



PEMBROKE

Olive Downs Coking Coal Project

Additional Information to the
Environmental Impact Statement

Appendix J

**Preliminary Health and
Community Wellbeing Plan**

Olive Downs Coking Coal Project

Preliminary Health and Community Wellbeing Plan

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1 INTRODUCTION

Pembroke proposes to develop the Olive Downs Coking Coal Project (the Project), which would be located approximately 40 km south east of Moranbah and approximately 25 kms north-east of Dysart, within the Isaac Regional Council (IRC) Local Government Area (Isaac LGA) in Queensland.

The Project consists of two mining domains. If approved, construction of the Olive Downs South domain would commence in late 2019, with first coal production planned in 2020/21. Development of the Willunga mining domain would likely commence around Year 9 (2027).

This preliminary Health and Community Wellbeing (H&CW) Plan has been prepared by Elliott Whiteing for Pembroke. Its purpose is to provide further information about how Pembroke will manage the Project's impacts on social infrastructure and contribute to community wellbeing in potentially impacted communities. The preliminary plan will also provide the foundation for development of a full H&CW Plan, to be prepared in consultation with stakeholders during March to June 2019.

This preliminary H&CW plan outlines:

- Social impact assessment (SIA) Guideline requirements;
- the Coordinator-General's information requirements;
- Pembroke's commitments to impact management;
- the methodology for development of a full H&CW Plan;
- a summary of the Project's social impacts and benefits with respect to community health and wellbeing; and
- Pembroke's strategies for management of social impacts and contributions to community wellbeing.

1.1 SIA Guideline

The SIA Guideline is a statutory instrument under the *Strong and Sustainable Resource Communities Act 2018* (SSRC Act). The SIA Guideline requires a focus on the assessment and management of Project's potential social impacts on the health and well-being of potentially impacted communities during the construction and operational phases, and includes physical and mental health, as well as social, cultural and economic well-being.

The SIA Guideline's objective for management of impacts on health and well-being is to ensure the Project:

- avoids or mitigates negative social impacts and capitalises on opportunities to improve the health and well-being of local and regional communities; and
- does not adversely impact on the level of service to local and regional communities from existing social services, facilities and infrastructure.

The Project's SIA reported on:

- existing social infrastructure in potentially impacted communities;

- potential project impacts on social infrastructure including:
 - education
 - childcare
 - health care and emergency services
 - community support services
 - utilities
- analysis of the health and wellbeing of potentially impacted communities; and
- assessment of potential social impacts, including impacts on:
 - community health and safety;
 - environmental factors such as air quality, noise and water;
 - livelihoods, economic well-being and access to resources; and
 - lifestyles and cultural practices, amenity, social character, and community cohesion.

The SIA guideline requires the provision of a health and community wellbeing plan for the construction and operational phases of the Project.

1.2 Pembroke's commitments

Pembroke's objective is to minimise impacts on health and community wellbeing and make a positive contribution to community wellbeing. The Project's Social Impact Management Plan (SIMP) was provided in the Project's SIA. Table 1-2 provides a summary of key actions identified in the SIMP with regard to management of impacts on community health and wellbeing.

Table 1-1: SIMP Health and Community Wellbeing Actions

| Impact Area | Actions |
|---|---|
| Access to health services | <ul style="list-style-type: none"> • Consult health service providers regarding potential workforce demand • Advise local hospitals, General Practitioners (GPs) and dentists of workforce ramp-up • Consult IRC regarding the adequacy of essential services • Initiate contract with local doctors for workplace-related medical appointments if necessary • Promote use of 13 HEALTH to personnel • Implement health promotion strategies • Contract an Employee Assistance Provider (EAP) • Promote a healthy workplace and culture • Co-operate in initiatives to support the health of Project personnel and other community members |
| School enrolments | <ul style="list-style-type: none"> • Communicate with Moranbah schools and the Department of Education regarding the Project schedule • Monitor demand for school enrolments in relation to the Project workforce |
| Emergency response arrangements | <ul style="list-style-type: none"> • Liaise with Queensland Police Service (QPS), Queensland Ambulance Service (QAS) and Queensland Fire and Emergency Services (QFES) to advise on workforce ramp-up, accommodation arrangements and code of conduct • Provide site orientation and site contacts to QPS, QAQS and QFES • Development of incident management, wide load and call-out protocols • Annual review of cooperation protocols • Ensure QFES access to property access gates on Project land |
| Community development and investment | <ul style="list-style-type: none"> • Implement a Community Development and Investment (CDI) Strategy • Establish and implement Community Investment Fund • Implement partnership agreement with Barada Barna Aboriginal Corporation (BBAC) with respect to training and employment pathways • Implement partnership agreement Moranbah and District Support Services Association Inc.(MDSS) and Dysart Community Support Group Inc (DCSG) for provision of community integration and support services • Implement Community Partnerships |

1.3 Methodology

This preliminary H&CW Plan has been prepared based on the Project's SIA and social impact management strategies. The study area for the Plan reflects the SIA study area, with a focus on the potentially impacted communities of Moranbah, Dysart, Middlemount and Nebo.

The full H&CW Plan will be developed during March-June 2019. The process for plan development will include:

- consulting with IRC and OCG on the scope of the CH&W Plan;
- stakeholder engagement to discuss community needs and review SIMP strategies, including:
 - Isaac Regional Council (IRC);
 - Emergency and Long Term Accommodation Moranbah Inc. (ELAM);
 - General practitioners in Moranbah and Dysart;
 - Mackay District Health and Hospital Service, and Rural and Mental Health;
 - Northern Queensland Primary Health Network (PHN);
 - Moranbah Youth and Community Centre (MYCC) Management Committee;
 - MDSS;
 - DCSG;
 - QPS, QAS and QFES – (Mackay District commands);
 - Childcare service managers in Moranbah and Dysart;
- service capacity update based on consultation with service providers, including:
 - police, ambulance, fire and emergency services;
 - general practitioners and health services;
 - childcare services;
 - youth, family and community support services;
- emergency services strategy development, including details of emergency response arrangements and management measures agreed with emergency service providers;
- health strategy development, including workforce health strategy, mental health and health promotion, and engagement mechanisms with health services;
- settlement and community development strategy development including the scope of community partnerships and the Project's community development fund; and
- development of a monitoring framework.

