

**B. PERFORMANCE STANDARDS**

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**B9. TRAVEL AND REMOTE SITE HEALTH**

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**1.0 Scope**

This Standard covers the general travel health issues associated with temporary site visits, health issues associated with working in remote areas, and altitude sickness. It covers travel health programme design and management, to ensure that employees, contractors and third parties will not suffer adverse health effects.

**2.0 Programme Design**

- 2.1 There must be in place a programme to prevent both chronic and acute illnesses through proper sanitation and control of disease vectors at remote sites.
- 2.2 There must be in place a programme to minimise as far as possible the impact of travel related ill-health and ensure that all international travellers are adequately prepared before travel. The programme must include information on jet lag, deep vein thrombosis (DVT) and infectious diseases.
- 2.3 The programme must include the possibility of altitude sickness, which may affect any visitor to sites above 3000 metres.

**3.0 Management**

- 3.1 Visitors, secondees and contractors who are travelling internationally, must be informed of relevant local community health hazards and precautions before arrival at site.
- 3.2 The need for immunisations and behavioural precautions (eg. sunscreen, insect repellent, appropriate clothing, food preparation, etc) must be documented and communicated to relevant staff.
- 3.3 An in-house occupational health service, a service provider or a general practice must provide relevant pre-travel advice and preparation. Professional responsibility for the provision of these pre-travel medical services must be defined. Where a service provider or a general practice is used, standards for the level of service provided must be established.
- 3.4 Consultants, bulletins and the Rio Tinto Intranet must be used to provide up-to-date warnings on health risks for remote area workers and visitors. A nominated person will post warnings received from the sites to the Intranet.
- 3.5 A process to allow travellers to be medically reviewed on return to home if there are health concerns must be defined.

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- 3.6 Where food and water is provided by the Business, there must be a system to monitor that:
- (a) Food is purchased from reputable sources, stored at appropriate temperatures and prepared in a hygienic manner and location. It must be inspected for temperature and signs of spoilage on receipt;
  - (b) Potable water sources are located away from potential sources of contamination, are treated to kill disease-producing organisms and are periodically checked for potability;
  - (c) Waste is treated in a way that will prevent water and air pollution and is not accessible to insects or rodents;
  - (d) Vector control is conducted in a manner that prevents the transmission of disease and ensures that control measures are applied in a safe and healthy manner; and
  - (e) Documented procedures are available for the above requirements and relevant employees are trained in these procedures.

### **4.0 Altitude**

- 4.1 Prior to a visit, a physician must have reviewed all travellers to altitudes above 3000m within the previous 12 months, specifically for travel to high altitudes, and the following must be included in the review:
- (a) Previous history of travel to similar altitudes;
  - (b) Lung function to establish the absence of significant restrictions;
  - (c) Heart function to establish normal exercise tolerance and absence of significant ischaemic or valvular disease. An electrocardiogram (ECG) should be performed;
  - (d) Blood pressure to ensure the absence of significant uncontrolled hypertension. Particular care is required for those with labile or poorly controlled disease;
  - (e) Cerebral function to establish the absence of conditions such as epilepsy that may be adversely affected by low oxygen concentrations;
  - (f) Any other concern of the traveller about the trip; and
  - (g) The use of medications to reduce the effects of altitude.
- 4.2 Whenever possible two or three days must be allowed to begin acclimatisation to altitude before work commences.
- 4.3 Whenever possible, visitors must move to lower levels at night. Practical experience suggests that moving to 3500 or below significantly improves the duration of sleep.
- 4.4 In the first week of a trip considerable caution must be exercised to avoid excessive physical exercise. Thereafter, exercise can increase very slowly.
- 4.5 While some discomfort is normal at these altitudes, irritability and severe breathlessness or anxiety may be indicators of maladjustment to altitude, and must be treated by moving the sufferer to lower altitude.