

Germantown Police Department Policies and Procedures  
and  
Germantown Fire Department Standard Operating Procedures

<b>Police Department</b>		<b>Fire Department</b>	
<b>Number:</b>	3-4	<b>SOP:</b>	6.19
<b>Effective Date:</b>	June 10, 2010		
<b>Subject:</b>	Preliminary Death Investigation		
<b>Previous Revisions:</b>	July 18, 2006		
		<b>Category:</b>	Emergency Medical Services

**I. PURPOSE**

The purpose of this policy is to make police officers aware of the medical protocol of EMS personnel at the scene of a death investigation and to establish guidelines for the action of police personnel at such scenes, and to make fire personnel aware of the investigative protocol of police detectives at the scene of a death investigation and to establish guidelines for the action of fire personnel at such scenes.

**II. POLICY**

It is the policy of the Germantown Police Department that officers should allow medical personnel to follow EMS protocol, while attempting to ensure the integrity of the scene at a death investigation. It is the policy of the Germantown Fire Department that fire personnel should allow police personnel to follow police protocol, while attempting to make a field determination of death and, if the patient is viable, to ensure the survivability of the patient while preserving evidence and the integrity of the scene as much as possible and limiting entry into the crime scene to those fire department personnel required to provide medical care.

**III. SCENE PRESERVATION**

At the scene of a motor vehicle accident or the scene of a crime, it is imperative that evidence be preserved. Life-saving measures supersede the preservation of evidence, but all possible means of preserving evidence should be made when providing life-saving measures. When fire department personnel need to alter the scene of a motor vehicle accident or the scene of a crime by interacting with items or individuals, the fire department personnel should notify a police officer so that the police officer can observe the scene prior to the changes and observe changes made to the scene for the purposes of documenting those changes in the police officer's report.

**IV. FIELD DETERMINATION OF DEATH**

In Tennessee, paramedics cannot pronounce death; only a physician or the coroner is

legally authorized to make such a pronouncement. Paramedics can make a determination of the absence of vital signs if there is question or doubt as to the state of life of a victim or patient, or the survivability of a victim or patient. For individuals with obvious signs of lifelessness, there may be no need for the police officers on the scene to request the response of the fire department. However, if there is any doubt or question as to the possible survivability of a victim or patient, and the fire department is not on the scene, police personnel should request the immediate response of fire department EMS personnel.

## **V. EMS PROTOCOL**

This protocol, as adapted from the Mid-South Regional EMS council and the Germantown Fire Department EMS protocols established by the Germantown Fire Department's Medical Director, divides pulseless, non-breathing persons into one of two categories:

### **A. PATIENTS WITH OBVIOUS SIGNS OF LIFELESSNESS**

1. Multiple signs of lifelessness (The patient must have at least two of these conditions). These signs include:

- a. Rigor mortis
- b. Dependent Lividity (having black and blue or a leaden or ashen gray color)
- c. Loss of body heat
- d. Glazed corneas

NOTE: Rigor mortis is fairly reliable. Lividity is less reliable and requires an undressed patient. Loss of body heat is of no value in a cold environment, but has some value in a warm one. Multiple corneal diseases can cause glazed corneas. Patients who are under the influence of intoxicating substances and are in cold environments can mimic lividity, rigor, etc.

2. An injury which is clearly not compatible with survival. The victim must have at least one of the following conditions:

- a. Decomposition of body tissues
- b. Devastating, unsurvivable injury(s) – an injury clearly incompatible with life
- c. Decapitation
- d. Incineration
- e. Separation of vital internal organs from the body or total destruction of organs
- f. Gunshot wound to the head that clearly crosses the midline (entrance and exit) – with a caveat of the possibility of organ donor status and the need to preserve them until organ harvesting

There should be absolutely no doubt in anyone's mind when a person meets the “obvious signs of lifelessness” criteria. If there is any question in the minds of the pre-hospital personnel as to whether a person meets the above criteria, the person should be treated as those in the next category, and CPR should be initiated.

**B. PULSELESS, NON-BREATHING PATIENTS THAT DO NOT HAVE OBVIOUS SIGNS OF LIFELESSNESS**

All patients who are not categorized above should be treated with all the skills available to pre-hospital personnel. Patients who are pulseless and non-breathing but do not have obvious signs of lifelessness should be treated by pre-hospital personnel. CPR should be initiated, and paramedics should treat the patient with advanced life support skills.

