



Health, Hygiene, and Wellbeing

Why is this Group Standard important?	This standard sets out the minimum requirements to protect, promote and enhance the physical, emotional, and psychological health, hygiene and well-being of our workforce as well as create workplaces and communities that are free of harmful health exposures.	
Audience	Anyone with responsibility for managing and implementing health, hygiene, and wellbeing at an AGA workplace, including office locations and exploration or project sites and the managing harmful health exposure to the communities in which we operate.	
Legend	<p><i>Glossary terms</i> are in italics.</p> <p>Hyperlink to another document or to an intranet site or website.</p> <p><i>Reference</i> to another AGA document without a hyperlink.</p>	
Glossary	<i>Pollutant index</i>	Used to quantify the additive effects of mixed exposures. It is derived using the following formula: $PI = C1/OEL1 + C2/OEL2 + C3/OEL3$
Glossary	<i>Critical controls for health hazards</i>	<p>Controls that, if compromised, may significantly increase the potential consequences of unwanted events and lead to grave health damage and include:</p> <ul style="list-style-type: none"> Those controls that if compromised to any extent may render all other controls in the same pathway or multiple pathways ineffective, which may lead to the extreme (Multiple fatalities, Extreme, widespread, fatal hazardous occupational exposures) or major to high (Fatality, irreversible occupational disease leading to premature death or permanent disability and serious reduction in quality of life). Those controls which independently are likely to prevent the high to extreme health consequences occurring, even on failure of other controls in the same or multiple pathways.

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	<i>Major health hazard</i>	A hazard that has a consequence classification of high, major (fatalities or occupation disease that leads to premature death or irreversible permanent disability with significant reduction in quality of life) or extreme (multiple fatalities or widespread, fatal hazardous occupational exposures).
	<i>Reasonable occupational accommodation / adjustment</i>	A change or adjustment to the workplace or conditions of work, to remove or reduce the effect of an employee's disability or impairment so they can do their job to the best of their ability

You must comply with AGA Group-wide Standards to the extent they apply

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Managing occupational health, hygiene, and wellbeing

We design, plan for, and maintain a working environment that is conducive to the health, hygiene, and wellbeing of people, and we understand and manage environmental stressors in, or arising from, the workplace.

Health risk assessments

- Complete and review annually health risk assessments that identify, evaluate and seek to eliminate the occupational and non-occupational risks that impact or may impact the health, including psychological health, and well-being of any person on site.
- Complete and review annually community health risk (impact) assessments for all operations and activities. Consider risks that impact or may impact the health and well-being of communities, as well as community health risk that may impact the operations.
- Conduct a medical emergency risk assessment to inform response plans that ensure access to 24/7 first aid and first-line medical response, in-hospital emergency medical care and definitive care (on-ward referral systems).
- Complete health risk assessments during the development stages of new projects, mergers and acquisitions, and prior to any modifications related to current operations where there is a potential for changing health conditions.
- Use findings of completed risk assessments to:
 - inform health management plans
 - identify which aspects of the plan and/or services that will be managed in-house and those that will be outsourced.
- Comply with applicable laws and regulations of the operating jurisdiction regarding the collection, management, and access to health information and with the requirements of the *Document Retention Group Standard* and the *Personal Data Group Standard*.

Assessing major workplace hazards and exposure

- Conduct occupational hygiene risk assessments to identify, assess and classify major health hazards, considering workplace characterisation, exposure assessment and hazard evaluations.
 - Where there is a large group of workers, assess exposures by similar / homogenous exposure groups (SEG/HEG).
- Identify and evaluate exposure to health hazards in accordance with the occupational exposure limits (OELs) as specified by the threshold limit values (TLVs) established by the [American Conference of Governmental Industrial Hygienists](#), unless the local regulatory limit is more stringent.
 - Or alternative occupational exposure limits that are set by AGA for crystalline silica dust and diesel particulate matter (DPM):
 - Respirable Crystalline Silica (alpha quartz) - less than 0.05mg/m³; 8-hour Time Weighted Average (TWA)

