Carroll County Department of Fire and EMS

Standard Operating Procedure: 3.14	**Effective Date: June 8, 2023**
Subject: Care after Pronouncing Death	**Section: Emergency Medical Services**
Authorized: Eric Zaney, Assistant Chief of EMS	**Revision Date: August 13, 2024**

I. PURPOSE

This policy establishes procedural guidelines to direct the activities of the Carroll County Department of Fire and EMS (CCDFEMS) personnel responding to an incident involving a victim who is obviously dead upon their arrival on the scene (DOA) or who has been declared dead by CCDFEMS personnel after unsuccessful resuscitation efforts. It is intended to enable personnel to respond effectively, complete appropriate documentation, interact effectively with police agencies and provide emotional support and other assistance to surviving family members.

II. APPLICABILITY

This policy applies to Carroll County Department of Fire and EMS career and volunteer personnel.

III. DEFINITIONS

Accidental Death: A death due to trauma or injury that does not appear to be suspicious in nature

Maryland MOLST form: (Medical Orders for Life-Sustaining Treatment): Standardized form used by patients to document their wishes regarding resuscitation and lifesaving treatment. (COMAR 10.01.21). A Maryland EMS DNR form may be accepted, as well as other written or verbal DNR orders as described in the Maryland Medical Protocol.

Natural Death: A death that appears to have resulted from a previously known medical condition

Sudden Infant Death Syndrome (SIDS): The unexplained death, usually during sleep, of a seemingly healthy baby less than a year old.

Suspicious Death: A death which may have resulted from violence, neglect, abuse or foul play, or which may have occurred under any unusual circumstances

Termination of Resuscitation (TOR): The cessation of field resuscitation based upon the guidelines described in the current Maryland Medical Protocol.

IV. PROCEDURES

A. It is CCDFEMS' policy to attempt resuscitation on all potentially salvageable victims of sudden and unexpected cardiac arrest, with the exception of those who have indicated, through the use of the MOLST form, that they do not wish such procedures attempted. CCDFEMS also strives to protect the patient and family by avoiding futile resuscitation efforts, to provide support to survivors, to maximize the safety of its providers and to secure potential crime scene from contamination. This policy is not intended to supersede local, state, or federal law, or Maryland Medical Protocols.

B. All CCDFEMS personnel are responsible for:
   1. A professional and compassionate interaction with the families or friends of deceased patients
   2. Maintaining scene integrity and cooperating with law enforcement.

C. Personnel may pronounce the death of a pulseless, apneic patient when:
   1. Indications described in the current Maryland Medical Protocol are met.
   2. A valid MOLST or DNR form is presented, or other written or oral documentation of MOLST / DNR status as described in the current Maryland Medical Protocol.
   3. Resuscitation is discontinued using the Termination of Resuscitation protocol in the current Maryland Medical Protocol.

D. Upon pronouncement of death, all additional responding units will be placed in service. At least one Fire/EMS unit will remain on the scene to await arrival of police, unless the death is at a skilled nursing facility, or the unit is required to respond on another emergency incident if there is a shortage of resources.
   1. In the case of what appears to be an accidental or suspicious death, a Fire Rescue unit will remain on the scene until the arrival of law enforcement.

E. Law enforcement will determine if the death is natural, accidental, or suspicious.

F. Upon determination of natural death, Fire/EMS personnel should
   1. Advise the family, if present, of the patient's death
   2. Offer assistance as needed, including, but not limited to
      i. Calling friends, relatives, clergy, or private physician
      ii. Answering any questions simply and truthfully, to the best of the provider's ability
      iii. Accompanying the family to view the body, if desired
      iv. Advising the family that police will arrive to do a routine investigation
      v. Note: Attachment A is a list of suggestions which may help in

“breaking the news” to the family.

G. Gather required information for incident and patient reports, including
    1. Time that death was pronounced
    2. Patient name, date of birth, medical history, medications
    3. Recent illnesses or complaints
    4. Time the individual was last seen alive
    5. Description of the scene/body orientation
    6. Actions taken by family or bystanders prior to arrival

H. If the death is thought to be accidental or suspicious
    1. Maintain crew safety
    2. Limit entry into the scene and avoid movement of the body
    3. Back out of the scene as soon as possible, but document any observations of weapons, personal effects, body position, notes and obvious injuries.

