

SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL SERVICES AGENCY  
PREHOSPITAL POLICY

Policy Reference No: 116  
Effective Date: 02/15/2011  
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Review Date: 02/15/2013

SUBJECT: PREHOSPITAL DETERMINATION OF DEATH

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PURPOSE:

- A. To (1) establish criteria for First Responders to determine Obvious Death under certain defined circumstances and (2) for Paramedics to obtain a Base Hospital physician order for pronouncement of patients in cardiac arrest who have not responded to resuscitation efforts per prehospital protocols.

AUTHORITY:

- A. Health and Safety Code, Division 2.5, Section 1798 and Division 7, Section 7180.
- B. California Code of Regulations, Title 22, Division 9, Sections 100015, 100144, 100147, and 100169.
- C. California Probate Code Sections 4780-4785.

DEFINITIONS:

- A. Emergency Medical Technician (EMT): An Emergency Medical Technician of any level certified in the State of California.
- B. First Responders: On-duty EMTs, Paramedics and nurses trained in local Emergency Medical Services prehospital policies, and Public Safety personnel trained in first aid and CPR such as firefighters, peace officers, park rangers and lifeguards.
- C. Multi-Casualty Incident (MCI): Any situation where the number of patients exceeds the number of medical personnel available to treat each patient. See *San Luis Obispo County Emergency Medical Services Agency Prehospital Policy 126: Multi-Casualty Incident Operations*.
- D. Obvious Death Criteria: When a patient is documented to be pulseless and apneic and one or more of the following conditions is present:
  - 1. Decapitation

2. Evisceration of heart or brain
3. Incineration
4. Rigor Mortis
5. Decomposition

Patient must not be a victim of:

1. Cold water drowning
  2. Barbiturate overdose
  3. Hypothermia
- E. Paramedic: An EMT-P licensed by the state of California and accredited to practice in San Luis Obispo County.
- F. Patient Care Report (PCR): Written and/or electronic report completed by prehospital personnel to document patient assessment and care.
- G. Resuscitation: Medical interventions whose purpose is to restore cardiac or respiratory activity, and which are listed here:
1. Cardiopulmonary resuscitation (CPR)
  2. Defibrillation or cardioversion (including AED)
  3. Assisted ventilation in the absence of spontaneous respirations
  4. Endotracheal intubation – oral or nasal
  5. Administration of cardiac drugs.
- H. Triage: The sorting of patients to determine the priority of care given, usually used during MCI's.

#### POLICY:

- A. All patients require immediate medical evaluation.
- B. All patients with absent vital signs without signs of Obvious Death shall be treated with resuscitative measures unless the First Responder is presented with an operative Do Not Resuscitate Order (DNR) as defined in *San Luis Obispo County Emergency Medical Services Agency Prehospital Policy 117: Do Not Resuscitate (DNR) / End of Life Level of Care*.
- C. A "First Responder" may determine death when the criteria of Obvious Death is present.
- D. When the criteria of Obvious Death are determined to be present, resuscitation shall not be initiated, or shall be terminated if begun. The First Responder shall describe the incident and patient's condition on the Patient Care Report clearly stating the reasons that resuscitation was not initiated or was terminated.

- E. An “on-duty EMT, Paramedic or nurse trained in local Emergency Medical Services prehospital policies” may additionally determine death when one or more of the following conditions is present:
  - 1. History of cardiac arrest with no CPR for more than 20 minutes (the source of history must be reliable).
  - 2. Severe or multiple injuries clearly incompatible with life.
- F. A Paramedic, when the criteria of Obvious Death are not present, shall contact a Base Hospital physician to determine the appropriateness of pronouncement of death in the following circumstances:
  - 1. Any case where information becomes available that would have prevented the initiation of resuscitation if that information was available before CPR was initiated.
  - 2. Traumatic cardiac arrest with asystole on the cardiac monitor.
  - 3. Medical cardiac arrest unresponsive to Advanced Life Support procedures.
- G. Except for cases of Obvious Death, if CPR has been initiated:
  - 1. BLS shall be continued while contact is established with a Base Hospital physician.
  - 2. Once the patient has been pronounced deceased by the Base Hospital physician, resuscitation shall be terminated.
  - 4. First Responders shall then contact the Coroner.
  - 5. Deceased patients should not be moved unless directed by the Coroner, as needed to access other patients requiring medical care or assessment, for the safety of First Responders, or for other extraordinary circumstances.
- H. First Responders shall use a cellular or landline telephone rather than radio communication in order to maintain patient confidentiality and family privacy when contacting a Base Hospital or Coroner.
- I. Whenever resuscitation is terminated in the field, all IV lines, airways, etc., shall be left in place.
- J. During an MCI, CPR may be withheld until adequate First Responders are available or the patient meets the criteria of Obvious Death. In cases of non-initiation of CPR during an MCI:

1. No Base Hospital contact is necessary.
  2. First Responders shall apply a triage tag with the time of the initial evaluation and findings.
  3. Deceased patients should not be moved unless directed by the Coroner, as needed to access other patients requiring medical care or assessment, for the safety of First Responders, or for other extraordinary circumstances.
- K. Nothing in this policy shall prevent peace officers from acting within the scope and course of their official duties and pronouncing death as permitted by the policies of their agencies.

PROCEDURE:

In any case where a determination of death is made in the field a Patient Care Report (PCR) must be completed and reviewed by the provider agency's quality improvement (QI) program. The incident and the patient's condition shall be clearly and completely described on the PCR, including the following:

- A. The circumstances under which resuscitation was not initiated or was terminated, including results of the physical exam, and/or any additional findings such as a lack of heart and lung sounds, fixed and dilated pupils, skin lividity, and ECG tracing if available.
- B. The resuscitation measures which were performed, if any, and the results thereof.
- C. The name of the First Responder making the determination of death, and the name of the Base Hospital physician who pronounced the patient, as appropriate.
- D. The time of pronouncement/determination of death.
- E. Cardiac monitoring documentation, including ECG strip(s) representing 1 minute of cardiac asystole in 3 leads, if available.