VULCAN MINE

Mine Operating Procedure
Incident Reporting and Investigation

CONTENTS

Tables

1. PURPOSE

The purpose of this procedure is to describe requirements associated with incident reporting and incident investigation.

This procedure has been developed to ensure compliance with the following sections of the *CMSHR*

- s15(1) 'Investigating accidents and incidents'.
- s16(2) 'Giving notice of incidents'.

2. SCOPE

This procedure is applicable to all persons at the Vulcan Mine including employees, contractors and visitors. The controls within this procedure are mandatory.

3. DEFINITIONS

Authorised Person	A person who has the required competencies and who has been appointed by the Site Senior Executive, or their appointed representative to carry out a designated scope of duties.
CMSHA	Coal Mining Safety and Health Act.
CMSHR	Coal Mining Safety and Health Regulation.
CMW	Coal Mine Worker.
Competent Person	A person who has, through a combination of training, education and experience, acquired knowledge and skills enabling that person to perform correctly a specified task.
DES	Department of Environment and Science
EAP	Employee Assistance Program
FAI	First Aid Injury.
HPI	High Potential Incident.
ICAM	Incident Cause Analysis Method.
IMS	Integrated Management System.
JHA	Job Hazard Analysis.
LTI	Lost Time Injury.
MOP	Mine Operating Procedure
MTI	Medical Treatment Injury.
OCE	Open Cut Examiner.

RSHQ	Resources Safety and Health Queensland
RWI	Restricted Work Injury.
SHMS	Safety and Health Management System.
SOP	Standard Operating Procedure.
SSE	Site Senior Executive.
Take 5	Personal Risk Assessment.

4. INCIDENT NOTIFICATION PROCESS

4.1. Incident Occurs

An occurrence that has impacted on, or could have impacted on (near miss), the state or well-being of Vulcan Mine or its personnel, assets, business, reputation, or on the environment or community.

4.2. Immediate Response

In the event of an incident, the responder first has a duty to themselves to ensure they are not injured or physically affected by entering the scene. Once the responder has determined they can enter the scene, their primary focus is:

- Injury - Providing initial first aid to the injured person/s.
- Equipment or Property Damage - Isolating the equipment to prevent uncontrolled movement, release of stored energy or electrical hazards; or
- Environmental - Stopping the spill at the source and containing if appropriate.

On becoming aware of an incident, the Supervisor or Vulcan Mine Representative must act immediately to bring the situation under control and prevent escalation.

4.3. Non-Disturbance of the scene

The scene should not be immediately disturbed (where practicable), except to preserve life. This ensures the scene can be photographed, measurements taken, and exhibits secured for the potential investigation.

4.4. Is the Incident Work Related?

The injury or incident occurred on the Vulcan Mine worksite, and the injured person is a Vulcan Mine employee or Vulcan Mine Contractor.

The worksite includes:

- Any activity directly under Vulcan Mine's control.
- Fixed, temporary, or mobile sites.
- Any location visited as a condition of their employment or contract.
- Vehicles or mobile plant operated by Vulcan Mine employee or contractor if used for or on behalf of Vulcan Mine; and

4.5. Incident Classification

After an incident has occurred, the CMW, and/or Supervisor notifies their Department Head and OCE (relating to the Open Cut Excavation and provide all the available information relating to the incident. The Responsible Department Head is required to make an informed decision on the potential exposure from the incident and notify the HST Manager and SSE for any Moderate or above incident.

There are five (5) levels of risk.

- **(01)** – Insignificant
- **(02)** - Minor
- **(03)** - Moderate
- **(04)** - Major; and
- **(05)** – Catastrophic

Refer to Appendix A for Injury definitions and Appendix B for Injury Classification

4.6. Process Definitions

Table 1 – Process Definitions

Illness	Any abnormal condition or disorder, other than one resulting from an injury, caused by exposure to environmental and workplace factors. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, direct contact or repetitive exposure.
Incident	An undesired occurrence, which could or does result in harm to people, damage to property or the environment, or loss to process.
Injury	Damage or harm done to or suffered by a person such as a laceration or wound. An injury usually involves a single event or exposure.

