

HEALTH, WELL-BEING AND OCCUPATIONAL HYGIENE



WHAT WE DID IN 2020

SUCCESSSES

Sibanye-Stillwater took a measured but agile response in order to successfully prepare and operate in an unplanned global pandemic

Successfully screened employees on a daily basis while treating and isolating employees who tested positive for COVID-19

Prepared and operated our own isolating and quarantine COVID-19 facilities which provided relief to the public health system in South Africa

US PGM operations were able to act swiftly in de-densifying transport and implementing social distancing protocols as operations were allowed to continue operating during a regional lockdown

CHALLENGES

Due to COVID-19 receiving dedicated focus in the Group during the year, some of the previously planned outputs and targets could not be achieved

Benchmarks	Status	Page reference
Invest in a single multi-commodity medical scheme for all employees and dependents by 2021. This is part of the objective to achieve universal health coverage for all our employees by 2030	In progress	Refer to page 219
Centralisation of occupational health in the SA gold and Marikana operations and further investment in technology to speed up processes and cycle times at our induction centres to be completed by 2020	Did not meet	Refer to page 215
Silica dust exposure at SA gold operations to be below 0.05mg/m ³ for 95% of all silica dust measurements by 2024	SA gold operations progressing towards the milestone target PGM compliant with the milestone	Refer to page 224
Noise reduction, ensuring all process noise is below 107 dB(A) by 2024	In progress	Refer to page 224
UNAIDS 90-90-90 target by 2020	Did not meet	Refer to page 222

SDGs reflected in this section:

3 GOOD HEALTH AND WELL-BEING

17 PARTNERSHIPS FOR THE GOALS

APPROACH

Delivering on our purpose to improve lives through our mining activities, safeguarding the health and well-being of our employees, their families and our communities is a key priority.

Due to the ongoing management of tuberculosis (TB) and other communicable diseases in South Africa, the Group was well placed to rapidly react to the COVID-19 global pandemic and to ensure

that the health and well-being of our employees remained a priority across the business. Similarly, workforce health was, and will continue to be, a priority for the Group. (For further information refer to Our material issues, page 68.)

Our health and wellness approach is underpinned and guided by our CARES value-proposition and is designed to address and mitigate occupational health risks that employees and contractors confront in their internal and external

environments. Participation in the Health working group of the International Council of Mining and Metals (ICMM) helps increase our awareness of the external environment and engage on health-related matters with peers.

Our safety value encompasses occupational health and well-being, which in turn, can affect safety performance. Sibanye-Stillwater conducts annual medical examinations of all employees and on-site contractors engaged in risky work to ensure that they are fit and healthy enough to meet the inherent requirements of the work assigned to them, as required by the Mine Health and Safety Act (MHSA).

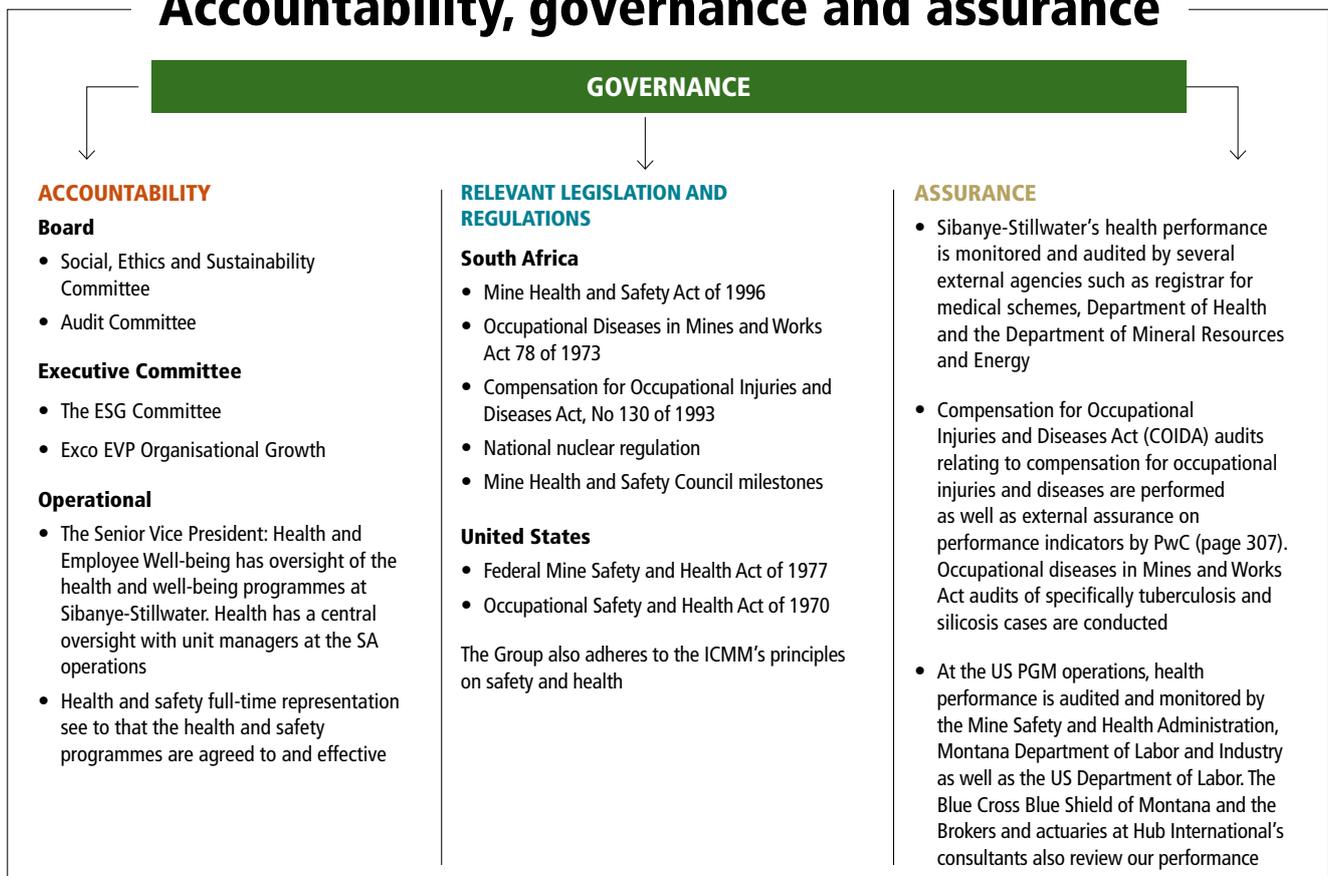
The care we provide is executed through six pillars:

