

Material Focus Area | Safety and Health

Promoting safety and health for employees and contractors

We are committed to Zero Harm to our employees and contractors and we view safety as a proxy for good performance. We aim to ensure that the necessary controls and procedures are in place at all times to support the safety and health of our workforce.

Health and wellness are critical factors in improving quality of life, morale, productivity and safety performance. Lonmin's primary health facilities serve more than 20,000 employees, contractors and community members every month. We understand that the overall health and wellness of an employee rest on a range of factors, many of which arise outside the workplace. Considering this, our safety awareness and healthcare initiatives include programmes that extend to our host communities.

We deeply regret the five fatalities during 2017. We are committed to continuously improving our safety initiatives to meet our goal of Zero Harm.

Key chapter takeaways

- There were five fatalities
- The lost-time injury frequency rate¹ (LTIFR) improved by 9%
- The impact of Lonmin's HIV/Aids interventions undertaken in 2017 was projected to prevent 271 deaths and 38.5 ill-health disabilities and to save the Company R124.3 million in the year
- The number of patients participating in the anti-retroviral treatment (ART) programme increased by 8% due to the early start of treatment
- 2.2% of patients defaulted from ART
- Our tuberculosis (TB) cure and treatment completion rate exceeded our 2017 target
- Mining Charter elements: Sustainable development and growth

Accountability and Governance



The Lonmin Charter: We are successful when our employees live and work safely and experience the personal satisfaction that comes with high performance and recognition. This is underpinned by our **values** of:

- **Zero Harm** – We are committed to Zero Harm to people and the environment
- **High performance** – Stretching our individual and team capabilities to achieve innovative and superior outcomes
- **Employee self-worth** – To enhance the quality of life for our employees and their families

Strategic approach: *continuing to improve relationships with key stakeholders and continued focus on safety and health*

Lonmin's Safety and Sustainable Development Policy:

- Honouring our health and safety values and sustaining an environment that promotes the safety, health and wellbeing of our employees and their families, contractors and the communities where we operate

¹ LTIFR: (LTIs (373) x 1,000,000 hours)/ 82,444,374.96 man hours. The LTIFR for women only is 0.15.



Wearing personal protective equipment to cut steel bars into sections

- Providing adequate and appropriate resources to implement effective management systems and risk management, based on valid data and sound science, during all phases of our operations to ensure the reduction of risks and the adoption of best practices
- Integrating safety and sustainability development into the decision-making process during all phases of our operations

Other policies, standards and plans governing safety and health:

- Fatal Risk Control Protocols
- Lonmin Safety Life Rules
- Risk Policy
- HIV/Aids and Tuberculosis Policy
- Mandatory Code of Practice for the Management of Medical Incapacity and Disability
- Safety, Health and Environmental Strategy
- Social and Labour Plan (SLP)

The responsibility to ensure a safe and healthy working environment lies with every person employed by or working at Lonmin. The Chief Executive Officer retains ultimate accountability for the safety, health and wellbeing of all employees and contractors when they are on-site. The Safety, Health and Environment (SHE) Committee of the Board has oversight of and provides advice to the Board on SHE matters. The committee ensures that aspirational targets for SHE management are set, and implements a culture in which these goals are promoted and enforced.

The Executive Committee (Exco) monitors the Company's policies and practices, including those relating to SHE matters. Line managers are responsible for the safety of their teams.

Safety performance is analysed daily and performance circulated to the Mine Managers Forum, Operational Steering Committee and Exco. Additionally, performance is reported monthly to the Board and quarterly to the SHE Committee of the Board. The Head of SHE and Sustainability was appointed to Exco during 2017 to represent SHE matters at the highest operational level.

A formal agreement covering safety and health is in place with our majority union, the Association of Mineworkers and Construction Union (AMCU). This agreement defines how full-time and part-time safety representatives are elected, trained and appointed. There were 12 full-time health and safety representatives employed throughout the operations in 2017, and 1,414 part-time safety representatives.

External policies, frameworks and regulations

Safety and health at our Marikana and Limpopo operations is governed by the Mine Health and Safety Act, 29 of 1996 (MHSA) and at the precious metal refinery (PMR) by the Occupational Health and Safety Act, 85 of 1993. Lonmin submits annual medical reports and quarterly occupational hygiene monitoring reports in accordance with the requirements of the MHSA, which include reporting on HIV/Aids and TB policies and data to the Department of Mineral Resources (DMR) and Department of Health.

The Mine Health and Safety Council (MHSC) was established by the MHSA to promote a culture of health and safety in the South African mining industry. We subscribe to and measure our safety and health performance against the MHSC 2024 Milestones.

