

Esso Highlands Limited



Papua New Guinea LNG Project
Environmental and Social Management Plan
Appendix 17 - Community Health & Safety
Management Plan

PGGP-EH-SPENV-000018-021

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ACRONYMS

Acronym	Definition
CP	Contractor Plan
EMP	Environmental Management Plan
ESMP	Environmental and Social Management Plan
HIA	Health Impact Assessment
HIV/AIDs	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
H&S	Health & Safety
IFC	International Finance Corporation
LNG	Liquefied Natural Gas
NCD	Non-Communicable Disease (s)
OIMS	Operations Integrated Management System
PIA	Project Impact Area
PNG	Papua New Guinea
SMP	Social Management Plans
STI	Sexually Transmitted Infection(s)
TB	Tuberculosis

KEY DEFINITIONS

Contractor Plan: A Plan to be prepared by Contractor. To be used by Contractor to describe how the mitigation measures outlined in this Plan will be implemented.

Lanco: A company registered in PNG that is owned by the people of the same clan, or of clan origin, who use and/or have title to land in a specific geographic area. It may also include a representative Lanco which is a Lanco or a group of Lancos under a single agreement that operates within the boundary of a specific Project Area, as identified in Appendix 22-1 of the Coordination Procedure or as subsequently identified by Company.

Notification (refer Table 1): An action arising out of monitoring that is expected of Contractor when Company needs to be notified immediately of a specific event or situation.

Verification (refer Table 1): The primary method of monitoring expected of Contractor to a) confirm that relevant mitigation measures have been applied and b) that the measure has been effective. Contractor will be responsible for developing appropriate verification methods and systems.

Worker: Individuals employed by Project including Company, Contractor, the Lanco or its sub-contractors.

1.0 OBJECTIVES

Esso Highlands Limited (Company) has developed this Community Health and Safety Management Plan as part of its Environmental and Social Management Plan (ESMP) outlining a range of mitigation measures designed to avoid or reduce undesired community health and safety impacts during construction. This document establishes a basis and template for use by the Contractor to develop their own plans outlining not only mitigation measures but to also incorporate the roles and responsibilities described in the ESMP.

The objectives of the Community Health and Safety Management Plan are:

- Avoid or limit risks to and impacts on the health and safety of the local community during construction from both routine and non-routine circumstances; and
- Ensure that the safeguarding of personnel and property is carried out in a legitimate manner that avoids or limits risks to the community's safety and security.

Figure 1 outlines the relationship between EMP's and SMP's, while Attachment 1 summarises relationships between the four plans that specifically deal with health and safety issues (Project Health Plan, Community Health & Safety Plan, Company Health, Safety & Security, and Community Impacts). This Plan should be read in conjunction with the following Company Plan and documents:

