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Kennecott Utah Copper Corporation Safety and Health Standards		Standard No.: 13.3 Treatment, Recording and Reporting of Incidents and Injuries

13.3.1 **INTRODUCTION**

13.3.1.1 This Standard covers the prompt and effective treatment of injuries and illnesses for all employees, contractors and visitors.

13.3.1.2 This standard also defines the definitions of injuries, injury rates and incidents; and the requirements for recording and reporting of injuries or incidents involving all employees and contractors.

13.3.2 **DEFINITIONS**

13.3.2.1 **Lost Time Injuries** (LTIs) are the sum of lost day injuries and restricted work duty injuries.

- **A lost day injury** (LDI) is an occupational injury that results in one or more days away from work. A fatal injury is counted as a lost day injury.
- **A restricted work duty injury** (RWDI) is an occupational injury where, as a result the employee:
 - Was assigned to another job on a temporary basis, or
 - Worked at a permanent job less than full time, or
 - Worked at his / her permanently assigned job but could not perform all the duties normally associated with it.

13.3.2.2 **A Medical Treatment Case** (MTC) is an occupational injury which is not classified as a lost time injury, but which results in loss of consciousness or medical treatment other than first aid.

13.3.2.3 **All injuries** (AI) are the sum of lost time injuries and medical treatment cases.

13.3.2.4 **Shifts / days lost** are the actual number of shifts / days a person was unable to work due to an occupational injury i.e. the sum of days away from work (DAW) and those on restricted work duties (RWD). If a person is unable to return to his normal job after two years, the injury is considered a permanent injury and no further "shifts / days lost" are recorded. The injury is reclassified as Permanent Damage Injury (PDI). There will be no shifts / days lost accumulated for a fatality or PDI.

References: KUCC Safety and Health Standard – 6.1 Accident / Incident Investigation & Case Management Facility Emergency Response Plan Rio Tinto Occupational Health Standards A4. Medical and First Aid Treatment Rio Tinto Safety Standards B1. Recording and Reporting					
Signatures					
Original signed by: Frank Klobchar	12/20/05	Original signed by: Chris Crowl	12/21/05	Original signed by: Bill Champion	12/21/05
Standards Committee Chairman	Date	Vice President Human Resources	Date	President, KUCC	Date

- 13.3.2.5 A **Permanent Damage Injury (PDI)** is any occupational injury:
- From which there has not been, or is not expected to be, full recovery after two years.
 - Which has substantial negative consequences for the individual e.g. prolonged hospitalization, prolonged inability to work, loss of ability to continue normal social and home life, major damage to body or body function. All amputations are PDIs.
- 13.3.2.6 The **Hours of Exposure** is the total number of hours worked by all employees (permanent or temporary) and contractors in the reporting period.
- 13.3.2.7 **Lost Time Injury Frequency Rate (LTIFR)** is the rate of occurrence of LTIs per 200,000 hours worked:
- 13.3.2.8 **Lost Time Injury Severity Rate (LTISR)** is the rate at which workdays or shifts are lost as a consequence of LTIs per 200,000 hours worked:
- 13.3.2.9 **All Injury Frequency Rate (AIR)** is the rate of occurrence of All Injuries per 200,000 hours worked:
- 13.3.2.10 A **Significant Incident** is any incident that has actual or potential health, safety (or environmental) consequences that are of a serious nature and have the possibility to cause actual or potential material or reputational damage to the operation or to Rio Tinto.
- 13.3.3 **REQUIREMENTS**
- 13.3.3.1 There must be in place a system for recording and reporting all incidents involving injury, damage to property or damage to the environment or the potential for such injury or damage. (See Facility Emergency Response Plan and Safety and Facility Standard 6.1) This system must satisfy applicable regulatory requirements. The system must include the requirements that:
- All injuries must be immediately reported to the area supervisor.
 - The supervisor must record all material details of the injury or incident as required by local regulation, in a timely manner, and ensure that the person responsible for HSE record keeping is informed.
 - The HSE record-keeper must ensure that all internal and external reporting requirements are satisfied and that the injury or incident is correctly classified for internal and external purposes.
 - Significant Incidents are reported to the senior site manager as soon as possible.
- 13.3.3.2 There must be a system for ensuring that Rio Tinto Injury Statistics are supplied to Rio Tinto on the forms, in the manner and by the deadline prescribed.
- 13.3.3.3 There must be in place a system for ensuring that a written report of Significant Incidents is submitted to Rio Tinto, with a copy to the Product Group Chief Executive, within 24 hours of their occurrence.
- 13.3.3.4 There must be a system for ensuring that safety incidents of relevance to other Group operations are posted on the Rio Tinto safety web site within seven days of their occurrence.
- 13.3.3.5 The arrangements for the provision of appropriate treatment services must be risk based and documented. These can include local off-site provisions. The risk assessment must consider:
- The health and injury risks of the site and numbers and types of treatments experienced;
 - Special situations such as underground, remote, and lone workers;