Material Focus Area | Safety and Health (continued)

Approach and Performance

Safety at Lonmin

Safety Strategy

Our Safety Strategy is built around the belief that we can operate without accidents. Maintaining high safety standards is an integral aspect of demonstrating our efforts to continue to focus on safe production. Our goal is for every person in the Company to have a personal understanding of, and respect for, the importance of safety in the workplace through entrenching safety principles in the Company and increasing visibility on safety matters. Our Safety Strategy takes a proactive approach to safety management with a focus on fatality prevention, injury prevention and a safe high-performance operational culture. Lonmin’s Safety Life Rules are a set of non-negotiable rules that target addressing the risk areas that cause the majority of fatal or serious accidents. These rules form the core of our safety management, and internal safety stoppages are imposed if they are violated.

The most significant safety risks relate to fall-of-ground, scraping and rigging, truck and tramming, and machine-related incidents. Although truck and tramming incidents are less frequent, they tend to be more severe, and three of the fatalities during the year related to trucking and tramming.

We measure our safety performance by tracking the lost-time injury frequency rate (LTIFR) and reportable injury frequency rate (RIFR), among other indicators. The presence of chief safety officers at each mining and processing unit aims to:

- Strengthen interactions between the safety function and operations
- Increase the effectiveness of safety audits
- Improve alignment with safety standards, systems and reporting

Training on safety and health practices is provided to all employees and contractors at induction training when joining the Company and when returning from annual leave. Legal and risk-based health and safety training is planned and conducted based on operational training needs. The importance of safety and the prior day’s safety performance are communicated daily to sustain awareness. Safety performance forms part of incentive schemes at operational level.

There was an increased emphasis on Visible Felt Leadership (VFL), with senior management conducting site inspections on a weekly basis. This proactive measure involves a weekly cycle of safety meetings, commencing with a meeting with the Chief Operating Officer, where general managers share a review of all injuries and high-potential incidents across the mine, as

well as incidents and key lessons from our industry peers. Our operations direct their safety focus and momentum at high-risk focus areas which are predicted using forward energy models at each of our operations. Cross audits are conducted at planned intervals, primarily focusing on the identification of hot spots and ‘red’ risk areas, and proactive safety initiatives. Good performance is recognised and rewarded.

Absenteeism has an impact on safety performance, particularly in the current operational environment where resources are limited. We continue to investigate ways to address discipline and absenteeism.

The activities of the Safety Department were extended to include the management of the safety aspects associated with the implementation of Social and Labour Plan (SLP) projects, as well as contractor management on the bulk tailings treatment project.

2018 focus

- We will continue our focus on the implementation of our safety strategy to eliminate fatalities
- We aim to reduce our LTIs by 22.5% from 2017
- We aim to achieve OHSAS 18001 certification at our Marikana mining operations
- We aim to retain the integrated certification for ISO 14001, ISO 9001 and OHSAS 18001 at our processing operations and to retain the OHSAS 18001 certification at Marikana shared business services

Safety performance

Safety is essential for good performance and remains our priority.

We regret that five of our colleagues were fatally injured during 2017. We extend our condolences to the families and friends of our colleagues and deeply regret their loss. Each incident was thoroughly investigated and reported to the DMR. Lessons learned from each incident were implemented into action plans and shared across operations. As a result of these fatalities, our fatalities and fatal injury frequency rate (FIFR) increased.

As a result of fatalities due to trucking and tramming, we have reviewed our trucking and tramming procedures and technology with regards to warning systems. Beacons have been installed at strategic points to make drivers aware of oncoming locomotives. We have also installed vehicle-to-vehicle detection systems in all our locomotives.

Shaft	Date	Type of incident	Colleague
E1	10 November 2016	Tramming	Contractor: Joao Fernando Macamo
K3	17 February 2017	Misfire	Employee: Giji Mxesibe
Newman	15 March 2017	Fall-of-ground	Contractor: Letlhogonolo Ciciron Rakatsoane
4B	11 May 2017	Tramming	Employee: Simon Joseph Sibitane
4B	29 June 2017	Tramming	Employee: Mangi Bunga

Total injuries decreased from 1,066 to 882 and lost-time injuries (LTIs) decreased from 409 to 373. The 373¹ LTIs resulted in 23,629 days lost, with most of these attributable to fall-of-ground, scraping and rigging, and underground track-bound mobile machinery. 40% of injuries were hand and finger-related, with rock drill operators, general workers and winch drivers mostly impacted. The LTIFR² decreased by 9% from 2016 to 4.52 per million man hours worked. Although we did not achieve our target of an LTIFR of below 4.14, we believe that our increased focus on proactive safety management, safety culture and consequence management led to a decrease in total injuries and LTIs.

The severity rate, which is the total days lost to LTIs per million hours worked, increased by 4% to 286.61 (2016: 275.67). First aid cases increased to 151 (2016: 89) and medical treatment cases decreased to 509 (2016: 657). We had 78 white flag days (2016: 77) in 2017, which are days that mark no injuries and celebrate our belief in operating without injuries.

Four coalition safety visits were held during the year at the Hossy, Rowland, K3 and 4B shafts to bring together key stakeholders, including the Lonmin CEO, the DMR and AMCU leadership to re-emphasise the need to prioritise improving safety performance.

