



Health Performance Standards Manual

Issued Version History

Date	Version	Prepared by	Notes
23 Apr 2019	1	Portia Weeks	Major review of health standards to meet best practice requirements
17 Dec 2019	2	Portia Weeks and Elecia Duly	Major design, consistency and formatting changes, and a revision of the standards
10/06/2020	3	Portia Weeks	Added the Occupational Hygiene Exposure Management Guideline (OGC-450-GUI-008) reference. Amended 2.4.1 to remove the requirement for Functional Assessments on exit.

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1 Worker Occupational Hygiene

Purpose

To identify, assess and control the risks associated with occupational hygiene stressors in the workplace, and to prevent worker¹ exposure to immediate or latent health impacts.

Minimum Standards

- 1.1 Each Business Unit shall develop a Worker Health and Hygiene Plan based on a thorough risk identification process. Refer to Occupational Hygiene Exposure Management Guideline (OGC-450-GUI-008).
- 1.2 The identified risks and associated verification/validation controls, which may impact the health of workers shall be recorded in the Site Risk Register to eliminate or minimise the risks to an acceptable level.
- 1.3 A Site Plan shall be developed to describe all systems, processes, procedures, operational controls and safeguards undertaken to manage the risks identified by the risk assessment process.
- 1.4 The Worker Health and Hygiene Plan shall include, but is not limited to:

1.4.1 Modelling and design

There shall be specific modelling and design standards to ensure the design, layout and construction of the working area is safe for all authorised users. The design of the work area shall be initially assessed to include at a minimum a workplace walk through survey for the following:

- Noise;
- Vibration;
- Airborne exposures;
- Diesel particulates;
- Fumes;
- Chemical and hazardous substances exposure;
- Vibration (hand-arm and whole-body);
- Temperature (heat/cold stress);
- Biological hazards;
- Radiation (ionising and non-ionising);
- Manual handling and ergonomics;
- Fatigue;
- Water quality; and
- Wellbeing.

¹ All employees, contractors, subcontractors, apprentices, trainees and volunteers working at a Business Unit.

1.4.2 Operating standards

Each Business Unit shall ensure worker health and hygiene evaluation processes and procedures are considered in all operational activities. The entirety of the workforce on site shall be accounted for as part of a Similar Exposure Group (SEG).

1.4.3 Monitoring program

Each Business Unit shall use SEGs to develop a Workplace Exposure Monitoring (WEM) program. The monitoring program shall include a:

- Hazard walk through survey;
- Static, personal and biological monitoring (where appropriate), in compliance with the host country;
- A risk-based approach for all SEGs, to determine sample numbers based on the industry standard; and
- Sampling frequency and method will be dependent on the stressor being measured, length of exposure, and the job frequency.

The WEM schedule shall be monitored on a regular basis, reviewed annually, and updated when a new risk is identified. The monitoring shall be undertaken by a person who has knowledge, skills and experience in the appropriate techniques and procedures, including the interpretation of results.

The annual schedule shall be developed to consider the results from the previous year, as well as any new exposure risks identified from incidents, process modifications or risk reviews.

Results of workplace monitoring shall be recorded in the Cority system.

All sample analyses shall be performed by an accredited laboratory.

Individual exposure monitoring results shall be provided and explained to the worker within one month of receiving the results.

1.4.4 Procedures and rules

There shall be a personal protective equipment (PPE) procedure to ensure:

- Availability of correct PPE for tasks;
- Correct selection of PPE for tasks;
- Correct fit of PPE;
- Training/awareness of potential health hazards;
- PPE disposal requirements;
- Maintenance and calibration of PPE in line with the suppliers recommendations;
- Signage where there are areas of high risk; and
- Annual Hygiene reports as per guideline (OGC-450-GUI-008).

The Business Units shall have a guideline on potential health symptoms resulting from specific exposure to known contaminants. This guideline shall be developed by a competent person and used by the health nurse to assist in early identification and intervention.

The Business Units shall have a documented process for resampling risk areas to ensure new controls have been effective. In addition, a Trigger Action Response Plan (TARP) shall be developed for high risk stressors, as identified in the risk assessment (RA) process.

1.4.5 Quality assurance and quality control

The Business Units shall have a worker health committee representative of the workforce. The purpose of the committee is to:

- Monitor the results of the nominated WEM stressor;
- Ensure the sampling is undertaken by a competent person;
- Evaluate WEM results and discuss potential improvement strategies;
- Identify hazards which may potentially cause a health issue;
- Research improved control strategies and methods for nominated hazards;
- Monitor the status and timely closeout of all actions;
- Review all WEM exceedances and/or health and hygiene issues, and factors that may be contributing to the exceedance; and
- To educate mine personnel in implementing controls of nominated stressors.

