

**East Midlands Ambulance Service NHS Trust**

## **DIAGNOSIS OF DEATH POLICY**

Links to:

- Policy for the Implementation of JRCALC Guidelines
- Operational Procedures

**Owner: Clinical Services Department**

**Lead: Clinical Director**

**Version: 2.0**  
**Approved By: Clinical Governance Committee**  
**Date: 06 February 2008**  
**Review Date: February 2009**  
**Policy ID: CL/02.06**

## Version Control

---

### Document Location

The source of the document will be found in S:\Library\Current Policies\Clinical

### Revision History

Revision date	Previous revision date	Summary of changes
July 2006	N/A	New Policy for new EMAS Trust
February 2007	July 2006	Work required next review in six months
January 2008	July 2007	Work completed with Coroners

### Approvals

This document requires approval from the following:

Name	Date of Approval	Version
Clinical Innovation and Development Committee	24 July 2006	1.0
Clinical Governance Committee	01 February 2007	1.1
Clinical Governance Committee	06 February 2008	2.0

### Distribution

This document has been distributed to:

Name	Date
Library (EMAS Public Drive)	February 2008
Intranet	February 2008
All Staff	February 2008

### **Freedom of Information Act 2000 Access**

This document is available via the EMAS Publication Scheme under Class 8  
[www.emas.nhs.uk](http://www.emas.nhs.uk)

**Contents**

**Page**

**Section 1 – EMAS Diagnosis of Death Policy**

1.	Introduction	1
2.	Stage 1 – Clinical Diagnosis of Death	1
3.	Stage 2 – The Deceased Following Diagnosis of Death	2

**For local County variations please see appendices below:**

**Appendix 1** Leicestershire

**Appendix 2** Relevant Control Fax numbers per County

**Appendix 3** Diagnosis of Death Flowchart

**Appendix 4** Diagnosis of Death Flowchart

**Appendix 5** Diagnosis of Death Form - EMAS

## DIAGNOSIS OF DEATH POLICY

### **EAST MIDLANDS AMBULANCE SERVICE NHS TRUST**

The following procedure was written in collaboration with all Coroners Officers across the EMAS area. All current guidance and best practice have been taken into account and incorporated within. All staff across EMAS will adhere to the pathway for the Diagnosis of Fact of Death and will receive advance notification of any changes to this policy and training when and were necessary.

To meet with the wishes of all Coroners, the policy will be in two sections followed by two appendices, the appendices are to be used in conjunction with both sections.

**Section One** – will be used by Paramedics and Technicians employed by EMAS. Please check for local variations on the reporting system that may differ from the main procedure. [Please refer to appendices]

#### **NB.**

- Appendices 1 refers to the different reporting system in place for Leicester and Rutland areas.
- Appendices 2 refers to appropriate Control Fax numbers.
- Appendices 3 and 4 provide flowcharts for staff to follow when diagnosing the fact of death.
- Appendices 5 form to be used for Diagnosis of Death Procedure

## Section One

### Diagnosis of Death Procedure for EMAS Paramedics and Technicians managing deaths in the community

#### 1.0 INTRODUCTION

1.1 Extensive international research into resuscitation in cardiac arrest has shown that specific groups of patients have been identified in whom commencing or continuing resuscitation has no proven benefit.

1.2 The procedure uses recommended national guidelines in conjunction with contributions from the Coroners, Police Services and Clinicians within the East Midlands area, together with the incorporation of adult *End of Life Care/ADRTs*.

1.3 **The procedure is comprised of 2 stages:**

**Stage 1:** Clinical diagnosis of death

**Stage 2:** The management of the deceased following death

#### 2.0 STAGE 1 - CLINICAL DIAGNOSIS OF DEATH

2.1 The specific types of patients falling into the procedure can be divided into two main groups:

2.2 **Group 1 – Conditions Unequivocally Associated with Death (Paramedics and Technicians) – No ECG evidence required**

- Decapitation
- Massive Cranial and Cerebral Destruction
- Decomposition
- Incineration
- Rigor Mortis and / or Lividity
- Foetal Maceration

2.3 **In these groups, death can be recognised by the clinical confirmation of cardiac arrest.**

