

	Procedure	
---	------------------	--

Title: **Occupational Health and Safety
Incident Management Procedure**

Document Identifier: **32-95**

Alternative Reference Number: **Not Applicable**

Area of Applicability: **Eskom Holdings SOC Ltd**

Functional Area: **Occupational Health and
Safety**

Revision: **9**

Total Pages: **30**

Next Review Date: **March 2027**

Disclosure Classification: **Controlled Disclosure**

Compiled by



Mthoko Zondi
Senior Advisor OHS
Sustainability
Systems

Date: 30 March 2021

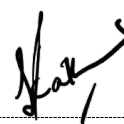
**Functional
Responsibility**

p/p 

Miranda Moahlodi
Senior Manager–OHS
Sustainability
Systems

Date: 30 March 2021

Authorized by



Kerseri Pather
General Manager
Sustainability
Systems

Date: 30 March 2021

Content

	Page
1. Introduction.....	3
2. Supporting Clauses	3
2.1 Scope	3
2.1.1 Purpose.....	3
2.1.2 Applicability.....	3
2.1.3 Effective date	4
2.2 Normative/Informative References	4
2.2.1 Normative	4
2.2.2 Informative	5
2.3 Definitions	5
2.4 Abbreviations	9
2.5 Roles and Responsibilities.....	10
2.6 Process for Monitoring	10
2.7 Related/Supporting Documents.....	10
3. Occupational Health and Safety Incident Management Procedure	10
3.1 Incident Identification	11
3.2 Initiation and Execution of Emergency Response	11
3.3 Notification and Reporting	12
3.4 Incident Prioritisation	14
3.5 Classification and Recording of Incidents	15
3.6 Incident investigation	17
3.7 Management of Corrective Actions (Safety Measures)	25
3.8 Incident close-out	26
3.9 Incident Communication	26
4. Guidance to chairpersons during disciplinary hearings related OHS incident management.....	27
5. Acceptance	29
6. Revisions	29
6. Development Team	29
7. Acknowledgements	30

CONTROLLED DISCLOSURE

1. Introduction

Eskom's SHEQ Policy sets out principles and rules that underpin the way in which Eskom approaches occupational health and safety, the environment and quality.

Incident management is an integral function of risk management. The aims and objectives of incident management are as follows:

- a) Reduce risk and prevent any recurrence of incidents.
- b) Ensure that incidents are managed effectively.
- c) Ensure that incidents are classified and recorded accurately.
- d) Ensure prompt and appropriate investigation.
- e) Promote the proactive use and value of near-miss incident reporting.
- f) Improve the quality of occupational health and safety by learning from incidents, including near-misses.
- g) Share incident information.
- h) Report to internal and external stakeholders, as required.
- i) Promote the analysis of trends, and review practices accordingly.
- j) Involve and communicate information to all stakeholders.

Incident management is not a mechanism for assigning blame or monitoring staff performance, but rather a way of identifying and addressing areas for improvement in order to reduce future risks. Eskom is committed to Zero Harm as a value, this value forms an integral part of Eskom's operations.

2. Supporting Clauses

2.1 Scope

2.1.1 Purpose

This document describes the high-level intention and requirements for the effective management of incidents that occur during the course of Eskom's business that result in, or could result in, near misses, property damage, injuries, occupational diseases/illnesses or fatalities.

2.1.2 Applicability

This document shall apply throughout Eskom Holdings SOC Ltd, its groups/ divisions, subsidiaries, and entities in which Eskom has a controlling interest. Where Eskom does not have a controlling interest, this procedure shall apply if no such similar document exists.

This document is applicable to Eskom employees, contractors (unless it is explicitly mentioned otherwise in this document) and members of the public affected by activities of, or on behalf of, Eskom.

For the purpose of Eskom benchmarking with other organisations, the applicable Responsible Manager may use the relevant classification criteria required for such benchmarking process.

CONTROLLED DISCLOSURE

In the case where a site consists of multiple employers, this procedure must be complied with for Eskom reporting purposes.

For the interpretation of requirements related to occupational health and safety incidents, this document will supersede any other procedures and instructions. This procedure is supported by sup[ported by Standard – “Occupational Health and Safety Incident Management Definitions and Classification Parameters: 240-131838225”.

2.1.3 Effective date

The document is applicable as of 1 April 2021.

2.2 Normative/Informative References

Parties using this document shall apply the most recent edition of the documents listed in the following paragraphs.

2.2.1 Normative

- [1] 240-62582234: OHS Roles and Responsibilities and Statutory Appointments Standard.
- [2] 32-727: Eskom, Safety, Health, Environment, and Quality Policy.
- [3] 32-123: Eskom Emergency Planning Procedure.
- [4] 32-124: Eskom Fire Risk Management Standard.
- [5] 32-256: Emergency Response Procedure – Communications.
- [6] 240-51122806: Process Control Manual (PCM) for Incident Management.
- [7] 240-49308149: Process Control Manual (PCM) for Occupational Health and Safety Management.
- [8] Aviation Act, No. 74 of 1962.
- [9] Occupational Health and Safety Act, No. 85 of 1993.
- [10] Labour Relations Act, No. 66 of 1995.
- [11] Medicine and Related Substance Control Act, No. 101 of 1965.
- [12] Mine Health and Safety Act, No. 29 of 1996.
- [13] Compensation for Occupational Injuries and Diseases Act, No. 130 of 1993.
- [14] Basic Conditions of Employment Act, No. 75 of 1997.
- [15] National Health Act, No. 61 of 2003.
- [16] 240-62946386: Vehicle and Driver Safety Procedure.
- [17] 240-84733329: Medical Surveillance Procedure.
- [18] 32-425: Hearing Conservation Procedure.
- [19] COIDA Occupational Disease 2 Form – as per COIDA.
- [20] 240-131838225: Occupational Health and Safety Incident Management Definitions and Classification Parameters.
- [21] 240-58554227: Health & Safety Agreement.

CONTROLLED DISCLOSURE

2.2.2 Informative

- [22] I240-47560170: Process Control Manual (PCM) for Quality Management.
- [23] 240-51367318: Process Control Manual (PCM) for Assurance and Advisory Audits.
- [24] 32-450: Safety and Occupational Hygiene Performance Management.
- [25] ISO 9001 Quality Management Systems.
- [26] ISO 45001 Occupational Health and Safety Management Systems.
- [27] OHSAS 18001 Occupational Health and Safety Systems.
- [28] EPM0060: Measurement Specification Document for Headcount.
- [29] Criminal Procedures Act, No. 51 of 1977.
- [30] Electricity Act, No. 41 of 1987.
- [31] Explosives Act, No. 15 of 2003.
- [32] Inquest Act, No. 58 of 1959.
- [33] Law of Evidence Amendment Act, No. 45 of 1988.
- [34] National Road Traffic Act, No. 93 of 1996.
- [35] 240-75512977: Noise-Induced Hearing Loss Investigation Form.
- [36] 240-75512947: Noise-Induced Hearing Loss Notification Form.
- [37] 240-154786986: COVID-19 Investigation Form.

The list of legislation and documents for further information is not exhaustive and/or not limited to the legislation and documents listed above.

2.3 Definitions

2.3.1 Accident: Any unplanned event, arising out of, and in the course of, an Eskom or contractor employee's employment and resulting in human injury, illness, or death of the employee, as well as death of, or injury to, any member of the public or damage to property.

