SAN MATEO COUNTY HEALTH
EMERGENCY MEDICAL SERVICES

EMS POLICY	507
Effective:	**April 2024**
Approval: EMS Director **Travis Kusman, MPH**	Signed:
Approval: EMS Medical Director **Greg Gilbert, MD**	Signed:

DETERMINING DEATH IN THE FIELD

I. PURPOSE

This policy establishes a system that allows EMS personnel to determine obvious death in the field as defined herein, to honor do not resuscitate orders or Physician Orders for Life Sustaining Treatment ("POLST"), and other patient designated end-of-life directives in accordance with the patient's wishes when death appears imminent.

II. AUTHORITY

Health and Safety Code Division 1, Part 1.8, Section 442220 and 1798-443, Division 2.5, Section 1797.220 and 1798 California Probate Code, Division 4.7 (Health Care Decisions Law)

III. DEFINITIONS

Advance Health Care Directive ("AHCD"): A written document that allows an individual to provide healthcare instructions and/or appoint an agent to make healthcare decisions when unable or prefers someone speak for them. AHCD is the legal statutory declaration for healthcare proxy or durable power of attorney for healthcare and living will.

Aid-in-Dying Drug: A drug, or combination of drugs, determined and prescribed by a physician for a qualified individual, who shall self-administer to bring about their death due to terminal illness. The prescribed drug(s) may take affect within minutes to several days after self-administration.

Basic Life Support ("BLS") measures: The provision of treatment designed to maintain adequate circulation and ventilation for a patient in cardiac arrest without the use of drugs or special equipment. Examples include:

- Assisted ventilation with a bag-valve mask device;
- Manual or automated chest compressions; and
- Automated External Defibrillator ("AED").

Comfort-Focused Treatment Measures: Medical interventions with a primary goal of maximizing comfort. Providers shall relieve pain and suffering with medication by any indicated and clinically appropriate route and may use oxygen, suctioning, airway positioning, and manual treatment of airway obstruction.

Do Not Resuscitate ("DNR"): Applies to a patient without a pulse or respirations. DNR is a

request to withhold interventions intended to restore cardiac activity and respirations. Examples include:

- No chest compressions;
- No defibrillation;
- No endotracheal intubation; or
- No cardiotonic medications.

This does not include comfort-focused treatment measures. DNR does not mean "do not treat."

End of Life Option Act: California state law authorizing an adult, eighteen years or older, who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal disease to make a request for an "aid-in-dying drug" prescribed for the purpose of ending their life in a humane and dignified manner.

Obvious Death Criteria: Physical exam findings a paramedic, EMT, designated first responder, or public safety officer can use to determine if resuscitative measures are not indicated.

Palliative Care: The World Health Organization ("WHO") defines palliative care as "An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual."

Physician Orders for Life Sustaining Treatment ("POLST"): A signed POLST is a legally valid physician order form that addresses a patient's wishes related to end-of-life care. A POLST may be signed by a physician, nurse practitioner, or physician assistant. POLST may be used for both adult and pediatric patients.

Selective Treatment Measure: Similar to comfort-focused treatment measures, selective treatment measures are medical interventions used to provide and promote patient comfort, safety, and dignity. Selective treatment measures applicable for POLST and AHCD may include but are not limited to:

- Airway maneuvers, including foreign body removal;
- Suctioning;
- Oxygen;
- Hemorrhage control;
- Oral hydration;
- Glucose administration;
- Pain control (fentanyl);
- IV administration and fluids if necessary; and
- Positive pressure ventilation.

Standardized Patient Designated Directives: Describes the forms or medallion that recognizes and accommodates a patient's wish to limit prehospital treatment at home, in long term care facilities, or during transport between facilities. Examples include:

- Statewide Emergency Medical Services Authority ("EMSA")/ California Medical Association ("CMA") Prehospital DNR Form;
- State EMS Authority approved DNR medallion;
- Physician Orders for Life Sustaining Treatment ("POLST"); and
- Advanced Health Care Directive ("AHCD").

Valid DNR Order for Patients in a Licensed Health Care Facility: A written or electronic document in the medical record with the patient's name and statement "Do Not Resuscitate", "No Code", or "No CPR", that is signed and dated by a physician. Also includes a POLST with Do Not Attempt Resuscitation/ DNR checked and AHCD with instructions stating resuscitation should be withheld/discontinued.

