

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

EFFECTIVE: 10/25/2024
REVIEW: 10/2027
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 3

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 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. Blunt traumatic arrest
8. Declared MCI where triage principles and available resources preclude initiation of resuscitation

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. Termination of resuscitation (TOR) may be declared without base hospital contact if all of the following criteria are met per appropriate type of cardiac arrest:
 - a. Adult Cardiac Arrest, Non-Traumatic (554.11)
 - i. EMS did not witness Cardiac Arrest and
 - ii. There was no shockable rhythm and
 - iii. No Return of Spontaneous Circulation (ROSC) after 20 minutes of BLS and/or ALS resuscitation and
 - iv. NOT hypothermic and
 - v. NOT a victim of submersion and
 - vi. NOT obviously pregnant and
 - vii. Reversible causes treated.
 - b. Adult Traumatic Arrest (554.83)
 - i. NOT hypothermic and
 - ii. NOT a victim of submersion and
 - iii. NOT obviously pregnant
 - iv. Reversible causes treated
 - v. No ROSC after 5 two-minute cycles of High Performance CPR.
 - c. Pediatric Cardiac Arrest, Non-Traumatic (555.11)
 - i. NOT hypothermic and
 - ii. NOT a victim of submersion and
 - iii. NOT obviously pregnant and
 - iv. Reversible causes identified/treated and
 - v. After 15 two-minute cycles of High-Performance CPR performed **AND minimum** one dose of Epinephrine,
 - vi. **NO ROSC AND**
 - viii. Asystole on the monitor.
 - d. Pediatric Traumatic Arrest (555.83)
 - i. NOT hypothermic and
 - ii. NOT a victim of submersion and
 - iii. NOT obviously pregnant and
 - iv. Reversible causes identified and treated and
 - v. NO ROSC after 5 two-minute cycles of High-Performance CPR performed.
 2. If TOR criteria have not been met, an order to terminate resuscitation may be given by the Base Hospital Physician. A Patient Care Report shall be completed to include all appropriate patient information, all interventions, and the criteria outlining discontinuation of resuscitative efforts with the time that 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. The 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 and transport mode downgraded to Code 2.
- 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.