

# SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 820

## **SUBJECT: DETERMINATION OF DEATH – PUBLIC SAFETY, EMT-I & PARAMEDIC PERSONNEL**

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### **PURPOSE:**

This policy provides criteria for Public Safety, EMT-I, and Paramedic Personnel to determine death in the prehospital setting. This policy outlines the procedures to be followed whenever CPR is not started or if CPR is discontinued in the prehospital setting.

### **AUTHORITY:**

California Health and Safety Code, Division 2.5, Sections 1797.220, 1798.6.

California Code of Regulations, Title 22, Division 9.

### **POLICY:**

#### **PUBLIC SAFETY, EMT-I OR PARAMEDIC PERSONNEL:**

CPR need not be initiated and may be discontinued for patients who meet the criteria for "Obviously Dead."

**OBVIOUSLY DEAD:** Persons who, in addition to the absence of respiration, cardiac activity, and neurological reflexes have one or more of the following:

1. Decapitation
2. Decomposition
3. Incineration of the torso and/or head
4. Exposure, destruction, and/or separation of the brain or heart from the body
5. Rigor Mortis
6. A valid Do Not Resuscitate (DNR) form or medallion in accordance with the S-SV EMS Agency DNR policy # 823. Note: This applies regardless of the cause of death (e.g., person with a terminal illness who is a trauma victim).

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**Effective Date: 09/01/07**

**Date last Reviewed / Revised: 06/07**

**Next Review Date: 06/10**

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**Approved:**

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**PROCEDURE:**

1. The initial assessment shall include a visual and physical examination. The examination shall be conducted in close proximity and with sufficient lighting to assure the existence of the obviously dead criteria.

The body and scene should be disturbed as little as possible to protect potential crime scene evidence. An immediate request for law enforcement shall be made. See S-SV Policy, "Crime Scene Management," Reference No. 825.

2. If the determination of death is based on **RIGOR MORTIS**, ALL of the following specific assessments shall be completed and documented.
  - a. Assessment to confirm absence of respiration:
    - (1) Assess the patient's airway.
    - (2) Look, listen, and feel for respirations. This shall include auscultation of the lungs for a minimum of 30 seconds.
  - b. Assessment to confirm absence of pulse:
    - (1) Palpate the carotid pulse for a minimum of 30 seconds.
    - (2) Auscultate the apical pulse for a minimum of 30 seconds.
  - c. Assessment to confirm absence of neurological response:
    - (1) Check for pupil response with a penlight or flashlight.
    - (2) Check for a response to painful stimuli.

**A positive response to any of the above assessments requires immediate resuscitative intervention unless the patient has a valid "Do Not Resuscitate (DNR)" order. See S-SV Policy, "Do Not Resuscitate" - Reference No. 823.**

- d. Assessment to confirm **RIGOR MORTIS**:
  - (1) Confirm muscle rigidity of the jaw by attempting to open the mouth.
  - (2) Confirm muscle rigidity of one arm by attempting to move the extremity.

**IF ANY DOUBT EXISTS**, prehospital personnel shall initiate CPR unless the patient has a valid DNR order.

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**PROBABLE DEATH:**

**PARAMEDIC PERSONNEL ONLY:**

**NOTE:** BLS personnel are not authorized to determine death based on the “Probable Death” criteria. They are limited to use of “Obviously dead” criteria only.

**Definition**

**PROBABLE DEATH:** A Paramedic may determine death, as follows, for individuals for whom "Obvious Death" criteria do not apply. The absence of respiration, pulses, and neurological reflexes, in addition to one or more of the following, **at the time of INITIAL assessment by the EMT-Paramedic:**

- a. Lividity or ‘Livor Mortis’ / (Lividity or Livor Mortis: Discoloration appearing on dependent parts of the body after death, as a result of cessation of circulation, stagnation of blood, and settling of the blood by gravity); Confirm Asystole in two (2) leads.
- b. The patient is a victim of cardiac arrest secondary to blunt or penetrating trauma; confirm asystole in two (2) leads.
- c. Traumatic cardiopulmonary arrest patients may be determined dead when the patient has a transport time of more than 15 minutes to an emergency department or trauma center after the arrest is identified, AND is without organized EKG electrical activity\*. Paramedics shall consult with the base/modified base physician for determination of death. In the event of communication failure, paramedics may determine death based on the above criteria.  
  
\*Organized EKG electrical activity is defined as narrow complex, supraventricular rhythm.
- d. If there is any objection or disagreement by family members or prehospital personnel regarding terminating or withholding resuscitation, basic life support, including defibrillation, should continue or begin immediately and paramedics should contact the base hospital for further directions.
- e. All other patients shall have base / modified base physician consult for determination of death. In the event of communication failure the paramedic shall not determine death. –

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**PROCEDURE:**

1. The assessments to confirm absence of respiration, pulse and neurological reflexes (and rigor mortis, if applicable) shall be performed and documented as defined on page 2 # 3.
2. Probable death requires confirmation of Asystole in two (2) leads. Attach the six-second rhythm strips to the PCR.
3. Consider notifying the base hospital/modified base hospital physician or MICN of all findings via radio or telephone.
4. Notify the county coroner or appropriate investigative authorities.
5. Document all relevant facts/findings, including approximate time of determination of death and submit the completed EMS Response Report to the base/modified base hospital.

**SPECIAL INFORMATION:**

1. Hypothermia, drug and/or alcohol ingestion/overdose can mask the positive neurological reflexes which indicate life, so it is imperative to be certain no contributing environmental factors exist, such as cold water submersion or cold exposure. If there exists any possibility that such conditions could be a factor, resuscitation should be started immediately.
2. In the event of a disaster/multi-casualty incident, death may be determined in accordance with START Triage criteria.
3. If a patient does not meet determination of death criteria on scene, once ambulance transport is started the base/modified base hospital on-line medical control can direct the paramedic to stop resuscitation efforts. When this occurs the ambulance will reduce transport code and continue transport on to the destination hospital.
4. If a patient undergoing resuscitation is transported in a ground ambulance to rendezvous with an air ambulance and is determined dead by the flight nurse, the body shall not be moved from the rendezvous location. Notify the county coroner or appropriate investigative authorities.

**CROSS REFERENCES:**

Policy and Procedure Manual

Crime Scene Management, Reference No. 825.  
Do Not Resuscitate (DNR), Reference No 823.