- Provisions for treatments throughout a 24-hour day and weekends;
- The location and adequacy of local, non-company treatment facilities; and
- Transport arrangements for emergency evacuation when required.
- Remote and lone workers. (See Exhibit 13.3.1 Kennecott Utah Copper Working Alone Policy)

13.3.3.6 Adequate levels of staff, equipment and facilities must be provided. The minimum acceptable standard is:

- A person appointed to take charge of first-aid / medical arrangements;
- A qualified medical practitioner to act as the medical adviser;
- Ready access to a suitably qualified person to provide medical treatment;
- One trained and certified first aid responder per 50 employees on every shift, or the provision of full time emergency services or paramedic support onsite. More first aid responders may be required in underground or remote locations;
- Suitably stocked first-aid boxes or equivalent provision, located such that they are available (See Exhibit 13.3.2 KUCC First Aid Supplies),
- For permanent facilities, a first aid room that provides privacy for injured or sick employees during their wait for medical treatment or recuperation.

13.3.3.7 The site medical and first aid treatment system must be integrated into the site emergency procedures and safety reporting system. There must be an established and documented emergency communication system.

13.3.3.8 First aid responders must be trained in first aid according to accredited standards.

13.3.3.9 All employees must be informed of the first aid / medical arrangements and the procedure for activating the emergency procedure. Notices indicating the emergency contact number / radio frequency must be posted at appropriate telephones.

13.3.4 **RESPONSIBILITIES**

13.3.4.1 Employees are responsible for immediately reporting all injuries, property damage, and near miss incidents to the appropriate area supervisor.

13.3.4.2 The Control Center operator is responsible for properly recording and reporting all incidents involving injury, damage to property or the environment, or the potential for such injury or damage, activating the appropriate response, and notifying the appropriate manager personnel immediately.

13.3.4.3 The Area Supervisor is responsible for:

- Investigating, recording and reporting all incidents involving injury, damage to property or the environment, or the potential for such injury or damage.
- Ensuring that all employees are informed of the first aid / medical arrangements and the procedure for activating the emergency procedure

13.3.4.4 The Facility Manager is responsible for:

- Informing the KUCC President and VP Operations or VP / GM Engineering & Technical Services and the Safety Department of all significant incidents within 12 hours of the occurrence.
- Preparing a preliminary report, within 24 hours for all events that have a high potential for serious consequences or result in a serious injury.
- Ensuring that safety incidents of relevance to other Group operations are posted on the Rio Tinto safety web site within seven days of their occurrence.

- Ensuring a finalized report is completed and distributed to disseminate valuable information on specific safety actions.

13.3.4.5 The KUCC President is responsible for:

- Ensuring that within 24 hours of an occurrence of a fatality or other significant incident a written report is submitted to the Product Chief Executive of Rio Tinto, with a copy to the Product Group Chief Executive and the Head of HSE in London.
- Appoint a team to investigate the accident or incident. The team members will have relevant expertise. At least one member shall be independent of the operation at which the accident or incident occurred. A senior level manager will be assigned as team leader and will prepare the investigation report. Appropriate and relevant legal advice should be taken before completion of the report. The investigation will be completed within 2 weeks and the report within 3 weeks.
- Attending to present the report and the results of the review to the Rio Tinto Operations Committee within 6 weeks.

13.3.4.6 The HSE Department is responsible for:

- Ensuring that all internal and external reporting requirements are satisfied and that the injury or incident is correctly classified for internal and external purposes. Other notifications shall be made in accordance with local regulatory requirements and in accordance to the local emergency response procedures.
- Ensuring that Injury Statistics are supplied to Rio Tinto on the forms, in the manner and by the deadline prescribed.
- Ensuring that the site medical and first aid treatment system is integrated into the site emergency procedures and safety reporting system, and that there is an established and documented emergency communication system.

13.3.4.7 Medical Services is responsible for conducting a risk assessment to ensure provision of appropriate treatment services.

