTI	Lost Time Injury
LTIR	Lost Time Injury Rate
MIS	Mining Information Services
MTC	Medical Treatment Case
WRMS	Workforce Reporting Management System

5. Data definitions

Occupational injury statistics are designed to reflect injuries arising out of, or in connection with direct work activities and processes, and do not reflect incidents that arise as a result of violence, murder, injuries, medical conditions, or other issues not directly related to the workplace or work activity.

5.1 Safety Incidents

Safety Incidents are defined as those incidents where:

- ❖ the employee must be on duty;
- ❖ the employee must be undertaking an activity related to the activities being undertaken by the employer, either:
 - in the course and scope of the employee's employment;
 - under the instruction of a supervisor; or
 - within the area of accountability/legal appointment of the responsible manager

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These are activities where AGA can set Safety Standards and has the accountability and capacity to directly supervise and enforce their application.

5.2 Non-Occupational Incidents

Non-occupational incidents include those incidents that occur away from the direct area of accountability/legal appointment of the responsible manager, but are company-organized business related. These include commuting incidents, sporting injuries (when representing the company / operation in organised sporting activities), off-the-job injuries, sporting injuries occurring after hours on-site etc. These incidents are not included for statistical reporting purposes, but depending on circumstances and local conditions of service / employment contracts, may be classified as a compensable injury. Records of these incidents must be maintained in accordance with related local regulatory requirements.

5.2.1 Commuting Incidents

The term “commuting incident” covers those incidents, which result in death or personal injury, and occurring on route, in either direction, between the place of work or work-related training or other authorised activity.

These should however be investigated in order to identify potential workplace related fatigue contributing factors. Provision is made for the capture of such incidents in the statistical reporting structures. These incidents are not included in published safety incident statistics, but are maintained for record purposes only.

5.2.2 Third Party Injury / Fatality

Third party injuries / fatalities are defined as injury to, or loss of life of, a “third party” that occurs within the defined area of responsibility of a designated AGA manager, or resulting from AGA’s activities. In this context, a “third party” is deemed to be a person(s), not employed by the company (or its contractors). For example, this includes artisanal miners, involved in informal or unsanctioned mining activities within the AGA lease area. Non-employees fatally injured while on an officially sanctioned visit to an operation would also fall into this category. Although these incidents are communicated for transparency purposes, they are not included in the published safety incident statistics produced by AGA. These incidents are separately captured in the AGA Voluntary Principles on Security and Human Rights database. These must however be investigated in order to identify contributing factors and remedial measures.

5.3 Reporting Period

There may be varying reporting periods, but as a minimum, all safety statistical data must be summarised for reporting on a monthly, quarterly, and annual basis. Importantly, all data should relate to the same period (which is currently based on a calendar month period).

5.4 Average Labour at Work

Average labour at work is defined at the average number of employees and contractors at work on a daily basis throughout the calendar month reporting period. Employees employed on a temporary, or casual basis should be allocated on a pro-rata basis.

5.5 Contractor

Any person who undertakes work at an operation, in a casual, part-time or full-time capacity, but not directly employed by AGA.

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6. Injury Classifications

6.1 Fatal Injury

A death resulting from an occupational injury. The date of the fatal injury should be recorded as the date of death and not the date on which the incident occurred, as in the case where the injured person dies of injuries sustained sometime after the incident.

6.2 Permanent Disability

This is either defined as an accumulated physical and/or psychological disability level of 30% or greater, as defined in the American Medical Association Guidelines or alternatively as prescribed by local legislative/insurance requirements. In certain instances, the final degree of disability level might only be determined when the injury has stabilised, that may result in an excessive latency period from the date of the incident. In these instances, the final classification allocation will occur once the final degree of disability level has been determined.

6.3 Lost Time Injury

These are injuries where the injured is unable to perform his/her normal work/role, on the calendar day following the day of the incident. Where the injured person does not lose working time on the days following the injury, but is later booked off work by a medical practitioner in respect of the injury concerned, this shall also be classified as a Lost Time Injury. The date of injury to be recorded as from the date that the injury occurred. Where the injured person is booked off work for a second or subsequent time because of the original injury sustained, such an occurrence shall not be regarded as a separate injury. Any additional days lost must be recorded. In certain jurisdictions, reporting of restricted work cases/alternative duties is required in accordance with local legislation. In terms of the AGA procedure, these incidents are classified as Lost Time Injuries, but any days lost or time on restricted duties are not included for severity rate calculation purposes.

6.4 Medical Treatment Case

Medical Treatment Cases are defined (as below), those injuries requiring medical care, provided by a physician or trained professional medical personnel which do not result in time lost.

6.5 First Aid Case

First aid cases are defined (as below), those injuries requiring one-time treatment, which do not ordinarily require medical care. This treatment is considered first aid even though it may, or may not, be provided by a physician or trained professional medical personnel. Any person, including a trained "first aider" in the field, site medic or nurse, may provide first aid.

