

## 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): **SECTION A:** Complete training under the Hospital Mandated Training section: \*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 Accessbility Standards and Human Rights [AODA training can be completed through Western] ☐ Chain of Transmission ☐ Critical Injuries ☐ CytotoxicSafety ☐ 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
SECTI	ON B: Complete training under the Clinical Research section:
□ □ *s	Behaviour Safety Alert Panic Alarms  Patient Experience – Empathy Video Standard Operating Procedures for Clinical Research (SOPs)  ave a copy of the certificate to submit  TCPS2 (Tri-Council Policy Statement 2)
Create	e your own account and login. Your affiliation should be with Lawson Health Research Institute ave a copy of the certificate to submit
SECTI	ON C: Read, understand, and agree to the following under the Documents section:
	ON D: Complete the training below through Western only if required by western/your
super	visor:
	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)

<sup>\*</sup>Please email your Western certificates: <a href="mailto:lawsonhealthandsafety@lawsonresearch.com">lawsonhealthandsafety@lawsonresearch.com</a>

## **SECTION E:** Complete the additional training below <u>only if</u> required by your supervisor/<u>only if</u> training pertains to your role:

- 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. <u>Laser Safety Awareness</u> (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

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SECTION F: Send the following item to lawsonhealthandsafety@lawsonresearch.com:	
<ul> <li>□ Western Certificates (if any)</li> <li>□ The Standard Operating Procedures certificate</li> <li>□ The TCPS2 (Tri-Council Policy Statement 2) certificate</li> </ul>	
SECTION G: Signage for the Lawson Compliance Waiver:	
My signature on this compliance waiver indicates that I have:  ☐ Completed the training requirements indicated in Sections A and B,  ☐ Read, understood, and agree to documents in Section C,  ☐ Completed additional training in Sections D and E (only if required by my supervisor or by Western/only if training pertains to your role)  ☐ Submitted the item in Section F	
Signature (please sign, do not type your name in)	
Date	