Protocol on the management of injury and illness at the workplace

MINISTRY OF PUBLIC SERVICE, ADMINISTRATIVE and INSTITUTIONAL REFORMS
...for a professional public service committed to excellence
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>2.0</td>
<td>PURPOSE</td>
<td>1</td>
</tr>
<tr>
<td>3.0</td>
<td>APPLICABILITY</td>
<td>1</td>
</tr>
<tr>
<td>4.0</td>
<td>DEFINITIONS</td>
<td>1-2</td>
</tr>
<tr>
<td>5.0</td>
<td>RELATED LEGISLATIONS</td>
<td>2-3</td>
</tr>
<tr>
<td>6.0</td>
<td>PROCEDURES</td>
<td>3-5</td>
</tr>
<tr>
<td>7.0</td>
<td>REPORTING AND RECORDING MECHANISM</td>
<td>6</td>
</tr>
<tr>
<td>8.0</td>
<td>EMERGENCY AND FIRST AIDERS CONTACT NUMBERS</td>
<td>7</td>
</tr>
</tbody>
</table>

**ANNEXES**

ANNEX I: INJURY/ILLNESS FLOWCHART

ANNEX II: 11th SCHEDULE OF OSHA 2005 (List of injuries requiring immediate notification)

ANNEX III: 13th SCHEDULE OF OSHA 2005 (Report of Accident or Dangerous Occurrence)

ANNEX IV: LETTER ISSUED BY HR (Injury/Illness on duty)

ANNEX V: DISCLAIMER FORM

ANNEX VI: ACCIDENT/INJURY REPORT FORM

ANNEX VII: DEPARTMENTAL BOARD REPORT FORM
1.0 INTRODUCTION

Every employer has a legal obligation to provide and maintain a safe and healthy workplace for all their employees according to the Occupational Safety and Health Act (OSHA) 2005. Employees can be injured at work as a result of occupational accidents which may necessitate immediate medical treatment. Hence, the need for establishing a protocol for reporting, handling and administration of injury and illness at the workplace is warranted.

This protocol describes the employers' responsibilities in establishing, implementing and maintaining procedures to deal with workplace injuries/illnesses. It also outlines steps that should be taken in the event of an injury/illness at the workplace.

2.0 PURPOSE

The protocol sets out the guidelines on how to manage injury at work and establishes a uniform procedure for the handling of work-related injuries and illnesses within Ministries and Departments. The injury/illness flowchart incorporating the procedures is at Annex I.

3.0 APPLICABILITY

The protocol is applicable to all officers across Ministries and Departments.

4.0 DEFINITIONS

➢ Workplace:
   “Workplace“ means the area under the control of the organization where the workers perform their activities. This can include not only the immediate workplace, but also other locations

➢ Occupational Accident:
   “Occupational Accident“ means an unexpected and unplanned occurrence, arising out of or in connection with work which results in one or more workers sustaining a personal injury, disease or death.

➢ Injury:
   “Injury“ means an adverse effect on the physical, mental or cognitive condition of a person.
Illness:
“Illness” means a disease or period of sickness affecting the body or mind.

Incident:
“Incident” means an occurrence arising out of, or in the course of, work that could or does result in injury and ill health.

Near-miss:
“Near-miss” means an incident where no injury or illness occurs.

First-aid:
“First-aid” means:
   a) in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained; and
   b) treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

First-aider:
“First-aider” means a person who has been trained by and holds a current first-aid Certificate issued by an organization approved by the Mauritius Qualifications Authority for the purposes of these regulations.

Appointed person:
“Appointed person” means any person who has practical knowledge of first-aid attention to be provided to any employee who has suffered injury or illness at work.

Designated Representative (DR)
“Designated Representative” means any person identified by management to act as per the prescribed roles and responsibilities assigned in this protocol and may include a Human Resources personnel, Office Management Executive (OME), Head of Department/Division/Section/Unit, Immediate Supervisor or any other officer designated by management.

5.0 RELATED LEGISLATIONS

5.1 Occupational Safety and Health Act 2005
The OSHA 2005 covers all workplaces. Every employer has a legal duty to take reasonable care for the safety and health of his employees. Under Section 85 of the OSHA 2005, employers have a duty to report cases of injuries specified in the Eleventh

5.2 Occupational Safety, Health and Welfare (First-aid) Regulations 1989

The Occupational Safety, Health and Welfare (First-aid) Regulations 1989 make specific provisions with regard to injury/illness at work.

These regulations require that the first-aider or appointed person is responsible for monitoring and maintaining first-aid facilities at work.

In addition to monitoring the first-aid amenities, the first-aider or appointed person has to accompany the injured or ill employee to a hospital or other similar institution whenever the circumstances so justify.

