



RISK NOTE

SUBJECT: When others use your bathing facilities

Many Health Care Agencies (HCA) in the Province have specialized bathing equipment (e.g. century tubs, adapted showers, specialized lifts, etc.) to facilitate bathing for select populations. Outside agencies (e.g. home care) or individual disabled persons who are not HCA clients periodically ask permission to use these facilities. If the HCA agrees to such use, steps should be taken to manage the risks.

1. There should be a written agreement between the HCA and user groups or individuals who carry insurance, which includes the following clauses:
 - a) Indemnification & Hold Harmless;
 - b) Liability insurance;
 - c) Waiver of Subrogation.

Please refer to our Risk Note entitled "[When others use your facilities](#)" for more complete discussion and sample agreement clauses.

2. Certain individuals may not have home-owners or tenant's liability insurance. They **MUST** sign a Liability Release with Indemnity Form instead of the written agreement. A sample release is attached to this Risk Note.
3. All users must agree to follow all HCA policies, especially those related to safety and infection control.
4. HCA ensures all users have appropriate training in the use of the equipment.
5. HCA maintains its facilities and equipment in safe working order.
6. HCA maintains a facility use log to include time, place, check in procedure, maintenance, etc.

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It should be clearly understood that this document and the information contained within is not legal advice and is provided for guidance from a risk management perspective only. It is not intended as a comprehensive or exhaustive review of the law and readers are advised to seek independent legal advice where appropriate. If you have any questions about the content of this Risk Note please contact your organization's risk manager or chief risk officer to discuss.

Sample Liability Release with Indemnity
(**ONLY** for Individuals without Insurance)

**WARNING: This document affects your legal rights.
Please read carefully.**

DISCLAIMER CLAUSE:

The (_____) Health Care Agency (HCA) is not responsible for any loss or damage suffered by any person arising from or related to the use of its [name equipment] in the HCA including but not limited to any acts, errors, or omissions of any caretaker who accompanies the person using the HCA's [name equipment] for any reason.

AGREEMENTS:

I/We agree, in consideration of the HCA permitting me and my caretaker (if applicable) to use its [name equipment] on HCA premises at the HCA, to assume all risks involved in the use of the [name equipment] at the HCA. I/We agree that the HCA, its servants or agents shall be relieved of all liability for losses and damages of all and every description arising from or related to my or my caretaker's use of the [name equipment] at the HCA. I/We further agree to indemnify the HCA for any losses or damages which it may become liable to pay as a result of injury to any person arising from or related to the use of [name equipment] at the HCA.

I acknowledge, that I am over nineteen (19) years of age and I have read this Liability Release and I accept the above Disclaimer Clause as evidenced by my signature.

SIGNED IN THE PRESENCE OF:

Name)

Address)

Occupation (witness))

Signature

Print Name of Person Wishing
to use [name equipment]

Signature

Print Name of Caretaker or person
accompanying