SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

DEATH PRONOUNCEMENT/WITHOLDING RESUSCITATIVE EFFORTS
EMSAC JULY 2025

EFFECTIVE DATE: XX/XX/XX *POLICY REFERENCE NO: 4050* *SUPERSEDES: 10/29/18*

1. PURPOSE

1.1. To provide guidelines for when resuscitative efforts should be withheld and/or death should be pronounced because a patient is obviously dead.

2. POLICY

2.1. A patient in cardiopulmonary arrest should have resuscitative efforts **withheld** if:

2.1.1. EMS personnel consider the scene unsafe and believe themselves to be at significant risk of harm

2.1.2. Presence of a valid DNR medical order (see Policy 4051 Do Not Resuscitate & Physician Orders for Life-Sustaining Treatment [POLST]).

2.2. A patient in cardiopulmonary arrest may be **determined obviously dead without** Base Hospital contact if one of the following criteria are met:

2.2.1. Decapitation: the complete severing of the head from the remainder of the patient's body

2.2.2. Decomposition or putrefaction: the skin is bloated or ruptured, with or without soft tissue sloughed off

2.2.3. Transection of the torso: the body is completely cut across below the shoulders and above the hips

2.2.4. Incineration: 90% of body surface area with full thickness burns as exhibited by ash ~~rather than clothing~~ and complete absence of body hair with charred skin

2.2.5. Injuries incompatible with life (such as massive crush injury, severe displacement of brain matter)

2.2.6. Submersion: suspected submersion >30 minutes

2.2.7. Rigor mortis or dependent lividity (NOTE: Must apply EKG leads and confirm asystole in 2 leads)

3. PROCEDURE

3.1. EMS personnel safety is the highest priority. If there are significant concerns about a hostile or dangerous environment, EMS personnel should discontinue, continue resuscitation efforts or transport as to best ensure their personal safety. In the event of scene safety concerns, an unusual occurrence or sentinel event should be reported to the EMS Agency

3.2. Consider the use of an **Honor Pause**. This is an introduction by the clinician either in charge of the code or pronouncing the death followed by 15-45 seconds of silence. A pause should *not* be used to insert one's own religious or spiritual beliefs nor should it be laden with medicalized jargon.

3.2.1. "*Let us take a moment to pause and honor (patient's name). They were someone who loved and was loved; was someone's family member and friend. In our own way, let us take a moment in silence to honor (patient's name). Let us also honor and recognize the care provided by our present team. Thank you everyone.*" [Second to last sentence, can be omitted if there was no resuscitation attempt]

3.3. If family or friends are on scene, provide grief support and encourage support from other family, friends, social services or mental health professionals, faith leaders, or chaplains as appropriate.

3.4. At a likely crime scene, disturb as little potential evidence as possible.

3.5. The Medical Examiner shall be notified of a death in the field by the pronouncing paramedic ~~highest medical authority at the scene per provider agency protocol~~.

3.6. EMS personnel may leave the scene if law enforcement, building security, and/or family members are present to preserve the scene, and documentation is completed and left for the Medical Examiner.

3.7. Documentation should include the following information:

3.7.1. Position of patient on arrival

3.7.2. Description of the environment where the patient was found

3.7.3. Known or reported circumstances surrounding death

3.7.4. DNR/POLST documentation, if present (Policy Reference 4051)

3.7.5. EKG strip obtained, if required

3.7.6. Actions taken by responding personnel

3.7.7. Identity of all personnel on scene

3.7.8. Identity of Base Physician, if consulted

3.7.9. Time of pronouncement

4. AUTHORITY

4.1. California Health and Safety Code Section 1797.220 and 1798

4.2. California Probate Code Section 4780