Thunder Bay Regional Health Sciences Centre | Thunder Bay Regional Health Research Institute

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

Tel: (807) 684-6000
www.tbrhsc.net

Release of Liability Waiver
This document will affect your rights and liabilities. Please read carefully.

Essential Care Partners (ECPs) are not just 'visitors' but rather an integral and essential part of care provision. ECPs directly impact the physical, emotional and psychological well-being and safety of patients. ECP presence improves patient safety, reduces harm, improves quality of care, patient outcomes and patient care experiences as well as contributing to better communication between health care teams and patients.

Thunder Bay Regional Health Sciences Centre (TBRHCS) is committed to maintaining ECP support whenever possible while also ensuring the safety of patients, their loved and our staff, particularly when this applies to patients who are COVID-19 positive.

Regarding the risks associated with visiting a COVID-19 positive patient:

I, ____, have been
Name of ECP

advised of my risk of being exposed to COVID-19 and, with that knowledge,

voluntarily request access to support

____and
Name of Patient

I confirm my understanding as follows:

- I understand that accepting this risk may be harmful to my health under certain circumstances and that if I contract COVID-19, during this or future visits, it may result in, and is not limited to, hospitalization, severe illness, disability or death.
- I undertake to follow all TBRHSC staff instructions designed to reduce the risk of contracting COVID-19, and acknowledge that I have been provided personal protective equipment (PPE) and will comply with PPE requirements during my visit or care encounter. This includes following the correct method to put on and take off PPE, and following instructions as to when visits may happen and when they must end.
- I acknowledge that if it is determined that I have experienced an unintended exposure to COVID-19 during my visit, that I agree to follow all applicable public health guidelines and any other direction provided by the Public Health Unit.

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

Tel: (807) 684-6000
www.tbrhsc.net

- I confirm my understanding that the Hospital is required under the *Health Protection and Promotion Act* to share my contact information with the relevant Public Health Unit in accordance with Regulation 569, so that the Public Health Unit may follow up with me as needed.
- I have been offered sufficient opportunities to ask questions about the intent of this form, I understand it and my questions have been answered to my satisfaction.

By signing this form, I am acknowledging I have read and understand the above and I am releasing TBRHSC of any liability or medical claims resulting from my decision to visit this patient.

______________________________ _________________________

ECP Name (print) *Telephone Number*

______________________________ _________________________

ECP Signature *Date (dd/mm/yy)*

____

Witness Name (print and signature)

____

Location of patient at time of visit (completed by witness)

Thunder Bay Regional Health Sciences Centre is a leader in Patient and Family Centred Care and a research and teaching hospital proudly affiliated with **Lakehead University, the Northern Ontario School of Medicine and Confederation College**.

Le Centre régional des sciences de la santé de Thunder Bay, un hôpital d'enseignement et de recherche, est reconnu comme un leader dans la prestation de soins et de services aux patients et aux familles et est fier de son affiliation à **l'Université Lakehead, à l'École de médecine du Nord de l'Ontario et au Collège Confederation**.

healthy together En santé ensemble