



Nyrstar Port Pirie Process: Protocol for Contractor Lead in Blood Management

Doc Number: PP-361-00021

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1. Purpose

The purpose of this Document is to outline Nyrstar Port Pirie's Protocol on the Management of Contractor Lead Exposure On-Site to ensure compliance with the Nyrstar Group Standards GS-108 Bio-Monitoring, GS-106 Exposure Assessment and the South Australian Work Health and Safety Regulations 2012.

A significant requirement of this Management Protocol is achieved through a Biological Monitoring Program that determines Contractor Blood Lead Concentrations at specified intervals. Contractor Lead Exposure is subsequently managed through Initial Training, Coaching, implementation of Controls to reduce Exposure, detailed Hygiene Action Plans and Transfer Out of Lead Risk Areas.

2. Scope

This Process shall apply to all Persons engaged to Work at the Nyrstar Port Pire and required to participate in Monitoring for Blood Lead.

3. Cross Referenced Documents

- [PP-471-00001](#) Working Safely in a Lead Risk Environment
- [PF-471-00006](#) Nyrstar Port Pirie Initial Lead in Blood Reduction Plan
- [PF-471-00008](#) Nyrstar Port Pirie Secondary HAP Review Checklist
- [PRI-471-00041](#) Lead Hygiene Awareness
- [PF-470-00001](#) Lead Hygiene Awareness Theory Assessment
- GS108 Group Standard Bio-Monitoring
- SafeWork SA Work Health and Safety Regulations 2012 (WHS)
- SafeWork Australia Hazardous Substances Information System (HSIS)
- SafeWork Australia SafeWork Australia Guidelines, Hazardous Chemicals Requiring Health Monitoring 2013
- SafeWork Australia Health Monitoring, Guide for Lead (Inorganic) 2020

4. Definitions

TERM	DEFINITION
Action Level	The Blood Lead Concentration Triggering Investigation of the causes of increased exposure to Inorganic Lead the Lead in Blood Reduction Program (LIBRP) and intervention.
Biological Monitoring	The measurement and evaluation of Hazardous Substances or their metabolites in the body tissues, fluids or exhaled air of a Person.
Contractor	For the purpose of this Document, "Contractor" means all Contractors engaged On-Site to perform Work.
Standard Service Agreement	For the purpose of this Document Standard Service Agreement (Managed Contract) means all Contracts directly managed by members of the Contract Management Team.
Lead in Blood Reduction Plans	Personal Lead In Blood Reduction Program – An individual plan incorporating a Review of Personal and Workplace factors that are known to influence Exposure to Lead; the identification of Sources of; and Actions to reduce the Risk of Exposure to Hazardous Chemicals.

TERM	DEFINITION
Lead Exposure	Absorption or Lead by ingestion or inhalation.
Lead Risk Area	Any Area where Concentrations of Airborne Lead are greater than TWA8h10µg/m3 = 25% of the WES.
Lead Risk Work	As per the SWSA interpretation of the SA WHS Regulations 2012; a likely to result in the Blood Lead Level of a Worker or Contractor carrying out the Work to rise above— a) Females of reproductive capacity—5µg/dL. b) Males and Females not of reproductive capacity—20µg/dL.
Reproductive Capacity	Any Female who has not provided information from a Registered Medical Practitioner stating that she is not of reproductive capacity.
Return Level	The Blood Lead Concentration at which a Person can return to undertaking Lead Risk Work (equivalent to respective Site Action Levels).
Removal Level	The Blood Lead Concentration triggering Removal from Lead Risk Work .

5. Process

5.1 Introduction

- 5.1.1 Nyrstar is committed to reducing Contractors Exposure to Lead. The current Blood Lead Management Goal for the Nyrstar Port Pirie Site is by the 30th June 2021 to have no Contractors on the Port Pirie Site, with a Blood Lead Concentration above;
- 28µg/dl for Males and Females not of child bearing capacity;
 - 10µg/dl for Females of reproductive capacity;
 - 5µg/dl for Females who are pregnant or breast feeding.
- 5.1.2 Nyrstar acknowledges that Long-Term Contractors historically exposed to higher levels of Airborne Lead, may retain a significant lead body burden influencing Long Term Blood Lead Levels. This will be taken into consideration when managing those undertaking Lead Risk Works On-Site.
- 5.1.3 The Safe Management of Lead Processes and Associated Procedures are discussed in the Nyrstar Port Pirie Site Procedure [PP-471-00001](#) Working Safely in a Lead Risk Environment.

