



OFFICE OF THE
SECRETARY
2016 NOV 22 AM 11:40

MURIEL BOWSER
MAYOR

NOV 22 2016

The Honorable Phil Mendelson
Chairman, Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, NW, Suite 504
Washington, DC 20004

Dear Chairman Mendelson:

Enclosed for consideration and approval by the Council is Final Rulemaking to amend Title 29 DCMR Chapter 5 (Emergency Medical Services). Also included with this transmittal is the "Emergency Medical Services Regulations Approval Resolution of 2016."

This rulemaking will provide for termination of resuscitation in the field by paramedics and remote pronouncement of death by certain medical doctors following termination of resuscitation by a certified 911 paramedic.

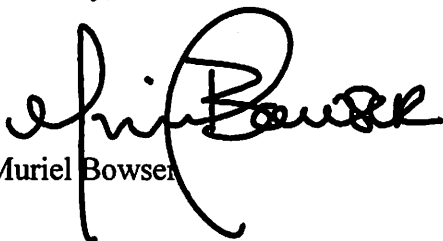
The amendment to the rules in 29 DCMR § 526 will permit pronouncement of death in the field following a termination of resuscitation by an authorized 911 paramedic. In instances where the Medical Director of the District's 911 EMS agency (D.C. Fire and Emergency Medical Services Department (FEMS)) or a Medical Control Base Station Physician has been engaged pursuant to FEMS Pre-Hospital Treatment Protocols, s/he would qualify as the treating physician for the purposes signing the pronouncement portion of the death certificate as required by D.C. Official Code § 7-214. There is no legal obligation that the physician engaged be present on scene to perform a physical examination of the patient so long as the FEMS protocols have been satisfied.

This regulatory amendment to Section 526 (EMS Providers: Scope of Practice) of Chapter 5 (Ambulance Service) of Title 29 (Public Welfare) is intended to (a) eliminate confusion surrounding the pronouncement of death outside of a health care facility; (b) provide clear direction for paramedics and physicians after termination of resuscitation (as set forth in the approved FEMS Pre-Hospital Treatment Protocols) or in a presumed dead on arrival situation; and (c) bring the District into alignment with best practices in the field of emergency medical services.

The Proposed Rulemaking was published in the DC Register and one (1) comment, in support of the amendment, was received within the thirty (30) day comment period.

I urge the Council to take prompt and favorable action on the enclosed proposed resolution.

Sincerely,

A handwritten signature in black ink, appearing to read "Muriel Bowser". The signature is fluid and cursive, with the first name "Muriel" written in a larger, more prominent script than the last name "Bowser".

Muriel Bowser



Chairman Phil Mendelson
at the request of the Mayor

A PROPOSED RESOLUTION

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

Chairman Phil Mendelson, at the request of the Mayor, introduced the following resolution,
which was referred to the Committee on _____.

To approve the proposed rules to amend Section 526 (EMS Providers: Scope of Practice) of Chapter 5 (Ambulance Service) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations to provide for termination of resuscitation in the field by paramedics and remote pronouncement of death by certain medical doctors following termination of resuscitation by a certified 911 paramedic.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the "Emergency Medical Services Regulations Amendment Approval Resolution of 2016".

Sec. 2. Pursuant to section 24 of the Emergency Medical Services Act of 2008, effective March 25, 2009 (D.C. Law 17-357; D.C. Official Code §7-2341.23 (2012 Repl.)), the Council approves the proposed rules adopted by the Mayor that amend Section 526 (EMS Providers: Scope of Practice) of Chapter 5 (Ambulance Service) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations, published at 63 DCR 011660.

Sec 3. Fiscal Impact.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code §1-301.47a).

1 **Sec. 4. The Council shall transmit a copy of this resolution, upon its adoption, to the**
2 **Mayor, the Director of the Department of Health, and the Administrator of the Office of**
3 **Documents and Administrative Issuances.**

4 **Sec. 5. This resolution shall take effect immediately.**

DEPARTMENT OF HEALTH

NOTICE OF PROPOSED RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth in Section 24 of the Emergency Medical Services Act of 2008 (Act), effective March 25, 2009 (D.C. Law 17-357; D.C. Official Code § 7-2341.23 (2012 Repl.)), and Mayor's Order 2009-89, dated June 1, 2009, hereby gives notice of the intent to adopt the following rules to amend Chapter 5 (Emergency Medical Services) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR), in not less than thirty (30) days after the publication of this notice in the *D.C. Register*.

This rulemaking will provide for termination of resuscitation in the field by paramedics and remote pronouncement of death by certain medical doctors following termination of resuscitation by a certified 911 paramedic.

Pursuant to D.C. Official Code § 7-2341.23(b), this rulemaking shall be submitted to the Council of the District of Columbia for a forty-five (45) day period of review, excluding Saturdays, Sundays, legal holiday, and days of Council recess.

