



## PROGRAM POLICY

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| <b>NUMBER:</b>        | CLI 230                                        |
| <b>TITLE:</b>         | Management of Death in the Prehospital Setting |
| <b>CATEGORY:</b>      | Clinical                                       |
| <b>APPROVED:</b>      | August 2008                                    |
| <b>VERSION:</b>       | 2.0                                            |
| <b>EFFECTIVE:</b>     | September 2008                                 |
| <b>AUTHORITY:</b>     | Medical Director                               |
| <b>LAST REVIEWED:</b> | July 2023                                      |
| <b>LAST REVISED:</b>  | July 2023                                      |

**Purpose** To define policy and procedures to be followed by the Base Hospital Physicians and paramedics in the event of patient death in the field within the area of the Regional Paramedic Program for Eastern Ontario (RPPEO).

**Reference** Basic Life Support Patient Care Standards, Ministry of Health Best Practice Guideline # 5 -Interaction of Investigating Coroners with Emergency Medical Services, Police, Body Removal Services, and Funeral Services Arising from Death Investigations, Office of the Chief Coroner for Ontario, Ministry of Community Safety & Correctional Services, November 2010

**Background** Paramedics are required to respect patient's wishes with respect to treatment if made while capable, and substitute decision makers (SDMs) are authorized to express a patient's wishes when

they are not capable. The BLS-PCS DNR Standard recognizes the Ministry of Health DNR Confirmation Form as the only official expression of patient wishes for no resuscitation after death. Consequently, patients often undergo unwanted resuscitation efforts despite direction from SDMs or other supporting documents.

With respect to consent to treatment, the ALS PCS states, “If a patient is incapable of consenting to a proposed treatment plan, and the paramedic is aware or is made aware that the person has a prior capable wish with respect to the proposed treatment, they must respect that wish (for example, if the person does not wish to be resuscitated)” (ALS PCS 5.1, Page 5). The RPPEO believes the ALS PCS Consent to Treatment Standard and the *Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A* enable paramedics to apply clinical judgment and make patient-centered decisions about treatment at the scene of cardiac arrests, specifically where the patient’s wishes to withhold resuscitation are known. This includes verbal expression from a substitute decision maker of the patient’s wishes, or written DNR form other than the Ministry of Health DNR Confirmation Form.

In order to comply with the BLS PCS, a patch is required to a Base Hospital Physician for direction to withhold or terminate resuscitation.

**Policy**

All patients will be assumed to be viable, will be treated as living persons, and will be provided with the care and transportation required, unless they meet the Deceased Patient Standard for obviously dead, are pronounced dead, or a Base Hospital Physician provides a withhold or cease resuscitation order.

**Procedure**

If a paramedic:

- a. assesses a patient to be vital signs absent (patient confirmed to be pulseless), and
- b. they are made aware that the patient had a prior capable wish to not receive resuscitation in this circumstance, and
- c. this wish is believed by paramedics to be valid, then
- d. a patch to a BHP can be initiated at the earliest opportunity to consult on the appropriateness of withholding further resuscitation.

If there is any dispute, disagreement, or uncertainty amongst family or providers as to the validity of the request, resuscitation should be undertaken per BLS and ALS patient care standards (PCS).

### Revision Record

| Version number | Revision Date | Summary of Changes                                                                                                                                                                                  |
|----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.0            | July 2023     | Added Background, revised policy and procedure to encourage paramedic consultation with base hospital physician when there is no approved DNR and the family/friends want to withhold resuscitation |
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