While at work, a worker must:

a) take reasonable care for his or her own health and safety, and

b) take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons, and

c) comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act, and

d) co-operate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers.

ROLE STATEMENT: Assist with the provision of campus first aid services

POSITIONS REPORTING TO THIS POSITION: N/A

DUTIES:

1. To attend an Induction session with the Senior First Aid Officer.

2. To be the readily available First Aid Officer for the building(s) and area(s) designated, and to respond immediately to any requests for first aid assistance, and to establish a first aid post in the event of a building or area evacuation that requires such action.

3. To ensure that a CSU Accident/Incident Report is completed and submitted for every accident/incident that is attended by the First Aid Officer via the online Incident and Hazard Reporting System, SCRIMP.

4. To maintain properly stocked first aid kit(s) at all times, in accordance with the WHS Legislation, and to report regularly (at least quarterly) to the Senior First Aid Officer that first aid kit inspections have been carried out.

5. To be authorised to draw first aid stock from OfficeMax (CSU nominated supplier) for the purpose of first aid kit replenishment and to identify the locations of such kits and the replenishments required.

6. To keep abreast of changes in first aid techniques, practices and legislation by attending regular update or briefing sessions as required by the Senior First Aid Officer.

7. To report to the Senior First Aid Officer on all matters pertaining to first aid.

Name (Please Print) ___________________________ Signature ___________________________

Date ___________________