

Kentucky Board of Emergency  
Medical Services  
Kentucky Prehospital Determination of Death  
2021



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INTRODUCTION

- By statute, any Paramedic in the Commonwealth of KY must have specific education and training in the Determination of Death
- Review KRS 311A.185



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KRS 311A.185

311A.185 Determination of death by paramedic  
-- Notification – Instruction in making  
determination – Administration of life support  
measures.



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### KRS 311A.185

(1) When it appears that a person whom a paramedic who has successfully completed training in determination of death has been called to attend is dead, the paramedic shall, utilizing the protocol specified by the board by administrative regulation, determine whether or not the patient is dead after resuscitation of the patient is attempted by the paramedic or an emergency medical technician who has responded with or after the paramedic, unless the protocol indicates that the patient is not capable of being resuscitated. If, after resuscitation has been attempted on a patient who the protocol deems is capable of being resuscitated, the patient has not been successfully resuscitated according to the protocol, the paramedic may discontinue further resuscitation efforts and proceed to determine whether the patient is dead and whether to declare the patient dead. If it is determined that death has occurred in accordance with the procedures of KRS 446.400 with regard to patients who have not been resuscitated, the paramedic may make the actual determination and pronouncement of death. This section shall not apply to patients who are in a hospital when apparent death occurs.



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### KRS 311A.185

- (2) In the event that a paramedic determines that a person is dead, the paramedic shall make the notifications required by KRS 72.020 and take the protective actions required by that statute.
- (3) Any paramedic course taught after July 15, 1998, shall include a course of instruction on the determination of death and preservation of evidence as required by the board by administrative regulation.
- (4) Any paramedic from another jurisdiction desiring to become a paramedic in Kentucky shall show evidence of successful completion of a training course in Kentucky meeting the requirements of subsection (3) of this section, and licensure as a paramedic shall be denied if the required evidence is not shown.



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### KRS 311A.185

- (5) The administration of cardiopulmonary resuscitation or other basic life support measures to the apparently dead person prior to the arrival of the paramedic by any person, for the purposes of this section and KRS 446.400, shall not be considered as artificial maintenance of respiration and circulation. The administration of advanced cardiac life support procedures by any person, other than a registered nurse rendering care pursuant to KRS 314.181, prior to the arrival of the paramedic shall preclude the determination of death by the paramedic, and the provisions of KRS 446.400 shall apply. However, nothing in this section shall preclude the supervising physician from directing the paramedic to cease resuscitative efforts under approved agency medical protocols.
- (6) The resuscitative efforts of a paramedic under the protocols authorized by this section shall not invoke the provisions of KRS 446.400.

Effective: July 14, 2018  
History: Amended 2018 Ky. Acts ch. 183, sec. 12, effective July 14, 2018. -- Created 2002 Ky. Acts ch. 211, sec. 34, effective July 15, 2002.



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## Definition of Death

- Kentucky Revised Statutes KRS 446.400 defines death



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## KRS 446.400

**KRS 446.400 Determination of death -- Minimal conditions to be met.**

For all legal purposes, the occurrence of human death shall be determined in accordance with the usual and customary standards of medical practice, provided that death shall not be determined to have occurred unless the following minimal conditions have been met:

- (1) When respiration and circulation are not artificially maintained, there is an irreversible cessation of spontaneous respiration and circulation; or
- (2) When respiration and circulation are artificially maintained, and there is a total and irreversible cessation of all brain function, including the brain stem and that such determination is made by two (2) licensed physicians.

Effective: July 15, 1986  
History: Created 1986 Ky. Acts ch. 132, sec.1, effective July 15, 1986.



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## Protocols for pronouncement of death

- Review 202 KAR 7:401
- Patients encountered by Kentucky Licensed Paramedics, who have been trained in accordance with KRS 311A.185 that appear to have expired will not be resuscitated or transported if all five (KY definition) signs of death are present and at least one of the associated factors of death can be identified on the patient.



