



**MONTGOMERY COUNTY
FIRE AND RESCUE SERVICE
POLICY AND PROCEDURE**

21-02

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CARE AFTER PRONOUNCEMENT OF DEATH

Issued by Fire Chief Scott E. Goldstein
Authority of Montgomery County Code Section 21-3 (b)
Policy Number 21-02
Supersedes FRC Policy 21-02D *D.O.A Response Policy 11/04/94*
Effective October 1, 2015

SECTION 1. Purpose:

This policy establishes procedural guidelines to direct the activities of MCFRS personnel responding to an incident involving a victim who is obviously dead upon their arrival on the scene (DOA) or who has been declared dead by MCFRS personnel after unsuccessful resuscitation efforts. It is intended to enable personnel to respond effectively, complete appropriate documentation, interact effectively with police agencies and provide emotional support and other assistance to surviving family members.

SECTION 2. Applicability:

This policy applies to all MCFRS personnel and units when dispatched to, or operating on, an incident involving a patient who is presumed dead or whose resuscitation has been terminated.

SECTION 3. Background:

With the adoption of "High Performance CPR", MCFRS more frequently terminates resuscitation efforts while still on scene. This policy was developed to care for families of patients and to address transfer of incident scenes to law enforcement agencies.

SECTION 4. Definitions:

- a. **Accidental Death:** A death due to trauma or injury that does not appear to be suspicious in nature;



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- b. **Maryland MOLST form**: (Medical Orders for Life-Sustaining Treatment): Standardized form used by patients to document their wishes regarding resuscitation and lifesaving treatment. (COMAR 10.01.21). A Maryland EMS DNR form may be accepted, as will other written or verbal DNR orders as described in the Maryland Medical Protocol;
- c. **Natural Death**: A death that appears to have resulted from a previously known medical condition;
- d. **Sudden Infant Death Syndrome: (SIDS)** The unexplained death, usually during sleep, of a seemingly healthy baby less than a year old;
- e. **Suspicious Death**: A death which may have resulted from violence, neglect, abuse or foul play, or which may have occurred under any unusual circumstances;
- f. **Termination of Resuscitation (TOR)**: The cessation of field resuscitation based upon the guidelines described in the current Maryland Medical Protocol.

SECTION 5. Policy:

It is MCFRS policy to attempt resuscitation on all potentially salvageable victims of sudden and unexpected cardiac arrest, with the exception of those who have indicated, through the use of the **MOLST form**, that they do not wish such procedures attempted. MCFRS also strives to protect the patient and family by avoiding futile resuscitation efforts, to provide support to survivors, to maximize the safety of its providers and to secure potential crime scene from contamination. This policy is not intended to supersede local, state, or federal law, or Maryland Medical Protocols.

SECTION 6. Responsibility:

- a. All MCFRS personnel are responsible for:
 - 1. A professional and compassionate interaction with the families or friends of deceased patients; and
 - 2. Maintaining scene integrity and cooperating with law enforcement.



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SECTION 7. Procedure:

- a. Personnel may pronounce the death of a pulseless, apneic patient when:
 1. Indications described in the current Maryland Medical Protocol are met (e.g., decapitation, rigor mortis, insufficient resources in the case of a mass casualty incident); or
 2. A valid **MOLST** or DNR form is presented, or other written or oral documentation of **MOLST** / DNR status as described in the current Maryland Medical Protocol; or
 3. Resuscitation is discontinued using the **Termination of Resuscitation** protocol in the current Maryland Medical Protocol.
- b. Upon pronouncement of death, all additional responding units will be placed in service. At least one Fire Rescue unit will remain on the scene to await arrival of police, unless the death is at a skilled nursing facility, or the unit is required to respond on another emergency incident if there is a shortage of resources.
 1. In the case of what appears to be an **accidental** or **suspicious death**, a Fire Rescue unit will remain on the scene until the arrival of law enforcement.
- c. Working with MCFRS personnel, law enforcement will determine if the death is natural, accidental, or suspicious.
- d. Upon determination of **natural death**, Fire/Rescue personnel should:
 1. Advise the family, if present, of the patient's death;
 2. Offer assistance as needed, including, but not limited to:
 - A. Calling friends, relatives, clergy, or private physician;
 - B. Answering any questions simply and truthfully, to the best of the provider's ability;
 - C. Accompanying the family to view the body, if desired; and
 - D. Advising the family that police will arrive to do a routine investigation.
 - E. Note: Attachment B is a list of suggestions which may help in "breaking the news" to the family.



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- e. Gather required information for incident and patient reports, including:
1. Time that death was pronounced;
 2. Patient name, date of birth, medical history, medications;
 3. Recent illnesses or complaints;
 4. Time the individual was last seen alive;
 5. Description of the scene/body orientation; and
 6. Actions taken by family or bystanders prior to arrival.
 7. Note: Attachment A is a checklist that may be initiated by Fire Rescue personnel and given to the first arriving police officer to assist in information retrieval and exchange.
- f. If the death is thought to be **accidental** or **suspicious**:
1. Maintain crew safety;
 2. Limit entry into the scene and avoid movement of the body; and
 3. Back out of the scene as soon as possible, but document any observations of weapons, personal effects, body position, notes and obvious injuries.
- g. Despite the presence of obvious signs of death, it is often appropriate to transport suspected SIDS cases to the hospital with CPR in progress. All possible support must be given to the parents or guardians in such cases, including arranging for their transport to the hospital (riding with the patient in the back of the EMS unit if they wish). Preserve the scene and note in the incident report the initial position of the patient, sheets, toys, etc., along with any statements made by the parents or caretakers; and
- h. All information must be thoroughly documented with an eMeds report (or an MCFRS approved successor to eMeds).

SECTION 8. Cancellation:

This policy cancels and supersedes FRC Policy 21-02D *D.O.A Response Policy*, dated 11/04/94.



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SECTION 9. Attachments:

- A. MCFRS/ MCPD Joint Actions After Pronouncement of Death
- B. *Supporting the Bereaved*

Approved:

September 14, 2015

A handwritten signature in black ink that reads "Scott Goldstein". The signature is written in a cursive, flowing style.

Scott E. Goldstein, Fire Chief

Montgomery County Fire and Rescue Service