

<b>TITLE: VITAL SIGNS ABSENT PATIENTS</b>	<b>SECTION: LAND AMBULANCE</b>
<b>DATE: August 9, 2001</b>	<b>POLICY NO.: KDSB-LAS-VI-10</b>
<b>APPROVED BY: Resolution No. 2001-102</b>	<b>REVISED: March 1, 2011</b>

**1. POLICY STATEMENT**

All patients will be treated as living persons unless they are legally pronounced dead or are obviously dead as set out in the document "Patient Care and Transportation Standards", the Ambulance Act and Regulations and this policy.

**2. PROCEDURE**

2.1 In a circumstance of sudden and/or unexplained absence of a patient's vital signs, ambulance staff are obliged to assume life. No person except a qualified medical practitioner has the authority to pronounce death. This may be requested by Advanced Life Support providers acting upon the direction of a base hospital physician when local procedure on declaring death has been established.

2.2 Ambulance staff will initiate aggressive life support measures, i.e. C.P.R. according to the Ontario Heart and Stroke Foundation, Basic Rescuer Standards and transport the patient(s) to a medical facility.

2.3 Documentation

a) Document the detailed findings of the history taking, patient assessment and any patient care efforts (including the results of such efforts) on the A.C.R. Report the information to the receiving facility medical staff.

b) In addition to the patient documentation required on the A.C.R., ambulance staff will make personal notes regarding the incident. Personal notes will include information not normally recorded on the A.C.R., (e.g. sketch of the scene, description of the scene, list of the persons at the scene when crew arrived and information by by-standers or family). Such notes are for the use of ambulance staff in the event of an injury or inquest. These notes will be completed and a copy submitted to the Service Manager/Board prior to the end of the work period in which the event occurred.

2.4 Presuming Death

Legal Death exists only when a physician (including a base hospital physician acting through an Advanced Life Support provider) has pronounced death.

2.5 Obvious Death – No Physician Present

Upon completion of a thorough physical and history assessment, ambulance staff may "presume" death has occurred if gross signs of death are obvious. This is, by reason of decapitation, transection, visible decomposition, or otherwise.

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<p>2.6 Obvious Death – Otherwise</p> <p>Upon completion of a physical and history assessment, ambulance staff may presume death has occurred only in the circumstances where the patient has:</p> <ul style="list-style-type: none"><li>a) absence of vital signs, and</li><li>b) obvious signs of death, referred to as “otherwise” in the Ambulance Act, i.e., gross rigor mortis.</li></ul> <p>The decision to presume is to be based on knowledge, skills and training in emergency patient care. If there is any doubt that death has occurred, treatment will be provided according to the procedure for V.S.A. patients in this policy.</p> <p>2.7 When it has been determined that death has occurred, ambulance staff shall:</p> <ul style="list-style-type: none"><li>a) Treat the deceased with respect and dignity; be compassionate and try to respect the wishes and needs of the family members.</li><li>b) Determine if the death meets the criteria of “Expected Death” as defined by the <i>Deceased Patient Standard v1.0, Section 1 of the BLS Patient Care Standards</i></li><li>c) Notify dispatch of the death, whether the death appears to be <b>expected</b>, or <b>unexpected</b>, according to the Deceased Patient Care Standard and if expected, the contact name and number of the family physician or palliative care team member if available.</li><li>d) Collect and document all available information regarding the patient and the circumstances surrounding the death.</li><li>e) Remain at the scene (unless directed to do otherwise by dispatch) until other appropriate personnel, (i.e. coroner, police, family physician or palliative care team member), accept responsibility for the deceased, and until there is an acceptable person on scene.</li><li>f) In the case of an expected death where the coroner, family physician or palliative care team member has accepted responsibility for the deceased and there is a responsible person available on scene, paramedics may clear the scene without police presence. In the case of unexpected death paramedics may not leave the scene until the Coroner or the Police release them from the scene.</li><li>g) “Legally or Obviously Dead” persons must not be transported by ambulance, except from a public place where no body removal service is readily available. In these circumstances, a coroner may authorize transportation of deceased persons to the nearest morgue when an alternate ambulance is readily available to respond to emergency calls as determined by dispatch.</li></ul> <p>“Public place” means any place, building or public conveyance to which the public habitually resorts or to which the general public are admitted free or upon payment, but does not include a hospital, nursing home or any other health facility, or any home or other facility for children or for the aged, or any facility for persons with mental or physical handicaps, or any private residence or boarding house.</p> <p>Note: When a body is in a location where it is visible to the public and when the dispatcher gives approval and indicates that another ambulance is available, an ambulance crew may transport the body to the closest available hospital or morgue.</p> <p>Public place in this context does not include the premises of a hospital, nursing home or similar</p>	

institution, or a private residence.

- h) Dead persons must not be transported at the same time as a living patient, except where death is pronounced while en route to a hospital.
- i) Complete an Incident Report as per this manual.