2.3.2 Fatality: an incident occurring at work, or arising out of, or in connection with, the activities of persons at work, or in connection with the use of plant or machinery, or direct or indirect exposure to Eskom's product or activities, in consequence of which, any person (that is, employee, contractor, or member of the public) dies, regardless of the time intervening between the injury and/or exposure to the date of death. The date of the incident will reflect the date on which the incident occurred, irrespective of the date of death.

Note: Incidents related to the death of a person (employee or contractor employee) while at the workplace and on duty who dies as a consequence of any activity or cause not directly related to the course and scope of the deceased's employment (for example, death from natural causes, etc.) will not be regarded as a work related incident.

CONTROLLED DISCLOSURE

2.3.3 First-aid injury: An injury due to a work-related incident, where that injury requires first aid treatment within the scope of a first aider and content of a first aid box and does not require further treatment by a health professional. Therefore, the following injuries will be regarded as first-aid injuries:

- a) If there was no medication required.
- b) No subsequent medical treatment is required.
- c) Where an employee was involved in an OHS incident where there was contact with a person's body part, whether there was an injury or not, the involved employee shall at least be assessed by a first aider/health professional, for the purpose of this document, this assessment/examination will be regarded as First Aid. At the minimum, the incident shall be classified at least as a first-aid injury.
- d) First-aid treatment can also be offered by a medical professional as long as it is in the scope of the first aider.
- e) The affected employee is able to resume work after the injury has been treated.

Note 1: Classification is based on the level of treatment, not on the person administering treatment. For example, health professionals or emergency teams can provide first-aid treatment.

Note 2: This excludes Incidents which are not caused by OHS events that arise at the workplace or not directly related to the course and scope employment.

2.3.4 Lost-time injury (LTI): A work injury, including impairment and a fatality that arises out of, and in the course of, employment and that renders the employee or contractor to be booked off work. A work injury, including impairment and a fatality, that arises out of, and in the course of, employment and that renders the employee or contractor to be unable to perform his/her regular/normal work longer than seven calendar days or shifts other than the day or shift on which the injury occurred.

Note: Normal work refers to any work where a person can perform his/her normal duties, as per job profile, without restriction. Lost-time injury will apply if a person is booked off work by a medical practitioner due to an incident, including being booked off for acute stress or post-traumatic stress disorder by a relevant medical practitioner after an OHS incident.

A lost-time injury includes the following:

- a) Where an employee/contractor is booked off, regardless of the number of days or shifts.
- b) Incident resulting to a person being booked on restricted/ light duty longer than seven calendar days.

Note: This excludes incidents which are not caused by OHS events that arise at the workplace or not directly related to the course and scope employment.

CONTROLLED DISCLOSURE

2.3.5 Medical injury: an injury resulting from a work related incident where treatment was rendered by a medical/health professional within a 24-hour period, and medication was either prescribed, dispensed, and/or applied. The affected employee is able to resume work after the injury has been treated.

Note 1: Treatment, for the purpose of this document, excludes any diagnostic or examination procedure or method used in the establishment of the extent of injuries or illnesses (for example, X-rays or scans).

Note 2: Where medication was prescribed and/or dispensed after an injury and it was not obtained and/or used, the injury shall be classified as a medical injury.

Note 3: Where medication is prescribed, dispensed and/or applied, whether to treat an injury or prevent an illness or medical condition after an incident, the incident must be regarded at least as a medical injury.

Note 4: any work-related noise-induced hearing loss with a PLH shift between 3.2% and 9.9% will be regarded as a medical injury.

Note 5: This excludes Incidents which are not caused by OHS events that arise at the workplace or not directly related to the course and scope employment.

2.3.6 OHS Event: any occurrence where humans were involved and this occurrence poses a risk of injury or illness/disease to those involved humans.

2.3.7 Occupational health and safety incident (OHS incident): an unplanned OHS event that could, or does, result in human injury or illness or property damage, excluding:

- a) crime-related incidents where there was no potential for injuries; and
- b) motor vehicle incidents where the vehicle was stationary and unoccupied, incidents where there were scratches on the vehicle with no potential for injury, windscreen or glass-related incidents with no potential for injury.

Note: For recording and performance purposes, when there is an incident where multiple divisions/groups are involved, divisions/groups must capture the incident for their involved/injured.

CONTROLLED DISCLOSURE

2.3.8 Occupational safety near-miss incident: Any OHS event that did not result in human injury or damage but had the potential, under different circumstances, to cause human injury or property damage.

2.3.9 Occupational hygiene near-miss incident: An OHS event where a person is exposed to a single or combination of occupational hygiene hazards, which occurred in the work environment, due to failure/insufficient/absence of control measures for that hazard(s) that could result in medical treatment, impairment or an occupational disease/illness.

2.3.10 Occupational impairment: Partial or total loss of bodily function or part of the body attributed to exposure at the workplace.

2.3.11 Noise-induced hearing loss (NIHL) incident: Where an individual experiences a bilateral sensorineural hearing loss with a confirmed percentage hearing loss of 10% or more measured from the baseline, which must be based on two diagnostic audiograms, as per Instruction 171 issued by the Compensation Commissioner.

2.3.12 Occupational disease/illness: Any confirmed disease/illness arising out of, and in the course of, an employee's employment and that is listed in Schedule 3 of the COIDA Act or any other condition as determined by an occupational medicine practitioner. In the case of employees placed through a labour broker, the onus is on the relevant OU/BU to ensure that the pre-employment medical examinations are done.

2.3.13 Public fatality: The death of a member of the public.

2.3.14 Public incident: Direct or indirect exposure to Eskom's product or activities caused by substandard acts and/or conditions that result in, or have the potential to cause, physical harm to members of the public, damage to property or interruption of business.

If an Eskom vehicle is used for commuting (the employee is not on standby, nor has he/she been called out for work) and the employee is involved in an MVA resulting in injuries either to himself/herself or a member of the public, this incident should be classified as non-work-related. If there were injuries to the member of the public, the incident shall be captured on SAP as a public incident and investigated but regarded as non-work related incident.

2.3.15 Public Recordable Fatality Incident (PRFI)

- a) A PRFI is an incident resulting in the electrocution of a member of the public by coming into contact with Eskom apparatus within the point of supply, but excluding electrocution resulting from criminal activities. A minor being electrocuted as a result of criminal activity will be regarded as a public recordable fatality incident.
- b) Any work-related incident where an Eskom employee or contractor is responsible for the death of a member of the public, excluding incidents where a member of the public is solely at fault.

2.3.16 Serious incident:

- a) Any incident that results in a person being admitted to ICU for four days or more.

CONTROLLED DISCLOSURE

- b) Any incident involving persons where there was electrical contact, uncontrolled release of energy (for example steam release, electrical flashover, etc.).

Note: OU/BU must inform Sustainability Systems immediately regarding the incident, where after a decision will be made regarding the activation of an independent Subject Matter Expert.

