



San Joaquin County

Emergency Medical Services Agency



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Policy Memorandum No. 2007-01

DATE: May 1, 2007

TO: All San Joaquin County Paramedics and MICNs
Emergency Ambulance Service Providers
First Responder Agencies
Hospital Liaisons

FROM: Richard N. Buys, M.D., Medical Director
Dan Burch, EMS Administrator

SUBJ.: Determination of Death in the Field

This policy clarification is being issued in response to comments that have been received regarding EMS Policy No. 5103, Determination of Death.

A public safety BLS or ALS provider should cancel the responding emergency ambulance once on scene personnel have determined a patient to be deceased based upon obvious death criteria as specified in EMS Policy No. 5103, Determination of Death. In instances of non-obvious death the emergency ambulance should not be cancelled by a public safety ALS provider until after the base hospital physician has made a determination of death. Emergency ambulance personnel are not required to make patient contact after being appropriately cancelled.

Questions or comments about this memo and EMS Policy No. 5301 may be directed to Anna Valdez, RN MSN, EMS Quality Improvement/Trauma Coordinator at (209) 468-6818 or by email, at avaldez@sjgov.org.

PURPOSE: The purpose of this policy is to provide prehospital personnel with parameters to determine whether to withhold resuscitative efforts and to provide guidelines for base hospital physicians to discontinue resuscitative efforts and make a determination of death.

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.220

POLICY:

- I. All prehospital personnel shall conduct an assessment and initiate treatment in accordance with current San Joaquin County EMS Agency Policies and Procedures until patient death has been confirmed.
- II. ALS and BLS personnel shall not initiate resuscitative measures including cardiopulmonary resuscitation (CPR) on patient's meeting the definition of obvious death. Obvious death is defined as apnea and pulselessness accompanied by any of the following conditions:
 - A. Decomposition of tissue;
 - B. Decapitation;
 - C. Rigor mortis and post mortem lividity characterized by rigidity or stiffening of muscular tissues and joints in the body usually appearing in the head, face and neck muscles and the pooling of venous blood in dependent body parts;
 - D. Incineration of the torso and/or head;
 - E. Massive crush injury and/or penetrating injury with evisceration or total destruction of the heart, lung, and/or brain;
 - F. Gross dismemberment of the trunk.
- III. ALS personnel may make base hospital contact and request a determination of death and permission to discontinue resuscitative measures from an on-duty Base Hospital Physician (BHP) based on the following criteria:
 - A. The patient remains lifeless, pulseless, and apneic with an asystolic cardiac rhythm after twenty (20) minutes of continuous and appropriate advance cardiac life support (ACLS) intervention.
 - B. Asystole shall be confirmed, by the attending paramedic, in two (2) electrocardiograph leads with documented evidence that the cardiac monitor is functioning properly (e.g. induced artifact due to manual compressions or precordial thump.) A code summary from the electrocardiograph must be attached to the Patient Care Report (PCR).
- IV. ALS and BLS personnel should initiate and continue resuscitation and transport in any situation where there is doubt as to the clinical findings of the patient.

Effective: June 5, 2006
Revised:
Supersedes: 510.11 and 530.13

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Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

- A. Special circumstances to be considered include:
 - 1. Victims of electrocution, lightning, and drowning;
 - 2. Hypothermic or cold water drowning patients;
 - 3. Persistent ventricular fibrillation.

- V. Interaction with Law Enforcement/Coroner:
 - A. When death is determined in the prehospital setting prehospital personnel shall notify the coroner and appropriate local law enforcement agency through their respective dispatch center. A dead body may not be moved or disturbed by pre-hospital personnel until disposition has been made by the Coroner or Deputy Coroner.
 - B. Once resuscitation is discontinued all therapeutic modalities initiated during the resuscitation shall be left in place for the coroner's review. These modalities may include but are not limited to ALS and BLS airways, ET tubes, IV catheters, and monitor electrodes.
 - C. Bodies shall not be stored or transported by ambulance except that the body of a patient determined to be dead during transport to hospital shall be delivered to the intended hospital or coroner's facility as appropriate.

- VI. Interaction with Family or Significant Other:
 - A. If family or significant other request resuscitative efforts for a patient with obvious death ALS and BLS personnel shall decline the request to initiate resuscitation and provide an explanation, reassurance and support to the family or significant other.
 - B. Allow family members, friends and significant others to express their concerns and begin the grieving process. Be prepared to make referrals for grief counseling/support services. Law Enforcement or Fire Service chaplaincy may be requested as appropriate.

- VII. Documentation:
 - A. The patient's condition along with the determination of death criteria that was used, and the BHP name (if consulted) shall be documented in the PCR narrative.
 - B. Prehospital personnel shall attach cardiac and end-tidal CO2 tracings or code summaries to the PCR.