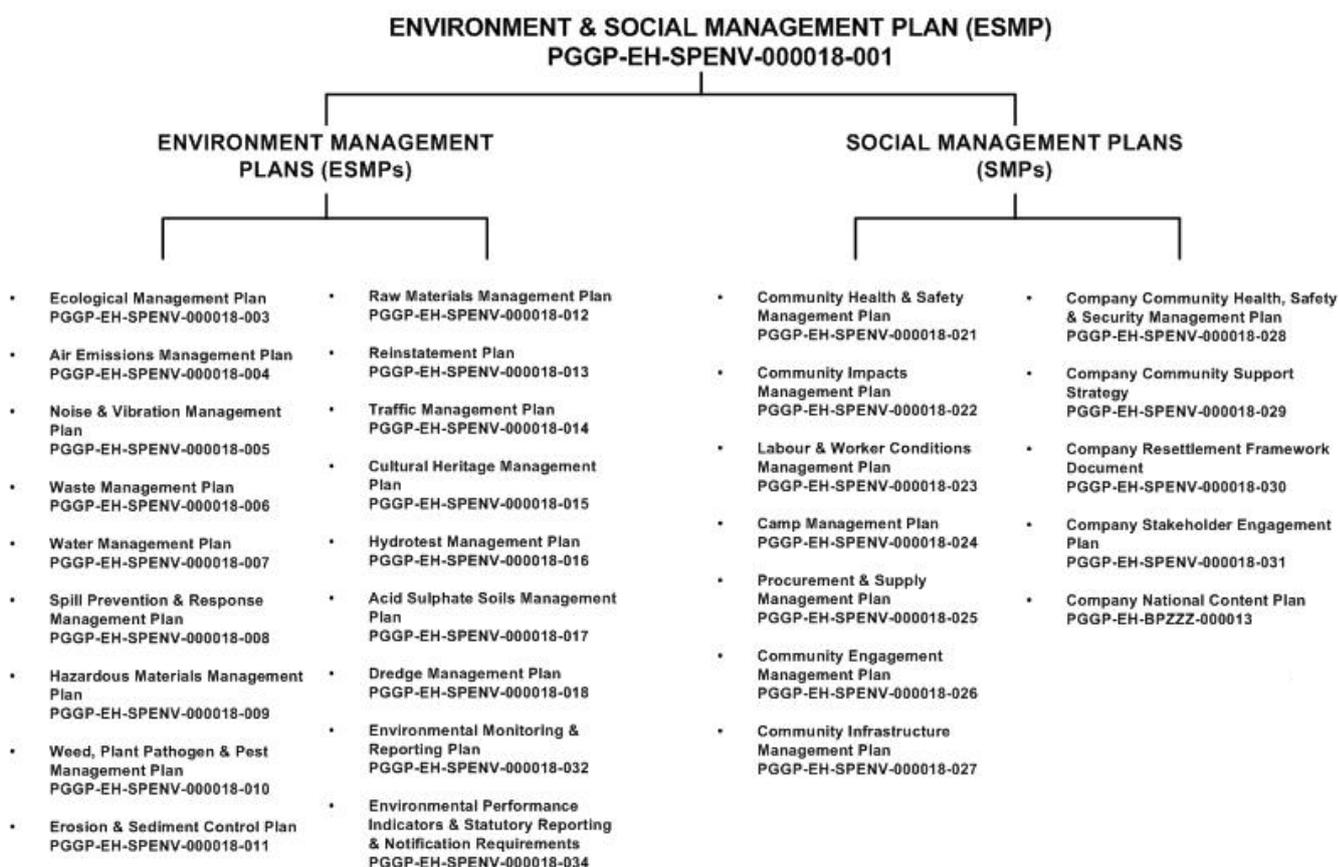


Figure 1: Environmental and Social Management Framework

This Plan should be read in conjunction with the following documents¹:

- Minimum Health Requirements for Project Execution (PG-PDS 71-99-03);
- Company Health Design Specifications for Projects (PG-PDS 71-01-01); and
- Project Emergency Response Plan (PGGP-EH-SPSAF-000025).

2.0 LEGAL AND OTHER REQUIREMENTS

Legal and other requirements applicable to this Plan are identified in Attachment 2.

3.0 SURVEYS

Community health data are described in the PNG LNG Health Impact Assessment (HIA) document. Health data gaps identified in the HIA will be addressed by Company using the demographic surveillance system platform managed by PNG Institute of Medical Research. Future community health surveys are not expected of the Contractor.

4.0 MANAGEMENT AND MONITORING

This Plan focuses on communities potentially impacted by Contractor activities. Specific 'inside' the fence issues are described in the Project internal health requirements that are contained within the construction contract.

1.1 Mitigation Strategies

One of the most important benefits of the entire HIA process is the identification of issues that could be potentially avoided or limited by focused primary Project design changes, such as re-routing roads, etc. From a health perspective, this can be considered as primary prevention of potential effects. Similarly, secondary prevention strategies can be utilised to reduce impacts at both a defined geographical location and or to a given population or community.

Tertiary prevention or overt treatment (remedy) is the third level of mitigation that can be employed. Remedy interventions may include restoration or repair to essential needs like water wells or vegetable gardens. Finally, when there is irrevocable loss or damage, some type of compensation may be appropriate. Therefore, careful and consistent co-ordination with the Safety, Security, Social, Health and Environment Management Framework is essential.