2 Worker Medical Assessments

Purpose

To identify and assess the functional requirements of a specific role and ensure the chosen worker is capable of safely undertaking their designated activities without exposing themselves or others to injury or harm.

Minimum Standards

- 2.1 Each Business Unit shall develop a medical assessment and physical demands analysis through a RA process.
- 2.2 The identified risks and associated verification/validation controls, which may impact the health of workers shall be recorded in the Site Risk Register to eliminate or minimise the risks to an acceptable level.
- 2.3 A Site Plan shall be developed to describe all systems, processes, procedures, operational controls and safeguards that need to be undertaken to manage the risks identified by the RA process.
- 2.4 The Worker Medical Assessment Plan shall include:

2.4.1 Modelling and design

Medical and functional assessments specific to a role shall be implemented by Business Units prior to commencing work, post offer, and periodically during employment. When an employee is exiting employment, a medical shall be undertaken.

In the instance of employee termination the offer of an exit medical shall be encouraged.

Each Business Unit shall select a preferred medical provider who has undergone a pre-qualification process to ensure the jobs, activities and potential health impacts of our business are known and understood. (Refer to the corporate Health and Safety page on SharePoint)

The following forms shall (unless excluded by the host country) be used or amended to align with the host countries legislative requirements for health assessments:

- Contractor Health Assessment ([OGC-450-FOR-006](#));
- Pre-Employment Health Assessment ([OGC-450-FOR-002](#));
- Worker Periodic Health Assessment ([OGC-450-FOR-005](#));
- Exit Medical Assessment ([OGC-450-FOR-001](#));
- Physical Demands Assessment (PDA) and SEGs; and
- Return to Work Procedure, and Plan as per Business Unit requirements.

The pre-employment medical assessment process shall ensure all new employees sign off and are aware of the company's expectation to disclose pre-existing medical conditions. Changes in health status or any new medical conditions shall be disclosed to the employer in a timely manner.

The medical and functional assessments shall be specific to the physical demands of the role. The frequency of these assessments shall be determined by the operation using a risk-based approach.

2.4.2 Procedures and rules

Workers with longer term health impacts (greater than three months, including pregnancy), will require a doctor to assess 'fitness for work' within one week of the company being notified.

All persons who have been away from site for more than three months will require a medical assessment and physical demands analysis prior to returning to work.

A process shall exist to ensure all employees changing roles have been assessed to meet the physical demands of the new role. If the position is similar this process may not be required and is at the discretion of the Health and Safety Manager based on the specific role requirements.

All assessment results shall be maintained in a confidential manner and uploaded into the Cority System database.

2.4.3 Quality assurance and quality control

- Contractors shall be audited periodically to ensure they meet the requirements of this standard, at a minimum;
- Rules relating to security setup of Cority shall be verified by the Cority administrator periodically, this process is to be driven by the Business Units, and all records are to be stored at the relevant Business Units;
- The medical provider shall provide generic non-named information on a regular basis for reporting and analysis by the Business Units; and
- RTW plans shall be reviewed by the Business Units designated department to ensure that the process is effective.

3 Fitness for Work

Purpose

To effectively identify, assess and manage a workers Fitness for Work (FFW). This is to ensure workers are capable of safely undertaking their designated activities and are not exposed to injury or harm while doing so.

Minimum Standards

- 3.1 Each Business Unit shall develop a FFW program using a RA process.
- 3.2 The identified risks and associated verification/validation controls, which may impact the health of workers shall be recorded in the Site Risk Register to eliminate or minimise the risks to an acceptable level.
- 3.3 A Site Plan shall be developed, implemented and monitored by the Business Units to describe all systems, processes, procedures, operational controls and safeguards that need to be undertaken to manage the risks identified by the RA process.
- 3.4 The FFW plan shall include:

3.4.1 Procedures and rules: drug and alcohol

A process shall be developed to identify, reduce and manage potential impairment from alcohol and drugs (including prescribed and non-prescribed medication) in the workplace, and shall include:

- A process for testing breath alcohol content (BAC);
- Drug and alcohol testing conducted by a trained and competent person;
- A list of identified prohibited substances at OceanaGold;
- A stand down procedure for persons who return an initial not-negative test result from drug screening until confirmatory testing is undertaken;
- A procedure for dealing with confirmed positive test results for illicit or non-prescribed substances and alcohol;
- A Zero tolerance to alcohol site policy; and
- An opportunity for pre-test disclosure for BAC.

