



**Mauritius
Institute of
Education**

PROTOCOL OF INJURY AND ILLNESS

AT THE MIE



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1.0 Introduction

The Mauritius Institute of Education (MIE) has a legal obligation to provide and maintain a safe and healthy workplace for all its employees, students and other stakeholders according to the Occupational Safety and Health Act (OSHA) 2005. Employees and students can be injured at work as a result of occupational accidents or fall sick 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 important.

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

2.0 Purpose

This protocol establishes the guidelines for managing workplace injuries or illnesses and sets out a standardized procedure for handling work-related incidents at MIE. In the event of a workplace injury or illness, the process outlined in the flowchart provided in Annex I & II must be followed.

3.0 Target Audience

The protocol is applicable to employees on duty, including those assigned to offsite duties, students and other stakeholders. This document is subject to change as and when the need arises.

4.0 Serious injury/illness requiring immediate medical care

In **life-threatening cases or fatalities**, the person attending to the sick individual must immediately inform the **Police or SAMU** and take action according to the instructions provided by the authorities.

In the event of a serious injury or illness, the first aider must be informed immediately. The first aider will assess the situation and, if necessary, call **SAMU** for emergency medical assistance. If the employee requires medical attention, arrangements will be made to transport the employee to the nearest Public or Private Health Institution.

- (a) The First-Aider or accompanying officer should accompany the sick or injured person to the nearest Public Health Institution/Private Health Institution.
- (b) The First-Aider or accompanying officer after conveying the injured/ill employee to the nearest Public Health Institution, should inform management.

5.0 Transport facilities

5.1 Provision of Transport during Normal Working Hours

If transport facilities of the MIE and SAMU are not available during normal working hours or while classes are ongoing, urgent arrangements shall be made for private transport services. The cost of such transport shall be borne by the MIE. Details of approved [transport service \(Taxis\) providers shall be made available by the Procurement Section](#).

If an employee chooses to:

- ☐ seek treatment at a private health institution,
- ☐ use his/her own means of transport, or
- ☐ proceed directly home from the office.

The employee shall be required to sign a Disclaimer Form (as set out in Annex III), which will be available online, at the Reception Desk and Library.

5.2 Provision of Transport after Normal Working Hours

In the event of any medical emergency occurring on the MIE campus after 16:00 hours during weekdays or on Saturday afternoons, ambulance services may be availed for students and staff as follows:

- ☐ **First option:** Contact SAMU on **114**.
- ☐ **Second Option:** If SAMU is not available: Contact Royal Green Emergency Services on **189**.

Royal Green Emergency Services will arrange transportation of the sick or injured person to Royal Green Hospital, C Care Wellkin, or to the nearest public hospital, as appropriate. Please note that the MIE will cater for the transportation cost only if private ambulance services have been retained.

6.0 First-aid Assistance/Treatment

Any person who witnesses a case of injury or illness must immediately inform the designated First-Aider (as per Annex IV), Human Resources Section, Safety and Health Unit and the management.

The First Aider should provide immediate and appropriate first-aid care to an injured or ill employee/student, while ensuring their own safety and that of others.

Once the injured or ill employee/student has been taken charge by the Public Health Institution/ Private Health Institution, the accompanying officer must promptly inform the responsible officer of MIE and seek further instruction.

7.0 The Occupational and Safety Health Act 2005 (OSHA 2005)

Under Section 85 – Notification of occupational accidents and dangerous occurrences

The MIE also has 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 Eleventh Schedule of OSHA 2005 as per **Annex V** of this protocol. Moreover, the Human Resource Section (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 –
- (2) Forthwith notify the Director, Occupational Safety and Health, Ministry of Labour, Human Resource Development and Training by the quickest practicable means; and 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 of the Act (**Annex VI**).

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 VII**) of this protocol and inform the Human Resource Section and Safety and Health Unit.

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 Human Resource Section shall submit its report on the prescribed form as at **Annex VIII** within a fortnight to the Director /Registrar.

A list of emergency contact numbers for public health institutions across Mauritius, together with their contact details, is provided below for reference and a list of private clinics across the Réduit area is also included.