2.4 Abbreviations

Abbreviation	Explanation
A&F	Audit and Forensic
CC	Compensation Commissioner
DoE&L	Department of Employment and Labour
Eskom	Eskom Holdings SOC Limited
Exco	Executive Committee
HR	Human Resources
ICU	Intensive Care Unit
INO	Initial Notification of Occurrence
LTI	Lost-Time Injury
LTIR	Lost-Time Injury Rate
MHSA	Mine Health and Safety Act
NIHL	Noise-Induced Hearing Loss
NPA	National Prosecuting Authority
OEL	Occupational Exposure Limit
OHS	Occupational Health and Safety
OHS Act	Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)
OMP	Occupational Medical Practitioner
OU/BU	Operating Unit/Business Unit
PCM	Process Control Manual
PLH	Percentage Loss of Hearing
PPE	Personal Protective Equipment
PRFI	Public Recordable Fatality Incident
SAIOH	Southern African Institute for Occupational Hygiene
SAP	Systems, Applications and Products in Data Processing
SAP EH&S	SAP Environmental Health and Safety (system)
SDIC	Safety Data Integrity Committee
SHEQ	Safety, Health, Environment and Quality
SOC	State-Owned Company
SS OHS	Sustainability Systems Occupational Health and Safety
TRIR	Total Recordable Injury Rate
WCL	Workman's Compensation Letter

CONTROLLED DISCLOSURE

2.5 Roles and Responsibilities

Eskom Holdings SOC Ltd and its subsidiaries shall take all reasonably practicable steps to prevent all incidents and harm to any person, including members of the public and damage to property.

The Responsible Managers shall be responsible for:

- a) Implementing this procedure;
- b) Communicating to all their employees, contractors and contractor employees the importance of compliance with this procedure and the consequences of non-compliance. This includes communicating duty of care and refusal to perform an unsafe task to all new employees and new contractors;
- c) Implementing a monitoring process for ensuring understanding of, and compliance with, duty of care and refusal to perform an unsafe task; and
- d) Ensuring understanding of, and compliance with, the requirements of this procedure.

Note: Joint ventures: There may be occasions when Eskom and other organisations combine resources to carry out a joint venture. Unless otherwise stipulated, each company in the joint venture is liable for its own contraventions and could, therefore, be prosecuted in its own name, without reference to any of the other companies involved.

2.6 Process for Monitoring

Compliance with the requirements of this procedure shall be audited as per the first- to third-tier audit process. The OU/BU is responsible for its own monitoring; all other assurance providers will monitor compliance with this procedure.

2.7 Related/Supporting Documents

Parties using this document shall apply the most recent edition of the documents listed below:

- [1] Annexure 1: as required by the OHS Act – document number **240-100003427**.
- [2] OHS Incident Investigation Report template – document number **240-77046688**.
- [3] WCL forms – **as per the OHS Act**.
- [4] Preliminary Brief on OHS Incidents document – document number **240-99618317**
- [5] Process Flow on the process of Capturing, Verification and Validation of Occupational Diseases – document number **240-134597296**

3. Occupational Health and Safety Incident Management Procedure

The following steps describe the process of incident management and are described in detail in the remainder of the document:

- 1. Incident identification.
- 2. Initiation and execution of emergency response.
- 3. Notification and reporting to relevant stakeholders.
- 4. Incident prioritisation.
- 5. Classification and recording of incidents.

CONTROLLED DISCLOSURE

6. Incident investigation.
7. Management of corrective actions - implementation and monitoring of corrective actions of incidents.
8. Incident close-out.
9. Incident communication – occurs throughout the incident management process and is not necessarily a stand-alone step.

3.1 Incident Identification

Identify or recognise that an incident has occurred. There are two types of identification or recognition, that is, direct observation and indirect observation.

To ensure identification of incidents, the Responsible Manager should provide employees with knowledge and skills as well as create a culture and environment that motivate employees to immediately identify incidents as they occur.

Direct observation includes seeing the incident happening or being involved in the incident. For potential occupational disease incidents/impairments, direct observation includes assessment results by any medical practitioner or medical surveillance conducted by an occupational health practitioner.

Where in doubt whether the incident is an OHS incident or not, test the description of the incident against a definition of an occupational health and safety incident.

Any medical practitioner who examines or treats a person for a disease described in schedule three of the COIDA, or any other disease that he believes arose out of that person's employment, shall within the prescribed period and in the prescribed manner report the case to the person's employer and to the chief inspector and inform that person accordingly.

Identification of occupational hygiene-related near-miss incidents must be classified by the occupational hygiene/safety practitioner.

Indirect observation includes learning of the incident through, for example, complaints, feedback, or information provided by internal stakeholders (for example, Eskom employees or contractor employees) or external stakeholders (for example, authorities, members of the public, etc.).

3.2 Initiation and Execution of Emergency Response

- a) Emergency response includes, but is not limited to, the following:
 - i. Rescue operations.
 - ii. Ensuring that the scene is safe during and after the incident.
 - iii. Providing emergency care (that is, first-aid treatment) to the injured to stabilise him/her and prevent further injury and obtaining medical assistance, where necessary and/or applicable.
- b) Activate the appropriate emergency response actions in terms of the site or area emergency preparedness plan/procedure.
- c) In order to prepare for proper emergency response, the Responsible Manager must assess the potential risks and develop a suitable response plan to address the risks. In the event of an incident, emergency care must be provided in accordance with the emergency response plan for the area.

CONTROLLED DISCLOSURE

- d) The supervisor/manager must ensure that the injured person receives the best medical care and, when required, is transported to the doctor/hospital and that the relevant Employer's Report (WCL 1 or 2) is duly completed.
- e) The supervisor/manager must ensure that a copy of the person's identity document is available to the treating doctor/hospital, which will facilitate prompt treatment. The Supervisor / Line Manager should ensure that the injured is accompanied for medical treatment, for the purpose of ensuring that the injured person receives the best medical care and that the relevant medical reports are completed correctly and appropriate feedback is received from the treating doctor.
- f) The OU/BU Responsible Manager is to ensure that specific work instructions relating to emergency response are available on site and executed accordingly.
- g) Emergency response includes collection of evidence, which will assist in establishing the root cause. When collecting evidence, take cognisance of the 5 Ps (people, position, parts, paper and process evidence).
- h) Collection and preservation of evidence:
 - i. Immediate actions at the scene following an incident can disturb or potentially remove vital physical items and information important for the investigation.
 - ii. The Responsible Manager is responsible for ensuring that complete and correct evidence and records are identified, collected, recorded and obtained, archived, stored and preserved to support the investigation of the incident.
 - iii. The Responsible Manager must take steps to preserve physical items, computer data and other relevant information until the incident investigation begins.
 - iv. No person should be allowed to remove, disturb or tamper with any evidence until authorised to do so by the Responsible Manager or regulatory authority.

3.3 Notification and Reporting

All occupational health and safety incidents must be reported to relevant stakeholders. If information is not readily available, the available information must be used, an updated notification must be distributed to all stakeholders as more information becomes available. The action and responsibility requirements under the Incident Prioritisation section must be referenced to identify who needs to be notified.

When: when did the incident occur (exact time and date)?

Who: who was involved in the incident?

Where: where did the incident occur?

What happened: what work was being done at the time, what materials, equipment or substances were involved?

Note: In the case of incidents involving crime and firearm-related incidents, the relevant Security Department shall be notified.

CONTROLLED DISCLOSURE

3.3.1 Internal stakeholders to be notified for occupational health and safety-related incidents include the following:

a) All incidents

- i. Supervisor.
- ii. Responsible Manager.
- iii. Occupational health and safety representative.
- iv. Safety Department.
- v. Occupational Health Department (if applicable).

b) Specific incidents

- i. In the case of a fatality or a serious incident, notify OU/BU Management and Sustainability Systems Department immediately.
- ii. In the case of receiving any notification in terms of the OHS Act, sections 31 or 32, or in the case of a summons received from the NPA, or any incident where there is a possibility of liability, immediately contact the Legal Department regarding the appointment of the attorney. If there are reasons to believe that such an attorney is not required, the OU/BU must provide, without delay, a detailed motivation which will be assessed by Legal Department and thereafter a decision will be communicated to the OU/BU.