- Access to occupational health resources that assess health risks, determine fitness to work and manage disease and rehabilitation
- Primary health care centres with doctors and nurses managing cases 24/7 and shaft clinics within a walking distance from the workplace with primary health care staff providing health risk assessments and disease treatment for communicable diseases – including TB, HIV and other chronic ailments (diabetes and heart disease, among others)
- Satellite primary health care clinics with nurses operating during office hours
- An employee assistance programme (EAP) provided by ICAS is available to employees and their immediate family via a multi-lingual toll-free call centre facility 24/7. This is a confidential service

that provides support for personal and professional issues that might impact health and well-being

- Emergency medical services equipped with advanced paramedical teams and 24/7 rescue capability – key to each of our operations are emergency preparedness plans. Our medical services are supported by emergency rescue teams with disaster-management capabilities. (Please refer to *Continuous safe production* page 209)
- Wider hospital networks offering specialised care for trauma as well as occupational injuries and diseases. COVID-19 specific enhancements were done to accommodate the pandemic

Accountability, governance and assurance



Key supporting policies and policy statements

- Health and Safety Policy Statement
- Medical surveillance programme
- Drug Abuse Policy
- Mandatory code of practices covering among other things COVID-19, noise and occupational health programmes

HEALTH, WELL-BEING AND OCCUPATIONAL HYGIENE CONTINUED



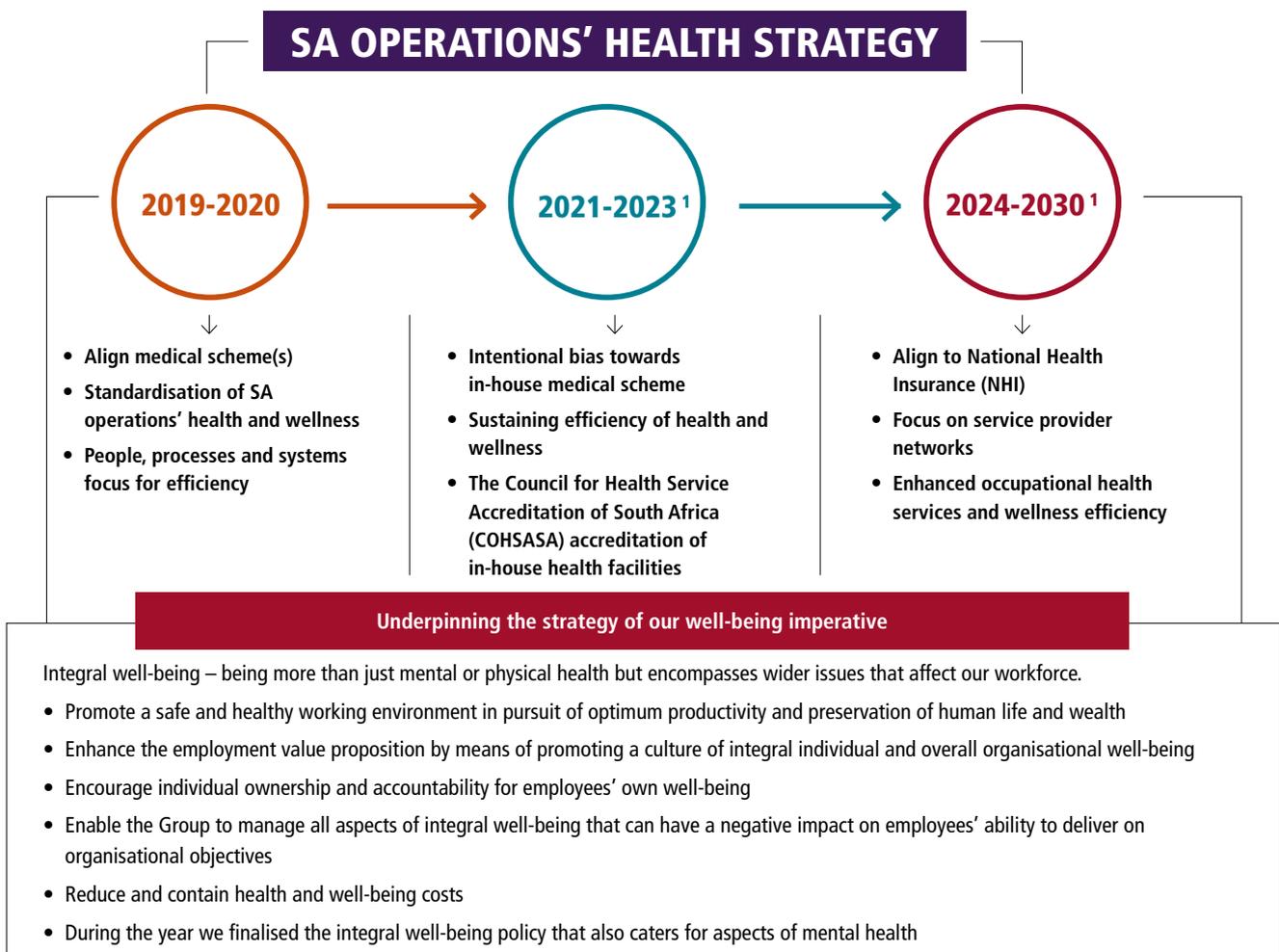
SDG 3 – Ensure healthy lives and promote well-being for all at all ages

