

PROTOCOL 20 - PANDEMIC AND COMMUNICABLE DISEASES

20 PANDEMIC AND COMMUNICABLE DISEASE

Intent

To protect employees and impacts on the business from major communicable diseases or pandemic events and/or enable effective treatment.

The diseases recognised as having the highest potential of a severe impact on the health and wellbeing of working populations and communities are Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS), tuberculosis (TB) and malaria.

Pandemic diseases/viruses or other infections that have had historic catastrophic impacts include Cholera, Typhoid, Hepatitis, Yellow Fever, Dengue, Zika, Chikungunya, the Plague, Ebola, certain strains of Influenza e.g. Avian bird flu, and Legionnaires disease.

The requirements outlined in this protocol are based on international and industry leading practices and must be aligned in the country of operation with the minimum requirements and standards required by legislation, health, and safety regulations.

Related Life-Saving Behaviours

1. Always come to work drug and alcohol free.
2. Always use or wear critical safety equipment.
6. Never modify or over-ride critical safety equipment without approval.
8. Never enter danger zones without approval.
9. Always report injuries and HPRIs.

Protocol

20.1 Risk Assessment

20.1.1 In the absence of, or supplementary to any legal requirements to manage a disease, operations' management must consider whether a disease poses a risk to the Operation.

20.1.2 Every operation must conduct a Health Risk Assessment and as part of the process determine the risk of Pandemic and major communicable disease. This shall include consideration of the following:

a. The location of the Operation and the associated prevalence and incidence of disease(s) in the area
b. The nature of the Operation and the phase of operation's life
c. The nature of the surrounding communities and their associated level of socioeconomic development and access to adequate health care.
d. The size and nature of the (intended) workforce, stratified by permanent and contract staff and community, migrant and expatriate staff, together with a consideration of their prevailing health levels
e. Transport and travel routes of employees and transportation services required by the Operation.

20.1.3 As variations in disease and its spread may occur in short notice, the Change Management process shall be applied to review risks, plans and actions as necessary

20.2 Health Management Plans

Following the completion of a Health Risk assessment, where the risk of pandemic and major communicable disease is identified as high or catastrophic, a plan or plans to manage potential outbreaks shall be developed as part of the operation's overall Health Management Plan.

20.2.1 Steps to follow during preparation of the plan/s must include:

Step 1: Screening

Assess and determine if one or more of these diseases needs to be addressed

Step 2: Scoping

Determine the extent of intervention required and assess legal framework and other associated risk factors

Step 3: Situation Analysis

Develop tools to assess and establish a health baseline for workforce and community

Step 4: Stakeholder Analysis

Assess current involvement of stakeholders and other organizations and current programs, if any

Step 5: Priority, Goal and Objective Setting

Develop program outline with objectives and goals and available and required resources

Step 6: Option Appraisal

Select the most appropriate management and intervention methods

Step 7: Program Design, Budgeting and Reporting

Define program budget and resources; set targets, timelines and key performance indicators

Step 8: Program Implementation

Implement and manage the program

Step 9: Monitoring and Evaluation

Assess the program implementation against the baseline data and set targets, objectives and key indicators; prepare reporting structure and format to ensure appropriate program reviews and adjustment of methods, goals and targets as appropriate.

20.3 Crisis Management Response Plan (for pandemic disease events)

20.3.1 While the Health Management Plans identify preventative and mitigating actions related to specific diseases, operations subject to potential outbreaks of disease with Catastrophic potential (PMC 5) must develop a Crisis Management response plan that considers:

a) Emergency measures to protect workers

b) Security of the site including establishment of exclusion zones and barricades

c) Protocols and procedures for emergency evacuation from the site/country of personnel

d) Recovery procedures

20.4 Managing HIV / AIDS

20.4.1 Where HIV/AIDS is identified as a risk to be managed, operations must:

a) Facilitate access to health care and testing, and be supportive of people who have disclosed their HIV status

b) Manage all people with an underlying chronic illness consistently in accordance with the operation's Health Management Plan.

c) Train managers and supervisors in their role accountabilities for managing HIV/AIDS in the workplace and to identify situations where consultation and intervention is required to understand key issues and the basics of HIV/AIDS so that when confronted with employees with the disease, their performance can be managed coherently, effectively, legally and ethically

d) Train all workers in universal precautions and first aiders in their particular risks and controls.