3.3.2 Eskom employees performing work temporarily at another Eskom OU/BU

- a) The Responsible Manager at the OU/BU where the incident occurred shall report to the relevant stakeholders.
- b) The affected employee's own OU/BU Responsible Manager is responsible for reporting the incident to the Compensation Commissioner (CC).

3.3.3 Eskom employees performing work at another organisation

If an incident occurs during regular/normal work, the reporting to the CC must be done by the original OU/BU, although the external organisation (where reasonably practicable) must assist with completing the documentation for submission to the CC.

3.3.4 Notification requirements for employee and contractor fatalities

- a) The OU/BU must provide to the Sustainability Systems Department, immediately, the detailed information relating to the circumstances of the incident, including details of the deceased's next of kin, in order for the announcement to be compiled for communication to Eskom's Board, Exco and the rest of the organisation.
- b) The fatality announcement to be sent throughout Eskom must be signed off by the Group Executive.
- c) Only the Eskom Communication Department and/or the Eskom spokesperson may disclose information to the media and/or the public.
- d) Information can only be released to any external party after verification by the Eskom Legal Department.

CONTROLLED DISCLOSURE

3.3.5 Notification requirements for potential occupational diseases

Any potential occupational disease/illness must be referred to an Eskom occupational medicine practitioner (OMP) for confirmation. Once confirmed, the OMP shall inform the Responsible Manager, who must ensure that the incident management process is followed after confirmation.

Feedback on confirmed occupational diseases:-

- a) Incidents to be recorded on SAP EH&S.
- b) Each case must be discussed at the OU/BU statutory committees as required by law.

3.3.6 Capture initial notification

3.3.6.1 Capture and communicate the initial notification

- a) Initial reports are reports that are submitted by any individual who is reporting an incident to the relevant OU/BU Occupational Health and Safety Department. They can be provided in any form, for example, email, OU/BU internal flash report or INO.
- b) Initial reports are brief and limited to an outline of the known facts (that is, date, time, place, what happened, immediate actions taken and persons involved).
- c) The Responsible Manager must ensure that the initial notification is communicated in accordance with the time lines.

3.4 Incident Prioritisation

From the initial reports, the Responsible Manager, in conjunction with, and advised by, the occupational health and safety practitioner, must use the matrixes provided to determine the priority rating of an incident. The Responsible Manager is responsible for ensuring that all those involved in the prioritisation of incidents are in a position to understand and use the relevant matrixes.

3.4.1 The priority rating is utilised to:

- a) Ensure that appropriate management of the incident takes place;
- b) Determine the level of action following notification of the incident;
- c) Assist Responsible Managers with prioritising and classifying incidents; and
- d) Provide clear direction about the incident reporting and communication requirements.

3.4.2 Steps involved in incident prioritisation:

3.4.2.1 Step 1

Determine the actual or potential outcome, consequence and severity of the incident by using the Consequence table. Note: Use the **actual outcome** for injuries and the **potential outcome** for near-miss incidents.

3.4.2.2 Step 2

Determine the likelihood of a recurrence of this incident by using the Likelihood table.

CONTROLLED DISCLOSURE

3.4.2.3 Step 3

Quantify the level of risk associated with the incident by assigning a priority rating to the incident. Using the information obtained in Steps 1 and 2 of this process, use the priority matrix to determine the priority rating.

3.4.2.4 Step 4

Determine the appropriate action to be taken, as described in the Action and Responsibility Requirements Table.

3.4.2.5 Step 5

If the severity of the incident changes, e.g. medical injury to a lost-time injury, the priority rating of the incident must be reviewed and amended where necessary, including updating relevant information in SAP EH&S.

3.5 Classification and Recording of Incidents

All occupational health and safety incidents, regardless of their rating, must be classified, prioritised and recorded on the SAP EH&S system according to the CARAT (complete, accurate, relevant, accessible, timely) principles. Contractor employees working under the Mine Health and Safety Act will be classified and recorded as contractor employees and not as Eskom employees for the purposes of this document.

3.5.1 Classification

Classification of incidents is based on the consequence as a result of the incident.

Note: the onus is on the OU/BU to determine the work relatedness and classification of the incident. Sustainability Systems will not classify incidents on behalf of the OU/BU, but will assist in interpretation of the procedure, should the OU/BU be unable to classify the incident or if there is a dispute regarding classification, that particular incident shall be referred to Safety Data Integrity Committee (SDIC).

3.5.1.1 Involved person's relationship with Eskom: The aim of classifying the type of relationship with the person is to determine whether the person(s) involved in the incident was/were an Eskom employee(s), contractor employee(s) or member(s) of the public.

3.5.1.2 Work-relatedness: In order to classify the work status and to determine whether the incident arose out of, or in connection with, the person at work, one needs to consider the work-relatedness of an incident. Unless otherwise specified in this procedure or in Occupational Health and Safety Incident Management Definitions and Classification Parameters standard, as a general rule, an affirmative answer to all of the following questions is required:

- a) Did the incident or exposure occur at any workplace or within workplace boundaries?
- b) Did it arise out of, or in connection with, the activities of persons at work, or as a result of a Hazard present in the workplace?
- c) Did it occur in the course of a person's employment?
- d) Did it result, or could it have resulted, in personal injury or health impairment?

CONTROLLED DISCLOSURE

3.5.1.3 Responsible unit (OU/BU)

- a) **Eskom employees:** An incident must be captured against the OU/BU/subsidiaries based on the employee's organisational structure at the time of the incident.
- b) **Contractor employees:** An incident must be recorded against the OU/BU/subsidiary with which the contractor has a contractual relationship and/or any other contractual agreement (including hand-over documents). In the case of incidents involving a service provider procured through a national contract, incidents shall be recorded against the OU/BU/subsidiary or end-user that requested a service from the contractor/supplier, this request may be in a form of releasing services from a contract, in writing or otherwise, including emails, telephone, etc.

3.5.1.4 Classification of occupational diseases and occupational health impairment

Classification of occupational diseases and occupational health impairment incidents must be undertaken by the occupational hygiene/safety practitioner based on the confirmation received from the Eskom medical practitioner with the supporting documentation (refer to 240-134597296 – Process Flow on the process of Capturing, Verification and Validation of Occupational Diseases).

The following will be excluded from the Eskom performance measure:

1. All occupational diseases where a pre-existing condition has been aggravated by the work conditions.
2. Any incident (as determined by an investigation committee) where an employee was not exposed to any excessive noise at the workplace after 16 November 2003.

3.5.1.5 Reclassified incidents

Reclassified incidents must be communicated by means of an updated SAP EH&S flash report to relevant internal stakeholders, together with an explanation of the reclassification. Supporting documentation or proof must be made available for incident classification, verification and audit purposes and electronically attached to the incident in SAP EH&S. Downgraded incidents affecting performance indicators must be submitted to SDIC for ratification. Third Party at Fault incidents affecting performance indicators must be submitted to SDIC for ratification.

3.5.1.6 Clarification regarding incident classification of occupational health and safety-related incidents

Where clarification is required for the interpretation of rules and examples for the classification of incidents or in order to resolve disputes with regard to occupational health and safety incidents, the Responsible Manager must send all relevant information to the Safety Data Integrity Committee (SDIC) for review, the committee will evaluate information and provide direction in accordance with the Terms of Reference of the SDIC.

3.5.1.7 Classification dispute and appeal process

In order to deal with disputes or clarification, OHS incidents requiring clarification must be tabled at the Safety Data Integrity Committee (SDIC). These incidents will be reviewed in terms of this procedure and/or other relevant documentation. Should the OU/BU be not satisfied with the findings/outcome of the SDIC, the OU/BU is entitled to appeal the decision at the Safety Data Integrity Appeal Committee.

