



Norfolk Island Employment Rules 2020

I, Nola Marino, Assistant Minister for Regional Development and Territories and Parliamentary Secretary to the Deputy Prime Minister and Minister for Infrastructure, Transport and Regional Development, make the following rules.

Dated 25 November 2020

Nola Marino

Assistant Minister for Regional Development and Territories

Parliamentary Secretary to the Deputy Prime Minister and Minister for Infrastructure,
Transport and Regional Development

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1 Name

This instrument is the *Norfolk Island Employment Rules 2020*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	At the same time as Part 1 of Schedule 1 to the <i>Norfolk Island Continued Laws Amendment (Employment) Ordinance 2020</i> commences.	

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under the *Employment Act 1988* (Norfolk Island).

4 Definitions

Note: A number of expressions used in this instrument are defined in the Act, including the following:

- (a) Employment Liaison Officer;
- (b) permanent incapacity;
- (c) public scheme.

In this instrument:

Act means the *Employment Act 1988* (Norfolk Island).

5 Periodical compensation—loss or diminution of capacity to earn

For the purposes of subparagraph 30(4)(b)(i) of the Act, the amount of \$3,000 is prescribed.

6 Compensation for permanent incapacity

For the purposes of paragraph 32B(2)(b) of the Act, the amount of \$300,000 is prescribed.

7 References to liability to pay compensation

For the purposes of paragraph 37AA(b) of the Act, the amount of \$2,000 is prescribed.

8 Membership of public scheme

- (1) For the purposes of paragraph 39B(4)(a) of the Act, in deciding whether to grant an application by an employer to become a member of a public scheme, the consideration to which the Employment Liaison Officer must have regard is whether, on account of any or all of the following:
 - (a) the employer's accident history;
 - (b) the employer's first-aid facilities;
 - (c) the employer's accident prevention awareness;
 - (d) the employer's standard of administration;the claims for compensation that may arise in respect of the employer's trade or business would be likely to prejudice the operation of the scheme so as to require higher membership fees for employers.
- (2) For the purposes of subsection 39B(5) of the Act, the membership fee for a public scheme for an employer is, for each calendar month in which the employer is a member of the scheme, an amount worked out by multiplying \$0.30 by the number of hours worked by each employee of the employer during the month (other than any part of the month for which the employer is not a member of the scheme).

9 Independent medical examinations

For the purposes of subsection 47A(6) of the Act, an employee must not be required to undergo an examination at more frequent intervals than a fortnight.

10 Record-keeping and notification requirements

- (1) For the purposes of subsection 53(2) of the Act:
 - (a) the following records are prescribed:
 - (i) a record of the date on which first-aid training is given to the employer's employees and particulars of that training;
 - (ii) a record of the date and particulars of each injury to an employee of the employer arising out of, or suffered in the course of, employment by the employer, unless subsection 53(3) of the Act applies in relation to the injury;
 - (iii) a copy of any information provided to the Minister under subsection 53(3) of the Act; and
 - (b) the employer must keep those records in relation to an employee:
 - (i) for the duration of the employee's employment with the employer; and
 - (ii) if the employee ceases to be employed by the employer—for 3 years beginning on the day the employment ceased.

- (2) For the purposes of subsection 53(3) of the Act, Form 1 in Schedule 1 to this instrument is prescribed.

11 Internal review—period for making determination

For the purposes of subsection 67(1) of the Act, the period of 14 days starting on the day the application is made is prescribed.

12 Application—record-keeping and notification requirements

Section 10 applies in relation to:

- (a) training given; or
- (b) an injury arising out of, or suffered in the course of, employment; or
- (c) a copy of information provided;

if the giving of the training, occurrence of the injury or provision of the information occurs:

- (d) within 3 years before the commencement of this section; or
- (e) after the commencement of this section.

Schedule 1—Forms

Note: See subsection 10(2).

Form 1—Accident report

This form must be completed by an employer when an employee suffers death or permanent incapacity arising out of, or in the course of, the employment.

Please fill in this form using block capitals. Do not leave any blank spaces. If a question is not applicable, write “N/A” in the answer space.

This form must be provided to the Minister within 7 days after the death or permanent incapacity became known to the employer.

Form 1—Accident report		
Item	Information required	Answer
1	Full name of employer Note: If the employer is a company or other body, please give the full legal name of the body.	
2	Postal address of employer	
3	Employer’s business telephone number	
4	Employee’s name	
5	Gender	
6	Age	
7	Employee’s postal address	
8	Employee’s occupation	
9	Was the employee engaged in this occupation when the accident occurred?	Tick one Yes <input type="checkbox"/> No <input type="checkbox"/>
10	If “no”, state exactly what the employee was doing at the time of the accident, and whether the accident occurred during a meal break or other work break.	
11	How long has the employee been employed by you?	
12	Amount of wages etc. payable to the employee per week at the time of	

Form 1—Accident report

Item	Information required	Answer
	the accident (\$)	
13	If wages etc. not paid weekly, state the basis of payment	
14	Number of days worked per week	
15	Number of hours worked per week	
16	Is board or lodging provided by the employer?	Tick one Yes <input type="checkbox"/> No <input type="checkbox"/>
17	If “yes”, state value per week (\$)	
18	Total of the employee’s earnings in the 12 months prior to the date of the accident or illness (\$) Note: Include all payments and non-cash benefits (eg commissions, board, lodging, etc.)	
19	Number of weeks worked by the employee in the 12 months prior to the date of the accident	
20	Average earnings per week (\$) Note: Include all payments and non-cash benefits (eg commissions, board, lodging, etc.)	
21	Date of the accident	
22	Day of the week	
23	Time of day	
24	Did the employee cease work immediately?	Tick one Yes <input type="checkbox"/> No <input type="checkbox"/>
25	If “no”, when did the employee cease work?	
26	Number of hours not worked on the employee’s last day at work	
27	Full address of premises where the accident occurred	
28	Did the accident happen during a motor vehicle journey?	Tick one Yes <input type="checkbox"/> No <input type="checkbox"/>
29	If “yes”, please give full details	
30	Did the employee notify you of the accident before leaving the place of employment on the day of the accident?	Tick one Yes <input type="checkbox"/> No <input type="checkbox"/>

Schedule 1 Forms
Form 1 Accident report

Form 1—Accident report

Item	Information required	Answer
31	If “no”, when was the accident first reported?	
32	Did the accident occur while the employee was doing something which was not part of the employment, or at a place where the employee was not required by the employment to be?	Tick one Yes <input type="checkbox"/> No <input type="checkbox"/>
33	If “yes”, please give details	
34	Are you satisfied that the accident happened in the course of employment and in the manner stated by the employee?	Tick one Yes <input type="checkbox"/> No <input type="checkbox"/>
35	If “no”, state the reasons for your conclusion	
36	State the apparent cause of the accident Note: Give full and particular details. If necessary, continue on another sheet of paper.	
37	Give the names of all witnesses to the accident	
38	Did the accident result in an injury to, or the death of, the employee?	Tick one Injury <input type="checkbox"/> Death <input type="checkbox"/>
39	If the accident resulted in an injury, state the nature and extent of the injury	
40	Did the employee receive any ambulance, medical, surgical or hospital treatment?	Tick one Yes <input type="checkbox"/> No <input type="checkbox"/>
41	If “yes”, give brief details of the treatment	
42	Declaration The employer named above hereby declares that the information provided above is true.	
	Signature _____	
	Date _____	

IMPORTANT NOTE: In any case of serious injury where machinery was in use, DO NOT make any repairs or modifications before inspection of the machinery.
