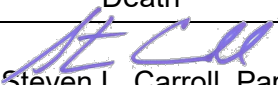



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Withholding or Termination of Resuscitation and Determination of Death		Policy Number: 606	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director	 Daniel Shepherd, M.D.	Date: December 1, 2021	
Origination Date:	June 1984	Effective Date: December 1, 2021	
Date Revised:	October 14, 2021		
Date Last Reviewed:	October 14, 2021		
Next Review Date:	October 31, 2023		

- I. PURPOSE: To establish criteria for withholding or termination of resuscitation and determination of death by prehospital EMS personnel.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.220, 1798 and 7180. Government Code 27491 and 27491.2. California Code of Regulations, Title 22, Division 9, Section 100175.
- III. POLICY: EMS Personnel may withhold or terminate resuscitation, determine that a patient is dead, and leave the body in custody of medical or law enforcement personnel, according to the procedures outlined in this policy.
- IV. DEFINITION:
  1. EMS Personnel: All EMTs, Paramedics and RNs caring for prehospital or interfacility transfer patients as part of the Ventura County EMS system.
  2. Further Assessment: refers to a methodical evaluation for signs/symptoms of life in the apparently deceased person. This evaluation includes examination of the respiratory, cardiac and neurological systems, and a determination of the presence or absence of rigor mortis and dependent lividity. The patient who displays any signs of life during the course of this assessment may NOT be determined to be dead.
  3. Hospital: A licensed health care institution that provides acute medical care.
  4. Skilled Nursing Facility: A licensed health care institution that provides non-acute care for elderly or chronically ill patients and has licensed medical personnel on scene (RN or LVN).
  5. Hospice: A care program into which terminally ill patients may be enrolled, to assist with the management of palliative care during the terminal stages of illness.

V. PROCEDURE:

A. General Guidelines:

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 in accordance with the parameters of this policy are not required to make base hospital contact.
3. EMS Personnel who arrive on scene after the patient is determined to be dead shall not re-evaluate the patient.

**PATIENTS WHO ARE OBVIOUSLY DEAD**

Upon arrival, EMS Personnel shall rapidly assess the patient. For patients suffering any of the following conditions, no further assessment is required. No treatment shall be started and the patient shall be determined to be dead.

- Decapitation,
- Incineration,
- Hemicorporectomy, or
- Decomposition.

**PATIENTS WHO APPEAR TO BE DEAD  
(WITH Rigor Mortis and/or Dependent Lividity)**

- B. Patients who are apneic and pulseless require further assessment as described in Table 1.
1. If rigor mortis and/or dependent lividity are present, and if no response to assessment procedures, the patient shall be determined to be dead.
  2. Rigor mortis is determined by checking the jaw and other joints for rigidity.
  3. Dependent lividity is determined by checking dependent areas of the body for purplish-red discoloration.

Table 1

CATEGORY	ASSESSMENT PROCEDURES	FINDINGS FOR DETERMINATION OF DEATH
Respiratory	Open the patient's airway. Auscultate lungs or feel for breaths while observing the chest for movement for a minimum of 30 seconds	No spontaneous breathing. No breath sounds on auscultation.
Cardiac	Palpate the carotid artery (brachial for infant) for a minimum of 1 minute. Auscultate for heart sounds for minimum of 1 minute.  OR <b>ALS ONLY-</b> Monitor the patient's cardiac rhythm for minimum of 1 minute. Check asystole in 2 leads. Obtain a 6-second strip to be retained with the EMS provider's documentation.	No pulse.  No heart sounds.
Neurological	Check for pupil response to light.  Check for response to painful stimuli.	No pupillary response. No response to painful stimuli

1. While in the process of the assessment procedures, if any response indicates signs of life, resuscitation measures shall take place immediately.
2. **If rigor mortis and/or dependent lividity are present**, and if no response to assessment procedures, the patient shall be determined to be dead.

**PATIENTS WHO APPEAR TO BE DEAD:  
 (WITHOUT Rigor Mortis and/or DEPENDENT LIVIDITY)**

- C. Patients who appear to be dead but display no signs of rigor mortis and/or dependent lividity shall have the cause of apparent death determined to be **MEDICAL** (including drowning, ingestion, asphyxiation, hanging, poisoning, lightning strikes, and electrocution), or **TRAUMATIC** (and injuries are sufficient to cause death).
1. **MEDICAL ETIOLOGY:** Resuscitation measures shall take place.
  2. **TRAUMATIC ETIOLOGY:** Further assessment as defined in Table 1 shall be performed. If no response to assessment procedures, the patient's age should be determined. (reasonable estimation appropriate if positive determination of age is not possible)
    - a. For patients younger than 18 years of age, resuscitation measures, including transport to the closest trauma center, shall take place.

