



## GUIDELINES FOR DETERMINING DEATH IN THE FIELD

APPROVED:

  
\_\_\_\_\_  
EMS Medical Director

  
\_\_\_\_\_  
EMS Administrator

1. If a Public Safety Communications dispatcher determines that a person meets EMD criteria for obvious or expected death, the dispatcher will dispatch fire first response Code 2 and cancel the ambulance response.
2. A paramedic (without Base/Receiving Hospital Physician contact), EMT, designated first responder, or Public Safety Officer may make a determination of death if the victim is obviously dead and exhibits any of the following conditions. (NOTE: All such cases must be documented. Non-paramedic personnel should use the appropriate agency incident report form. Paramedic personnel will complete a patient care record.):
  - 2.1 Decapitation
  - 2.2 Incineration
  - 2.3 Rigor Mortis
  - 2.4 Decomposition
  - 2.5 Apnea in conjunction with destruction and/or functional separation from the body of the heart, brain, liver, or lungs.
  - 2.6 Multi-casualty incidents (MCIs) where triage principles preclude the initiation or continuation of resuscitation.
  - 2.7 Any trauma patient without respirations, pulses, or other signs of life AND no evidence of hypothermia, drug ingestion or poisoning.
  - 2.8 Submersions of one hour or longer confirmed by public safety personnel will be considered a body recovery, not a rescue operation.
  - 2.9 Apneic and pulseless with a valid POLST or Do Not Resuscitate (DNR) form or medallion in accordance with the DNR policy. Note: This applies regardless of the cause of death (e.g., person with a terminal illness who commits suicide or is a trauma victim).

Issue Date: January 22, 2004  
Effective Date: January 22, 2004  
Review: January 2012  
Review Date: January 2015

- 2.10 An expected death due to a terminal illness.
3. Paramedics may make a determination of death without receiving hospital contact for:  
A non-trauma patient who is lifeless, pulseless, apneic in asystole or agonal rhythm after a trial of CPR, advanced airway and cardiotoxic drugs .
- 3.1.1 The arrest is not witnessed by EMS personnel. If the arrest is witnessed by an EMS provider, the patient should be transported.
  - 3.1.2 Asystole must be confirmed in 2 leads with documented evidence that the monitor is functioning properly (e.g. induced artifact due to manual compressions).
  - 3.1.3. Rhythm that is non-perfusing wide and bizarre ventricular complex at a rate less than 40.
4. A Base/Receiving Hospital Physician should be contacted for consultation, at the paramedics discretion when pronouncement or discontinuing resuscitation efforts are unclear:
5. Disposition Of The Deceased
- 5.1 Patients who are determined to be dead at the scene in accordance with this policy should not be transported by ambulance EXCEPT:
    - 5.1.1 Requested by law enforcement after the on-call Coroner's Investigator consultation.
      - 5.1.1.1 The on-call Coroner Investigator can be contacted by pager through Public Safety Communications.

Issue Date: January 22, 2004  
Effective Date: January 22, 2004  
Review: January 2012  
Review Date: January 2015