

PURPOSE: The purpose of this policy is to provide EMS personnel and base hospital physicians with guidance for withholding or discontinuing resuscitative efforts and making a determination of death.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220 & 1798 et seq.

POLICY:

- I. All EMS personnel shall conduct a patient assessment and initiate treatment according to current San Joaquin County EMS Agency treatment protocols until such time that attending EMS personnel confirm patient death in accordance with this policy.
- II. EMS Personnel have two major pathways for determining death in the field:
 - A. Determining death prior to initiation of resuscitative measures.
 - B. Determining death after the initiation of resuscitative measures.
- III. Determining death prior to initiation of resuscitative measures:
 - A. If a patient meets criteria for obvious death upon an initial assessment EMS personnel shall not initiate resuscitative measures including cardiopulmonary resuscitation (CPR) on the patient.
 - B. Obvious death is defined as a patient exhibiting apnea and pulselessness accompanied by one or more of the following conditions:
 1. Decomposition of tissue;
 2. Decapitation;
 3. 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;
 4. Incineration of the torso and/or head;
 5. Massive crush injury and/or penetrating injury with evisceration or total destruction of the heart, lung, and/or brain;
 6. Gross dismemberment of the torso.
 - C. EMS personnel are not required to use a cardiac monitor (i.e. "run a strip") to confirm obvious death.
- IV. Determining death after the initiation of resuscitative measures:
 - A. If the initial patient assessment does not reveal obvious death, EMS personnel shall initiate treatment or resuscitative measures in accordance with applicable treatment protocols.

- B. EMS personnel shall initiate rapid transport and continue resuscitation when the following factors are present:
1. The patient has a return of spontaneous circulation.
 2. Cardiac arrest occurred while under the care of EMS personnel.
 3. Bystanders used an automatic external defibrillator (AED) on the patient and delivered a shock prior to arrival of EMS personnel.
 4. Bystanders witnessed patient's cardiac arrest and immediately started CPR and continued to perform CPR until arrival of EMS personnel.
 5. Traumatic cardiac arrest when the time from arrest to arrival at the closest hospital will be less than 10 minutes.
- C. In the absence of factors requiring rapid transport, as identified in the paragraph above, EMS personnel shall remain on scene and provide resuscitation to cardiac arrest patients.
- D. If the patient remains pulseless and apneic following fifteen (15) minutes and five (5) rounds of resuscitative measures ALS personnel shall contact the base hospital and request permission to discontinue resuscitative measures from the on-duty Base Hospital Physician (BHP).
1. ALS personnel shall confirm and document the patient's cardiac rhythm in two (2) electrocardiographic leads and provide evidence that the cardiac monitor is functioning properly (e.g. induced artifact due to manual compressions or pre-cordial thump.)
 2. The attending paramedic shall attach a code summary from the electrocardiograph to the Patient Care Report (PCR).
 3. The attending paramedic shall document the name of the BHP authorizing the request for determination of death on the PCR.
- V. Actions following a determination of death:
- A. EMS personnel shall notify the law enforcement agency with jurisdiction following a determination of death in the field.
 - B. EMS personnel may not move or disturb a dead body until disposition has been made by law enforcement or coroner representative.
 - C. EMS personnel shall leave in place all invasive therapeutic modalities initiated during the resuscitation for the coroner's review. These modalities may include but are not limited to advanced and basic airways, intravenous catheters, cardiac electrodes, etc.
 - D. EMS personnel shall not transport dead bodies by ambulance except in the extremely rare occurrence that a patient is determined to be dead

- during transport. In such situations, EMS personnel shall deliver the body to the intended hospital.
- E. 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.
- VI. EMS personnel shall utilize S.T.A.R.T. guidelines in determining death at the scene of multi-casualty incidents. As EMS resources become available patients initial determined to be dead per S.T.A.R.T may be re-assessed.

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Approved: Signature on File
Medical Director

Signature on File
EMS Administrator