

# STANDARD OPERATING GUIDELINE



## Unattended Death

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**Department:** Operations

SOG#215

**Applicable to:** All Staff

**Effective Date:** 1 July 2020

2 Pages

**Authority:** Chief of Operations

**Applicable CAAS Standard:**

**Revised Effective Date:**

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### Purpose:

The purpose of this Standard Operating Guideline (SOG) is to outline the position of Brighton Volunteer Ambulance (BVA) regarding the event of encountering an Unattended Death.

### Scope:

The scope of this document applies to all road staff.

### Guideline:

1. Guidance in regards to Unattended Death comes from three areas, MLREMS Protocol "Determination of Obvious Death", and MLREMS Advisory 18-04, "Considerations at Death Scenes", and New York State Department of Health (DOH) Policy Statement 95-09 "Development of EMS Agencies Policies and Procedures".
2. An Unattended Death is defined as "A patient who has expired unexpectedly, without witness, nor care prior to arrival of Emergency Services"
3. Responsibilities of BVA Providers Include:
  - 3.1. The highest level caregiver available shall determine if the patient is deceased. In the event the patient is deceased, documentation will be clear in how this was determined.
  - 3.2. Personnel will assume that the scene is that of a potential crime scene, and refer to MLREMS Advisory 18-04 (or more recent documents).
  - 3.3. Personnel will ensure that the appropriate law enforcement agency is assigned to the job.
  - 3.4. Personnel will only release the scene to the appropriate Law Enforcement agency, and no others.
4. **Limit Numbers** – In situations where Fire or EMS is "confirming" a death reported by another agency or individual (Law Enforcement, etc); it is best to have a single provider enter the location to confirm death rather than having an entire crew or company enter.
5. **Leave Disposable Medical Care Items In Place** – Upon confirmation of death, all examination and treatment should cease. Further manipulation of the body is not recommended. Always leave any disposable medical care items in place – EKG electrodes, endotracheal tubes, IV's, etc. There is no need to pick up trash around the scene, it may be left to leave things as undisturbed as possible.
6. **Do not place bags or any foreign materials on the hands** – There is no need to "bag" the hands to preserve any evidence. This should only be done by law enforcement or Medical Examiner personnel.
7. **When possible, do not cover the body** – Placing materials on top of the body (blanket, sheet, etc) can introduce materials (fibers, DNA, etc) that may cross-contaminate. In a residence, the best approach is to secure the room by closing the door until law enforcement arrives. In a "public" place, covering the body with a sterile burn sheet, if available, is the preferred method.
8. **Considerations for Children** – As difficult as a pediatric death is, it is best to not allow

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caregivers to make contact with the child, nor place items on or next to the child (blankets, toys, etc) unless otherwise directed by law enforcement.

9. **Provide Responder Information to Law Enforcement** – In most situations, law enforcement will request the name and date of birth of each of the responders that made contact with the decedent. This is important to track the individual(s) that entered the scene and is a routine part of an investigation.
10. **Document Everything** – A thorough prehospital care report is always expected, however for deaths it is even more important to document not only the findings of the patient (position found, evidence of trauma, lividity, rigor, clothing worn, interventions performed, etc) but also the circumstances of the location and what, if anything, was moved to gain access to the patient. Further, it's important, whenever possible, to document any information obtained from bystanders and who shared that information. To be clear, EMS is not responsible to document everything found at a scene, but documenting what was said, done, and seen will significantly aid the writer should they be required to provide additional information at a later date. Of note, the provider should not provide any sketches of the scene – that should be left to investigating personnel.

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