The overall mitigation strategies are organised around two fundamental public health concepts:

- Health promotion/education; and
- Disease prevention.

Contractor is required to consider the following:

- Health promotion/education:
 - Any intervention that seeks to eliminate or reduce exposure to harmful factors by modifying human behaviours; and
 - Any combination of health education and related organisational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health.
- Disease prevention:
 - Any intervention that seeks to reduce or eliminate diagnosable conditions; and

¹ These documents are also for use in managing Contractor obligations and Company may vary these to suit the needs of Project.

- May be applied at the individual level, as in immunisation, or at the community level, as in the chlorination of the water supply.

Disease prevention is often illustrated by the prevention pyramid which is composed of:

- **Primary:** the base of the pyramid which covers population-oriented actions designed to be implemented before health problems develop;
- **Secondary:** the second level covering actual clinical preventive services for populations at high risk, where interventions are designed to prevent a condition; and
- **Tertiary:** top of the pyramid covering treatment intervention or rehabilitation with existing, serious problems.

The placement of population-oriented prevention at the base is significant due to it's:

- Focus on all of the people as recipients;
- Broad, long-lasting impact on health; and
- Role in defining and facilitating the whole system to work.

Because of the geographical size of the Project Impact Area (PIA), a combination of health promotion/education and primary disease prevention is the most efficient and cost-effective method of managing potential impacts. Therefore, a workforce health promotion/education effort spearheaded by the Project can significantly impact or influence behaviours and practices in local communities by using the Project workforce as 'peer educators and ambassadors' in their home villages.

The overwhelming evidence in the prevention literature is that peer-educators are the most successful 'change agents' at a household level. Therefore, the mitigation strategies propose a series of practical biological/medical approaches that are scientifically defensible and compatible with existing administrative and 'political reality.' Political reality refers to the problem of constructing strategies that are reasonably cost-effective, sustainable and aligned with Government of PNG plans and capacity to deliver.

Mitigation strategies do not neatly fall into 'internal project' and 'external community' categories. For some potential impacts, there is a continuum from the Project to the community and vice versa. The Project workforce is both a separate inside the fence line community but also simultaneously part of the wider external rural/urban environment surrounding the PIA.

Therefore, many of the proposed strategies originate inside the fence line and extend into specific PIAs. Mitigation activities, whether directed towards workers, family members or the general community, should be carefully assessed and tied to appropriate outcome indicators.

- The Project will have a large national workforce which comes from geographic areas where the Project is active.
- Project workers have the potential to mitigate potential negative health impacts and effect positive change at both a household and community level because they live in the potentially affected communities.

In a given location, the size of the local national workforce is larger than any group of similar community activists or organisations that could be easily, cost-effectively or efficiently created and reached on a continuous basis. Therefore, using local workers is a more effective strategy in order to meet government health strategies.

1.2 Implementation and Monitoring

Contractor is expected to implement and monitor health management strategies, focused within Project working areas described in this document. These measures will be monitored according to the requirements listed in the performance indicators section of this document. Contractors are not expected to conduct monitoring within the community. Community based health indicators will be captured through the demographic surveillance system. Project triggered influx into local communities is addressed in Company Health, Safety and Security Management Plan and (Company) Community Support Strategy, and is not a Contractor responsibility. Contractor will develop a plan to address Project health issues that will not burden the local ongoing health care infrastructure and services of the community.

1.3 Monitoring and Evaluation of Performance and Effectiveness

Monitoring and Evaluation is one of the most important steps in the entire Impact Management process. A system will be developed for determining that implementation has both occurred and is achieving the intended results.

Performance indicators are generically defined as:

- **Structural:** facilities; equipment; etc.;
- **Process:** number of training sessions, (e.g., toolbox meetings, weekly health and safety management sessions and leadership sessions); internal clinic visits; number/proportion of immunisations offered; etc.; and
- **Outcome:** death; disease; disability; discomfort; and dissatisfaction.

Performance indicators are often expressed as a 'rate,' i.e., the number of events over a defined time period.

