

Pronouncement of Death/Death in an Ambulance

I. Pronouncement of Death:

If a patient meets one of the criterion from the Dead on Scene protocol, then ALS or BLS personnel can begin the following procedure for obtaining a pronouncement of death:

1. Present to the online medical control physician results of the physical examination, including vital signs, cardiac monitoring or use of AED (if applicable) and summary of patient's condition, including:
 - a. present problem
 - b. past medical history, especially as it relates to any terminal illness that may be present
 - c. applicability of advance directives or presence of durable power of attorney, physician and/or family members and their agreement in limiting life support.
2. Online medical control physician will then do one of the following:
 - a. pronounce death
 - b. request initiation or continuance of basic/advanced life support
 - c. request further information or clarify issues.
3. Document time of pronouncement of death and names of online medical control physician and hospital on the GCMCA Run Record.
4. Notify the appropriate 911 center if local police authority are not already on scene.
5. If EMS personnel need to move a body in an effort to assess if one of the eight categories of obvious death are present, or if the scene is disturbed for any reason by EMS personnel, the crew must notify the appropriate law enforcement personnel on scene of such movement or of any disturbance in the scene. Such movement or disturbance shall also be discussed with the Medical Examiner Scene Investigator (MESI) from the Medical Examiner Office if one is on scene and recorded in the run record.
6. EMS may:
 - a. leave the scene once police, hospice, physician, nurse, body removal service, or funeral home personnel are on scene.
 - b. Transport the body to the appropriate facility.
7. Medical devices utilized during care by EMS will remain in place until either a determination is made that it is not an ME case or if the body is released by the ME's office to the funeral home (IVs, advanced airways, defibrillation pads, etc.)
8. Medical devices utilized during care by EMS must remain in place if the ME's office advises that an autopsy of examination will be performed.
9. No personal items should be removed from the body with the exception of identification.
10. Bodies must be handled with care and respect for the deceased, the family, and the public.
11. If, after reviewing the Medical Examiner (ME) algorithm for a ME case, the EMS crew believes that the case meets the requirements for a potential ME case, they will report that to the appropriate 911 center if a police officer is not already on scene. If there is

any doubt that the ME's office will not be contacted, then the EMS provider must contact the appropriate 911 center and report the potential ME case.

ME Algorithm

1. "Do I know why this person died?"
 - a. "No" = Report the case (Unexplained death's are ME cases)
 - b. "Yes" = Go to next question
2. "Was the death in any way related to trauma?"
 - a. Yes = Report the case (Traumatic deaths are ME cases)
 - b. No = Go to the next question
3. "Has the person been to see a doctor within the last 2 days or under the doctor's care at the time of death?"
 - a. No = report the case

If the answers to questions #1 and #3 are 'Yes' and question #2 is 'No' then this case does not require the ME's office to be contacted.

Exceptions:

- Deaths in custody = always report
- Deaths during a medical procedure = always report
- Deaths of patients in hospice care (i.e. registered hospice working with a hospice agency) do not need to be reported however hospice paperwork must be present

II. Death in an Ambulance – termination of care:

- A. Patients with valid DNR orders being transported for any reason, whether due to an emergency condition or during an interfacility transfer, who experience cardiac or respiratory arrest shall have the DNR honored unless, before arresting, the patient expressly withdraws their DNR.
- B. Patients for whom transport was initiated but who, during transport, meet the criteria for either Dead on Scene or Termination of Resuscitation protocols, and for whom On-line Medical Control (OLMC) has approved a termination of resuscitation (as required by those protocols respectively), may have care terminated while still en route to the hospital.

III. Death in an Ambulance – transportation of patient's body:

- A. In the event of a patient death in an ambulance, the body shall be transported to the original destination hospital if the call was originally from a scene to a hospital or from a facility to a hospital (transfer).
 1. The patient's body shall be brought to the Emergency Department

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2. The patient will be registered to accommodate both the transfer of custody and for preservation of evidence, if indicated
 3. The Medical Examiner shall be contacted by the hospital and the disposition of the body shall be according to the direction of the ME.
- B. If a patient is being transferred to a nursing home or to their home, immediately following discharge from a hospital, and death is determined, the body should be brought back to the hospital from which they were discharged, unless the patient is a hospice patient.
1. If the patient is a hospice patient and hospice will be meeting you at the destination, or the destination is a hospice facility, you may continue on to the destination and relinquish the body to hospice personnel. This is permitted, without notification of the Medical Examiner, since the patient was both a hospice patient and received medical attendance within the 48 hours immediately preceding the time of death. However, if the death was unexpected, the Medical Examiner must be notified.
 2. If the patient is a hospice patient and hospice personnel will not be meeting you at the destination, continue on toward the destination, contact a supervisor from your agency and evaluate the situation. Where you ultimately go is dependent on how far you are from the destination, if family was intending to meet you at the destination, if the death was unexpected and any confounding factors. The body may not be left without there being a custodial transfer from EMS to an appropriate healthcare provider.
 - a) Consider contacting the hospice care provider
 - b) Consider consultation with online medical control
 - c) If the death was unexpected, contact the Medical Examiner
- C. If a patient is being transferred from a facility to an appointment, or vice versa, where neither the starting or ending destination was a hospital:
- a) If no DNR exists, treat and transport the patient to a hospital
 - b) If a DNR exists but the patient is not a hospice patient, determine death, honor the DNR, and transport the body to a hospital
 - c) If a DNR exists and the patient is a hospice patient, determine death; honor the DNR, refer to III.B (1 and 2) above.