

**LAWSON COMPLIANCE WAIVER**

**Registration for Western paid employees, graduate students, undergraduate students or work study students conducting clinical research at Lawson**

**All individuals involved in research at Lawson who are not hospital-paid employees must be registered with Lawson (LHSC). We have established a registration process to ensure that Lawson is aware that these individuals are on site and that they have completed all of the required training. Our goal is to provide everyone with the knowledge to make them aware of how to work safely in research.**

**Return the complete document to** **hien.nguyen@lawsonresearch.com**

***Personnel Information***

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Badge ID# (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please visit the following webpage to access the listed training modules and documents:** [**https://www.lawsonresearch.ca/mandatory-online-training-lhsc**](https://www.lawsonresearch.ca/mandatory-online-training-lhsc)

**MY SIGNATURE ON THIS COMPLIANCE WAIVER INDICATES:**

***I have completed all mandatory training under Clinical Research which includes (please tick boxes):***

\*Please note that (a) If you have completed any of the following training through Western then please send me the certificates – you do not have to redo them, and (b) Do not complete the quizes as they are not accessible.\*

* AODA - Excelling at Accessible Customer Service
* AODA – Integrated Accessbility Standards and Human Rights
* Chain of Transmission
* Critical Injury Overview
* Critical Injury Reporting
* Cytotoxic Safety
* Emergency Codes
* Falls Prevention
* Fire Response and Evacuation
* Hand Hygiene
* Influenza
* Musculoskeletal Disorder Prevention Program
* Ontario’s Occupational Health and Safety Act
* Panic Alarms
* Routine Practices
* Safe Handling of Hazardous Drugs
* Sharps Awareness
* Standard Operating Procedures for Clinical Research (SOPs)

Please complete the E-Learning Declaration/Acknowlege Form for the SOPs located at this page: <https://www.sjhc.london.on.ca/student-affairs/requirements/research/declaration-form>

Check off ONLY the Clinical SOPs module, enter information in the boxes with the \* and then hit the *Submit Required E-Learning Declaration/Acknowledgement* button. I will receive a notification once this has been done.

* TCPS2 (Tri-Council Policy Statement 2) - Please create your own account and login, and your affiliation should be with Lawson Health Research Institute
* Workplace Hazardous Materials Information System (WHMIS) (Volunteers only - Western Affliates will complete through OWL)
* Workplace Violence Prevention

***I have read, understood, and agree to follow the listed documents (please tick boxes):***

* Young Workers Fact Sheet (if 25 years of age or under)
* Young workers Safety Tips (if 25 years of age or under)
* N95 Guideline – respirator fit testing for animal use, lenti virus use and/or patient contact

***I have submitted the following (please tick boxes):***

* The E-Learning Declaration/Acknowledgement Form for the Standard Operating Procedures
* Western Certificates (if any) to **hien.nguyen@lawsonresearch.com**

**SIGN-OFF (PLEASE TICK BOX)**

* I have read, understood all required documents and completed all training that is required of me as outlined in this training package

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personnel Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date**