Sibanye-Stillwater’s approach to health and occupational hygiene is firmly aligned to and guided by the United Nation’s Sustainable Development Goal 3.

SDG 3 contains a comprehensive list of health targets that have been designed to tackle the more pressing health challenges of our modern age. Among the most significant to Sibanye-Stillwater are the SDG 3.3 and 3.7 targets, which aim to end the epidemics of HIV/Aids, tuberculosis, malaria and other communicable diseases, provide access to safe and effective medicines and vaccines for all and achieve universal health coverage. It is the ambitious aim of the UN to achieve these targets by the year 2030. Refer to page 222 (HIV/AIDS); page 221 (tuberculosis) and page 219 (universal health cover).

STRATEGY

In its effort to achieve the targets set in SDG 3, Sibanye-Stillwater has devised a three-phase health strategy for its SA operations. The strategy is underpinned by our integral well-being imperative that takes a holistic and interconnected approach to the physical, psychological, emotional, social and spiritual health of our employees.



¹ Timelines could potentially impacted due to government roll-out regressions



The Group is still in the first phase of this strategy, with the main focus being the provision of universal health coverage (UHC) to all employees. UHC is defined by the World Health Organization (WHO) as “ensuring that all people can use promotive, preventative, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective while ensuring that the use of the service does not expose the user to financial hardship.”

JOURNEY TOWARDS UHC

South African operations’ medical scheme

During 2020, Sibanye-Stillwater made substantial progress in ensuring all employees are covered by health insurance. All necessary measures and requirements were finalised to migrate all employees within the SA gold operations to health insurance as a condition of employment. This process will be completed during 2021.

This is a significant achievement in Sibanye-Stillwater’s story of change.

Having started this journey with only 8% of its employees having a medical scheme membership in 2013, as of 2021 62% of our SA employees are on medical schemes and every employee across all three business operations now has the freedom of choice and ability to participate in medical schemes that protect them from the financial risk of high medical costs. The slight reduction year-on-year of employees on medical scheme could be ascribed to the reduction of the proportion of the workforce, more specifically the reduction of principle scheme membership from the Marikana operation reflecting the Marikana restructuring. This progress contributes towards the UN’s SDG 3 to achieve universal health coverage, including financial risk protection and access to quality essential health care services.

The medical scheme model is advantageous to both Sibanye-Stillwater, by ensuring efficiencies, and employees, by providing improved access to medical care and the opportunity for partners and families to join a medical scheme.

With the freedom of choice of medical scheme providers, it has become clear that there is little uniformity in the basic benefit structure between the different medical schemes meaning that not all employees have access to the same benefits at the same cost. Our immediate priority is to therefore ensure that participating medical schemes deliver on the mandate to provide equity in and quality of health care, accessibility and financial risk protection. We have formalised employer-participation agreements with all participating schemes to enhance the relationship between the funders, providers, the Department of Health and Sibanye-Stillwater.

Over the longer term, it is the Group’s objective to invest in a single multi-commodity medical scheme which can provide a customised solution for all employees and their dependents, while also leveraging economies of scale. The increase in total health care funding could mostly be ascribed to the annual contribution increase passed on by the medical schemes that is usually medical CPI-related.