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- Diesel Particulate Matter – less than 100µg/m³ Elemental Carbon (EC); 8- hour Time Weighted Average (TWA).
- Develop an OEL shift adjustment model in conjunction with a qualified practitioner and use for extended shifts that exceed eight hours/five days per week, or more conservative shift adjustment models if required by local laws or regulations.
- Consider additive and synergistic effects when applying OELs for exposure assessments. Where more than one airborne pollutant is present affecting the same target organ, use a pollutant index to cater for synergistic effects of the pollutant and maintain a combined effect of less than 1.
- Identify specific diversity group or gender-sensitive controls and facilities necessary to address physical, psychological and social requirements, including reproductive health, ergonomic design, personal protective equipment (PPE) and biological monitoring.
- Update occupational hygiene risk assessments annually and in instances where major changes in the occupational environment that may impact health are anticipated or expected.
- Implement scientifically sound and recognised sampling methodologies to ensure adequacy of monitoring and representativity of those at risk, meeting the requirements set out in the [NIOSH Manual of Analytical Methods \(2014-151\) | NIOSH | CDC](#), unless the prescribed local regulatory method is more stringent.
- Implement monitoring and exposure management programmes for occupational environment and hygiene under the oversight of occupational environment and/or hygiene personnel with appropriate qualifications, skills, knowledge and competencies (see *AGA Health of Discipline Framework for Health*).

Managing health hazards and exposures

We facilitate early detection and prompt management of occupational and non-occupational risks to prevent adverse effects, disability and potentially death.

- Apply the [Hierarchy of Controls](#) for *major health hazards* with specific focus on seeking to eliminate, substitute and implement higher-order (engineering) critical controls where practicably possible; as well as reducing reliance on lower-order controls such as administrative controls and PPE.
- Manage health risk in line with the [ICMM's Health and Safety Critical Control Management Implementation Guide](#) and identify and implement *critical controls* to prevent unwanted, catastrophic or fatal events resulting from health hazards.
- Establish a multidisciplinary approach to implement identified *critical controls* and systems to monitor effectiveness of these controls.
- Make sure that assessment and exposure control / management measures recognize, accommodate, and cater for the diversity of the workforce, such as cultural, gender, physiological, psychological variations and differences (such as gender-appropriate PPE and clothing, ergonomic design, facilities to protect and promote reproductive health).

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- Implement an exposure monitoring plan for SEG/HEG if exposure levels are greater than 10% of the OEL for airborne particulates or 50% of the OEL for gases and under the following conditions:
 - the results of exposure monitoring indicate that a worker is or may be exposed to a substance, material or agent (including physical agents such as noise and vibration) at levels greater than 100% of its OEL
 - where measurement of the substance, material or agent is not possible at 100% of the applicable OEL, or the substance, material or agent is
 - confirmed or suspected as a human carcinogen a human reproductive toxin
 - designated as having a sensitization effect or
 - described by the national regulator or the American Conference of Governmental Industrial Hygienists (ACGIH) as “exposure by all routes should be carefully controlled to levels as low as possible”
 - where the site risk assessment indicates the need to establish and maintain such a plan
- Investigate, analyse and manage occupational exposure incidents and accidents in excess of 80% of OEL, and in a manner consistent with the *Risk Management Group Standard*.

Medical surveillance

- Complete health fitness assessments of employees and contractors at pre-employment, pre-placement, periodically and exit (including voluntary and involuntary termination) as informed by the position’s occupational exposure profile or as required or permitted by applicable laws and regulations. Take into account the level of risk presented by conditions and exposures in the work environment.
- Implement health and/or medical surveillance under the advice and supervision of competent health practitioners with expertise in occupational health surveillance.
- Provide *reasonable occupational accommodation / adjustments* for individuals with temporary or permanent disabilities, including psychological impairments, as provided for by applicable legal framework and operational context and in consultation with the Human Resources function.
- Develop and maintain risk-based periodic surveillance plans linked to occupational hygiene risk assessments and identified exposures. Include psychological health screening and early referral for care in occupational medical surveillance and fitness for work programmes.
- Engage and consult the workforce or their representatives to identify *major health hazards* and mitigation initiatives for management of occupational and non-occupational risks and potential consequences.
- Establish systems for access to optimal and effective management of injury, occupational disease or illness, including rehabilitation services.
- Use the occupational disease definitions and limits set out in the most recent [ICMM Health and Safety Reporting Indicators](#) for reporting, unless the local regulatory definition or limit is more stringent than the ICMM limits.
- Communicate occupational health and hygiene risks, occupational disease cases, and corresponding categories of information as required by local laws and regulations.

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Health and wellbeing promotion

We promote diversity, inclusion and belonging, and ensure the physical, emotional and psychological wellbeing of our workforce.

