

Monterey County EMS System Policy



Policy Number: 4100
Effective Date: 7/1/2025
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PRE-HOSPITAL DETERMINATION OF DEATH

I. PURPOSE

To establish medical criteria for determination of death.

II. POLICY

- A. If there is any doubt about the patient meeting the criteria for determination of death, cardiopulmonary resuscitation (CPR) shall be initiated.
- B. In all cases where death has been determined, the coroner or law enforcement agency with jurisdiction shall be notified. A first responder or ambulance provider shall remain on scene until released by either law enforcement or a coroner's office representative.
- C. The decision regarding determination of death shall be made at the scene before transport. Once transport has been initiated, resuscitative efforts shall continue until patient care is transferred to the receiving hospital.
- D. Base contact is required for any deviations from this policy, or for determination of death based on criteria not specifically outlined in this policy.

III. PROCEDURE

- A. Signs of Obvious Death.
 1. Decapitation
 2. Incineration of the head or torso
 3. Decomposition
 4. Separation of vital organs from the body or destruction of organs that is obviously incompatible with life, *plus* the absence of life signs
 5. Rigor Mortis
 6. Post-Mortem Lividity
- B. Rigor Mortis and Post-Mortem Lividity-Special Instructions
 1. If the initial assessment reveals rigor mortis and/or post-mortem lividity only with no other signs of obvious death, the EMT or paramedic responsible for prehospital determination of death shall perform the following assessments to confirm death:

Non-Paramedic Providers:

- a. **Check for a pulse:**

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- 1) For adults and children older than 12 months of age, palpate the carotid artery for a minimum of 60 seconds to confirm that there is no carotid pulse.
 - 2) For children 12 months of age or younger, palpate the brachial artery for a minimum of 60 seconds to confirm that there is no brachial pulse.
- b. **Auscultate the heart:** Auscultate the heart for a minimum of 30 seconds to confirm that there are no heart sounds.
 - c. **Document** the assessment findings on the PCR.

Paramedic Providers:

- a. **Check for a pulse:**
 - 1) For adults and children older than 12 months of age, palpate the carotid artery for a minimum of 60 seconds to confirm that there is no carotid pulse.
 - 2) For children 12 months of age or younger, palpate the brachial artery for a minimum of 60 seconds to confirm that there is no brachial pulse.
- b. **Obtain a rhythm strip:** Obtain a rhythm strip (in Lead II) for a minimum of 30 seconds to confirm asystole.
- c. **Document** the assessment findings, including the rhythm strip, on the PCR.

C. Other Criteria for Determination of Death.

1. Absence of life signs when there are multiple victims and resuscitation would hinder care of more viable patients.
2. The patient is pulseless and apneic with a valid Do Not Resuscitate (DNR) order, or the legal durable power of attorney directs that resuscitative measures not be provided.
3. Patient in cardiac arrest and a persistent non-shockable rhythm despite Advanced Life Support (ALS) interventions for 20 minutes and up to 3 rounds of drugs in accordance with the Asystole/Pulseless Electrical Activity (PEA) protocol.
4. Patient meets criteria for determination of death under Policy #4504 Drowning and Non-Fatal Drowning.
5. Upon EMS arrival, patients found to be in cardiac arrest due to a major traumatic injury where the initial cardiac rhythm is asystole or PEA with a rate of less than 20 bpm.

D. Death Scene Management.

1. Request the response of the law enforcement agency that has jurisdiction and responsibility for Coroner Office notification.

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2. The individual with Incident Command responsibility shall be responsible for the deceased until law enforcement or a coroner's representative arrives. When an extended response time from law enforcement or a coroner's representative will delay the return of EMS personnel to service, the body may be released to family or responsible party, such as the patient's caregiver or funeral home representative, with verbal approval of a coroner's representative.
3. The deceased shall not be moved except when the body hinders the care of other patients or when the Coroner's Office releases the body.
4. EMS personnel shall not search the deceased for identification or other information.
5. EMS personnel shall take reasonable precautions to not disturb the scene or immediate surroundings of the deceased except as needed to perform patient care activities. Notification shall be made to law enforcement or coroner deputy regarding any disturbance of the scene.

IV. NOTES

- A. When a patient meets the criteria for determination of death and CPR has been started by a member of the public, CPR may be stopped by EMS personnel. Base contact is not required.
- B. ALS personnel shall provide EKG documentation on the Patient Care Report (PCR) when the patient is placed on the heart monitor.
- C. ALS personnel may stop CPR started by Basic Life Support (BLS) personnel if the patient meets the criteria for determination of death.

END OF POLICY