SA operations: sources of health care funding (R million)

	2020			2019			2018		
	Total	PGMs	Gold	Total	PGMs ²	Gold	Total	PGMs	Gold
Medical schemes	989	661	328	948	638	310	725	421	304
Company-funded	431	126	305	402	103	300	282	12	270
Compensation for occupational injuries and diseases ¹ (Rand Mutual Assurance)	371	199	172	337	163	173	213	77	136
Occupational diseases in Mines and Works Act dust levies ¹	32	3	29	32	3.7	29			
Total	1,823	989	834	1,718	908	811	1,220	510	710

¹ Health care funding costs exclude Occupational Diseases in Mines and Works Act dust levies for gold (R392 million from 2013 to 2018) and PGM operations (R4.8 million from acquisition to 2018)

² Includes seven months of Marikana operations since acquisition in June 2019

SA operations: funding employee health care (number of employees)

	2020			2019			2018		
	Total	PGMs	Gold	Total	PGMs ¹	Gold	Total	PGMs	Gold
Principal medical scheme members	41,474	35,301	6,173	43,567	² 37,286	² 6,281	25,163	² 18,154	² 7,009
Company-funded employees	21,911		21,911	22,740	0	² 22,740	25,217	0	² 25,217
Total employees	65,347	36,957	28,390	68,682	² 39,661	² 29,021	51,003	² 18,777	² 32,226
Employees on medical schemes-Principle Members (%)	62%	96%	22%	63%	94%	22%	49%	97%	22%

¹ Includes seven months of Marikana operations since acquisition in June 2019

² Medical scheme data has been automated and through this process the previous year’s data has been updated

HEALTH, WELL-BEING AND OCCUPATIONAL HYGIENE CONTINUED



SA operations: medical conditions under management ¹

	2020			2019			2018		
	Total	PGMs	Gold	Total	² PGMs	Gold	Total	PGMs	Gold
Chronic medical conditions (schemes)	24,279	18,165	6,114	28,018	21,621	6,397	10,862	6,871	3,992
Chronic medical conditions (company)	8,726	0	8,726	8,830	0	8,830	8,364	0	8,365
Total	33,005	18,165	14,840	36,848	21,621	15,227	19,227	6,871	12,357

¹ Statistics represent the number of conditions, with some employees having multiple conditions

² Includes seven months of Marikana operations since acquisition in June 2019

SA operations: employees registered on chronic disease management programmes

	2020			2019		
	Total	PGMs	Gold	Total	¹ PGMs	Gold
Principal medical scheme members	40,774	32,970	7,804	44,501	37,286	7,215
Company-funded employees	21,677		21,677	21,970	0	21,970
Chronic medical scheme members	17,157	12,441	4,716	17,033	13,540	3,493
Chronic company-funded employees	6,030		6,030	7,599	0	7,599
Total employees with chronic medical conditions	23,187	12,441	10,746	24,632	13,540	11,092

¹ Includes seven months of Marikana operations since acquisition in June 2019

Health care provision at the US PGM operations

The United States Government does not provide universal health care. It is in this context that Sibanye-Stillwater provides access to health and welfare benefit plans through the contracted national network partner Cigna. This benefit plan provides access to primary care and specialty care for all our employees and their families.

A unique benefit plan, designed to encourage patient and provider accountability, is in place. This is hinged on a three-year commitment with two competing hospital systems in south-central Montana to provide exclusive care for our employees at competitive rates.

We have seen an increased participation in this benefit plan year-on-year. Similarly, we are engaging and working well with our providers. This is evidenced by their commitment to adopting new programmes and providing new benefits to subscribers. An example of new benefits being offered is that of fertility treatment. We are partnering with a local hospital in Montana in this regard in an effort to assist its progression to a centre of excellence for infertility treatment, family planning, and artificial insemination. This is in an effort to support

UN SDG 3.7 by 2030, which aims to ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

PERFORMANCE

Given the extraordinary year due to the pandemic, the focus of our health care team for most of 2020 was, inevitably, managing and mitigating the impact of the COVID-19 pandemic on our employees, contractors and communities.

COVID-19

The spread of the COVID-19 pandemic to the United States in January 2020 and recorded in South Africa in March 2020 was met with our measured and risk-based approach to provide a safe and healthy working environment for our employees and contractors. Our medical staff and facilities have been trained and geared to deal with ongoing tuberculosis and other communicable diseases and therefore developing and adapting to COVID-19 protocols was done smoothly. For more information on how COVID-19 impact us and how we responded, refer to page 12.

SA OPERATIONS

Vulnerability assessments

Vulnerability assessments on all our employees at our SA operations have been performed. This requirement is part of a mandatory Code of Practice for the mitigation and management of COVID-19, which was issued by the Department of Mineral Resources and Energy (DMRE) on 19 May 2020. The objective of this Code is to identify employees who have significant co-morbidities and are at risk of severe COVID-19 diseases and reduce exposure to the virus where reasonably practicable. Another stipulation within this Code is the requirement to do vulnerability assessments to ensure employees are not only healthy but fit for work.

To date we have examined 6,383 and 7,792 vulnerable employees within the SA gold and PGM operations respectively. Of this number, a total of 3.9% of all employees have been classified as unfit and are in the process of application of special measures with increased surveillance and monitoring or accommodation in the workplace. Access to effective COVID-19 vaccines will significantly impact the future risk mitigation of vulnerable employees.



This initiative enhanced medical surveillance of employees, a measure that will be integrated into the annual surveillance examination of employees to ensure that any vulnerabilities they may have are compatible with the type of work required.

The increase of total employees with chronic medical conditions year-on-year is predominantly a reflection of the representation of the Marikana operation for a twelve month period compared to the 2019 seven month period.