Monitoring and Evaluation provides an objective metric of performance. Contractor health performance will be assessed and verified for effectiveness and compliance with the Community Health and Safety Impact Management Plan.

Table 1 presents a summary of the potential impacts related to community health and safety, together with mitigation and management measures to avoid or reduce these impacts, and the monitoring required to determine the performance of these measures.

The Contractor shall develop a Contractor Plan which shall, at a minimum, incorporate the community health and safety measures described in Table 1. Contractor shall not be limited to these measures.

Monitoring to be undertaken as part of this Plan is described in Table 1. Contractor is responsible for developing area- or site-specific procedures for the monitoring program (where necessary) based upon the final design details of the infrastructure.

Table 1: Management and Monitoring

Environmental Health Area (per IFC Good Practices Notes and Introduction to HIA)	Source of Impact	Potential Impact and Relevant Management Plan Objective	Mitigation and Management (Design Feature/Specific Measure)	Item No.	Monitoring & Evaluation	Monitoring & Evaluation frequency	Responsibility
STIs, HIV/AIDS, related diseases	Project presence.	Work camp personnel will provide opportunities for increases in STIs, HIV/AIDS. (Objectives 1 and 2)	Contractor shall implement, monitor and verify strict camp security procedures (closed camps).	21.001	Verification	Ongoing	Contractor
			Contractor shall encourage and support workers to seek early diagnosis, counselling and treatment for all curable non-viral STIs in Project workers; refer viral STIs (HIV and herpes) to Voluntary Counselling Testing centre.	21.002	Outcome indicators: Numerical tracking.	Ongoing with quarterly statistics	Contractor
			Contractor shall conduct worker education programs for STI – HIV/AIDS prevention.	21.003	Process: Training sessions held; knowledge measurements.	Ongoing with quarterly statistics	Contractor
			Contractor shall implement voluntary counselling on site and referral testing for HIV.	21.004	Outcome indicators: Numerical tracking.	Ongoing with quarterly statistics	Contractor
			Contractor shall make condoms and femidoms available to workers.	21.005	Outcome indicators: Numerical tracking Process: Training sessions held; knowledge measurements.	Ongoing with quarterly statistics	Contractor
		Workers entering and leaving the work site will attract service and sex workers, creating the conditions for a surge in STIs.	21.006	Outcome: Numerical tracking of workers transported to defined locations.	Ongoing with quarterly statistical reporting	Contractor and/or Company	
Vector Related; Malaria, Dengue,	Project construction	Potential to create vector breeding sites within work	Contractor shall conduct surface water management	21.007	Outcome: Larval surveys.	Ongoing with	Contractor

Environmental Health Area (per IFC Good Practices Notes and Introduction to HIA)	Source of Impact	Potential Impact and Relevant Management Plan Objective	Mitigation and Management (Design Feature/Specific Measure)	Item No.	Monitoring & Evaluation	Monitoring & Evaluation frequency	Responsibility
Japanese Encephalitis and other Arboviral diseases	activities.	zones. Opening of roadways facilitating movement of infected individuals into the area: endemic in the coastal areas; and uncertain levels in the Highlands.	and drainage to prevent breeding site development; container management.			quarterly statistical reporting	
	Inside the work zone vector control activities.	Potential to create resistance to insecticides used inside Project impact areas.	Contractor shall coordinate inside the work zone vector control insecticide use with existing insecticides used in community based programs.	21.008	Outcome: Insecticide resistance testing results.	Annually	Contractor
Vaccine Preventable Diseases	Project presence; introduction of communicable diseases into a population that is not immunised.	Potential increase in measles, mumps, rubella, chicken pox, pneumococcal pneumonia, influenza, typhoid, outbreaks in the community related to population influx; or the introduction of personnel who are not immunised (Juha) – workers travelling to Juha will be required to have proof of immunity as a condition of travel to Juha.	Contractor shall offer immunisations to workers staying at camps. Contractor shall offer all workers in the Juha area, and from the Juha area, immunisations described in the Project Health Specifications.	21.009	Outcome: Number of immunisations.	Ongoing with quarterly statistical reporting	Contractor
EHA Water, Sanitation & Waste Related Diseases	Logistics/ Sewage Treatment Plant capacity.	Project Sewage Treatment Plant overflowing into area surface drinking and bathing water sources; increasing faecal-oral diseases.	Contractor shall operate and monitor Sewerage Treatment Plants according to the Waste Management Plan.	21.010	Outcome: Numerical tracking of water quality.	Ongoing; Monthly water quality reporting	Contractor
		Project water use could potentially deplete community drinking, bathing and laundry water supplies, increasing water related diseases.	Contractor shall monitor Project water related impacts according to Environmental Management Plan (EMP) requirements.	21.011	Outcome: Environmental surface and groundwater monitoring.	Ongoing; Monthly water quality reporting	Contractor
		Crowding in Project housing facilities could create	Contractor shall implement and monitor strict laundry and	21.012	Outcome: Sanitation related	Ongoing; quarterly	Contractor