Chapter 5, EMERGENCY MEDICAL SERVICES, of Title 29 DCMR, PUBLIC WELFARE, is amended as follows:

Section 526, EMS PROVIDERS: SCOPE OF SERVICES, is amended by adding new Subsections 526.6-526.13 to read as follows:

- 526.6 A paramedic sponsored by the District of Columbia Government's 911 EMS agency may terminate resuscitation in the field if:
- (a) The paramedic is issued a proper order by a Medical Control Base Station Physician currently licensed in the District of Columbia and authorized by the Medical Director of the District Government's 911 EMS agency;
 - (b) The paramedic is currently certified by the District of Columbia and authorized by the Medical Director of the District Government's 911 EMS agency;
 - (c) The paramedic follows the termination of resuscitation protocol that has been approved by the Department of Health; and
 - (d) All paramedics present on the scene and involved in the resuscitation agree that termination is appropriate.
- 526.7 Once a termination of resuscitation order has been issued, resuscitation efforts shall stop and the Metropolitan Police Department shall be notified by the 911

EMS provider on the scene, except as otherwise provided in the Fire and Emergency Medical Services Department's pre-hospital treatment protocols.

526.8

A Medical Control Base Station Physician or the Medical Director of the District Government's 911 EMS agency may pronounce a person dead following termination of resuscitation in the field, as authorized pursuant to Subsection 526.6, without personally examining that person's body only if:

- (a) The authorized paramedic has recited the facts of the person's present medical condition;
- (b) The paramedic attests that he or she adhered to the termination of resuscitation protocol; and
- (c) The Medical Control Base Station Physician or Medical Director of the District Government's 911 EMS agency is satisfied that death has occurred.

526.9

If a person is determined presumed dead on arrival by a District Government 911 EMS provider holding any certification level, a Medical Control Base Station Physician or the Medical Director of the District Government's 911 EMS agency may pronounce that person dead without personally examining the person's body only if:

- (a) The patient presents pulseless and apneic with one (1) or more of the following:
 - (1) Rigor mortis;
 - (2) Dependent lividity;
 - (3) Decomposition;
 - (4) Traumatic injuries incompatible with life such as organ destruction of the brain or thoracic contents, or decapitation;
 - (5) Incineration;
 - (6) Submersion for greater than twenty-four (24) hours;
 - (7) A valid out-of-hospital do not resuscitate order is present; or
 - (8) A licensed physician on the scene orders that resuscitation not be attempted.

- (b) The District Government's 911 EMS provider on the scene has recited the facts of the person's present medical condition to the Medical Central Base Station Physician or the Medical Director of the District Government's 911 EMS agency; and
- (c) The District Government's 911 EMS provider attests that the patient is not:
 - (1) Obviously pregnant; or
 - (2) Hypothermic.

526.10 Nothing shall be removed from the decedent's person, including any medical equipment, after a termination of resuscitation order has been issued or a death is pronounced in the field.

526.11 When death is pronounced in the field by the Medical Control Base Station Physician or the Medical Director of the District Government's 911 EMS agency in communication with the District Government's 911 EMS provider on the scene, that EMS provider shall document the following on the patient care report:

- (a) The decedent's time of death;
- (b) Criteria used to determine death;
- (c) Location of the decedent;
- (d) Position of the decedent;
- (e) Condition of the decedent;
- (f) Any care provided to the decedent prior to the pronouncement of death; and
- (g) Name of the Medical Control Base Station Physician or Medical Director of the District Government's 911 EMS agency who pronounced the death.

526.12 The District Government's 911 EMS agency shall provide a copy of the patient care report, upon request, to the Office of the Chief Medical Examiner ("OCME") or the decedent's primary care physician in order for the OCME or the decedent's primary care physician to complete the pronouncement section or sections of the decedent's certificate of death.

526.13 The Office of the Chief Medical Examiner shall review all incidents where an order to terminate resuscitation in the field is issued and shall issue a report on incidents where the termination of resuscitation protocol was not followed. The

report shall be transmitted to the director of the Department of Health and to the Medical Director of the District Government's 911 EMS agency no less than once annually.

Comments on this proposed regulation should be submitted, in writing, to Marie-Claire Brown, Senior Assistant General Counsel, District of Columbia Department of Health, Health Emergency Preparedness and Response Administration, 899 North Capitol Street, N.E., 5th Floor, Washington, D.C. 20002 or marie-claire.brown@dc.gov, within thirty (30) days of the publication of this notice in the *D.C. Register*. Additional copies of this proposed regulation are available at the above address.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Attorney General



ATTORNEY GENERAL
KARL A. RACINE

Legal Counsel Division

MEMORANDUM

TO: Lolita S. Alston
Deputy Director
Office of Legislative Support

FROM: Janet M. Robins
Deputy Attorney General
Legal Counsel Division

DATE: November 3, 2016

SUBJECT: Draft Resolution, "Emergency Medical Services Regulations Amendment
Approval Resolution of 2016"
(AR-16-429-C)

This is to Certify that this Office has reviewed the above-referenced draft resolution and found it to be legally sufficient. If you have any questions in this regard, please do not hesitate to call me at 724-5524.



Janet M. Robins