



2023 Mandatory Annual Training / Reading

To be completed and returned to Christie Baron by August 31, 2023

Training	Date Completed	Initial
IPAC Core Competencies Online Learning – 10 modules (RNs, RPNs only)		
IPAC Reprocessing in CHC Settings – 9 modules (RNs, RPNs only)		
Policies to be Reviewed Annually – Can be found on NLCHC INTRANet	Date Completed	Initial
OHS 6.0 Infection Control – June 2020		
OHS 8.0 Equipment & Facilities – March 2021		
OHS 10.0 Workplace Anti-Violence & Workplace Anti-Harassment – May 2023		
NLCHC Emergency & Disaster Guidelines – January 2023		
HR 1.0 Respectful Workplace – May 2020		
HR 8.0 Leaves of Absence, specifically 4.4 Leave without Pay – February 2021		
HR 11.0 Vacation – February 2023		
HR 14.0 Workplace Harassment or Discrimination – May 2020		
HR 18.0 Conflict of Interest Guidelines – May 2020		
HR 23.0 Involvement in Controversial Matters – May 2020		
HR 24.0 Code of Conduct – May 2020		
HR 26.0 Participation in Community Initiatives – May 2020		
HR 30.0 Workplace Accommodation on Basis of Disability – May 2020		
QCE 105 Providing Customer Service to People with Disabilities – Feb 2023		
Strategic Plan (one page)		
Harm Reduction Philosophy		
Forms to be Reviewed Annually – Can be found on NLCHC INTRANet	Date Completed	Initial
Health Equity Framework – 1 pager		
HR 013 Annual Confidentiality Pledge (to be signed and returned with this form)		

Know your OHS Worker Representatives:

April George..... Forest ext. 307
Kandis Tieman..... Forest ext. 235
Glenn Ethridge..... Sarnia ext. 223

Alison Ross..... Kettle Point ext. 0
Amanda Hermsen..... CP Rehab ext. 225
Heather Seguin..... Watford ext. 0

Is your Team Lead aware of any needs you have for workplace accommodations due to disability?

Yes, accommodations have been discussed No, I need to discuss accommodations.

Workplace accommodations due to disability are not needed.

Yes / No I consent to share accommodation plan in the event of an emergency situation.

Yes/ No I consent to share my accommodation plan with those who need to know, as well as for training and staff development purposes.

I confirm that I have taken the above trainings on the dates noted, have reviewed the above policies and forms, and understand the information as presented.

Printed Name

Signature

Date