SAN FRANCISCO EMERGENCY **MEDICAL SERVICES AGENCY**

~~DEATH IN THE FIELD~~ FIELD PRONOUNCMENT – Public Comment April 2024

EFFECTIVE DATE: x/x/xx ***POLICY REFERENCE NO: 4050*** ***SUPERSEDES: x/x/xx***

1. PURPOSE

1.1. To ~~delineate the role of the~~ provide guidelines for BLS and ALS providers for patients in cardiac arrest ~~and identify conditions where Cardiopulmonary Resuscitation (CPR) is withheld or discontinued.~~ in the prehospital setting for when care may be withheld or discontinued to avoid unnecessary or prolonged efforts for patients with improbable or impossible recovery. EMS may transport anyone perceived to be viable, or if dynamics (scene, bystanders, public perception) necessitates transport.

2. POLICY

2.1. A patient may be determined dead without Base Hospital contact when one of the following conditions exist:

2.1.1. Obvious Deaths:

2.1.1.1. Decapitation

2.1.1.2. Total incineration

2.1.1.3. Decomposition

2.1.1.4. Separation from the body of either the brain, ~~liver~~ lungs, or heart

2.1.1.5. Rigor mortis ~~(NOTE: Must apply EKG leads and confirm asystole in 2 leads)~~

2.1.2. Medical Indications

2.1.2.1. 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 two leads for ALS) **AND** no evidence of hypothermia, drug ingestion or poisoning

2.1.2.2. Patient in cardiac arrest with persistent asystole or pulseless electrical activity (PEA) rhythm after **20 minutes** of ALS intervention that includes intubation or supraglottic airway insertion, **AND** End Tidal CO2 monitor shows good waveform (for placement confirmation) **AND** persistent ETCO2 reading (less than 10 mmHg).

2.1.2.3. Patient in cardiac arrest with persistent ventricular fibrillation or pulseless ventricular tachycardia rhythm after **30 minutes** of ALS intervention that includes intubation or supraglottic airway insertion **AND** End Tidal CO2 monitor shows good waveform (for placement confirmation) and persistent ETCO2 reading (less than 10 mmHg).

2.1.3. Medical Directives

2.1.3.1. 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).

2.1.4. Trauma

2.1.4.1. **Blunt**

- Consider field pronouncement if non-survivable injuries are present **AND** no signs of life (spontaneous movement, breathing, pulse, or pupillary reaction). **CONTACT BASE.** ~~penetrating or profound multi-system trauma with wide complex PEA < 40 or asystole.~~

2.1.4.2. **Penetrating**

- Consider field pronouncement if no signs of life (spontaneous movement, breathing, pulse, or pupillary reaction), **AND** the onset duration of the arrest is > 10 minutes. **CONTACT BASE.**

2.1.4.3. **Special Trauma Scenario: Jumper or fall into the bay from the Bay Bridge or Golden Gate Bridge**

- EMS may withhold or stop CPR on a patient who jumped or fell from these structures where the mechanism of injury, the fall and subsequent impact to the water, is known to cause blunt, penetrating, or profound multi-system trauma consistent with non-survivable injuries.
- Upon recovery of a victim as described above, rescuers may choose from either of the following options:
  - Consider field pronouncement of patients with no signs of life (spontaneous movement, breathing, pulse, or pupillary reaction) upon physical contact. **CONTACT BASE**.

2.1.5. **MCI**

2.1.5.1. Incident where triage principles preclude initiation of CPR.

2.1.6. **Exceptions** ~~Environmental~~

2.1.6.1. Hypothermic arrest

2.1.6.2. Drowning w/ hypothermia and submersion < 60 minutes ~~Drowning victims where it is reasonably determined that submersion has been 30 minutes or greater.~~

2.1.6.3. Lightning strike or electrocution

2.1.6.4. Pregnant patient with gestation estimated ≥ 20 weeks

2.2. **NOTE**: If CPR was initiated by non-EMS personnel for the above-mentioned conditions listed in II.A. 1-5, **DISCONTINUE CPR**.

2.3. The Base Hospital Physician must be contacted to determine death in the field in the following situations:

2.3.1. 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.

2.3.2. Any situation in which the paramedics response warrants clarification or direction.

3. PROCEDURE

3.1. Maintain the integrity of the death scene.

3.2. ~~The deceased patient may be removed immediately from the scene in the following situations:~~

3.2.1. ~~A life threatening or hazardous situation for the field crews exists.~~

3.2.2. ~~The death occurs in public view, and it appears to be from natural causes.~~

3.3. 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.

3.4. Provide grief support for bystanders and family members as appropriate

3.5. Complete a Pre-hospital Care Record with the following information:

3.5.1. Position of patient on arrival.

3.5.2. Description of the environment where the patient was found.

3.5.3. Known or reported circumstances surrounding death.

3.5.4. Actions taken by responding personnel.

3.5.5. Identity of all personnel on scene.

3.5.6. Identity of Base Physician consulted.

3.5.7. Time of death.

3.6. Obtain EKG strip unless signs of obvious death as listed in II. A. 1 of this policy.

3.7. Complete early defibrillation documentation if appropriate.

3.8. Document if valid DNR/POLST directive present.

3.9. EMS personnel may leave the scene if SFPD or building security ~~and/ or family members~~ are present to preserve the scene and documentation is completed and left for the Medical Examiner.

4. AUTHORITY

4.1. California Health and Safety Code Section 1797.220 and 1798

4.2. California Probate Code Section 4780