



**GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR**



***DEPARTMENT OF HEALTH AND COMMUNITY SERVICES
Board Services***

POLICY: Treatment of Possible DOA Patients	POLICY NUMBER: EHS 2003-09-44
ORIGINAL DATE: September 9, 2003	LAST REVISED DATE: November 1, 2005

I. PURPOSE:

- A. To outline the proper procedure to follow when responding to an emergency call for a possible DOA patient.
- B. To outline the ambulance operator’s responsibilities when a family member requests the ambulance personnel not to provide treatment to a patient.

II. POLICY:

- A. All patients shall be treated as viable patients unless they present an obvious lethal injury (for example decapitation) or with two or more of the following signs of death:
 - eyes in which the cornea is wrinkled, cloudy or milky
 - the body temperature is cool (this will be dependant upon the environment in which the patient is found. If hypothermia is suspected, CPR shall be initiated.)
 - rigor mortis
 - post mortem lividity
 - putrefication
 - fixed and dilated pupils
- B. All viable patients shall be treated to the limits of the level of training of the ambulance personnel responding to an emergency call with all resuscitation efforts being performed.
- C. Patient’s with a valid Do Not Resuscitate Order (DNRO) are exceptions to this policy if a signed copy of the order can be provided to the ambulance personnel.
- D. In the pre-hospital setting all patients require a physician to make the determination of death, with the exception of patients meeting the criteria as outlined above.
- E. Ambulance personnel shall make contact with the patient’s family physician and/or the closest emergency physician for direction when dealing with a sudden death patient and where the family has asked that no treatment be rendered and the patient does not have a DNRO. This shall be done only if it does not delay treatment for a prolonged period of time. If a physician cannot be reached the ambulance personnel are to treat the patient to the limits of their training.

III. Procedure

- A. When the patient condition is determined as viable and the patient's family request no treatment be rendered, but do not have a valid DNRO the following steps shall be followed:
- one crew member shall initiate treatment
 - the second crew member shall make an attempt to contact the family physician and/or the closest emergency room physician for direction
 - if contact is made the ambulance crew shall follow the direction of the physician and document such direction on the PCR form
 - if contact is unable to be made, the patient shall be treated as a viable patient and all resuscitation measures shall be performed to include CPR and defibrillation if available and required.
 - there shall be no delay in patient care or transport due to contacting local police authorities. Until such time as a physician pronounces a patient dead, the patient shall be treated as a viable patient and time is a critical factor in the treatment of such patients.
- B. If a police officer is on scene prior to the arrival of the ambulance and relays to the ambulance personnel that the patient is D.O.A. the following steps shall be followed:
- the highest trained ambulance personnel shall request to be taken into the scene, by the police officer in charge of the scene, so they can assess the patient.
 - the highest trained ambulance personnel shall then enter the scene under direct supervision of the police officer on scene, being careful to only travel in the line of contamination as indicated by the police officer.
 - the ambulance personnel are not to touch anything other than what is needed to properly assess the patient.
 - if it is determined the patient may be a viable patient then only the personnel needed to package and remove the patient shall enter the scene.
 - the preservation of life comes before crime scene integrity, but all possible steps to ensure the integrity of the scene shall be used, as long as it does not affect patient care.
 - all individuals that enter the crime scene shall provide the police officer with their full name and the name of the ambulance service they work for.
 - if the police officer does not allow the ambulance personnel to assess the patient, it shall be noted on the Patient Information and Billing Form the police officers name, agency and statement indicating that they did not allow the ambulance personnel to assess the patient. If possible the police officer should be asked to sign in the comments section of the form.
- C. In the event the ambulance personnel arrive at a scene prior to the arrival of a police officer and determine the patient meets the aforementioned criteria to consider the patient non-viable the following shall occur:

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- After determination of non viable the ambulance personnel shall exit the immediate location of the patient, using the same route that they used upon entering the scene.
- The ambulance personnel shall then secure the scene and not allow anybody into the area that the patient is located.
- the ambulance personnel shall then contact the local policing agency to ensure they are responding to the sudden death situation.
- the ambulance personnel shall remain at the scene until such time as the local police agency arrives. The only exception to this is if another emergency ambulance transport is requested. In such situations, if no other ambulance is available to respond to the call, the ambulance personnel shall depart the scene only after leaving contact information with a bystander or if a third ambulance person also responded to the scene, they shall remain behind to relay information to the police.
- upon arrival of the local police the ambulance personnel shall provide the officer with their full name, their employer, the exact route they used when entering and exiting the scene, a description of everything they did and touched while in the immediate location of the deceased, and any other pertinent information requested by the officer.
- once the information is relayed to the officer the ambulance crew shall depart the scene and are now ready to respond to the next call.

IV. RESPONSIBILITY:

- A. It is the responsibility of the ambulance personnel and ambulance operator to ensure all patients are treated as viable patients unless otherwise directed by a physician or meet the criteria as outlined in this policy.
- B. It is the responsibility of the ambulance personnel to accurately document all directives given to them by a physician.
- C. It is the responsibility of the ambulance personnel to abide by the directive given to them by a physician.
- D. It is the responsibility of the Department to investigate any alleged violations of this policy.