



Grand Council

VENERABLE CLAMPATRIARCHS OF

Clampus Vitus®

INCORPORATED

A CALIFORNIA CORPORATION FOUNDED 4005 B.C.

P. O. Box 2044, Columbia, CA 95310

Brothers,

The purpose of this letter is to assist you in being better prepared to protect yourselves and your Chapter if there is a Civil Lawsuit.

Most, if not all Chapters now have a standard Release of Liability letter in place for persons attending a Chapter function. The following information goes beyond that. This form may reduce the risk of being sued and may reduce the risk of liability being assessed for failure to provide medical care.

Recently a Chapter had an incident where a member got hurt at a Doins'. The person refused medical attention and eventually left with friends. A year and half later the Chapter has been contacted by a lawyer seeking to have the Chapter reimburse the person who claims that the Chapter didn't attend to his medical needs, (broken bone). The Chapter did have the member sign a hand written release at the time of the accident, and that document has been forwarded to the Chapter's insurance company that is handling any possible claim.

After researching the situation, we have found that if a person refuses medical attention to an ambulance service or licensed paramedic or EMT, and signs a waiver, it effectively kills their chance to sue the Chapter.

We recommend that if you have a person injured at your function, call an ambulance. Put the responsibility of making medical decisions for the person with them. If the injured person declines their care then the ambulance personnel will have him sign a release of liability waiver for proper medical attention.

If you are a Chapter that has a qualified Paramedic or EMT on scene, have a release of liability waiver for proper medical attention available for the person to sign. If the person refuses to sign be sure to have his refusal witnessed and by whom.

I have attached a form used by AMR ambulance personal and a Generic sample that you can use to prepare a form of your own. The ambulance service you have in your territory will have appropriate forms.

IMPORTANT: The Paramedic or EMT must be properly trained, certified, and licensed. They must also be, 'IN GOOD STANDING' with the State. A paramedic is legally more qualified than an EMT. An EMT must tell the person that he needs to be seen by a Paramedic or Doctor. If the person on scene is a Paramedic, he must tell the injured person he needs to be transported to see a Doctor. The ranking medical person on scene has the final call. If the injuries are life threatening, or the person is to intoxicated, in the opinion of the medical professional, to make an intelligent decision, the medical personal can call n the law enforcement personal, if necessary, to force the person to seek immediate medical help, AKA put them in an ambulance and transport to a emergency facility.

It is imperative that anyone who attends the doins' has signed the basic liability release form upon paying their rub. The reason for this is simple. When the person signs the basic release, he is relieving the Chapter of being responsible for the cost of an ambulance or hospital bill.

Anything your Chapter can do to relieve itself of civil liability is a good thing.

Hope this helps.

If you have any questions please contact your Chapter representative to the Board of Proctors for further guidance.

Jim Waterman, SNGR

E Clampus Vitus®, Inc.

By direction.



AMERICAN MEDICAL RESPONSE

Termination of Paramedic / Patient Relationship Checklist

Prior to the termination of the Paramedic / Patient relationship, all of the following will be evaluated. All areas identified on this checklist must be specifically documented on the Patient Care Report (PCR).

Name of Patient: _____ Date _____

Run Number: _____

Paramedic's
Initials

- 1) Physical Examination performed including full set of vital signs. _____
- 2) History of event and prior medical history, including medications obtained. _____
- 3) Patient or decision-maker determined to be legally capable of refusing medical treatment or transportation. If minor or incompetent adult, assure that a legal guardian or person with durable power of attorney for healthcare is identified. _____
- 4) Risks of refusal of medical treatment and transportation explained. _____
- 5) Benefits of medical treatment and transportation explained. _____
- 6) Patient clearly offered medical treatment and transportation. _____
- 7) Refusal of Care Form prepared, explained, signed, and witnessed. _____
- 8) Patient confirmed to have a meaningful understanding of the risks and benefits involved in this healthcare decision. _____
- 9) Patient advised to seek medical attention for complaint(s). _____
- 10) Patient advised to call 911 for medical assistance if condition continues or worsens. _____
- 11) Base consultation was obtained if the patient had an ALS suspected medical illness or chief complaint (county dependent). _____
- 12) Supervisor was notified if any of the above was not accomplished in the termination of the paramedic / patient relationship. _____



AMERICAN MEDICAL RESPONSE

Refusal of Services and Release of Responsibility

Initials

- () I understand what has been explained to me about my (the patient's) current medical problems and/or injuries.
- () I realize that refusing treatment at this time and/or refusing transportation to the hospital for further evaluation and treatment could make my (the patient's) condition worsen and/or cause additional problems to develop including death or permanent disability.
- () I hereby release American Medical Response, its employees, administrative officers, and/or Base Hospitals and Receiving Hospitals from any liability or medical claims resulting from refusal of treatment and/or transportation to the hospital.

Patient Name (print): _____ Date: _____

Patient Signature: _____

Relationship: _____

Witness Signature: _____ Time: _____