

PURPOSE: The purpose of this policy is to provide EMS personnel and base hospital physicians 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. 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.
 7. Submerged underwater for greater than sixty (60) minutes.
 8. Presence of a valid Do-Not-Resuscitate (DNR) order.
 - 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. Considerations for 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 until transfer of care in the emergency department when the following factors are present:

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1. The patient has a return of spontaneous circulation.
2. Traumatic cardiac arrest when the time from on-set of cardiac arrest to arrival at the Trauma Center will be less than 10 minutes.
 - a. Follow treatment regimen for patients in traumatic cardiac arrest as specified in EMS Policy No. 5783 ALS Adult Trauma Treatment.
3. Submerged underwater for less than thirty (30) 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 per applicable treatment policies.
- D. If a patient in medical cardiac arrest remains pulseless and apneic following eight (8) minutes of MICR and ALS interventions appropriate for the ECG rhythm as indicated per EMS protocol for a combined total of fifteen (15) minutes, ALS personnel shall contact the base hospital and on-duty Base Hospital Physician and request orders to either transport the patient or to discontinue resuscitative measures.
 1. The attending paramedic shall continue ALS resuscitative measures while making base contact.
 2. The BHP shall (after receiving the patient report):
 - a. Determine death and grant permission to discontinue resuscitation, or;
 - b. Order resuscitation to continue and the patient transported to the closest receiving hospital.
- E. If the BHP grants permission to discontinue resuscitative measures the attending paramedic shall:
 1. Attach a code summary from the electrocardiograph to the Patient Care Report (PCR).
 2. Document the name of the BHP authorizing the request for determination of death on the PCR.

IV. Actions following a determination of death:

- A. EMS personnel shall follow their agency's process to notify both the San Joaquin County Sheriff Coroner's Office 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 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.

- V. 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 initially determined to be dead per S.T.A.R.T may be re-assessed.

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