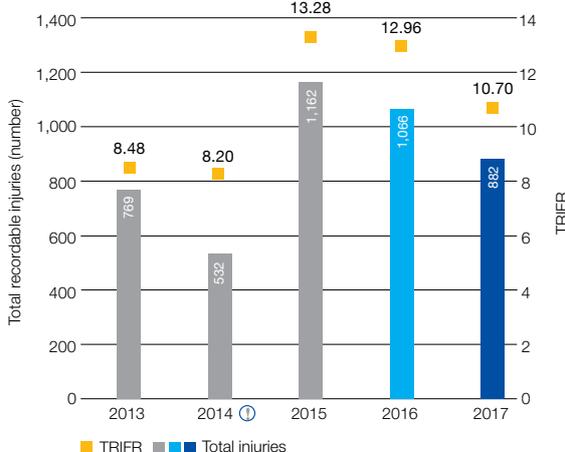
Safety achievements

Lonmin achieved a number of noteworthy safety awards and milestones during 2017, with the highlights listed below:

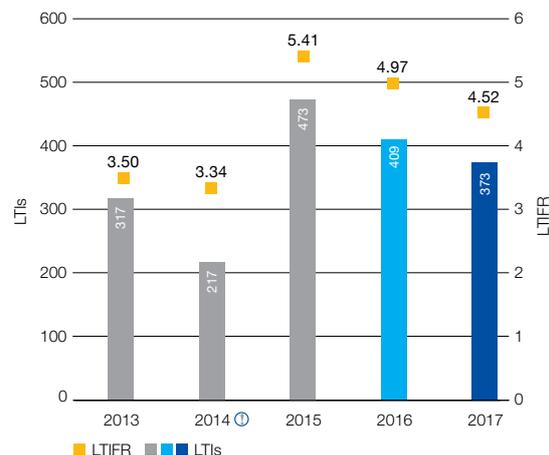
- Saffy Shaft – 5 million fatality-free shifts
- Lonmin Mining – 4 million fall-of-ground fatality-free shifts
- Lonmin Mining – 2 million fatality-free shifts
- West 1 – 2 million fatality-free shifts
- Rowland Shaft – 2 million fatality-free shifts
- East 2 – 1.5 million fatality-free shifts
- Hossy Shaft – 1 million fatality-free shifts
- K3 Shaft – 1 million fatality-free shifts
- K4 concentrator – two years LTI-free
- PMR – one year LTI-free
- Assay laboratory – 11 years LTI-free
- K3 Mine Manager UG2 Section – 7 million fatality-free shifts achieved prior to fatal accident

In addition, Lonmin operations received several safety awards at the Mine Safe 2017 awards for the most improved safety performance at E2 shaft, the BMR and Assay Laboratory.

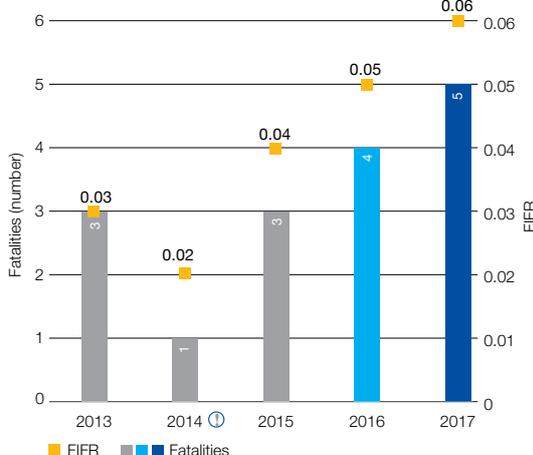
Total injury frequency rate (TIFR)²



Five-year performance: LTIFR³



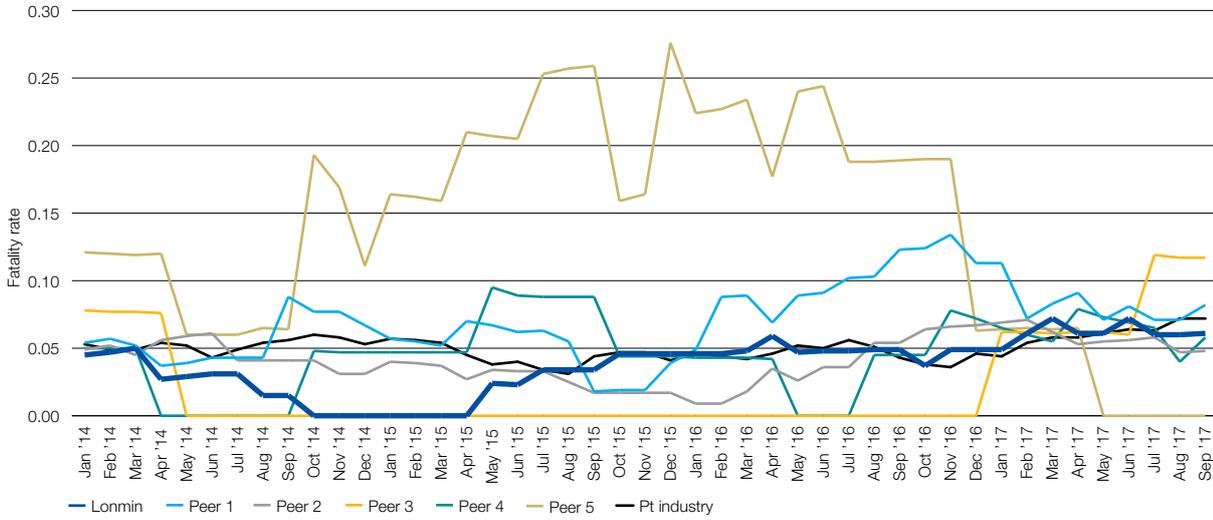
Five-year performance: Fatalities and fatal injury frequency rate (FIFR)



