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EMS Administrative Directive No. 2020-001 (v2)

Date: February 11, 2020

To: Merced County ALS and BLS EMS Providers

From: Ajinder Singh, MD, CPE
EMS Medical Director

James Clark, MICP, MHOAC
EMS Administrator

Subject: Determination of Obvious Death in the Field and Base Station Contact Procedure for On-Line Physician or MICN Pronouncement of Death

Determination of OBVIOUS Death in the Field

Merced County ALS and BLS EMS Providers may determine **OBVIOUS DEATH** in the field has occurred when:

There is absence of respirations, cardiac activity and neurologic reflexes, in addition to one or more of the following conditions:

1. Decapitation
2. Incineration of the torso or head
3. Massive crush injury
4. Exposure, destruction and/or separation of vital internal organs (e.g. brain, spinal cord, liver, heart or lungs) from the body
5. Blunt traumatic arrests without organized (VF, VT or PEA) ECG activity or with extrication times exceeding 15 minutes
6. Drowning victims, when it is reasonably assumed that the submersion has been greater than 60 minutes
7. Postmortem lividity and/or rigor mortis
8. Decomposition of body tissue

The prehospital personnel shall make a Determination of Death and note the time of the same on the Pre-Hospital Care Report Form (PCR) or alternate report form. If not already on scene, the prehospital personnel shall notify the County Coroner and/or the appropriate law enforcement agency that there is an **OBVIOUS DEATH** and shall remain at the scene until released by the coroner or law enforcement agency. The completed PCR shall be faxed to the Merced County Coroner's office as soon possible.

Determination of PROBABLE Death in the Field

For patients who do not meet the criteria of **OBVIOUS DEATH**, EMT/Paramedic personnel shall initiate and continue CPR and Advanced Life Support (ALS) treatment protocols until one of the following occurs:

Vicki Jones, MPA, REHS
Environmental Health Director

Jessica Montoya-Juarez, MS
Assistant Public Health Director

Yadira Vazquez, MBA
Assistant Public Health Director

James Clark, MICP, MHOAC
EMS Administrator

- Spontaneous effective circulation and ventilation have been restored.
- The resuscitative effort has been transferred to another responsible and properly trained individual who continues it.
- The rescuer is physically exhausted and unable to continue.
- Patients shall have resuscitative efforts performed for the following time periods.
- Patients presenting with an initial ECG rhythm of Asystole or a Paced rhythm AND an ETCO₂ of 10mmHg or less – 10 minutes of ALS care must be performed. If there is no improvement in the patient's condition, the paramedic may make a determination of death in the field the patient **without Base Hospital contact**.
- Patients presenting with an initial ECG rhythm of Asystole, PEA, or a Paced rhythm AND an ETCO₂ of 11mmHg or greater – 20 minutes of ALS care must be performed. If there is no improvement in the patient's condition, the paramedic may make a determination of death in the field **without Base Hospital Contact**.
- Patients presenting with an initial ECG rhythm of V-Fib/pulseless V-Tach or patients who received a defibrillation from an AED – 30 minutes of ALS care must be performed. If the patient achieves ROSC, transport patient to the closest STEMI center if patient condition allows. If patient condition does not improve after 30 minutes make a determination of death in the field **without Base Hospital Contact**.

AN EMS FIELD PROVIDER MAY MAKE BASE HOSPITAL CONTACT AT ANY TIME FOR A PHYSICIAN CONSULT IF NECESSARY.