

# **First Aid Officers Confirmation of Induction**

As per Work Health and Safety (WHS) Regulation 2017, <u>Section 42</u>, the University has a duty to provide workers with access to appropriate and easily accessible first aid equipment and an adequate number of workers trained to administer first aid.

# 1. I agree:

- 1.1. I have read and understand the *Health and Safety Guideline: HSG 5.2 First Aid*.
- 1.2. I am aware of and have read the *Information for First Aid Officers* page on the University website
- 1.3. I understand it is my responsibility to provide first aid as required within the scope of my training.
- 1.4. That I will regularly audit and maintain the contents of the First Aid Kit(s) in my area.
- 1.5. I will maintain accurate and easily located first aid signage, identifying local First Aid Officers, their location and contact details, the location of all first aid kits in the building and the nearest <u>defibrillator</u>.
- 1.6. That I know how to locate the nearest defibrillator.
- 1.7. I will notify the Health, Safety and Wellbeing Team of any first aid treatment provided by logging an incident report in the online incident management system, <u>AIMS</u>.
- 1.8. I have read and responded to Section 2 below.
- 1.9. I have contact details for the <u>Security Service</u> readily available and understand I can contact them at any time for assistance if required when providing first aid or in the event of an emergency.
- 1.10. I will notify the Health, Safety and Wellbeing Team if:
  - 1.10.1. My work contact details change in anyway.
  - 1.10.2. I relocate to another building &/or office.
  - 1.10.3. I take leave of four weeks or more.
  - 1.10.4. The first aid kit is removed or relocated.

#### Name (please print)

| Signature                                    |  |  |
|--|--|--|
| Date   |  |  |
| Expiry date of your<br>First Aid Certificate |  |  |

Please complete and sign this induction form and email a copy to healthandsafety@newcastle.edu.au

# 2. Vaccination

As a First Aid Officer you are entitled to be vaccinated against Hepatitis B. Please select one of the following options:

| • | I have been vaccinated against Hepatitis B and successfully seroconverted. |  |
|---|--|--|
| • | I have been vaccinated against Hepatitis B but need to confirm I am        |  |
|   | successfully seroconverted.  |  |
| • | I would like to be vaccinated against Hepatitis B                          |  |
|   | (this information will be sent to the University Occupational Health Nurse |  |
|   | who will contact you to make an appointment).                              |  |
| ٠ | I do not wish to be vaccinated against Hepatitis B.                        |  |

# 3. Contact details

- All documentation should be sent to the Health, Safety and Wellbeing Team at <u>healthandsafety@newcastle.edu.au</u> and will be kept on file in your Personnel file.
- Call 4033 9999, option # 5 for assistance.

#### **Additional resources**

NSW Government Code of Practice: First Aid in the workplace

#### Office use only

| Date received     |  |
|-------------------|--|
| Approval received |  |
| Payroll notified  |  |
| Notes             |  |

#### Amendment History

| Version | Date          | Written by   | Section(s) Modified | Details of Amendment                                |  |
|---------|---------------|--------------|---------------------|---|--|
| 2       | February 2023 | Leah Pringle | Complete update     |   |  |
| 2.1     | December 2023 | Leah Pringle | 1                   | Corrected broken link and updated name of Guideline |  |