

# Safety, health and wellness

## Safety

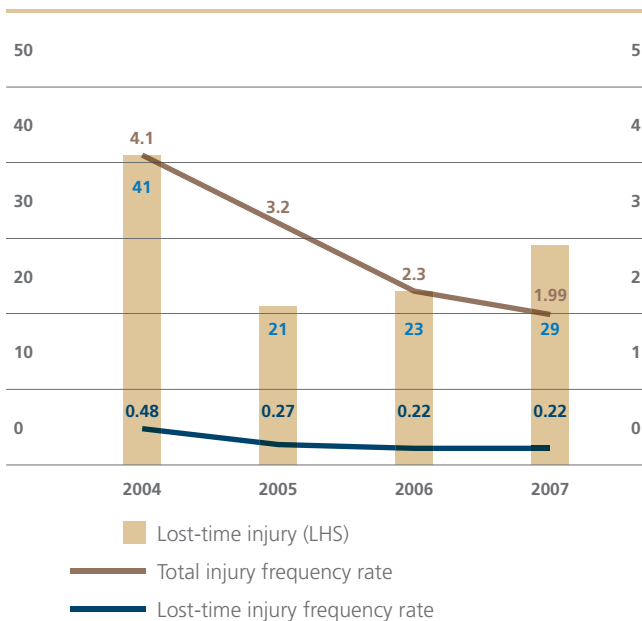
Regrettably, Kumba recorded one fatality during the year. On 24 February 2007, Samuel Marutle, a truck driver employed by a contractor at Sishen Mine, was fatally injured when his haul truck collided with the foot of a berm and crashed through a sidewall. Operator fatigue was identified as the most probable cause of the accident. Sishen Mine embarked on a renewed roll out of a complete fatigue management programme for both employees and contractors at the mine, drawing on Thabazimbi Mine’s well-established programme.

While we are extremely disappointed to have missed our LTIFR target for the year, and saddened by the fatality, we can report the following exceptional safety performances:

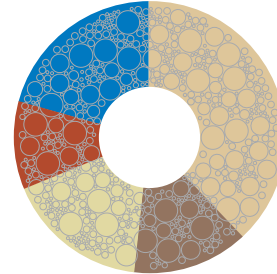
- Thabazimbi Mine had reached five years without a fatality by the end of 2007.
- Thabazimbi Mine’s LTIFR improved by over 40% compared to the previous year (only two lost-time injuries (LTIs) against five reported in 2006).
- In August 2007, Sishen Mine worked 4.4 million man-hours without an LTI. The mine has also achieved 3 million LTI-free manhours on four separate occasions.
- At all head office sites, including Saldanha Port Operations, explorations and the research and development plant, no fatalities or lost-time injuries were recorded in 2007.

The average lost-time injury frequency rate for Kumba for the 12 months to 31 December 2007 was 0.22 against the target of 0.18. The lack of progress was mainly due to increased injuries, particularly in February and March, with the construction of SEP.

Kumba safety performance (2004 to 2007) LTI, LTIFR, TIFR



Kumba LTI: 2007



- 11 lifting and material handling
- 3 vehicle safety
- 4 energy and machinery isolation
- 6 other
- 5 working at heights

The majority of injuries suffered in 2007 were from lifting and materials handling. Managing this risk is incorporated in our roadmap to zero harm, and the focus will be on reviewing training material and the proper identification and management of risks related to lifting and material handling.

On 4 December 2007, the South African National Union of Mineworkers (NUM) went on a nationwide strike to protest against what it views as the unacceptable number of injuries and fatalities occurring on South African mines. The NUM website ([www.num.org.za](http://www.num.org.za)) stated that “The NUM agrees with the Chamber of Mines that it is our collective responsibility to change the status quo, however employers need to take a leadership role and invest in safety in the same manner they invest in production”. Though Kumba has a good safety record, we endorse the collective responsibility emphasised by NUM and will continue to invest in the safety of our employees and contractors.

During 2007, we responded actively to address safety as our number one priority. Several workshops were held with leadership across the group to develop our three-year safety action plan, ‘roadmap to zero harm’, which is aimed at improving our safety performance. In addition to ongoing initiatives documented in our safety improvement plans, our safety management focus over the next three years (October 2007 to October 2010), as outlined in our roadmap, will address the prevention and minimisation of major occupational risks identified at our operations and summarised as follows:

- Risk and change management
- Culture, leadership and communication
- Training and competency
- Empowerment of first-line managers
- Contractor management
- Transport management
- Lifting and materials handling.

Kumba was part of the Anglo American-wide review of safety standards during 2007. For Kumba, this has resulted in a code that guides our daily behaviour.

A major initiative during the year was the successful launch of the ONE Campaign at all operations including head office. The campaign strongly emphasised the theme 'one injury is one too many'. It also included the implementation of leading indicators and the revamped I Care Rules, which were renamed the Golden Rules. The Golden Rules, which prescribe expected behaviour, are non-negotiable and focus on vehicle safety, confined spaces, working at heights, energy and machinery isolation, lifting and mechanical handling, open-pit mining, stockpile management, dams and water storage, chemicals and hazardous substances, and conveyor belts.