5.2 Contractor Terms and Conditions

- 5.2.1 In order to be eligible to be engaged at Nyrstar Port Pirie as Contractor, a Person must first provide evidence their Blood Lead Levels meet the conditions set out in table 1;

Table 1: Employment Conditions - Blood Lead Levels

Classification	Condition
Any Person not previously engaged On-Site	Females of RPC Blood Lead Result =<5µg/dl Males and others Blood Lead Result =<15 µg/dl
Any past Employees or Contractors seeking re-employment after more than 3 months absence	Within the preceding 3 weeks; Females of RPC Blood Lead Result =<5µg/dl Males and Non RPC Females Blood Lead Result =<15 µg/dl
Contractors subject to renewal of an existing WEA	Blood Lead Result within the preceding 3 weeks less than the respective Removal Level.

- 5.2.2 Works Entry Application - Any external Contract Company lodging a Works Entry Permit for an Employee, must provide a Blood Lead Result addressing the criteria set out in table 1 seven days prior to the requested Site Entry Date.
- 5.2.3 Exemption Request - An Exception to 5.2.1 can be applied on a case by case basis depending on the role and Blood Lead Result and approved by SHH Manager and Contract Management Superintendent.
- 5.2.4 Exemptions to 5.2.2 must be submitted in writing to the Site Occupational Hygienist for Review and approval by the SHH Manager and the Manager with responsibility for the Area involved. Any request for an Exception must address;
- Justification for the request
 - Any specific conditions for employment
 - Additional Control Measures or Monitoring Strategies to be in place to ensure any Risk posed by engaging a Person without prior Blood Lead information or increased Blood Lead Levels is effectively managed.
- 5.2.5 If an Exemption is approved as per 5.2.4 for a Contractor to attend Site without providing a recent Blood Lead Result, a Sample MUST be taken immediately on arrival at Site and PRIOR to commencing Work. If the Blood Lead Concentration determined from this Entry Sample exceeds the respective Site Action Level, the Contractor should have their WEA Reviewed and Site Entry rescinded. It is the responsibility of the Area managing the Contractor to escort the Contractor to the Health Centre from the Gate to provide a Sample.
- 5.2.6 Biological Monitoring for Blood Lead is required for all people who Work in Lead Risk jobs. Nyrstar shall assess its compliance with the SA WHS Regulations 2012 and measure improvements in Hygiene with regards to Blood Lead following Processes outlined within this Document.
- 5.2.7 All Contractors Working at the Nyrstar Port Pirie Site are required to participate in the Site Blood Lead Monitoring Program.
- 5.2.8 Persons not complying with Blood Lead Testing Requirements will have their Site Access denied.
- 5.2.9 To be classified as Exempt, a Female Employee must provide Documentation from a Registered Medical Practitioner stating that she is not of reproductive capacity to the Site Health Coordinator. The Health Coordinator is responsible for recording this information in the individuals Medical File and maintaining a list of exempt Females engaged On-Site..
- 5.2.10 The Site Occupational Hygienist will be provided with names of Exempt Females for the purposes of Blood Lead Monitoring and Reporting.

5.3 Reporting

- 5.3.1 A Data Report shall be generated by the Contract Management Team weekly, detailing the most recent Blood Lead Results for Contractors. Personnel who are no longer active shall not be included in the data set. The list of Active Contractors included in the Lead Blood Report will come directly from SAP each week. The End Of Month Report shall be used for all subsequent Blood Lead Data Reporting including;
- The Nyrstar Port Pirie Monthly Safety and Health Performance Report presented to the Site WHS Committee Meeting
 - Corporate Monthly Reporting in RIMS
 - SafeWork Lead Risk Work Notification
- 5.3.2 Lead Risk Work Notification; Contractor Companies will need to notify SafeWork SA in writing, the number of individual Employees, assessed as carrying out Lead Risk Work in accordance with Regulation 394 SA WHS Regulations 2012.

