OCCUPATIONAL HEALTH & SAFETY (OH&S) POLICY

Rationale:

The Government of Pitcairn Islands is committed to ensuring the health, safety and welfare of the working environment for its employees, contractors and volunteers. As a consequence of this, GPI encourages all of its employees, contractors and volunteers to regard accident prevention and working safely as a collective and individual responsibility.

The purpose of this policy is to ensure all employees, contractors and volunteers are aware of their responsibilities to GPI and are committed to ensuring the health and well being of employees, contractors, volunteers and the Pitcairn Island community. In fulfilling this responsibility, all employees, contractors and volunteers of GPI have a duty to provide and maintain, as far as practicable, a working environment that is safe.

Policy Objectives:

GPI recognises its moral and legal responsibilities to provide a safe and healthy work environment for its employees, contractors and volunteers.

GPI is committed to:

   a) Display the Occupational Health and Safety Policy and procedures in the workplace.
   b) Ensuring that all plant, equipment and substances are safe and without risk to health when used in accordance with standard operating procedures;
   c) Maintaining safe systems of work, the work premises and the work environment, including systems to adequately manage emergency response;
   d) Providing adequate facilities to protect the welfare of all;
   e) Providing appropriate OH&S training to all;
   f) Providing adequate resources to facilitate its responsibilities;

Activities:

GPI will be accountable for providing a safe workplace for employees and will ensure adequate resources are provided to meet health and safety requirements. GPI will ensure that Divisional Managers and other employees comply with Health & Safety Policies and Procedures at all times.

1.0 Division managers will ensure that:

   a) relevant health and safety policies and procedures are effectively implemented;
   b) all risks to health and safety are identified, assessed and effectively controlled;
   c) the effectiveness of risk control measures are regularly monitored;
   d) employees are consulted on any proposals for or changes to the workplace, work practices, policies or procedures which may affect the health and safety of employees;
   e) all incidents within their area of control are reported and investigated without delay;
   f) a resolution of health and safety disputes are met;
   g) monitor the rehabilitation of injured employees;
h) appropriate health and safety policies and procedures are developed and implemented to enable the effective management of health and safety and control of risks to health and safety;

i) mechanisms are provided which enable the identification, development, implementation and review of appropriate health, safety and welfare related policies and procedures;

j) mechanisms are provided to regularly monitor and report on health and safety performance.

2.0 Heads of Departments will ensure that:

a) relevant health and safety policies and procedures are implemented in their areas of control;

b) all risk control measures in their areas of responsibility are implemented, regularly monitored and maintained;

c) employees under their control are provided with the necessary information, instruction and training to effectively and safely carry out their jobs;

d) all health and safety disputes are resolved.

3.0 All GPI Employees have a duty of care to protect their own health and safety and to avoid affecting the health and safety of any other person. Employees have a responsibility to:

a) report any incident or hazards at work to the relevant division manager/HOD;

b) carry out their roles and responsibilities as detailed in the relevant health and safety policies and procedures;

c) obey any reasonable instruction aimed at protecting their health and safety while at work;

d) use any equipment provided to protect their health and safety while at work;

e) assist in the identification of hazards, the assessment of risks and the implementation of risk control measures;

f) consider and provide feedback on any matters which may affect their health and safety;

g) ensure they are not affected by alcohol, medication or drugs, which may endanger their own, or any other persons' health and safety.

4.0 Explosives

a) Only certified personnel are to handle explosives, and must do so in accordance with explosives regulations and any relevant Ordinances.

b) All explosives must be kept in a locked storage container, no closer than 500m of the worksite. Only certified personnel will have access to the container.

c) Detonators must be carried separately from explosives while being transported to the work site.

d) All explosives will be handled with extreme caution and in accordance with manufacturer’s guidelines.
e) A warning via radio announcement shall be given 30 minutes before any detonation, at least 5 minutes prior to detonation, and a final warning given immediately before detonating.

f) All persons are required to remain at a safe distance (at the direction of the shot firer) before detonation.

g) A clearly visible sign is to be placed near the site on the road, indicating that explosives are in use.

h) Warning signs will be displayed at the explosives storage site.

i) Any unused explosives and detonators are to be checked back into the storage site each day by a certified personnel and police officer.

j) A record is to be kept of all explosives that are used.
Definitions

Incident - *an event which causes or could have caused injury, illness, damage to equipment, property, or the environment.*

Activities:

1.0 GPI is committed to preventing workplace injuries minimising incidents.

   GPI will:
   a) provide a mechanism for reporting ALL work related incidents.
   b) investigate incidents to determine the cause and prevent reoccurrence;
   c) obtain information about the incidents.

2.0 All work related incidents that result in an injury must be reported to the line manager.

3.0 Any incident which has the potential to result in injury or damage to property must be reported.

4.0 In the event of an incident GPI ensures a full investigation is undertaken.

5.0 The most appropriate corrective action will be taken to ensure an incident does not recur.

Responsibilities

It is the responsibility of management to ensure that all matters relating to employees and volunteers welfare are dealt with in the most appropriate and timely manner.

Procedure

All incidents that result in an injury or illness at work must be reported to management.

Any workplace incident which has the potential to result in injury or damage to property must be reported in the same manner as an incident that results in injury or damage.

**Immediate Actions**

1. All injuries and illnesses must be assessed by the medical officer.
2. All injuries resulting in lost work time must be reported to management.
3. The following documents must be completed by management for all incidents and injuries involving employees and volunteers or the general public.