Environmental Health Area (per IFC Good Practices Notes and Introduction to HIA)	Source of Impact	Potential Impact and Relevant Management Plan Objective	Mitigation and Management (Design Feature/Specific Measure)	Item No.	Monitoring & Evaluation	Monitoring & Evaluation frequency	Responsibility
		increases in skin diseases among workers that are then transmitted back to their home environment (lice infestations due to laundry and cleaning practices; scabies transmission due to close living quarters and personal contact. Home environments could create increases in skin diseases among workers that are then transmitted back to work camps (lice infestations due to laundry and cleaning practices; scabies transmission due to close living quarters and personal contact.	cleaning procedures for all Project housing units; verify camp living area configurations and number of occupants to prevent overcrowding; and implement Project skin disease diagnostic protocols.		disease incidence per work location. Verification of laundry and cleaning procedures.	statistical reporting	
			Contractor's medical service provider shall conduct fitness to work examinations.	21.013	Outcome: Skin related disease evaluations.	Ongoing; quarterly statistical reporting	Contractor
		Influx of job seekers, service workers and clan members will increase the use of unimproved sanitation, faecal oral related diseases.	The Project shall educate workers regarding the prevention of water, sanitation, waste related diseases.	21.014	Process: Number of training sessions conducted; Number of pictorial handouts provided for take home use.	Quarterly	Contractor
		Project waste could create fly breeding sites, increasing rates of eye infections and fly/sanitation related diarrheal diseases.	Contractor shall comply with all Project waste management practices within work zones and at the landfill. Confirm good housekeeping and trash collection and disposal.	21.015	Verification: Environmental Monitoring program.	Ongoing with monthly statistical reporting	Contractor
			The Project shall conduct Worker education regarding household waste management for the purpose of personal/household hygiene practices.	21.016	Process: Number of training programs conducted.	Ongoing with monthly statistical reporting	Contractor and/or Company
Health Services	Hiring	Perception of inequity in	Contractor shall implement	21.017	Process:	Quarterly	Contractor

Environmental Health Area (per IFC Good Practices Notes and Introduction to HIA)	Source of Impact	Potential Impact and Relevant Management Plan Objective	Mitigation and Management (Design Feature/Specific Measure)	Item No.	Monitoring & Evaluation	Monitoring & Evaluation frequency	Responsibility
Infrastructure, Capacity	practices.	hiring practices based on existing health conditions can trigger community unrest.	Project specifications for performance of fitness for duty exams.		Results of fitness for duty exams.	statistical reporting	
	Fitness for duty exams.	Fitness for duty medical requirements have consequences for follow up and treatment that cannot be delivered locally, e.g., tuberculosis, hypersplenomegaly (enlarged spleen), and periorbital abscess.	Contractor shall recommend service provider for follow up treatment for viral STIs.	21.018	Process: Number of referrals for follow up treatment.	Quarterly	Contractor
Food and Nutrition Related Issues	Project presence	Food inflation associated with influx and Project catering facility purchasing practices could further marginalise existing low income groups Positive impact - Potential increased local income from the purchase of local fresh produce for Project catering services.	The Project shall not purchase products in local community unless through formal contracts with approved suppliers.	21.019	Verification (Procurement & Supply Management Plan).	Quarterly	Contractor and/or Company
		Project facilities could create food related illness outbreaks that are transmitted to the PIA communities.	Contractor shall assess Project catering facility services, facilities and food waste disposal practices.	21.020	Outcome: Number of food related illnesses reported inside the work zone.	Ongoing; monthly statistical reporting	Contractor
		Project food waste could attract poisonous snakes and rodents.	Contractor shall monitor on site Project food waste management. Contractor shall establish and enforce strict policies and practices for leftover site catering facility food products. Dispose of food wastes promptly as per the Project's Waste Management Plan. Contractor shall implement the	21.021	Per waste management plan.	Quarterly	Contractor

