

**LAWSON COMPLIANCE WAIVER**

**Registration for Western paid employees, graduate students, undergraduate students or work study students conducting both Basic & 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**](mailto:lawsonhealthandsafety@lawsonresearch.com)

***Personnel Information***

**Name**: Click here to enter text.

**Cell**: Click here to enter text.

**Email**: Click here to enter text.

**Position**: Click here to enter text.

**Emergency** **Contact** **Name**: Click here to enter text.

**Emergency** **Contact** **Number**: Click here to enter text.

**Supervisor** **Name**: Click here to enter text.

**Badge** **ID# (if** **applicable**): Click here to enter text.

PART A:**Hospital Mandated Training:**

\*Send us Western certificates for any overlapping training

AODA - Excelling at Accessible Customer Service *– skip the quiz at the end*

Additional Precautions

COVID-19 Compliance with Infection Prevention & Control Practices V1

Critical Injuries *– skip the quiz at the end*

[Donning and Doffing of Surgical Masks](https://www.youtube.com/watch?v=XqcouGltYxc&feature=youtu.be) (watch the video)

Emergency Codes

Fall Prevention

Fire Response and Evacuation *– skip the quiz at the end*

Hand Hygiene *– skip the quiz at the end*

Influenza *– skip the quiz at the end*

MRI Safety Awareness

Musculoskeletal Disorders *– skip the quiz at the end*

Ontario’s Occupational Health and Safety Act *– skip the quiz at the end*

Our Vision, Mission and Values

Routine Practices *– skip the quiz at the end*

Safe Handling of Cytotoxic Spills

Safe Handling of Hazardous Drugs

Sharps

Workplace Violence Prevention

Workplace Hazardous Materials Information System / WHMIS *– skip the quiz at the end*

PART B:**Basic Research Training:**

Lawson Chemical Management Safety Quiz (Study the Chemical Safety Presentation first)

Staying Safe: Biosafety

PART C: **Clinical Research Training*:***

[Patient Experience – Empathy Video](https://www.youtube.com/watch?v=cDDWvj_q-o8)

Standard Operating Procedures for Clinical Research/SOPs (save the certificate)

TCPS2 / Tri-Council Policy Statement 2 (Create your own account and login. Your affiliation should be with Lawson Health Research Institute. Save the certificate)

TRAINING REQUIRED IF YOU HAVE PATIENT CONTACT:

Behaviour Safety Alert

Caring for Patients with Covid-19

Panic Alarms

Patient and Family Centered Care Adult

Point of Care Risk Assessment for PPE Selection

Protected Code Blue

PART D:**Documents & Policies to Review*:***

The LHSC COVID-19 Vaccination Policy

The Lawson Biosafety Manual

N95 Guideline – respirator fit testing for animal use, lenti virus use and/or patient contact

The PPE requirements

The Canadian Biosafety Standard (CBS) Second Edition

Radiation Awareness

Patient Safety/CPSI Competencies

Restraint Policy

*For Young Workers (25 years of age or under):*

Ministry of Labour New & Young Workers PDF

Young Workers on the Job PDF

PART E:**Western/**[**OWL**](https://owl.uwo.ca/portal/site/583b7373-cc43-4204-91ac-b60b2229e012) **Training – complete if employed by Western:**

***Please view this*** [***weblink***](https://www.uwo.ca/hr/learning/required/index.html) ***for more info***

Supervisor or Worker Health and Safety Awareness (60 min – one time training)

WHMIS \*New\* (90 min – once every 3 yrs)

Safe Campus Community (30 min – one time only training)

Accessibility in Service or in Teaching (60 min - one time only training)

Laboratory Safety – Hazardous Waste (1.5 hrs - once every 3 yrs)

Biosafety (1.5 hrs - once every 3 yrs)

PART F:**Additional training – complete if required by your supervisor:**

1. Radiation Safety Nuclear (6 hrs – once every 3 yrs)

Contact [Sharon.MacDonald@LawsonResearch.com](mailto:Sharon.MacDonald@LawsonResearch.com) to sign up

1. X-ray Safety (2 hrs – once every 3 yrs)

Applicable only if the lab has an X-Ray permit

Complete through [OWL](https://owl.uwo.ca/portal/site/b69c5bb6-29d5-49f2-97ef-74793565e25e)

LHSC version: [X-Ray Safety for Non-Device Operators](https://www.lhsc.on.ca/doc/orientation/xray/index.html#/)

1. Laser Safety for class 3b or class 4 users (2hrs – once every 3yrs)

Complete through [OWL](https://owl.uwo.ca/portal/site/867df75b-11ae-42de-9cbb-dd5366971b9c)

1. [Laser Safety Awareness](https://www.uwo.ca/hr/safety/topics/laser/awareness1.html) (15 min – once time training, prior to entering laser facilities)

Applicable to anyone using confocal microscopes or any other equipment with lasers inside the equipment unit

1. Transportation of Dangerous Goods (4 hrs – once every 2yrs)

Contact [QAEP@LawsonResearch.com](mailto:QAEP@LawsonResearch.com) to request this training

1. Animal training

Applicable to those who needs to be added on the lab’s animal protocol.

Contact your supervisor – he/she will request this training through Western and the Animal Care Committee on your behalf

1. Compressed Gas

This policy is accessible through [Policy Manager](https://lhsc.policymedical.net/policymed/home/index?ID=4a63de12-8b34-45f4-8ce6-349d1506c34d&ldp=Y&)

Have someone in your lab who has a corporate log in to pull the policy for you

1. Any additional training specific to the laboratory/pertaining to your role as required by your supervisor

PART G:**Items to submit:**

The completed Lawson Compliance Waiver

The completed Chemical Handling training quiz

Western Certificates (if any)

The Standard Operating Procedures certificate

The TCPS2 (Tri-Council Policy Statement 2) certificate

PART H:**TrainingDeclaration:**

I attest to the following:

I have completed the training in PARTS A, B, C, E that is applicable to me

I have completed or will complete the training in Part F (if applicable)

I have read and will comply with the documents & policies in PART D, including the COVID-19 Vaccination Policy for LHSC

**Enter your name:** Click here to enter text.**Enter the training completion date:** Click here to enter a date.