

	<p style="text-align: center;">SOUTHERN FOX VALLEY EMERGENCY MEDICAL SERVICES SYSTEM POLICY &amp; PROCEDURES</p>	
<p>TITLE: TRIPLE ZERO</p>		
<p>SECTION: GENERAL POLICIES</p>	<p>POLICY NUMBER: D-12.0</p>	
<p>APPROVED BY: DR. ARTHUR PROUST EMS MEDICAL DIRECTOR</p>		
<p>EFFECTIVE DATE: 03/01/1990</p>		<p>PAGE NUMBER: 1 OF 2</p>

**PURPOSE:**

1. To provide guidelines for determining biological death.
2. To delineate protocol for transfer of custody of such patients to the coroner when appropriate.

**POLICY:**

**Determination of Biological Death / Coroner Notification**

1. Should the EMS provider evaluate a patient in a state of cardiopulmonary arrest where resuscitation efforts are not indicated, he/she will communicate this to the managing hospital by calling to confirm a "triple zero".
2. When this occurs, the following procedure should be observed:
  - a. In the case of biological death as exhibited by: rigor mortis without hypothermia, profound dependent lividity, cloudy corneas and fixed, dilated pupils, initiate cardiac monitoring and contact Medical Control.
  - b. The pre-hospital provider will communicate the patient's history (if known or able to determine) and medical condition, including the clinically noted indications of death.
  - c. When feasible or possible, an EKG strip should be transmitted to the managing hospital.
  - d. In cases of long-term death indicated by decomposition, mummification, dehydration or putrefaction, it will not be necessary to begin CPR or transmit an EKG strip.
  - e. On notification of the "triple zero", the emergency physician may confirm the "triple zero", and give further orders for care, transport, or Coroner notification and management.
3. Confirmation of a "triple zero" is not interpreted as pronouncement of death.
4. The coroner should be notified of any unattended death, natural or otherwise, such notification should be recorded on the run sheet and should include the time and person notified as well as the disposition of the deceased.
5. Should the scene of the "triple zero" be turned over to law enforcement agents, the names of such agents should be recorded on the PCR.
6. All non-transported pre-hospital deaths will be reported to the coroner.

**Withholding/ withdrawing resuscitative efforts in the trauma patient**

1. If at any time you are not certain which of these policies applies, begin treatment and contact Medical Control for orders.
2. Emotional support should be provided to significant others.
3. Disposition of the patient will be handled according to local and county requirements.
4. **USE OF THIS POLICY MUST BE GUIDED BY A PHYSICIAN.** Contact should be established via telemetry radio or cellular phone. Note: MERCI radio or private phone may be used in rare circumstances.
5. Patients **must** be pronounced dead by an ED physician.
6. The time of pronouncement must be documented on the run sheet.
7. Document thoroughly all circumstances surrounding the use of this procedure.

8. Obviously dead trauma patients are those found to be non-breathing, pulseless, and without viable rhythm and have one or more of the following indications of traumatic death:
  - a. Decapitation
  - b. Transected Thorax or Abdomen
  - c. Trauma without vital signs (i.e. traumatic arrest without pulse, respirations, and with non-viable rhythm) with injury incompatible with successful resuscitation.
  - d. Massive cranial/cerebral destruction
  - e. Incineration
  - f. Frozen state
  - g. Mummification or putrefaction
  - h. Decomposition
  - i. Profound dependent lividity
  - j. Rigor mortis without hypothermia
9. No resuscitative efforts are to be initiated for the patients listed above.
10. Contact Medical Control and explain the situation. Indicate that you have a “triple zero” due to trauma and explain the injuries, follow any orders received.
11. If the traumatic arrest is a potential crime scene cooperate with law enforcement officials whenever possible.
12. Expeditious notification of the coroner should take place from the scene.
13. All providers should make themselves familiar with their county laws regarding moving a dead patient.

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