8.0 Emergency Contacts

8.1 Public Health Institute Contact number

Below are the emergency contact numbers for the Public Health Institute around the island:

SN	Name of Organization	Contact number	Hotline
1	Victoria Hospital	4020800	
2	Dr. Abdool Gaffoor. Jeetoo Hospital	2031001	
3	Jawaharlal Nehru Hospital	6037000	
4	Emergency Medical Assistance Service (SAMU)		114
5	ENT Hospital	6862061	
6	Mauritius Fire and Rescue Service (MFRS)	2120214	115/995
7	Mauritius Police Force	2080035	999/112
8	Sir Seewoosagur Ramgoolam National Hospital (SSRN)	2093400	
9	Flacq Hospital	4022400	
10	Mahebourg Hospital	6042000	
11	Poudre d'Or Hospital	2837568	
12	New Souillac Hospital	6037100	
13	Long Mountain Hospital	2452571	
14	Brown Sequard Hospital	4021400	
15	Sir Anerood Jugnauth Hospital	4901212	
16	Subramania Bharati Eye Hospital	4605000	

8.2 Private Health Institute Contact number

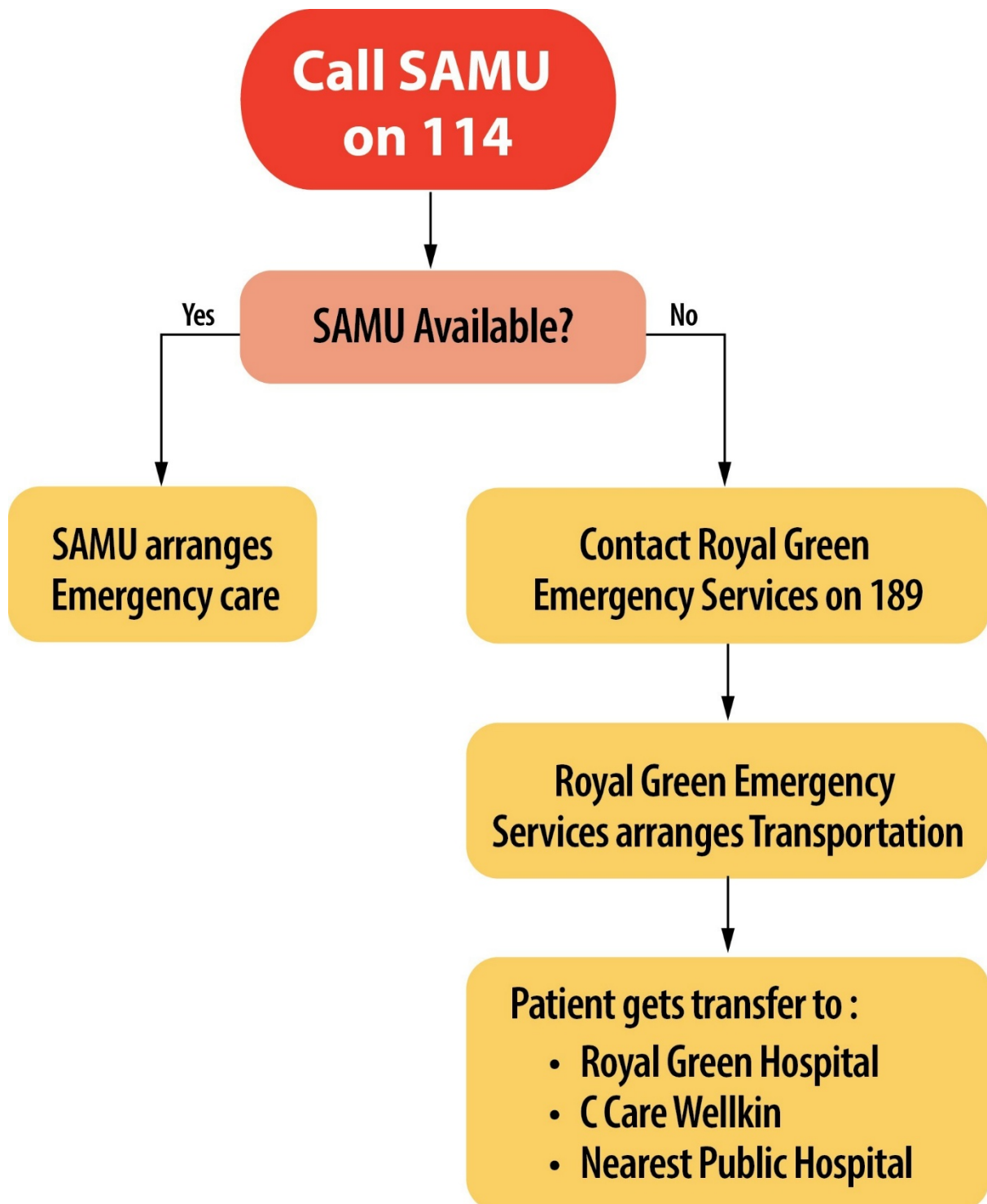
Below are the emergency contact numbers for the nearest private health care institutions across the island.