Where an employee has suffered injury or illness at work necessitating his admission to his home or to a hospital or other similar institution, the employer shall promptly at his own expense provide an appropriate means of conveyance for the employee.

The name and contact details of first-aiders or appointed persons should be affixed at conspicuous location(s).

6.0 PROCEDURES

6.1 Life threatening medical emergencies – fatalities

In life threatening cases/fatalities, the Police/SAMU should be informed immediately and the DR should initiate action as per advice tendered by the Police/SAMU. The HRS should thereafter make arrangements to inform the SHO, notify the Ministry of Labour, Human Resource Development and Training, fill in Annex III of the Protocol and act in line with existing rules and regulations, as the case may be.

6.2 Serious injury/illness requiring immediate medical care

In the event of a serious injury/illness, the DR and first-aider/appointed person should be informed immediately.

   a) The DR should:
      • call SAMU, if the employee needs medical attention; or
      • make arrangement to convey the employee to the nearest Public Health Institution.
b) The first-aider/appointed person should provide immediate first-aid attention to the injured/ill employee.

c) The DR should issue a Letter as at Annex IV to the injured/ill employee addressed to Regional Health Director of the nearest Public Health Institution to facilitate treatment to the injured/ill employee. The DR should also inform relatives of the injured/ill employee or his next of kin by the quickest practicable means of communication.

d) The accompanying officer after conveying the injured/ill employee to the nearest Public Health Institution, should report any development to the DR.

e) The Safety and Health Officer (SHO) should investigate into the accident and make recommendations thereon.

6.2.1 Transport facilities

- Section 8 of the Occupational Safety, Health and Welfare (First-aid) Regulations 1989 as amended provides:
  
  “Where an employee has suffered injury or illness at work necessitating his removal to his home or to a hospital or other similar institution, the employer shall promptly and at his own expense provide an appropriate means of conveyance for the employee”.

- In case transport facilities are not available in Ministries/Departments, arrangement for a private transport service should be made urgently and the cost thereof should be borne by the Ministry/Department.

- If the employee opts to go to any private health institution or use his own means of transport or go home directly from office, the latter should sign a Disclaimer Form as at Annex V.

6.2.2 First-aid Assistance/Treatment

- Any employee who has witnessed a case of injury/illness should inform the first-aider/appointed person.

- The first-aider/appointed person should provide prompt first-aid assistance to the injured/ill employee, while ensuring his own safety and that of others.
• Once the injured/ill employee has been taken charge of by the Public Medical Institution, the accompanying officer should report to the Ministry/Department for any further instruction.

• In case treatment is completed within a short delay and within working hours, the injured/ill employee should inform the DR of any medical advice obtained.

6.2.3 Role of the Human Resource Section (HRS)

• Inform the SHO of the injury/illness.

• Notify the Director, Occupational Safety and Health, Ministry of Labour, Human Resource Development and Training where an employee has suffered any injury listed in the 11th Schedule of OSHA 2005 (Annex II) by the quickest practicable means.

• Fill in Annex III of this protocol in respect of injuries listed in the 11th Schedule of the OSHA 2005 (Annex II) and submit to the Ministry of Labour, Human Resource Development and Training within 7 days.

• Ensure proper actions are taken in compliance with existing rules and regulations governing grant of injury leave.

6.3 Minor injury

If an employee has sustained minor injury at work, the DR and the first aider/appointed person should be informed.

The SHO attached to the Ministry/Department should, on being notified by the DR, submit a report to the Responsible Officer highlighting the cause of the accident and the remedial measure that should be implemented to avoid its recurrence.
7.0 REPORTING AND RECORDING MECHANISM

Ministries and Departments have obligations under Section 85 of the OSHA 2005 to notify the Ministry of Labour, Human Resource Development and Training of all injuries listed in the 11th Schedule of OSHA 2005 as per Annex II of this protocol. Moreover, the HRS should keep a record of all cases of injury at work in a register.

Section 85 of the Occupational Safety and Health Act (OSHA) 2005 is reproduced hereunder:

(1) Where any employee, as a result of an accident arising out of or in connection with his work, dies or suffers any of the injuries or conditions specified in the Eleventh Schedule or where there happens a dangerous occurrence specified in the Twelfth Schedule the employer shall –

(a) Forthwith notify the Director, Occupational Safety and Health, Ministry of Labour, Human Resource Development and Training by the quickest practicable means; and

(b) Within 7 days send a report thereof to the Director, Occupational Safety and Health, Ministry of Labour, Human Resource Development and Training in the form set out in the Thirteenth Schedule.

(2) The employer shall keep a record of all accidents required to be reported under subsection (1)."

Any employee who sustains an injury at work should immediately report the matter to his immediate supervisor. The latter should fill in the Accident/Injury Report Form at Annex VI of this protocol and inform the HRS and SHO.