4.7. Notification Process

Once the Responsible Manager has determined the potential incident consequence, the following process is to be followed. All verbal notifications are required as soon as practicable, but no longer than two (2) hours after the incident occurs. All subsequent notifications are to be completed immediately.

If the Incident consequence has been determined (**04**) Major or (**05**) Catastrophic, then verbal notifications are to be completed immediately.

Table 2 - Notification, Reporting, and Investigation to Incidents

Step 1	•Take Immediate action
Step 2	•Verbal Notifications
Step 3	•Complete ***VUL-FRM-05-01 -Incident Notification***
Step 4	•Complete ***VUL-FRM-05-02-Incident Report***
Step 5	•Determine level of Investigation
Step 6	•For Level 1 and 2 Incidents complete the investigation section in the •**VUL-FRM-05-02-Incident report**
Step 7	•For Level 3,4 and 5 Incidents conduct an ICAM Investigation on •***VUL-FRM-05-03-ICAM investigation***
Step 8	•Implement corrective actions
Step 9	•Close out Incident

Should potential for the situation to escalate out of control, or the persons involved require immediate assistance, an emergency shall be activated in accordance with the VUL-SOP-035-Emergency Planning and Response.

A completed ***VUL-FRM-05-01-Incident Notification Form*** is to be sent by email to the mailing group **Vulcan Mine Incident Reporting** by the supervisor in control of the incident workplace before the end of the affected shift. This is to include basic facts and photos and forms the first line of workforce communication while the Incident report and investigation is being conducted.

4.8. Notifications

The RSHQ Inspector and an Industry Safety and Health Representative shall be notified either verbally or by written notice as soon as possible by the SSE after becoming aware of a serious accident, HPI or a fatality.

Incidents (lost time, fatality, and high potential) are to be reported on the Queensland Mining Industry Incident Report Form on the RSHQ website.

Reference should be made to DNRME QGN 07: Guidance to coal mines in reporting serious accidents and high potential incidents to an inspector of mines.

The completion of the online RSHQ reporting portal does not replace the need for the SSE to notify an inspector of a serious accident or high potential incident.

An Investigation Report shall be finished and submitted to the RSHQ Inspector within 1 month of the serious accident, HPI or a fatality.

5. DETERMINING THE INJURY RELATIONSHIP

5.1. Work Related Injury

The injury occurred on the Vulcan Mine worksite to a Vulcan Mine personnel and contractor. The worksite includes:

- Any activity directly under Vulcan Mines control.
- Fixed, temporary, or mobile sites.
- Any location visited as a condition of their employment or contract.
- Vehicles or mobile plant operated by Vulcan Mine employee or contractor if used for or on behalf of Vulcan Mine; and
- Home, if authorised to work from home.

5.2. Non – Work Related Injury

An injury is not work-related if:

- At the time of the injury, the person was present at the location as a member of the general public rather than as an employee or supervised contractor.
- The injury involves signs or symptoms that surface at work, but which result solely from a non-work-related incident or condition or would not be likely to have occurred had the pre-existing condition not been present.

The injury results solely from:

- Voluntary participation in a wellness program or in a medical, fitness, or recreational activity.
- Eating, drinking, or preparing food or drink for personal consumption.
- Doing personal work (unrelated to the person's employment or work for Vulcan Mine) at the location, outside the person's assigned working hours.
- Personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted.
- A journey or commuting incident, such as a vehicle accident on a company parking lot or access road while the person is travelling to or from work.
- The injury is a common cold or flu.
- A mental illness (refer to Heath Case for further information).
- Heart attack unless the heart attack is caused by a specific and significant work environment factor.
- The contractor is working at a location that is directly controlled by their employer or themselves, rather than a Vulcan Mine controlled workplace.
- Other situations where the work is considered to be outside the Vulcan Mine Work Environment and under Vulcan Mine Influence rather than control, or the person is fully off duty.
- Home away from home – such as checked into a hotel or other company provided home away from home accommodation.
- Personal detour while travelling on company business.