Certificates of fitness

A consequence of the national lockdown and our employees having to stay at home for extended periods of time was that, in most cases, their certificates of fitness expired. This means that we have been required to review the fitness of a large number of employees

Fitness assessments

Operations	Number of assessments conducted	Number of fitness-fit certificates
Gold	6,663	5,988
SA PGM	7,784	7,176
Total	14,447	13,164

Mental health services

In an effort to alleviate some of the psychosocial impacts of the pandemic on the well-being of our employees, we expanded access to mental health services in June 2020 at our SA operations. This service includes management support, promotion of well-being and lifestyle changes as well as a broad range of services such as counselling and psychological and trauma issues. The access points include telephonic and face-to-face discussions both off-site and on-site, based on employee preference. Specific resilience training was offered daily to health care workers facing the infectious pandemic. We have wellness teams, social workers, ICAS and network providers to support employees, including those with substance abuse disorders.

in a short period of time while ramping up production at the operations.

Those employees with no vulnerabilities and comorbidities and whose certificates of fitness have not expired have been required to do a statutory-type examination on their return to their shaft. This is a more detailed examination than we would have undertaken pre-COVID-19. Apart from a physical examination, it also includes a COVID-19 questionnaire as well as questions relating to communicable and non-communicable diseases.

This process, together with the vulnerability assessments, is proving an invaluable mechanism in ensuring that we not only have a healthy and strong workforce but one that is fit for their tasks.

Tuberculosis

Since embarking on our objective to eradicate tuberculosis (TB) at all our SA operations, we have successfully reduced the number of active cases from 832 in 2014 to 237 in 2020 (2019:269) at the gold operations. At the PGM operations, the year-on-year the number of active cases reduced from 284 to 257. This equates to a rate of 6.64 per every thousand employees at the SA gold operations and to a rate of 5.36 per every thousand employees at the PGM operations.

While the long-term declining trend at the gold operations can be attributed to improved testing and access to primary health care at shaft clinics, the decline over the past year may have been partly influenced by the unusual events of 2020,



particularly the forced shut-down of operations and other multi-factorial aspects.

The pandemic also increased our collaboration with the Department of Health in South Africa and local communities in controlling the spread of TB across all operations and doorstep communities.

Nevertheless, it is our intention to capitalise on the progress made and enhance efforts to eliminate TB from our operations. This will be done through our standard initiatives of annual compulsory TB screening for all employees at all occupational health centres, and compulsory case management of suspected and confirmed TB cases with follow through to completion of the treatment.

SA gold operations: TB rates per 1,000 employees (new and retreatment cases)

	2020			2019			2018		
	Total	PGMs	Gold	Total	PGMs	Gold	Total	PGMs	Gold
Total TB	6.26	5.36	6.64	6.60	5.30	7.39	9.61	6.71	9.75
Pulmonary TB	5.41	4.69	4.73	5.56	5.04	5.39	8.56	6.62	7.38
Extra pulmonary TB	1.27	0.33	2.04	1.04	0.26	2.01	1.86	Unknown	1.86
Cardiorespiratory TB	5.41	4.69	5.55	5.86	5.04	6.07	8.56	6.62	8.30
Multi-drug-resistant TB	0.19	0.23	0.11	0.16	0.09	0.22	0.10	Unknown	0.10

HEALTH, WELL-BEING AND OCCUPATIONAL HYGIENE CONTINUED



SA operations: number of new and retreatment cases of TB

	2020			2019			2018		
	Total	PGMs	Gold	Total	¹ PGMs	Gold	Total	PGMs	Gold
TB	494	257	237	553	284	269	539	157	382
Cardiorespiratory TB	427	225	202	491	270	221	480	155	325
New cases of Drug Resistant TB	11		11	26	Unknown	26	13	Unknown	13
New cases of multi-drug-resistant TB	15	11	4	8	Unknown	8	4	Unknown	4

¹ Includes seven months of Marikana operations since acquisition in June 2019

HIV/Aids

The year 2020 was intended to be the milestone year to achieve the UNAIDS 90-90-90 targets, an ambitious campaign to tackle the global HIV/Aids epidemic. These targets stipulated that, by 2020, 90% of the workforce be offered HIV testing, 90% of all people diagnosed with HIV infection will receive sustained antiretroviral therapy (ART), and 90% of those on ART have viral suppression.

Owing to a number of factors, not least of which was the impact the COVID-19 pandemic had on our operations, we were not successful in achieving this target. As of the end of 2020, 90% of all employees had

been offered HIV testing at occupational health centres, but (76%) of HIV positive employees were receiving viral suppression treatment. Sibanye-Stillwater does not compel its employees to disclose their HIV status in respecting their human right to do so. While COVID-19 impeded the VCT offered and conducted, it remains our focus to progress VCT.

What was of greater concern during the year, however, was the treatment programme. Following implementation of lockdown level 5 in South Africa and the closure of our underground operations, many employees chose to return to their homes, some of which are in the neighbouring countries of Mozambique and

Lesotho. During this extended lockdown period, we were aware that many HIV positive employees, particularly those stranded across the borders, were not able to get their antiretroviral medication and so their treatment lapsed. The decline in the HAART programme may be ascribed to death, leaving the scheme and/or the inability to trace the individual for follow-up consultations.

