



Government of Pitcairn Islands  
ISLAND COUNCIL

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## OCCUPATIONAL HEALTH & SAFETY (OH&S) POLICY

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### **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;



Government of Pitcairn Islands  
ISLAND COUNCIL

- 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.



Government of Pitcairn Islands  
ISLAND COUNCIL

- 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.



Government of Pitcairn Islands  
ISLAND COUNCIL

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**OH&S INCIDENT(s)**

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**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



Government of Pitcairn Islands  
ISLAND COUNCIL

**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: _____	
<i>(please tick)</i> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor/Other <input type="checkbox"/>	
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):*

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**Part of body affected** *(tick appropriate answers)*

- | Head                           | Trunk                             | Internal                          | Arm                                | Hand                             | Leg                                | Foot                                |
|--------------------------------|-----------------------------------|-----------------------------------|------------------------------------|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> eye   | <input type="checkbox"/> neck     | <input type="checkbox"/> heart    | <input type="checkbox"/> left      | <input type="checkbox"/> left    | <input type="checkbox"/> left      | <input type="checkbox"/> left       |
| <input type="checkbox"/> ear   | <input type="checkbox"/> hip      | <input type="checkbox"/> lungs    | <input type="checkbox"/> right     | <input type="checkbox"/> right   | <input type="checkbox"/> right     | <input type="checkbox"/> right      |
| <input type="checkbox"/> nose  | <input type="checkbox"/> chest    | <input type="checkbox"/> systemic | <input type="checkbox"/> shoulder  | <input type="checkbox"/> thumb   | <input type="checkbox"/> knee      | <input type="checkbox"/> great toe  |
| <input type="checkbox"/> mouth | <input type="checkbox"/> stomach  |                                   | <input type="checkbox"/> upper arm | <input type="checkbox"/> fingers | <input type="checkbox"/> lower leg | <input type="checkbox"/> other toes |
| <input type="checkbox"/> teeth | <input type="checkbox"/> groin    |                                   | <input type="checkbox"/> elbow     | <input type="checkbox"/> palm    | <input type="checkbox"/> ankle     |                                     |
| <input type="checkbox"/> face  | <input type="checkbox"/> back     |                                   | <input type="checkbox"/> forearm   |                                  | <input type="checkbox"/> thigh     |                                     |
| <input type="checkbox"/> skull | <input type="checkbox"/> multiple |                                   | <input type="checkbox"/> wrist     |                                  | <input type="checkbox"/> upper leg |                                     |



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ISLAND COUNCIL

**Nature of Injury/Incident** (*tick appropriate answers*)

- |                                     |                                     |                                       |                                  |                                |  |
|-------------------------------------|-------------------------------------|---------------------------------------|----------------------------------|--------------------------------|--|
| <input type="checkbox"/> abrasion   | <input type="checkbox"/> puncture   | <input type="checkbox"/> heart attack | <input type="checkbox"/> sprain  | <input type="checkbox"/> burn  | <input type="checkbox"/> traumatic shock |
| <input type="checkbox"/> bruise     | <input type="checkbox"/> laceration | <input type="checkbox"/> hearing loss | <input type="checkbox"/> strain  | <input type="checkbox"/> scald | <input type="checkbox"/> electric shock  |
| <input type="checkbox"/> fracture   | <input type="checkbox"/> amputation | <input type="checkbox"/> foreign body | <input type="checkbox"/> hernia  | <input type="checkbox"/> rash  | <input type="checkbox"/> chemical        |
| <input type="checkbox"/> concussion | <input type="checkbox"/> bite       | <input type="checkbox"/> minor cuts   | <input type="checkbox"/> Allergy |                                |  |
- Aggravation of previous injury or medical condition.

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

- |   |                                    |                                   |  |                                     |
|---|------------------------------------|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> striking against | <input type="checkbox"/> stumbling | <input type="checkbox"/> lifting  | <input type="checkbox"/> pushing       | <input type="checkbox"/> ingestion  |
| <input type="checkbox"/> struck by        | <input type="checkbox"/> slipping  | <input type="checkbox"/> bending  | <input type="checkbox"/> pulling       | <input type="checkbox"/> absorption |
| <input type="checkbox"/> caught in        | <input type="checkbox"/> tripping  | <input type="checkbox"/> twisting | <input type="checkbox"/> jumping       | <input type="checkbox"/> inhalation |
| <input type="checkbox"/> stepping on      | <input type="checkbox"/> falling   | <input type="checkbox"/> stress   | <input type="checkbox"/> motor vehicle |                                     |
| <input type="checkbox"/> other            |                                    |                                   |  |                                     |

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

- |   |                                      |                                       |                                     |
|---|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Vehicle          | <input type="checkbox"/> Buildings   | <input type="checkbox"/> Mobile Plant | <input type="checkbox"/> Structures |
| <input type="checkbox"/> Power tools      | <input type="checkbox"/> Furniture   | <input type="checkbox"/> Other tools  | <input type="checkbox"/> Surfaces   |
| <input type="checkbox"/> Animal/Insect    | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Materials    | <input type="checkbox"/> Sunburn    |
| <input type="checkbox"/> Biological agent | <input type="checkbox"/> Chemicals   | <input type="checkbox"/> Equipment    | <input type="checkbox"/> Stress     |
| <input type="checkbox"/> Objects          |                                      | <input type="checkbox"/> Other        |                                     |

Description of incident:

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**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)*

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> inadequate instruction | <input type="checkbox"/> fault of plant or equipment | <input type="checkbox"/> poor storage     | <input type="checkbox"/> weather        |
| <input type="checkbox"/> inadequate workspace   | <input type="checkbox"/> equipment unavailable       | <input type="checkbox"/> poor access      | <input type="checkbox"/> terrain        |
| <input type="checkbox"/> assistance unavailable | <input type="checkbox"/> lack of attention           | <input type="checkbox"/> incorrect method | <input type="checkbox"/> 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 \_\_\_\_\_



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**INCIDENT REGISTER**

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

**Employee Name:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_

**Division Name:** \_\_\_\_\_

Date	Date of Injury/Incident	Location where Injury/Incident Occurred	Nature of Injury/Incident	How Injury/Incident Occurred	Manager Notified

*Completed form to be filed in employee's personnel file*



Government of Pitcairn Islands  
ISLAND COUNCIL

**OCCUPATIONAL HEALTH & SAFETY ACKNOWLEDGEMENT FORM**

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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**

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