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# EMERGENCY MEDICAL SERVICES POLICIES and PROCEDURES

## **DETERMINATION OF DEATH**

- **I. Purpose:** To establish criteria for the determination of death and outline the procedure to be followed by emergency services personnel.
- **II.** Authority: Health and Safety Code, Division 2.5, Section 1798 and 1780. California Code of Regulations, Title 22, Division 9, Sections 100144, 100146, 100147, 100169

#### **III. Definitions:**

A. *EMS Personnel:* All EMT, EMT-Optional Scope, Paramedic and Registered Nurses (RN) caring for prehospital or interfacility transfer patients as part of the Santa Barbara County EMS system.

## IV. Policy:

A. EMS personnel may withhold or terminate resuscitation and determine that a patient is dead.

### V. Procedure:

- A. General Information
  - 1. The highest medical authority on scene shall determine death in the field.
    - a. If BLS responders have any questions or uncertainty regarding determination of death, BLS measures shall be instituted until arrival of ALS personnel.
    - b. If ALS responders have questions or uncertainty regarding determination of death, ALS measures shall be instituted until base hospital contact is made and orders received.
  - 2. EMS personnel who have determined death in the field are not required to make base hospital contact, but must notify local law enforcement/Coroner's office.
    - a. Once patient has been determined dead, all additional EMS responders en route will be cancelled.
    - b. EMS personnel who arrive on scene after the patient is determined to be dead shall not re-evaluate the patient.
      - i. Law enforcement personnel have the authority to determine death. If law enforcement has determined death, then EMS personnel shall not re-evaluate the patient.
- B. Obvious Deaths in the Prehospital Setting
  - 1. EMS personnel shall rapidly assess the patient.
  - 2. For patients found to be pulseless and apneic and are suffering any of the following conditions, no further assessment is required and may be determined dead:
    - a. Decapitation;
    - b. Decomposition;
    - c. Hemicorporectomy:
    - d. Incineration;
    - e. Valid Do Not Resuscitate (DNR) Order Refer to Policy 508 DNR/POLST Form
- C. Apparent Medical Arrests
  - EMS personnel shall rapidly assess the patient. All patients who are pulseless and apneic that do not have any applicable conditions referenced in Section B of this policy, must be assessed immediately in accordance with Table 1.

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## SANTA BARBARA COUNTY EMERGENCY MEDICAL SERVICES AGENCY

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a. If rigor mortis, dependent lividity, or evisceration of the brain or heart are present, and criteria for **Table 1** indicates no signs of life, patient may be pronounced dead.

#### Table 1.

		FINDINGS FOR
SYSTEM	ASSESSMENT PROCEDURES	DETERMINATION OF DEATH
Respiratory	<ul><li>Open the patient's airway</li></ul>	<ul><li>No spontaneous breathing</li></ul>
	<ul><li>Auscultate lungs for breaths while observing</li></ul>	<ul><li>No breath sounds on</li></ul>
	chest movement for a minimum of 30 secs	auscultation
Cardiac	■ Palpate the carotid pulse (brachial artery for	■ No pulse
	infants) or auscultate for heart sounds for a	■ No heart sounds
	minimum of 1 minute	
	OR	
	<ul><li>ALS Providers – Monitor the patient's</li></ul>	
	cardiac rhythm for a minimum of 1 minute	
	<ul> <li>Confirm Asystole in 2-leads</li> </ul>	
	<ul> <li>Obtain a 6-second rhythm strip to be</li> </ul>	
	attached to ePCR	
Neurological	■ Check pupil response to light	■ No pupillary response
	■ Check response to painful stimuli	<ul><li>No response to painful stimuli</li></ul>

- 2. All findings for Determination of Death (**Table 1**) must be present in order for a patient to be determined dead in the prehospital setting.
  - a. If any response indicates signs of life, resuscitation measures shall take place immediately.

## D. Traumatic Arrest

- 1. Assessment as defined in **Table 1** shall be performed.
- 2. If no response for all the assessment procedures, determine the patient's age (or have a reasonable estimation if confirmation of age is not possible).
  - a. For patients less than 18-years-old, resuscitation measures, including transport to the closest receiving hospital, shall take place.
  - b. Patients 18 years and older can be determined dead in the prehospital setting if the following criteria is met:
    - i. Time from cardiac arrest to arrival at the nearest hospital will exceed twenty (20) minutes; OR
    - ii. The patient has remained in cardiac arrest after twenty (20) minutes of extended extrication; OR
    - iii. The cardiac rhythm is asystole or wide-complex PEA at the rate of 30-beats-per-minute or slower.

## E. Disposition of Decedent's Body

- 1. Deaths that occur in hospitals or skilled nursing facilities do not require law enforcement response. Under these circumstances the body may be left at the scene.
- 2. Deaths that occur any place other than a hospital or skilled nursing facility must be reported to law enforcement personnel and the body must be left in their custody.
- 3. EMS Personnel shall leave in place all invasive therapeutic modalities initiated during the resuscitation. These modalities may include, but are not limited to advanced airways, vascular access devices, needle thoracostomy access, etc.

#### F. Documentation

- 1. EMS personnel will thoroughly document determination of death per Policy 700 Documentation of Prehospital Care.
  - a. Narrative shall include the findings for determination of death as described in **Table 1**.

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## VI. References:

A. Policy 700 – Documentation of Prehospital Care

VII. Attachments: None