CONTROLLED DISCLOSURE

3.5.2 Recording

3.5.2.1 General requirements

All work-related occupational health and safety incidents must be recorded on SAP EH&S.

All non-work-related occupational health and safety incidents that occur within workplace boundaries must be recorded on SAP EH&S and it is not necessary to communicate the flash report.

The following generally agreed principles must be followed with regard to which information is recorded:

- The date on which the incident occurred, as opposed to the date of subsequent reclassification on severity, for example, deterioration of condition or death.
- Any preceding incident, including an occupational disease/illness, that occurred as a result of exposure to the same agent, impacting the same body part or target organ on a different occasion and resulting in similar symptoms or health effects, must be reported and recorded as a new/different incident.

3.5.2.2 Recording of occupational diseases or illnesses

The date of the incident for occupational diseases shall be the date of confirmation by the Eskom Occupational Medicine Practitioner as reflected on the First Medical Report in respect of an Occupational Disease (WCL22).

This incident must be captured on SAP EH&S as work-related within 48 hours as per information provided on the First Medical Report. Once the outcome of the investigation proves that the incident is not work related, SAP EH&S must be updated immediately to reflect changes on the work relatedness. All Occupational Diseases where after the investigation, are regarded as not work related, or where the OU/BU requires clarity/assistance, those Occupational Diseases must be submitted to SDIC for final classification. An Occupational Disease involving a pensioner shall be submitted to SDIC for final classification.

The date of an occupational health impairment incident shall be the date reflected on the Noise-Induced Hearing Loss Notification form (240-75512947). Occupational diseases/illnesses will be recorded against the OU/BU to which the employee belongs at the date of confirmation by the Eskom Medicine Practitioner, unless it can be proven that the occupational disease/illness was caused by the activities of another OU/BU.

3.6 Incident investigation

3.6.1 General

- a) All investigation reports must be considered controlled disclosure documents in accordance with the Eskom document management process.
- b) All health and safety incidents must be investigated, excluding non-work-related incidents occurring outside workplace boundaries.
- c) During the investigation of repeat incidents, ineffective corrective actions from previous incidents must be considered.

CONTROLLED DISCLOSURE

- d) The chairperson of an incident investigation committee shall be at a level as per the “Action and Responsibility Requirements” table contained in the Occupational Health and Safety Incident Management Definitions and Classification Parameter Standard (240-131838225). Where there is perceived conflict of interest (an interest which is likely to adversely affect the investigation process), if the conflict is found to exist, the chairperson of an investigation committee shall not be a direct manager/supervisor of the injured/involved person. It is the responsibility of the Responsible Manager to ensure that incidents are not chaired by the chairpersons who are conflicted in that particular incident.
- e) In the case of incidents involving crime, the applicable Security Department must be involved.
- f) The employer’s investigation report (Annexure 1 in terms of the OHS Act) must be completed by the OU/BU investigator and signed off by the applicable OU/BU Responsible Manager as the representative of the employer/user. Annexure 1 for contractor incidents must be signed off on a similar basis, unless the Contractor’s Policies and Procedures stipulates otherwise.
- g) All investigations shall be completed within 30 days of the occurrence of an incident, if the investigation could not be completed within 30 days, the OU/BU manager shall write a signed off letter indicating the reasons why the Internal OHS Investigation could not be completed within 30 days. This letter shall be loaded on SAP EH&S.
- h) The results of the OHS investigation must be captured on the Eskom Internal OHS Investigation template: Form 240-77046688 and signed off by the chairperson within 20 calendar days after conclusion of the investigation.
- i) All investigation results must be documented and captured on SAP EH&S, including root cause analysis and identified corrective measures. The root cause analysis must be electronically attached to the incident in SAP EH&S. Investigations by government agencies could also trigger a review of the initial incident information captured.
- j) Records must be kept by the OU/BU of all OHS Act section 24 incidents, lost-time injuries and medical treatment cases on the Annexure 1 form (as required in the OHS Act – General Administrative Regulations for Recording and Investigation of Incidents) for all employees, contractors and members of the public. All investigation reports must be kept and archived for at least 25 years, unless another period has been specified in legislation or in any court proceedings that may ensue.
- k) To determine the estimated cost of an incident, the Compensation Commissioner Cost Calculations should be utilised.
- l) The Eskom Internal Investigation Report’s disclosure is controlled, it is for internal use only. It may only be disclosed to third parties with specific authorization or consent from Legal and Compliance Department.
- m) This information includes a wide spectrum of internal business data that can be used by all employees and can be shared through authorized business process.
- n) The completed Annexure 1 form, as required in terms of the OHS Act – General Administrative Regulations for Recording and Investigation of Incidents, may be made available to a third party on request.
- o) Chapter 23 of the MHSR Regulations sets out the manner in which incidents are to be reported to the Mine Health and Safety Inspectorate on the following forms: SAMRASS 1, 2, 4, and 9 in accordance with Chapter 21 of the MHSR Regulations, as may be required, in consultation with the Eskom Legal Department.

CONTROLLED DISCLOSURE

- p) In the case of incidents involving contractor employees, the contractor must investigate those incidents as an employer in his/her own right (employer's investigation) and generate a report. The report and Annexure 1 must be submitted to the applicable OU/BU or on request to the Department of Employment and Labour by the contractor. Eskom may participate during these investigations.
- q) During Eskom's investigation, a contractor/member of the public may be requested to provide information/ evidence. The contractor/member of the public is entitled (at their own cost) to be represented by a legal representative whilst giving information/evidence. The contractor/member of the public legal representative's attendance in the investigation process is limited to the period within which they are providing information/evidence. While the contractor is giving evidence, the contractor executive may sit-in in the investigation. Once the contractor personnel have finalised giving information/evidence to the committee, the contractor executive to be excused. They must not sit in for the duration of the investigation or question Eskom witnesses/committee members or to seek evidence from Eskom.
- r) When the contractor conducts its own investigation, Eskom employees may participate in such an investigation. If an Eskom employee is required in that investigation to be a witness, formal request must be submitted to the manager of the required employee.
- s) Should the contractor or any third party need information or evidence from Eskom, the manager of the employee from whom such evidence is requested, shall evaluate this request and if required, seek assistance from Legal and Compliance Department who will give guidance or determine whether such information can be provided.
- t) The investigation report must include the following information:
 - i. The details of the incident (type of incident, what occurred, sequence of events when and where the incident occurred).
 - ii. Incident consequences and impacts.
 - iii. The risk of the incident reoccurring using a root causes analysis technique and the likelihood and consequence table within this document.
 - iv. Direct or immediate cause(s).
 - v. Root causes, taking into consideration human, workplace and natural factors (who, what and why).
 - vi. Identify system failures (procedure non-conformance, training, plant failure, etc.).
 - vii. Corrective actions to remedy and prevent a reoccurrence of the incident.
 - viii. Lessons learnt and recommendations.

3.6.2 Investigation requirements

- a) All incidents occurring within workplace boundaries must be investigated regardless of work relatedness. Such incidents must be investigated to identify any possible contributing causes and to make recommendations on preventing any repeat incidents.
- b) The investigation of non-work-related incidents that do not occur at the workplace, including non-work-related commuting incidents is not required. In some cases an investigation can be requested by the Responsible Manager where the Responsible Manager has a very good reason to request such an investigation (where Eskom has an interest to understand the reasons/root causes) with permission from an employee. These lessons could be shared in the organisation to prevent repeat incidents.

