



Special Operational Protocol 9101

Death in the Field

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This protocol is designed to be used when EMS personnel encounter patients who are dead at the time of arrival in which resuscitation is medically inappropriate or for use immediately after the **Cease-Effort Protocol 9102** has been performed.

- A. Perform initial assessment as per any patient.
- B. Determine history.
- C. **Criteria:** The decision to not begin resuscitation may occur under the following circumstances if ordered in **consultation with MCP**.
 - 1. When there are changes to the body which indicate a prolonged postmortem interval, i.e. decomposition, rigor in normothermic body.
 - 2. Injuries incompatible with life such as decapitation or transection of torso.
 - 3. Pulseless, apneic patients in multiple casualty situations where available resources are required to maintain living patients.
 - 4. Proper DNR documentation.
 - 5. Resuscitation efforts pose a danger to the health and/or safety of the rescuers.
- D. **Criteria:** The decision to not begin resuscitation may occur under the following circumstances by **direct verbal contact and order of MCP**.
 - 1. Victims of trauma who are pulseless and apneic at the time of arrival of first responders or EMS personnel.
 - 2. Blunt trauma patients who become pulseless and apneic, cannot be extricated quickly, and the entrapment precludes medically effective resuscitation efforts.
 - 3. Circumstances where beginning or continuing resuscitation is not medically appropriate as determined by EMS personnel and **direct contact with the Medical Command Physician**.



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E. Procedure:

1. Contact Medical Command immediately and **consult with MCP** as required in “C” and “D” above. Discuss situation and obtain confirmation that no resuscitation is indicated.
2. After **consultation with MCP**, note exact time and date of declaration of death.
3. Protect and preserve the scene until jurisdictional authority has been determined as in #4 below.
4. Notify the Medical Examiner Authority (County or State) on all out-of-hospital deaths except those registered with and receiving hospice care.
5. If the county authority is unavailable or does not call back within 10 minutes, then contact the State Medical Examiner’s Office at 1-877-563-0426.
6. Unless hospice death, notify local law enforcement.
7. While awaiting return call from Medical Examiner Authority, collect the following information:
 - a. Has patient been under the care of a regular attending physician. If so, note the name and contact number. If death was expected, attempt to contact physician and inquire if he or she will certify death and sign the death certificate.
 - b. Past medical problems.
 - c. History and circumstances of death.
 - d. Inquire from family or those present about anatomical gift documentation including drivers license or living will. Check for medic alert tags concerning anatomical gift.



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8. When Medical Examiner Authority calls, give above information. Medical Examiner Authority will determine if case meets criteria for Medical Examiner case. If yes, follow instructions from Medical Examiner.
9. If death does not meet criteria for Medical Examiner investigation, the Medical Examiner Authority will release the body. Contact patient's attending physician and confirm the history and circumstances of the death. Assure that the attending physician will certify the death and sign the death certificate. Document the time and name of the physician. Assist family with transport arrangements for the body to morgue or funeral home. If anatomical gift information was discovered, then notify Medical Command of the name and type of donation.
10. If the deceased has no attending physician or the physician refuses to certify and sign the death certificate, then the case must be a Medical Examiner case. Follow instructions of Medical Examiner.
11. EMS personnel are not required to transport the body, but may do so if instructed and this is standard practice as a courtesy to the local community.
12. EMS personnel should document carefully the signs, symptoms, and vital signs which confirmed and allowed the declaration of death. These facts should be recorded in the patient care record.
13. For Medical Examiner cases, the hospital copy of the patient care record should be completed and given to the Medical Examiner Authority if they are on-scene or left with the body at the morgue if transport is made.