2 PROJECT IMPACTS

2.1 Summary of changes to population

Pembroke currently estimates that Project construction will require an average of 500 personnel in the first year (2019-2020) and up to 700 personnel in the second year (2020-21), with 100 personnel remaining in late 2021/early 2022. These are currently expected to be the maximum workforce requirements. Pembroke and its construction contractor are reviewing the Project's staging and workforce requirements, with the results to be considered in the full CH&W Plan.

Around Year 9 (2027), a construction workforce in the order of 300 to 500 people would be required to expand the Olive Downs South domain mine infrastructure area and construct the Willunga domain mine infrastructure area. Non-local construction personnel would stay in the Civeo Coppabella Village.

The Project SIA (EIS Appendix H) details assumptions and scenarios used to predict population changes which would result from the Project. Key findings are as follows.

Construction would see a temporary population increase of approximately 440 people FTE (average over 2019-2021) or approximately 2% during 2019-2021 with consequent demands for local health services. A smaller population increase and demand on local health services would result from the second construction phase in 2027, in the order of 1.0 – 1.5%.

The Project is expected to require an operational workforce of approximately 480 people in 2020 and 960 people by 2021. With production of a potential 20 Mtpa from 2033, a workforce of 1,300 would be required until around 2050. Following 2050, as the production rate decreases, the workforce would decline.

A direct population increase of at least 300 people in the LGA is likely in 2020 as the result of Project operations, with a direct increase of up to 600 people possible. Inclusive of population growth during 2020, the second year of operations may result in a population increase in the Isaac LGA of between 650 and 1,300 people, however the higher number is more likely to be realised in ensuing years.

This section summarises the SIA's findings with respect to health and community wellbeing.

2.2 Health services

The SIA identified the likelihood of a noticeable increase in demand for health services during construction. Whilst they will access their primary health care at home, non-residential workers will make regular demands on local GPs and the Moranbah Hospital, most commonly for minor illnesses, injuries and prescription renewals. At an average of approximately 440 FTE people over the two years, this may be experienced as an appreciable temporary increase in demand for services.

Population increases resulting from the Project's operations will require commensurate increases in health service provision levels (e.g. hospital, GPs, specialists, allied and community health services and mental health services). If the maximum anticipated population increase occurred in 2020 (587 people) this would be equivalent to demand for an additional GP in the Isaac LGA. Increased demand for specialist services is also likely, and could impact on appointment times until demand thresholds are reached for more frequent or longer specialist visits to local towns.

Non-resident workers typically make significant demands on hospital out-patient services and administrative services. On the Mackay District Health and Hospital Service's advice, population-based funding allocations for Queensland Health are not informed by non-resident worker numbers (as calculated annually by QGSO) and as a result, influxes of non-local personnel strain the capacity of health and hospital services.

Non-resident workers would make a small additional demand on GP services, with less equivalence to their numbers as most routine health services would be accessed at home, but appointments will be required for illnesses and injuries. Whilst some need for health services is inevitable, non-resident workers demands on health services can be reduced through appropriate management as detailed in Section 3.2.

As the population grows a commensurate increase in health service provision will be required. Supply often lags behind demand for health services, so some stress on services could result if population increases occur without commensurate increases in services.

Dentists would also see an increase in demand from both new residents and non-local residents with dental emergencies, but are likely to be able to adjust their service capacity to meet demand given adequate notice.

Both Queensland Health services and community organisations (such as outreach services promoting youth mental health) are likely to experience incremental increases in demand for services due to population increases resulting from the Project.

2.3 Community services and facilities

Project-related population growth will result in incremental increases in demand for community services over time, commencing from 2020/2021, and likely to be most noticeable in Moranbah and Dysart. Population increases will result in increased demand for community development and support services, roughly proportionate to the population percentage increases.

Settlement and neighbourhood programs run by Moranbah District Support Services (MDSS) and the Dysart Community Support Group (DCSG) are likely to experience increased demand as new local families move in for Project employment. These particular services are important to supporting new residents and ensuring that employees and families are happy in their new communities. The Project intends to support local organisations to ensure settlement and neighbourhood programs are available to Project employees and families (see SIA Section 6.6.6).

Other programs and services which are likely to experience increased demand over time as a result of the Project include:

- youth support and participation programs;
- family support services;
- domestic violence services;
- disability support and integration programs;
- playgroups; and
- youth, community and sporting organisations.

2.4 Education facilities

The maximum demand for school enrolments resulting from construction workers settling in Moranbah would be in the order of 30 students, which would be well within the capacity of Moranbah's two state schools and one high school. Schools in Dysart, Middlemount and Nebo also have capacity to accommodate a share of new enrolments. Advance notice of the number and age of children seeking enrolment, where known, will be provided to the Department of Education to assist schools to plan their resources.

Increased demand for school enrolments is likely from the commencement of operations. Pembroke will provide advance notice of the workforce ramp-up to enable the Department of Education to plan for increased enrolments, and will update this advice six monthly during the first three years of operations.

The Valkyrie State School, a one teacher school with approximately 19 students (Department of Education, 2019) is located at 43092 Fitzroy Development Road near the junction with the Valkyrie Access Road. The school's bus route is located on the Valkyrie Access Road and would not be affected by Project traffic.

