

## 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) we accept Western certificates for any training that overlaps with hospital training below – 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 ☐ 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 Routine Practices Safe Handling of Hazardous Drugs Sharps Awareness Workplace Hazardous Materials Information System (WHMIS) Workplace Violence Prevention	
SECTION B: Complete training under the Clinical Research section:			
	*sc eate	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)  your own account and login. Your affiliation should be with Lawson Health Research Institute  ave a copy of the certificate to submit	
SECTION C: Read, understand, and agree to the following under the Documents section:			
		The Harrassment & 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, lenti virus 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	
SE	CTI	ON <b>D</b> : Complete training below via OWL <u>if</u> you are employed by Western:	
		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)	

 $*Please\ email\ your\ Western\ certificates: \underline{\textbf{lawsonhealthandsafety@lawsonresearch.com}}$ 

## SECTION E: Complete the additional training below <u>if</u> required by your supervisor/<u>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)

	Any additional training specific to the laboratory as required by the immediate supervisor Compressed Gas
SECTIO	ON F: Send the following items to <u>lawsonhealthandsafety@lawsonresearch.com</u> :
	Western Certificates (if any) The Standard Operating Procedures certificate The TCPS2 (Tri-Council Policy Statement 2) certificate
SECTION	ON G: Signage for the Lawson Compliance Waiver:
	Completed the training requirements indicated in Sections A and B Read, understood, and agree to documents in Section C Completed additional training in Section D Completed additional training in Section E Submitted the items in Section F
Signa	ture (please sign, do not type your name in)
 Date	