When the pre-hospital personnel is in doubt as to which category the patient is in, the pre-hospital personnel should treat the patient with all the skills they can provide.

**VI. DUTY TO NOTIFY MEDICAL EXAMINER**

- A. Pursuant to Tenn. Code Ann. 38-7-108(a), a law enforcement officer “having knowledge of the death of any person from sudden violence or by casualty or by suicide, or suddenly when in apparent health, or when found dead, or in prison, or in any suspicious, unusual, or unnatural manner ... shall immediately notify the county medical examiner.” Such notification will be made by the supervisory member in charge of the scene.
- B. Further, Tenn. Code Ann. 38-7-108(b) mandates that “the body shall not be removed from its position or location without the authorization by the county medical examiner, except to preserve the body from loss or destruction or to maintain the flow of traffic on a highway, railroad, or airport.”
- C. On a rare occasion, the Medical Examiner may request that the fire department verify that the person is deceased. In this situation, the police supervisor on the scene of the death will contact Communications and request that the fire department respond in a non-emergency capacity for a death verification.

**VII. REMOVAL OF BODIES**

When the Shelby County Medical Examiner's Office determines that a body needs to be transported for an autopsy, the medical examiner's office will provide personnel and transportation to remove all bodies from the death scene.

The Shelby County Medical Examiner's Office may determine that a body does not need to be transported to the medical examiner's office and that the body may be released to a funeral home. **Neither Officers nor fire personnel are to solicit or recommend the use of any funeral home services.**

Funeral homes should not transport corpses to the nearest hospital ER for pronouncement of death. Copies of the funeral home record and embalming procedures can be forwarded

to the deceased's physician for completion of the death certificate. If funeral home personnel answering a call to a home believe that a patient may still be alive, a full EMS response should be immediately initiated rather than relying on a later ER physical examination.

At the scene of a crime of violence or wounding, and in the absence of an injury(s) clearly incompatible with life, it will be the responsibility of the fire department to determine if an individual is D.O.A. and whether or not this individual should be transported to a hospital. If fire department personnel make the decision to transport from the crime scene, the officers in charge of the crime scene will in no way interfere with this decision. If the victim is determined to be D.O.A. by the fire department and the fire department is not going to transport, then the investigative supervisor in charge of the crime scene will notify the Medical Examiner's Office.

### **VIII. PROCEDURE FOR HOSPICE HOME DEATH**

Effective January 1, 1999, the following procedure will be followed in hospice deaths:

- A. In accordance with Tennessee Code, Title 68, Chapter 3, Part 5, a Registered Nurse, employed by a Medicare certified Hospice, may make the actual pronouncement of death when the following conditions exist:
  1. The deceased was suffering from a terminal illness;
  2. Death was anticipated, and the attending physician and/or Hospice Medical Director has agreed in writing to sign the death certificate;
  3. This written agreement is present in the deceased's home/residence;
  4. The deceased has been receiving the services of a Medicare certified Hospice;
  5. The nurse is licensed as an RN by the state and is an employee of the Hospice;
  6. The nurse has received training regarding signs of suspicious death.
- B. Upon receiving a telephone call from the caregivers that the Hospice patient has died, the visit nurse is sent to the home.
- C. The patient is examined for determination of death, and any signs of suspicious circumstances are noted. If there is any reason for further investigation of the death, the police are notified, and the nurse stays with the body until they arrive.
- D. If it is determined that the death occurred from natural causes related to the stated terminal illness, the RN completes the Report of Investigation with the required information, and obtains the physician's written agreement to sign the death certificate.
- E. The funeral home chosen by the caregivers IS called, and the Physician Letter accompanies the body to the funeral home.

- F. The completed Report of Investigation is sent to the County Medical Examiner (either by mail or fax). A copy is retained in the patient's medical record. A copy will also be sent to the Investigative Division for filing.
- G. If, for reasons of staff safety, it is determined the Hospice nurse will not be sent to the deceased's home/residence, the police will be notified and will go to the home/residence.
- H. If the written agreement signed by the physician is not present with the patient, the police will be notified and will go to the home/residence.
- I. If the situation in the home is judged to be threatening or potentially dangerous to the Hospice staff present, the police will be requested to assist the staff.

## **IX. REVIEW PROCESS**

An annual review of this policy shall be conducted to determine if it should be revised, cancelled or continued in its present form.

This order shall remain in effect until revoked or superseded by competent authority.