POLICY: 570.20
TITLE: Determination of Death in the Prehospital Setting

EFFECTIVE: 7/1/2021
REVIEW: 7/2026
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE



# 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 DEFINITIONS

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

B. “Traumatic Cardiac Arrest” means a patient who is pulseless and apneic secondary to a traumatic event and does not meet obviously dead criteria.

III PURPOSE

To establish standards for authorized EMS personnel to follow in determining death of a patient in the prehospital setting.

IV. POLICY

EMS 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" and/or meets “Traumatic Cardiac Arrest” criteria:

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 as well as the time the patient was determined to be obviously dead if applicable.

**2. <u>Traumatic Cardiac Arrest patients:</u>**

a. Briefly assess the patient and determine if the patient meets "Obviously Dead" criteria. If patient meets "Obviously Dead" criteria, do not initiate CPR. Base Hospital contact is not required for patients determined to be obviously dead.

b. Initiate CPR and assess the patient's mechanism of injury (Blunt vs. Penetrating) and cardiac electrical activity.

c. Asystole: Continue CPR for one (1) minute. If still asystole after one (1) minute, CPR can be terminated. EKG rhythm must be verified in two (2) leads and patient's physical findings must be verified by two (2) providers.

d. Pulseless Electrical Activity (PEA) less than 20 beats/minute: Continue CPR for one (1) minute. If still PEA less than 20 beats/minute CPR can be terminated. EKG rhythm must be verified in two (2) leads and patient's physical findings must be verified by two (2) providers.

e. Blunt Trauma: If Estimated Time of Arrival (ETA) to a receiving hospital is greater than five (5) minutes, terminate CPR. If ETA to a receiving hospital is less than five (5) minutes, initiate transport.

f. Penetrating Trauma: If Estimated Time of Arrival (ETA) to a receiving hospital is greater than ten (10) minutes terminate CPR. If ETA to a receiving hospital is less than ten (10) minutes, initiate transport.

g. Pulseless Electrical Activity greater than 20 beats/minute and other heart rhythms (VF/VT): Transport to appropriate facility. Reevaluate. If PEA is less than 20 beats/minute, refer to Section d.

Special Considerations:

1) If EMS personnel are in doubt, CPR should be initiated.

2) EMS personnel must complete two primary assessments, which show no signs of life one (1) minute apart before terminating CPR. Assessments must be confirmed by two providers.

3) Once CPR has been terminated on scene; EMS personnel should consult law enforcement about the disposition of the patient.

4) If CPR is terminated after transport is initiated, continue transport to the closest appropriate hospital.

5) Hanging Considerations: Although hanging is part of trauma in most paramedic texts, the majority of EMS calls dealing with "hanging" are predominantly asphyxiation/strangulation cases. This means patients with a mechanism of injury of a hanging need spinal immobilization and trauma consideration; and should be treated as a medical cardiac arrest if found pulseless and nonbreathing.

**6) <u>All Pediatric Traumatic Arrest patients that DO NOT meet "Obviously Dead" criteria shall be transported to the closest acute care facility.</u>**

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. If ALS resuscitative measures have been employed, refer to policy 554.11 (Cardiac Arrest Algorithms) for termination of resuscitative efforts.

e. In the event a pulseless patient under BLS only care 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, EMS 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. EMS 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.