In an effort to redress this, Sibanye-Stillwater embarked on a drive to ensure that all employees with viral load suppression were properly screened on their return to check their health status and ensure they resume their treatment programme.

SA operations: HIV, VCT ¹ and HAART ²

	2020			2019		
	Total	PGMs	Gold	Total	⁸ PGMs	Gold
VCT offered	76,819	42,986	33,833	82,670	46,940	35,730
VCT conducted	30,606	22,125	8,481	32,162	28,885	3,277
VCT test-positive	831	326	505	1,608	1,327	281
Proportion of workforce tested ³	39%	46%	27%	39.5	66	8.7
New recipients of HAART ⁴	1,063	509	554	502	Unknown	502
Category 3-8 employees on HAART ⁵	5,511		5,511	5,696	Unknown	5,696
HAART patients alive and on treatment, total employees including category 3-8 employees ⁶	15,163	7,960	7,203	10,744	3,731	7,013
Employees who have left HAART programme ⁷	289	266	23	52	0	52

¹ Voluntary counselling and testing

² Highly active antiretroviral therapy

³ VCT conducted as a percentage of total workforce (employees and contractors)

⁴ Previously the information only reflected Category 3-8 employees, but for 2020 those employees with medical schemes have been added

⁵ Entry-level mining employees (Category 3-8) of the SA gold operations

⁶ HAART patients alive and on treatment, total employees including category 3-8 employees – excludes Marikana data for 2019

⁷ Employees who left HAART programme within 12 months of starting antiretroviral therapy (including retrenched employees with ill health and any other labour-related terminations)

⁸ Excludes the seven months of Marikana operations since acquisition in June 2019, due to records still being verified for integration into the Group

OCCUPATIONAL HYGIENE

Heat-related illness

Given the depth of our underground mines, thermal stress and heat-related illness is an ever present occupational health risk. To mitigate this, Sibanye-Stillwater’s policy is to limit the number of exposures to temperatures above 31 degrees Celsius wet bulb. This is primarily achieved by means of underground ventilation and refrigeration systems, which are reviewed annually against planned production targets to enable safe and productive work. The annual review includes:

- Macro-ventilation distribution per shaft and ventilation districts to ensure availability of the required volume of air in each workplace at an acceptable intake temperature
- Refrigeration availability and distribution per shaft in order to optimise the effectiveness and positional efficiency of available cooling

These measures are proving effective as the incidence of workplace temperatures exceeding 31 degrees Celsius wet bulb reduced in 2020, with the exception of those areas in which no employees were working during the shutdown and slow ramp-up of operations.

All underground employees are trained on standards and procedures regarding thermal stress, including safe declaration and withdrawal temperature limits. Temperature is included in the Rules of Life¹, which instruct employees to withdraw if the temperature is at or exceeds 31 degrees Celsius wet bulb. This temperature is the “Stop and Fix” level, which requires employees to stop work, examine the workplace for deviations, rectify conditions, recheck the temperature and continue working if conditions are satisfactory.

¹ Rules of life reference a set of non-negotiable rules that target addressing risk areas

Radiation exposure

Radiation hazards in our mines are generally very moderate, even in the few gold mines associated with uranium by-product, and do not warrant the type of regulatory attention normally applied to nuclear installations, or even to uranium mines. Nevertheless, radiation conditions are monitored by the National Nuclear Regulator to ensure employees’ exposure is limited. All the SA operations comply with the conditions in our certificate of registration with the regulator by maintaining employee exposure to ionising radiation at less than 20 millisieverts (mSv) annually.

Waste exposed to radiation is negligible, however, all hazardous waste is disposed of responsibly. (For further information refer to the *Minimising our environmental impact* on page 267).

SA operations: occupational diseases (number of cases reported)

	2020			2019			2018		
	Total	PGMs	Gold	Total	² PGMs	Gold	Total	PGMs	Gold
Silicosis ¹	139	66	73	131	60	71	165	106	59
Chronic obstructive pulmonary disease ¹	39	34	5	68	39	29	70	41	29
Noise-induced hearing loss ¹	231	138	93	355	189	166	243	167	76

¹ Number of cases reported includes new and resubmission cases

² Includes seven months of Marikana operations since acquisition in June 2019

SA operations: occupational health management

	2020			2019			2018		
	Total	PGMs	Gold	Total	² PGMs	Gold	Total	PGMs	Gold
Medical surveillance and certificate of fitness examinations – total ¹	235,736	96,934	138,802	194,137	96,650	97,487	123,846	50,146	73,700
Employees	188,321	74,634	113,687	153,187	68,704	84,483	101,152	35,14	66,012
Contractors	47,415	22,300	25,115	40,939	27,946	12,993	22,694	15,006	7,688
Days lost due to health-related absenteeism	804,986	420,651	384,335	736,124	323,232	412,892	776,365	293,822	482,543

¹ Includes heat tolerance screening test (HTS)

