

# Policy: In-Field Termination/Notification of Coroner

## Overview:

### **Special Situations:**

- A. Patient with DNR/POLST (follow [DNR/POLST Policy](#)).
- B. Patient with definitive signs of death include at least one of the following:
  - rigor mortis
  - dependent lividity
  - decomposition of body tissues
  - fatal/unsurvivable injury(s)-an injury clearly incompatible with life:
    - decapitation
    - incineration
    - separation of vital internal organs from the body or total destruction of organs
    - gunshot wound to the head that clearly crosses the midline (entrance and exit)
- C. Patients meeting the above conditions do not require Medical Direction contact prior to calling Coroner.
- D. Patient has a valid DNR/POLST where resuscitation efforts were initiated prior to knowledge of resuscitation status. All providers, when presented with a valid DNR/POLST after initiating CPR, must contact Medical Direction prior to ending resuscitation efforts.
- E. Prolonged resuscitation efforts beyond 20 minutes with full ACLS without a return of spontaneous circulation or shockable rhythm and/or capnography has remained below 10 throughout arrest it may be appropriate to terminate in the field.
- F. If cardiac arrest is compounded by hypothermia, submersion in cold water, or if there has been transient ROSC or continued shockable rhythm transport is indicated.
- G. Correctable causes or special resuscitation circumstances have been considered and addressed.
- H. Family requests for termination should be relayed to Medical Direction.
- I. Document name and relationship of family member(s) to patient who are present in the patient care report.

## Policy:

- A. CPR initiated.
- B. Airway Management per Airway Management SMO.
- C. AED/cardiac monitor applied.
- D. AHA Guidelines followed for a minimum of 20 minutes. At 20 minutes consider transporting the patient, continuing treatment, or discontinuing treatment. When termination or transport is being considered:
  - Availability of local resources (e.g., time for coroner to arrive if care is terminated vs time of transport)
  - Trauma codes
  - Scene is unsafe
  - Family members present
  - Age/condition of patient
  - EtCO<sub>2</sub>
  - Obvious death at crime scene
- E. Contact Medical Direction for termination.
- F. Any/all equipment that was used to treat the patient such as ET tubes, airway adjuncts, IVs, IOs etc should not be removed from the patient and be left in position that they were in at the time the patient was pronounced.
- G. If termination is approved contact Coroner in the county of patient death. The Coroner should be contacted for all out of hospital deaths.
  - Note time of death and confirm signs. Remain on scene until coroner, law enforcement, or other appropriate professional arrives.
  - Do not transport patient who is dead at the scene unless otherwise directed by the coroner.

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## Policy: Interaction with Law Enforcement on Scene

**POLICY:** It is clearly understood that the first and foremost duty of law enforcement and EMS personnel is to protect and preserve human life. Pre-hospital providers must ensure that patient care is given the highest priority. In addition, and to the extent possible, this care should be given with consideration to the needs of law enforcement with respect to personnel safety, crime scene management and preservation of evidence. Pre-hospital personnel shall follow the direction of law enforcement with respect to crime scene management. The direction should not prevent nor detract from quality patient care. The following guidelines should be followed:

In all cases where a crime, suicide or self-harm, death, or suspicious fatality has occurred:

