Sierra – Sacramento Valley EMS Agency Program Policy			
Determination Of Death			
	Effective: 06/01/2021	Next Review: 05/2024	**820**
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PURPOSE:

To establish criteria for determination of death by EMS personnel.

AUTHORITY:

A. HSC, Division 2.5, § 1797.220 and 1798.6.

B. CCR, Title 22, Division 9.

POLICY:

A. CPR need not be initiated, and may be discontinued, for patients who meet Obvious Death or Probable Death criteria.

B. Public safety, EMR, EMT, AEMT, or paramedic personnel may determine death for patients who, in addition to the absence of respiration, pulses and neurological reflexes, meet one or more of the following 'Obvious Death' criteria at the time of initial assessment:

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) in accordance with the S-SV EMS Do Not Resuscitate Policy (823). Note: this applies regardless of the cause of death (e.g. person with a terminal illness who is a trauma victim).

C. AEMT II or paramedic personnel may determine death for individuals who, in addition to the absence of respirations, pulses and neurological reflexes, meet one or more of the following 'Probable Death' criteria at the time of initial assessment:

1. 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), and the cardiac monitor shows asystole in two (2) leads.

2. Victim of cardiac arrest secondary to blunt or penetrating trauma, and the cardiac monitor shows asystole in two (2) leads.

3. Victim of cardiac arrest secondary to blunt trauma, and the cardiac monitor shows PEA at a rate ≤40 per minute.

PROCEDURE:

A. Patient assessment shall be conducted in close proximity and with sufficient lighting to assure the existence of obvious or probable death criteria.

B. If determination of death is based on rigor mortis, all of the following additional assessments shall be completed:

1. Assessment to confirm absence of respiration:

- Assess the patient's airway.
- Look, listen and feel for respirations, including auscultation of the lungs for a minimum of 30 seconds.

2. Assessment to confirm absence of pulse:

- Palpate the carotid pulse for a minimum of 30 seconds.
- Auscultate the apical pulse for a minimum of 30 seconds.

3. Assessment to confirm absence of neurological response:

- Check for pupil response with a penlight or flashlight.
- Check for a response to painful stimuli.

4. Assessment to confirm rigor mortis:

- Confirm muscle rigidity of the jaw by attempting to open the mouth.
- Confirm muscle rigidity of one arm by attempting to move the extremity.

If any doubt exists as to the presence of rigor mortis, EMS personnel shall initiate CPR unless the patient has a valid DNR order.

C. If there is any objection/disagreement by family members or EMS personnel to terminating or withholding resuscitation for patients who have a DNR or meet probable death criteria, basic life support (including defibrillation) shall continue or begin immediately and EMS personnel shall contact the base/modified base hospital for further direction. Once base contact is initiated, EMS personnel shall not stop resuscitation unless directed to do so by the base/modified base hospital physician.

D. If not already on scene, an immediate request for law enforcement shall be made, and the body and scene shall be disturbed as little as possible to protect potential crime scene evidence.

E. EMS personnel shall follow the direction of law enforcement as to who has custody of the body (Note: evidence of a hospice patient receiving care from a physician or registered nurse who is a member of a hospice care team normally does not require coroner notification by prehospital personnel or law enforcement as this notification is the responsibility of hospice personnel).

F. Appropriate EMS personnel shall remain on scene until released by law enforcement. The following minimum information shall be provided to law enforcement by EMS personnel prior to leaving the scene:

1. Unit ID.

2. Name and certification/license # of the EMS provider who determined death.

3. Patient demographics and pertinent medical history.

4. Determination of death date and time.

G. The EMS provider who determined death shall document all relevant facts/findings, including time of determination of death, on the PCR. A minimum six-second cardiac monitor strip of each lead shall be attached to the PCR for all patients where death is determined utilizing probable death criteria. The PCR shall be completed within 24 hours, and a copy shall be provided to the coroner upon request.

SPECIAL INFORMATION:

A. Hypothermia, drug and/or alcohol ingestion/overdose can mask the positive neurological reflexes which indicate life. It is imperative to be certain no contributing environmental factors exist, such as cold water submersion or cold exposure. If any possibility exists that such conditions could be a factor, resuscitation should be started immediately unless the patient has a valid DNR.

B. In the event of a disaster/multiple casualty incident, death may be determined in accordance with recognized START criteria.

C. If the base/modified base hospital physician directs EMS personnel to stop resuscitation efforts once ambulance transport has begun, the ambulance will reduce transport code and continue transport to the original destination hospital.

D. If a patient undergoing resuscitation is transported to rendezvous with an EMS aircraft and determination of death is made at the rendezvous location, the body shall not be moved from the rendezvous location, and an immediate request for law enforcement shall be made.