CONTROLLED DISCLOSURE

- c) It must be noted that the employer does not have the mandate to investigate incidents that occurred at an employee's home, unless the person was performing work from home (defined as telework) at the time of the incident, in which case the incident would be regarded as work related.
- d) Eskom investigations will consist of an OU/BU investigation, or depending on the severity of the incident (as determined in the incident prioritisation section), a corporate investigation will be held.
- e) After every incident that requires an investigation, regardless of the seriousness of the incident, the responsible manager shall ensure that preliminary evidence collection process is conducted within 72 hours of occurrence.
- f) In cases of incidents involving contractor employees, the contractor must investigate those as an employer in his/her own right (employer's investigation) and generate a report. The report and Annexure 1 must be submitted to the applicable OU/BU or on request to the Department of Labour by the contractor. Eskom may participate during these investigations
- g) The employer's investigation under the MHSA must be conducted as set out in section 11(5), as revised, of the MHSA.
- h) Root cause analysis techniques.

A root cause analysis technique must be used for all employee and contractor OHS investigations.

3.6.3 Eskom Internal OHS Investigation

3.6.3.1 OU/BU investigations (excluding serious and fatality investigations)

The Investigation Committee must consist of the following, given the nature of the incident:

- a) A chairperson (appointed in writing by the employer) as the investigator of the incident. The chairperson of an incident investigation committee who shall be at a level as per the "Action and Responsibility Requirement" table contained in the Occupational Health and Safety Incident Management Definitions and Classification Parameter Standard (240-131838225),
- b) Where there is perceived conflict of interest (an interest which is likely to adversely affect the investigation process), if the interest is found to exist, the chairperson of an investigation committee shall not be a direct manager/supervisor of the injured/involved person. It is the responsibility of the Responsible Manager to ensure that incidents are not chaired by the chairpersons who are conflicted in that particular incident.
- c) Where applicable, a subject matter specialist(s) may be appointed by the OU/BU.
- d) Representatives from all entities, where multiple organisations and/or Groups/Divisions are involved in an incident.
- e) The relevant supervisor/manager under whose supervision the incident occurred shall be the first person to give evidence related to the incident and may be allowed to remain in attendance at the investigation as an observer, provided there is no conflict of interest.
- f) The applicable local workplace statutory health and safety representatives, as required by the OHS Act.
- g) The OU/BU shall invite the respective Division/Group's Full Time Health and Safety Representative (where applicable), as per Health and Safety Agreement.

CONTROLLED DISCLOSURE

- h) The relevant local union representative as per Eskom's recognised trade unions may participate during an employee employer's investigation, including the process of evidence collection, investigation, formulation of findings and corrective actions. The relevant union representative must be from the union in which the involved person is affiliated to.
- i) An applicable OU/BU OHS Department representative.
- j) In case of an incident involving a person with disability, the investigation committee must consist out of a representative from Human Resources (HR) and an Occupational Hygiene Practitioner (where required). Depending on the complexity of the incident, the Occupational Hygiene Practitioner in consultation with HR will recommend additional specialist if and when required to assist with effective investigation of the incident.
- k) Where relevant and applicable, the Construction Health and Safety Agent.
- l) Where relevant and applicable, the OHS Act GMR 2(1) person appointed for plant-related incidents or his/her assistant in terms of GMR 2(7).

Witnesses: Direct and indirect witnesses as determined by the investigation committee.

Note: A witness may be recalled to answer further questions by the committee, as determined by the chairperson.

The Investigation Committee chairperson is responsible for the process of evidence collection, investigation, formulation of findings, identification of root causes, formulation of corrective actions, compilation of an investigation report.

Note 1: In the case of a committee member who needs to testify as a witness, such a member needs to be excluded from the investigation sitting until such time as he/she has given his/her testimony and thereafter the chairperson can exercise his/her prerogative to allow such a person to become a member of the committee.

Note 2: The investigation may not continue if either the chairperson, the Responsible Manager or his/her delegate (provided there is no conflict of interest), the statutory Health and Safety Representative and the subject matter specialist(s) determined by the chairperson is not present

Note 3: The Sustainability Systems Department, as well as an identified subject matter specialist(s), may attend on invitation.

Note 4: The initiation of the incident investigation must not be delayed due to the unavailability of any witness.

Note 5: Sustainability Systems has the prerogative to participate as it may deem fit, after consulting with the relevant OU/BU Responsible Manager, in any incident investigation notwithstanding the priority rating or incident classification. Sustainability Systems may also request, through the relevant management structures, any incident investigation report and enquire on the contents of such a report. Sustainability Systems may lead any investigation at the request of any relevant senior manager.

CONTROLLED DISCLOSURE

3.6.3.2 Public Incidents

- a) The OU/BU shall conduct an investigation for fatal and non-fatal public incidents.
- b) The OU/BU shall immediately mobilise for a specialist to respond to the scene and collect evidence.
- c) In the case of electrical related incidents that occurred beyond the point of supply or involving electrical related criminal activities (theft), the onus is on the OU/BU to conduct its own investigation. If there is any reason to believe that there is a legal liability, the OU/BU needs to provide a motivation accompanied by an investigation report and supporting documentation/information to Sustainability Systems and Legal Departments and seek a legal opinion from Legal Department.

3.6.3.3 Employee and contractor serious incidents (see definition of a serious incident)

- a) OU/BU must inform Sustainability Systems immediately regarding the incident, whereafter a decision will be made regarding the activation of an independent Subject Matter Expert.
- b) Where required, Sustainability Systems Department will appoint and mobilise an independent subject matter specialist/expert to facilitate and coordinate the collection of evidence, statements and to support the OU/BU personnel
- c) In the case of an extreme serious incident, the OU/BU must appoint an independent chairperson (at least MPSG17) from another OU/BU to chair the investigation, where required, the OU/BU to liaise with the Divisional/Group head office for assistance in the appointment of the independent chairperson. Liaise with Sustainability Systems OHS regarding attendance of the Sustainability Systems OHS representative.
- d) The OU/BU's Internal OHS investigation chairperson/investigator must provide the investigation final report in accordance with the Internal OHS Investigation template (240-77046688) within 20 calendar days after conclusion of the investigation to the OU/BU Manager and Sustainability Systems Department. The independent subject matter specialist(s) (referred to in a) above, may provide a separate technical report.
- e) If there is potential liability, the Legal Department and Sustainability Systems Departments must be provided with a motivation for such possible liability in order to advise the OU/BU on the way forward.
- f) The composition of the investigation committee for serious incident is similar to the OU/BU investigation, with the exception of point a), b) and c) above.
- g) The OU/BU where the incident occurred shall support the investigation by assisting with logistical arrangements and providing a resource for the secretariat role, i.e. for taking notes and assisting the chairperson with the draft report.

3.6.3.4 Corporate investigation (fatalities)

- a) In the case of employee and contractor fatalities, the Sustainability Systems Department will initiate a corporate investigation and immediately mobilise personnel, who will facilitate and coordinate the collection of evidence.
- b) The OU/BU must ensure that a preliminary investigation is conducted and a report is generated before the corporate investigation.

Note: In cases where the MHSA applies, the investigation process set out in it will be followed. Thereafter, a corporate investigation will continue, as required.

