
Determination of Death, Death in an Ambulance and Transport of a Body

The intent of this policy is to establish standards for Determination of Death, when patients with Do-Not-Resuscitate (DNR) orders die in an ambulance, or care is terminated for a patient while in the ambulance.

I. Pronouncement/Determination of Death

- A. Per the Determination of Death Act (Act 90 of 1992, MCL 333.1033), the MCA may establish which of its medical personnel may pronounce death.¹ Per this policy, paramedics holding MCA privileges, while on duty with a licensed ALS life support agency, with primary or secondary operations within this MCA or while providing mutual aid within this MCA, may pronounce the death of a patient who meets the following criteria:
 - 1. Irreversible cessation of circulatory and respiratory functions
 - a) Irreversible cessation of circulatory and respiratory functions is implied when a patient has experienced cardiac arrest and a valid DNR is in place, such that no attempt will be made to reestablish either circulation or respiratory functions.
 - b) Irreversible cessation of circulatory and respiratory functions is also implied when a patient meets the criteria established under the **Dead on Scene protocol** or the termination criteria are met under the **Termination of Resuscitation Protocol**.
- B. Contact with on-line medical control for the purpose of determination of death or pronouncement is not necessary unless expressly stated in the enabling protocol.
- C. Contact with Dispatch for the purposes of recording the death is required.

II. Out of hospital death – Notification of the Medical Examiner

- A. The Medical Examiner's office shall be notified for any out-of-hospital death under the following circumstances:
 - 1. The individual dies by violence
 - 2. The individual's death is unexpected
 - 3. The individual dies without medical attendance by a physician, or the individual dies while under home hospice care without medical attendance by a physician or registered nurse, during the 48 hours immediately preceding the time of death, unless the attending physician, if any, is able to determine accurately the time of death.
 - 4. If the individual dies as a result of an abortion, whether self-induced or otherwise.
 - 5. Death of a prisoner in a county or city jail.
- B. Responsibility to notify the Medical Examiner
 - 1. If a patient is transported to a hospital from the scene, having met the above criteria, EMS shall notify the hospital of the criteria which requires notification. Responsibility for the notification of the Medical Examiner resides with the hospital.

¹ MCL 333.1033 (3) A physician or registered nurse may pronounce the [death](#) of a person in accordance with this act. This subsection does not prohibit a health facility or agency licensed under article 17 of the public health code, Act No. 368 of the Public Acts of 1978, being sections 333.20101 to 333.22260 of the Michigan Compiled Laws, from determining which of its medical personnel may pronounce the [death](#) of a person in that health facility or agency.

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2. If a patient meeting the above criteria is pronounced dead without being transported to the hospital, the responsibility for notification of the Medical Examiner is shared between law enforcement and EMS personnel having authority for the management of the patient.
3. Patients who do not meet the above criteria and who are pronounced dead outside of a hospital do not require notification of the medical examiner.
 - a) Any patient who is attended by a physician or registered nurse at the time of death (nursing home)
 - b) Any patient who was under home hospice care and had medical attendance by a physician or registered nurse within the 48 hours immediately preceding the time of death (hospice patient either at home or in hospice facility)

III. Out of Hospital Death – Management, Handling and Movement of Body

- A. A body shall not be moved from the location of death if any mandatory Medical Examiner reporting criteria are present, **unless the ME's office provides official notification that an autopsy or external examination will not be performed and that the body will be released to the funeral home.**
- B. Alternately, the body of a person who has unexpectedly died in a public location may be moved only after approval from the ME's office to EMS. Such approval shall not be requested if there is any indication of violence, criminal activity or if the physical environment may contain evidence related to a cause of death or an injury pattern.
- C. **A situation which does not require notification of the ME's office does allow for movement of the body pending retrieval by the funeral home.**
- D. Bodies must remain in the physical custody of the police or EMS until custody is transferred to the funeral home or the ME's office staff.
- E. Medical devices utilized during care by EMS may be removed from the patient if the body is released by the ME's office to the funeral home (IV's, advanced airways, defibrillation pads, etc.)
- F. Medical devices utilized during care by EMS must remain in place if the ME's office advises that an autopsy or examination will be performed.
- G. If there is evidence of suspicious, violent or unusual cause of death, caution should be taken to avoid contamination of the scene.
 1. Police may choose to photograph or document the placement of medical devices, medical equipment, etc. in suspicious situations, prior to their movement or removal.
- H. No personal items should be removed from the body with the exception of identification.
- I. Bodies may be covered with a burn sheet or other sheet which does not shed fibers.
- J. If a body is moved, as permitted in the prior criteria, the location should be to a private, secure and nearby location pending retrieval by the funeral home or the ME's staff.
- K. Bodies must be handled with care and respect for the deceased, the family and the public.

IV. Death in an Ambulance – termination of care

- A. Patients with valid DNR orders being transported for any reason, whether due to an emergency condition or during an interfacility transfer, who experience cardiac or

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respiratory arrest shall have the DNR honored unless, before arresting, the patient expressly withdraws their DNR.

- B. Patients for whom transport was initiated but who, during transport, meet the criteria for either Dead on Scene or Termination of Resuscitation protocols, and for whom On-line Medical Control (OLMC) has approved a termination of resuscitation (as required by those protocols respectively), may have care terminated while still en route to the hospital.

V. Death in an Ambulance – transportation of patient’s body

- A. In the event of a patient death in an ambulance, the body shall be transported to the original destination hospital if the call was originally from a scene to a hospital or from a facility to a hospital (transfer).
 - 1. The patient’s body shall be brought to the Emergency Department
 - 2. The patient will be registered to accommodate both the transfer of custody and for preservation of evidence, if indicated
 - 3. The Medical Examiner shall be contacted by the hospital and the disposition of the body shall be according to the direction of the ME.
- B. If a patient is being transferred to a nursing home or to their home, immediately following discharge from a hospital, and death is determined, the body should be brought back to the hospital from which they were discharged, unless the patient is a hospice patient.
 - 1. If the patient is a hospice patient and hospice will be meeting you at the destination, or the destination is a hospice facility, you may continue on to the destination and relinquish the body to hospice personnel. This is permitted, without notification of the Medical Examiner, since the patient was both a hospice patient and received medical attendance within the 48 hours immediately preceding the time of death. However, if the death was unexpected, the Medical Examiner must be notified.
 - 2. If the patient is a hospice patient and hospice personnel will not be meeting you at the destination, continue on toward the destination, contact a supervisor from your agency and evaluate the situation. Where you ultimately go is dependent on how far you are from the destination, if family was intending to meet you at the destination, if the death was unexpected and any confounding factors. The body may not be left without there being a custodial transfer from EMS to an appropriate healthcare provider.
 - a) Consider contacting the hospice care provider
 - b) Consider consultation with online medical control
 - c) If the death was unexpected, contact the Medical Examiner
- C. If a patient is being transferred from a facility to an appointment, or vice versa, where neither the starting or ending destination was a hospital:
 - a) If no DNR exists, treat and transport the patient to a hospital
 - b) If a DNR exists but the patient is not a hospice patient, determine death, honor the DNR, and transport the body to a hospital
 - c) If a DNR exists and the patient is a hospice patient, determine death; honor the DNR, refer to V.B (1 and 2) above.