For employees belonging to the workmen’s group and other manual grades, the HRS should report the matter not later than 3 days after the occurrence, to the Ministry of Labour, Human Resource Development and Training.

The HRS shall, as early as possible and depending on the availability of the injured employee, convene a Departmental Board as per the Human Resource Management Manual.

The Departmental Board shall submit its report on the prescribed form as at Annex VII within a fortnight to the Supervising Officer.

The flowchart at Annex I summarises the steps to be taken in cases of injury/illness at work.
### 8.0 EMERGENCY AND FIRST-AIDERS CONTACT NUMBERS

#### 8.1 Contact numbers of emergency services

<table>
<thead>
<tr>
<th>SN</th>
<th>Name of Organization</th>
<th>Contact number</th>
<th>Hotline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Emergency Medical Assistance Service (SAMU)</td>
<td>114</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Mauritius Fire and Rescue Service</td>
<td>2120214</td>
<td>115/995</td>
</tr>
<tr>
<td>3.</td>
<td>Mauritius Police Force</td>
<td>2080035</td>
<td>999/112</td>
</tr>
<tr>
<td>4.</td>
<td>Dr A.G Jeetoo Hospital</td>
<td>2031001</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>SSRN Hospital</td>
<td>2093400</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Victoria Hospital</td>
<td>4020800</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>J. Nehru Hospital</td>
<td>6037000</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Flacq Hospital</td>
<td>4022400</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Mahebourg Hospital</td>
<td>6042000</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>P. Dór Hospital</td>
<td>2837568</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Souillac Hospital</td>
<td>6037100</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Long Mountain Hospital</td>
<td>2452571</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Brown Sequard Hospital</td>
<td>4021400</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>ENT Hospital</td>
<td>6862061</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Moka Eye Hospital</td>
<td>4334015</td>
<td></td>
</tr>
</tbody>
</table>

#### 8.2 Location of first-aid boxes

<table>
<thead>
<tr>
<th>S.N</th>
<th>Level(s)</th>
<th>Location of first-aid box</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 8.3 Contact numbers of first-aiders

<table>
<thead>
<tr>
<th>S.N</th>
<th>Location</th>
<th>Name of first-aider</th>
<th>Tel./Extension number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex I

Injury/Illness Flowchart

Work related Injury/Illness

In case of any Serious Injury/Illness?

Inform DR and First Aider/Appointed person

DR to issue a memo addressed to RHD of nearest Public Health Institution

If the injured/ill employee requires medical attention, DR to:

- Call SAMU; or
- Arrange for conveyance to the nearest Public Health Institution accompanied by First Aider or any officer as delegated by DR, and
- Inform relatives/Next of Kin

The accompanying officer, after conveying the injured/ill employee to the nearest Public Health Institution, should report any development to the DR.

In case of any minor Injury/Illness? (e.g. Minor cuts and bruises)

Inform DR and First Aider/Appointed person

Scenario 1

If employee opts to go to private health institution/to go by own means of transport, a disclaimer form should be signed as at annex IV.

If no transport facilities are available, arrangements for a private transport service should be made, the cost of which should be borne by the Ministry.

Scenario 2

In case treatment is completed within a short delay and within working hours, the injured/ill employee should inform the DR of any medical advice obtained.

HRS to initiate actions as appropriate:

- Inform the SHO of injury/illness.
- Notify the Occupational Safety and Health Inspectorate of the Ministry of Labour, HRD & T if required, as per the 11th schedule of OSHA 2005.
- Fill in Annex II and submit to Ministry of Labour, HRD & T within 7 days,
- Ensure proper actions are taken in compliance with existing rules and regulations governing grant of injury leave (as the case may be).
- Keep a record of all cases of injury at work in a register.

HRS should record the incident DR to inform Safety and Health Division in view to initiate appropriate actions as required.

SHO should carry out an investigation and submit a report thereon.

HRS to initiate appropriate action to set-up Departmental Board
ELEVENTH SCHEDULE

(Section 85)

LIST OF INJURIES REQUIRING IMMEDIATE NOTIFICATION

1. Fracture of the skull, spine or pelvis.

2. Fracture of any bone-
   (i) in the arm or wrist, but not a bone in the hand; or
   (ii) in the leg or ankle, but not a bone in the foot.

3. Amputation of-
   (i) a hand or foot; or
   (ii) a finger, thumb or toe, or any part thereof if the joint or bone is completely severed.

4. The loss of sight of an eye, a penetrating injury to an eye, or a chemical or hot metal burn to an eye.

5. Either injury (including burns) requiring immediate medical treatment, or loss of consciousness, resulting in either case from an electric shock from any electrical circuit or equipment, whether or not due to direct contact.