Personnel commuting to work at the Willunga mining domain would use the Fitzroy Development Road from around 2028, however personnel movements would occur around 6.00 am and 6.00 p.m. when the school would be closed and school bus services would not be operating. Oversized loads and delivery vehicles coming south from the Peak Downs Highway would also use the Fitzroy Development Road (as discussed in EIS Appendix J.) This is not expected to impact on the school or its bus route, however the Project will consult the Department of Education prior to construction of the Willunga mining domain from 2027, to identify any specific measures required to manage the interface between Project traffic and the school.

2.5 Child care

The SIA estimated that, with a population increase of 324 people during the Project's first year of operation, demand for up to five childcare places across the LGA could result.

If the number of new local personnel continues to grow in subsequent years, and if approximately 1,298 new residents resulted, up to 21 long day care places would be required. This may strain the capacity of local childcare services and lead to increased unsatisfied demand.

With respect to out of school hours care, demand is also likely to build over time, and may require service capacity expansion.

2.6 Emergency services

Local Police and emergency services are accustomed to fluctuating demands due to mining industry cycles, but are challenged by spikes in demand. As noted by IRC during SIA consultation, there is a responsibility to provide an adequate level of health and emergency service provision for all community members, whether temporary or permanent, however Government service planning does not properly account for non-resident numbers.

During construction, Project-related increases in traffic and a temporary population increase will result in increased demands on local QPS, QAS and QFES services, commensurate with the temporary population increase.

Demands on ambulance, police and fire services would be experienced in relation to traffic accidents, work place accidents, patient transport from work sites and workforce accommodation facilities to hospitals, and population increases.

Increased demand is likely to primarily affect services based in Moranbah, but traffic accidents and patient transport to health facilities may also involve QPS and QAS officers from other local towns.

Police consulted as part of the SIA said that demands for their services to attend on WAVs were very low, given behavioural protocols in place for mining workforces.

During operations, the increase in traffic and population due to the Project will increase demands on Police for traffic policing, occasional demands for over-sized vehicle escorts and administrative issues. An increase in demand for community policing to respond to residential population increases is also likely.

Fire and emergency services and ambulance services are also likely to experience incremental increases in demand commensurate with the population increases in local towns. Demands on ambulance (and often fire services) would also be experienced in relation to traffic accidents, work place accidents and non-resident personnel emergencies.

2.7 Community wellbeing

Workforce health and wellbeing

Workers' health and safety will be the Project's first objective during both construction and operation. The Project will fully comply with mine safety and health legislation, including the Mining and Quarrying Safety and Health Act 1999, Coal Mining Safety and Health Act 1999 and their associated Regulations as amended in 2017, as well as all Recognised Standards as published by Business Queensland. The Project is also committed to the development of a mentally healthy workplace, as outlined in Section 3.1.

The ability to earn above-average incomes over an extended period would be a significant wellbeing benefit for contractors and employees, and particularly for young people, women and Indigenous people who may be new to the mining industry.

Community health and wellbeing

The Project is likely to have a positive impact on population stability, by increasing local job opportunities that will keep people in the LGA, attract new workers and their families, and inspire confidence in the towns' futures.

The Project's local employment focus will support social resilience by increasing demand for local businesses' offerings, supporting development of the Isaac LGA's skills base and increasing the pool of people who will participate in community and sporting activities. Both direct Project expenditure and other consumption effects will provide additional employment opportunities, increasing the size and stability of local populations.

There appears to be no potential for the Project's construction or operation to negatively affect community members' mental health. There is however the likelihood that Project personnel will experience a positive increase in their circumstances, including stable employment, income security and workplace camaraderie, all of which would be positive for mental health. Financial security will also extend positive mental health benefits to workers' families.

Air Quality

Existing dust sources that contribute to ambient air quality near the Project include natural sources such as wind erosion, pollen and grass seeds, existing mines in the region, vehicle travel and agricultural activities.

Mining activities have the potential to generate dust. Air quality modelling conducted for various stages of the Project life was used to identify the predicted impacts at nearby privately owned dwellings and inform the implementation of air quality management measures. (see EIS Appendix G) Air quality modelling indicates that, with the proposed dust management measures in place, it is reasonable to expect that the air quality objectives would be met during the operation of the Project. As such, no air quality impacts are anticipated on the health and wellbeing of nearby landholders or other community members.

Noise

Appendix K of the draft EIS provides the results of noise modelling and an assessment of potential noise impacts from the Project at nearby privately owned dwellings for representative periods through the Project's life.

With the implementation of management measures as recommended, all sensitive receptors are predicted to comply with the relevant noise limits during the day, evening and night for all modelling cases throughout the life of the Project. As such, the health and wellbeing of the nearby landholders is not predicted to be impacted as a result of noise impacts associated with the Project.

Physical infrastructure

The Project will make an incremental increase to volumes of traffic using local and State roads. Pembroke is in consultation with IRC regarding the predicted extent of pavement impacts and traffic network performance on Council roads. This includes discussion of road upgrades, and refinement of the Project's transport management measures (see EIS Appendix J).

Pembroke has consulted IRC regarding the adequacy of refuse management and recycling facilities waste management, and water and waste water infrastructure. Waste management facilities in the Isaac region have limited capacity, and are a high priority for IRC. The Project's waste management strategies are provided in Section 4.14 of the Main Text of the EIS.

Hazard management

The Project site within the Mining Leases would be a restricted area that would not be accessed by the public, with appropriate security measures (including fencing and signage) installed to restrict access.

The Preliminary Risk Assessment provided as Appendix O of the draft EIS considered a number of incident types and scenarios for on-site and off-site risks posed by the Project to people, their property and the environment.

