

Nor-Cal EMS Policy & Procedure Manual

Treatment Guidelines

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Purpose

To establish criteria for determination of death by prehospital personnel.

Policy

Prehospital providers do not pronounce death but rather determine death based on pre-determined criteria outlined below. An assessment by ALS personnel and consultation with the Base Hospital Physician is required for determination of death not covered by this Policy.

For Traumatic Arrest
See 19300

Hypothermia
as cause see
Guideline 19440

Traumatic Arrest
as cause see
Guideline 19300

Assess ABC's if patient is pulseless and apneic CPR may be withheld and death determined if ANY of criteria are met:

If patient has:
DNR, POLST,
Advanced directive,
End of life Option Act

BLS, AEMT,
ALS

MCI incident
Death determined via
START triage

Obvious signs of irreversible death:

Rigor Mortis, Dependent lividity, Decapitation, Decomposition, Incineration.

Trauma= Crush / penetrating injury with complete destruction of vital organs or gross dismemberment of trunk of body

Submersion \geq 1 hour = Exam & History reliably confirm submersion time

Extrication greater than 15 min with no resuscitation possible

BLS EMS CPR w/ AED longer than 20 minutes with no shock advised and no ALS at scene
(BLS provider may stop efforts)

Death Determined
Document time and
Contact law enforcement

Family interaction

DNR Not present- Resuscitation maybe withheld or stopped if family who is present and can be identified as an immediate family member or spouse and with full agreement of any other persons who are present at scene, requests no resuscitation.

Any objection or disagreement by family regarding terminating or withholding resuscitative effort- BLS efforts including CPR/AED shall continue or begin immediately and Physician contact should then be made for further direction.

Below is for
AEMT, ALS PERSONNEL ONLY