5.4 Collection of Blood Samples

- 5.4.1 All Persons shall provide Venous Samples for Blood Lead Testing. Capillary (finger prick) Testing shall only be undertaken by the Biological Monitoring Officer;
- Under exceptional circumstances approved by the Hygiene Team
 - If after 3 attempts a Venous Sample cannot successfully be collected
 - Based on the advice of a Medical Professional including the Health Nurse or Biological Monitoring Officer
 - In accordance with an Existing Workplace Agreement
- 5.4.2 With the exception of 5.4.1 above, any Contractor refusing to provide a Venous Sample for Blood Lead, will be referred to the Contract Management Department or relevant Contract Manager immediately for Corrective Action.
- 5.4.3 Blood Lead Samples shall be prepared for collection and forwarding to the Laboratory for Analysis PRIOR to 13:00 pm each day. The Target Time Frame for Result availability shall be 24 hours after collection for Samples taken Monday to Friday
- 5.4.4 A Report of all Contractor LIB results is issued weekly by the Contract Management Team to ensure early intervention with elevated LIB Results

5.5 Sampling Frequency

- 5.5.1 An Initial Blood Sample will be obtained from all New Contractors commencing Work On-Site to determine previous Lead Exposure as well as to obtain a Pre-Employment Baseline Blood Lead Concentration. Where possible, this Initial Result should come from the Contractors GP, or other suitable External Testing Source, and should be submitted 7 days prior to Site Access being required.
- 5.5.2 The frequency of Biological Monitoring shall be based upon the most recent Blood Lead Result (BLL) as follows:

Table 2: Male and Female Contractors of Non-Reproductive Capacity

Condition	BLL µg/dl	Sampling Frequency
The most recent Blood Lead Level is equal to or greater than	≥28	Retest within 7 days to confirm then as below
The most recent Blood Lead Level is equal to or greater than	≥20	3 weekly
The most recent Blood Lead Level equal to or greater than	≥10	3 monthly
Two consecutive Results equal to or less than	< 10	6 monthly

Table 3: Female Contractors of Reproductive Capacity

Condition	BLL µg/dl	Sampling Frequency
The most recent Blood Lead Level is equal to or greater than	≥10	Retest within 7 days to confirm then as below
The most recent Blood Lead Level is equal to or greater than	≥5	3 weekly
Two consecutive Results equal to or less than	<5	3 monthly

Table 4: New Contractors or Shutdown Contractors

Condition	BLL µg/dl	Sampling Frequency
First 3 months of employment and if placed on Action or Removal during that period	NA	3 weekly
Contractors engaged for Shut or Project Work less than 4 weeks duration	NA	Weekly

- 5.5.3 Confirmation of Blood Lead Results – Investigation or confirmation of a Blood Lead Results shall be carried out by taking another Blood Test within 7 days.
- 5.5.4 Testing will not be carried out any more frequently than 3 weekly when Monitoring for a reduction in Blood Lead.
- 5.5.5 An “Exit Sample” must be taken when either a Nyrstar Employee or Contractor ceases employment on the Nyrstar Port Pirie Site within 48 hours exiting Site for the final time.

5.6 Action Status

A Contractor is deemed to have reached the Blood Lead “Action Status” when one of the following Elevated Blood Lead Trigger Points has been obtained.

Table 5: Action Status

Gender and reproductive status	Trigger Point	BLL µg/dl
Male and Female Contractors of non-reproductive capacity	A single result equal to or greater than	≥20
Females of reproductive capacity	A single result equal to or greater than	≥5

5.7 Lead in Blood Reduction Program

- 5.7.1 A Contractor’s Personnel Folder contains specific records of all Induction, Training, Testing and Fit for Work Medical Examinations undertaken by that Contractor. Every Contractor will also complete a Respirator Fit Test to determine specific Personal Protective Equipment (PPE) required and the ongoing specific health surveillance and Medical Examinations required to minimise and monitor Employee’s Exposure to all the hazards present in their immediate Work Environment.

Specifically, a Lead in Blood Reduction Plan for Lead Exposure will record such information as Personal Hygiene practices, PPE and specifics on the Contractor’s Working Area (environment). Other factors that may influence a Contractor’s Lead Exposure are also discussed.

