

	<p>POLICY</p> <p>Number: 7311-60-018 Title: Release And Indemnification</p>
<p>Authorization</p> <p>[] President and CEO [X] Vice President, Finance and Administration</p>	<p>Source: Director, Surgery Services Cross Index: 7311-50-002 Date Approved: June 2005 Date Revised: August 10, 2010 Date Effective: September 3, 2010 Date Reaffirmed: Scope: SHR</p>

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1. PURPOSE

- 1.1 Patients are responsible for their own actions. It must be clear to patients that Saskatoon Health Region (SHR), St. Paul's Hospital and affiliates will not be responsible for any adverse event should they choose not to follow the recommendations.
- 1.2 To ensure adequate instructions are provided to the patient regarding the effects of general anesthetic and/or moderate sedation.

2. PRINCIPLES

- 2.1 Patients will be provided with information to support informed consent.
- 2.2 SHR staff will provide patients with information to support informed consent.
- 2.3 Informing patients of requirements associated with general anesthetic/moderate sedation increases safety for patients receiving outpatient, ambulatory care and day surgery procedures.

3. POLICY

- 3.1 All patients scheduled to be discharged within 24 hours following the administration of general anesthetic and/or moderate sedation will be informed of the risks associated with the medications and the recommendations to ensure safety for themselves and the public.
- 3.2 Patients will be requested to sign the "Release and Indemnification" form (Appendix A) before the surgery or procedure is performed.

4. ROLES AND RESPONSIBILITIES

4.1 Registered Nurse/Registered Psychiatric Nurse/Licensed Practical Nurse (RN/RPN/LPN)

- 4.1.1 The RN/RPN/LPN will provide information to the patient about:
 - 4.1.1.1 The need to have a responsible person accompany him/her from the hospital and stay with him/her overnight.

- 4.1.1.2 Not operating a motor vehicle or machinery, drinking alcohol, signing legal documents, or performing other duties requiring independent judgment such as child care, etc. for 24 hours post anesthetic/sedation.
- 4.1.2 The RN/RPN/LPN will request the patient sign a "Release and Indemnification" form.
 - 4.1.2.1 The RN/RPN/LPN will provide signature verification that the information included in 4.1.1.1 and 4.1.1.2 has been provided to the patient.
 - 4.1.2.2 The RN/RPN/LPN will witness the patient signature of the "Release and Indemnification" form.
 - 4.1.2.3 The RN/RPN/LPN will place the original copy of the signed "Release and Indemnification" form on the patient's chart.
- 4.1.3 The RN/RPN/LPN will notify the patient's most responsible physician (MRP) if the patient refuses to sign the "Release and Indemnification" form.
- 4.1.4 The RN/RPN/LPN will complete documentation and an online Safety Report (Adverse Event Management System-AEMS) indicating the patient has refused to sign the "Release and Indemnification" form. The Safety Report will be submitted to Medical Affairs.

4.2 Most Responsible Physician (MRP)

- 4.2.1 The MRP will determine if the treatment or procedure will proceed if notified by the RN/RPN/LPN that the patient has refused to sign the "Release and Indemnification" form.

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of the Director, Surgery Services.

6. NON-COMPLIANCE/BREACH

Non-compliance with this policy will result in a review of the incident.

7. REFERENCES

SHR Policy Consent for Surgery Diagnostic and Treatment Procedures.

PROCEDURE	
Number: 7311-60-018 Title: RELEASE AND INDEMNIFICATION	
Authorization <input type="checkbox"/> President and CEO <input checked="" type="checkbox"/> Vice President, Finance and Administration	Source: Director, Surgery Services Cross Index: 7311-50-002 Date Approved: June 2005 Date Revised: August 10, 2010 Date Effective: September 3, 2010 Date Reaffirmed: Cross Index: Scope: SHR

1. PURPOSE

The purpose is to establish a procedure for the provision of information to the patients regarding the effects of general anesthetic and/or moderate sedation and for the signing, by the patient, of the Release and Indemnification form.

2. PRINCIPLES

- 2.1 Patients will be provided with information to support informed consent.
- 2.2 SHR staff will provide patients with information to support informed consent.

3. PROCEDURE

- 3.1 During the pre-operative/ pre-procedure teaching instructions, the Registered Nurse/Registered Psychiatric Nurse/Licensed Practical Nurse (RN/RPN/LPN) will inform the patient:
 - of the need to have a responsible person accompany him/her from the hospital and stay with him/her overnight and
 - that he/she must not operate a motor vehicle or machinery, drink alcohol, sign legal documents or perform other duties requiring independent judgment such as child care, etc. for the next 24 hours
- 3.2 The RN/RPN/LPN will request the patient sign a "Release and Indemnification" form acknowledging that the instructions have been discussed and understood.
- 3.3 The RN/RPN/LPN will sign the Release and Indemnification form indicating that the patient has been instructed on the above issues.
 - 3.3.1 The RN/RPN/LPN may provide witness to the patient's signature.
- 3.4 The "Release and Indemnification" form will remain on the patient's permanent health record.
- 3.5 If a patient refuses to sign the "Release and Indemnification" form after all information has been provided:
 - 3.5.1 The RN/RPN/LPN will inform the most responsible physician (MRP) involved in treatment of the patient.

3.5.2 The most responsible physician will determine if the treatment or procedure will proceed.

3.5.3 The RN/RPN/LPN will document the reason for the patient's refusal to sign the form and that the MRP was informed.

3.5.4 The RN/RPN/LPN will complete an online Safety Report indicating the patient has refused to sign the "Release and Indemnification" form. The Safety Report will be submitted to Medical Affairs.

4. PROCEDURE MANAGEMENT

The management of this procedure including procedures education, monitoring, implementation and amendment is the responsibility of the Director, Surgery Services.

5. NON-COMPLIANCE/BREACH

Non-compliance with this procedure will result in a review of the incident.

6. REFERENCES

SHR Policy Consent for Surgery Diagnostic and Treatment Procedures.

Addressograph

SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

NAME:

RUH SCH SPH Other _____

HSN:

**RELEASE AND INDEMNIFICATION
OUTPATIENT, AMBULATORY CARE
AND DAY SURGERY PATIENT PROCEDURES**

Today I am scheduled for a procedure which requires an anaesthetic or sedation.

I acknowledge and understand that Saskatoon Regional Authority and St. Paul's Hospital require, for my welfare and the safety of others, that I should leave the hospital accompanied by a responsible person following the procedure.

I must arrange for a responsible person to assist me to my residence or other accommodation. It has been recommended that a responsible person stay with me overnight.

I must not operate or drive any motor vehicle or operate heavy machinery, sign legal documents, drink alcohol or perform other duties requiring independent judgement such as child care for a period of at least twenty-four hours (24 hours) following the procedure, unless otherwise advised by my physician.

In consideration of the provisions of the facilities and services of Saskatoon Regional Authority and St. Paul's Hospital in relation to my procedure, I RELEASE the Saskatoon Regional Authority and St. Paul's Hospital, their employees or agents and all of the Medical Staff of the Hospital, of and from any and all claims or demands which I or my heirs or personal representatives should ever have as a result of any injury, loss or damage sustained by me as the result of my failure or inability to meet these requirements and instructions.

I agree that I am solely responsible for any adverse consequences to others which may be the result of my actions should I fail to take these precautions. I acknowledge and understand these instructions. The patient has been instructed on the above issues:

Dated this _____ day of _____, 20_____.

Signature – Patient/Guardian

Signature (RN/RNP/LPN)

Name (Patient/Guardian) *Please Print*

Name (RN/RNP/LPN) *Please Print*

Date

Date