Attachments:

- **Annex A** Injury/Incident Form
- **Annex B** Incident Form Register
INJURY REPORT FORM

This form is to be used to report all incidents.

SECTION A: To be completed by Medical Officer and person involved.

PERSON INVOLVED IN INCIDENT *(Please print)*

| Employee’s name: | | |
| Role: | | |

*(please tick)* Employee ☐ Volunteer ☐ Visitor/Other ☐

Department: 

Division:

DETAILS OF THE INJURY ☐ INCIDENT ☐ *(Tick appropriate box)*

Date accident/incident: _______ / _______ / _______.

Time accident/incident: _________________ am/pm

Location where injury/ incident occurred *(Please print)*:

___________________________________________________________________________

___________________________________________________________________________

Part of body affected *(tick appropriate answers)*

<table>
<thead>
<tr>
<th>Head</th>
<th>Trunk</th>
<th>Internal</th>
<th>Arm</th>
<th>Hand</th>
<th>Leg</th>
<th>Foot</th>
</tr>
</thead>
<tbody>
<tr>
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<td>left</td>
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<td>hip</td>
<td>lungs</td>
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<td>systemic</td>
<td>shoulder</td>
<td>thumb</td>
<td>knee</td>
<td>right</td>
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<tr>
<td>mouth</td>
<td>stomach</td>
<td></td>
<td>upper arm</td>
<td>fingers</td>
<td>lower leg</td>
<td>great toe</td>
</tr>
<tr>
<td>teeth</td>
<td>groin</td>
<td></td>
<td>elbow</td>
<td>palm</td>
<td>ankle</td>
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<tr>
<td>face</td>
<td>back</td>
<td></td>
<td>forearm</td>
<td></td>
<td>thigh</td>
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<tr>
<td>skull</td>
<td>multiple</td>
<td></td>
<td>wrist</td>
<td></td>
<td>ankle</td>
<td>other toes</td>
</tr>
</tbody>
</table>
### Nature of Injury/Incident (tick appropriate answers)

- [ ] abrasion
- [ ] puncture
- [ ] heart attack
- [ ] sprain
- [ ] burn
- [ ] traumatic shock
- [ ] bruise
- [ ] laceration
- [ ] hearing loss
- [ ] strain
- [ ] scald
- [ ] electric shock
- [ ] fracture
- [ ] amputation
- [ ] foreign body
- [ ] hernia
- [ ] rash
- [ ] chemical
- [ ] concussion
- [ ] bite
- [ ] minor cuts
- [ ] Allergy
- [ ] Aggravation of previous injury or medical condition.

### Type of Injury/Incident (tick appropriate answers)

- [ ] striking against
- [ ] slipping
- [ ] bending
- [ ] pushing
- [ ] ingestion
- [ ] stumbled
- [ ] tripping
- [ ] twisting
- [ ] pulling
- [ ] absorption
- [ ] falling
- [ ] stress
- [ ] jumping
- [ ] inhalation
- [ ] stepping on
- [ ] other

### Cause of Injury/Incident (tick appropriate answers)

- [ ] Vehicle
- [ ] Power tools
- [ ] Animal/Insect
- [ ] Biological agent
- [ ] Objects
- [ ] Buildings
- [ ] Furniture
- [ ] Heat Stress
- [ ] Chemicals
- [ ] Mobile Plant
- [ ] Other tools
- [ ] Materials
- [ ] Equipment
- [ ] Other
- [ ] Structures
- [ ] Surfaces
- [ ] Sunburn
- [ ] Stress

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**Description of incident:**

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
SECTION B: TO BE COMPLETED BY MANAGER AND THE PERSON INVOLVED.

This is an extremely important section as the aim of the incident investigation is to identify preventative action that will avoid reoccurrence of a similar accident.

PERSON INVOLVED IN INCIDENT (Please print)

| Employee’s name: __________________________________________________________ |
| Role: _________________________________________________________________ |
| (please tick) Employee ☐ Volunteer ☐ Visitor/Other ☐ |
| Department: ____________________________________________________________ |
| Division: |

Probable cause or causes of Incident (tick appropriate answers)

☐ inadequate instruction ☐ fault of plant or equipment ☐ poor storage ☐ weather
☐ inadequate workspace ☐ equipment unavailable ☐ poor access ☐ terrain
☐ assistance unavailable ☐ lack of attention ☐ incorrect method ☐ work practices
☐ Other

Describe how the incident occurred:
________________________________________________________________________
________________________________________________________________________

Prevention of Incident Recurrence

Describe what action is planned or has been taken to prevent a recurrence of the incident.

(Immediate)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Long Term)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Manager name __________________________________________________________

Manager signature ________________________________________________________

Signed by person involved ________________________________________________
INCIDENT REGISTER

Details of all incidents are to be recorded using this register.

Employee Name: ______________________________________________________

Department Name: ____________________________________________________

Division Name: _________________________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Date of Injury/Incident</th>
<th>Location where Injury/Incident Occurred</th>
<th>Nature of Injury/Incident</th>
<th>How Injury/Incident Occurred</th>
<th>Manager Notified</th>
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Completed form to be filed in employee’s personnel file
OCCUPATIONAL HEALTH & SAFETY ACKNOWLEDGEMENT FORM

I have received, read and understood the Occupational Health and Safety Policy issued on:

Surname Name: ________________________________
First Name: ________________________________
Signature: ________________________________
Date: ________________________________

Completed acknowledgement form to be filed in employee’s personnel file

Approved by the Island Council
Date: 12 / 11 / 2015

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