

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **MULTIPLE PATIENT REFUSAL/RELEASE FORM**

POLICY:

Silver Cross EMS System provider agencies may utilize the system’s Multiple Patient Refusal/ Release Form to expedite the processing and documentation in situations involving multiple patients that refuse prehospital care and transport to a medical facility.

In order for provider agencies to utilize the system’s Multiple Patient Refusal/Release Form, the following conditions must apply:

I. **Multiple Patient Refusal/Release Form Criteria**

- A. An event that produces three (3) or more patients refusing prehospital treatment and/or transport to a medical facility.
- B. Multiple patients are adults (18 years old and older).
- C. In the best judgement of the EMS providers, the individuals involved in the multiple patient incident do not need treatment or transport, are awake, oriented and competent, who are voluntarily refusing assessment.

NOTE: **Medical control should be established with the resource hospital early in the incident and prior to releasing patients from the scene.**

II. **Incident Documentation and Circulation of Report Forms**

- A. At least one (1) ambulance response report form on electronic or written format must be completed for each incident that involves the use of the System’s “Multiple Patient Release” form.
- B. System agencies must forward copies of completed “Multi-Patient Release” forms to the System. All essential data must be entered into the electronic data collection program.

EFFECTIVE DATE: 05-01-96

REVISED DATE: 04-30-96, 10-08-98, 10-1-99, 11-15-11

REVIEWED DATE:

**SILVER CROSS EMS SYSTEM
MULTIPLE PATIENT RELEASE FORM**

Agency: _____ Date: ___/___/___ Type of Call: _____ Number of Vehicles: _____

Location of Call: _____ Brief Description of Call: _____

Total # of Patients: _____ # of Patients Transported: _____ # of Patients Refusing: _____ Unit #'s on Scene: _____

State Run Form #: _____ Agency Incident #: _____ Resource Hospital Log #: _____ Radio Contact: _____ hrs

Call Recvd: _____ hrs / Arrived Scene: _____ hrs / Arrived Pt: _____ hrs / Return Serv: _____ hrs / Total Scene Time: _____

RELEASE FROM MEDICAL RESPONSIBILITY

I/we hereby refuse the emergency medical services, assessment, treatment and/or transportation to a medical facility offered and advised by the above named service provider. I/we hereby release the Silver Cross EMS System, the provider service, their personnel and employees, Silver Cross Hospital and its emergency nursing personnel and physicians of any further responsibility and acknowledge that I have been advised by the ambulance personnel that I should have emergency first-aid treatment, which I am refusing, and acknowledged by my signature below. I understand my refusal may jeopardize the health of the patient, and I/we should consult a private physician regarding medical treatment. I hereby release the above named parties from any and all claims of liability in connection with this incident and my signed refusal.

PRINT NAME ADDRESS CITY/STATE/ZIP

SIGNATURE: _____ AGE: _____ SEX: M - F RELATIONSHIP: _____

PRINT NAME ADDRESS CITY/STATE/ZIP

SIGNATURE: _____ AGE: _____ SEX: M - F RELATIONSHIP: _____

PRINT NAME ADDRESS CITY/STATE/ZIP

SIGNATURE: _____ AGE: _____ SEX: M - F RELATIONSHIP: _____

PRINT NAME ADDRESS CITY/STATE/ZIP

SIGNATURE: _____ AGE: _____ SEX: M - F RELATIONSHIP: _____

PRINT NAME ADDRESS CITY/STATE/ZIP

SIGNATURE: _____ AGE: _____ SEX: M - F RELATIONSHIP: _____

AMBULANCE CREW MEMBERS

1. _____ System # _____ 2. _____ System # _____
3. _____ System # _____ 4. _____ System # _____
5. _____ System # _____ 6. _____ System # _____