NOR-CAL EMS	05-0301	Determination of Death

Nor-Cal EMS Policy & Procedure Manual	BLS/ALS Protocols
Effective Date: 11/17/2020	Next Revision: 11/17/2023
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE

Authority

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

California Code of Regulations, Title 22, Division 9.

Purpose

To establish criteria for determination of death by prehospital personnel.

Policy

Prehospital providers do not pronounce death but rather determine death based on pre-determined criteria outlined below. An assessment by ALS personnel and consultation with the Base Hospital Physician is required for determination of death not covered by this Policy.

BLS Determination of Death

Obvious Death

(Do not contact base hospital): Determination of death at scene may be made if any of the following conditions are present along with pulselessness and apnea.

1. Decomposition of body tissues.

   A. Decapitation.
   B. Any degree of rigor mortis,
   C. Lividity (dependent pooling of blood resulting in skin discoloration)
   D. Physician-signed DNR order. Refer to 17-0102 Do Not Resuscitate policy.
   E. Incineration of the torso and/or head.
   F. Massive crush injury and/or penetrating injury with evisceration or total destruction vital organs.
   G. Gross dismemberment of the trunk.

   If after twenty (20) minutes of EMS CPR and/or AED defibrillation the patient has not responded and ALS has not arrived on scene, the first responders may stop resuscitative efforts and contact law enforcement/coroner.

2. Prolonged extrication (>15 minutes) with no resuscitation possible during extrication.

Considerations

1. If a DNR directive is not present at the scene, but a person who is present and who can be identified as an immediate family member or spouse requests no resuscitation and has the full agreement of any others who are present at scene, resuscitation may be withheld or stopped if it has already been initiated.
2. If there is any objection or disagreement by family members regarding terminating or withholding resuscitative efforts basic life support including defibrillation, shall continue or begin immediately and EMS personnel shall contact the base hospital for further direction.

**********BLS DETERMINATION OF DEATH STOPS HERE**********

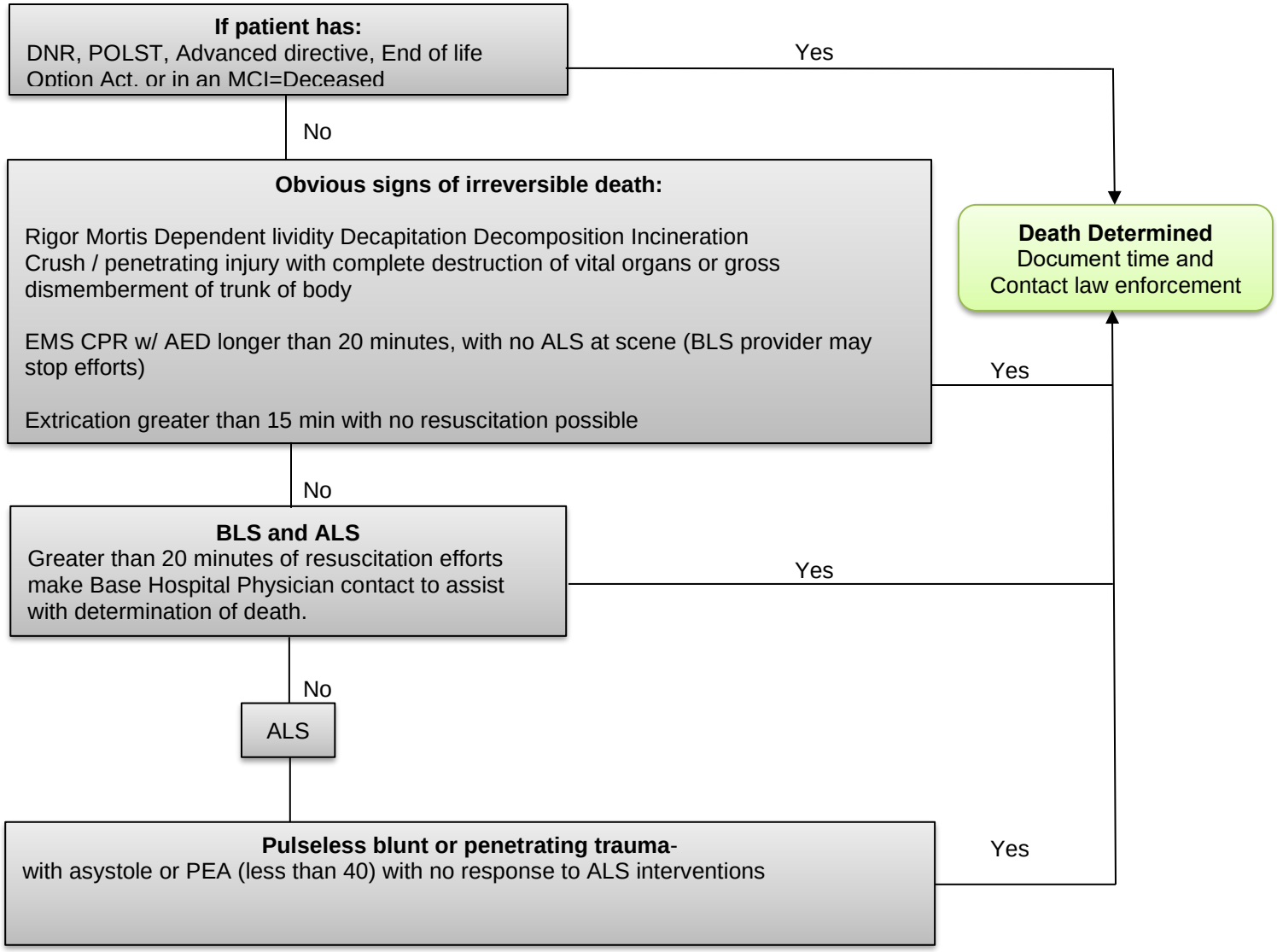
ALS Determination of Death

AEMT or Paramedic personnel may determine death for individuals who obvious death criteria does not apply.

Patients who, in addition to the absence of respirations, pulses, and neurological reflexes meet the following criteria:

1. Victims of cardiac arrest secondary to blunt or penetrating trauma with asystole confirmed in (2) leads.
2. Victims in cardiac arrest secondary to blunt or penetrating trauma with PEA at a rate of less than 40 per minute.
3. Victims of Medical (cardiac arrest) with asystole confirmed in (2) leads or with a PEA at a rate of less than 40 and there has been no response to ACLS interventions.

Interaction with Law Enforcement/Coroner

1. When death is determined in the prehospital setting, the coroner and the appropriate law enforcement agency must be notified. The local public safety agency having jurisdiction will be responsible for the body once death has been determined. A body may not be moved or disturbed until disposition has been made by the coroner's office.
2. Once CPR has been discontinued, all therapeutic modalities initiated during the resuscitation shall be left in place until it has been determined by the coroner's office that the patient will be a coroner's case. This includes equipment such as: airway, ET tube, IV catheters, monitor electrodes and personal items including clothes, jewelry, etc.

Determination of Death Algorithm