² Includes seven months of Marikana operations since acquisition in June 2019

HEALTH, WELL-BEING AND OCCUPATIONAL HYGIENE CONTINUED

SA operations: new and resubmitted cases of occupational lung diseases

	2020	¹ 2019	2018
Silicosis	139	131	165
Gold	73	71	59
PGM	66	60	106
Chronic obstructive pulmonary disease	39	68	70
Gold	5	29	29
PGM	34	39	41
Cardiorespiratory TB	427	491	480
Gold	202	221	325
PGM	225	270	155
Noise-induced hearing loss	231	355	243
Gold	93	166	76
PGM	138	189	167

¹ Includes seven months of Marikana operations since acquisition in June 2019

Cases and claims: Medical Bureau for Occupational Diseases and Compensation Commissioner for Occupational Diseases

	2020	2019	2018
Cases assessed by Medical Bureau for Occupational Diseases (Certification)	16,964	12,670	9,854
Claims processed by Compensation Commissioner for Occupational Diseases	5,881	7,388	10,575
Total paid to beneficiaries (R million)	201	198	212

Noise-induced hearing loss

In South Africa, Sibanye-Stillwater has committed itself to achieving the Mine Health and Safety Council (MHSC) noise reduction milestone of ensuring all process noise (including machinery) is below 107 dB(A) by 2024. Investigations are ongoing to mitigate personal noise exposure for employees, including engineered solutions (such as silencers on rock drills and visible warning signs in relevant areas) in tandem with hearing protection devices for employees working in noise areas. Employees' exposure to noise is monitored in terms of the Mandatory Code of Practice on Noise, issued by the DMRE.

A hearing conservation programme has been rolled out to the SA PGM operations.

The procurement process is underway for the provision of moulded hearing protection for employees exposed to high noise areas at the gold operations and at the PGM operations personalised hearing protection is provided to employees working in high noise areas at the Rustenburg and Kroondal operations. This programme will be rolled out to the Marikana operations towards the end of 2021.

The SA gold operations are in the process of rolling out moulded hearing protection to high risk employees.

The diagnosis of noise-induced hearing loss (NIHL) is made on assessment of the percentage of hearing loss from baseline audiograms, with NIHL defined as a shift in excess of 10% that has developed over a prolonged period after repeated exposure to noise levels exceeding 85 dB(A).

NIHL cases declined overall for the SA operations during 2020 with the SA PGM operations reducing from 189 cases to 138 cases and the gold operations decreasing from 166 cases in 2019 to 93 cases in 2020. The welcomed reduction in NIHL cases is a consequence of the ongoing implementation of the mandatory Code of Practice on Noise and observance of control measures.

Silica dust management

The occupational lung disease of silicosis is an ongoing legacy issue that is a significant strain on Sibanye-Stillwater's gold operations. Silicosis is caused by the inhalation of respirable crystalline silica dust particles over a long period of time. It can also increase susceptibility to work-related tuberculosis. Silica usually occurs where quartz concentrations are high, as is the case in many of South Africa's deep-level gold mines.

The SA operations have adopted the MHSC's target to ensure that, by December 2024, 95% of all exposure measurement

results will be below the milestone level for respirable crystalline silica of 0.05mg/m³. We also adhere to the regulated Occupational Exposure Limit for silica dust of 0.1mg/m³.

At our SA operations, employees' exposure to airborne pollutants (including silica dust) is monitored in line with the Mandatory Code of Practice for an Occupational Health Programme (Occupational Hygiene and Medical Surveillance) on Personal Exposure to Airborne Pollutants of the DMRE.

While the Group has made strides in the area of silica dust management, there has been a regression in performance over the past two years. This is largely due to the disruption in mining activities first in early 2019, as a result of prolonged five-month-long industrial action, and then again in 2020, owing to the COVID-19-compelled suspension of mining activities and subsequent slow ramp-up in production. In both instances, underground areas were not maintained and became excessively dry, causing a rise in silica dust. Although a slight increase in silicosis cases could be seen year-on-year, the overall trend over time is expected to decline.

Following the spike in dust exposure in 2019, the internal target for silica dust exposure was reviewed at the beginning of 2020 and increased from 6% to no more than 8.7% of all samples to exceed 0.05

mg/m³. The increased target, however, remains in line with the objective to comply with the MHSC target. Effort is being made to regain our momentum to reduce dust below acceptable levels.

In 2020 a process to monitor dust generation and dust loads through the shaft barrels, station tips, station ore-transfer systems, station atomisers, haulage conditions and finally dust conditions at working places was implemented. This was in addition to a poster campaign aimed at increasing awareness of dust and silicosis among gold mining employees.

We installed real-time monitors to track airborne pollutants. To date, 50 real-time

dust monitors have been installed and commissioned. The data from these dust monitors is collated automatically and daily reports are generated and distributed using QlikView software.

Given that silica content is negligible and virtually undetectable at our SA PGM operations, in contrast to our gold operations, underground dust exposure is not a challenge at these operations. However, dust on surface, particularly that blown off tailings storage facilities and from haul roads, is a nuisance and the reduction of such is an ongoing focus. For further information refer to *Minimising our environmental impact* on page 256.

Tshiamiso Trust

On 6 February 2020, the Tshiamiso Trust was registered with the Master of the High Court in South Africa. The function of the Trust is to carry out the terms of the historic R5 billion settlement agreement, reached between six mining companies and claimant attorneys and which came into effect on 10 December 2019, and to manage the compensation process.