6. CLASSIFICATION

6.1. Injury

The injury is to be classified as the following:

- First Aid Injury (FAI)
- Medical Treatment Injury (MTI)
- Lost Time Injury (LTI)
- Health Case; or
- Fatality.

Refer to Appendix A for Injury definitions and Appendix B for Injury Classification

6.2. Equipment

Equipment Incidents are to be classified as the following:

Table 3 – Equipment Incident Classifications

Near Miss	–	Near Miss
(01) – Insignificant	–	Less than $10,000
(02) - Minor	–	Damage $10,000 to $250,000
(03) - Moderate	–	Damage $250,000 to $5M
(04) - Major; and	–	Damage $5M to $50M
(05) – Catastrophic	–	Damage more than $50M and loss of asset

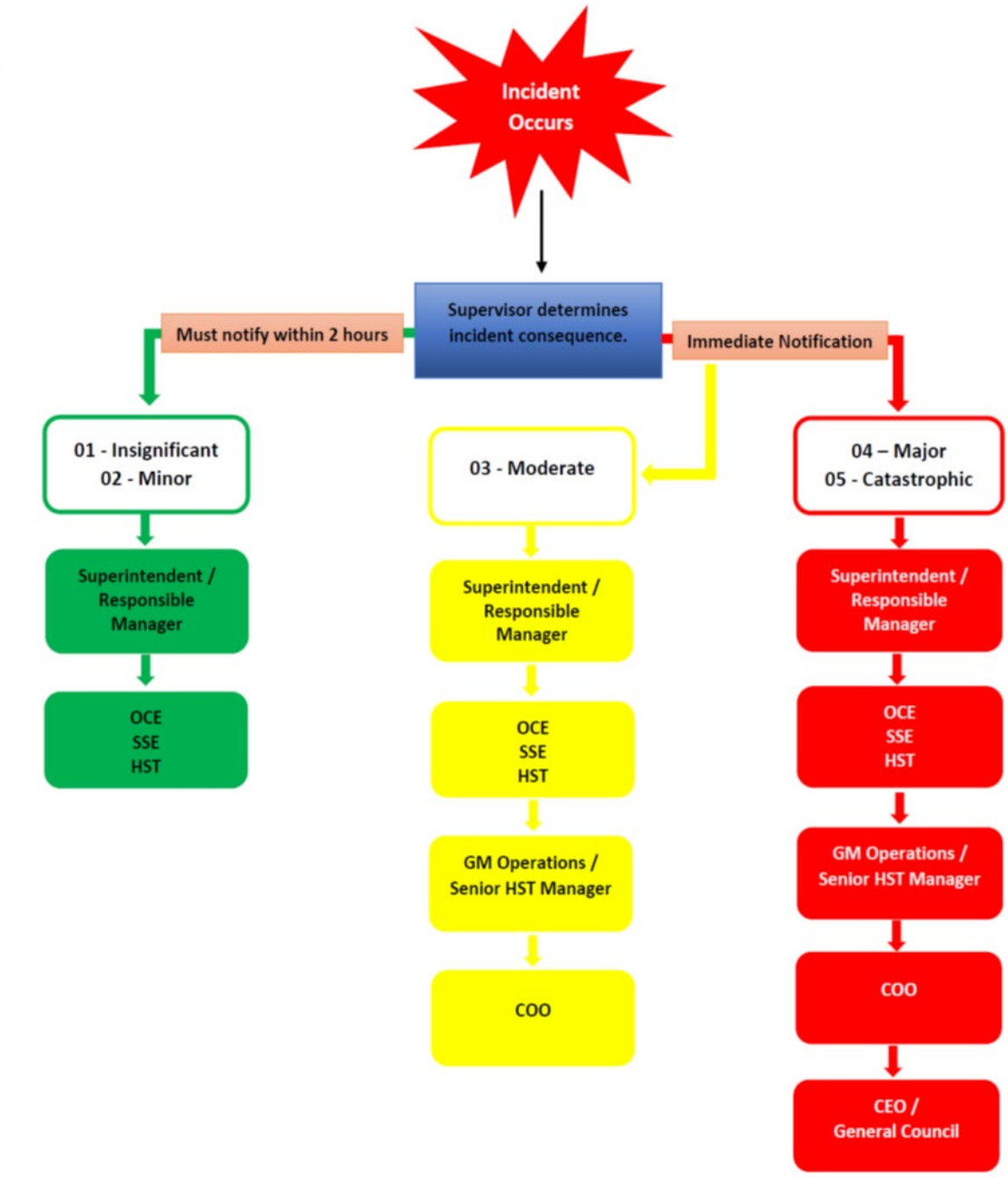
6.3. Environment

Environmental incidents are to be classified as the following:

- Near Miss
- Emission
- Biodiversity
- Flora or Fauna
- Heritage
- Non-conformance
- License breach
- Uncontrolled release
- Waste
- Reputation

7. REPORTING

All incidents must be reported in the required manner to ensure the root causes are identified and corrective actions are identified and implemented to reduce the likelihood and consequence of the incident occurring again.



7.1. Incident Report Form

The Vulcan Mine Incident Report Form ***VUL-FRM-05-02-Incident Report*** must be completed for all incidents where there is:

- An injury to a person.
- Damage to equipment or property.
- Environmental damage; or
- A near miss which may have resulted in either of the above.

7.2. Incident Investigation

At the Vulcan Mine we utilise the Incident Cause Analysis Method (**ICAM**).

ICAM is a holistic systemic safety investigation analysis method. It aims to identify both local factors and failures within the broader organisation and productive system that contributed to the incident, such as communication, training, operating procedures, incompatible goals, change management, organisational culture, and equipment. Through the analysis of this information, ICAM provides the ability to identify what really went wrong and to make recommendations on necessary remedial actions to reduce risk and build error-tolerant defences against future incidents. The ICAM process incorporates best practice Human Factors and Risk Management principles.

