

EMS System Operations**Date: 07/01/2023****Determination of Death in the Field****Policy #4100****I. Purpose:**

- A. To establish criteria for the determination of death in the field by EMS personnel.
- B. To outline the procedures to be followed by EMS personnel for the determination of death in the field.

II. Authority:

- A. Health and Safety Code, Division 2.5, Section 1798 and 7180. California Code of Regulations, Title 22, Division 9, Sections 100144, 100146, 100147, 100169

III. Policy:

- A. EMS personnel may determine death but may not pronounce death.
- B. All patients require an immediate and thorough medical evaluation.
- C. In multi-casualty incidents, with limited resources available, triage decisions take precedence over resuscitative efforts.

IV. Criteria:

- A. In addition to any specific criteria for withholding or discontinuing resuscitation contained within individual Imperial County protocols, resuscitative efforts may be withheld, discontinued, and/or determination of death may be made under the following circumstances:
 - 1. BLS may determine death if the following criteria are met:
 - a. Decapitation
 - b. Incineration of the torso and/or head
 - c. Decomposition
 - d. Rigor mortis
 - e. Separation of the brain, lungs, and/or heart from the body
 - f. Post-mortem lividity
 - g. Presence of a valid and in date Do Not Resuscitate (DNR) or Physician Orders for Life-Sustaining Treatment (POLST) form confirming no resuscitation should occur per Imperial County Policy.
 - 2. ALS may consider termination of resuscitation per Imperial County Termination of Resuscitation policy
 - a. All pediatric termination of resuscitation requires base hospital contact and contact should occur early in the resuscitation
 - 3. Complete evaluation with the following:
 - a. Airway opened for 30 seconds to check for spontaneous respiration
 - b. Check femoral or carotid pulse for 30 seconds
 - c. Check for respiration and heart sounds with stethoscope
 - d. Check pupil response, and to determine if fixed and dilated
 - 4. Patients that have rigor mortis or lividity criteria do not require the following:
 - a. Airway opened for 30 seconds to check for spontaneous respiration
 - b. Check femoral or carotid pulse for 30 seconds
 - c. Check for respiration and heart sounds with a stethoscope
 - d. Check pupil response, and to determine if fixed and dilated

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5. For patients with blunt traumatic cardiac arrest, with all of the following:
 - a. No visible signs of life (no spontaneous movement, apneic, pulseless)
 - b. Cardiac rhythm of asystole
 - c. Mechanism of injury consistent with injuries
6. Procedure for patients that meet rigor mortis, lividity, or traumatic cardiac arrest upon arrival criteria:
 - a. Do not initiate CPR or resuscitation efforts
 - b. Base hospital contact is not mandatory
 - c. Notify law enforcement/coroner of pre-hospital determination of death
 - d. If EMS personnel arrive on scene prior to law enforcement, EMS personnel must remain on scene until law enforcement's arrival
 - e. A copy of the PCR must be provided to the coroner. The PCR must include all care/actions taken, and all necessary times
 - f. Once determination of death has been made, cancel any other responding EMS units.
 - g. ALS personnel do not need to be on scene for determination of death.

V. Documentation:**A. Required documentation for patients determined dead include:**

1. The time and criteria utilized to determine death; the condition, location, and position of the body, and any care rendered.
2. The location and rationale if the deceased was moved. If the coroner authorized movement of the deceased, document the coroner's case number and coroner's representative who authorized the movement.
3. Time of pronouncement and name of the pronouncing physician if base hospital contact was initiated.
4. The name of the agent identified in the Advanced Health Care Directive or patient designated directive, or the name of the immediate family member who made the decision to withhold or withdraw resuscitative measures. Obtain the responsible party's signature on the PCR.
5. If the deceased is not a coroner's case and their personal physician is going to sign the death certificate:
 - a. Document the name of the coroner's representative who authorized release of the decedent, and
 - b. The name of the patient's personal physician signing the death certificate, and
 - c. Any invasive equipment removed

APPROVED:

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