

Mine Medical Professionals' Association

The MMPA Kimberley Symposium



The Mine Medical Professionals' Association's Kimberley Symposium, held on 12 April 2014 at Kalahari Lodge, was well attended and upheld the Association's vision to raise the profile of occupational medicine in the mining industry by promoting best practice and disseminating knowledge. "The MMPA was pleased to provide an opportunity for continued professional development and robust intellectual discussions on a range of critical issues for the mining industry with colleagues from the Northern Cape," said MMPA President, Dr Vusumuzi Nhlapho.

Several speakers of note presented papers, addressing topics as far ranging as compliance and challenges on medical inspections, to compensation guidelines and managing fatigue. Dr Thuthula Balfour-Kaipa from the Chamber of Mines presented the mining industry's 2013 Health Milestones, while Peter Strasheim, an attorney specialising in advanced labour law, spoke about the legislation regarding disability and dismissals in the workplace.

During Dr Lindiwe Ndelu's presentation (Department of Mineral Resources) she reminded delegates of the rules of compliance in maintaining a healthy and safe mine environment as laid out by legislation. The obligation of employers includes the health care of their employees from diagnosis to treatment, as well as the strict keeping of records and managing and reporting of accidents. The biggest challenges for health in the mines include: the different health care models used by the mining industry; the management of contract workers; poor management and investigation of TB cases; poor implementation of TB, HIV and STI programmes at some of the smaller mines; inadequate voluntary counselling and testing awareness programmes; and exit medical examinations not being conducted. Dr Ndelu covered, in more detail, some of the other challenges facing members of the mining industry but concluded with some suggestions for the way forward. These included: proposed new regulation mandating the reporting of occupational diseases; standardising the reporting of fatalities due to occupational diseases across all mines; and an occupational health dialogue planned for later in 2014 to discuss issues of concern and new developments, involving all practitioners in occupational health.

Dr Balfour-Kaipa's presentation looked at the milestones achieved by the members of the Chamber of Mines in the areas of noise and dust control. By 2009, there was found to be no deterioration in hearing greater than 10% among occupationally exposed individuals. The number of noise-induced hearing loss claims has fallen since 1998 from 9 922 to 1 229 in 2011. By last year, the total noise emitted by all equipment installed in any workplace was not allowed to exceed a sound pressure level of 110 dB(A). In the area of dust control, the mining industry was close to the 2012 compliance level target of 0.1 mg/m³ for respirable crystalline silica. The challenges faced by the Chamber have been: unrealistic targets; milestones that were not measured; and a lack of accurate data. Dr Balfour-Kaipa averred that future milestones will be achieved by going back to basics, setting up proper mechanisms for measurement, and taking bold decisions in the setting of milestones.

Dr Frank Fox, from Anglo American, presented a paper on managing fatigue. The link between fatigue and fatal accidents is well



documented and Dr Fox was able to prove, from studies involving 89 729 person-years of data and 1.2 million accidents, that the relative accident risk increases dramatically beyond the 8th hour at work. It was shown that 18 hours without sleep is the equivalent of having a blood alcohol level of 0.05%. Fatigue can be caused by several factors, including long shifts, work overload due to shortage of staff, night shifts disrupting the circadian rhythm, illness and personal factors. Dr Fox emphasised the importance of fatigue risk management and suggested various tools, such as establishing a forum to assess and manage the risk, and worker consultation and involvement. He stated that fatigue risk management is a management function not a medical problem and needs a multidisciplinary team approach. Dr Fox detailed six levels of control, how to run the programme, and key factors for success. He reminded delegates of the obvious – that healthy, well rested, alert employees are critical to safe and productive operations.

Luvuyo Dzingwa from Rand Mutual Assurance Company discussed compensation guidelines for musculo-skeletal disorders. He focused on Work Related Upper Limb Disorders (WRULD) as covered in the Compensation for Occupational Injuries and Diseases Act (COID) of 1993. According to the Act, any disease due to overstraining of muscular tendonous insertions caused by repetitive movements or constant pressure or tension at work, qualifies for compensation. He outlined, in some detail, the many different disorders that exist and the various methods of diagnosis and confirmatory tests that can be conducted by the examining occupational medical practitioner. In closing, Luvuyo stated that the ultimate goal was to be fair and impartial, and stressed that the integrity of the practitioner is all-important.

"A great deal of appreciation was expressed by colleagues in the Northern Cape for the opportunity to learn and interact with other colleagues in the mining industry," stated Dr Nhlapho. "Following the success of this symposium, the MMPA has plans to hold an academic symposium catering for the Northern Cape on an annual basis."

Dr Nhlapho would like to remind all colleagues that a follow-up academic symposium will be held at Aspen Conference Centre in Woodmead on 24 May 2014, where focus will once again be placed on the expectations and challenges of medical inspections in the mining industry.

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