The Vulcan Mine Significant Incident Investigation must be completed for **(03)** Moderate, **(04)** Major, and **(05)** Catastrophic Incidents.

The SSE and/or the HST Manager may require additional investigation processes to be undertaken.

7.1. Investigation of Incidents

The level of investigation is linked to the Incident Consequence. The minimum requirement is identified by an X in the below table.

Table 4 - Investigation of Incidents

Investigation documentation	01 - Insignificant	02 - Minor	03 - Moderate	04 – Major	05 - Catastrophic
VUL-FRM-05-02-Incident Report	**X**	**X**	**X**	**X**	**X**
Significant Incident Investigation (ICAM)			**X**	**X**	**X**

7.2. Investigation Timeframes

The following table outlines the timeframes for closure of investigations following an incident:

Table 5 - Investigation Timeframes

Incident Consequence	Timeframe (Working days)	Protocol
01 - Insignificant **02 - Minor**	Interim Report - N/A Final Report - 10 days	– Incident entered into the Integrated Management System (IMS).
03 - Moderate	Interim report - 10 days Final report – 28 days	– Incident entered into the Integrated Management System (IMS).
04 – Major **05 - Catastrophic**	Interim report - 20 days Final report: As soon as possible after interim	– Documentation handled in consultation with the SSE and HST Manager

7.3. Investigation Requirements

An Incident Investigation Team must be formed with experience and knowledge regarding the processes involved in the incident to ensure that an adequate knowledge and experience base is present during the investigation and must include personnel appropriate to the incident severity level.

Guidelines for the Incident Investigation Team selection is provided in Table 3 below.

Table 6 - Guidelines for Investigation Team Selection

Risk Level	Guidelines for Investigation Team Selection	Facilitator
Catastrophic	SSE, Managers, Supervisor, OCE	SSE
Major	SSE, Line Manager, SHET Superintendent, Supervisor, OCE	Manager or Superintendent
Moderate	Supervisor, OCE, Senior or Superintendent or Manager	Manager or Superintendent
Minor or Insignificant	Supervisor, OCE	Supervisor

Incident severity levels are provided in Table 4 below.