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### Protocols for pronouncement of death

The five (5) signs of death that must ALL be present are:

- Unresponsiveness
- Apnea
- Absence of a palpable carotid pulse
- Bilaterally fixed and dilated pupils, and
- Asystole confirmed in two (2) leads on an ECG in accordance with AHA guidelines, except in cases of trauma or when presented with a KY EMS DNR AND presence of at least one associated factor.



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### Protocols for pronouncement of death

**In addition to the five signs of death, at least one (1) of the associated factors of death must be present.**



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### Protocols for pronouncement of death

Associated Factors

- Lividity (Livor Mortis) of any degree and/or generalized cyanosis, or
- Rigor Mortis of any degree, or
- The presence of venous pooling in the body, or
- Damage or destruction of the body which is incompatible with life (further detailed on next slide)



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**Protocols –  
Blunt or penetrating trauma**

**Damage or destruction further defined:**

- **Decomposition**
- **Incineration**
- **Decapitation**
- **Total separation of the heart or brain, or**
- **Any combination of the above**



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**Protocols –  
Blunt or penetrating trauma**

Despite a rapid and effective out-of-hospital and trauma center response, patients with out-of-hospital cardiac arrest due to trauma rarely survive. Those patients with the best outcome from trauma arrest generally are young, have treatable penetrating injuries, have received early (out-of-hospital) endotracheal intubation, and undergo prompt transport (typically <10 minutes) to a trauma care facility. Cardiac arrest in the field due to blunt trauma is fatal in all age groups. Briefly assess and/or treat for field-correctable causes (e.g., tension pneumothorax, airway obstruction). Further resuscitation is probably not indicated.\*

\* Commonwealth of Kentucky Patient Care Protocols (Trauma Assessment and Management – Adult, Page 133 (December 2020))



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**Protocols –  
Blunt or penetrating trauma**

**Patient that is in arrest prior to, on arrival, or prior to transport from the scene must have:**

- **Acute blunt/penetrating trauma, and**
- **All Five (5) signs of death as aforementioned, or**
- **Failed to respond to ALS treatment**



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## Mass Casualty

**Mass Casualty Incidents: refer to the START Triage flowchart\*:**

**Assess RESPIRATIONS:**

- If respiratory rate is 30/min. or less go to PERFUSION assessment.
- If respiratory rate is over 30/min, Prioritize RED.
- If victim is not breathing, open the airway, remove obstructions, if seen, and assess for (1) or (2) above.
- If victim is still not breathing, Prioritize BLACK (Dead).

\*Commonwealth of Kentucky Patient Care Protocols (START System of Triage, Page 347 (December 2020))



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## Termination of efforts – Medical conditions

**Resuscitative efforts for a patient who suffers a cardiac arrest as a result of medical conditions or for a patient of advanced age, with evidence of severe wasting from chronic disease may be terminated in the field when three circumstances have occurred.**



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## Termination of efforts – Medical conditions

**Termination circumstances - Medical conditions:**

- (1) An endotracheal tube or Blind Insertion Airway Device (BIAD) has been placed & patient is being ventilated with 100% oxygen
- (2) An IV or IO line has been established & one dose of epinephrine & other initial cardiac drugs have been administered for the dysrhythmia if appropriate by AHA guidelines
- (3) Presenting rhythm is Asystole or PEA & Medical Control concurs with termination of efforts after consult with the paramedic at the scene



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### Termination of efforts in the field

- Review 202 KAR 7:401
- Resuscitation initiated by the on-scene Kentucky Licensed Paramedic may not be terminated without consultation with and the approval of online physician medical control



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### Termination of efforts in the field

A Kentucky Licensed Paramedic is not obligated to continue resuscitation efforts that have been initiated inappropriately by other persons on the scene, including CPR initiated by EMD or EMS dispatchers.