Environmental Health Area (per IFC Good Practices Notes and Introduction to HIA)	Source of Impact	Potential Impact and Relevant Management Plan Objective	Mitigation and Management (Design Feature/Specific Measure)	Item No.	Monitoring & Evaluation	Monitoring & Evaluation frequency	Responsibility
			Project Pest Management Plan.				
			Contractor shall conduct Worker education regarding the prevention of at risk communicable infectious diseases.	21.022	Process: Number of training programs completed.	Annually	Contractor
Accidents and Injuries	Project related roadway traffic.	Increased Project related roadway traffic and associated accidents (animals and people) from Project transportation assets.	The Project shall conduct safety training verification for all drivers; including photo ID or fingerprint ID system for all training completed to confirm the driver is trained to operate the vehicle, monitor the hours worked to verify drivers are not fatigued.	21.023	Outcome: Project related road traffic accidents in the community (Community Impacts Management Plan). Process; number of driver training sessions; hours worked.	Ongoing, statistical reporting monthly	Contractor and/or Company
			The Project shall provide road signage, markings, barricades, etc. as per the Project specification and PNG Department of Transport regulation along Project roadways and surrounding Project facilities.	21.024	Outcome: Incidents per vehicle kilometre travelled (refer Traffic Management Plan).	Quarterly	Contractor
Social Determinants of Health (violence, cultural clashes, cultural health practices, etc)	Opening of roadways.	Opening of new roadways will increase the access to, availability and use of buai (betel nut use), tobacco, alcohol, drugs, solvents, inhalants, etc. resulting in potential adverse health effects including potential increases in STIs and HIV/AIDs, increases in cross cultural violence, Mixing of cultural groups in Project work camps; could create	The Project shall conduct Worker education regarding substance use; Implement Work camp alcohol, drug and betel nut restrictions (dry camps) and gambling prohibitions. The Project shall conduct worker education regarding camp behaviour requirements.	21.025	Process: Number of training programs conducted.	Quarterly	Contractor and/or Company

Environmental Health Area (per IFC Good Practices Notes and Introduction to HIA)	Source of Impact	Potential Impact and Relevant Management Plan Objective	Mitigation and Management (Design Feature/Specific Measure)	Item No.	Monitoring & Evaluation	Monitoring & Evaluation frequency	Responsibility
		cross cultural violence, Changes in income and expenditures creating conflict.					
Hazardous Materials Exposure; Poison Control Issues	Operations of facilities.	Potential Project facility releases to air, groundwater and surface water.	Contractor shall implement environmental monitoring programs (air emissions, water, etc) as per EMPs.	21.026	See EMP (Water, Air, Waste, etc).	Ongoing	Contractor
			Contractor shall manage noise as per the EMP requirements of the Project.	21.027	See Noise and Vibration Management Plan.	Ongoing	Contractor
			Contractor shall implement spill response plan to include response to Project related spills that may occur in the community and conduct drills as appropriate.	21.028	See Spill Prevention and Management Plan.	Ongoing	Contractor
	Containers.	Hazardous materials containers could be used for rainwater catchment in local communities.	Contractor shall monitor chemical control and container/waste management programs. Contractor shall implement daily patrols to confirm good housekeeping dispose of waste bearing containers according to the Project's Waste Management Plan specifications	21.029	See Hazardous Materials Management Plan.	Ongoing	Contractor
Respiratory, Housing (increased transmission of respiratory diseases)	Camp housing facilities.	PNG nationals who reside in work camps and travel home during off times could potentially transmit respiratory infections from the Project to their home community. Workers returning to camp site on rotation could transmit illnesses obtained from their	Contractor shall implement TB prevention and control program with medical evaluation of TB status before assignment.	21.030	Outcome: Pre-placement and workplace TB assessment.	Ongoing; quarterly statistical reporting	Contractor
			Contractors shall adhere to appropriate worker housing design and capacity.	21.031	Verification	Quarterly	Contractor