2.4 **Group 2 – Conditions Requiring ECG Evidence of Asystole (see procedure)**

a) Patients who have received ***no resuscitation for at least 15 minutes following collapse*** and are in Asystole (pacing spikes do not demonstrate a complex or a rhythm and in this context may be disregarded), with no pulse or respiratory effort on arrival of ambulance personnel. **(Paramedics and Technicians) Appendix 1.**

b) **Continuous ASYSTOLE** (pacing spikes do not demonstrate a complex or a rhythm and in this context may be disregarded), despite basic and advanced life support for **more than 20 minutes** in a normothermic patient **(Paramedics and Technicians). Appendix 4.**

## DIAGNOSIS OF DEATH POLICY

- c) Patients who have been submerged for more than three hours (this applies to both hypothermic and normothermic patients). **(Paramedics and Technicians). Appendix 3**
- 2.5 In all cases it is mandatory for full documentation to be completed on the Patient Record (PRF) including an accompanying ECG rhythm strip for patients within Group 2.
- 3.0 STAGE 2 – THE DECEASED FOLLOWING DIAGNOSING DEATH**
- 3.1 When a diagnosis of death has been made, in accordance with the procedure, the Police will only be required to attend if there are suspicious circumstances. Police must be informed of all unexpected deaths by Control but in most cases will decline to attend. Deaths that were expected do not require to be notified to Police but the diagnosis of Death Form must still be completed and faxed to Control for onward transmission to the relevant Coroner.
- 3.2 The Police must be informed of the following information if they apply:
- Death did not occur in the home of the deceased or relative of the deceased (Residential or Care facilities are regarded as the patients home even if they are only resident for short term or respite care)
  - The deceased is less than 18 years old
  - There is no known GP for the deceased
  - Relative/other responsible person is not easily contactable
  - The circumstances are suspicious or unexplainable
  - Obvious physical signs of trauma or apparent deliberate violence
  - Insecurity of the premises or signs of forced entry
- 3.3 If there are suspicious circumstance death may be pronounced and the scene preserved until the Police arrive and assume responsibility.
- 3.4 If the Police do not wish to attend or are not required:
1. The attending Paramedic or Technician will diagnose death within the set procedure and complete full documentation including the Diagnosis of Death Form.
  2. The attending ambulance crew will contact Ambulance Control informing them of the situation with the GP details. Control will then contact the GP (or Deputising Service) and inform them of the death. The GP will then be asked by Control if they wish to attend the scene, if so they will be requested to attend within 20 minutes.
  3. If they do not wish to attend the scene or are unable to attend within 20 minutes, the ambulance crew should advise the relatives/carers to contact their preferred Funeral Director to arrange the removal. If the relatives/carers require help to contact a Funeral Director, the crew may provide such assistance, either directly themselves or by contacting ambulance control.

## DIAGNOSIS OF DEATH POLICY

4. The attending Ambulance personnel will not normally wait at the scene until the Funeral Director or GP arrives if they believe the relative/carers of the deceased to be well supported with relatives/friends, and following discussion and agreement with the relative of the deceased they may contact Control and leave the scene. The crew must ensure that the appropriate arrangements for the removal of the deceased have been made prior to departing the scene.

It is no longer necessary to leave invasive equipment such as Endotracheal Tubes and IV cannulae in place after death. Such items may be removed and disposed of in accordance with existing Clinical waste and Management of Sharps procedures and policies.

Ambulance crews must not delay unnecessarily at the scene and it should be stressed that removal of deceased patients from domestic premises should only be undertaken in exceptional circumstances.

5. If the death occurs as the result of a Road Traffic Collision and the road is closed with the scene secured by Police, and provided that there is no public access that allows views of the deceased, ambulance crews will only remove the body in exceptional circumstances. This is at the request of the Police and is related to accident investigation. Following the pronouncement of the fact of death the Police will assume responsibility for the body and arrange removal by their Duty Undertakers. The Police will be responsible for notifying the relevant Coroner.

6. The attending personnel must complete the PRF and the Diagnosis of Death Form. No patient documentation will be left at the scene. The PRF, Diagnosis of Death Form and the ECG should be forward to the Audit Department at HQ.

