The following conditions are unequivocally associated with death in adults (for children, refer to Termination of Resuscitation and Verification of Death in Children), and can be used by ambulance clinicians to verify death:

Decapitation.
Massive cranial and cerebral destruction.
Hemicorporectomy or similar massive injury.
Decomposition/putrefaction – where tissue damage indicates that the patient has been dead for some hours, days or longer.
Incineration – the presence of full-thickness burns with charring of greater than 95% of the body surface.
Hypostasis – the pooling of blood in congested vessels in the dependent part of the body in the position in which it lies after death. Initially, hypostatic staining may appear as small round patches looking rather like bruises but later these will combine to merge as the familiar pattern.
Rigor mortis – the stiffness occurring after death from the post-mortem breakdown of enzymes in the muscle fibres. Rigor mortis occurs first in the small muscles of the face, next in the arms, then in the legs, with these changes taking between 30 minutes and 3 hours.

In addition to the conditions above, there are other criteria which can be used to confirm death, and which indicate that resuscitation should not be attempted, or may be discontinued:

A) The presence of a DNACPR (do not attempt cardiopulmonary resuscitation) decision or ReSPECT form that advises resuscitation is not to be attempted.
B) A valid Advance Decision to Refuse Treatment (ADRT), which refuses cardiopulmonary resuscitation, or a Lasting Power of Attorney (LPA) for Health and Welfare that includes decisions related to life-sustaining treatments and where CPR is refused by the attorney.
C) If a person is known to be in the final stages of an advanced, irreversible condition, in which attempted CPR would be both inappropriate and unsuccessful, CPR should not be started or can be stopped if already commenced. Even in the absence of a recorded DNACPR decision, ambulance clinicians may be able to recognise this situation and make an appropriate decision, based on clear evidence that they should document. Examples of clear evidence include the presence of anticipatory medications, hospice or palliative care notes and advance care plans, but always refer to local guidance.
D) D) Submersion for longer than 90 minutes.
E) E) There is no realistic chance that CPR would be successful if **ALL** the following exist together:

- >15 minutes has elapsed since the onset of cardiac arrest.
- No evidence of bystander CPR in the 15 minutes before the arrival of the ambulance.
- Exclusion factors are absent (drowning, hypothermia, poisoning/overdose, pregnancy, child/neonate).
- Asystole for >30 seconds on the ECG monitor screen. CPR should only be paused for a 30-second asystole check if all other criteria are met.