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### Special conditions, considerations, & exclusions

- Patients who have suffered from Immersion Hypothermia for a confirmed period of greater than two (2) hours may be pronounced by the paramedic
- Patients that present in arrest suspected to be hypothermia or have suffered immersion hypothermia for a confirmed period of less than two (2) hours should receive ALS care as deemed appropriate by local protocols



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### Special conditions, considerations, & exclusions

Children less than or equal to eighteen (18) years of age are specifically excluded from this policy unless the patient meets the criteria established under the aforementioned "Protocols for Pronouncement of Death" and online physician medical control approves the pronouncement after consultation with the Kentucky Licensed Paramedic on the scene with the patient



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### Special conditions, considerations, & exclusions

The administration of CPR, other BLS measures, placement of an AED, or other cardiac monitor, for the purpose of determining the presence or absence of viable cardiac activity, to an apparently dead person prior to or after the arrival of the Kentucky Licensed Paramedic, shall not preclude the pronouncement of death in the field after complete assessment of the patient by the Kentucky Licensed Paramedic and after consultation with on line physician Medical Control, as may be required by this policy



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### Special conditions, considerations, & exclusions

- Mass casualty incidents are an exception to this policy
- Nothing in this policy should be construed to prevent any EMS agency from withholding resuscitation for individuals that can produce a valid KY EMS DNR Form or MOST Form as addressed in KRS 311.623



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### Special conditions, considerations, & exclusions

Special considerations for the transport of patients who may potentially be later pronounced dead:

- When in doubt as to whether resuscitation should be initiated, immediate resuscitative efforts should be initiated at the highest level of care that can be provided by the caregiver. As quickly as a thorough patient assessment can be completed, immediate contact should be made with online Medical Control to determine the need for transport or to terminate resuscitation efforts



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### Special conditions, considerations, & exclusions

Special considerations for the transport of patients who may potentially be later pronounced dead (Continued):

- Transport should not be delayed solely for the purpose of determining the efficacy of or response of the patient to ALS treatment. Transport should be initiated in a timely manner. Resuscitation may be terminated during transport if the patient meets the criteria for such. The time the resuscitation was terminated should be clearly noted on the EMS patient care report



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### Special conditions, considerations, & exclusions

Special considerations for the transport of patients who may potentially be later pronounced dead (Continued):

- Transport of the patient should be completed to the closest medical facility



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### Special conditions, considerations, & exclusions

Special considerations in the rendering of care for patients who may potentially be later pronounced dead (continued):

- Avoid contamination of the scene. If circumstances require alteration of the scene for the purpose of aiding or assessing the patient, the Coroner's office and Law Enforcement authorities must be notified. Avoid unnecessary contact with physical objects at the scene



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### Special conditions, considerations, & exclusions

Special considerations in the rendering of care for patients who may potentially be later pronounced dead (continued):

- Anything carried into the scene in the way of dressings, wrappings or packages should NOT be removed by EMS personnel when leaving the scene. EMS personnel may be required to identify items that were utilized and/or then left at the scene.
- Exception: All sharps utilized by EMS personnel should be removed from the scene



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### Special conditions, considerations, & exclusions

Special considerations in the rendering of care for patients who may potentially be later pronounced dead (continued):

- Avoid cutting through the clothing of the patient. If it is necessary to do so, avoid cutting through tears, bullet holes, or other damaged or stained areas of clothing
- In hangings or cases of asphyxiation, avoid cutting through or untying knots in any material, unless necessary to free the airway



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### Special conditions, considerations, & exclusions

Special considerations in the rendering of care for patients who may potentially be later pronounced dead (continued):

- In cases of penetrating trauma, objects should be left in place for medical reasons and for evidence collection purposes
- Do not wash or clean the hands of the victim or any other areas surrounding bullet wounds



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### Special conditions, considerations, & exclusions

Special considerations in the rendering of care for patients who may potentially be later pronounced dead (continued):