Sibanye-Stillwater was instrumental in the negotiation of that settlement and actively involved in the establishment and registration of the Trust. We have also assisted in the process of creating the operating structures and claims system.

However, the Trust has been severely hampered in its ability to become fully functional and effective owing to the onset of the COVID-19 pandemic. Medical experts and authorities, in South Africa and elsewhere, have advised that lung function tests should not be carried out at this time. Under these circumstances, the Trust has been limited to considering claims from individuals who have existing medical records. The list of trustees can be viewed at <https://www.tshiamisotrusted.com/about/trustees-advisory-board/>.

Diesel particulate matter

The use of diesel-powered equipment, particularly in our underground mining operations, has the potential to over-expose our employees to diesel particulate matter (DPM), which may compromise their health over the medium to long term.

Given the widespread use of diesel-fuelled machines and vehicles on all our operations, DPM is a risk to employee health. Across the Group, mitigation measures include increasing dilution ventilation and equipment maintenance to reduce employees' exposure. PPE is also provided to further reduce personal exposure. Through the ICMM working group on DPM we are strengthening our knowledge and strategy on the management of DPM exposure.

In South Africa, there is currently no legislated occupational exposure limit (OEL) but our internal control limit for exposure to DPM is to maintain employee exposure at a maximum of 0.16mg/m³ (measured as total carbon).

In 2020, a total of 1,393 personal DPM exposure samples were taken at the SA gold operations – 134 samples exceeded the Sibanye-Stillwater target. Of the 577 personal DPM exposure samples taken at the SA PGM operations in 2020, 171 samples exceeded our internal target.

In 2020, the SA operations were still testing diesel particulate filters and evaluating a number of other initiatives, as well as draft guidelines. Once completed, it is anticipated that recommendations will be implemented in 2021.



Creating awareness by celebrating World's Aids day

US PGM OPERATIONS

Diesel particulate matter

In the US, work was continued to improve DPM management. In 2020, initiatives undertaken included traffic monitoring and control, biofuel implementation for some equipment, clean fuel initiatives at the mines, and alternative transportation research as well as test work on the battery powered load haul dump machinery.

Among the significant projects was the expansion of the ventilation engineering staff and the initiation of a new mine ventilation modelling exercise. This new model, once implemented, will allow engineering staff to simulate and model, based on the amount of equipment in an area, the ventilation requirements for any given area prior to actual development.

To further enhance air quality monitoring, a Pinssar monitoring unit has been installed at the Stillwater and East Boulder mines while a further seven units has been installed in strategic locations around the site. These will be used to develop an air quality management system that will not only allow for accurate monitoring but allow for some predictability of DPM exposure levels.

In the United States, it is a legislated requirement for DPM to be below 160 micrograms per cubic metre for total carbon. To ensure compliance, each mining operation employs an industrial hygienist to monitor engineering controls, administrative controls, and employee exposures. Routine sampling was conducted throughout 2020 and sampling showed an approximately 40% improvement in results requiring the mandating of respirators. This is evidence that the company's efforts in this sphere are yielding positive results.

HEALTH, WELL-BEING AND OCCUPATIONAL HYGIENE CONTINUED

Dust and other airborne pollutants management

Silica dust sampling results at our US PGM operations were below permissible exposure limits. Other airborne pollutants and hazards are, however, consistently monitored and the pulmonary function of employees and contractors is tested annually at all three sites. In addition to routine monitoring by employees and the State of Montana, independent industrial hygiene consultants evaluate exposures at the Metallurgical Complex.

The analytical laboratory at our US PGM operations is not covered by the Occupational Safety and Health Administration’s regulation for lead exposure but it has voluntarily implemented controls and monitoring to ensure employees are not exposed to lead.

Radiation exposure

A radiation safety programme is implemented at all the US operations and a dedicated radiation safety officer monitors radiation levels by means of nuclear gauges. We comply with guidelines issued by the Nuclear Regulatory Commission.

Noise-induced hearing loss

A dedicated hearing conservation programme, which provides training on the effects of noise as well as the use of personal protective equipment, has been underway for several years. The effectiveness of this programme is evidenced by the fact that no elevated exposures were recorded in 2020.



📷 Donating sanitizers to the Carletonville hospital, close to our SA gold operations

FUTURE FOCUS

In both South Africa and the United States, the priority focus will remain the management and mitigation of the impact of COVID-19 on our employees and communities.



- From an occupational health perspective, attention will continue to be paid to managing DPM across all our operations in South Africa
- Driving awareness on the transitioning to a medical scheme and the responsible management of the health insurance benefits will continue in 2021
- Management to advocate that all stakeholders, from service providers to medical scheme providers, respect and collectively drive our CARES values
- Progress the implementation of Pinssar DPM monitors and develop the criteria for triggering timely corrective actions in an effort to reduce employees’ exposure to DPMs
- Standardisation of the Industrial Hygiene programme for the US operations
- Identify and implement stationary gas and airflow monitoring units to reduce the risk of overexposure to mine gases



Two ambulances were supplied to assist with maternity and obstetric emergencies in the SA PGM region