With the implementation of preventative and mitigating measures, each scenario involving potential hazards were considered to be a low risk, so that effects on the health and wellbeing of local landholders or land users were not anticipated. Pembroke would implement the detailed processes and measures outlined in Appendix O to reduce the risk of impacts on health, safety and the environment associated with the Project.

3 MANAGEMENT ACTIONS

This section builds on the analyses and mitigation development undertaken as part of the SIA and includes:

- objectives and key performance indicators;
- measures to ensure that the level of service provided to the local community by existing social services, facilities and infrastructure is not reduced;
- measures to mitigate potential health and well-being impacts on local communities, and enhance potential benefits;
- the level of on-site health services to be provided for workers;
- details of the workforce code of conduct to govern worker interactions with local communities;
- emergency response arrangements and management measures agreed with emergency service providers, for incidents both on and off the project site; and
- an outline of community development programs to be implemented.

3.1 Objectives and key performance indicators

Table 3-1 provides the objectives and performance indicators management of impacts on health and community wellbeing.

Table 3-1: Objectives and performance indicators

| Impact | Objective | Performance indicators |
|--|---|--|
| <ul style="list-style-type: none"> Increase in demand for hospital and GP services for non-resident personnel during construction and operation Project-related population growth during operation results in a commensurate increase in health service demand | <ul style="list-style-type: none"> Ensure Mackay District Health and Hospital Services, local hospitals and local GPs have sufficient and timely information to plan for increased service capacity | <ul style="list-style-type: none"> Early and ongoing engagement with health service providers and Queensland Health |
| <ul style="list-style-type: none"> Incremental increased demand for community services, including settlement services, due to population growth resulting from the Project's operation | <ul style="list-style-type: none"> Enable community organisations to initiate and/or maintain programs which will support the wellbeing of new personnel and other community members | <ul style="list-style-type: none"> Financial support provided in accordance with agreement between Pembroke and community-managed organisations at the discretion of Pembroke |
| <ul style="list-style-type: none"> Small, incremental increases in childcare demand in the first few years of operation Potential increase in demand beyond current capacity of local childcare services in the medium to longer term Achieving female participation in Project employment may require increased childcare capacity/flexibility | <ul style="list-style-type: none"> Identify and monitor Project personnel's demand for local childcare services In cooperation with other stakeholders, identify flexible childcare options to support increased female employment in local mining operations | <ul style="list-style-type: none"> Childcare demand is monitored and consultation is undertaken with childcare providers and Department of Education. Childcare options which support increased female employment, and responsibilities for implementation, are identified |
| <ul style="list-style-type: none"> Increase in traffic and temporary population increase during construction will increase demands on local Police, Fire and Ambulance services Increased demands on ambulance, police and fire and emergency services in relation to accidents and population increases | <ul style="list-style-type: none"> Engage with police and emergency services to develop cooperative measures which support residents' and non-residents access to adequate service levels | <ul style="list-style-type: none"> Cooperation including engagement and joint response measures maintained throughout Project construction and operation |

3.2 Health services

Consultation with local health and emergency service providers during SIA stressed the need for resource projects to provide adequate on-site services to meet the immediate needs of its workforce.

Pembroke will ensure that the Mackay District Health and Hospital Service is made aware of the likely workforce ramp-up for both construction and operation, including numbers of residential and non-residential personal, and maintain regular communication with the Moranbah and Dysart Hospitals to monitor demands by Project personnel on health and hospital services.

As part of developing the H&CW Plan, Pembroke will consult with local GPs, the North Queensland Primary Health Network, local hospitals and the Mackay District Health and Hospital Service to:

- establish a foundation for communication about health service access and health promotion;
- ensure health services are aware of the Project's schedule, social impacts, and relevant SIMP strategies; and
- inform Pembroke's planning for workforce access to health and emergency services and health promotion strategies.

Pembroke will require its principal and major construction contractors to describe in detail how they will manage work practices to minimise risks to personnel, and how they will promote a healthy workplace.

To reduce demands on local services during construction, Pembroke will:

- employ or require its contractor to employ an on-site paramedic to manage minor health issues on site, and participate in the development of health and wellbeing programs focused on physical and mental health;
- develop a contract with a medical service provider to provide workplace health services including health promotion programs and access to a GP for employees living in the Civeo Coppabella Village; and
- ensure personnel are made aware of the need to attend to routine health issues whilst they are off roster; and
- ensure Project personnel have access to an Employee Assistance Program for support with mental health issues.

During the first three years of operations, Pembroke will:

- Provide advice on workforce numbers, project timeframes and on-site/WAV-based service provisions to the Mackay Hospital and Health Services, and Moranbah and Dysart Hospitals;
- ensure the contractor makes arrangements with GP clinics to ensure that all operational personnel have health assessments in compliance with Coal Mine Workers' Health Scheme, which requires health assessments when personnel enter the industry and then at least every 5 years while employed in the industry; and
- seek participation from Moranbah and Dysart Hospital on CRGs to collectively monitor Project impacts on local health services, and identify any additional mitigations required to mitigate impediments to local service access.

In addition, Pembroke will work with local health services to identify opportunities to provide health services and programs which both staff and other community members can benefit. This will include partnerships to increase the availability of health services, for example, men's health checks, skin cancer checks, breast screening or mental health promotion.

3.3 Mental health

Project personnel would experience benefits including stable employment and income security which would be positive for mental health.