- 3.5 **The Diagnosis of Death Form must be completed by the crew member pronouncing the fact of death and faxed to Control at the earliest opportunity and in every case before the end of the shift. The form must be fully and clearly completed, as Control will re-fax the form to the relevant Coroner. It is essential that all sections are fully completed.**

# DIAGNOSIS OF DEATH POLICY

## Appendix 1

### LEICESTERSHIRE

#### **Diagnosis of Death Procedure for EMAS Paramedics and Technicians managing deaths in the community in Leicestershire and Rutland**

#### **THE DECEASED FOLLOWING DIAGNOSING DEATH**

1. Leicestershire Police will attend in all cases where a diagnosis of death has been made by EMAS staff. Unless there are suspicious circumstances, EMAS staff will not normally wait for Police to arrive.
2. Following the diagnosis of death, the Technician or Paramedic will complete the Fact of Death form. The GP (or Out of Hours provider) must be informed either by the crew or Control and the fact recorded along with the Leicestershire Police incident number, obtainable from Control. The form must be left at the scene in an envelope for the attention of Police. Ambulance staff will not wait at the scene for the GP to attend.
3. The Police incident number should be marked on the outside of the envelope along with the Leicestershire Police non-emergency telephone number (01662 222222). Relatives should be advised to call this number and quote the incident number if Police have not arrived within 60 minutes of the crew leaving.
4. The family must be advised that Police will attend and will make all necessary arrangements for removal of the deceased by Funeral Directors. In no circumstances will either the crew or ambulance control make arrangements for removal of the deceased.
5. The ambulance crew will not normally wait at the scene after pronouncement of death procedures have been completed as above, if they believe that the family/carers of the deceased are well supported. In this situation, the crew should ensure that the family/carers clearly understand the role of the Police acting for the Coroner and then withdraw.
6. If the death occurs as the result of a Road Traffic Collision and the road is closed with the scene secured by Police, and provided that there is no public access that allows views of the deceased, ambulance crews will only remove the body in exceptional circumstances after consultation with the Senior Investigating Officer. This is at the request of the Police and is related to accident investigation and evidence continuity.
7. Following the pronouncement of the fact of death the Police will assume responsibility for the body and arrange removal by their Duty Undertakers. The Police will be responsible for notifying the relevant Coroner, but a Fact of Death form must be completed in the usual manner.

**THE ABOVE PROCEDURE MUST BE USED FOR ALL DEATHS OCCURRING IN LEICESTERSHIRE AND RUTLAND.**

## DIAGNOSIS OF DEATH POLICY

### Appendix 2

#### Relevant Control Fax numbers per County

#### Diagnosis of Death Procedure Fax Numbers:

- **Nottinghamshire**      **0115 929 9415**
- **Derbyshire**            **0115 929 9415**
- **Lincolnshire**         **01522 832 662**
- **Northamptonshire**   **0115 929 9415**

***NB.***

*Northamptonshire area only, Once the Diagnosis of Death form has been sent to the number above please inform South Central control room so that they are able to close the detail.*

