

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 4050
Effective Date: January 30, 2017
Supersedes: February 1, 2009

DEATH IN THE FIELD

I. PURPOSE

To delineate the role of the ALS and BLS provider for patients in cardiac arrest and identify conditions where Cardiopulmonary Resuscitation (CPR) is withheld or discontinued.

II. POLICY

- A. A patient may be determined dead without Base Hospital contact when one of the following conditions exist:
 1. Obvious Deaths
 - a) Decapitation;
 - b) Total incineration;
 - c) Decomposition;
 - d) Separation from the body of either the brain, liver, or heart, or;
 - e) Rigor mortis (NOTE: Must apply EKG leads and confirm asystole in 2 leads).
 2. Medical Indications
 - a) Unwitnessed arrest with a reasonable suspicion of down time of 15 minutes or greater **AND** the patient is pulseless and apneic (no shock indicated on AED for BLS or asystole in 2 leads for ALS) **AND** no evidence of hypothermia, drug ingestion or poisoning.
 - b) Patient has had at least 40 minutes of ALS intervention, initial resuscitation efforts have been unsuccessful, and treatment protocols have been exhausted. Patient intubated or supraglottic airway inserted and End Tidal CO₂ monitor shows good waveform (for placement confirmation) and persistent low ET_{CO}₂ reading (less than 5 mmHg).
 3. Medical Directives
 - a) Presence of a valid Pre-Hospital Do Not Resuscitate (DNR) or Physician Orders for Life-Sustaining Treatment (POLST) form, medallion/bracelet Form (see Policy 4051 Do Not Resuscitate & Physician Orders for Life-Sustaining Treatment).
 4. Trauma
 - a) MCI incident where triage principles preclude initiation of CPR.
 - b) Blunt, penetrating or profound multi-system trauma with wide complex PEA < 40 or asystole.
 5. Environmental
 - a) Drowning victims where it is reasonably determined that submersion has been 30 minutes or greater.

- B. **NOTE:** If CPR was initiated by non-EMS personnel for the above mentioned conditions listed in II.A. 1-5, DISCONTINUE CPR.
- C. The Base Hospital Physician must be contacted to determine death in the field in the following situations:
 - 1. CPR is started on a patient with NO valid DNR/POLST form and the spouse, immediate family member(s) or guardian who are present disagree on the patient's last wishes for CPR.
 - 2. Any situation in which the paramedics response warrants clarification or direction.

III. PROCEDURE

- A. Maintain the integrity of the death scene.
- B. The deceased patient may be removed immediately from the scene in the following situations:
 - 1. A life threatening or hazardous situation for the field crews exists;
 - 2. The death occurs in public view and it appears to be from natural causes.
- C. The Medical Examiner and the SFPD shall be notified of a death in the field by the highest medical authority at the scene per provider agency protocol.
- D. Provide grief support for bystanders and family members as appropriate.
- E. Complete a Pre-hospital Care Record with the following information:
 - 1. Position of patient on arrival,
 - 2. Description of the environment where the patient was found,
 - 3. Known or reported circumstances surrounding death,
 - 4. Actions taken by responding personnel,
 - 5. Identity of all personnel on scene,
 - 6. Identity of Base Physician consulted, and
 - 7. Time of death.
- F. Obtain EKG strip unless signs of obvious death as listed in II. A. 1 of this policy.
- G. Complete early defibrillation documentation if appropriate.
- H. Document if valid DNR/POLST directive present.
- I. EMS personnel may leave the scene if SFPD, building security and/ or family members are present to preserve the scene and documentation is completed and left for the Medical Examiner.

IV. AUTHORITY

California Health and Safety Code Section 1797.220 and 1798
California Probate Code Section 4780