- b. For patients 18 years or older:
  - 1) **BLS RESPONDERS:**
    - a) If the time from **initial determination** of pulselessness and apnea until trauma center arrival is estimated to be less than 20 minutes, resuscitation measures, including transport to the closest trauma center, shall take place.
    - b) If the time from **initial determination** of pulselessness and apnea until trauma center arrival is estimated to be 20 minutes or more, the patient may be determined to be dead.
  - 2) **ALS RESPONDERS:**
    - a) If the time from **initial determination** of pulselessness and apnea until trauma center arrival is estimated to be less than 20 minutes, using a cardiac monitor, the patient's rhythm should be assessed.
      - (1) If the rhythm is narrow complex PEA, wide complex PEA greater than 30 beats per minute, ventricular tachycardia or ventricular fibrillation, resuscitation measures, including immediate transport to the closest trauma center, shall take place.
      - (2) If the rhythm is asystole or wide complex PEA at a rate of 30 beats per minute or slower, the patient shall be determined to be dead.
    - b) If the time from **initial determination** of pulselessness and apnea until trauma center arrival is estimated to be twenty minutes or more, the patient may be determined to be dead, regardless of cardiac rhythm.

D. Termination of Resuscitation

- 1. Base hospitals and EMS Personnel should consider terminating resuscitation measures on adult patients (age 18 and older) who are in cardiopulmonary arrest and fail to respond to treatment under VC EMS Policy 705.07 or 705.08: Cardiac Arrest, Adult.
- 2. If resuscitation measures have been initiated, base hospital contact should be attempted before resuscitation is terminated and the patient determined to be dead.

3. If unable to make base hospital contact, resuscitation efforts may be terminated and the patient determined to be dead using the following criteria:
    - a. Patients without evidence of trauma who meet termination of resuscitation criteria in VC EMS Policy 733: CAM and Post ROSC Care.
  4. In cases of cardiopulmonary arrest as a result of a lightning strike, electrocution or suspected hypothermia, CPR shall be performed for a minimum of 1 hour. **BLS responders in these circumstances shall make all reasonable attempts to access ALS care.**
- E. Documentation
1. EMS Personnel will document determination of death in the approved Ventura County Electronic Patient Care Reporting System (VCePCR).
- F. Disposition of Decedent's Body
1. Deaths that occur in hospitals or skilled nursing facilities, or to patients enrolled in hospice programs, do not require law enforcement response. Under these circumstances the body may be left at the scene.
  2. Deaths that occur anyplace other than a hospital or skilled nursing facility **except to patients enrolled in hospice programs**, must be reported to law enforcement personnel and the body must be left in their custody.

# Ventura County EMS Determination of Death

DECAPITATION, INCINERATION, HEMICORPORECTOMY OR DECOMPOSITION?

NO

YES

DOD

RIGOR OR LIVIDITY?

**RIGOR:** Check the jaw and other joints for rigidity.  
**LIVIDITY:** Check the dependent areas of the body for purplish-red discoloration.

YES

NO

ANY RESPONSE TO FURTHER ASSESSMENT?\*

**MEDICAL**  
(Including drowning, ingestion, asphyxiation, hanging, poisoning, lightning strike, electrocution)

**TRAUMATIC**  
Blunt or penetrating trauma (sufficient to cause death)

ANY RESPONSE TO FURTHER ASSESSMENT?\*

YES

NO

TREAT

DOD

TREAT

YES

NO

TREAT PER 705.29, TX TRAUMA CENTER

YOUNGER THAN 18 YEARS OF AGE?

#1  
Respiratory

**BLS and ALS:**  
1. Open airway.  
2. Auscultate lungs or feel for breaths, while observing the chest for 30 seconds.

#2  
Cardiac

**BLS:**  
1. Palpate carotid pulse for 1 minute. (Check brachial pulse in infants.)  
2. Auscultate heart sounds for 1 minute.  
**ALS:**  
1. Palpate carotid pulse for 1 minute. (Check brachial pulse in infants.)  
2. Monitor rhythm for 1 minute; check asystole in 2 leads. Print 6-second strip.

#3  
Neuro

**BLS and ALS:**  
1. Check pupils for response to light.  
2. Check for response to painful stimuli.

TREAT PER 705.29, TX TRAUMA CENTER

YES

NO

TREAT PER 705.29, TX TRAUMA CENTER

TRAUMA CENTER ETA LESS THAN 20

YES

NO

ALS PROVIDER

BLS PROVIDER

DOD

TREAT

Narrow complex PEA, Wide Complex PEA > 30/min, VT or VF?

YES

NO

TREAT PER 705.29, TX TRAUMA CENTER

DOD