



# Stanislaus County Emergency Medical Services Agency

<b>Category</b>	Facilities & Critical Care		
<b>Policy #</b>	570.20		
<b>Title</b>	Determination of Death in the Prehospital Setting		
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<b>Signatures available upon request*</b>		<b>Revision Date</b>	4/1/2024

## **DETERMINATION OF OBVIOUS 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), 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 for all patients not transported from the scene. 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. **Traumatic Cardiac Arrest patients:**
  - 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.
    - 1) If a patient does not meet "Obviously Dead" criteria, follow the Traumatic Cardiac Arrest Protocol.

**Special Considerations:**

- 2) If EMS personnel are in doubt, CPR should be initiated.
- 3) If arrest is suspected to be medical (minor trauma not likely to be the cause of the arrest), follow Medical Arrest protocol and treat appropriately.
- 4) **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 shall be treated as a medical cardiac arrest if found pulseless and apneic.
- 5) **Electrocution Considerations:** Treat cardiac arrest patients resulting from an electrocution as a medical cardiac arrest unless there is evidence of significant traumatic injuries.

**6) Pediatric traumatic arrest patients shall be treated in the same manner as an adult and if transport is necessary, shall be transported to the closest Trauma Center.**

- B. 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.
- C. Policies and procedures relating to medical operations during declared disaster situations or multiple casualty incidents will supersede this policy. (See Policies 810.00, and 820.00 for disaster policies)
- D. Crime Scene Responsibility, including presumed accidental deaths and suspected suicides:
  - 1. Authority for crime scene management belongs with 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.