## Occupational health and wellness

We are committed to eliminating all occupational illnesses and injuries from our operations. Our SHE policy outlines the commitment to develop, communicate and review responsible and innovative policies, programmes and guidelines that provide safeguards for employees and contractors.

Our occupational health and hygiene standard calls for the identification and control of occupational health and hygiene hazards through practical measures to eliminate work-related illnesses and injuries. Attention has been directed at reducing risk and implementing indicators to support the elimination of key occupational health and hygiene risks.

During 2007, we compensated an employee who suffered irritant contact dermatitis at Thabazimbi Mine. The disease was treated and cleared successfully and the employee was transferred to a non-exposure area. Sishen Mine reported one suspected case of noise-induced hearing loss (NIHL). This case was reported to the Medical Bureau for Occupational Diseases and we await feedback.

No new or suspected cases of pneumoconiosis, asbestosis, chronic obstructive airways disease, hand-arm vibration syndrome and occupational asthma were recorded for the period.

To manage NIHL cases proactively, employees who have shown a 5% deterioration from baseline are identified and management actions taken including retraining, transfer to a quieter working environment, reducing noise at source, identification and engineering control of high-noise zones. Sishen Mine also installed 'warning systems' in which a red warning light goes on when noise levels reach 82dB. Working towards minimising exposure to noise, the mine's objective is to move all homogeneous exposure groups falling into category B (86-105dB) to category C (82-85dB). Ongoing campaigns are also conducted on exposure to noise and dust.

Improving hygiene systems and the interface between occupational health and hygiene has been a focus during the year. Revising homogeneous exposure groups resulted in a new baseline monitoring exercise. The 2008 risk classification will be based on the results of this study. One of the key benefits of revised homogeneous exposure groups is accurate risk profiling for different designations which will assist in effectively managing occupational health risks and protecting employees against potential occupational diseases.

## Health and wellness objectives and targets for 2008

Objective	Target
Elimination of silicosis (Thabazimbi Mine)	By December 2008 – 95% of all exposure measurement results must be below occupational exposure limit for respirable crystalline silica of 0.1mg/m <sup>3</sup> .
To prevent new employees from contracting silicosis	No new cases to be reported from end December 2008.
Hearing conservation	Fully implemented programmes by end December 2008.
Elimination of all equipment exceeding 110dB	50% reduction by end December 2008.
VCT	80% of all employees to be tested by end 2008.

## HIV and Aids

Kumba has a comprehensive HIV and Aids strategy in place, guided by our HIV and Aids policy. It is built on preventing employees from becoming infected with HIV, extending the lives of those infected and ensuring the impact on the company is managed. The company extends its assistance to the families of infected employees.

### Key HIV and Aids statistics

	2007	2006
Infected with HIV (% of workforce)*	5.82	4.86
% of workforce participating in VCT	75	73
Number of new cases	142	122
Number on ART	92	82
Number of employees on wellness programme	314	219

\* The basis of calculation of the infected rate reported is the number of HIV infected employee as a percentage of the total Kumba workforce as at the end of the 2007 reporting period. It excludes the potential HIV infection rate present in the percentage of the workforce who do not know their status.

The following features are part of our HIV and Aids programme:

- Condoms and femidoms are distributed widely.
- Voluntary counselling and testing is available for employees and families.
- Wellness programme is in place and assistance provided for emotional support, co-ordinating medical aid for access to nutritional supplements and antiretroviral treatment and co-ordinating access to hospice care in advanced stages.
- Presently the internal HIV/Aids programme does not extend to customers or suppliers. The mine is considering extending a full programme to contractors. Contractors already have access to ARVs and VCT voluntarily.
- Peer educators are active in local communities. Advice is given on how to access government-provided services, and condoms are supplied.

### Case study:

## Thabazimbi Mine HIV programme

Thabazimbi Mine launched Re Tlo Lwana we will fight community HIV/Aids programme in 2003. In the company's view, HIV/Aids is effectively combated by combining efforts with non-governmental organisations (NGOs), faith-based groups, the government health department, the communities themselves and other stakeholders.

Re Tlo Lwana is a community-driven project that aims to strengthen and extend the group's HIV/Aids programme to host communities. Among other activities, the programme:

- Conducts prevention campaigns in and around the mining community
- Conducts voluntary counselling and testing (VCT)
- Conducts HIV/Aids awareness and education programmes
- Promotes comprehensive community home-based care programmes for families whose members are already infected
- Promotes income-generating projects for indigent communities around Thabazimbi Mine's operations.

Substantial amounts were invested in training and capacity building during the inception of the project.

In addition to sponsored training, the mine provides office space and facilities to Re Tlo Lwana and local NGOs.

As part of the community home-based care programme, the mine regularly provides transport for delivering food parcels to the community and transporting caregivers for the awareness campaigns.



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