3.4.2 Procedures and rules: fatigue management

A process shall be developed to identify, reduce and manage fatigue related risks, and shall include:

- Fatigue RAs, inclusive of fatigue resulting from; hand/arm vibration, whole of body vibration, and extreme climatic conditions;
- Tools to support supervisors to ensure fatigue is assessed as part of risk management activities, including overtime (e.g. acclimatisation process for persons working in extreme heat conditions if off work for an extended period greater than one month);
- Significant variations to roster cycle and hours of work require a documented RA and approval from the General Manager; and
- Contractor management and monitoring of hours worked.

3.4.3 Procedures and rules: hydration management

Procedures and methods shall be developed to identify, reduce and manage the thermal risk and dehydration of workers, and shall include:

- The identification of high thermal risk work areas - heat stress index, thermal stress limits;
- Physiological monitoring processes - use of thermometers and urine refractometers; and
- Mitigation strategies - provision of PPE, cool refuges, drinking water, rest breaks.

3.4.4 Supervise, monitor and review

Each Business Unit shall monitor the effectiveness of the system and processes implemented for FFW, and review when there are changes in the host country legislation or the risk profile changes.

3.4.5 Training and competency

Each Business Unit shall develop educational programs specific to:

- Drug and alcohol use and miss-use;
- Fatigue management awareness - educating workers on the effects of fatigue, especially its effects on vigilance and task performance;
- Hydration monitoring awareness; and
- Mitigation strategies - provision of PPE, cool refuges, drinking water, rest breaks.

3.4.6 Quality Assurance (QA) and Quality Control (QC)

Each Business Unit shall have internal and external QA/QC assessments (audits) to verify this standard is being met within the Business Unit. The QA/QC process shall include:

- Testing of illicit, non-prescribed and prescribed drugs, which may impact on FFW;
- Drug and alcohol testing program implemented and maintained;
- Storage of drug and alcohol results;
- Contractor management and compliance with this standard;
- Confirmatory drug testing to be undertaken at third-party accredited laboratories; and
- Routine supervision, monitoring and review of employees FFW.

4 Worker Health and Wellbeing

Purpose

To identify, assess and manage worker health and wellbeing so they are capable of safely undertaking their designated activities and are not exposing themselves or others to injury or harm. To provide appropriate referral to support where risks are identified.

Minimum Standards

- 4.1 Each Business Unit shall develop a wellbeing program using a RA process
- 4.2 The identified risks and associated verification/validation controls, which may impact the health of workers shall be recorded in the Site Risk Register to eliminate or minimise the risks to an acceptable level.
- 4.3 A Site Plan shall be developed, implemented and monitored by the Business Units to describe all systems processes, procedures, operational controls and safeguards that need to be undertaken to manage the risks identified by the RA process.
- 4.4 The worker health and wellbeing plan shall include:

4.4.1 Training and competency

Each Business Unit shall develop educational programs on a monthly basis specific to:

- General health and wellbeing;
- Workplace stressors;
- Mental Health and resilience;
- Available support to the worker including Employee Assistance Provider (EAP) and competent external providers; and
- Reference to various support mechanisms in the on-boarding process.

5 Business Travel Health Risk Management

Purpose

To identify, assess and manage business travel health risk, to ensure workers are capable of safely undertaking their designated activities and are understanding of the health risks associated with business travel.

Minimum Standards

- 5.1 Each Business Unit shall develop a business travel and health plan based on the RA process. Refer to the OGC Travel Risk Guideline ([OGC-450-GUI-006](#)).
- 5.2 The identified risks and associated verification/validation controls, which may impact the health of workers shall be recorded in the Site Risk Register to eliminate or minimise the risks to an acceptable level.
- 5.3 A Site Plan shall be developed, implemented and monitored by the Business Units to describe all systems, processes, procedures, operational controls and safeguards undertaken to manage the risks identified by the RA process.
- 5.4 The Business Travel and Health Risk Management plan shall include:

5.4.1 Procedures and rules

A process shall be developed to identify, reduce and manage potential health risks associated with business travel, and shall include:

- The setup of preferred medical providers who are aware of the job roles within the business;
- Individual awareness of relevant local (in-country) community health hazards and precautions necessary when arranging travel;
- Relevant advice, immunisations and medications required prior to arrival at the Business Unit location;
- Risks to be considered include:
 - Current health status and medication use;
 - Vector borne diseases (Malaria and Dengue Fever);
 - Typhoid, Cholera, Yellow Fever, Japanese Encephalitis, Rabies and Hepatitis;
 - Transport;
 - Food and drinking water availability and choices;
 - Expenses and currencies;
 - Communication and emergency contacts;
 - Travel insurance; and
 - Personal security.

