PURPOSE: The purpose of this policy is to establish procedures and criteria to be used by Advanced Life Support (ALS) and Basic Life Support (BLS) personnel in determining death in the field care setting.

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.220 & 1797.221

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. Presence of a valid Do-Not-Resuscitate (DNR) order. Refer to EMS Policy No. 5105.
   E. Incineration of the torso and/or head.
   F. Massive crush injury and/or penetrating injury with evisceration or total destruction of the heart, lung, and/or brain.
   G. Gross dismemberment of the trunk.
   H. During declared MCI’s patients meeting START triage criteria for non-resuscitation when resources preclude initiation of resuscitation.

III. ALS or BLS personnel may make a determination of death and discontinue resuscitative measures after obtaining the approval of a Base Hospital Physician (BHP) based the following criteria:
   A. Any patient who is lifeless, pulseless, apneic and in an asystolic or agonal cardiac rhythm after fifteen (15) minutes of continuous and appropriate Advance Cardiac Life Support (ACLS) intervention.
   B. Asystole shall be confirmed in two (2) leads with documented evidence that the monitor is functioning properly (e.g. induced artifact due to manual compressions or precordial thump). A code summary 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.

A. Special circumstances to be considered include:
   1. Victims of electrocution, lightning, and drowning.
   2. Hypothermic or cold water drowning patients – Refer to EMS Policy No. 5105.
   3. Persistent ventricular fibrillation.

V. Interaction with Law Enforcement/Coroner:

A. When death is determined in the prehospital setting, the coroner and appropriate local law enforcement agency shall be notified through the designated EMS 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 has been discontinued, all therapeutic modalities initiated during the resuscitation shall be left in place for the coroner’s review. These modalities include: ALS and BLS airways, ET tubes, IV catheters, monitor electrodes.

C. The local first response public safety agency is responsible for the security of the body once death has been determined and until custody has been accepted by the deputy coroner or law enforcement agency.

D. 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. If the family or significant other insist on resuscitative efforts should avoid an emotional confrontation and if necessary to avoid such confrontation initiate Basic Cardiac Life Support (BCLS). Under such circumstances law enforcement should be requested for assistance.

C. 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. Cardiac and end-tidal CO2 tracings or code summaries shall be attached to PCR.
   C. Refer to EMS Policy No. 5105 for patient with Do Not Resuscitate orders.