

# First Responder Determination of Death

Supersedes:

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## PURPOSE

The purpose of this procedure is to establish guidelines for the withholding or termination of resuscitation efforts by Boston EMS first responder agencies (Boston Fire Department, MassPort Fire Rescue) in the setting of Prehospital cardiopulmonary arrest.

## POLICY

CPR shall be initiated whenever the patient is found to be unresponsive, apneic, and pulseless unless there is a contraindication as described in this policy and procedure. If any doubt exists as to the existence of vital signs or any of the conditions described herein, first responder personnel should begin resuscitation efforts.

## PROCEDURE

1. Exceptions to Initiation of Resuscitation. First Responder personnel may withhold resuscitation efforts when the patient is found to be in cardiac arrest (pulseless & apneic) and one of the following conditions exists:
  - 1.1. Current, valid "Do Not Resuscitate" Order verified per the Comfort Care Protocol.
  - 1.2. Trauma incompatible with survival such as:
    - Cardiac Arrest documented at first evaluation when such condition is the result of significant blunt or penetrating trauma and the arrest is obviously due to such trauma, EXCEPT in the specific case of arrest due to penetrating chest trauma and short transport time to definitive care.
    - Decapitation: severing of the vital structures of the head from the remainder of the patient's body
    - Transection of the torso: body is completely cut across below the shoulders and above the hips
    - Incineration of the body
    - Evident complete destruction of brain or heart
  - 1.3. Body condition clearly indicating biological death such as decomposition of body tissue and/or putrefaction. Putrefaction is caused by decomposition or decay of tissue. The skin surface (not only in isolated areas) is bloated or ruptured, with sloughing of soft tissue and the odor of decaying flesh.
  - 1.4. Post mortem dependent lividity and / or rigor. Lividity is redness caused by blood pooling in the dependent parts of the body that is generally seen fifteen to

thirty minutes after death. When the body is appropriately examined, there is a clear demarcation of pooled blood within the body. Rigor mortis is muscular rigidity following death which affects all muscles at the same time, but which is generally first detectable in the short muscles. Determination of rigor mortis should include immobility of major joints (e.g. jaw, shoulders, elbows, hips, or knees). Assessment also includes:

- Respirations are absent for at least 30 seconds and;
- Carotid pulse is absent for at least 30 seconds and;
- Both pupils, if assessable, are non-reactive to light.
- Lung sounds auscultated by stethoscope (if available) bilaterally are absent for at least 30 seconds

1.5. Declared mass-casualty incident where triage principles or limited resources preclude the initiation of CPR

1.6. Resuscitation efforts could reasonably pose a danger to the health and/or safety of the rescuers.

## 2. TERMINATION OF RESUSCITATION

First responder personnel arriving at the scene of a cardiac arrest in which resuscitative efforts have been initiated may cease resuscitative efforts at any time when an "Exception to Initiation of Resuscitation" as identified in Section 1 above is determined to be present.

## 3. SPECIAL CONSIDERATIONS

3.1. Prior to deciding whether to withhold resuscitation efforts, or to discontinue such efforts, logistical factors should also be considered, such as collapse in a public place, family wishes, and the safety of the crew and public.

3.2. Consideration must be given to initiate and/or continue resuscitation efforts in the case of short transport time; pediatric patients; victim of hypothermia, overdose, lightning strike; or organ donor who otherwise may meet the criteria for declaration.

3.3. Cardiopulmonary arrest patients who have sustained trauma, but the mechanism of injury does not correlate with the clinical condition, thus suggesting either a case of commotio-cortis (blunt, non-penetrating chest impact that causes arrhythmia) or an underlying primary medical arrest followed by a traumatic incident should have standard (medical) resuscitation efforts initiated.

## 4. PUBLIC VIEW / FIRE SCENES / TRANSPORTATION

4.1. A body found in public view shall be covered with a yellow disposable blanket or clean white burn sheet with minimum disruption to the scene or body.

4.2. In the case of a fatality at a fire scene, the body should remain in the fire building unless it interferes with firefighting operations. At the discretion of the Fire Incident Commander, Boston EMS personnel may enter the fire building

once it is declared safe to do so to confirm the patient meets the criteria for non-resuscitation.

- 4.3. Should the body need to be removed from the fire building, it should be removed from the building in a body bag. If the body is removed from the scene and placed in public view, it should be covered with a yellow disposable blanket or clean white burn sheet with minimum disruption to the scene or body.
- 4.4. Under the direction and request of the Police Department Incident Commander (or Fire Incident Commander in the case of a fire-related fatality) and in conjunction with a BEMS Supervisor, the body may be moved out of public view to either a police prisoner transport wagon, Fire Investigation Unit vehicle, or as a last resort, to a Boston EMS unit and held until transportation to the morgue can be arranged.