Kennecott Utah Copper Working Alone Policy

No employee shall be assigned, or allowed, or be required to perform work alone in any area where hazardous conditions exist that would endanger their safety unless they can communicate with others, can be heard, or can be seen. A risk assessment must be conducted to evaluate potential hazardous conditions when employees must work alone. Jobs that may not be performed alone include:

- Rescue operations in an IDLH (Immediately Dangerous to Life and Health) atmosphere.
- Operations in an IDLH atmosphere during an interior or structural fire.
- Permit-required confined space entry.
- Hot work when other than a minor fire may develop.

In addition certain electrical work may require more than one person. When working on or near exposed electrical conductors or circuit parts operating 50 volts or more that are or might become energized shall require an electrical work permit. The work permit will require a risk assessment which will include the number of *qualified employees* required. Work performed on or near live parts by *qualified employees* related to tasks such as testing, troubleshooting, voltage measuring, etc., shall be permitted to be performed without an energized electrical work permit, provided appropriate safe work practices and personal protective equipment are provided and used.

Qualified Employee: Licensed Electrician or documented company-approved equivalent; further, shall be re-certified per the Rio Tinto Electrical Safety Standard.

It is quite acceptable for employees to work alone unless specifically prohibited by KUCC or regulatory standards, or where a risk assessment has concluded that the identified hazard requires more than one person.

When an employee works alone the following must be considered when conducting the risk assessment:

- Specify when the employee must carry a radio, cell phone, walkie-talkie, man-down indicator, global positioning device, satellite telephone, etc.
- Specify how often and to whom the employee must call in to say that all is well. This should be based on the severity of the hazards identified.
- Specify if and when another employee, security, or a supervisor will visit the employee to assure that all is well.
- Specify if and when an employee must sign in and out on a work log so that someone will know that the employee is out working alone.
- Define the emergency reporting procedure.

KUCC First Aid Supplies

First aid supplies will be available as follows:

- **Emergency Medical Technicians (EMTs)** shall have medical first-aid equipment carried in their response vehicle. The contents of their first aid kits / boxes shall be appropriate for their training and certification level as determined by KUCC medical.

Inspection and restock procedure for EMT's:

- At the beginning of **each shift**, an inspection of the Response Vehicle, Supplies, and Defibrillator will be completed by the on duty EMT to ensure effective response. (BBP kit, Jump kit, O2 kit & defibrillator).
- An inventory of all the medical equipment will be completed **weekly** by each EMT. Inventory sheets will be filled out on each item including:
 - Emergency Response Vehicle
 - Jump Kit
 - O2 kit
 - Bloodborne Pathogen kit

- **On-site Emergency Response Teams (ERTs)** shall have first -aid equipment and access to additional first-aid and rescue equipment carried in their emergency response vehicles. The contents of their first aid kits / boxes shall be appropriate for their training and certification level as determined by KUCC medical and ERT training personnel.

ERT Inspection and restocking procedure:

- An inventory of all equipment including medical equipment and supplies will be completed at least once per month. The records of inspection will be kept at each Plant. The restocking of supplies will be as follows.
 1. If outside services (911 responses) are on scene they will replace supplies that the ERT have used.
 2. If outside services are not on scene restocking of supplies will be made through the Emergency Response Superintendent.

- **First-aid supplies shall be available in all facility first-aid rooms.** The supplies shall be appropriate for the training and certification level as determined by the facility medical and ERT training personnel.

Inspection and restock procedure:

- Inspection and restocking of Plant First Aid Facilities is performed by each Plant EMT. During each shift – if possible, the EMT will check the 1st aid room to ensure equipment is ready for use in an emergency.
- An inventory of all the medical equipment will be completed **weekly** by each EMT. Inventory sheets will be completed.

- **Facility First Aid Kits / Boxes.** Since workplaces vary widely in their degree of hazard, location, size, and availability of professional medical service, there may be areas that require additional First Aid kits / boxes. Where a risk assessment has been conducted First Aid kits / boxes may be located in designated areas. In these areas the First aid kits / boxes should provide a basic range of products to deal with most types of injuries encountered in the workplace. Basic first aid kits / boxes are available for the treatment of the following potential injuries: major wounds, minor wounds (cuts and abrasions), minor burns and eye injuries. There are no regulatory requirements that specify first aid kit contents. The contents the first aid kits should be appropriate for the training and certification level as determined in the risk assessment. The risk assessment must define the system for inspection and restock procedure.

- **Access to First Aid Treatment** - In addition to those areas listed above, all employees have access to the KUCC Clinic and to local Industrial clinics when KUCC clinic is not open. In emergency situations KUCC is within 10 minutes of Salt Lake County EMS, multiple regional hospitals and two level I trauma centers within 20 minutes of each facility. Medical helicopter services are available from two independent facilities.