TITLE: Determination of Death in the Field EMS Policy No. 5103

PURPOSE: The purpose of this policy is to provide EMS personnel, base hospital physicians, and MICNs with direction for determining death in the field.

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

POLICY:

I. All EMS personnel shall conduct an initial patient assessment and either initiate treatment or make a determination of obvious death.

II. Obvious Death:
   A. 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 characterized by rigidity or stiffening of muscular tissues and joints in the body usually appearing in the head, face, and neck muscles.
      4. Postmortem lividity the pooling of venous blood in dependent body parts.
      5. Incineration of the torso and/or head.
      6. Massive crush injury and/or penetrating injury with evisceration or total destruction of the heart, lung, and/or brain.
      7. Gross dismemberment of the torso.
      8. Submerged underwater for greater than sixty (60) minutes.
      9. Presence of a valid Do-Not-Resuscitate (DNR) or POLST form.
   B. 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.
   C. EMS personnel are not required to use a cardiac monitor (i.e. “run a strip”) to confirm obvious death.
   D. Non-transport EMS personnel shall cancel a responding ambulance if obvious death is determined prior to arrival of the ambulance unless the responding ambulance is needed for another patient or patients on scene.

III. Traumatic Arrest without Obvious Death:
   A. If a trauma patient (blunt or penetrating) is in cardiopulmonary arrest upon arrival of EMS personnel, a paramedic may discontinue resuscitative efforts as follows:
      1. Without base hospital contact if the patient’s ECG rhythm is asystole after ten (10) minutes of ALS resuscitative measures including appropriate interventions for the patient’s ECG rhythm as specified in ALS treatment protocols.
      2. With base hospital contact if the patient’s ECG rhythm is V-Fib/V-Tach/PEA after ten (10) minutes of ALS resuscitative measures including appropriate

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

interventions for the patient's ECG rhythm as specified in ALS treatment protocols. ALS resuscitative measures shall continue while making contact with a base hospital physician for discontinuation of resuscitative measures order.

IV. Medical Cardiac Arrest without Obvious Death:
- A. A medical patient in cardiopulmonary arrest without obvious death shall receive thirty (30) minutes of resuscitative efforts including eight (8) minutes of MICR followed with ALS appropriate intervention for the patient's ECG rhythm as specified in ALS treatment protocols.
- B. A paramedic may request a determination of death from a base hospital after thirty (30) minutes of resuscitation without a return of spontaneous cardiac circulation.
  1. A base hospital MICN may approve a request for determination of death if all the following conditions are met:
     a. EMS personnel did not administer any defibrillation shocks.
     b. Cardiac arrest was unwitnessed by EMS personnel.
     c. Patient remains in persistent asystole or pulseless electrical activity (PEA).
     d. Patient end tidal CO2 is less than 20mmHg.
  2. A base hospital physician may approve a request for determination of death when the conditions listed in section IV. B. 1. above are not met.
- C. If a request for determination of death is denied resuscitative efforts shall be continued with the patient transported to the closest receiving hospital without delay.

V. Determination of Non-Obvious Death by Basic Life Support (BLS) personnel:
- A. In the absence of ALS personnel, the attending emergency medical technician (EMT) may make base hospital physician contact to request a determination of death from a base hospital physician following thirty (30) minutes of resuscitative measures and no indication for defibrillation from an Automated External Defibrillator (AED).

VI. Actions Following a Determination of Death:
- A. EMS personnel shall notify the San Joaquin County Medical Examiner and 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 medical examiner representative.
- C. EMS personnel shall leave in place all invasive therapeutic modalities initiated during the resuscitation for the medical examiner 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.
F. EMS personnel are not required to remain on scene after notification of the Medical Examiner and law enforcement.

VII. EMS personnel shall utilize START guidelines in determining death at the scene of multi-casualty incidents. As EMS resources become available, patients initially determined to be dead per START may be re-assessed.