The Mining Council of Australia (MCA) *Blueprint for Mental Health and Wellbeing* notes that the minerals industry is a significant employer in Australia and the mental health needs of mining industry workers are *'likely, at the very least, to reflect those of the general community'*. As noted in the SIA (Section 5.6.4), submissions to the Queensland Government's recent inquiries into Fly-in, Fly-out (FIFO) work practices described mental health issues relating to mining industry work practices, and recent research (Curtin University, 2018) identified a higher risk of mental health risks for FIFO workers. The Project's workforce will include both local and commuting (FIFO or DIDO) personnel.

Pembroke is committed to providing a mentally healthy workplace. Table 3-2 provides the MCA Blueprint principles Pembroke's commitments which reflect the MCA principles and performance measures which will support monitoring. Performance measures will be monitored on a quarterly basis and reported (with non-identifying data) as part of the Annual SIMP report.

Table 3-2: Mental health principles and commitments

| MCA Principle | Pembroke Commitments | Performance measures |
|--|---|---|
| The minerals industry is committed to maximising and fostering employee mental health, wellbeing and safety. | Pembroke has committed to maximising and fostering employee mental health, wellbeing and safety, and to a suite of strategies which will support mental health, wellbeing and recovery from mental illness. | See below |
| Mental health and wellbeing is a shared responsibility among all workplace stakeholders. | Pembroke will establish a healthy workforce policy which includes a focus on mental health. | A healthy workforce policy which includes a focus on mental health is developed and implemented. |
| Leadership and commitment is critical for the development and sustainability of a safe and mentally healthy workplace. | Pembroke has committed to: <ul style="list-style-type: none"> • developing an understanding of workplace health risks and protective factors, and implementation of evidence-based programs to mitigate risks; • ensuring staff know that sick leave is available to attend to mental health or domestic violence issues; • employing staff with paramedical or nursing qualifications to manage minor health issues on site, and participate in the development of health and wellbeing programs focused on physical and mental health; and • encouraging the participation of Queensland Health staff in delivery of workforce health promotion strategies addressing physical activity, healthy eating, mental health and reduced smoking, alcohol and other drug use. | Development of evidence-based mental health programs Evidence of promotion of sick leave availability for mental health issues Employment of staff who provide mental wellbeing programs Initiation of contact with Queensland Health regarding their participation in workforce health promotion strategies |

| MCA Principle | Pembroke Commitments | Performance measures |
|---|--|---|
| <p>Wellbeing strategies should focus on promoting mental health as well as preventing and responding effectively and early to mental ill-health in the workplace.</p> | <p>Pembroke has committed to:</p> <ul style="list-style-type: none"> • developing personnel's skills to identify and respond to mental ill-health in the workplace, including staff awareness; • developing referral pathways between the workplace and health care providers; • contracting an Employee Assistance Program provider to provide proactive support for mental health and family issues; • promoting use of the Queensland Government's 13 HEALTH confidential phone service, Quitline and the Alcohol and Drug Information Service; and • promoting recovery through return to work after illness or injury. | <p>Implementation of mental health education program in the workplace</p> <p>Development of referral pathways</p> <p>Contract with Employee Assistance Program provide</p> <p>Return to work strategies are inclusive of people with mental health issues</p> |
| <p>The minerals industry is committed to building knowledge about mental health and mental ill-health.</p> | <p>Pembroke's implementation of evidence-based programs to mitigate risk and commitment to engender a culture that supports mental wellbeing will assist in building it knowledge and that of the workforce.</p> | <p>All personnel have access to information and programs which support mental wellbeing</p> |

3.4 Workforce behaviour

Pembroke is committed to ensuring that all Project personnel behave in a manner that avoids impacts on community wellbeing or safety.

As part of pre-construction planning, the Project will develop and implement a Code of Conduct which describes positive behavioural outcomes and prohibits negative behaviours. The Code of Conduct will apply to all personnel (construction and operation) when they are at work, travelling to and from work, in public places and within the Accommodation Village, and will include:

- expected standards of behaviour in public places (e.g. town centres, parks, clubs and hotels);
- respect for local community values, e.g. family friendly public places, inclusive communities and safe streets;
- prohibition of all forms of sexual harassment and assault;
- awareness of domestic violence and responsibilities for prevention;
- prohibition of racist behaviour, racist language and discrimination; and
- safe, legal and courteous driving.

Compliance with the Code of Conduct will be required for all Project personnel. Non-compliance with the Code would risk termination of employment. Workers staying in the Civeo Coppabella Village will also be bound by Civeo's behavioural requirements of village guests, with withdrawal of accommodation the result of non-compliance.

Relationships will be established between Pembroke, local hotels and clubs, and the QPS to ensure open communication about workforce behaviour.

3.5 Fatigue management

Fatigue management is a core policy for Pembroke. Pembroke and its contractors are developing a detailed Fatigue Management Policy and guidance for personnel. The construction contractor will be responsible for the safety of their workforce and will employ fatigue and journey management policies.

The Department of Natural Resources and Mine's (DNRM) Guidance Note for Fatigue Risk Management¹ notes that commute times of one hour, with a 12 hour shift length, can influence the opportunity for sleep and fitting in other daily activities. Pembroke's construction contractor has chosen the Civeo Coppabella Village - a purpose built, industry standard facility – to accommodate non-local personnel. This facility offers the shortest travelling time (approximately 40 minutes to and from the Project site) compared to facilities in Moranbah.

Fatigue and journey management procedures for operations will include:

- a training approach which educates managers, supervisors and workers in fatigue management, including:
 - how to recognise the effects of fatigue;
 - the influences of a healthy lifestyle and non-work activities;
 - the effects of medical conditions, sleep disorders and drugs and alcohol;
 - personal measures to manage fatigue;
- a standard set of rosters which can only be varied through risk assessment and authorised sign-off;
- monitoring employees and contractors shifts to ensure fatigue management guidelines are met; and
- accommodation for non-local personnel in individual air conditioned ensuite rooms.