¹ Of the LTIs, 12 injured were women. Women contributed 3% to the total LTIFR.
² These statistics reflect all fatalities, LTIs and medical treatment cases in alignment with the International Council on Mining and Minerals (ICMM) safety definition for Total Recordable Injury frequency rate.
³ LTIFR: (LTIs (373) x 1,000,000 hours)/82,444,374.96 man hours. The LTIFR for women only is 0.15.

Material Focus Area | Safety and Health (continued)

Comparison of platinum (Pt) industry – Fatality rate 12 months rolling¹



Safety stoppages

Team members are provided with section 23² booklets and are informed of their right to withdraw from dangerous workplaces. Internal safety stoppages are imposed whenever the Lonmin Safety Life Rules are violated.

Under the MSHA the DMR is authorised to impose Section 54 stoppages where a DMR inspector has reason to believe that any practice or condition at a mine endangers the health or safety of any person at the mine. Safety stoppages result in lost production, and have a negative impact on safety routines and care must be taken to safely shut down work areas so that when workers return they do not enter an unsafe work area.

42 Section 54 stoppages (2016: 50) were imposed at operations, resulting in the loss of 86 production days (2016: 164) and 276,437 tonnes of production (2016: 558,604). Compared to 2016, we are experiencing a reduction in the duration and frequency of Section 54 stoppages and more localised application of these stoppages. We continue to engage proactively with the DMR to build sound relationships. We participate in various forums between industry, labour and government that discuss expectations and shared objectives on safety stoppages.

Health and wellbeing

Health strategy

Lonmin's Health Department provides comprehensive healthcare to our employees and their families to improve their health status and quality of life. Our health services cover four broad areas:

- 01 Occupational health and hygiene, including risk assessment and monitoring of exposures that can be detrimental to employee health, medical surveillance, rehabilitation and functional assessment.
- 02 Primary healthcare is available on a 24-hour/365 days-a-year basis from the hospital and clinics at Marikana. This includes management of injuries and diseases such as hypertension and diabetes, and treatment of HIV/Aids and TB.
- 03 The wellness programme proactively addresses HIV/Aids and promotes health and wellbeing. Initiatives include peer educators, awareness campaigns, health days and talk topics. An employee assistance programme is available to employees and their immediate family.
- 04 Emergency care is offered through the Emergency and Disaster Management Department, which includes Netcare 911 ambulances on-site for serious injuries and illnesses that require immediate stabilisation and transportation to the hospital.

¹ Bushveld Safety Forum.

² Section 23 of the MSHA gives employees the right to withdraw from any situation or area that they deem unsafe.

Occupational health

Lonmin's occupational health and hygiene programme is based on risk assessments. It reduces the risk of hazardous exposures, supports regulatory compliance, and improves workplace conditions. We monitor all occupational diseases listed in terms of the Compensation for Occupational Injuries and Diseases Act, 130 of 1993, and the Occupational Diseases in Mines and Works Act, 137 of 1991, as amended, including noise-induced hearing loss (NIHL), occupational asthma, dermatitis, platinum salt sensitivity and silicosis.

Noise-induced hearing loss

Noise is a significant occupational health risk at our operations. Lonmin's multi-disciplinary approach to NIHL is implemented through various programmes and controls that support hearing conservation. Although most equipment has been silenced, with only a few sources outstanding, the Hearing Conservation Committee continues to review and investigate opportunities to reduce noise exposure and prevent NIHL. Controls include:

- Administrative controls and medical surveillance
- Ongoing training and awareness programmes
- Provision of hearing protection to workers in high-noise areas
- Regular review of hearing protection devices to ensure that Lonmin uses only the most effective products to reduce exposure to noise of above 85dB(A)
- Participation in the Mine Industry Occupational Safety and Health (MOSH) noise meetings/workshops to reduce equipment noise
- Involvement in the "buy quiet" initiative, which works with suppliers to improve the availability of quieter equipment
- Silencing of noise sources above 107dB(A) in line with the new MHSC milestones for the elimination of NIHL. This includes goals for the reduction of noise emitted by equipment to below 107dB(A) by December 2024.

