
 <b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b>	Document Type	Document Code: GL-ICP-044
	<b>GUIDELINES</b>	
	Document Title	Effective Date: July 2020
	<b>RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS (COVID-19)</b>	Revision Number: 0
Page: 1 of 3		

<b>REVISION HISTORY</b>			
<b>Rev No.</b>	<b>Review Date</b>	<b>Description of Change</b>	<b>Date of Next Review</b>
			July 2020

Reviewed by:	 <b>GERARDO S. MANZO, MD</b> Incident Commander	Approved by:	 <b>JOEL M. ABANILLA, MD</b> Executive Director
--------------	--	--------------	--

 <p><b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b></p>	Document Type	Document Code: GL-ICP-044
	<b>GUIDELINES</b>	
	Document Title	Effective Date: July 2020
	<b>RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS (COVID-19)</b>	Revision Number: 0
Page: 2 of 3		

**I. STATEMENT OF THE POLICY**


This policy shall serve as a guide for all health care providers in accomplishing and utilization of the following:

- A. Risk and Waiver of Liability Relating to Corona Virus (COVID-19).
- B. Consent for Hospital Care in the Treatment of Covid 19 Disease

**II. POLICY GUIDELINES**

**A. RISK AND WAIVER OF LIABILITY FORM:**

1. The Risk and Waiver of Liability Relating to Corona Virus (COVID-19) form shall be used for all admissions including patients scheduled for surgical procedure at the Operating Room, or intervention at the Invasive Cardiology Laboratory and Radiologic intervention .
2. The following demographics and other pertinent data shall be accomplished by the nurse where the patient is admitted / assigned:
  - 2.1 patient name
  - 2.2 date prepared
  - 2.3 time prepared
  - 2.4 hospital number
3. The admitting officer shall discuss the contents of the form to the patient and legal guardian/ relatives , in simple and concise manner.
4. The admitting officer shall request the patient to write the date (day, month, and year) on the space provided.
5. The admitting officer shall request the patient to sign the form over the printed name on the space provided. In the event the patient will not be able to sign for any reason, the patient may affix a thumbmark on the space provided.
6. The admitting officer shall request a copy of a government issued identification card of the patient and document on the space provided.
  - 6.1 The date of expiration of the government identification card shall be indicated.

 <p><b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b></p>	Document Type	Document Code: GL-ICP-044
	<b>GUIDELINES</b>	
	Document Title	Effective Date: July 2020
	<b>RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS (COVID-19)</b>	Revision Number: 0
Page: 3 of 3		

6.2 A photocopy of the government issued identification card shall be secured as an attachment to the form.

7. The admitting officer shall request a guardian or a representative to sign in behalf of the patient as proxy consent for a minor or incompetent patient who is not capable to consent

7.1 The name of the guardian or representative, government issued identification card of the guardian or representative, relationship to the patient, and the reason on why the patient cannot sign shall be documented on the space provided.

8. The admitting officer shall sign over the printed name on the space provided as a confirmation on the explanation given. The attending surgeon shall indicate the date and place the document was accomplished on the space provided.

9. The admitting officer shall request the distant relative of the patient to sign over the printed name on the space provided as a witness on the explanation given. The designation (affinity), date and place the document was accomplished will be documented on the space provided.

**B. CONSENT FORM FOR HOSPITAL CARE IN THE TREATMENT OF COVID 19**

1. This consent form shall be used for all admissions related to diagnosis and treatment for Suspect, Probable and conformed COVID cases. The form will be available at the Emergency Room and wards.

2. This will include consent for use of DRUGS approved by FDA for compassionate use as stated in relation to treatment of COVID 19 virus which will be for the best interest of the patient and deemed necessary by the COVID 19 Medical Team of the Philippine Hear Center.

3. The nurse on duty shall discuss the contents of the form to the patient and legal guardian/relatives in simple and concise manner.

4. The nurse on duty follows the steps 4-9 described above for the signing of the form.

5. The effectivity of waiver is during the duration of admission only and terminates upon discharge.