

Subject: Administration – Patient Care
BLS – Determination of Death

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures
- II. Purpose

To establish regional policy and procedure for basic life support (BLS) personnel to determine and document death in the prehospital setting.
- III. Policy
 - A. Do Not Resuscitate (DNR) Requests:

CPR should not be initiated on a pulseless, non-breathing patient when a valid Do Not Resuscitate (DNR) Request, No Code or No CPR Order meeting Policy #2307 requirements is presented.
 - B. Obvious Death:

CPR does not need to be initiated and/or can be discontinued without prior base contact if a pulseless, non-breathing patient has one or more of the following conditions:

 - 1. Decapitation.
 - 2. Decomposition.
 - 3. Incineration of the torso and/or head.
 - 4. Visible exposure, destruction, and/or separation of vital internal organs (brain, spinal cord, liver, heart, or lungs).
 - 5. Rigor or livor mortis (without contributing environmental factors - see special considerations).
 - 6. Severe injuries obviously incompatible with life.
 - 7. Submersion greater than or equal to twenty-four (24) hours.
 - C. Possible Death:

If any doubt exists regarding the patient's conformance with the criteria above for obvious death, then CPR shall be initiated (unless impossible) and maintained until transfer of patient care to ALS personnel, or patient delivery at a receiving hospital.
 - D. North Coast Paramedics's may discontinue CPR upon voice orders from a base hospital physician. BLS transferring care to ALS personnel are authorized to follow a Paramedics instruction to discontinue resuscitation.
 - E. At no time shall BLS personnel discontinue CPR unless one or more of the following criteria are met:
 - 1. The rescuer is physically exhausted and unable to continue.
 - 2. Spontaneous circulation and respiration is restored.
 - 3. CPR is being transferred to other persons qualified to perform CPR.

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4. A California-licensed physician at the scene assumes total responsibility for the patient by ordering BLS personnel to discontinue CPR.
5. A valid Do Not Resuscitate (DNR) Request, No Code, or No CPR Order meeting Policy #2307 requirements is provided.

IV. Procedure

- A. In any event where death is determined by BLS personnel notify the appropriate agency with primary investigative authority (coroner, law enforcement) and all pertinent facts and findings should be documented as soon as possible. Refer to your County Coroner's policy regarding disposition of the deceased.
- B. If death appears to be from other than natural causes, the body and scene should be disturbed as little as possible to protect potential crime scene evidence.
- C. BLS Personnel who do not begin resuscitation of a pulseless and apneic patient shall document the prehospital event on a First Responder Report or Prehospital Care Report (PCR) to be retained by that provider agency for a period of not less than 4 years.

V. Special Information

- A. Division 2.5 of the California Health and Safety Code, Section 1798.6(a), states that the authority for patient care management in an emergency shall be vested in that licensed or certified health care professional, which may include any paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified specific to the provision of rendering medical care.
- B. Hypothermia can mask the positive neurological reflexes which indicate life, so it is imperative to be certain no contributing environmental factors exist, such as cold-water submersion or cold exposure. If there exists any possibility that either of these could be a factor, resuscitation should be started immediately.

Approved By EMS Director	Larry Karsteadt (Signature on File at EMS Agency)	Revision 2/04/2022
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