



**GROUP PROCEDURE: OCCUPATIONAL
INJURIES DATA DEFINITIONS AND
STATISTICAL REPORTING**

Group Procedure: Occupational Injuries Data Definitions and Statistical Reporting

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REVISION HISTORY

Date of first issue	July 2000			
Date of current revision	December 2021			
Date of next revision	December 2023			
Change history	Revision	Date	Page	Details
	02	February 2006	All	
	03	March 2009	All	Replaced "AngloGold" with "AngloGold Ashanti"
	04	July 2010	All	Alignment and addition of injury definitions for statistical reporting
	05	July 2017	All	Alignment with ICMM health & safety performance indicators guideline
	06	July 2019	All	Review of document
	07	December 2021	All	Alignment with ICMM Guidance on Health and Safety Performance Indicators – Published May 2021

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Issue Date	December 2021	Next Review Date	December 2023

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1. Introduction

Globally, AngloGold Ashanti (AGA) operations 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
DLI	Days Lost per injury
FI	Fatality Injury
FIFR	Fatality Injury Frequency Rate
HPI	High Potential Incidents
iSIMS	Integrated Sustainability Information Management System
LTI	Lost Time Injury
LTIFR	Lost Time Injury Frequency Rate
MIS	Mining Information Services
MTC	Medical Treatment Case
TRIFR	Total Recordable Injury Frequency Rate

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 Occupational Injury Incidents

An occupational injury incident is defined as an injury of an AGA employee / contractor that results from work-related activities at an on-site location or while performing a work-related activity off-site that is in scope as a recordable outcome.

5.2 Non-Occupational Injury Incidents

Non-occupational injury 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, 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.

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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 and permanent place of residence.

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. These include visitors present on-site as a member of the general public.

5.2.3 Business Travel

Incidents occurring to a worker travelling between sites during work hours. These can include:

- driving or being driven in a vehicle for work-related travel purposes
- flying to visit another site or customer/supplier contact
- being transported to and from customer contacts after lodging has been established and as part of work-related activity

However, when travelling employees or contractors check into a hotel, motel or other lodging, they establish a ‘home away from home’. Thereafter, their activities are evaluated in the same manner as for non-travelling employees or contractors.

5.3 Average Labour at Work

Average labour at work is defined as 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.

5.4 Contractor

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

6. Injury Classifications

This section provides specific guidance for determining whether an injury or disease is recordable within the following recording boundaries:

- Case and new case recording boundary
- Severity boundary for injuries
- Specific inclusions and exclusions
- Recordable outcome boundary
- Recording periods for injuries and fatalities.

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6.1 Case and New Case Recording Boundary

- Only new cases are recordable.
- Each employee / contractor experiencing an injury in a multi-injured work-related incident is considered a separate case.
- When a worker has never before experienced an injury or disease affecting the same body part, it is a new case.
- Reoccurrence of injuries or diseases affecting the same part of the body are new cases if the previous case had been declared by an appropriate medical professional to have been fully resolved and the worker returned to his/ her routine job function.
- Cases involving pre-existing conditions aggravated by a work-related incident or exposure are new cases.

6.2 Severity Boundary for Incidents

This section describes how injury severity is used to determine whether an injury is recordable. Injuries that meet the descriptions of new cases (see section 6.1) are recordable under the following severity descriptions and guidelines:

6.2.1 First Aid Case

First aid cases are defined as 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.

6.2.2 Medical Treatment Case

Medical Treatment Cases are defined (as below), those injuries requiring medical care, regardless of who provides the treatment, which do not result in time lost. This also includes any loss of consciousness as a result of a workplace incident.

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

Medical treatment Cases includes, but is not limited to,

- the suturing of any wound, treatment of confirmed 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 (including antibiotics and other medication),
- treatment of bruise by the drainage of blood,
- treatment of second and third degree burns including surgical removal of dead or damaged skin (debridement),
- amputation or permanent loss of use of any part of the body,
- treatment of second and third degree burns and
- providing prescription drugs at prescription dosage in relation to the injuries sustained.

