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Medical Director

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DETERMINATION OF DEATH IN THE PREHOSPITAL SETTING

I. **AUTHORITY**

California Health and Safety Code, Division 2.5, sections 1797.220, 1798, and 102850; and California Code of Regulations, Title 22, Division 9, sections 100107.

II. **DEFINITION**

- A. "Obviously Dead" means a person who, in addition to absence of respiration, cardiac activity (pulseless or asystole/agonal EKG rhythm confirmed in at least two leads), and neurologic reflexes (gag or corneal reflexes) has one or more of the following:
1. Decapitation.
 2. Massive crushing and/or penetrating injury with evisceration of the heart, lung or brain.
 3. Incineration.
 4. Decomposition of body tissue.
 5. Rigor mortis
 6. Post-mortem lividity
 7. Evidence of major blunt trauma
 8. Pulseless, apneic trauma victims with extrication time greater than fifteen minutes, where no resuscitative measures can be performed prior to extrication
 9. Pulseless, apneic victims of a multiple victim incident where insufficient medical resources preclude initiating resuscitative measures

III. **PURPOSE**

To establish standards for authorized prehospital emergency medical care personnel to follow in determining death of a patient in the pre-hospital setting.

IV. **POLICY**

Pre-hospital emergency medical care personnel shall not initiate nor perform CPR, basic life support, or advanced life support on patients determined to be obviously dead as defined in this policy.

V. PROCEDURE

- A. When the initial patient assessment reveals "obvious death":
1. A Patient Care Report (PCR) shall be completed. All appropriate patient information must be included in the PCR, and shall describe the patient assessment and the time the patient was determined to be obviously dead.
 2. Base Hospital contact is not required for patients determined to be obviously dead.
- B. For patients who do not meet the Obviously Dead definition, appropriate treatment measures shall be initiated.
1. A Base Hospital Physician may determine that intervention is futile or not indicated, and may authorize the discontinuation of resuscitative efforts if all of the following criteria are met:
 - a. No spontaneous respirations are present after:
 - (1) Assuring the patient has an open airway.
 - (2) Looking, listening, and feeling for respirations, including auscultation of the chest for lung sounds for a minimum of 30 seconds.
 - b. No pulses are present after:
 - (1) Palpating the carotid pulse for a minimum of 60 seconds.
 - (2) Auscultating the apical pulse for a minimum of 60 seconds.
 - c. There is no suspected history of hypothermia.
 - d. ALS resuscitative measures have been employed for a minimum of 10 minutes without an improvement in the patient's condition.
 - e. In the event a pulseless patient to whom an AED has been applied for 15 minutes with ongoing CPR, personnel may request Base Hospital Physician authorization to discontinue resuscitation.
 - f. In the event that BLS has been performed for 30 minutes without improvement in the patient's condition, BLS personnel may request Base Hospital Physician authorization to discontinue resuscitative efforts.
 - g. In the event that Base Hospital contact cannot be made pre-hospital personnel may discontinue resuscitative efforts and fully document their actions, as described in e. and f. above.
 2. Following an order by the Base Hospital Physician to discontinue resuscitation, a Patient Care Report shall be completed. All appropriate patient information must

be included in the PCR, and must fully describe all interventions, the criteria outlining discontinuation of resuscitative efforts, and the time the Base Physician determined the patient to be dead.

- C. Pre-hospital emergency medical care personnel shall notify the appropriate law enforcement agency when a patient has been determined to be dead and shall remain on scene until released by the law enforcement agency. A body and the patient documentation may be left in the care of an authorized first responder agency, if another patient requires transport or the ambulance has been requested by an authorized ambulance dispatch center to respond to another emergency.
- D. In accordance with agency documentation policy (560.11), the original PCR or Triage Tag shall remain with the body for inclusion in the law enforcement agency's report.
- E. If a determination of death is made while transporting a patient from a scene call, transport of the body should continue to the original receiving facility destination.
- F. Policies and procedures relating to medical operations during declared disaster situations or multiple casualty incidents will supersede this policy. (See Policies 810.00, 812.00, and 820.00 for disaster policies)
- G. Crime Scene Responsibility, including presumed accidental deaths and suspected suicides:
 - 1. Authority for crime scene management shall be vested in law enforcement. To access the patient(s), it may be necessary to ask law enforcement officers for assistance to create a "safe path" that minimizes scene contamination.
 - 2. If law enforcement is not on scene, EMS personnel shall make every effort to preserve the integrity of the scene by minimizing access of unnecessary personnel to the scene until law enforcement arrives.