



CLINICAL PRACTICE STANDARD — Aeromedical Operations AO.CLI.10 – Pronouncing Life Extinct

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Associated Policy Directive/s and/or Operating Procedures/s	NSW Coroner's Act 2009 NSW Ambulance SOP2006-062 - Transportation of Deceased Persons HELI.CLI.06 - Traumatic Cardiac Arrest
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Directorate Aeromedical Operations

Author Branch Aeromedical Operations

Branch Contact Executive Assistant, Aeromedical Operations Phone: 02 8396 5012

Summary The purpose of this procedure is to provide guidance on the process of managing patients who are deceased on scene.

Applies to NSW Ambulance aeromedical doctors.

Review Date June 2022

Previous Reference Nil

Status Active

Approved by Executive Director, Aeromedical Operations

Related Legislation Nil

Related Documents Nil



CLINICAL PRACTICE STANDARD - Aeromedical Services AO.CLI.10 – Pronouncing Life Extinct

1. Introduction

The presence of a medical officer allows a retrieval team to pronounce life extinct at the scene of any incident, hence removing the necessity for the body to be transported to a hospital and allowing cessation or prevention of resuscitation efforts where they are deemed futile. This procedure describes the doctor's responsibilities under the Coroner's Act in these situations whilst minimising the time spent fulfilling these requirements.

2. Purpose

The purpose of this procedure is to provide guidance on the process of managing patients who are deceased on scene.

3. Procedure

3.1 Definitions

- The NSW Coroner's Act 2009 makes the distinction between "pronouncing life extinct" and "certifying" a death.
- To pronounce life extinct a medical officer (or in exceptional circumstances a registered nurse) needs to document the absence of signs of life, ie:
 - respiration
 - heart sounds
 - pulse
 - pupillary light reflex.
- The exact time and place of this determination should be documented.
- Other means of determining whether to proceed with resuscitation such as ETCO₂, ECG or sonographic assessment of cardiac activity should be documented in addition to these basic requirements.
- A death certificate is a legal document setting out the cause of death as determined by a medical officer. It requires a previous knowledge of the patient and is precluded in patients whose death is reportable to the Coroner, by the police.
- Death certificates should not be completed by our service, for the reasons detailed below. The appropriate form is "Report of Death of a Patient to the Coroner (Form A)." This is because the majority of deceased patient attended by our service fall into one of the following categories from Section 6 of the NSW Coroner's Act 2009:
 - the person died a violent or unnatural death
 - the person died a sudden death, the cause of which is unknown



- the person died under suspicious or unusual circumstances.

3.2 Reporting Death to Police

- In cases where resuscitation is commenced by the medical crew but discontinued whilst in transit, it is reasonable to continue to the destination hospital and have life pronounced extinct on arrival.
- If a patient is pronounced dead at the scene, the police must be notified immediately. This may be via radio, phone or in person to police officers at the scene.
- In the case of bodies found in open water or Sydney Harbour, the body becomes the responsibility of the Water Police. If in doubt, consult with the helicopter paramedic.

3.3 Moving a Deceased Person's Body

- In most cases a body that is obviously dead and does not require any attempts at resuscitation should not be moved. The police may deem the site a crime scene, and important forensic evidence could be lost. Personal effects should similarly not be removed from the body and the scene should not be disturbed in any way. The police are responsible for removing the body and will call the government contractor.
- An exception may be made after direction from the senior police officer on scene if:
 - The body is in a remote location and a significant chance exists of losing the body (eg. a rising tide on a rock platform).
 - The body is in a public place and is likely to cause undue distress to survivors or onlookers, and no alternative for removal exists in a reasonable time.
 - The body has already been recovered into the aircraft, eg. during a water winch.
- In these cases, the body should be placed in a body bag and a mutually acceptable place should be identified where transfer of the responsibility of the body to the police or ambulance can occur. This will usually be the nearest suitable landing ground. If an ambulance crew is on scene, and an unacceptable delay is anticipated before the police arrive, the ambulance crew should be asked to wait with the body. If the crew is required elsewhere, the helicopter paramedic will make alternative arrangements.
- A deceased person undergoing no resuscitation should not be transferred to a hospital emergency department.
- **If resuscitative efforts were made, it is a requirement that all cannulae, fluids, ETTs and other disposable equipment remain in situ after pronouncing life extinct.**
- If a patient is undergoing active resuscitation but dies en-route, they should be transported to the emergency department.

3.4 Documentation

- A retrieval case sheet should be generated in all cases where a medical officer pronounces life extinct, documenting the absence of signs of life as set out above. The



names and car number of other ambulance crews in attendance, and the name and station of the police officer to who care of the body is transferred should also be documented.

- The yellow duplicate copy should be handed to the ambulance or police officer assuming care of the body.
- In addition, a "Report of Death of a Patient to the Coroner (Form A)" should be completed and corresponding copies forwarded with the case-sheet. Spare copies of this form are to be kept in the case sheet folder.
- In remote situations with no direct police contact, the relevant police station should be contacted again by the team once back at base, and arrangements made for transmission of documentation.



APPENDICES

1. Report of Death of a Patient to the Coroner (Form A)

REVISION HISTORY

Version (Document #)	Amendment notes
Version 4.0 WI2020-073 Issued 11 June 2020	Minor amendments. Approved by A/Executive Director, Aeromedical Operations
Version 3.0 Issued 31 March 2017	Minor amendments and transition to new format. Approved by Executive Director, Health Emergency & Aeromedical Services.
Version 2.0 Issued May 2013	Approved by Executive Director, Health Emergency & Aeromedical Services.

