



LONDON'S
AIR AMBULANCE
roadside intensive care



Pre-hospital Care Standard Operating Procedure

Death on Scene

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APPROVAL/ ADOPTED:	PHC Policy Board
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RELATED DOCUMENTS:	SOP Police and Coroner Statements
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	Ref: CP-1

Aims:

- Describe situations where resuscitation is inappropriate.
- Describe process of pronouncing life extinct.

Background:

Unexpected or sudden death should always be referred to a coroner for investigation. Given the nature of incidents attended by the Pre-hospital Care team, all cases will involve a Coroner.

The aim of the coroner's court is to establish the place and cause of death and make recommendations to the Crown Prosecution Service or other bodies as necessary. In these cases the coroner issues the death certificate ("certifies death") not the attending clinician. Doctors that attend patients who die from trauma can only "Pronounce Life Extinct" or "PLE".

If death occurs in a public place, the ambulance service has a duty to remove the body. However this must only take place after consultation with the senior police officer on scene. The police may require the body to remain on scene for forensic reasons. If the fatality takes place in a home then theoretically the body can be left and moved by undertakers with the permission of the police. However, the ambulance crew may be happy to remove the body if, for example, its continued presence would cause distress to other family members. Consultation with the police should occur prior to removal.

POLICY:

All patients without signs of life should undergo resuscitation unless there is:

- Gross injury incompatible with life e.g. decapitation.
- Evidence that the patient has been without signs of life and resuscitation for more than 10 minutes. Under these circumstances evidence should only be relied upon when it comes from appropriately trained personnel. If there is any doubt resuscitation should be commenced.

All deaths should be seen by the HEMS registrar and assessed for signs of life, except for:

- Major incidents
- Where a BASICS doctor or other pre-hospital care doctor has pronounced life extinct.

- The time at which life is pronounced extinct (PLE time) should be noted. Give the time together with your name and contact details to the policeman in charge. Document the PLE time in your own notes and the ambulance crew paperwork.
- Ensure that you record the call signs of the ambulance crews involved and also, the name and shoulder number of the police officer that has witnessed you 'PLE'.
- Where patients have undergone resuscitation and medical intervention leave lines and tubes in place. Note any incisions (even for failed procedures) in your clinical notes.
- If death occurs in a public place, the ambulance service has a duty to remove the body. However, this must only take place after consultation with a senior Police officer at the scene.
- If the death occurs at home, then theoretically the body can be left and moved by undertakers with the permission of the police. The ambulance crew however, may be happy to remove the body if it is causing distress to other family members. This should only be after consultation with the police.
- With the permission of a senior policeman on scene the body can then be taken to the local mortuary.
- Remember that for members of the public this may be an unpleasant and upsetting situation. If possible speak with other witnesses / drivers that may have been involved in the incident and reassure them.

Special Circumstances

- Where a child is involved, resuscitation should normally be continued to hospital.
- Forensic examination of the scene is important but should not prevent a doctor accessing the patient to confirm life is extinct. It is not unusual to find an inexperienced police officer who, understandably focuses on the crime scene elements of the case and restricts access to the patient. In these circumstances do your best to reassure the officer that you will minimally disrupt the scene and limit the number of people accessing the scene and body.
- If a patient suffers a cardiac arrest during transport to hospital, it is appropriate to continue resuscitation into the emergency room.