- 5.7.2 For all Contractors engaged On-Site, the relevant Contract Management Team Representative shall develop a Personnel Record upon commencement. An individual’s Lead in Blood Reduction Plan will be added to this File for tracking and ongoing Management of Lead Exposure reduction.

For all Contractors engaged On-Site through a Standard Service Agreement, the individual’s Lead in Blood Reduction Plan will be submitted by the relevant Contractor Company Supervisor and submitted to the relevant Contract Manager.

For Contractors engaged through Supplementary Labour arrangements, the Lead in Blood Reduction Plan must be developed and submitted to the Contract Management Team by the relevant Supervisor from the NPP Team responsible for that Contractor.

For Contractors engaged through Capital Projects, Shutdowns, or other Projects outside of Standard Service Agreements, the relevant Project Manager must ensure that a Lead in Blood Reduction Plan is developed and submitted to the Contract Management Team.

- 5.7.3 An individual Contractor’s Lead in Blood Reduction Plan should be Reviewed whenever a Contractor’s Work On-Site changes significantly so that the unique hazards that may be associated with this change can be addressed. It will be the responsibility of the Relevant Person, as outlined in 5.7.2 to ensure this is initiated for all Personnel that they are managing.

5.8 Personal Lead in Blood Reduction Plan (LIBRP)

- 5.8.1 The Coaching Process shall be used to assist all Contractors, their Supervisors and the relevant Nyrstar Representatives in taking positive steps to maintain a Contractors Lead in Blood Level as low as reasonably practical and reduce a Contractors Blood Lead Level if a Result equals or exceeds the respective Action Level.

- 5.8.2 The LIBRP and Review Process shall be initiated;
- a) When a Blood Lead at or exceeding the relevant Action Level detailed in table 5 is received.
 - b) 2 weeks after commencing Work as a Contractor Working at Nyrstar Port Pirie
 - c) At any time for the purposes of Coaching, Mentoring or in the event of a significant change in Biological Monitoring Results
- 5.8.3 Where matters of non-compliance to Site Hygiene Practices, factors contributing to Elevated Blood Lead or opportunities to reduce potential Lead Exposure are identified, clear and measurable Actions must be assigned and documented in the relevant section within the Plan.

5.9 Lead in Blood Reduction Plan Case Review

- 5.9.1 The LIBRP shall be subject to an ongoing Case Review Process. Periodic Case Reviews of the LIBRP including Task Observations, Inspections, Actions and Exposure Reduction Strategy Review shall be undertaken to coincide with the receipt of Biological Monitoring Results at the respective Sampling frequency. Ongoing Case Reviews shall continue until the individual concerned has returned to Normal Bio-Monitoring Status.
- 5.9.2 The Case Review Process is broken down to a number of stages which incorporate Mandatory Actions to be implemented. Initial Case Reviews are undertaken by the Respective Team Leader or direct Supervisors set out in [\(PF-471-00006\)](#).

Personnel responsible for Contractors, as outlined in 5.7.2, are required to ensure an Initial Lead in Blood Reduction Plan Review is carried out within 7 days of a Blood Lead Result equal to or exceeding the respective Action Level.

If the Contractor is working on a Project, or as Supplementary Labour in Operations or Maintenance Teams, the Lead in Blood Reduction Plan Review Process is to be initiated and followed up by the Nominated Representative from that Project or relevant Team Leader/Supervisor in the Nyrstar Team in which they are working. This must be carried out using the most current version of the Lead in Blood Reduction Plan Review Checklist ([PF-471-00006](#)) or a similar form, created by the Contracting Company providing it is a Staged Management Plan with 3 weekly follow up.

- 5.9.3 The relevant Personnel responsible - Supervisors, Contract Managers, Project Managers, and Team Leaders - shall review progress and Actions identified in the Initial Lead in Blood Reduction Plan Review, three weeks after its completion, and at three weekly intervals after that. The focus of the Review should be to assess compliance with the Actions identified during the Initial Lead in Blood Reduction Plan.
- 5.9.4 If a Contractor is found to be not complying with the Actions identified in the Lead in Blood Reduction Plan, or Site Hygiene requirements, then Corrective Action including formal counselling should be taken with the support of the respective Contractor Supervisor and Nyrstar Representative responsible for the Area that the Contractor is working as outlined in 5.7.2.
- 5.9.5 If an individual has not returned to normal status by stage 5 in the Case Review Process the Review must be undertaken by the respective Superintendent.
- 5.9.6 If an individual has not returned to normal status by stage 6 in the Case Review Process the stage 6 Case Review and any further ongoing Case Reviews required must be undertaken by the respective Superintendent and Manager.
- 5.9.7 During the LIBRP and Case Review Process, the Case Review Section of the LIBRP must be updated to record comments, notes and any additional issues or Exposure Reduction Strategies to be implemented