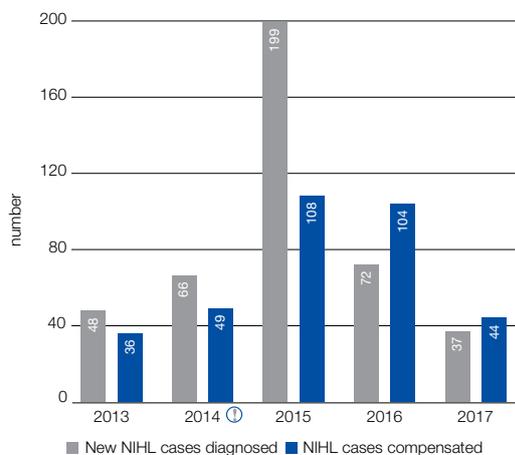
Lonmin is partnering with a manufacturer of hearing protection in an ear-testing project that uses in-ear fitment testing to measure each employee's unique level of protection with a specific hearing protection device. The system allows for the verification of the suitability of hearing protection devices, quality of fitment and effectiveness of fitment training.

We are in the process of retesting hearing baselines to align with the new requirements to report standard threshold shifts required by the new MHSC milestones.

37 new cases of NIHL were diagnosed and 44 NIHL cases received compensation. All NIHL cases showing a loss-of-hearing shift greater than 5% loss are investigated. An investigation in 2017 revealed several cases of incorrect recording of baseline hearing tests around the time of the change in legislation in 2003, which led to hearing shifts registering from the incorrect baseline. This constitutes 33% of NIHL cases reported (2016: 34%), and similar cases will continue to be identified and reported as they emerge.

In 2018, we aim to reduce new NIHL cases by 6% from 2017.

Five-year performance: NIHL diagnosis and compensation for employees



Physical and functional work capacity fitness testing

Fitness tests are conducted on new employees and after rehabilitation for recovering employees, including functional capacity testing and work simulation assessments. Cardio Vascular – conditioning is provided to workers who do not achieve the required fitness scores. Those requiring further rehabilitation receive vocational rehabilitation through physiotherapy and occupational therapy, or are considered for alternative job placement.

Physiotherapy, occupational therapy and rehabilitation

Therapy and rehabilitation are available for workers suffering reversible trauma conditions. Patients with chronic conditions are stabilised, after which they undergo cardio conditioning at physiotherapy, prior to completing the functional capacity test.

The Company's Mandatory Code of Practice for the Management of Medical Incapacity and Disability, in terms of the MHSA, was finalised and approved by our majority union (AMCU). The code addresses accommodation, retraining or alternative job placement for people with disabilities. 1.6% (390) of our employees are categorised as living with disabilities (2016: 1.4%), including employees with finger amputations and significant hearing or vision loss.

Management of other occupational diseases

Exposure to platinum salts during processing is linked to occupational diseases such as platinum salt sensitivity, dermatitis and occupational asthma. We work with the International Platinum Group Metals Association (IPA) to improve how we manage platinum salt sensitivity. No new cases of occupational asthma, dermatitis or platinum salt sensitivity were diagnosed in the year.

Silica levels are generally low in platinum ore bodies. Monitoring of silica levels in our mines indicate that levels remain below 10% of the occupational exposure limit, and well below the MHSC Milestone 2024 target. There were no new cases of silicosis identified in 2017.

Material Focus Area | Safety and Health (continued)

2018 focus

- To ensure our occupational health and hygiene programme continues to comply with all legal requirements, with an additional focus on NIHL, including equipment silencing and in-ear fitment testing
- Completion of a risk-based medical surveillance model and improving the integration between occupational health and primary healthcare
- To reduce new cases of NIHL by 6% in 2018 and to refine the reporting of NIHL in contractors

Primary healthcare

The primary healthcare services provided to employees meet the Company's regulatory obligations and offer an opportunity for Lonmin to play its part in addressing some of the most serious health challenges facing South Africa. Chronic diseases prevalent in our workforce include HIV/Aids, TB, hypertension, diabetes, asthma and epilepsy. The most material diseases are TB and HIV/Aids. Health services are available to employees, their dependants and community members through three clinics and a hospital at our Marikana operations, and a clinic at the precious metals refinery (PMR) and Limpopo operations. Community members are treated on a fee-for-service basis. Community health issues are managed through the Stakeholder Engagement and Regulatory Affairs Department, and are discussed in the community relationships and investment section on page 64.

All employees have access to a medical scheme and can choose from a basket of schemes. Every employee and contractor receives regular health assessments, and R250 million was spent on health programmes (2016: R216 million). The total investment increased due to the increase in utilisation, disease progression and issuing of nutritional supplements to employees at the workplace. The number of women and children treated at our facilities increased 18% year-on-year due to the completion and occupation of certain phases of Lonmin's housing projects, which added to the pressure on our health facilities.

