



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 lawsonhealthandsafety@lawsonresearch.com

Personnel Information

Name: _____
Cell: _____
Email: _____
Position: _____
Emergency Contact Name: _____
Emergency Contact Number: _____
Supervisor Name: _____
Badge ID# (if applicable): _____

MY SIGNATURE ON THIS COMPLIANCE WAIVER INDICATES THE FOLLOWING STATEMENTS TO BE TRUE:

*I have completed the training modules under the **Hospital Mandated Training** section which includes (please tick boxes):*

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

- ☐ AODA - Excelling at Accessible Customer Service
 - ☐ AODA – Integrated Accessibility Standards and Human Rights
- [AODA training can be completed through Western]*
- ☐ Chain of Transmission

- ☐ Critical Injuries
- ☐ Cytotoxic Safety
- ☐ Emergency Codes
- ☐ Fall Prevention
- ☐ Fire Response and Evacuation
- ☐ Hand Hygiene
- ☐ Influenza
- ☐ Musculoskeletal Disorder Prevention Program
- ☐ Ontario's Occupational Health and Safety Act *[can be completed through Western]*
- ☐ Routine Practices
- ☐ Safe Handling of Hazardous Drugs
- ☐ Sharps Awareness
- ☐ Workplace Hazardous Materials Information System (WHMIS) *[can be completed through Western]*
- ☐ Workplace Violence Prevention

I have completed the training modules under the **Clinical Research** section which includes (please tick boxes):

- ☐ Behaviour Safety Alert
- ☐ Panic Alarms
- ☐ [Patient Experience – Empathy Video](#)
- ☐ Standard Operating Procedures for Clinical Research (SOPs)
- ☐ TCPS2 (Tri-Council Policy Statement 2) - Please create your own account and login, and your affiliation should be with Lawson Health Research Institute

I have read, understood, and agree to the following under the **Documents** section (please tick boxes):

- ☐ The Harassment & Discrimination Policy
- ☐ 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, lentivirus use and/or patient contact
- ☐ Guidelines for Safe Social Networking, Blogging & Online Activity
- ☐ Radiation Awareness
- ☐ Patient Experience – Definitions & Concepts
- ☐ Patient Experience – The Heart of Patient Experience
- ☐ Patient Safety/CPSI Competencies
- ☐ Restraint Policy

If required by Western/my supervisor, I have completed all necessary training listed below through Western (please tick boxes):

- ☐ Supervisor or Worker Health and Safety Awareness (OWL – one time only - Western Students/Staff)
- ☐ [WHMIS *New*](#) (OWL- renewable every 3 years)
- ☐ Safe Campus Community-Preventing Harassment, Violence, and Domestic Violence at Western (OWL – one time only)
- ☐ Accessibility in Service or in Teaching (OWL – one time only)

***Please email your Western certificates: lawsonhealthandsafety@lawsonresearch.com**

If required by my supervisor, I have completed the additional training below:

1. Radiation Safety Nuclear (renewable every 3 yrs – 6hrs, in class through Western)
2. X-ray Safety – (2hrs, Online)
3. Laser Safety – Mandatory for all class 3b or class 4 laser users (2hrs, online – renewable every 3yrs)
4. [Laser Safety Awareness](#) (Online for anyone using confocal microscopes or any other equipment with lasers inside the equipment unit)
5. Transportation of Dangerous Goods (renewable every 2yrs)
6. Any additional training specific to the laboratory as required by the immediate supervisor
7. Compressed Gas

I have sent the following item to lawsonhealthandsafety@lawsonresearch.com:

- ☐ Western Certificates (if any)

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