Journey management strategies will include:

- providing guidelines to all personnel which outline acceptable safe journey management practices;
- bus transport to and from the accommodation village and work sites, and to and from the airport for non-local personnel; and
- encouragement of car-pooling arrangements for local personnel.

¹ Department of Natural Resources and Mines, 2013.

More specific details of journey management and fatigue management practices are being developed by Pembroke and its contractors. Compliance will be managed and monitored, and policies and practices modified if required, to ensure workers travel and work safely.

3.6 Emergency services and response arrangements

Emergency response procedure

Prior to Project commencement, Pembroke will prepare an Emergency Response Procedure in consultation with:

- Queensland Police Service;
- Queensland Fire and Emergency Service;
- Queensland Chemical Hazards and Emergency Management Unit;
- Medical Director, Officer of the Commissioner, Queensland Ambulance Service;
- Queensland Health; and
- Isaac LGA's Local Disaster Management Committee.

The Emergency Response Procedure would be implemented in the event of an incident, to maintain the wellbeing of personnel, contractors and the public, and would describe the actions that would be implemented if the following incidents were to occur:

- injury or illness;
- fire;
- unintended initiation of explosives;
- loss of containment of hazardous substance;
- natural events (e.g. flooding, bushfire, cyclone); or
- vehicle accident.

The Emergency Response Procedure will include:

- contacts for Project personnel during construction and operation;
- geo-coordinates and operational procedures for the Project's helipad site;
- the responsibilities of local services for emergency responses;
- emergency and evacuations planning and response procedures;
- incident management, site contact and call-out protocols in relation to potential incidents occurring both on and off the mine site;
- the location and management provisions for the Project's emergency management facilities, chemical storage and use areas, access roads, fences and security points;
- procedures which ensure that QFES officers have 24-hour access to personnel and/or keys to open locked gates needed to access surrounding properties;
- a Disaster Management Plan; and

- communications protocols between the project, Civeo Coppabella Village Village managers and QPS, QAS and QFRS.

The Project will provide a copy of the Emergency Response Procedure, and the principal hazard management plan, to QFES, QAS, QPS and IRC. The Project will also require Civeo to provide the QFES, QAS and QPS with access and evacuation maps for the Civeo Coppabella Village.

The Project will also require Civeo to provide the QAS with access and evacuation maps for the Civeo Coppabella Village.

Cooperation with local services

During the pre-construction phase, Pembroke will develop a strategy for co-operation with the QPS, QAS and QFES. This will include:

- consulting with the QAS to identify whether QAS's radio communication network will require augmentation to service the Project and roads used by the Project, and either:
 - making arrangements for the QAS to piggy-back on the Project's communications technology and towers;
 - investigating assistance for the QAS to install appropriate technology in the area to maintain radio networks in the area;
- liaising with Police, Ambulance, Fire and Emergency Services representatives and Queensland Health and the Northern Queensland PHN with respect to workforce numbers, Project timeframes and health service provision;
- consultation with the Isaac Region Local Disaster Management Group;
- ensuring selected staff have access to Queensland Mine Rescue Services' open cut emergency response team training, and that trained staff are on site at all times;
- offering site orientation days for QPS, QAS and QFRS staff;
- developing a protocol and procedure for wide-load escort duties;
- seeking participation from QPS, QAS and QFRS on the Project's Community Reference Group, to collectively monitor local impacts on services, and in relation to potential community safety concerns;
- cooperation in joint exercises; and
- reviewing agreed protocols with Police, Ambulance and Fire and Emergency Services annually during construction and the first three years of operation.

The Project will enable staff who volunteer for the Fire and Emergency and the State Emergency Service to attend call-outs for emergencies during work hours wherever possible.

During operations, the Project will employ qualified mines rescue personnel who are trained and experienced in rescuing personnel who are trapped or injured, combating fires and other emergencies, and dealing with a wide range of hazards and situations.

Pembroke will ensure that local and district police and emergency services officers are aware of the Project's workforce ramp-up, and will support advocacy by IRC to the Queensland Government with respect to adequate police and emergency services capacity in local towns. Pembroke will also engage regularly with police and emergency services officers to monitor demands on services.

3.7 Education facilities

Increased demand for school enrolments is likely from the commencement of operations. Pembroke will provide advance notice of the workforce ramp-up to enable the Department of Education to plan for increased enrolments, and will update this advice six monthly during the first three years of operations.

The Project will consult the Department of Education prior to construction of the Willunga mining domain from 2027, to identify any specific measures required to manage the interface between Project traffic and the school

3.8 Childcare

As at January 2019, the availability of childcare services in Moranbah was as follows:²:

- Excellence in Care Family Day Care Scheme (servicing Moranbah and surrounding towns) had vacancies on all week days for children 6 weeks to 5 years, and for children 5 year to 12 years in out of school hours care;
- C&K Moranbah Community Kindergarten had vacancies for children 4 to 5 years on all weekdays;
- Bright Kids Afterschool Care had vacancies on all weekdays;
- Simply Sunshine Childcare Centre had no vacancies, and a waiting list of approximately six months; and
- Moranbah Early Learning Centre had no vacancies in either long daycare or outside school hours care, and an unspecified waiting list.

Dysart Daycare had vacancies for all age groups to five years, but there were no vacancies at the Dysart Kindergarten. The C&K Middlemount Community Pre-Schooling Centre had vacancies on some days for all age groups. There is no childcare service located in Nebo.

This indicates a current shortage of centre-based long daycare in Moranbah, and potential for shortages in Dysart and Middlemount. which will be further investigated in consultation with stakeholders for the full H&CW plan.

The Project has committed to the following measures to manage operational workforce demands on childcare services:

- notify childcare services (long day care, out of school hours care and family day care services listed in the SIA) to advise of the workforce ramp-up;

² Care for Kids. 2019.