Valid DNR Order for Patients at a Location Other Than a Licensed Facility: An alternate and valid DNR order that includes:

- EMSA/ CMA Prehospital Do Not Resuscitate Form, fully executed;
- DNR medallion;
- POLST with Do Not Attempt Resuscitation checked; and
- AHCD when instructions state resuscitation should be withheld/ discontinued.

IV. GUIDELINES FOR DETERMINING DEATH IN THE FIELD

A. If a Public Safety Communications ("PSC") dispatcher determines that the person meets Emergency Medical Dispatch ("EMD") criteria for obvious or expected death, the dispatcher shall dispatch fire first response Code 2 and cancel the ambulance response.

B. A paramedic, EMT, designated first responder, or public safety officer may determine death if the victim is "obviously dead" exhibiting any of the following conditions:
   1. Decapitation;
   2. Incineration;
   3. Rigor Mortis;
   4. Decomposition;
   5. Apnea in conjunction with the destruction and/or functional separation from the body of the heart, brain, liver, or lungs;
   6. Multi-casualty incidents ("MCI") where triage principles preclude the initiation or continuation of resuscitation;
   7. Any trauma patient without respirations, pulses, cardiac rhythm, and other signs of life and no evidence of hypothermia, drug ingestion, or poisoning;
   8. Submersions of one hour or longer confirmed by public safety personnel will be considered a body recovery, not a rescue operation; or
   9. An expected death due to a terminal illness.

C. Presumptively dead: No bystander CPR, unwitnessed arrest, and asystolic on ECG. Do not begin resuscitation.

D. Law enforcement officers may determine death if the person is obviously dead meeting any of the following criteria: decapitation, incineration, decomposition, or explosive gunshot wound to the head with apnea (not breathing) and obvious destruction of the brain.

E. The PSC dispatcher can determine death based on a law enforcement officer's answer to specific questions. This can only be done if the PSC dispatcher is able to speak directly with the officer at scene with the patient.

F. In accordance with FP29 – High Performance CPR, a paramedic may cease efforts after 30 minutes of resuscitative efforts where the patient is asystolic confirmed by a 12 Lead EKG, apneic, and $EtCO_2$ < 20mmHg. Document last recorded $EtCO_2$ value. If the patient is in PEA on scene after 30 minutes of resuscitation, contact the Base Hospital physician for direction on a recorded line and provide last recorded $EtCO_2$.

V. HONORING END-OF-LIFE PATIENT WISHES

A. The right of patients to refuse unwanted medical interventions is supported by California statute.

B. Withhold or discontinue patient resuscitation if a valid AHCD or standardized patient-designated directive is provided.

C. Photocopies of all the patient-designated directives are acceptable.

D. Electronic copies at a facility that are signed and dated by the physician are acceptable.

E. A competent patient may revoke their designated directive at any time.

F. An adult individual, eighteen years or older, who has the capacity to make medical decisions and has a terminal illness may receive a prescription for an aid-in-dying drug and self-administer the aid-in-dying drug to end their life in a humane and dignified manner.

G. A healthcare provider, including EMS personnel, shall not be subject to censure, discipline, suspension, loss of license, or other penalty for participating in good faith compliance with the End-of-Life Option Act.

VI. GENERAL POLICY FOR EMS PERSONNEL FOR PATIENTS WITH A DNR, POLST, OR AHCD

A. Confirm the patient is the person named in the patient-designated directive. This will normally require either the presence of a form of identification or a witness who can reliably identify the patient.

B. Unless meeting Obviously Dead or Presumptively Dead criteria, initiate BLS measures immediately on patients in cardiopulmonary arrest pending verification of a valid patient-designated directive.

C. If verification or location of the documents is in question, begin resuscitation measures immediately and contact the base hospital for further direction taking into account family on scene who may have pertinent information regarding the patient's wishes regarding end of life. Make every effort to contact the patient's medical home hospital as they may have access to this information in the patient's electronic medical record.

D. If, during transport, the patient's condition deteriorates and a valid DNR is present, contact the receiving hospital and provide an update in patient status, and continue transport to the emergency department. This includes both 9-1-1 and interfacility transports.

E. Documentation of a DNR incident shall include the following:
   1. Resuscitation not initiated because of a valid DNR; document this using the designated area in the electronic health record (EHR);
   2. If care was given, describe the care;
   3. If the base hospital was contacted, document the name of the physician who either directed to transport or pronounced on scene;
   4. If the patient was determined dead on scene, document the time of death;
   5. If any invasive medical equipment was removed after the medical examiner has been contacted, document the removal; and
   6. Provide a copy of the DNR, AHCD, and/or other patient-designated directive attached to the EHR if possible.

