

EXERCISE VOD/TOR FORM GUIDANCE

This form is the current version (Jan 2020) used by HM Coastguard (Bristow) SAR helicopters and is provided as an exercise version for use by Offshore Energy companies and their training consultants during exercises. The form does not come with any instruction on how to use it, and is designed for trained paramedics.

The form may be updated after the release of this exercise version and therefore no assumptions should be taken that this is a current representation of the form.

The form is provided to assist in realism during exercises however care must be taken over its use. A SAR paramedic attending offshore to undertake this function is rare and therefore it must not be overused.

The form must not be amended or replicated in any way other than to enter details for the purposes of the exercise.

Misuse of the form may result in an inadvertent misunderstanding of when the form would be used, or how it is used.

A reminder that the SAR paramedic is not there to provide a second opinion and should a medic and topside doctor determine that resuscitation efforts should be ceased, HM Coastguard will not continue any SAR helicopters to the scene. It is therefore only when a SAR paramedic arrives on scene prior to any such declaration being given that this form may be used. It may be that this is during a single medical evacuation, or as part of a larger incident (exercise).

Any questions or queries on the forms use should be directed to HM Coastguard's Offshore Energy Liaison Officer on OELO@mcga.gov.uk.

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Offshore Energy Liaison Officer
HM Coastguard
8 January 2020

This checklist should be completed whenever a BHL clinician conducts the Verification of Death (VoD) procedure.

Date	Time of VOD/TOR	Patients Name (If Known)	Clinician's Name	PCR Number

Resuscitation can be omitted:			Tick ✓
If conducting a resuscitation effort would place the aircraft, or a crewmember, at unacceptable risk.			
If the patient is regarded deceased or expectant as part of a major incident triage sieve. - NOTE 1			
If a condition unequivocally associated with death is present.			
Decapitation		Incineration	
Massive cranial and cerebral destruction		Hypostasis (confirm with ECG if possible)	
Hemicorporectomy		Rigor mortis (confirm with ECG if possible)	
Decomposition/Putrefaction		Newborn- Fetal maceration (confirm with ECG if possible)	

Resuscitation efforts can be withheld or discontinued immediately if the following facts are established:			Tick ✓
A legal order to refuse treatment is in place.			
The existence of the patient's DNACPR, Advanced Decision or ReSPECT form stating that the patient does not wish to undergo attempted resuscitation. - NOTE 2			
The patient has a terminal illness.			
The patient is in the final stages of a terminal illness, where death is imminent and unavoidable, despite no formal DNACPR decision being made. - NOTE 3			

Resuscitation efforts can be discontinued, in the following circumstances, following confirmatory ECG analysis (asystole > 30 seconds):			Tick ✓
Prolonged submersion.			
Patient submerged for > 90 minutes.			
No timely CPR.			
All of the following exist:			
<ul style="list-style-type: none"> ➤ 15 minutes since the onset of cardiac arrest & No bystander CPR provided & Asystole >30 seconds & 			
Exclusion factors can be ruled out (<18 years, Drowning, Hypothermia, Poisoning/Overdose, Pregnancy).			

In all other circumstances a full ALS effort should be conducted.

ALS efforts can be discontinued in the following circumstances: - NOTE 4			Tick ✓
The patient has displayed > 20-minutes of persistent and continuous Asystole, despite all reversible causes within the paramedic's scope being addressed, in the absence of an exclusion factor (Hypothermia as the primary cause of the cardiac arrest, Poisoning/Overdose, Pregnancy, Patients < 18 years of age).			
In all other circumstances ALS should be continued and the patient transported. Where continuing ALS would be inappropriate, VoD may be conducted provided the BHL deviation from approved practice guideline has been followed, and the senior clinician's name and contact details are documented on both this form and the associated PCR.			

BHL Clinician	Signature	Witness (if present)	Signature
Notes:			

NOTE 1- BHL tally number to be placed into the notes section of this form.

NOTE 2- This document does not have to be sighted provided the informant is credible (NOK, GP, ETC).

NOTE 3- The terminal illness must be the cause of the cardiac arrest and the clinician's rationale documented in the notes section of this form and on the PCR.

NOTE 4- ALS officially starts when IV/IO access is gained, the patient has a patent airway, CPR is in progress and reversible causes have been considered.