- A. If police are not on the scene, request their services.
- B. Assess dispatch information and the scene to determine if conditions permit safe performance of professional medical duties.
- C. If the safety of EMS personnel would be placed in jeopardy, response and treatment and transport may be delayed pending police arrival.
- D. Park EMS vehicles with consideration of the crime scene at direction of law enforcement if possible.
- E. Do not destroy evidence such as tire tracks, footprints, or broken glass.
  - Consider wearing gloves for all activities at a crime scene including those not directly involved with patient care.
- F. Entry to the crime scene should be made with the minimum number of personnel necessary to access and provide care to the patient(s).
- G. Entry to and exit from the crime scene should be accomplished by the same route.
- H. Do not walk-through fluids (blood) on the floor/ground.
- I. Care should be taken not to disturb any physical evidence (including weapons). Do not move or touch anything unless it is necessary to do so for safety and/or patient care.
- J. Observe and document any items moved.
- K. Notify law enforcement of, and document, any items removed from the scene (impaled object, bottles, and patient belongings).
- L. Removal of patient clothing should be kept to a minimum. Clothing removal should be done in a manner which will minimize the loss of physical evidence.
- M. Do not cut through suspected bullet or knife holes.
- N. Clothing and all personal articles of the patient are to be left in the possession of law enforcement personnel whenever possible.
- O. If resuscitation was attempted, all EKG electrodes, defibrillation pads, IVs, IOs, invasive catheters (e.g. chest needles), and advanced airway devices should be left in place.
- P. Put wrappers and other disposable “trash”, which accumulates as patient care is rendered, in a single site away from the patient and/or potential crime scene evidence. Do not pick up on-scene trash items and discard because evidence may be destroyed. On-scene law enforcement personnel may suggest a site to be used for trash which would be most ideal to maximize preservation of evidence.
- Q. Do not clean or disturb a patient’s hands when involved with a firearm.
- R. Patients who meet the “obvious death” criteria do not require EKG confirmation of asystole, or any manipulation of the body. These include:
  1. rigor mortis
  2. dependent lividity
  3. decomposition
  4. decapitation
  5. incineration
  6. transected torso

- S. Patients who meet the criteria for withholding resuscitative efforts should be assessed using the minimum number of EMS personnel. EKG confirmation of asystole, if needed, should be completed with minimal movement of the body.
- T. Contacting Medical Direction should be consistent with the [In-Field Termination Policy](#).
- U. If obvious death has been presumed by a law enforcement officer, and EMS is present, it is recommended that EMS be involved in the presumption of death. It is important to document the name and badge number of the officer presuming death or limiting access to the scene for patient assessment as the liability for such a decision will rest with him/her, and his/her department.
- V. Every effort to cooperate with law enforcement should be made. In the event of a disagreement with law enforcement, EMS personnel should document the problem and refer the matter to their superior for follow-up and/or action. If the disagreement involves, in the opinion of the pre-hospital provider, an issue that will or could result in patient harm, an immediate request for on scene EMS and Law Enforcement supervisory personnel should be made, including consideration for direct medical oversight advice.
- W. If EMS personnel discover a crime scene, or are at a crime scene without law enforcement, an immediate request for law enforcement shall be made. Until such time as law enforcement arrives, EMS personnel shall assure their own safety and if possible, attempt to follow the guidelines contained in this document.
- X. Laundering of the scene at the completion of the investigation is not routinely in the scope of responsibility for the EMS personnel and therefore these requests should be to the appropriate resources for completion of scene management.
- Y. Patients under police custody or who are under arrest should have a law enforcement officer present in the ambulance during EMS transport, but it is acceptable for the officer to follow in his/her vehicle.
- Z. Sexual Assault
  - 1. When possible, transport all victims of a sexual assault to a facility with certified Sexual Assault Nurse Examiners (SANE).
  - 2. EMS Providers who respond to a call for an alleged sexual assault victim should do a medical screening exam to determine any physical trauma that needs immediate attention. Treat per medical guidelines. The EMS personnel should examine the genitalia only if severe injury is present or suspected.
  - 3. Patient history should be limited to the elements needed to provide emergency care.
  - 4. Be cognizant of preserving evidence during the process of patient assessment and care. This should include:
    - a) Consider covering the cot with paper chux or sterile burn sheet if possible
    - b) Handle clothing as little as possible
    - c) Do not clean wounds unless necessary.
    - d) Ask the patient not to drink or brush teeth.
    - e) Ask the patient to avoid bathing, urinating, defecating, or douching if possible.
    - f) Ask the victim not to change clothes or bathe.
    - g) Disturb the crime scene as little as possible.

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