SN	Name of Organization	Contact number	Hotline
1	Royal Green Hospital	4606543	189
2	C Care Wellkin	6051000	
3	La Clinique Mauricienne	4543061	

Steps to follow in case of injury/illness at work during working hours



Steps to follow in case of injury/illness at work after working hours on Weekdays (after 16.00) and Saturday (after 12.00)



**Mauritius Institute of Education
Disclaimer Form**

I..... hereby sign this disclaimer form
on.....

I have been explained and fully understand that:

- (i) by refusing to go to a public medical institution,
- (ii) going home directly from office
- (iii) being accompanied by a close relative,

(*Please delete as appropriate) I accept all responsibility and do at my own risk.

By signing this liability disclaimer form I undertake, full responsibility and understand that no claim of any sort, either of criminal or civil nature, may be entailed against the Mauritius Institute of Education.

Name of injured party:

Signature.....

Date:

Disclaimer form will also be available at the reception area and in the library.

FIRST AIDERS AT MIE

 **BE THE FIRST HELP**

MIE TOWER

Mr Nessen Goundan	380	
Mrs Deepa Sookara Ramchurn	350	
Mrs Kavitha Baboolall	336	
Mrs Ahnisa Madhoo	595	
Mrs Shymabye Arzoon	120	
Mr Harish Kumar Golap	109	
Dr Sooryadev Purdassea	517	
Mrs Gulzarine Hossenbocus	367	
Mrs Vijawtee Baluckram	825	
Mr Zaafir Juhoor	587	
Mr Mohun Cyparsade	345	
Dr Khemanand Moheeput	510	
Mr Nagamootoo Pillay Jagambrum	603	
Mrs Anjana Appadoo	589	
Mr Yoven Colleemallay	370	
Dr Khemduth Singh Angateeah	352	

GYMNASIUM

Mrs Bharutty Ramguttee	362	
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SOUTH BLOCK

Mr Roojaishan Permala	250	
Mr Vinesh Puttur	383	

PRIMARY BLOCK

Mrs Reshma Etwaro	264	
Mr Santaraj Mohith	375	
Mr Prakash Roopun	834	

OLD ADMINISTRATIVE BLOCK

Mr Aschil Poorun	391	
Mr Sharvan Meetoo	515	
Miss Nawsheen Baichoo	840	
Mrs Rajendree Govindanaiken	229	

EMERGENCY CONTACT NUMBERS

SAMU: 114

Victoria Hospital: 402 0800

Moka Eye Hospital: 433 4015

Dr. A. G. Jeetoo Hospital: 203 1001

ENT Hospital: 686 2061

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 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 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:

Mauritius Institute of Education

Accident/Injury Report Form

1. Name of employee:

.....

2. Home address of employee:

.....

3. Sex: Age: Occupation:

4. School/Department/Section/Unit:

5. Date & Time of

accident/illness/incident:.....

.....

6. Kind of work being performed at time of accident/illness/incident:

.....

.....

7. Cause & Particulars of accident/illness/incident:

.....

.....

8. Name and Address of witness, if any:

.....

9. Name of reporting officer/Designation:

Name: Signature: Date:

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:

4. Nature of injury:.....

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 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: fromto
..... or working days.

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

.....

.....Statement(s) fromwitness (es) of the accident
is/are annexed.

Report of Board: - Did accident occur while person injured was on duty?

.....

(i) Was accident due to fault of injured person?

.....

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

(iii) Signed..... Chairman.....

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

(iv) Date