I. Despite the presence of obvious signs of death, it is often appropriate to transport suspected SIDS cases to the hospital with CPR in progress. All possible support must be given to the parents or guardians in such cases, including arranging for their transport to the hospital (riding with the patient in the back of the EMS unit if they wish). Preserve the scene and note in the incident report the initial position of the patient, sheets, toys, etc., along with any statements made by the parents or caretakers

J. All information must be thoroughly documented with an eMeds report.

K. Scene Preservation
    1. Every death should be treated as a crime scene. Clinicians should wear the appropriate PPE and be constantly aware of what they touch or move at a death scene so that it may be accurately relayed to law enforcement and documented. Whenever possible, restrict access to the scene until law enforcement arrives. This may involve asking personnel to remain outside, closing access points or asking an EMS clinician to keep watch.
    2. Ideally the scene should be maintained as close to the condition found as possible.
        i. EMS clinicians should not cover a body with a sheet or blanket as it may introduce fibers and hairs that could contaminate the body and/or potential crime scene and/or will allow fragile trace evidence to be lost. EMS clinicians may provide blankets or sheets to law enforcement for use upon their request.
        ii. If outside, it is best to shield the body from public view and not cover it. Shielding methods should be discussed and coordinated with our law enforcement partners whenever possible.
        iii. Note: If the body is outside and exposed to climatic elements such as rain, etc. the EMS clinician may cover the body with a light sheet to prevent the loss of potential evidence. If the body is covered for climatic protection, the EMS clinician will document the rationale for this choice.
        iv. If resuscitation was attempted and field termination implemented, the

EMS clinician should confer with law enforcement prior to cleaning up any used medical supplies or disposable equipment at the resuscitation location.

v. Fire and EMS personnel should pay particular attention to avoid stepping into or disturbing areas of blood or body fluids.

vi. Patient clothing may also serve as a valuable piece of evidence and may be inadvertently compromised by EMS. The EMS clinician should avoid, whenever possible, cutting through clothing in areas where blood stains and knife/bullet holes exist.

V. RECISION

This Standard Operating Procedure rescinds all directives regarding Care after Pronouncing Death or similar content previously issued for personnel of the Carroll County Department of Fire and EMS.

Revisions August 13, 2024
-Addition of II, Applicability Statement
-Addition of IV.K.

Carroll County Department of Fire and EMS

Attachment A

Supporting the Bereaved

“Breaking the News” (of sudden or unexpected death)

For any death, breaking the news is perhaps the most important part of the EMT’s duties. The family members will probably remember the manner in which it is done many years after the death of a loved one. It can also be extremely stressful for the clinician. The suggestions listed below may be helpful in delivering the news of a loved one’s death.

- Empathy: Drawing on your own experiences of loss, try to appreciate some of what the survivor is going through, but recognize that everyone’s grief is unique. Consider saying, “I’m so sorry. I know this must be a terrible shock”. Avoid saying “I know how you feel”. Because you don’t, and it is usually inappropriate to share details of your own losses. Try to be supportive and allow the family to steer the discussion.
- Don’t feel that you have to make conversation; the family members may not wish to talk at that time. The silence may be difficult for you but try to stay on the scene until the police arrive; simply your presence may be of great comfort to the family. Offer to contact another relative, friend, or clergy member.
- Try to be professional, but avoid overly clinical explanations of the possible cause of death. If the family is not satisfied with “I’m sorry, but there’s no way to know for sure until the coroner finishes an examination” It is okay to say, “The most common cause of death is heart attack or stroke, but we can’t be absolutely sure that happened.” Be honest with the family, but unless it really appears otherwise, it is fine to say, “It doesn’t look like they suffered.” And “this was a sudden tragic event and there is probably nothing anyone could have done about it.”
- Avoid euphemisms, such as “expired” or “passed away”. Using the word “dead” may seem harsh but is the clearest way of delivering the news. Continue to refer to the patient as “him” or “her,” or by name; don’t say “the deceased”, “the body,” or “the corpse”.
- Explain that the police will be coming and will ask a lot of questions, but will be able to give them some direction as well. Let them know that this is done routinely.
- If the family wishes to see or touch the body, (and assuming this is not a crime scene) allow it but consider preparing them for the fact that their relative may not look the same as before he or she died. Avoid covering the patient’s head with a sheet if at all possible.
- Realize that members of different cultural groups grieve and mourn in many different ways. What might seem strange to you might provide tremendous comfort to the family.
- Remember that the surviving relative is now your patient. By showing empathy and support, as well as being honest and professional in your interactions with these survivors, you are providing the most meaning and important form of patient care possible.