Table 7 - Injury Consequence Levels

Insignificant	Minor	Moderate	Major	Catastrophic
Slight injury or health effects: First aid treatment level or less.	Minor injuries on health effects: Minor medical Restricted work <1 work day lost case.	Major injury or health effects: Permanent disability >1 work day	Permanent total disabilities Single fatality	Multiple fatalities

In accordance with Guidance Note 07, the results of any assessment for the presence of drugs in a person associated with an incident should not be disclosed to the investigators of the incident until after the preliminary investigation is completed.

A request for investigation reports by any external party must be approved by the SSE prior to any distribution.

7.4. Investigation Reporting

The investigation is a fact-finding process not a fault-finding process concentrating on who, what, when, where, why and how. It is conducted to develop an understanding of the circumstances leading to the incident.

The ultimate aim of an investigation is to determine underlying management system deficiencies and other factors that have been identified as causing or contributing to the occurrence of the incident; identify the need for corrective / preventive action to prevent the incident or similar incidents from occurring again; identify opportunities for improvement; and, communicate the investigation results so that others may learn from the findings.

The Incident Investigation Team shall where possible, produce factual evidence to demonstrate that a transparent investigation process has been followed and that the outcomes of the investigations have been based on facts. Typically, supporting data will include witness statements, drawings, photographs, assessment and competency records and technical reports (e.g. a maintenance history of a piece of equipment).

The Incident Investigations shall be entered into the IMS by the relevant Supervisor.

The incident report shall be reviewed by the relevant position(s) assigned within the IMS.

7.5. Counselling

Counselling shall be made available through the company Employee Assistance Program (EAP).

7.6. Communication of Findings

Incident Investigation findings shall be communicated to and made available to all CMWs. The communication shall include discussion at prestart meetings.

Incident report alerts are issued through the IMS and distributed to management and supervisors for communication to their team members.

7.7. Corrective and Preventive Actions

Corrective actions should be recommended based on the outcomes of the investigation, to eliminate/modify the contributing factors leading to the incident or affecting the consequence of the incident.

All actions arising from the investigative process shall be recorded in the IMS.

Controls for corrective and preventive actions, as far as reasonably practicable, must reflect the highest and most effective control from the hierarchy of control. Factors that may affect the level of control applied may include the location, resources available, practicability of implementation etc.

The HST department is responsible to ensure that corrective and preventive actions are assigned, monitored and closed out within agreed timeframes in order of priority determined by the level of risk assigned. Action plans, progress reports and close outs are to be reported to the SSE for process auditing.

For any incident involving the discovery of fire on a piece of plant or equipment, a qualified person/s employed or engaged by the Coal Mine Operator (CMO) must complete a Site Compliance Checklist as per VUL-MOP-071 Equipment Compliance before the plant or equipment is return to service.

7.8. Monitoring and Review

Once corrective actions have been applied, verified and closed, the actions must be monitored to ensure continued effectiveness and to identify opportunities for improvement.

8. ROLES AND RESPONSIBILITIES

SSE	Shall review and approve this procedure.
HST Manager	Shall be the document owner and ensure that all provisions of this procedure are implemented, and that compliance is achieved.
Managers/Superintendents	Shall be responsible for their area of operations and the implementation and application of this procedure; Provide adequate training, information, structure and supervision to ensure that this procedure is implemented; Carry-out a periodic review of activities to ensure the appropriate application and understanding of this procedure; and Ensure immediate and appropriate steps are taken to investigate and rectify any risks to health and safety arising from these activities.
Supervisors	Ensure all CMWs are familiar with, have access to and comply with the requirements set out in this procedure.
All CMWs (including visitors, contractors and service providers)	Shall comply with the requirements of this procedure.