- during recruitment for operations, consult with all recruits when they are offered employment to identify any childcare needs, and refer them to local services; and
- monitoring the availability of childcare places in during the first five years of operation.

In developing the full H&CW Plan, Pembroke will assess childcare capacity in Moranbah, Dysart, and Middlemount and will consult with childcare providers and IRC about any plans for increased capacity over the next five years. If cumulative demands are expected to overwhelm childcare capacity, collaborative consideration of options to meet demands will be required, involving other major local employers, IRC and Department of Education.

As childcare options are generally limited to 6.00 a.m. to 6.00 p.m., Project personnel may have difficulty accessing childcare which enables them to work overnight shifts. Pembroke and its contractors will take into consideration the potential requirements of personnel during allocation of shifts which fall outside of childcare available times (i.e. night shift).

3.9 Community wellbeing

Upon Project execution, Pembroke will become a major local employer and a long-term member of the Isaac LGA community.

Project personnel will contribute to population growth and stability, and population increases resulting from the Project will increase demand for community development programs and events, whilst also increasing the availability of people to participate in community activities.

Pembroke embraces its corporate social responsibility to contribute to local communities, and also considers that investments supporting quality of life in local communities are integral to maintaining a highly skilled and productive local workforce.

Community development and investment strategy

A Pembroke Community Development and Investment (CDI) strategy will be developed. The CDI strategy will describe Pembroke's objectives and desired outcomes for community development, and how it will achieve these objectives and outcomes.

Indigenous employment partnership

To increase employment opportunities for Indigenous people, Pembroke and the Project operations contractor will develop a diversity policy addressing employment, training, work readiness and certified qualification programs for Indigenous people. This will include support for people seeking apprenticeships, training and employment in the Project. In addition, Pembroke currently has agreements with the Barada Barna Aboriginal Corporation (BBAC) to provide partnerships based on these initiatives.

Community partnerships

Pembroke intends to develop partnerships with community development organisations in the Isaac LGA, to enable extension of their services to Project personnel and families, and enhance the capacity of local services and programs to meet community needs. The Project's SIA (Section 6) committed to development of partnerships with MDSS and DCSG, to establish or enhance provision of community integration and settlement.

Pembroke will liaise with potential partnerships during consultation with organisations on the CH&W Plan. It is anticipated partnerships will likely be formed to address:

- settlement programs (e.g. welcome events, community information packs and support for new residents to establish community networks);
- community health programs;
- mental health programs;
- neighbourhood development (e.g. playgroups, community gardens and sheds, and interest groups); and
- family and youth support programs.

Community Development Fund

The Pembroke Community Development Fund will be established to enable the Project's support for community projects and programs in the Isaac LGA. Pembroke will assess funding requirements on a case by case basis, and are likely to include:

- community events and activities that promote active and healthy lifestyles, e.g. festivals, fetes and recreational activities;
- health promotion;
- strengthening the local volunteer base e.g. enabling volunteers to gain qualifications relevant to their volunteer work;
- supporting local seniors to remain in their communities;
- cultural diversity and inclusion, e.g. programs to connect culturally diverse communities and individuals;
- initiatives which enable strong, creative and resilient young people e.g. mental health promotion, cultural expression or micro-business support; and/or
- programs which enable vulnerable and marginalised community members to participate in community life, e.g. community transport and community connection programs;

The CDI Strategy's objectives, funding criteria and governance arrangements will be developed following Project approval. The need for ongoing community development funding will be reviewed ahead of a potential increase in Project personnel. from 2030.

4 ACTION SUMMARY

Table 4-1 summarises the actions Pembroke will take or require its construction contractor to take in order to achieve the Project's objectives for management of impacts on health and community wellbeing.

Actions identified as required during the first three years of operations will be revised a part of a review of the SIMP in Year 3 of operations, to identify their ongoing relevance and/or the need for refinements to actions.

A monitoring strategy which tracks the delivery of Project commitments and the effectiveness of health and wellbeing strategies will also be provided as part of the full H&CW Plan.

Table 4-1: Action summary

| Impact Area | Project phase | Actions |
|-----------------|--|---|
| Health services | Pre-construction | <ul style="list-style-type: none"> As part of developing the H&CW Plan, engage with health stakeholders regarding the Project's schedule, social impacts, and SIMP strategies, and inform Pembroke's planning for workforce access to health and emergency services Ensure that the Moranbah and Dysart Hospitals (MDHHS) is made aware of the likely workforce ramp-up for both construction and operation Maintain regular communication with the MDHHS to monitor demands by Project personnel on health and hospital services Require construction contractors to describe in detail how they will manage work practices to minimise risks to personnel, and how they will promote a healthy workplace. |
| | During construction | <ul style="list-style-type: none"> Employ or require its construction contractor to employ an on-site paramedic from the commencement of construction, to manage minor health issues on site, and participate in the development of health and wellbeing programs focused on physical and mental health Ensure personnel are made aware of the need to attend to routine health issues whilst they are off roster Ensure project personnel have access to an employee assistance program for support with mental health issues |
| | During the first three years of operations | <ul style="list-style-type: none"> Provide advice on workforce numbers, project timeframes, and Project service provision to MDHHS Make arrangements with local GP clinics or another service provider to ensure that all operational personnel have health assessments in compliance with Coal Mine Workers' Health Scheme Develop a contract with local doctors to provide workplace health services Employ staff with paramedical or nursing qualifications to manage minor health issues on site Develop health and wellbeing programs focused on physical and mental health |

