Montgomery County Fire and Rescue Commission

D.O.A. RESPONSE POLICY

Issued by: Montgomery County Fire and Rescue Commission
Authority: Montgomery County Code Section 21-4B(e)

Effective Date: November 1, 1994

SUMMARY: This policy establishes procedural guidelines directing the activities of fire, rescue and Emergency Medical Services personnel responding to an incident where a patient or victim is obviously dead on arrival.

DEADLINES: Montgomery County Fire Board Review: 7/20/94
Dept. of Fire and Rescue Services Review: 7/20/94
Fire and Rescue Corporations Review: 7/20/94

ADDRESS: Address all comments pertaining to the proposed policy to George Giebel, Chairman, Montgomery County Fire and Rescue Commission, 12th Floor, 101 Monroe Street, Rockville, MD 20850.

STAFF: For additional information, you may contact Beth Feldman on 240 777-2423.

Sec. 1. **Purpose:** To establish a uniform policy and procedure to ensure the effective and efficient delivery of fire, rescue, and emergency medical services. These procedures will enable fire, rescue, and emergency medical services personnel to respond effectively to incidents involving individuals who may be dead on arrival; allow fire and rescue units to return to service quickly when the individual is determined to be obviously dead; ensure the completion of appropriate documentation; and provide necessary emotional support and help to surviving family members.

Sec. 2. **Applicability**. This policy and procedure applies to all fire, rescue, and emergency medical service operational units, the Department of Fire and Rescue Services, the fire and rescue corporations, and all fire, rescue, and emergency medical services personnel, both career and volunteer, operating on an incident.

Sec. 3. **Definition**.

Hospice. Program which provides care at home or at a non-medical facility for terminally ill patients.

Sec. 4. **Procedure**. The Incident Commander may deviate from this procedure as necessary.

a. The first arriving unit will immediately assess the patient for signs of obvious death, which may include:

1. injuries incompatible with life (e.g., decapitation or hemicorporectomy);

2. rigor mortis with postmortem lividity; or

3. advanced decomposition of the body (to include head or chest, not extremities alone).

b. Based upon available information, unit personnel will classify the incident into one of the following categories:

1. Natural death. A death which appears to have resulted from a previously known medical condition.

2. Suspicious death. A death which may have resulted from violence, neglect, abuse, or foul play, or which may have occurred under any unusual circumstances.

3. Accidental death. A death due to trauma or injury which does not appear to be suspicious in nature.

c. For identified **hospice** patients in cardiac arrest, do not initiate CPR even if there are no obvious signs of death.

d. Upon determination of obvious death, all responding units other than the first arriving unit will be placed in service.

e. Upon determination of apparent natural death:

1. advise the family of the patient's death;

2. offer assistance to the family 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 your 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.

3. Obtain information to complete your report and give it to the police. Include at least the following information:

A. name of the deceased;

B. date of birth;

C. medical history;

D. any recent illness or complaints;

E. time the individual was last seen;

F. on-scene time and incident number (ECC land line); and

G. a description of scene/body orientation.

4. Except for suspicious or accidental deaths, you may go in service when you have completed your report to leave for the police. Notify ECC that you will be in service on the scene awaiting the County police and remain on the scene unless required on another emergency incident. If possible, do not leave the scene until another support person (e.g., family, clergy, neighbor) arrives.

f. For suspicious or accidental death:

1. remain committed on the incident;

2. protect yourself and your crew;

3. protect the scene and do not move the body; and

4. observe the scene for weapons, personal effects, body position, medication bottles, notes, and obvious injuries. Do not disturb a possible crime scene.

g. Despite the presence of obvious signs of death, it usually is appropriate to transport suspected SIDS cases to the hospital with CPR in progress. All possible support must be given to the parents in such cases, including arranging for their transport to the hospital. Preserve the scene and note in the incident report the initial position of the patient, sheets, toys, etc., along with any comments made by the parents or caretakers.

Sec. 5. **Effective Date.** This policy is effective on November 1, 1994.

Attest:

George Giebel, Chairman Date
Fire and Rescue Commission

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ADDITIONAL INFORMATION

For any death, "breaking the news" is perhaps the most important part of the EMT's duties; the family members will probably remember the manner in which it is done many years after the death of a loved one. It can also be extremely stressful for the EMT. The suggestions below, excerpted from Supporting the Bereaved by Mike Meoli, EMT-P from JEMS 12/93, may be helpful.

1. Empathy: Drawing on your own experiences of loss, try to appreciate some of what the survivor is going through, but recognize that everyone's grief is unique. Consider saying "I'm so sorry. I know this must be a terrible shock," rather than, "I know how you feel." Try to be supportive, and allow the family to steer the discussion.

2. Don't feel that you have to make conversation; the family member may not wish to talk right now. The silence may be difficult for you, but try to stay on the scene until the police arrive; your presence may be of greater comfort to the family. Offer to contact another relative, friend, or clergy member.

3. Try to be professional, but avoid overly-clinical explanations of the possible cause of death. If the family is not satisfied with "I'm sorry, but there is no way to know for sure until the coroner finishes his examination," it is okay to say, "The most common cause of death is heart attack or stroke, but we can't be absolutely sure that happened." Be honest with the family, but unless it really appears otherwise, it is fine to say, "It doesn't look like he suffered," and "This was a sudden, tragic event and there is probably nothing anyone could have done about it."

4. Avoid euphemisms, such as "expired" or "passed away." Using the word dead or died may seem harsh, but it is the clearest way of delivering the news. Continue, however to refer to the patient as "him" or "her" or by name; don't say "the deceased," "the body," or "the corpse."

5. Explain that the police will be coming and will ask a lot of questions, but will be able to give them some direction as well. Remind them that this is done routinely.

6. If the family wishes to see or touch the body of the deceased, (and assuming it is not a crime scene), allow it, but prepare them for the fact that their relative may not look the same as before they died. Avoid covering the patient's head with a sheet if at all possible.

7. Remember that the surviving relative is now your patient. By showing empathy and support, as well as being honest and professional in your interactions with these survivors, you are providing the most meaningful and important form of patient care possible.