- Design health promotion programmes to protect and enhance physical, emotional and psychological wellbeing, taking into account occupational and non-occupational health risks in the workforce and the prevailing social context.
- Provide information, instruction and supervision to workers on site to ensure they understand the major occupational and non-occupational health risks, preventive measures, required protective equipment, health seeking channels and emergency procedures associated with their work activities and major health hazard exposures.
- Consult and engage with workers on site to evaluate suitability and effectiveness of control programmes, including acceptability and use of PPE.
- Implement and maintain standard operating procedures (SOPs) regarding the selection, issue, care, use, limitations and maintenance of PPE.
- Implement and maintain records of information and education programmes related to the selection, issuance, care, use, limitations and maintenance of PPE.
- Implement effective interaction, consultation and communication between local public health officials and site health management to ensure identification of key sources of public health information, available resources and health systems and to plan timely responses to infectious disease outbreaks and other potential health crisis events.
- Make sure that employees, and their dependents have access to equitable, optimal and sustainable healthcare.

Managing psychological and emotional (mental) wellbeing

We promote awareness on psychological and emotional wellbeing and eradicate stigma, discrimination, and disability to prevent and reduce the deterioration and impact of psychological / mental health disorders on workers and the workplace.

Leadership and coordination

- Establish a multi-disciplinary Wellbeing Management and Planning Committee, that includes representation from all levels of workers, including contractors, and is led by senior management, to coordinate wellbeing programmes and create an enabling environment for the implementation of the identified mental wellbeing interventions.
- Complete and review annually psychological health risk assessments that identify, evaluate and control the risks that impact or may impact the psychological and emotional health and wellbeing of any person on site.
- Conduct a baseline organisational psychological wellbeing survey and repeat at least every three years to identify the prevalence of mental health issues, needs and high risk or vulnerable groups that require specific interventions.

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- Develop wellbeing objectives, targets and key indicators to address findings from the survey and risk assessments and improve mental wellbeing, including targeted interventions for high risk or vulnerable groups identified through the assessments.
- Implement monitoring and control programmes for psychological wellbeing, including absenteeism related to mental health illness and use of mental health services and programmes.

Resource considerations

- Develop and document psychological wellbeing plans and allocate resourcing (financial, human) to enable delivery of the plans.
- Provide access to adequately skilled professional and culturally acceptable definitive care, that ensures privacy and confidentiality.
- Identify and engage appropriate and, where applicable, independent service providers for mental health assessments, training and care needs.
- Identify and train mental health champions and relevant supervisors and managers to detect, support and refer workers for mental health assessment, training, support or care.

Awareness and Self-care

- Make available resources to foster an inclusive and supportive workplace for mental wellbeing with a focus on maintaining a holistic and balanced psychological, emotional, physical fitness, financial and social health.
- Provide targeted education programmes on mental (psychological and emotional) health topics of concern, including reducing stigma and discrimination, suicide prevention and awareness and channels for seeking mental health support.
- Provide workers with access to tools, materials and resources that facilitate psychological health self-assessment, psychological illness identification, mental resilience, relaxation and maintaining connection with others, including:
 - self-awareness and stress management techniques, coping with emotional triggers, dealing with life crises and maintaining stability through stressful periods or events
 - access to associated physical, financial, and social wellbeing services.

Managing community health risk

We use data and evidence to identify and mitigate community health and wellbeing risks as well as unwanted impacts as a result of our operations while maximising positive impacts and opportunities that our activities can bring at community level.

- Conduct the Health Impact Assessment (HIA) in a way that ensures the independence, transparency, quality assurance and stakeholder acceptance of the process and results.
 - Carry out community health impact assessments (HIA) using the methodologies set out in either the [IFC Introduction to Health Assessment](#) or the [ICMM Good Practice Guidance](#) on

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Health Impact Assessment, except where a local regulations prescribe an alternative methodology.

- Implement, in collaboration with the Community function, a communication and stakeholder engagement plan to share results of the HIA, meeting the requirements of the *Social Performance Group Standard*.
- Develop and maintain a management plan to mitigate community health impacts, and, in collaboration with the Community function:
 - consult with relevant stakeholders and affected communities and consider implementation through collaborative initiatives as far as practical to facilitate sustainability beyond AGA's activities in the community.
 - prioritise the needs of vulnerable community groups and include all diversity groups in mitigation initiatives.
 - communicate progress of mitigation activities to relevant stakeholders and affected communities.
- Undertake community health mitigation activities to address priority needs, promote and enhance positive community health impacts and improve local health systems to better respond to AGA's and local community health needs.
- Review and update the community health impact assessment and management plan at least every five years. Develop a monitoring and evaluation plan for community health management to track progress and demonstrate outputs, outcomes and impacts.

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