e) Perform proactive occupational health and safety reviews and occupational risk exposure profiles to determine, understand physical and psychological job demands and its impact on the individual or others affected by their actions.

f) Provide specific nutritional support to employees with HIV who are underweight

g) Regularly review job placement of people with HIV/AIDS, recognising a very sick, poorly productive worker can be fully functional within three months of starting Antiretroviral Drugs (ARVs).

h) Recognise that recovery and maintenance of renewed health are linked to high self-esteem and placing the person in a job with the correct health fit has powerful therapeutic advantages.

i) Seek advice and support from the human resources department and health personnel when in doubt about how to manage ill people.

j) Proactively deal with and avoid stigma and discrimination in the workplace in accordance with the operation's consequence management process.

20.5 Managing Tuberculosis

20.5.1 Where TB is identified as a risk to be managed, operations must:

a) Consider the influencing factors that determine the program elements including:

1. country legislation,
2. the quality of and access to local health services,
3. the access to quality laboratory services, and
4. the prevalence of HIV and silicosis in the workforce among other factors.

b) Consider and/or apply leading practice elements such as (depending on the context):

1. Education of the workforce on TB
2. Active screening of employees
3. Measures to reduce cross-infection in healthcare facilities and company housing
4. Integrating TB and HIV programs
5. Silica dust control
6. Provision of TB drug prophylaxis for prevention of active TB in operations with high risk of TB

7. Quality sputum microscopy services (preferably with fluorescent microscopy and 24-hour turn-around time)
8. Sputum culture either onsite or offsite depending on quality of offsite laboratories and other local contextual factors, such as health service capacity, cost constraints, and Multi Drug Resistant – Tuberculosis (MDR-TB) prevalence.
9. Ensuring high cure rates – critical to preventing drug resistance and ensuring overall program success
10. Monitoring and evaluation
11. Community outreach programs.

c) In circumstances where large numbers of expatriate workers from high-burden areas are expected to be employed on a major project, the employer must conduct fitness-for-work assessment in the home country which includes TB screening

d) Provide adequate accommodation and facilities for workers to limit TB cross-infection, and particularly avoid cramped and poorly ventilated living and recreational facilities

e) Where responsible for the provision of meals, provide adequate nutrition for employees based on sound nutritional principles and designed by a dietician. Specific nutritional support shall be provided to employees with active TB who are underweight

f) Implement programs to reduce the exposure of workers to silica dust exposure in order to reduce employee risk of active TB

g) Provide health education for employees aimed at understanding TB. This education should include the importance of controlling occupational factors such as dust exposure but also reduce smoking and heavy alcohol intake. Link TB program to the HIV program where applicable

h) Provide PPE and appropriate resources, procedures and training to protect health care staff from TB infection.

20.6 Control of Malaria

20.6.1 Where malaria is identified as a risk to be managed, operations must:

a) Provide access to health facilities and implement processes which provide early, accurate diagnosis and effective treatment of malaria

b) Prepare policy and procedures regarding the use of malaria medication for various categories of employees, contractors or visitors

c) Apply selective application of vector control (adult/larval mosquito control and reduction in vector-human contact)

d) Implement effective monitoring and evaluation of the environment, vectors, parasites, human demographics and health.

e) Identify early changes in transmission, and take rapid response and application of appropriate control measures.

f) Train workers in understanding malaria risks and controls, and induct all visitors (prior to travelling to affected areas) in precautions to be taken including use of malaria preventive medication and actions to be taken if they develop symptoms.

g) Partner in community programs and involve key external stakeholders to promote community collaboration and enhanced program sustainability.

h) Involve appropriately skilled people in the design, implementation, monitoring and evaluation of the program.