VII. ADVANCED HEALTH CARE DIRECTIVE SPECIFIC PROCEDURES

A. A valid AHCD must be:
   1. Completed by a competent person age 18 or older;
   2. Signed, dated, and include the patient's name;
   3. Signed by two witnesses or a notary public;
   4. Signed by a patient advocate or ombudsman if the patient is in a skilled nursing facility;
   5. If the situation allows, EMS personnel will make a good faith effort to review the AHCD and/or consult with the patient advocate;
   6. Base contact is required for any AHCD instructions other than withholding resuscitation; and
   7. If the agent or attorney-in-fact is present, they should accompany the patient to the hospital.

VIII. STATE EMS AUTHORITY APPROVED DNR MEDALLION

A. Medallions are issued after a copy of the DNR or POLST is received from an applicant.

B. There are two (2) medallion providers approved in California:

1. **Medic Alert Foundation**
   2323 Colorado Avenue
   Turlock, CA 95382
   Phone: (888) 633-4298
   www.medicalert.org

2. **Caring Advocates**
   2730 Argonauta Street
   Carlsbad, CA 92009
   Phone: (800) 647-3223

C. If a prehospital provider encounters a medallion engraved with “DNR”, “Do Not Resuscitate”, “DNR-EMS”, or “DNR-EMS POLST,” the provider shall treat as a DNR with palliative cares measures.

IX. PHYSICIAN ORDERS FOR LIFE SYSTAINING TREATMENT (POLST)

A. The POLST must be signed and dated by a physician, nurse practitioner, or physician assistant and the patient or legally recognized decision maker.

B. Any incomplete section of POLST implies full treatment for that section.

C. No witness to the signature is necessary.

D. The POLST is designed to supplement, not replace an existing AHCD.

E. If the POLST conflicts with the patient’s other health care instructions or advance directive, then the most recent order or instructions governs.

F. Make sure to read both sections A and B of the POLST.

G. If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should not be used on a patient who has chosen “Do Not Attempt Resuscitation.”

H. If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.

I. Medical interventions should be initiated consistent with the provider’s scope of practice and POLST instructions.

J. The Base Hospital should be contacted for any questions regarding POLST.

X. END OF LIFE OPTION (AID IN DYING DRUG) GUIDING PRINCIPLES

A. A patient who has obtained an aid-in-dying drug has met extensive requirements as stipulated by California law. The law offers protections and exemptions for healthcare providers but is not explicit about EMS response for End of Life Option Act patients.

B. The following guidelines are provided for EMS personnel when responding to a patient who has self-administered an aid-in-dying drug.

1. Within 48 hours prior to self-administration of the aid-in-dying drug, the patient is required to complete a “Final Attestation for Aid-in-Dying Drug to End My Life in a

Humane and Dignified Manner." However, there is no mandate for the patient to maintain the final attestation in close proximity of the patient.

2. If a copy of the final attestation is available, EMS personnel should confirm the patient is the person named in the final attestation which will normally require either the presence of a form of identification or a witness who can reliably identify the patient.
3. Currently, there are no standardized "Final Attestation for Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner" forms, but the law requires specific information that must be in the final attestation.
4. If available, EMS personnel shall make a good faith effort to review and verify that the final attestation contains the following information:
    a. The document is identified as a "Final Attestation for an Aid-in-Dying Drug to End My Life in a Humane and Dignified manner."
    b. Patient's name, signature, and date.
5. Provide comfort-focused treatment measures (as defined) when applicable.
6. Withhold resuscitative measures if the patient is in cardiopulmonary arrest.
7. If a POLST or AHCD is present, follow the directive **as appropriate** for the clinical situation.
8. The patient may at any time withdraw or rescind their request for an aid-in-dying drug regardless of the patient's mental state.
9. In this instance, EMS personnel shall provide medical care based on the discussion with the patient as per standard protocols.
10. Family members may be at the scene of a patient who has self-administered an aid-in-dying drug.
11. If there is an objection to the End-of-Life Option Act, inform the family that comfort-focused treatment measures will be provided and contact the Base Hospital for further direction.
12. When possible, obtain a copy of the final attestation and attach it to the EHR.
13. Document relevant conversation with on scene family members.
14. Ask PSC to notify law enforcement if not on scene already and stay on scene until law enforcement arrives or until released by the medical examiner's office.