9. REFERENCES

- Coal Mining Safety and Health Act 1999 (Qld)
- Coal Mining Safety and Health Regulation 2017 (Qld)
- AS 1885.1 National Standard for workplace injury and recording
- RSHQ QGN 07: Guidance to coal mines in reporting serious accidents and high potential incidents to an inspector of mines or an industry safety and health representative
- RSHQ Online Incident Reporting Portal

10. RELATED DOCUMENTS

- VUL-FRM-05-01-Incident Notification
- VUL-FRM-05-02-Incident Report
- VUL-FRM-05-03-ICAM-Investigation-Report
- VUL-FRM-05-05-Witness Statement
- VUL-FRM-05-07-ICAM Investigation Tool
- VUL-PLN-035-Emergency Planning and Response

11. REVIEW

This document shall be reviewed at a minimum two (2) yearly, or as follows:

- when there is a change of method and/or technology and/or legal or other requirement that may affect the accuracy of this document;
- when operational changes occur that effect the currency of the document;
- when there has been a significant event to which this document was relevant; and
- as a result of relevant audit findings.

12. AMENDMENTS

Version	Date	Description	Document Controller
01	21/05/2020	Initial draft for review	Rachael Dacker
02	07/07/2020	Risk Workshop	Shane Johnson
03	01/09/2023	Revised document to include: • more detailed process for incident notifications • Added Determining the injury relationship sub section • More detailed reporting sub section • Updated Roles & Responsibilities • Included Appendices to outline Injury definitions, classifications, incident reporting flow chart and incident investigation flow chart	Allira Spencer

13. APPENDIX A – INJURY DEFINITION

INJURY DEFINITIONS

Acute Injury	• An acute injury is an injury with a sudden onset, usually because of a single specific trauma. Some causes of acute injuries are burns, electrical shock, car accidents, falls, sprains and strains. • In all cases, a single incident causes an injury, and the severity of the injury can vary. Providing patients with timely and appropriate treatment for an acute injury can limit damage that may otherwise lead to chronicproblems.
Allied Health professional	• A person who is qualified and registered under Australia Health Practitioner Regulation Agency support. They include —
	• Chiropractor • Dental care practitioner • Medical radiation practitioner • Nurse • Occupational therapist • Optometrist • Osteopath • Pharmacist • Physiotherapist • Podiatrist • Psychologist
Corrective action	• Actions taken to prevent incident recurrence, reduce risk and advance Health, Safety and Environment (HSE) performance.

Contractor	• A person who is in a Vulcan Mine workplace as the result of a contractual relationship. Contractual relationships include:
	  • Direct contracts and sub-contracts
	  • Employees of companies contracted directly or sub-contracted to do work for Vulcan Mine or their subsidiaries.
	  • Situations where a contract has not been raised, but Vulcan Mine procurement policy would normally expect a contract to be in place. This applies at all levels, including sub-contracted relationships.

Contributing factors	• Actions, inaction, or conditions that are directly linked to the incident and, if removed, would prevent, or reduce the severity of an incident.
Chronic Injury	• Also called overuse injuries. Like the name suggests, it is caused by overuse of particular part of your body either through sports or exercises.
Detrimental	• Tending to cause harm.
Employee	• Has a direct employment relationship with Vulcan Mine. • Has a current contract of employment with a company in the Vulcan Mine business. • Remains directly employed by Vulcan Mine on an unincorporated venture partnership.

Fatality	• Refer to Appendix B 15.5
First Aid Injury (FAI)	• Refer to Appendix B 15.1
Hazard	• A source or situation with potential for harm, including human injury or ill health, damage to property, damage to environment, or a combination.
Health Case	• Refer to Appendix B 15.4
Illness	• An abnormal process in which aspects of the social, physical, emotional, or intellectual condition and function of a person are diminished or impaired compared with that person's previous condition.
Incident	• An occurrence that impacted on, or could have impacted on, the state or well- being of Vulcan Mine or its personnel, assets, business, reputation, or on the environment or community.
Injury	• For purposes of this procedure, injury means an acute injury resulting in harm from a physical hazard in a single traumatic event or occurrence in the workplace, whilst on duty.
Lost Time Injury	• Refer to Appendix B 15.3
Lost Workdays	• The total number of whole rostered days or shifts lost, after the day of the injury, when the person was unable to work because of a workplace injury, this includes subsequent treatment, such as surgery at a later date required
Medical Treatment Injury (MTI)	• Refer to Appendix B 15.2
Medical Practitioner	• A person registered as a medical practitioner with the Australia Health Practitioner Regulation Agency (or equivalent in other countries) as able to practice.
Near Miss	• Any unplanned incidents that, while not resulting in adverse impacts on the environment, people, plant, or process, had the potential to do so.
Notifiable incident	• As defined by legislation for the area/region of operation, for example • Serious bodily injury. • Work caused illness.
Root cause	• Local conditions usually traceable to poor management policies and decisions. Referred to as organizational factors or root causes.