20.7 Yellow Fever Management

20.7.1 Where Yellow Fever is identified as a risk to be managed, operations must:

a) Ensure workers and visitors from outside the region are aware of the need for vaccination. A single dose of WHO approved yellow fever vaccines, administered at least 10 days before travel, is sufficient to confer sustained immunity and life-long protection against the disease, and a booster dose of the vaccine is not needed.

b) Vaccination verification is required on entry to Yellow Fever declared regions.

c) In the periodic medical examinations, validate the complete vaccination scheme for all persons.

d) Comply with mandated reporting to the World Health Organisation of all suspected or confirmed yellow fever cases within 24 hours of detection. Cases should also immediately be reported to the local health department.

e) Recognise that no specific treatment exists for yellow fever; however, supportive care is critical. Severely ill patients should be treated in an intensive care setting. The required management consists of vasoactive medications, fluid resuscitation, ventilator management, and treatment of disseminated intravascular coagulation, haemorrhage, secondary infections, and renal and hepatic dysfunction.

f) Provide information to workers and visitors of yellow fever symptoms and signs and the need to rapidly seek medical advice when presenting signs

g) Recognise the control of mosquitoes is a fundamental factor for prevention (control of adult mosquitoes / larvae and reduction of vector-human contact)

h) Apply Community programs for the control of the vector (mosquito).

20.8 Pandemic and other diseases management

20.8.1 Where any pandemic potential or highly infectious disease is identified as a risk to be managed, operations must review and provide or enhance standards to prevent or limit the extent of outbreaks. In particular they must:

a) Develop and implement hygiene standards, in particular for food supply, storage and preparation.

b) Provide and maintain adequate numbers of clean toilet facilities and hand washing facilities

c) Implement water treatment if required to meet potable water standards, and regular monitor water quality

d) Maximum elimination of mosquito breeding sites on site (stagnant water) in the event of an alert for the beginning of an epidemic of dengue, zika, or chikungunya

e) Maintain air conditioner units and other potential sources of legionella bacteria in accordance with manufacturer guidelines, and regularly monitor.

f) Conduct regular health assessments for employees and contractors, and encourage reporting of health issues

g) Identify and facilitate necessary immunisation requirements

h) Monitor reported workplace, community and country illness and disease trends

i) Provide training for employees and if applicable to relevant sections of the community in aspects of hygiene, awareness of causes, symptoms and treatment.

j) Develop applicable Medical Emergency Response Plans (MERPs) including provision of necessary resources and controls in preparation for potential outbreaks

k) Monitor, seek and follow advice from country Health Departments, and the World Health

Organisation

TOOLS (See Glencore HSEC Intranet)

- Glencore Health Risk Assessment Guideline (Health page), and referenced tools
- Glencore Evacuation Guideline for high risk locations
- ICMM guidance document on HIV, TB and Malaria.
- Ebola awareness presentation

20.9 Definitions

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
HIV	Human Immunodeficiency Virus
TB	Tuberculosis
MDR-TB	Multi Drug Resistant Tuberculosis

20.10 References

Each of the documents below are published on the Glencore HSEC Intranet:

Glencore Crisis Management Plan

SafeWork Protocol 7 Emergency Response

Glencore Evacuation Guideline - guideline for formulation of an evacuation plan for high risk locations

ICMM guidance document on HIV, TB and Malaria.

20.11 Accountabilities

Team	Accountabilities
Glencore Corporate	• Publish and maintain this document, • Use the protocol as a basis for relevant corporate audits • Declare locations to be considered “High Risk” in relation to disease where considered necessary
Department	• Monitor Country or regional areas for disease risk • Declare locations to be considered “High Risk” in relation to disease risk where considered necessary • Develop and approve country or regional disease management plans and Crisis Management Plans in coordination with other Glencore Departments and recognised health bodies • Provide adequate resources for Plan implementation
Asset/operation/project management	• Conduct site health risk assessments • Develop site disease and/or Crisis management plans and procedures as necessary • Appoint relevant people to manage the process • Conduct regular assurance activities to assess the effectiveness of plans
All employees/contractors	• Follow procedures that form part of disease plans

20.12 Control and Revision History

20.12.1 Document Information

Property	Value
Approved by:	Stephen Eichstadt
Document owner:	David Mellows
Effective date:	30/09/2018

20.12.2 Revision

Version	Date Reviewed	Review Team	Nature of Amendment(s)
0-1	16/2/2018	Health working group members TBA	
0-2	26/3/2018	Responses from Coal group - Paul Gerber	Tracked changes and comments in relation to grammar and some technical details
0-3	15/6/2018	Responses from Coal (Prodeco) Andrea Fernanzez Response from Steve Taylor Oil	Inclusion of Yellow Fever management details Inclusion of Crisis Management Plan requirements
1-0	07/08/2018	Glencore corporate legal team	Legal review