6. Loss of consciousness resulting from lack of oxygen.

7. Decompression sickness.

8. Either acute illness requiring medical treatment, or loss of consciousness, resulting in either case from the absorption of any substance by inhalation, ingestion or through the skin.

9. Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a pathogen or infected material.

10. Any other injury which results in the person injured being admitted into hospital for more than 24 hours.
THIRTEENTH SCHEDULE
(Section 85)
REPORT OF ACCIDENT OR DANGEROUS OCCURRENCE

1. Name and address of employer:  

2. Place of work and site of accident or dangerous occurrence*:  

3. Nature of business:  

4. Date and time of accident or dangerous occurrence*:  

5. Name and address of injured person:  

6. (a) Sex  (b) Age  (c) Occupation  

7. Kind of work being performed at time of accident or dangerous occurrence*:  

8. Particulars of injury (whether fatal):  

9. Cause and particulars of the accident or dangerous occurrence*:  

10. Reasons for the accident or dangerous occurrence*:  

11. Names of witnesses, if any:  

12. Any further particulars:  

I certify that to the best of my knowledge that the information given above is correct.

Date:  Name:  

Status:  Signature:
MINISTRY OF PUBLIC SERVICE, ADMINISTRATIVE AND INSTITUTIONAL REFORMS

The Regional Health Director
Hospital: ..............................

Dear Sir/Madam,

Injury/Illness on duty

Mr/Mrs/Miss.............................................................., holding the post of
.............................................................. at this Ministry has been injured/fallen sick while on duty
on ....................... (date) at............. (time).

2. It would be much appreciated if arrangements could be made for the:

(i) provision of necessary medical assistance; and
(ii) submission of an attendance/medical certificate, as appropriate.

3. Relying on your usual support and collaboration and thanking you for your services.

Name ..............................

Signature: ..............................

Designation: ..............................

Human Resource Division/Section/Unit: ..............................

Ministry/Department: ..............................

Contact Details- Office No: ............... Mobile No: ..............Fax No: ..............
MINISTRY OF PUBLIC SERVICE, ADMINISTRATIVE AND INSTITUTIONAL REFORMS

Disclaimer Form

I………………………………………………………………… hereby sign this disclaimer form on …………………………………………………

I have been explained and fully understand that by refusing to go to a public medical institution/going home directly from office/ being accompanied by a close relative, I accept all responsibility and do so out of my own risk. (Please delete as appropriate)

By signing this liability disclaimer form I undertake my full responsibility and understand that no claim of any sort, either of criminal or civil nature may be entailed against the Ministry of Public Service, Administrative and Institutional Reforms.

Name of injured party: ......................................................

Signature: .................................................................

Date: .................................................................

Copy to: OSH Division, Ministry of Public Service, Administrative and Institutional Reforms
MINISTRY OF PUBLIC SERVICE, ADMINISTRATIVE AND INSTITUTIONAL REFORMS

Accident/Injury Report Form

1. Name of employee: ..................................................................................................................................................

2. Home address of employee: ........................................................................................................................................

3. Sex: ......................  Age: ....................  Occupation:......................

4. Date & Time of accidents/illnesses/incidents: ..............................................................................................................

5. Kind of work being performed at time of accidents/illnesses/incidents: ......................................................................

6. Cause & Particulars of accidents/illnesses/incidents: ..................................................................................................

7. Names and Addresses of witness, if any: .........................................................................................................................

8. Name of reporting officer: .............................................................................................................................................

Name:.............................  Signature: ..............................  Date:...............................  

Copy to: OSH Division, Ministry of Public Service, Administrative and Institutional Reforms
Departmental Board Report  
(G.O.A 526 to 531 - Injuries Committee)

1. Name of person injured: .................................................................

2. Residential Address: ........................................................................

3. Post: ............................................................. Wages p.day/Salary p.year: ...


5. Description of accident: ................................................................

(a) Date:........................................ Place:......................................................

(b) How happened (very briefly) ............................................................

6. Date up to which full wages/salary have been paid .....................

7. Date from which absent........................................ Date of resumption ....

8. Period of absence supported by Medical Certificate (annexed) from ....... to ............ (including stay at hospital). State how many certificates annexed ..............

9. Period for which full wages/salary are recommended: from ..........to .......... or ........ working days.

10. If period at 9 does not tally with period at 8 give reasons:-

11. Statement(s) from................ witness (es) of the accident is/are annexed.

Report of Board:-

(i) Did accident occur while person injured was on duty?

(ii) Was accident due to fault of injured person? ..... 

(iii) Was person injured acting in accordance with Departmental rules and regulations at time of accident?

Signed.................................................. Chairman

.................................................. Member

.................................................. Member

Date: .........................
Protocol for the management of injury and illness at the workplace

OCTOBER 2021