CASE STUDY

HELMETS ON: CREATING A SAFETY CULTURE BEYOND THE MINE GATE

Our commitment to a safety culture does not end at the mine gates.

In the remote parts of Africa where we work, safety standards – both industrial and social – tend to be underdeveloped or unenforced and we strive to encourage our host communities, suppliers and other local stakeholders to put better health and safety protection in place wherever possible.

For example, to improve road safety in local communities we run speed awareness campaigns in the community and provide defensive driving courses to employees. As part of our motorbike loan scheme (an employee benefit that offers an interest free loan to assist with the purchase of a motorbike) we ensure a free helmet is provided with each loan.

As detailed in the 'Developing sustainable local supply chains' section of this report, we also require local contractors and suppliers to meet our safety standards and provide training where applicable.

This attempt to raise awareness extends to health too, so this year for example we have encouraged employees to view mosquito nets at home as part of their use of personal protective equipment – helping to drive down malaria incidence.

OCCUPATIONAL HEALTH

Our policies

Many parts of the gold mining process expose our employees to occupational health hazards such as dust inhalation or noise exposure. If left unchecked, these issues can develop into serious health problems for our workers. For example, without proper controls in place long term exposure to high levels of silica or diesel particulate matter can lead to respiratory illnesses like occupational asthma, pneumoconiosis, silicosis and chronic obstructive pulmonary disease – though symptoms may not appear for years.

To prevent and manage these risks we take a number of steps, including regular site risk assessments, engineering controls such as dust collection systems and ventilation systems and use of PPE. We regularly monitor occupational hygiene levels to ensure adequate control measures are in place, and adjust them where necessary. These efforts are complemented with regular medical checks for all employees, including prior to employment and at exit.

Our annual medical checks monitor for musculoskeletal disorders, loss of hearing, respiratory and breathing issues such as silicosis and tuberculosis. Staff who are potentially exposed to chemicals and heavy metals also receive biological and radiation testing.

Our performance

Our clinics successfully completed occupation-based specific checks on all prospective workers, and access to our mines is conditional upon the possession of a valid fitness certificate. We also continued to raise awareness of the danger of fatigue as a cause of accidents.

There were two new cases of occupational health conditions across the group in 2016, both were musculoskeletal disorders and are undergoing treatment. There were also two new cases of tuberculosis with remedial measures undertaken including immediate isolation and treatment and medical surveillance of co-workers. We also began screening for Hepatitis B as detailed in the case study on the following page.

FIGURE 10: OCCUPATIONAL DISEASE FREQUENCY RATE PER MILLION HOURS WORKED

2016	2015	2014
0.077	0.078	0

A large focus of occupational health work in 2016 was the Loulo underground mine. Monitoring for diesel particulate matter (DPM) revealed high levels and this led the mine's health team to launch a full review of occupational health management plans, which identified a lack of qualitative and quantitative health risk assessment methodologies in the health exposure assessment process.

To close the gap we worked with SGS laboratories in Ghana and Spain throughout 2016 to undertake occupational hygiene surveys that monitored and analysed the work environment at Loulo, determining the extent of worker exposure to contaminants. This information was processed to identity areas where controls to minimise exposure are lacking or inadequate. The same assessments were conducted at Gounkoto and Kibali, and the full results will be applied in 2017.

RECRUITING AND RETAINING THE BEST TALENT FROM OUR HOST COUNTRIES

Our policies

One of the most important bonds in our partnership with host countries and communities is the high level of national residents we employ. We have a group target for at least 80% of our workforce to come from host countries, and we support the development of talent that can lock in the world-class skills needed for sustainable development goals to succeed in Africa.

It is a strategy that helps create an effective and loyal workforce at a relatively low cost base, cements strong community relations and fosters a secure environment for our mines.

To recruit the best candidates from our host countries and communities we use tools such as psychometric tests that match competencies with the right roles. And to support high retention rates we provide shared ownership schemes, support and respect local cultures and drive a formal and informal training programme to nurture careers and employee excellence.

CASE STUDY

INTRODUCING HEPATITIS B SCREENING

Hepatitis B is a potentially life-threatening liver disease and is recognised in the SDGs as a major global health problem. It is estimated that 240 million people around the world are infected and nearly 700 000 deaths a year are linked to the disease. Sub-Saharan Africa suffers some of the highest Hepatitis B prevalence rates in the world, for example in Mali the prevalence rate is estimated to be 14.5%.

People suffering from Hepatitis B often experience flu like symptoms such as fever, tiredness, vomiting and diarrhoea, which can either prevent them from working or have negative impacts on concentration and effectiveness. However the disease can be inoculated against and the infection can be managed with drugs – it won't cure it but will slow its progress and improve the quality of life and reduce rates of liver cancer for sufferers.

Eager to protect our workforce from the disease, we introduced voluntary Hepatitis B testing across our Malian mines in 2016. Those that tested negative were offered inoculation against the disease, those who tested positive offered access to drugs and treatment. In total we tested 3 157 workers and found a prevalence rate of 12.5%. Subsequently, 98.7% of those who tested negative have been inoculated and 163 people have been referred for treatment.

We plan to introduce Hepatitis B testing at Kibali and Tongon in 2017.

WORKFORCE HEPATITIS B INCIDENCE 2016

	Tests	Positive cases	Prevalence	Inoculations	Referred for treatment
Morila	**731**	**108**	**14.8%**	**573**	**101**
Loulo	**1 490**	**217**	**14.6%**	**1 257**	**35**
Gounkoto	**936**	**72**	**7.7%**	**522**	**27**
TOTAL	**3 157**	**397**	**12.6%**	**2 352**	**163**