5.10 Removal from Lead Risk Work

- 5.10.1 Regulation 415 the SA WHS Regulations 2012 outlines the defined Blood Lead Levels triggering Removal from Lead Risk Work. Due to the implications of Removal and the known variability with in Blood Lead Monitoring Programs, any Result at or above the Removal Levels set out in (table 6) shall be confirmed as per 5.5.3 confirmation of Blood Lead Results.

- 5.10.2 If a Result equal to or greater than the Removal Level is confirmed the individual shall be immediately placed on Removal from Lead Risk Work and have their status changed in SAP to (RE)
- 5.10.3 The Removal Levels set out in Table 6 apply to all Persons engaged at the Nyrstar Port Pirie Site.

Table 6: Removal Levels

Gender and reproductive status	Trigger Point	BLL µg/dl
Female of non-reproductive capacity and Males.	A confirmed result within 7 days equal to or exceeding	≥28
Females of reproductive capacity	A confirmed result within 7 days equal to or exceeding	≥10

- 5.10.4 After the return of a Blood Lead Result outlined in table 6 the Site Biological Monitoring Officer (Blood nurse) shall notify by email the relevant Superintendent, Coach, Contracts Representative, and the Site Hygiene Team of the Result, and that the individual must return for a confirmatory Venous Blood Test within 7 days.
- 5.10.5 The Biological Monitoring Officer shall also arrange for a 7 day recall for the Blood Test and for a void to be placed on the Site Access Card if a Sample has not been collected within this time.
- 5.10.6 Once placed on Removal Status, Personnel must be removed from Lead Risk Work (see definitions)
- 5.10.7 Any Worker removed from Lead Risk Work due to a Notifiable Blood Lead Result must be medically examined by a Registered Medical Practitioner with experience in Health Monitoring within 7 days after the day the Worker is removed. This is the responsibility of the Employer to arrange.
- 5.10.8 Methods of Removal from Lead Risk;
 - a) Being placed on Modified Duties within the Normal Work Area
 - b) Removal from the Normal Work Area to a low Lead Risk Area and activity

Any Work On-Site, to be considered Low Lead Risk, must be assessed and approved by The Responsible Nyrstar Personnel, together with the Hygiene Team, before a Contractor at Removal Level can continue Work On-Site

- 5.10.9 If a Person on Modified Duties remains on Removal for a period greater than 3 months;
 - a) Medical investigation should be initiated to identify any conditions that could be contributing to elevated Blood Lead.
- 5.10.10 For Contractors; once notified a Contractor has been placed on Removal the relevant Contract Coordinator, or other relevant Person as described in 5.7.2, is responsible for advising the Contractor's Employer and confirming within 7 days to the Site Hygiene Team the individual has been removed from Lead Risk Work.
- 5.10.11 Once advised a Contractor has been placed on Removal it is the responsibility of the Contractor's Employer to remove them from Lead Risk Work.

5.11 Notification and Investigation of Removal from Lead Risk Work

- 5.11.1 In the event a Notifiable Removal from Lead Risk Work regarding a Contractor, the Regulator SafeWork SA must be notified as soon as practicable
- 5.11.2 In the event of a Notifiable Removal from Lead Risk Work of a Contractor, it is the responsibility of their Direct Employer to notify the Regulator. In this event to ensure due diligence, the Site Occupational Hygienist shall also communicate the Removal of Lead Risk Work to the Regulator.
- 5.11.3 Removal from Lead Risk Work shall be investigated according to the Nyrstar Port Pirie Incident Investigation Procedure;
 - a) Removal triggered by a Result exceeding the Regulatory Removal Levels an ICAM Investigation is required;

- b) For any Removal triggered by a Result not exceeding the Regulatory Removal Levels, a 5 Why's Investigation is required;
- a) Any Removal from Lead Risk Work shall be entered in the RIMS by the Site Hygiene Team who will complete the Entry as an Incident – Report Only and complete the Injury and Illness Section.

