

St. Clair County Medical Control Authority

PROCEDURES

**DEAD ON SCENE &
TERMINATION OF RESUSCITATION**

Initial Date:

Revised Date: 03/18/26

Section 7-6

Dead on Scene & Termination of Resuscitation

Purpose: For patients in cardiac arrest, when and when not to initiate CPR, and when to terminate efforts.

A. Dead on Scene Criteria - CPR should NOT be initiated in the following cardiac arrest patients:

1. Decomposition
2. Rigor mortis (Caution: do not confuse with stiffness due to cold environment)
3. Dependent lividity
4. Decapitation
5. Traumatic cardiac arrest while entrapped (witnessed or unwitnessed)
6. Incinerated or frozen body
7. Submersion greater than 90 minutes in cold water (water temperature less than 70° F/21° C) as documented by the licensed health care professional after arrival on scene.
8. Submersion greater than 30 minutes in warm water (water temperature greater than 70° F/21° C) as documented by the licensed health care professional after arrival on scene.
9. Gross dismemberment or obvious mortal wounds/conditions (injuries inconsistent with life – i.e., crushing injuries of the head and/or chest)
10. Unwitnessed arrest of traumatic origin, without organized electrical activity (must be asystole or pulseless rhythm with rate less than 40/min).
 - i. Exception to this is electrocution (including lightning strike) or acute hypothermia.
11. Patient has a valid “Do Not Resuscitate” identification bracelet or order refer to **7.7 DNR-Procedure Protocol**
12. Patient has MI-POST with Do Not Resuscitate selected in section A refer to **7.25 MI POST-Procedure Protocol**
13. In cases of mass casualty incidents, where the number of patients exceeds the providers and resources to care for them, any patient who is pulseless and apneic may be triaged as deceased.

B. Exceptions to Dead on Scene Criteria in which CPR should be initiated:

1. In EMS professional judgement potential viability despite meeting Dead on Scene criteria.
2. Pregnant patient arrest witnessed by either bystanders or EMS personnel
 - i. Resuscitation and immediate transport to the closest receiving facility
 - ii. Contact Medical Control as early as possible



C. For all other patients:

1. Follow the **5.1 Adult or 6.1 Pediatric Cardiac Arrest-Treatment Protocol**.
2. Medical cardiac arrest patients undergoing attempted resuscitation will not be transported unless return of spontaneous circulation (ROSC) is achieved.

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4. Prehospital personnel will provide information to the family which should include medical control procedures for termination of resuscitation when applicable.
5. The following must be documented
 - a. Time of death as pronounced by physician
 - b. Name of hospital and physician providing time of death
 - c. Notification of law enforcement
 - d. Gift of life status