Our focus remained on maintaining service levels in the context of the current cost constraints and improving health outcomes. The quality of the service provided at our medical facilities is monitored through quarterly health customer satisfaction surveys. Despite cost pressures, patient physical care was not compromised and the customer satisfaction rating was 86% (2016: 87%). An eye clinic was established at the Eastern Platinum Limited (EPL) clinic in January 2017. The clinic's specialised equipment enhanced our capacity to manage eye conditions.

HIV/Aids

HIV/Aids-related diseases, including TB, represent a major challenge for South Africa, and the mining industry. HIV/Aids-related diseases remain the biggest cause of in-service deaths at Lonmin. These diseases have a particularly severe impact on patients, those around them and their communities. 23,820 employees and contractors were tested for HIV/Aids, of which 8% tested positive (2016: 7%). HIV/Aids-related deaths increased to 98 (2016: 72).

The Lonmin HIV/Aids policies define the Company's approach of supporting those affected by HIV/Aids and creating a caring environment. Voluntary counselling and testing (VCT) is offered to employees and contractors at the primary healthcare and occupational health centres. The peer educator programme and campaigns prioritise education and awareness in an effort to combat the stigma around HIV/Aids, foster respect for patients' human rights and personal dignity, and to prevent new infections. Four events to raise awareness around HIV/Aids and access to VCT were held.

HIV/AIDS impact analysis

An external actuarial review was conducted in 2017 to provide an update of the HIV/Aids impact analysis initially performed in 2011. The review highlighted the following:

- The prevalence of HIV/AIDS is estimated at 25%
- Mortality and disability rates are lower than initially estimated
- There are more employees registered on anti-retroviral treatment (ART) than predicted

The review estimated that the costs attributable to HIV/Aids in 2017 amounted to R80.6 million, including the cost of ART.

The impact of Lonmin's HIV/Aids interventions undertaken in 2017 was projected to prevent 271 deaths and 38.5 ill-health disabilities. This not only saved lives, but also saved the Company R124.3 million in the year. These estimated savings arise from reduced absenteeism due to illness and productivity gains resulting from improved health status of patients on ART.

ART is available to any patient who requires medical intervention and who is committed to taking the medication. The number of patients participating in the ART programme increased by 8% to 4,843 due to the early start of treatment. The annual medical cost to the Company is estimated to be R7,576 per person. This cost has increased as ART failure patients are switched to more expensive alternative regimens. The outcomes of the ART regime have been positive, with a 74.6% ART success rate¹.

ARTs are provided for life, and former employees (including those who have taken VSPs or left the Company for any reason) can return every three months for consultation, monitoring and treatment collection. Patients who leave the area of the operations are provided with a three-month supply of ARTs and referral letters, to enable the collection of ART from provincial clinics or hospitals.

Despite earlier initiation of ART, improvements in the treatment success rate, prophylactic treatment to prevent opportunistic infections such as TB, and the ongoing focus on health education and treatment counselling, some employees are still reluctant to start treatment and default on taking their treatment. Default on chronic medication, including ART, leads to preventable health deterioration and decreased quality of life. Our target for 2017 was to reduce the rate of ART defaulters to below 3%. We achieved this target, with 2.2% of patients

¹ ART success rate is defined as the percentage employees on ART where the viral load is less than 50 copies per millilitre after six months on treatment.

defaulting from ART. If patients do not collect their medication, they are flagged when they clock in, and prevented from starting work until they have visited the clinic.

While default rates remain low, 17% of patients on ART are not responding optimally to treatment and have viral loads above 1,000 copies per millilitre. We initiated a project that involved patient questionnaires and employee training to determine the factors that contribute to ART failures so that we can address these. The reasons identified include failure to take treatment, late initiation of treatment and non-disclosure of the condition to their spouse or partner while not practising safe sex. Counselling sessions stress the benefits of starting treatment early, taking medicine consistently and disclosing HIV status.

Wellness programme

Lonmin has a comprehensive wellness programme in place at its Marikana operations, focused on addressing the physical and emotional effects of HIV/Aids. Counselling and follow-up services are available to employees and their households. Employees have access to a dietitian for advice on a healthy diet and lifestyle.

Patients on the HIV/Aids wellness programme refer to HIV-positive patients that have not yet enrolled in ART. The number of patients on the wellness programme decreased by 67% from 2016, as a result of more patients starting ART when tested positive. Activities to raise health and wellness awareness include monthly health talk topics, health education conducted during safety breaks and wellness days. In December 2016, World Aids Day campaigns were held at all the shafts and process operations with the theme "It is in our hands to end HIV and TB". During the campaign, 8,521 employees were tested for HIV, of which 9% were positive. The wellness team collaborated with the peer educators during Condom Week in February 2017 to facilitate interventions across the operation to emphasise the importance of practising safe sexual behaviour.