5.12 Return to Lead Risk Work or Normal Status

5.12.1 Irrespective of gender or reproductive status, a Contractor may only be removed from Action or Removal Status after returning **“two consecutive”** Blood Lead Results at the frequencies set out in section 5.5.2 and below the respective Return Levels Table 7 below.

Table 7: Return Levels

Gender and reproductive status	Trigger Point	BLL µg/dl
Male and Female Employees of non-reproductive capacity	2 consecutive Results below	<20
Females of reproductive capacity	2 consecutive Results below	<5

5.12.2 A Contractor removed from Lead Risk Work may not return to Lead Risk task unless the following conditions are met;

- a) They have been placed back on Normal Status and,
- b) In the event of a Notifiable Removal from Lead Risk Work; the Contractor has undergone a Health Monitoring Assessment by a Registered Medical Practitioner and been found fit to return to Lead Risk Work.

5.13 Management of Contractors – Pre-Engagement

5.13.1 Any External Contract Company lodging a Works Entry Permit for an Employee, must provide a Blood Lead Test Result seven days prior to Entry showing they are below the Site Actions Levels.

5.13.2 If a Contractor returns a Blood Lead equal to or exceeding the respective Site Action or Removal Level during the term of a Works Entry Permit, the Contractor's Employer must follow the LIBRP Process outlined in this Document.

5.13.3 If a Contractor commences On-Site without providing a recent Blood Lead Result then a Sample must be provided immediately prior to commencing Work. In this instance the Contractor must be escorted from the Gate by a Relevant Nominated Person to ensure the Test is completed before commencing Work On-Site. If the Blood Lead Concentration determined from this Entry Sample exceeds the respective Site Action Level the Contractor should have their WEA Reviewed

5.13.4 In the event of an event described in 5.13.2 or 5.13.3, Contractors must be referred to the Site Occupational Hygienist for further consideration and recommendation. If the Contractor is to be or remain engaged On-Site, additional employment conditions must be imposed aimed at ensuring practices are in place and complied with in order to minimise the Risk of Exposure to Lead and approval given by the relevant Department and Human Resources Managers.

5.14 Management of Contractors – On-Site

5.14.1 Contractors Working On-Site through a Standard Service Agreement (managed Contract) will be the responsibility of the nominated Supervisor from that Company and will be supported by the relevant Contract Management Team Coordinator.

5.14.2 Contractors engaged to Work as Supplementary Labour for Operations or Maintenance Teams, must be managed by the Person responsible in that Area. A Contract Management Checklist, [PF-361-00038](#), must be completed by the Nyrstar Person responsible on commencement of the engagement.

5.14.3 Contractors engaged to Work on Capital Projects, Shutdowns, or other Projects outside of Standard Service Agreements, are to be managed by the relevant Project Manager. A Contract Management Checklist, [PF-361-00038](#), must be completed by the Nyrstar Project Manager on commencement of the engagement.

Appropriate Management of Contractors in these Areas includes but is not limited to:

- Provision for adequate supervision;
- Allocation of suitable Crib Room facilities;
- Support to identify High Lead Risk Tasks and implement of additional Controls to reduce LIB exposure;
- Reinforcement of PPE Maintenance and Cleaning
- Reinforcement of showering on completion of the work day and
- Compliance to the Nyrstar No Smoking Policy.

5.14.4 All Contractors are to complete the LIB Management Checklist with the Nyrstar Responsible Person within 2 weeks of commencement On-Site [PF-361-00038](#).

5.14.5 All food and drink (excluding water) is to be consumed in approved Crib Rooms whilst On-Site. All PPE and Overalls are to be removed before entering Crib Room facilities. The Crib Rooms are periodically Audited by the Contract Management Team to ensure compliance to Crib Room LIB Controls and cleanliness.