CONTROLLED DISCLOSURE

c) The Corporate Investigation Committee must consist of the following members:

- i. Chairperson – appointed by Sustainability Systems.
- ii. OU/BU Responsible Manager, or his/her delegated person.
- iii. Relevant and applicable departmental senior management representative(s) (provided that he/she have no direct involvement in the particular incident and no conflict of interest exist).
- iv. Risk & Assurance/SHEQ Department representative.
- v. Subject matter specialist/ expert.
- vi. Sustainability Systems Department representative.
- vii. The local statutory health and safety representative (for employee incidents). Where relevant, the applicable Full Time Health and Safety Representative, as per Health and Safety Agreement. The OU/BU shall extend the invitation to the applicable Full Time Health and Safety Representative.
- viii. The applicable local union representative as per Eskom's recognised trade unions may participate in employee investigations, including the process of evidence collection, investigation, formulation of findings and corrective actions. The applicable union representative must be from the union in which the involved person is affiliated to.
- ix. Representatives from other divisions in cases involving multiple divisions.
- x. In cases where the MHSA applies, the following members may be included as committee members: 4(1) employer's representative, 3(1) (a) mine manager, and 2.13.1 engineering manager (mining equipment)/mine engineer.
- xi. Where relevant and applicable, the Construction Health and Safety Agent.
- xii. Where relevant and applicable, the OHS Act GMR 2(1) person appointed for plant-related incidents or his/her assistant in terms of GMR 2(7).
- xiii. In case of the contractor employee incidents, contractor management representative(s) are not part of the committee as they would have conducted their own investigation as the employer. Should the contractor management representative(s) strongly feel that they need to be part of Eskom's investigation, the representative shall request (with reasons) for such permission from the chairperson. Granting of this permission is at the discretion of the chairperson.
- xiv. In case of contractor fatalities, the contractor management representative may be present while his or her employee is giving evidence. He or she can only seat-in when their employees are being interviewed since this is an Eskom investigation and the contractor would have done its own investigation as an employer.

Note: Should any person find it necessary to be an observer, such person shall request the chairperson for an observer status.

CONTROLLED DISCLOSURE

- d) The investigation committee shall identify and confirm the required witnesses:
 - i. Direct and indirect witnesses as determined by the investigation committee.
 - ii. A witness may be recalled to answer further questions of the committee, as determined by the chairperson.
- e) The OU/BU where the incident occurred shall support the investigation by assisting with logistical arrangements and providing a resource for the secretariat role, i.e. for taking notes and assisting the chairperson with the draft report.

3.6.4 Inquiries, investigation and hearings initiated by government agencies

- a) National, provincial, and regional government agencies have the legal authority to inquire into, or investigate, certain OHS incidents.
- b) Any inquiry or investigation by any of these agencies should be preceded by giving proper notice to the organisation.
- c) When any of the following notices are received:
 - Notifications issued by the DoE&L (in terms of the OHS Act sections 31 and 32 and section 56 of COIDA Act – Application for Increased Compensation).
 - Where the MHSA applies, the Mine Health and Safety Inspectorate may convene an investigation in terms of section 60 of the MHSA and/or an inquiry in terms of section 65 of the MHSA.
 - Summons/subpoena received from the NPA or any third party.
 - Any incident where there is a possibility of liability.
 - The OU/BU must immediately (not later than 24 hours of being notified) inform Sustainability Systems and Legal Departments of such notice or requests received by providing a copy of the notice, completed Annexure 1 form as required in terms of the OHS Act (where applicable), the OU/BU's relevant investigation report and supporting documents and a completed Mandate of Instruction in order for Legal and Compliance Department to appoint an external legal representative.
 - If there are reasons to believe that such an attorney is not required, the OU/BU must provide, without delay, a detailed motivation to Sustainability Systems and Legal Department, such motivation will be assessed where after a decision will be communicated to the OU/BU.
- d) Requests by government agencies for access to the site's investigation reports and related materials must be made in writing and where the OU/BU is unsure regarding the submission of the requested documentation or information, the OU/BU shall request advice from Legal Department and Sustainability Systems before they are granted.
- e) Employees have the right not to incriminate Eskom or themselves.
- f) In the case of incidents involving contractor employees, the investigation will require the contractor's involvement.
- g) In the case where a contractor does not cooperate during any part of the Eskom investigation, in terms of contractual and legal obligations, Eskom shall take further steps to ensure that the immediate and root causes of the incident have been identified and to ensure that workable corrective actions are identified and implemented and that actions that will prevent the repeat of such an incident are implemented in order for Eskom to fulfil its legal obligation.

CONTROLLED DISCLOSURE

- h) When required, all persons must be available and cooperate during any investigation by the Department of Employment and Labour or NPA.

3.7 Management of Corrective Actions

3.7.1 Implementation and monitoring of corrective actions of incidents

- a) There must be at least one corrective action for each root cause identified during the investigation.
- b) The Investigation Committee must consider the following hierarchy of control when formulating corrective actions:
 - i. Engineering control for the purpose of designing/redesigning in order to eliminate the risk.
 - ii. Barriers to isolate/insulate between the source and employees or animals.
 - iii. The provision of personal protective equipment should be the last resort.
- c) Planned start and end dates for all corrective actions must be clearly defined and must be:
 - i. Specific;
 - ii. Measureable;
 - iii. Achievable;
 - iv. Realistic, with clearly allocated responsibilities; and
 - v. Timeous, with clear deadlines.
- d) Corrective actions and restart criteria/conditions that have to be completed before operations may resume must be clearly identified in the investigation report. Other corrective actions (for example, longer-term system-related improvements or evaluations) often have a completion date that extends beyond the start-up date.
- e) Identify potential risks that can influence the achievement of the corrective actions, and document in the investigation report how these risks should be mitigated.
- f) All corrective actions must be verified by the person responsible in order to determine effective implementation. Documentary evidence of the implemented corrective actions must be available and attached electronically to the incident in SAP EH&S before the corrective action is closed on SAP EH&S.
- g) Where a corrective action that has been implemented is deemed ineffective and, therefore, unsuccessful, the corrective action(s) must be revised by the Investigation Committee and implemented. An alternative corrective action measure must be identified to address the root cause(s).
- h) The revised corrective actions must be approved by the chairperson of the Investigation Committee, and the report must be revised accordingly. The chairperson must provide the motivation and/or justification for the decision. The previous ineffective corrective actions must be closed out on SAP EH&S and a new corrective action must be identified and captured on SAP EH&S.
- i) Risk assessment must be done to ensure that any corrective actions that constitute an improvement does not create an additional risk or increase the existing risk.
- j) To ensure the prompt follow-up and close-out of corrective actions from an incident investigation report, periodic status reports must be provided from SAP EH&S to site management until all recommendations have been acted on and closed out.

CONTROLLED DISCLOSURE

- k) The Statutory Occupational Health and Safety/SHEQ Committee meeting must also track the corrective actions, target dates and responsible person(s) identified during investigations and note, in the minutes, the discussion points on the progress made with the implementation of corrective actions. The minutes must be kept for at least three years.
- l) The OU/BU manager, as the Responsible Manager, is responsible for reviewing/analysing the recommendations made in the incident investigation report, assigning responsibilities to the relevant applicable Responsible Managers and providing the necessary resources to implement the recommendations made, within a reasonable time frame that does not expose persons to risk for an unnecessarily long period and to prevent recurrence of the incident.

3.8 Incident Close-Out

- a) Close-out is the final step in the incident management process. The action of closing out an incident signifies that all corrective actions have been effectively implemented and case studies have been effectively communicated and all relevant documents have been attached on SAP EH&S.
- b) The incident must then be closed out in SAP EH&S as an action.

