

The health and safety of our employees and contractors is our first priority.

Health and Safety

Wherever Rio Tinto operates, the health and safety of our employees, contractors and neighbours is our first priority. We are committed to providing and maintaining a healthy and safe working environment at our operation and extend this commitment outside our operations and into the communities in which we operate.

Notable achievements to date

- Implementation of malaria awareness programme resulting in a significant reduction in reported malaria cases
- Development and implementation of a Health and Safety management system
- Launch of an on and off-site HIV/AIDS awareness plan
- Successful introduction of compulsory use of protective clothing and equipment for all staff and contractors on site
- Over three million work hours without a lost time injury
- Daily focus on safety at morning briefings for all teams.

Health and Safety performance

We believe that all injuries are preventable and the health and safety of our workforce is paramount. We have adopted the Rio Tinto Health, Safety and Environment performance standards at Simandou and in turn developed and implemented safety management systems across the operation. Through the development and integration of such systems, we are able to improve the communication, discussion and execution of sound health and safety practices across the site. Our achievements in this area have been due to a strong safety commitment and consistent effort from our workforce to continuously improve team safety.

Our safety performance in 2009 has been encouraging with no lost time injuries for the year. As of December 31, 2009, over three million person hours have been worked without a lost time injury. This is an excellent achievement and illustrates our commitment made to safety on site and the level of effort from our workforce in acknowledging safety performance as a priority. Our All Injury Frequency Rate (AIFR) was well below our target (0.62) for 2009 at 0.32.

In 2009 the number of medical treatment cases has decreased by 38 per cent. We encourage our employees and contractors to report all incidents and near-misses through our incident reporting system, which serves as an important tool to improve safety across the site. We reported 78 events during 2009.

Medical treatment cases



Health and Safety management systems

As part of our requirement to implement the Rio Tinto Safety performance standards, we are continuing to develop and implement management systems and corporate performance standards across our Simandou operation. Detailed action plans have been designed and are currently being implemented by a team of specialists. These cover a wide range of operational and location-specific considerations as well as more general topics and include travel and remote site health of our employees and contractors; fitness for work; HIV/AIDS; emergency response planning; occupational health exposures and supply of personal protective equipment.

As well as an on-site and full time staffed clinic, we also have an occupational health doctor on site who performs regular health checks on all staff, implements task-specific control measures, and provides health education and awareness.

All Injury Frequency Rate (AIFR)



AIFR is calculated as the number of all injuries per 200,000 person hours worked.



Malaria and HIV/AIDS, a priority for the community
On site, the 'No Malaria Campaign' has been introduced across the camp to provide employees and contractors with all requirements necessary to ensure that the site achieves no new cases of malaria infection. Strict policies regarding clothing, treatment and prevention have been communicated and implemented across site. Long sleeves, long trousers and covered footwear must now be worn at all times on site. The only exception to this policy is during sports activity.

Anti-malarial kits are provided to all staff and visitors upon arrival at either Conakry or Beyla Airports. These kits include personal repellent, insect spray, room vaporisers and repellent wristbands. All living quarters are fitted with bed mosquito nets and most have air conditioning. Other policies on site require all exterior doors to be kept closed. We have implemented a regular spraying (fogging) programme around site to control mosquito populations in and around the camp.

The on-site medical centre can provide preventative chemoprophylaxes and personnel are encouraged to visit the medical centre for blood screening if they experience any malarial like symptoms. Self-test kits are also available for personnel about to depart Guinea on a long-haul flight.

In order to reinforce the efficiency of these measures, a comprehensive programme has been designed to combat malaria in the communities (see case study *'In focus - malaria programme in the communities'* below).

As a result of this effective campaign, malaria infections rates on site have decreased significant during 2009.

According to the World Health Organisation (WHO), Guinea faces a generalised HIV/AIDS epidemic, with an estimated 170,000 adults and children living with HIV/AIDS. Although Guinea is experiencing a smaller epidemic compared to many other countries in Africa, it is considered to be a high prevalence country, with 1.5 per cent of the adult population estimated to be HIV positive (with a rate of between four and five per cent amongst children).

We have prepared a Community Health, Safety and Security Plan which details what Rio Tinto is doing specifically with the community. The two main focus areas of this plan are malaria awareness and prevention (see case study on the opposite page) and HIV/AIDS awareness and prevention. This plan addresses Rio Tinto's responsibility to avoid and minimise the risk to community health, safety and security that may arise from project activities throughout the project life cycle from both routine and non-routine circumstances. The development of this plan is also required under the IFC Performance Standards.

Blood screening for malaria is undertaken at the on-site medical centre.

We have established a partnership with GTZ (German Technical Cooperation Agency) in order to develop the capacity of local health structures to combat HIV/AIDS (awareness raising training for local health structures, training of the management committees of health centres) and to assist with an awareness raising campaign in the villages and at site.

Several information campaigns including cultural events, dissemination of information material and the celebration of AIDS World Day have been organised by a network of peer educators. Condoms are also easily accessible throughout the year at 29 locations across the site.

We are now working with the Chamber of Mines, the GTZ and PCS (Partenaires contre le SIDA) in order to reinforce the access to voluntary testing and treatment for our workers and the communities.



In focus Malaria programme in the communities

Malaria is a life threatening disease caused by parasites that are transmitted to people through the bites of infected mosquitoes. According to the World Health Organisation (WHO), there are nearly 250 million cases of malaria each year, causing nearly one million deaths, mostly among African children.

Malaria takes an economic toll - according to the WHO it reduces economic growth rates by as much as 1.3 per cent in countries with high disease rates, such as Guinea. Malaria is the main cause of death amongst young children living in the villages close the project.

To complement the malaria awareness and prevention programme for employees and contractors on site, Rio Tinto has developed a programme for the local communities. The aim of this programme is not only to decrease the prevalence and mortality rates in the villages close to the project, but also to utilise the local and national capacities without creating any dependency on external programmes. As part of this programme Rio Tinto has established two agreements; one with the National malaria control programme (Programme national de lutte contre le paludisme, PNLP) and one with USAID.

Our agreement with the PNLP envisages a network of 16 community agents responsible for 12 villages to provide training on malaria prevention and treatment. Treatment only applies to uncomplicated case; any complicated cases are referred to health facilities. Each community agent follows a work plan and shares experiences with other agents who meet each month. Additionally, as part of this partnership, 7,000 DEET-impregnated bed nets were distributed to pregnant women via local health centres throughout the Beyla Prefecture. In 2010, Rio Tinto proposes to further work with this network of community agents and to expand their roles to include and involve them in HIV/AIDS prevention and water sanitation programmes.

10,000 DEET-impregnated bed nets will be distributed in January 2010 to our neighbours in collaboration with USAID who will manage the logistics for this exercise.

Both these partnerships will significantly decrease the malaria prevalence rate in the region. The involvement of the national malaria programme and USAID will help us in creating a level of sustainability for the programmes and should guarantee full support from the national and local authorities and ensures that our activities are in line with national and international strategies and standards.

In early 2010 and as part of a broader health baseline study, an assessment of malaria prevalence will be undertaken throughout impacted villages. At this early stage of the malaria prevention programme, we have already seen a significant reduction in the number of cases on site. As medicines become more widely available in the community, we anticipate the number of treatment cases to increase as the level of awareness improves in villages, and concurrently expect the mortality rate to decrease.