14. APPENDIX B – INJURY CLASSIFICATION

14.1. First Aid Injury (FAI)

An injury is classified as a FAI when the treatment given is within the scope of a trained first aider. This includes treatment provided by a nurse or registered medical practitioner, which could have been provided by a first aider.

The following are considered to be first aid treatment:

- Visits to a medical practitioner or other health professional (including hospital) solely for observation or counselling.
- Diagnostic procedures such as x-rays or blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils) ECG following an electric shock.
- Using a non-prescription medication at not more than the recommended dosage on the medication label.
- Using a prescription medication as a 'one-off' single dose for a minor injury or as precautionary or for preventive treatment (e.g., antibiotic to preventinfection).
- Administering immunisations (e.g., Hepatitis B or rabies vaccine, tetanus) as a precaution to prevent illness post injury.
- Cleaning, flushing or soaking wounds on the surface of the skin or applying antiseptic or bandages.
- First degree – or superficial thickness – burns.
- Applying wound coverings such as bandages, gauze pads, butterfly bandages, or Steri-Strips. (Permanent wound closures such as sutures, staples, or glues are considered medical treatment).
- Using hot or cold therapy during the first visit and up to 24hours.
- Using any non-rigid means of support, such as elastic bandages, wraps, or non-rigid back belts. (Devices with rigid stays or other systems designed to immobilise parts of the body are considered medical treatment.)
- Drilling a fingernail or toenail to relieve pressure or draining fluid from ablister.
- Removing foreign bodies from the eye using only irrigation or a cotton swab.
- Removing splinters or foreign material from areas (other than eye) using tweezers, cotton swabs or other simple means.
- Using finger guards.
- Using eye patches.
- Drinking fluids for relief of heat stress.
- Up to three sessions of physiotherapy, chiropractic, or other physical therapy modality (e.g., ultrasound, interferential and other electrical modality).

- Massage
- Second opinion medical reviews to clarify or confirm a diagnosis if no further intervention is required.

14.2. Medical Treatment Injury (MTI)

An injury is classified as an MTI when the treatment given is treated by or under the order of a registered medical practitioner, or an injury that could be considered as one that would normally be treated by a medical practitioner.

These are considered to be medical treatments:

- Admission to hospital as an in-patient for treatment including surgery, except for injuries deemed to be health cases.
- Treatment of bruises by drainage, except the drilling of a fingernail to relievepressure.
- Treatment of breaks or fractures including immobilisation, e.g., using a splint or cast or similar.
- Treatment of infection except routine application ofantiseptics.
- Treatment of partial or full thickness burns (second and thirddegree).
- Insertion of sutures or alternatives such as staples or cutaneous glues (except if the glue was used because an alternative was not available – e.g., in the hair because a steri-strip wouldn't hold).
- Removal of foreign bodies from wounds, if the procedure is complicated by the depth of embedment, size, or location.
- Removal of foreign bodies embedded in the eye (i.e., requires more than irrigation or cotton swab).
- Continued use of oxygen after exposure to toxic or noxious atmospheres (initial 'one-off' treatment considered first aid).
- Attendance with a registered health professional if prescribed by a medical practitioner after the third visit.
- Use of prescription medications (see below).

