POSITION TITLE: Occupational First Aid Officer

ESTABLISHMENT NO: N/A

SECTION: N/A

INCUMBENT: N/A

RESPONSIBLE TO: Senior First Aid Officer

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 be the readily available Occupational First Aid Officer for the designated first aid room, and to respond immediately to any requests for first aid assistance. To provide assistance with advanced resuscitation and in the use of oxygen treatment.

2. To maintain properly stocked first aid room at all times, in accordance with WHS Legislation, and to report regularly (at least quarterly) to the Senior First Aid Officer that the first aid room inspection has been carried out.

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

4. To be authorised to draw first aid stock from OfficeMax (CSU nominated supplier) for the purpose of first aid room replenishments, and to record such actions.

5. 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.

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

Name (Please Print) ________________________________ Signature ________________________________

Date ________________