



# EMS Considerations at Death Scene



Fire and EMS providers often encounter scenes in which a death has occurred. Although patient care is our priority, if no resuscitative efforts are indicated or should efforts be terminated, it is critical to make every effort to preserve the scene to allow law enforcement an opportunity to investigate and obtain information surrounding the cause and manner of death, particularly when the death appears to the provider as having the potential to being unnatural. This guidance, developed in collaboration with the Law Enforcement and the county Coroners, provides considerations for Fire and EMS providers when encountering deaths. These considerations do not represent policy nor standard of care, however they do represent best practices that when situations allow, should be considered to preserve the integrity of the scene and facilitate law enforcement investigation.

**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.

**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.

**Do not place bags or any foreign materials on the hands** – Avoid touching the hands whenever possible and avoid placing IV’s in the hands. EMS providers should not “bag” the hands to preserve any evidence. This should only be done by law enforcement or Coroner personnel.

**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.

**Considerations for Children** – As difficult as a pediatric death is, it is best to not allow 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.

**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.

**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.

The Coroner may have a copy of the Prehospital Care Report (PCR) – Statute allows the release of medical care records to the Coroner without the need for a subpoena. Timely completion of a PCR, and should the Coroner request it, prompt transmittal of the PCR can facilitate the initial steps of the investigation.