These 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 Cases includes the following treatments, regardless of the professional status of the person providing the treatment:

- visit(s) to a health-care provider for the sole purpose of observation
- diagnostic procedures including the use of prescription medications solely for diagnostic purposes
- use of non-prescription medications including antiseptics at non-prescription strengths
- simple administration of oxygen
- preventative infection treatment such as antibiotics or medication given to prevent infection from occurring - (e.g. administration of tetanus/diphtheria shot(s) or booster(s))
- cleaning, flushing or soaking wounds on skin surface
- use of wound coverings such as bandages, gauze pads, etc
- use of hot and cold therapy (e.g. compresses, soaking, whirlpools, non-prescription creams/lotions for local relief except for musculoskeletal disorders)

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- use of any totally non-rigid, non-immobilising means of support (e.g. elastic bandages)
- using temporary immobilisation devices while transporting an accident victim (e.g. splints, slings, neck collars, backboards etc)
- drilling of a nail to relieve pressure or draining fluid from a blister
- use of eye patches
- removal of foreign bodies embedded in the eye only if irrigation or removal with cotton swab is required
- removal of splinters or foreign material from areas other than the eyes by irrigation, tweezers, cotton swabs or other simple means
- using finger guards
- using massages
- drinking fluids for relief of heat stress

6.2.3 Lost Time Injury

These are injuries that results in the inability of the injured to perform routine work functions on the next calendar day after the injury is a recordable case. Inability to perform routine work functions includes cases resulting in either assignment of alternate or restricted duty or missed workdays.

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.

6.2.4 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.

6.2.5 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.

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

6.2.6 High Potential Incidents

A High Potential 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,

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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. For global reporting purposes, an incident is considered to be a high potential incident (HPI) when the event has a potential consequence of "major" or "extreme" as defined by the AGA Group Risk matrix. In a Safety context, this would include potential for single or multiple fatality. Where an incident has reached actual potential of "major" and "extreme" (i.e. fatal or multiple fatal), it will not be counted as a high potential incident since the consequence has already materialised.

6.2.7 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.

6.3 Specific Inclusions and Exclusions

Injuries are considered occupational considering the following specific points for clarification on inclusion:

- ❖ **Work-related activities on-site** – The injury is associated with work-related activities on-site. It includes injuries that occurs during work hours on-site, even if the employee / contractor is not immediately engaged in a work task e.g. the worker is taking a short break between tasks, or the worker is on a meal break in the employer’s dining hall.
- ❖ **Third parties in on-site locations** - Any third party engaged in a work-related activity on-site e.g. delivering materials or occasional services to a mine is considered a work-related activity because the worker is required to follow the employer’s safety standards while on-site and the employer can enforce those standards.
- ❖ **Employees and contractors performing off-site work-related activities** - Injuries and diseases occurring to AGA employees / Contractors while performing work-related activities off-site are considered occupational. Important to note that such off-site work-related activities should be directly under the control of or the activities carried out should be in the interest of AGA / Contractor.
- ❖ **Commuting** - Incidents occurring to employees / contractors commuting from their permanent residence are considered occupational once workers are on-site (e.g. once the transporting vehicle has passed inside the gate or is on a controlled access road). If the same incident occurs in between place of permanent residence and before entering the mine premises, it is recorded as a commuting incident, non-work-related, for statistical analysis purposes.
- ❖ **Business travel** - Injuries or diseases that occur while the employee or contractor is travelling in a transport where the company determines that it would have been possible for the company to have mitigated the incident consequence through the application of health and safety standards and is engaged in work-related activities in the interests of the employer are considered occupational.
- ❖ **Control** – Injuries occurring at non-operated Joint Ventures in general are not considered but will be included when activities are conducted on behalf of the Joint Ventures by AGA employees / contractors.