The shafts support peer education and funded training for additional peer educators. 39 new workplace peer educators were trained, bringing the total active workplace peer educators to 229, exceeding the 2017 target of 125 workplace educators.

Tuberculosis

South Africa has one of the highest TB infection rates in the world, and prevalence in the mining industry is even higher than the country infection rate. TB is an opportunistic infection, and people infected with HIV/Aids are more prone to contracting TB, which increases the importance of monitoring and tracking the disease. At Lonmin, around three quarters of new TB cases detected in 2017 were HIV-positive.

Lonmin's diagnosis, classification and treatment regimens for TB align with the South African Department of Health and the DMR programme management guidelines. The TB Policy outlines the responsibilities of employer and employees, treatment, fitness to work and training of employees. HIV-positive patients receive INH prophylaxis to prevent TB infection. Lonmin participated in the Masoyiso iTB project, coordinated by the Chamber of Mines, and Tuberculosis in the Mining Sector in Southern Africa. The programme aims to coordinate the response to TB and related illnesses affecting mineworkers, ex-mineworkers, their families and communities in southern Africa.

330 new cases of TB were diagnosed and treated, including seven cases of multi-drug-resistant TB, and no cases of extreme drug-resistant TB. Our cure and treatment completion rate was 87.6% (2016: 86.3%), which exceeded our 2017 target of 85%. Initiatives to improve completion rates include continuous communication between patients and the medical facilities to remind them of treatment collection, and early diagnosis. TB patients who do not collect treatment are prevented from clocking in at work until treatment is collected, and clinics proactively contact patients if they do not come to the clinic to take their treatment for three days in the intensive phase of treatment.

Health workers and community volunteers implement contact tracing for every TB patient at the workplace and in the communities, as well as confirming that patients are taking treatment. These teams provide on-the-ground support and counselling to patients and their families.

TB patients who leave the Company are referred to TEBA Limited¹ to support the completion of their treatment course, and Lonmin is kept informed of the outcome. Medically repatriated employees are referred to TEBA for home-based care. TEBA supports and visits about 80 former employees on a regular basis.

Five-year performance: TB and HIV/Aids

	2013	2014	2015	2016	2017
Diagnosed and treated TB cases	446	436	462	411	330
HIV/Aids-related deaths	99	97	119	72	98
VCT conducted	17,682	17,964	16,301	18,372	23,820
Patients on ART	3,288	3,666	4,167	4,483	4,843
Patients on the wellness programme	690	637	477	284	94

¹ TEBA Limited is a labour recruitment and management service provider that offers additional services to the mining industry on human resources, social and financial services during and after employment.

Material Focus Area | Safety and Health (continued)

Other healthcare programmes

Patients are provided with treatment for chronic and acute illnesses prevalent in our workforce, which include asthma, diabetes, epilepsy and hypertension. Outcomes are monitored through treatment programmes and, where necessary, patients are referred to appropriate specialist care. A dietician is available to all employees as part of our services offered. 3,974 patients were listed on chronic disease registers other than ART (2016: 3,809). Of the patients on chronic disease registers, 98% (2016: 92%) are controlled on treatment.

Other healthcare services include a short-stay female ward consisting of two beds and an infant warmer.

2018 focus

- We will focus on continuing to deliver health initiatives and improve health outcomes in the context of cost constraints
- New target: We aim to increase the enrolment of patients in the ART programme by 6% and maintain the rate of ART defaulters below 3%
- New target: We aim to have a TB cure rate and treatment completion rate of 87% in 2018, an increase of 2% from our 2017 target

Trauma and emergency care

Lonmin's Emergency and Disaster Management Department specialises in all aspects of emergency, medical and rescue operations within Lonmin operations and local communities. The Company's emergency and disaster management programme is associated with the mines rescue services programme. Casualty facilities for emergency cases are available through Lonmin's primary healthcare programme. The emergency and disaster management team is available 24/7. Relationships have been established with industry peers and other hospitals to provide support in all aspects of emergency management. Additionally, good relationships were established and service level agreements are in place with local and governmental authorities. These provide back-up assistance in the event of major incidents and accidents on the mine and in surrounding communities.

All catastrophic emergency risks are included in the Lonmin Code of Practice on Emergency Preparedness and Response. The Code includes community emergency management planning and support and aims to mitigate the effects of a catastrophic emergency on the local community. The PMR in Brakpan operates in close proximity to the local community. In the event of an emergency evacuation procedures with gathering points are in place, overseen by designated wardens. A dedicated phone number at our Marikana operations is routed to the emergency and disaster management call centre to ensure rapid response.

Emergency preparedness training takes place at all our operations, and bi-annual emergency drills test the effectiveness and readiness of emergency plans. A comprehensive emergency preparedness audit is conducted annually to test the effectiveness of implemented training interventions and compliance to current emergency procedures.