An injury is <u>not</u> a medical treatment injury if:

- No medical treatment has been given.
- The medical consultations are, and are likely to remain, solely for diagnostic purposes, e.g., blood tests, x-rays, etc.
- The only treatment is routine and preventive: such as a preventive administration of antiseptic (in the absence of obvious infection), single dose prescription medication, tetanus shots or boosters.
- Only palliative medications or over-the-counter medications have been prescribed or taken.
- Prescription medication has been prescribed for palliative purposes in the absence of any other treatment.

- No form of treatment has been given other than a recommendation for light duties.
- The medical treatment does not exceed three sessions of treatment in the case of allied health professionals.
- Prescription medication is defined as:
    - Schedule 4 or 8 drugs prescribed or administered by a medical practitioner, for therapeutic purposes. Therapeutic medication is used to treat injury (i.e., cure or alleviate a disease, defect, or injury in a person).
    - Schedule 2, 3, 5 or 6 drugs if prescribed or administered by a medical practitioner at a dosage higher than the recommended dosage on the medication label. Drugs in these schedules are over-the-counter medications. Their use at recommended dosage is not 'prescription medication' even if prescribed, recommended, or administered by a medical practitioner.
- The use of prescription medications does not constitute a medical treatment for reporting purposes if the medications are prescribed for:
    - The treatment of chronic conditions such as PTSD, overuse injuries, or chronic back pain.
    - For palliative purposes. Palliative medication relieves pain or other symptoms without treating the underlying condition. Palliative medications may also be given to enable a diagnosis, and for preventive purposes.
- Palliative medications include both prescription and over-the-counter medications. Examples are:
    - Analgesics (e.g., aspirin, paracetamol, codeine; but not including narcotic analgesics prescribed for moderate to severe pain, the use of which indicates a higher severity of injury and should be accompanied by other forms of treatment).
    - Antihistamines.
    - Anti-inflammatories (e.g., NSAIDs including ibuprofen, indomethacin).
    - Anti-nausea.
    - Bronchodilators (e.g., Ventolin).
    - Muscle relaxants.

14.3. Lost Time Injury (LTI)

An injury is classified as an LTI when the injury is a work-related injury that causes the person to be unfit for any work duties for one whole rostered shift or more after the shift in which the injury occurred.

If the person requires follow up treatment or surgery in the future resulting from a first aid case or medical treatment injury, the lost days resulting are recordable and the injury will be reclassified as a lost time injury.

The total number of whole rostered days or shifts lost, after the day of the injury, when the person was unable to work because of a work-related injury, this includes subsequent treatment, such as surgery at a later date required from the original injury.Days lost excludes the day of the incident, planned leave, weekends, scheduled days off (i.e., rostered days off) and public holidays.

Notes:

- If days are lost due to travelling to obtain, or waiting for, a diagnosis, those days are not counted as lost workdays if the subsequent diagnosis does not result in lost time.
- Part shifts lost do not result in a lost workday.
- An upper limit of 12 months (i.e., 220 workdays) off work should be applied in the calculation of Severity Rate for all Lost Time Injuries, including Fatalities.
- Lost workdays should be allocated to the date that the injury occurred for the purpose of calculating Severity Rate.

14.4. Health case

A Health Case is a chronic condition that occurs as a result of work or an occupational activity or exposure to workplace hazards. It is not the result of a single workplace incident. Health Cases are not reported as recordable injuries and only the HSEQ Manager can classify health cases.

Mental illness is not considered work-related unless it arises from a single traumatic event and the person voluntarily provides Vulcan Mine with an opinion from a health professional with appropriate training and experience stating that the person has a mental illness that is work-related. Given that mental illness is typically a chronic condition, it is deemed as a health case for the purpose of statistical reporting.

The following are considered to be Health Cases:

- Asbestosis
- Chronic back pain
- Industrial hearing loss
- Melanoma
- Reynaud's syndrome (vibration white finger)
- Silicosis
- Stress, psychological adjustment, and anxiety disorders

14.5. Fatality

An injury is classified as a fatality when the person is certified life extinct as the direct or indirect result of an incident in the workplace.

15. APPENDIX C – INCIDENT INVESTIVATION FLOWCHART