The key difference between Medical Treatment and First Aid Cases are as follows:

Medical treatment includes, but is not limited to, the suturing of any wound, treatment of fractures, application of a cast or other professional means of immobilizing an injured part of the body, treatment of infection arising out of an injury, treatment of bruise by the drainage of blood, surgical removal of dead or damaged skin (debridement), amputation or permanent loss of use of any part of the body and treatment of second and third degree burns. This treatment may, or may not result in the injured worker being unfit for work, or being restricted in the type or nature of work to be performed.

First aid includes any one-time treatment for the purpose of observation of minor scratches, cuts, burns, splinters, etc. Ointments, salves, antiseptics, and dressings to minor injuries are considered to be first aid. Procedures that are diagnostic in nature are not considered by themselves to constitute medical treatment.

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Visits to a physician, physical examinations, x-ray examinations, and brief hospitalization for observations, or which are preventative of nature where no evidence of injury or illness is found and no medical treatment provided, also do not constitute medical treatment.

As outlined above, injuries are classified in accordance with the Group Risk Matrix (reference extract below)

Threat Category	
Safety	
Impact	Classification
Extreme	Multiple Fatalities
Major	Fatality
High	Permanent Disability
Moderate	Lost Time Injury
Minor	Medical Treatment Case
Insignificant	First Aid Case

6.6 Near Miss / High Potential Incidents

A "near-miss" incident is defined as, "any event, which under slightly different circumstances (in terms of timing and / or location), may have resulted in injury or ill health of people, or damage or loss to property, plant, materials or the environment or a loss of business opportunity". When considering such incidents, the potential consequence, as opposed to the actual consequence of the incident must be considered. An incident is considered to be a high potential incident (HPI) when the event has an actual or potential consequence of high, major or extreme as defined by the AGA Group Risk matrix. In a Safety context, this would include potential for a permanent disability injury, single or multiple fatality.

6.7 Interpretation of Injury Classification

Whilst this procedure provides definition and guidance for injury classification purposes not all circumstance will be clear-cut. In the first instance, the site will classify an injury. Any doubt on the classification or re-classification, should be escalated to the Region or Corporate as appropriate to seek clarification. Records should be maintained for audit or review purposes.

7. Statistical Calculations

7.1 All Injuries

All Injuries are calculated by adding; Medical Treatment Cases, Lost Time Injuries and Fatal Injuries (see section 7.4).

7.2 Lost Days

The total number of calendar days that the injured person is not fit for work in his/her normal work/role, excluding the day of the injury, should be recorded as Lost Days. Time spent travelling, or waiting for diagnosis following an incident is not included in workdays lost, unless the injury becomes classified as a Lost Time Injury. Lost Days will be accumulated until:

- a) the injured person can resume the full duties of his/her regular work, or
- b) is assigned to another designation on a permanent basis and able to perform the full duties of the alternative designation,
- c) is separated from the company for medical reasons associated with the injury

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No lost days are recorded for fatalities for severity rate calculation purposes. The above applies to all employees and contractors.

7.3 Hours Worked

The total number of hours worked by all employees includes those hours worked by contractors. These hours include normal hours worked, overtime hours worked, hours spent on training etc. Leave, sickness and other absences are excluded.

7.4 Injury matrix illustrating All Injuries Calculation

The Injury Matrix shown below does not include First Aid Cases, as they are not recordable for company external reporting purposes.

	All Injuries (MTC+ LTI+FI)		
First Aid Case	Medical Treatment Case	Lost Time Injury	Fatal Injury

7.5 Statistical Calculations

Fatal Injury Frequency Rate (FIFR) is expressed as the number of fatalities per million Hours Worked.

$$\text{FIFR} = \frac{\text{No. of Fatalities} \times 1\,000\,000}{\text{Total hours worked}}$$

Lost-Time Injury Frequency Rate (LTIFR) is expressed as the number of lost-time injuries per million hours worked.

$$\text{LTIFR} = \frac{\text{No. of Lost-time Injuries} \times 1\,000\,000}{\text{Total hours worked}}$$

All Injury Frequency Rate (AIFR) is expressed as the number of all injuries per million hours worked.

$$\text{AIFR} = \frac{\text{No. of All Injuries} \times 1\,000\,000}{\text{Total hours worked}}$$

Days Lost per Injury (DLI) is the total number of lost days resulting from Lost-time Injuries divided by number of Lost-time Injuries.

$$\text{DLI} = \frac{\text{Total Lost Days}}{\text{No. Lost Time Injuries}}$$

Severity rate is the total number of lost days resulting from Lost-time Injuries divided by total hours worked, and is expressed per million hours.

$$\text{Severity Rate} = \frac{\text{Lost Days} \times 1\,000\,000}{\text{Total hours worked}}$$

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8. WRMS Support request

The following is the process for all WMRS administrators & Safety Leaders when a support call is to be logged with MIS (WRMS):

- a) Should MIS support be required the user must direct the E Mail to the MIS support desk at mis_support@trimble.com This address will be automatically processed by the MIS support desk software, and be visible to their whole support team for appropriate allocation and action.
- b) WMRS administrators and Safety Leaders are to copy the AGA Corporate Safety Analyst Systems and Reporting accordingly.

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