

## Group Standard

### H5 - Vector-borne and infectious disease control

Group standard	Title: <b>Vector-borne and infectious disease control</b>			
	Function: <b>Health, Safety, Environment and Communities (HSEC)</b>			
	No. of Pages: <b>4</b>			
	Approved : <b>12 November 2014</b>	Effective: <b>1 April 2015</b>	Supersedes: <b>B8 Legionnaires disease (2009); B9 Travel and remote site health (2009); B11 HIV/AIDS (2009)</b>	Auditable From: <b>1 April 2015</b>
Owner: <b>Global head of Health, Safety, Environment and Communities</b>		Approver: <b>Executive Committee</b>		Target Audience: <b>All Rio Tinto staff and each Rio Tinto Group business and function</b>
Direct Linkages to other relevant Policies, Standards, Procedures or Guidance notes:  <b>Rio Tinto management system, Health and medical monitoring Group procedure. Communities and Social Performance standard.</b>				
Document purpose:  <b>To support implementation of the Group Occupational Health and Safety policy. It defines the minimum acceptable requirements for behaviours and/or conditions in respect of managing the potential for health impacts associated with vector-borne and infectious diseases, which, if not met, could materially impact the Group.</b>				

## H5 - Vector-borne and infectious disease control

### Intent and scope

This standard applies to all Rio Tinto business units and managed operations, through all stages of their lifecycle from exploration through to closure. It covers the control of vector-borne and infectious diseases with specific focus on human immunodeficiency virus (HIV), tuberculosis (TB), malaria and Legionnaires disease. It applies to health and fitness issues associated with:

- travel;
- employees and contractors working in affected areas;
- temporary site visits, particularly associated with working in remote areas; and
- the supply of food and water by our businesses.

The intent is to:

- Safeguard health during work-related travel and manage workplace exposures to vector-borne and infectious disease.
- Assist compliance with local legal requirements and industry standards.
- Reduce the occurrence of occupational illness for employees, contractors and third parties, with a focus on preventing fatalities and permanent disability.

This standard is risk based and applies where there is a high or critical risk of harmful effect due to vector-borne and infectious disease.

### Control requirements

Requirements in this standard apply in addition to any defined in the Rio Tinto management system.

### Planning

- 1.1 Operations must assess the risks posed by vector-borne and infectious disease, including those related to travel. Where applicable, a control programme must be implemented.
- 1.2 Where thresholds for HIV/AIDS<sup>1</sup> and/or TB<sup>2</sup> are met, businesses must:
  - a) ensure that employees have access to an integrated HIV/AIDS and TB management programme whether through health insurance; a private provider; a medical aid scheme or other locally available resources. These will include counselling, testing, appropriate treatment or referral where necessary. Access to the HIV/AIDS and TB management programme should also be provided to the employees' direct family members<sup>3</sup>.

---

<sup>1</sup> The HIV community incidence rate is at or above one per cent (as defined by the Joint United Nations Programme on HIV/AIDS - UNAIDS). Also in lower prevalence areas where the presence of HIV/AIDS poses a high or critical business risk due to influx of migrant workers from areas with prevalence greater than one per cent.

<sup>2</sup> The country is classified as 'High Burden Disease' territory for TB (as defined by the World Health Organization (WHO)).

<sup>3</sup> Direct family members include only spouse and children.

- b) implement control strategies for the HIV/AIDS/TB risks for contractors where appropriate, working closely with relevant stakeholders.
- 1.3 In locations listed as being at high risk of malaria (as defined by the WHO), businesses must:
  - a) ensure that a risk-based malaria assessment is completed;
  - b) implement an appropriate malaria prevention and management programme that addresses vector control, personal protection, chemoprophylaxis, diagnosis, treatment and education; and
  - c) enable the integration of company, government and non-government organisations (NGO) initiatives where relevant.
- 1.4 Water systems and equipment with the potential for growth of *Legionella* bacteria and to generate water mist must be identified. The risk must be assessed and a control programme developed for high or critical risks. Focus must be on design requirements for new or retrofitted equipment to minimise the risk of *Legionella* growth.

## Implementation and operation

- 1.5 Partnerships must be actively sought with specialist external organisations to deliver HIV/AIDS/TB education.
- 1.6 There must be no discrimination on the grounds of HIV status. Operations must manage their HIV/AIDS programmes in compliance with this commitment such that:
  - a) discrimination toward employees on the basis of actual or perceived HIV status is forbidden;
  - b) HIV screening is not a requirement for recruitment or a condition of employment; and
  - c) information on HIV status must be maintained in medical confidence.
- 1.7 In high or critical risk locations, there must be a programme in place to prevent infectious diseases caused by improper sanitation, contaminated food and water, and disease vectors. The programme must ensure that:
  - a) food provided by the company is purchased from reputable sources, stored at correct temperatures and prepared in a safe manner and location. It must be inspected for temperature and signs of spoilage on receipt. Preparation practices must be checked against recognised food preparation quality criteria;
  - b) the company's drinking water sources are located away from potential contamination. The water must be treated and periodically checked against recognised water quality criteria; and
  - c) waste is treated in a way that prevents water and air pollution and is not accessible to insects or rodents.
- 1.8 *Legionella* control programmes must include:
  - a) maintenance and cleaning procedures to reduce the risk of contamination of water systems and equipment with other microbial organisms;
  - b) a monitoring procedure that includes the *Legionella* plate count test;
  - c) control measures to minimise aerosol emissions; and

- d) procedures for disinfecting systems if significant concentrations of Legionella bacteria are present. Once disinfected, systems must be retested to confirm effectiveness of treatment before starting normal operation again, where practicable.

## **Travel health**

- 1.9 There must be a process in place to minimise the impact of travel-related health and safety risks. It must:
  - a) ensure that all international travellers (e.g. visitors, secondees & contractors) are adequately informed before travel;
  - b) include information on food safety, current warnings on location-specific disease risks and the need for immunisations / prophylaxis and behavioural precautions (e.g. sunscreen, insect repellent, appropriate clothing, etc.); and
  - c) include information on jet lag, deep vein thrombosis (DVT), local security and safety threats and emergency procedures.
- 1.10 A medical travel kit must be made available for travellers to remote/high risk areas. In addition, a process must be established to manage travel-related health concerns that arise following departure from the operation, including the development of malaria or other illnesses uncommon in the country of normal residence.

## **Monitoring**

- 1.11 Medical examinations must meet the requirements of the Health and medical monitoring Group procedure.
- 1.12 HIV/AIDS/TB and malaria management programmes must be monitored and evaluated annually by a competent person.