- Prior to initial travel to any altitude above 3000 m, travellers shall be reviewed by a physician and shall consider:
 - Determination of lung function, heart function and absence of significant ischaemic or valvular disease, and epilepsy, which may be adversely affected by low oxygen concentrations uncontrolled hypertensive conditions;
 - An Electrocardiograph and Exercise Stress Test shall be performed;
 - Potential for altitude sickness and associated medications and treatments including exercise caution in the first week; and
 - Where possible 2 or 3 days shall be allowed to begin acclimatisation to altitude before work begins.

6 Musculoskeletal Health

Purpose

To identify, assess and manage the occurrence of musculoskeletal injuries (sprains, strains and over use syndrome), to ensure workers are capable of safely undertaking their designated activities and are not exposing themselves or others to injury or harm from workplace environments and activities.

Minimum Standards

- 6.1 Each Business Unit shall develop a Musculoskeletal Health Program using a RA process to identify, monitor and control the risk to worker musculoskeletal health and prevent/control manual handling, ergonomic, and musculoskeletal risks (e.g. posture, movement, forces and vibrations).
- 6.2 The identified risks and associated verification/validation controls, which may impact the health of workers shall be recorded in the Site Risk Register to eliminate or minimise the risks to an acceptable level.
- 6.3 A Site Plan shall be developed, implemented and monitored by the Business Units to describe all systems, processes, procedures, operational controls and safeguards undertaken to manage the risks identified by the RA process.
- 6.4 The musculoskeletal health plan shall include:

6.4.1 Workplace and equipment design

- Machines, equipment or alternative systems of work shall be used to protect workers from harmful exposure due to heavy, awkward or repetitive tasks, wherever practicable;
- There shall be design criteria to reduce ergonomic risk for the purchase or build of new, fixed and mobile workplace equipment and furniture. This also applies to changes to existing equipment; and
- Workplace design, layout, practices and operational procedures shall address health risks identified in the health and hygiene RA.

6.4.2 Training and competency

Each Business Unit shall develop educational programs for the prevention of musculoskeletal injuries, manual handling and ergonomic risks (e.g. posture, movement, forces and vibrations). The program shall include:

- Sedentary risks;
- Occupational Overuse Syndrome (OOS);
- Manual handling and ergonomic risks;
- How to recognise unsafe conditions and early symptoms of musculoskeletal disorders; and
- Support to maintain health and identify risk factors.

6.4.3 Procedures and rules

The use of the corporate Muscular Injury Treatment Plan ([OGC-450-PLN-000-0](#)) or an musculoskeletal (MSK) plan developed by the host country shall be used for all musculoskeletal injuries.

7 Food and Water Quality

Purpose

To identify, assess and protect against the effects of poor-quality food and water provided by the Business Unit, to ensure workers are capable of safely undertaking their designated activities and are not exposed to injury or harm.

Minimum Standards

- 7.1 Each Business Unit shall develop a food and water quality program using a RA process to identify, monitor and control the risks to workers.
- 7.2 The identified risks and associated verification/validation controls, which may impact the health of workers shall be recorded in the Site Risk Register to eliminate or minimise the risks to an acceptable level.
- 7.3 A Site Plan shall be developed, implemented and monitored by the Business Units to describe all systems, processes, procedures, operational controls and safeguards undertaken to manage the risks identified by the RA process.
- 7.4 The food and water quality plan shall include:

Where food and water are provided by the Business Unit (e.g. OGC camps), a formal written procedure shall be established and maintained for:

- QA and QC processes;
- Purchase of food from reputable sources;
- Transportation and storage at appropriate temperatures;
- Hygienic handling; and
- Cleaning and sanitation practices.

Waste shall be treated to prevent access for pests, rodents or native wildlife.

Refrigeration and freezing equipment shall be maintained and checked for accurate temperature control at OGC camps and on site.

Controls shall be in place to prevent processed and reticulated water being accidentally connected to potable water lines.

Monitoring of potable water quality shall be undertaken to ensure quality complies with the World Health Organization (WHO) Guidelines for drinking water quality.

Business Units shall apply for and maintain any required permits/licences where the Business Unit provides drinking water to the community or other stakeholders according to host country requirements.