Specific points for clarification on exclusion are listed as follows:

- ❖ **Control** – Injuries occurring at non-operated Joint Ventures are not considered.
- ❖ **Personal time** – Incidents while on personal time / outside working hours e.g. mine camps, dining halls, exercise or recreational facilities are not considered. These includes eating and drinking at all times and also any personal activities off-site.
- ❖ **A contractor working in their own location outside a company operated or tenured area** – Incidents occurring to contractors in their own off-site location outside a company operated or tenured area where the contractor company is responsible for the work activities and for establishing and applying work practices and health and safety standards are not occupational.
- ❖ **Working from home** - Injuries or illnesses occurring to workers working in their own home
- ❖ **Other – Injury** caused by self-medication, alcohol consumption, illegal drugs use, intentionally self-inflicted or due to personal grooming are not considered. Any acts of criminality / violence against employees / contractors are not considered.
- ❖ **Business Travel** - Injuries that occur while the employee / contractor is travelling (personal related) e.g. taking a detour / holiday before / after a business trip or travelling to / from non-business-related events, are

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not considered. When travelling employees / contractors check into a hotel, motel or other lodging, they establish a 'home away from home'. Thereafter, their activities are evaluated in the same manner as for non-travelling employees or contractors and is not considered.

It remains important in the consideration of every incident to consider the guidance of this document and verify whether the incident is recordable or not. Some incidents have intricacies and will have to be weighed against the rules.

6.4 Recordable Outcome Boundaries for Incidents

Regardless of whether a case is occupational, an incident is only to be regarded as a 'Recordable Outcome' if the company determines that it would have been possible for the company to have mitigated the incident consequence through the application of health and safety standards. If no health and safety standards would have mitigated the incident consequence, then this is an indication that the incident should not be classified as recordable. This determination is reliant on a company undertaking a quality incident investigation to ascertain the factors which contributed to the incident.

There is an important difference between recordable and compensable injury. An injury while e.g. participating in a company sanctioned sporting event may be compensable, but there is no requirement to be recordable in terms of regulators and / or company statistics (see Non-Occupational Injury Incidents).

6.5 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, half year (1st six months and 2nd six months) and annual basis. Importantly, all data should relate to the same period (which is currently based on a calendar month period starting on the 1st of the month).

7. Statistical Calculations

7.1 Total Recordable Injuries

Total Recordable Injuries are calculated by adding; Medical Treatment Cases, Lost Time Injuries and Fatal Injuries (see sect 7.5).

7.2 Lost Time Injuries

Lost time Injuries are calculated by adding, Lost Time Injuries and where applicable Restricted Work Cases.

7.3 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

No lost days are recorded for fatalities for severity rate calculation purposes. The above applies to all employees and contractors. In the event where an employee was originally classified as a lost time injury and lost shifts following the injury, and pass away as result of injuries sustained, the injury will be reclassified as a fatal injury and any days lost accumulated will be removed from iSIMS.

7.4 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.

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7.5 Injury Reporting

The Injury Matrix shown below indicates which types of incidents are considered for Injury Frequency Rates for reporting purposes.

	First Aid Cases	Medical Treatment Cases	Lost Time Injuries	Fatal Injuries	High Potential Incidents
Total Recordable Injuries (TRIFR)	<i>Not considered</i>	✓	✓	✓	<i>Not considered</i>
Lost Time Injuries (LTIFR)	<i>Not considered</i>	<i>Not considered</i>	✓	<i>Not considered</i>	<i>Not considered</i>
Fatal Injuries (FIFR)	<i>Not considered</i>	<i>Not considered</i>	<i>Not considered</i>	✓	<i>Not considered</i>

7.6 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.

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

Total Recordable Injury Frequency Rate (TRIFR) is expressed as the number of recordable injuries (sum of fatal injuries, lost time injuries and medical treatment cases) per million Hours Worked.

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

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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