The Emergency Department responded to 282 road accidents, 140 of which took place in the vicinity of the mine property. These road accidents resulted in eight fatalities, six of whom worked at Lonmin. The rest of the road accidents occurred off-site and resulted in 27 fatalities, one of whom was a Lonmin employee. There were 29 Lonmin employee deaths as a result of motor vehicle accidents in 2017, inclusive of accidents off-site. We extend our condolences to the family and friends of those involved.

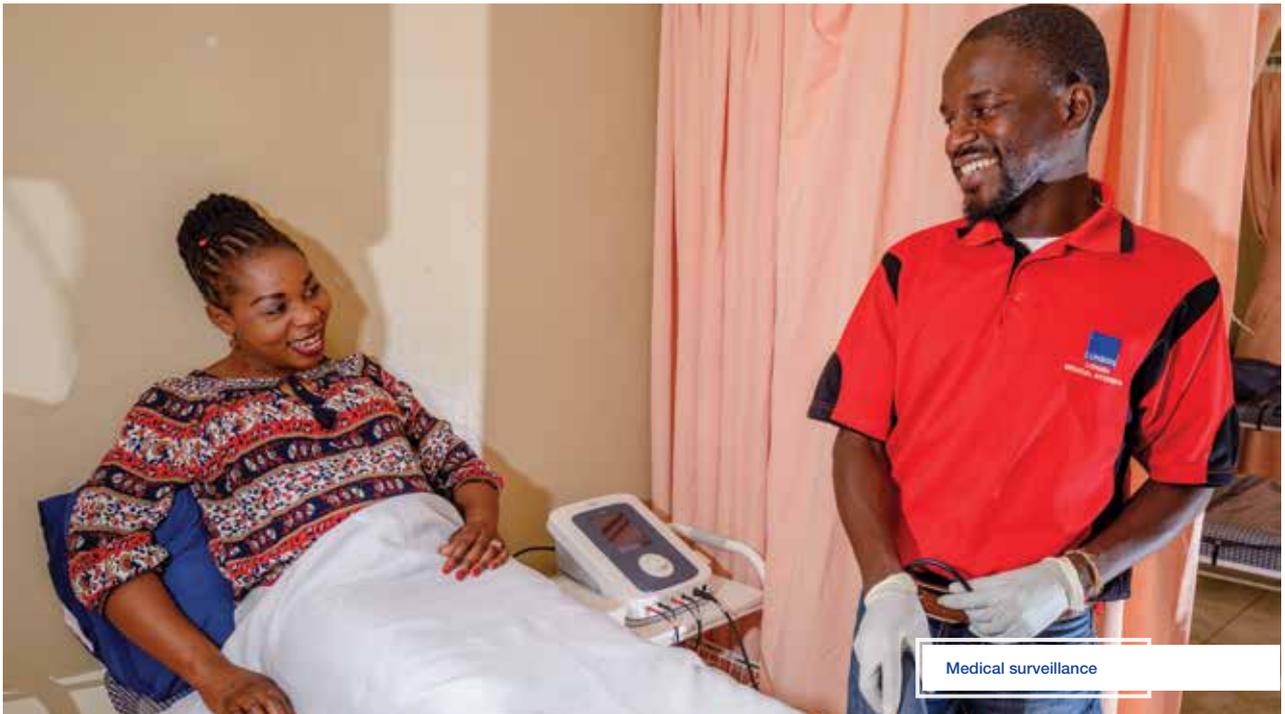
Volunteer services are in the form of proto-teams and surface rescue teams. Proto-teams are trained to fight fires, perform underground rescues, surface fires and car extrications. Proto-teams responded to 11 proto-incidents this year, of which five were off-mine incidents. Together, proto-teams and surface rescue teams responded to 19 calls on and off mine property.

First aid training was provided to 4,874 individuals, of which 246 were from surrounding communities. Basic fire-fighting training was provided to 1,004 individuals, including employees and contractors.

Contractor safety and health

Contractors and their employees are expected to adhere to the Company's safety, health and environmental standards and commit to this through contracts with Lonmin. Contractor safety, health and environmental practices are assessed during tender adjudication, project execution, and on finalisation of the contracts. The contractor safety management team provides safety, health, environment and quality specifications with guidance documentation for adherence to our standards. The chief safety officer for contractors works closely with the Company's Procurement Department so that contractors are aware of these requirements. High-risk contractors are allocated a single point of contact to drive proactive SHE initiatives and measures. Safety audits on contractors working on-site are performed, as well as safety blitzes to continue the focus on safety issues at operations.

Contractor employees undergo medical fitness assessments at the on-site contractor hub and receive induction, which includes training on Lonmin's SHE procedures. On-site contractors have access to our healthcare facilities. Where necessary, contractors are referred to appropriate health services for further medical care. The due diligence process when registering contractor vendors encourages them to offer medical aid to their employees.



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