**Please ensure that you FAX the Diagnosis of Death Form to the correct Control room Fax number**

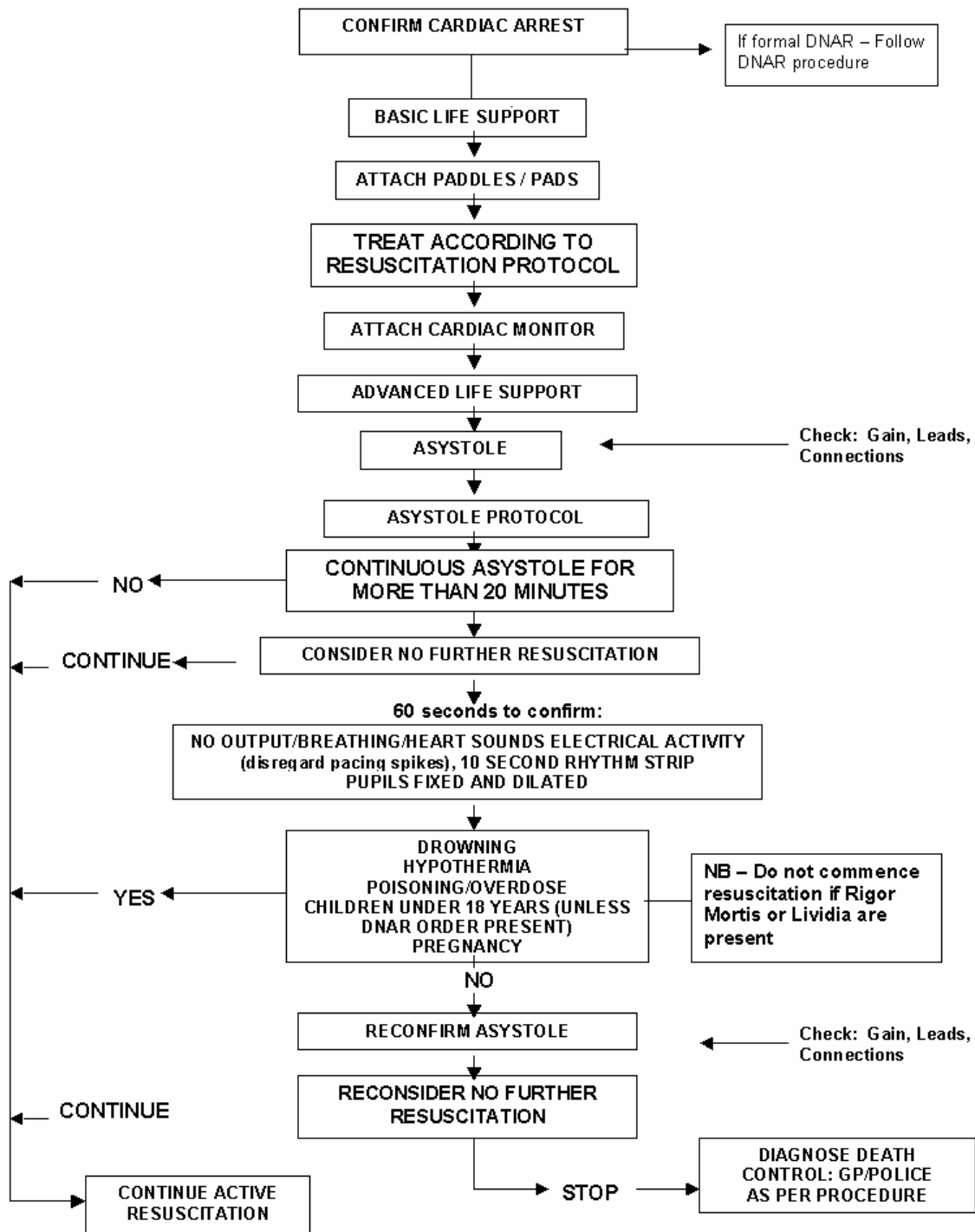


# DIAGNOSIS OF DEATH POLICY

## Appendix 4

### Diagnosis of Death Flowchart



#### CONTINUOUS ASYSTOLE DESPITE BLS AND ALS (Paramedics and Technicians)



DIAGNOSIS OF DEATH POLICY

Appendix 5

Diagnosis of Death Form – EMAS

		East Midlands Ambulance Service  NHS Trust	
<b>DIAGNOSIS OF DEATH IN EMAS</b> <i>ALL SECTIONS MUST BE COMPLETED CLEARLY</i>			
Date and Time and Job Number:			
Patients Full Name:			
Date of Birth (If Known) or Approximate Age:			
Patients Home Address:			
Location of Incident:			
Patients GP and Surgery Address:			
History and Clinical Findings			Tick Box
Unequivocal Death, e.g. Rigor Mortis, Decomposition, Massive Cranial/Cerebral Destruction.			
Confirmed Patient Collapsed for >15 Minutes, no Bystander CPR Performed. Patient in Asystole on Arrival of Ambulance Personnel.			
OR			
Patient in Cardiac Arrest on Arrival of Ambulance Personnel. Advanced Life Support was administered. Patient went into continuous Asystole for >20 Minutes.			
Asystole Printout Enclosed.			
Were there any suspicious circumstances?			Y / N
Cardiac Output - Carotid/Femoral Pulses?			Y / N
Signs of Spontaneous Respiration?			Y / N
Heart Sounds?			Y / N
Pupils Fixed and Dilated?			Y / N
Additional Comments?/Position of Patient when found:			
PRONOUNCED LIFE EXTINCT AT:       :       HRS		PIN No	Call Sign
PRONOUNCED BY (Name):			
WITNESSED BY (Name):			
GP CONTACTED BY:		TIME:	
GP attending Y / N:	Name of GP:	Will attend within:	
Police Contacted By:		Attending: Yes / No	
		Police Incident Number:	
Relative Contacted By:		Name of Relative/responsible person:	
		Time Contacted	
		Contact Number:	
Name of Funeral Director:		Location of body when left	
County patient Diagnosed Fact of Death in:			

For Deaths that occur within the jurisdiction of the Leicestershire Coroner, please leave the completed form on scene in a sealed envelope marked Police incident and telephone number 01162 222222 marked on the envelope.