- Be aware that you may find/encounter evidence entwined in the victims clothing. Be certain to check your stretcher and ambulance for the presence of any potential evidence (e.g., bullets, medications, illegal substances) after each run. Any items of evidence should be turned over to the Coroner's office or Law Enforcement agency. Clearly document in your run report what was found and where it was found along with the name of the individual to whom the article(s) was released



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### The Patient is pronounced dead: Procedures

The death is a Coroner's case:

- Coroner's cases are defined in KRS 72.025 (review). KRS 72.020 (review) requires the reporting of deaths which meet the criteria of KRS 72.025 to the Coroner and Law Enforcement agencies
- KRS 72.445 (review)
- Once appropriate agencies are notified, comply with "Scene Security"



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**The Patient is pronounced dead: Procedures**

The death is *not* a Coroner's case:

- Contact the Coroner for courtesy and confirmation that the death is not a Coroner's case
- Assist family in contacting the funeral home
- Complete your paperwork and have family sign where/when appropriate
- Stand by, if possible, until funeral home personnel have arrived



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**The Patient is pronounced dead: Procedures**

- Review KRS 311.1931
- This statute requires EMS, Law Enforcement and medical personnel to make a reasonable effort to determine if the victim is an organ donor and to make notifications as appropriate
- This is obviously preempted in Coroner's cases until such time that the Coroner has completed their investigation and releases the body of the decedent for such purposes



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**Scene Security**

- Once it has been determined the patient will be pronounced or resuscitative efforts will be halted, the body ***SHOULD NOT*** be covered. If it is necessary to cover the body, a new sheet, taken directly from factory packaging should be used due to the risk of contaminating the scene with trace evidence from a laundered or dirty sheet. You may close doors, hang sheets over windows or take whatever actions are prudent and appropriate to prevent the view of the body by the media or the general public.



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**Scene Security**

- Personnel should secure the scene, remove all people from the scene, and withdraw from the immediate area, making certain that nothing is allowed to be removed from the scene, until appropriate authorities arrive at the scene.
- Pursuant to Kentucky Revised Statutes(KRS), the county Coroner and the police agency having jurisdiction over the scene shall be notified



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**Scene Security**

- Once appropriate authorities arrive at the scene, the EMS crew may be released to respond to other ambulance calls. EMS is obligated to provide their staff to the Coroner or investigating law enforcement agency for interview purposes
- Under no circumstances should a scene be left unsecured prior to the arrival of the Coroner, Deputy Coroner or Law Enforcement agency. Likewise, a body should not be left in the possession of anyone prior to the arrival of the Coroner, Deputy Coroner or Law Enforcement agency representative



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**Scene Security**

- If resuscitation is not to be attempted, do not move the victim without direction from the Coroner's office unless the body has to be moved to allow for adequate assessment or the body must be moved to protect its integrity or to access other viable patients at the scene.
- ***DO NOT*** remove any item(s) from the body or the scene for any purpose



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### Scene Security

- Begin immediate, thorough documentation of your findings of the scene on arrival. Use drawings or sketches to clearly show all pertinent details of the scene on your arrival. Remember that your observations may be the first observations of a crime scene or death investigation. Be detailed. Copies of the patient care report *shall* be shared with the Coroner and/or the responding Law Enforcement agency pursuant to KRS 72.410 –72.470



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### Scene Security

**Documentation within the report should include:**

- Lists of all persons present when you arrived
- Any changes that were made at the scene as a result of your action
- Note as many facts about the scene on your arrival as possible including a sketch of the scene as you first saw it
- Note any comments that may have been made by people on the scene when you arrived. Be specific, if possible, about who made the comments
- Be sure to diagram on your sketch, the path(s) of entry and exit you followed at the scene



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### Conclusion

- These guidelines are applicable to KENTUCKY *only*.
- Be sure to operate under the guidelines of the State authority in which you are dealing with a decedent. State laws, statutes and regulations vary dramatically on these issues.



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## Questions

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