Environmental Health Area (per IFC Good Practices Notes and Introduction to HIA)	Source of Impact	Potential Impact and Relevant Management Plan Objective	Mitigation and Management (Design Feature/Specific Measure)	Item No.	Monitoring & Evaluation	Monitoring & Evaluation frequency	Responsibility
		home environment. Specific worker housing design and capacity versus planned inhabitants.					
Non Communicable Diseases	Project food provision.	Changes in NCD rates in national workforce employees due to changes in nutrition habits and food availability through the Project.	Contractor shall conduct BP and blood glucose monitoring of Project drivers. In addition, at the Hides Gas Conditioning Plant and LNG sites, Contractor shall conduct: <ul style="list-style-type: none"> • Pre-employment and annual height, weight monitoring of Project workforce; and • Worker education regarding prevention of non-communicable diseases (NCDs). 	21.032	Process: Number of training sessions completed.	Quarterly	Contractor

5.0 ROLES AND RESPONSIBILITIES

Contractor shall ensure sufficient resources are allocated on an ongoing basis to achieve effective implementation of this Plan.

The Contractor Plan shall describe the resources allocated to the execution of each task and requirement contained therein, and shall describe how roles and responsibilities are communicated to relevant personnel.

Company shall ensure sufficient resources are allocated on an ongoing basis to achieve effective implementation of Company's responsibilities in the Community Health and Safety Management Plan.

6.0 TRAINING, AWARENESS AND COMPETENCY

Project shall ensure that personnel responsible for the execution of tasks and requirements in the Community Health and Safety Management Plan are competent on the basis of education, training and experience.

The Contractor Plan shall describe the training and awareness requirements necessary for its effective implementation.

Project training activity associated with the Community Health and Safety Management Plan shall be appropriately documented by means of a training needs assessment, training matrix/plan and records of training undertaken.

7.0 PERFORMANCE INDICATORS

Table 1 outlines the indicators for measurement and evaluation of performance in relation to Contractor Community Health and Safety management. However Contractor may, subject to agreement with Company, modify or add to these indicators to enhance the Contractor's plan, based on lessons from the performance indicators.

8.0 REPORTING AND NOTIFICATION

Contractor will submit a report to Project according to Table 1.

ATTACHMENT 1

Relationship Between: (1) Project Health Plan (2) Community Health And Safety Plan (3) Community Health Safety And Security Management Plan (4) Community Impacts Plan

	Project Health Plan	Community Health and Safety Plan	Community Health Safety and Security Management Plan	Community Impacts
Implementing Party	Company	Contractor (via Contractor Plans)	Company	Contractor (via Contractor Plans)
Inside / outside the fence	Both	Outside	Both	Outside
Scope	<p>Primarily intended for an internal PNG LNG audience and accordingly addresses internal health objectives.</p> <p>Describes the processes and procedures that will be applied to achieve the internal occupational (worker) health related objectives, including resources and responsible organisations.</p>	<p>Focuses on Contractor/ community interface, the potential health impacts that may arise from this interaction and corresponding mitigation measures.</p> <p>While most of the actions described in this plan are also described in the (Company) Community Health Safety & Security Plan, the intent is to specifically describe expectations and responsibilities of the Contractors.</p> <p>To be used by Contractors as a basis for preparing Contractor Plans.</p>	<p>Specifically focuses on the mitigation of potential community health impacts that may be attributed to the Project and its workforce, and that are considered to be the responsibility of the Project (i.e. Company).</p> <p>Unlike the Contractor Community H&S Management Plan the scope is not confined to Project work sites (e.g., it includes H&S issues associated with Camps.</p> <p>There are many actions that relate back to compliance with the Project Health Plan addressing workers, as there are clear associations with disease transmission from the workers to the communities and from the communities back to the workplace. This Plan is not intended to focus on community health investment initiatives, however mitigation measures addressed in this Plan (Attachment A) will be coordinated with the strategic community investment initiatives.</p>	<p>Deals with potential impacts on individuals and communities caused as a result of Contractor construction activities.</p> <p>Includes, but is not limited to community health and safety issues (e.g., construction-related traffic).</p>