5.14.6 All Nyrstar Contractors are monitored weekly by the Contract Management Team.

6. Training

- a. Wherever possible, Lead Exposure Risks will be identified and incorporated within SWIs. All Personnel On-Site will undertake Lead Hygiene Awareness Training, [PRI-471-00041](#).
- b. Lead Hygiene Awareness Training is a Site Minimum required by all Employees and Contractors engaged to do Work at the Nyrstar Port Pirie Site. This Training is required to be refreshed two yearly .
- c. The following people must undertake On-Site Face to Face Lead Hygiene Awareness Training:
 - (a) All new Nyrstar Port Pirie Employees;
 - (b) Project Managers and Coordinators;
 - (c) Contractor Supervisors or Contractors undertaking Supervisory Duties;
 - (d) Shut Planners and Coordinators.

7. Records and Documentation

a. Lead in Blood Reduction Plans

- i. A Contractors Original Lead in Blood Reduction Plan along with any subsequent Lead in Blood Reduction Plan Review shall be treated as a Confidential Medical Record. They will be kept in the respective Personal Medical Record located in an electronic file maintained by the Contract Management Department throughout the duration of their engagement On-Site at Nyrstar Port Pirie; irrespective of any change in the Contractor's position or Working Area.
- ii. After cessation of employment, a Contractor's Personal Lead in Blood Reduction Plan detailing all records of Lead in Blood Reduction Plan Reviews, Coaching, Elevated Blood Lead Investigations and subsequent Actions shall remain on file for a period of at least 30 years.

- iii. Relevant Personnel responsible for Contractors, as described in 5.7.2, are required to ensure any Lead in Blood Reduction Plan is carried out using the most current version of the Document.
- iv. A signed copy of the LIBRP Review shall be given to the individual Contractor, with a copy also kept by his/her Supervisor and an electronic copy stored in an Access Restricted Contract Management folder for use during subsequent LIBRP Reviews.
- v. A signed copy of the Original LIBRP and the full completed version, once the individual has been placed back on to Normal Status, must be forwarded to the Contract Management Team for filing in an Access Restricted Folder Contractor Personnel file. Another Copy must be forwarded to the Hygiene Team for Review.
- vi. The relevant Person, as described in 5.7.2, shall be responsible for maintaining the records and tracking LIBRPS and Case Reviews. A LIBRP and Case Review Tracker shall be maintained by the respective Plants outlining the progress of LIBRP and Case Reviews in the Area.

8. Audit and Review

The Safety Health and Hygiene Department is accountable to ensure that this Process is Audited as part of the Nyrstar Work System Audit Process.

9. Accountabilities

Contract Management Department – will be accountable and responsible for maintaining individual records for all Contractors On-Site, providing Weekly Reports on Lead in Blood Test Results and assisting in following up Lead in Blood Reduction Plans for all Contractors Working under a Standard Service Agreement.


Nyrstar Department Supervisors – will be accountable and responsible for providing adequate facilities for all Contractors working in their Areas and will manage directly any Contractors Working in their Teams through Supplementary Labour including conducting Lead in Blood Reduction Plans.

Nyrstar Project Managers – will be accountable and responsible for providing adequate facilities for all Contractors working in their Areas and will manage directly any Contractors Working on their Projects including conducting Lead in Blood Reduction Plans.

10. Flowcharts

N/A

11. Attachments

11.1 PROCESS AUDIT					
PROCEDURE AUDITED: PROTOCOL FOR CONTRACTOR LEAD IN BLOOD MANAGEMENT				DOCUMENT No: PP-361-00021	
NAME OF AUDITOR:		RIMS AUDIT NUMBER: AUD-		DATE:	
ANY FINDINGS FROM PREVIOUS AUDITS?					
REF	QUESTION FOR	AUDIT QUESTION	VERIFICATION, DOCUMENTS SIGHTED	CRITERIA MET?	COMMENTS
5.1.2	Any Employee or Contractor Name:	What is used to measure people's Exposure to Lead throughout the Works?			
5.5.2	Health Nurse Name:	How often are Peoples Lead Exposures measured?			
5.5.2		What determines the frequency of measuring Lead Exposure of a Person?			
5.7.1	Team Leader Name:	At what Level must an Initial Hygiene Action Plan be conducted?			
5.7.1	Contractor Supervisor or Team Leader Name:	When must a Hygiene Action Plan Activity Audit be conducted?			
5.9.2		Who conducts Secondary Hygiene Action Plans?			
5.10		Under what circumstances must a Person be placed on Transfer?			