| Impact Area | Project phase | Actions |
|----------------------------|---------------------|---|
| | | <ul style="list-style-type: none"> Seek participation from Moranbah and Dysart Hospitals to collectively monitor Project impacts on local health services, and identify any additional mitigations required to mitigate impacts Work with local health services to identify opportunities to provide health services and programs which both staff and other community members can benefit |
| Mental health | Pre-construction | <ul style="list-style-type: none"> Establish a healthy workforce policy which includes a focus on mental health Develop an understanding of workplace health risks and protective factors, and implementation of evidence-based programs to mitigate risks |
| | During construction | <ul style="list-style-type: none"> Require the construction contractor to Implement wellbeing strategies which focus on promoting mental health as well as preventing and responding effectively and early to mental ill-health in the workplace |
| | During operations | <ul style="list-style-type: none"> Implement evidence-based programs to mitigate risk and commitment to engender a culture that supports mental wellbeing Implement wellbeing strategies which focus on promoting mental health, and preventing and responding effectively to mental ill-health in the workplace Encouraging the participation of Queensland health staff in delivery of workforce health promotion strategies Contract an Employee Assistance Program provider to provide proactive support for mental health and family issues Promote recovery through return to work after illness or injury |
| Workforce behaviour | Pre-construction | <ul style="list-style-type: none"> Develop and implement an Olive Downs Code of Conduct which describes positive behavioural outcomes and prohibits negative behaviours which will apply to all personnel (construction and operation) Establish Relationships between Pembroke, local hotels and clubs, and the QPS to ensure open communication about workforce behaviour. |
| | During construction | <ul style="list-style-type: none"> Pembroke's construction contractor will implement and require compliance with the Olive Downs Code of Conduct Workers staying in the Civeo Coppabella Village will be bound by Civeo's behavioural requirements of village guests |
| | During operations | <ul style="list-style-type: none"> Implement and require compliance with the Olive Downs Code of Conduct |
| Fatigue management | Pre-construction | <ul style="list-style-type: none"> Review and approve the construction contractors' Fatigue and Journey Management Policies |
| | During construction | <ul style="list-style-type: none"> The construction contractor will be responsible for the safety of their workforce and will employ fatigue and journey management policies. |
| | During operations | <ul style="list-style-type: none"> Implement a training approach which educates managers, supervisors and workers in fatigue management |

| Impact Area | Project phase | Actions |
|---|--|--|
| | | <ul style="list-style-type: none"> • Implement a standard set of rosters • Monitor employees and contractors shifts to ensure fatigue management guidelines are met; • Provide guidelines to all personnel which outline acceptable safe journey management practices • Provide bus transport for non-local personnel • Encourage car-pooling arrangements for local personnel |
| Emergency response and cooperation | Pre-construction | <ul style="list-style-type: none"> • Prepare an Emergency Response Procedure in consultation with identified stakeholders • Provide a copy of the Emergency Response Procedure, and the principal hazard management plan, to QFES, QAS, QPS and IRC • Develop a strategy for cooperation with the QPS, QAS and QFES • Consult with the QAS to identify whether QAS's radio communication network will require augmentation to service the Project and/or roads used by the Project • Develop a protocol and procedure for wide-load escort duties • Consultation with the Isaac Region Local Disaster Management Group |
| | During construction | <ul style="list-style-type: none"> • Implement the Emergency Response Procedure in the event of an incident • Require Civeo to provide the QFES, QAS and QPS with access and evacuation maps for the Civeo Coppabella Village • Implement the strategy for cooperation with the QPS, QAS and QFES • Implement any agreed arrangement for supplementation of QAS telecommunications • Liaise with QPS, QAS and QFES, and health stakeholders with respect to workforce numbers, Project timeframes and health service provision |
| | During the first three years of operations | <ul style="list-style-type: none"> • Continue to implement strategies initiated during construction • Offering site orientation days for QPS, QAS and QFES officers • Ensure selected staff have access to Queensland Mine Rescue Services' training, and that trained staff are on site at all times • Seek QPS, QAS and QFES participation in monitoring impacts on services, and any community safety concerns • Cooperate in joint exercises as agreed • Review agreed protocols with QPS, QAS and QFES annually during construction and the first three years of operation • Enable staff who volunteer for the Fire and Emergency and the State Emergency Service to attend call-outs for emergencies during work hours wherever possible |

| Impact Area | Project phase | Actions |
|-----------------------------|--|--|
| Education facilities | During construction: | <ul style="list-style-type: none"> Notify surrounding schools of incoming families during construction, on a quarterly basis Provide advance notice of the operational workforce ramp-up to the Department of Education |
| | During the first three years of operations | <ul style="list-style-type: none"> Prior to construction of the Willunga mining domain from 2027, consult the Department of Education to identify any specific measures required to manage the interface between Project traffic and the Valkyrie State School |
| Childcare | Pre-construction | <ul style="list-style-type: none"> Investigate local childcare capacity (current and projected) in consultation with stakeholders Notify childcare services of the workforce ramp-up |
| | During the first three years of operations | <ul style="list-style-type: none"> During recruitment for operations, consult with recruits when they are offered employment to identify any childcare needs, and refer them to local services Monitor the availability of childcare places during the first five years of operation |
| Community wellbeing | Pre-construction | <ul style="list-style-type: none"> Define a Community Development and Investment strategy as part of the H&CW Plan Provide financial support to the Barada Barna Aboriginal Corporation (BBAC), to be used to support training, work readiness and certified qualification programs for Indigenous people. |
| | Construction | <ul style="list-style-type: none"> Implement the Community Development and Investment strategy Develop partnerships with community development organisations in the Isaac LGA Establish the Pembroke Community Development Fund |
| | During operations: | <ul style="list-style-type: none"> Implement the Community Development and Investment strategy Implement the Pembroke Community Development Fund Implement partnerships with community development organisations |

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