3.9 Incident Communication

3.9.1 The communication means for occupational health and safety incidents:

- a) Initial incident notification reports must be submitted by any individual who is reporting an incident to the relevant OU/BU Occupational Health and Safety Department. They can be provided in any format, that is, email, OU/BU flash report, or INO.
- b) The SAP EH&S flash report is the formal notification informing all relevant stakeholder/s (specified in the Action and Responsibility Requirements Table) that an incident has occurred.
- c) Fatality announcement – Sustainability Systems Department will send out an SMS and an announcement for employee and contractor work-related fatalities. This communication shall be signed off by the applicable Group Executive.
- d) Occupational health and safety preliminary brief – the preliminary brief report must state the key learning points, which need to be shared in accordance with the Action and Responsibility Requirements Table in order to create immediate awareness and to prevent reoccurrence. The Responsible Manager where the incident occurred is responsible for compiling an incident preliminary brief. Where required, the preliminary brief must be communicated to the Sustainability Systems Department for further distribution to all relevant stakeholders.
- f) When compiling the preliminary brief, consider the following:
 - i. The key learning points should be those points that are obvious (not necessarily the root causes, as they might not be available at the time of communication).
 - ii. They must only cover a few main points.
 - iii. Focus on positive points as well.

CONTROLLED DISCLOSURE

- iv. Protect individuals by excluding names and places or any other information that could be sensitive. Where reasonably practicable, use photos that are relevant to the incident. Be sensitive towards the reader. Do not include any sensitive photos or information.
- v. The OU/BU must ensure that this information is disseminated to all affected and interested parties who could benefit from the feedback. The OU/BU Responsible Manager must ensure that the effectiveness of shared key learning points is monitored.
- vi. The communication of the preliminary brief should not be delayed by waiting for the incident investigation outcome/report. Key learning points are, therefore, not findings or recommendations.

3.9.2 Fatality Presentations to Executive committee

- a) Presentations must be made to the applicable executive committee on all employee and contractor fatalities by the relevant General Manager or delegated senior manager.
- b) Any additional and/or amended information provided at the applicable executive committee must be updated on SAP EH&S and a revised case study must be republished immediately on the Eskom publication tool, e.g. Hyperwave.

3.9.3 Case studies must be published for the following incidents:

- a) For all occupational health and safety incidents rated with a priority rating of moderate, high and extreme. In the case of near-miss incidents, publish those rated as extreme.
- b) Public fatalities and injuries (excluding public crime-related incidents and incidents that occurred beyond point of supply) publish those with a priority rating of moderate high and extreme.
- c) The case study must be generated and formally communicated within the OU/BU within five (5) working days after finalising the investigation report (5 days from date of signature).
- d) For fatalities, the OU/BU must, within seven working days after the initial presentation of the incident at the executive committee, compile and forward the case study to Sustainability Systems, where after it will be communicated Eskom wide. The OU/BU must ensure that all case studies are published on an Eskom publication site, for example, Hyperwave.

4. Guidance to chairpersons during disciplinary hearings related to occupational health and safety incident management

In addition to the above outlined procedural requirements, non-compliance to any of the following will be treated as violation of the procedure:

- a) If misleading information is deliberately supplied or information is deliberately withheld.
- b) If evidence is wilfully withheld, removed, disturbed, tampered with or distributed without the relevant permission.
- c) If a witness or any person involved in the incident investigation process is victimised or intimidated.
- d) If notification of the incident is not given within the specified time frames.
- e) If prioritisation of the incident is deliberately or wilfully manipulated to indicate a lower priority.

CONTROLLED DISCLOSURE

- f) If any incident is not fully investigated within the time frames specified.
- g) If incidents are deliberately classified wrongfully.
- h) If any incident is not recorded.
- i) If corrective actions are not implemented within the time frames agreed and captured in SAP EH&S.
- j) If the effectiveness of corrective actions is not assessed within the required time frames.

Note 1: The collection of evidence for the purpose of the disciplinary process must be conducted separately from the occupational health and safety incident investigation process.

Note 2: The disciplinary process must collect its own evidence.

CONTROLLED DISCLOSURE

5. Acceptance

This document has been seen and accepted by:

- OHS Steering Committee.
- Risk and Sustainability Management Committee.

6. Revisions

Date	Rev.	Compiler	Remarks
March 2021	9	M Zondi	• Procedure reviewed due to request from business.
June 2018	8	M Zondi	• Inclusion of the Full Time Health and Safety Representative in OHS Investigation as committee members.
October 2017	7	M Zondi	• Align to current business requirements, e.g. Management of Occupational Diseases, review classification of incidents. • Exclusion of environmental requirements from the document.
November 2015	6	SN Middel	Clarification required as requested by the Legal Department with regard to the investigation process into cases of serious incidents and fatalities in so far as alignment with the employer investigation and the corporate investigation process. To clarify the corporate investigation process for incidents where no injuries occurred or in the case of third party investigations with serious consequences for the business.
April 2015	5	SN Middel	OHS Steering Committee raised a concern regarding the practicality of managing incidents at the operational level as some of the processes are complex. This initiated a procedure review.

7. Development Team

The following people were involved in the development of this document:

- As per the list below.

CONTROLLED DISCLOSURE

8. Acknowledgements

GROUP/DIVISION	NAME	GROUP/DIVISION	NAME
Group Capital Division	Ndiaphe Maphanga	Human Resources Division	Duke Lebethe
Group Capital Division	Sheryl Isaacs	Eskom Rotek Industries	Thanduxolo Zulu
Group Capital Division	Frans Durand	Eskom Rotek Industries	Eunice Hamilton
Group Capital Division	Althea Stuart	Eskom Rotek Industries	James Lubisi
Group Capital Division	Albert Mogapi	Eskom Rotek Industries	Joyce Leshiba
Group Capital Division	Loraine Smit	Assurance and Forensics	Lesley Motshelanoka
Generation Division	Marc Lebea	Finance Division	Theresa Nuthall
Generation Division	Bob Phahle	Finance Division	Sekete Pule
Generation Division	Fundisa Dangazele	Risk and Sustainability	Brenda Njotini
Generation Division	Nompilo Dlamini	Risk and Sustainability	Mara De Kock
Generation Division	Tendani Mukhuba	Risk and Sustainability	Sivendri Govender
Generation Division	Happy Sithole	Risk and Sustainability	Mpapadi Monyela
Generation Division	Nkosinathi Makhanya	Risk and Sustainability	Ntokozo Ngubane
Generation Division	Jcp Coetzee	Risk and Sustainability	Mike Townsend
Transmission Division	Refilwe Maswanganyi	Risk and Sustainability	Miranda Moahlodi
Transmission Division	Revive Mkansi	Risk and Sustainability	Sibongile Masipa
Transmission Division	Petrus Motsumi	Risk and Sustainability	Refilwe Sebothoma
Transmission Division	Sifiso Ndlovu	Risk and Sustainability	Amy Seherie
Transmission Division	Pieter Human	Risk and Sustainability	Sivuyisiwe Mqanto
Distribution Division	Paulene Pirithi	Executive Support	Wandile Katoo
Distribution Division	Donald Kekana		
Distribution Division	Laetitia Smith		
Distribution Division	Lenny Babulall		
Distribution Division	Bertie De Jager		
Distribution Division	Nicholas Sibiya		
Distribution Division	Silindokuhle Sithebe		
Group Commercial	Mikateko Chauke		
Group Commercial	Meisie Sindane		
Group IT	Pumeza Mabunda		
Human Resources Division	Jan Olckers		

CONTROLLED DISCLOSURE