ATTACHMENT 2

LEGAL AND OTHER REQUIREMENTS

Contractor shall comply with applicable Papua New Guinea (PNG) Laws and Regulations, applicable International Finance Institution requirements and applicable International Treaties and Conventions. In addition, Contractor shall comply with certain other requirements defined by Company.

The following requirements form the basis of this Plan; however Contractor should not rely upon them as an exhaustive list of legal and other requirements.

PNG Laws & Regulations

- The PNG Constitution;
- Public Health Act 1973;
- Public Health Regulation (Sanitation and General) 1973;
- Public Health (Infectious Diseases) Regulation 1973;
- Public Health (Sewerage) Regulation 1973;
- Public Health (Drinking Water) Regulation 1984;
- Environmental Act 2000;
- HIV/AIDS Management and Prevention Act 2003;
- PNG Quarantine Act 1953;
- PNG Food Sanitation Act 1991;
- Motor Traffic Act 1950; and
- Industrial Safety (Building Works) Order 1967.

International Treaties and Conventions

Typically, international conventions and treaties mandate actions that the signatory countries must undertake and they do not require direct action by private companies, however some treaties and conventions may require direct action by private companies.

There are no international treaties and conventions relevant to the construction phase from a community health and security perspective.

International Finance Institution Requirements

Various international standards and guidelines apply to community health. Those that are relevant to Project activities include:

- IFC Performance Standard 4: Community Health, Safety and Security and its objectives are to:
 - Avoid or minimize risks and impacts on the health and safety of the local community during the project life cycle from both routine and non routine circumstances; and
 - To ensure that the safeguarding of personnel and property is carried out in a legitimate manner that avoids or minimizes risks to the community's safety and security.
- IFC Performance Standard 1: Social and Environmental Assessment and Management System and an objective is to:

- To avoid, or where avoidance is not possible, minimize, mitigate, or compensate for adverse impacts on workers, affected communities, and the environment.

Other Requirements

Company will follow Company's Operations Integrity Management System (OIMS). OIMS is a cornerstone of Company's commitment to managing risk and performance and achieving excellence in performance. Company is committed to conducting business in a manner that is compatible with the environmental and economic needs of all communities in which we operate, and that protects the safety, health and security of our employees, those involved in our operations, our customers and the public.

Company's Health Policy states it will:

- Identify and evaluate health risk related to its operations that potentially affect its employees, contractors or the public; and
- Communicate in a reasonable manner to potentially affected individuals or organisations and the scientific community knowledge about health risks gained from its health programs and related studies.

Company's Statement on Strategic Health Management states:

Company maintains an active commitment to the communities in which we work. We believe that self-sustaining improvement in public health are a key enabler for broader economic and social gains. By incorporating workforce and community health consideration in project planning, we play a role in addressing the broader economic and social development of the communities in which we operate.

The Project will also follow Company's Best Practices in External Affairs (BPEA) regarding Community Relations Management. The BPEA provides, "[w]herever Company operates around the world, we form collaborative partnerships and consult with community leaders to help build economic and social capacity that benefits communities and our business over the long term. Our BPEA initiative, which is part of our OIMS, is our strategic planning tool for global external affairs."

International standards that will be followed by Project, relevant to community health and safety include:

- World Health Organisation Drinking Water Guidelines.