



# Unexpected Fatality Review DOC Corrective Action Plan

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Unexpected Fatality UFR-22-024

## Report to the Legislature

As required by RCW 72.09.770

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DOC Corrective Action, Publication Number 600-PL001

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## DOC Corrective Action Plan

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DOC Corrective Action Publication Number 600-PL001

### **Legislative Directive**

Engrossed Substitute Senate Bill [5119](#) (2021)

### **Unexpected Fatality Review Governance**

[RCW 72.09.770](#) requires the Department of Corrections (DOC) to convene an Unexpected Fatality Review (UFR) committee and meeting in any case “in which the death of an incarcerated individual is unexpected, or any case identified by the Office of the Corrections Ombuds.” The department is also required to issue a report on the results of the review within 120 days of the fatality and, within 10 days of completion of the review, develop an associated corrective action plan to implement any recommendations made by the review team. The statute took effect July 25, 2021.

The “primary purpose of the unexpected fatality review shall be the development of recommendations to the department and legislature regarding changes in practices or policies to prevent fatalities and strengthen safety and health protections for prisoners in the custody of the department.”

“‘Unexpected fatality review’ means a review of any death that was not the result of a diagnosed or documented terminal illness or other debilitating or deteriorating illness or condition where the death was anticipated and includes the death of any person under the jurisdiction of the department, regardless of where the death actually occurred. A review must include an analysis of the root cause or causes of the unexpected fatality, and an associated corrective action plan for the department to address identified root causes and recommendations made by the unexpected fatality review team under this section.”

## Unexpected Fatality Review Committee Report

The department issued the UFR committee report 22-024 on November 17, 2022 (DOC publication 600-SR001). This document includes the required corrective action plan. The department is required to implement the corrective actions within 120 days of the publication of the committee report.

### Corrective Action Plan

<b>CAP ID Number:</b>	<b>UFR-22-024-1</b>
<b>Finding:</b>	An AED was not initially brought to the emergency.
<b>Root Cause:</b>	DOC Policy 890.620 Emergency Medical Treatment does not require staff to bring an AED to a medical emergency and/or identify who is responsible for bringing the AED to the scene.
<b>Recommendation:</b>	Inform staff an AED should be brought to a medical emergency response and identify which staff members are responsible to transport the AED to the scene.
<b>Corrective Action:</b>	Update Policy 890.620 Emergency Medical Treatment to clarify expectations and responsibilities for staff responding to a medical emergency.
<b>Expected Outcome:</b>	Improved medical emergency response.

<b>CAP ID Number:</b>	<b>UFR-22-024-2</b>
<b>Finding:</b>	An AED was not readily available for use on the unit.
<b>Root Cause:</b>	DOC Policy 890.620 Emergency Medical Treatment requires an AED be available for use at each facility but does not designate the number needed or location for placement.
<b>Recommendation:</b>	Expand availability of and access to AEDs in DOC prisons.
<b>Corrective Action:</b>	Conduct a statewide audit of the number and location of AEDs in each facility and consider placement of additional AEDs in each living unit.
<b>Expected Outcome:</b>	Improved medical emergency response.

<b>CAP ID Number:</b>	<b>UFR-22-024-3</b>
<b>Finding:</b>	The roles, expectations, and coordination of staff response during a medical emergency are unclear.
<b>Root Cause:</b>	DOC Policy 890.620 Emergency Medical Treatment does not require emergency response drills to be conducted.
<b>Recommendation:</b>	Update DOC Policy 890.620 Emergency Medical Treatment to require periodic emergency response drills that include health service, custody staff, and the use of an emergency response vehicle at facilities where they are located.
<b>Corrective Action:</b>	Facility custody and health service leadership ensure emergency response drills are conducted quarterly on each shift.
<b>Expected Outcome:</b>	Improved coordination of medical emergency response.

<b>CAP ID Number:</b>	<b>UFR-22-024-4</b>
<b>Finding:</b>	The facility emergency response vehicle is not reliably used when responding to a medical emergency.
<b>Root Cause:</b>	The process for use of the emergency response vehicles is complicated and not clear.
<b>Recommendation:</b>	Ensure medical emergency response vehicles are ready and capable to meet the need statewide.
<b>Corrective Action:</b>	Require facilities with emergency response vehicles to: <ul style="list-style-type: none"> <li>a. Evaluate the functionality of their vehicle to ensure it is appropriately equipped</li> <li>b. Develop a protocol for their use that identifies when they are to be used, who will be responsible for driving to the scene, and a contingency plan for when vehicle is not available</li> <li>c. Provide training to staff responsible for responding to medical emergencies</li> <li>d. Include emergency vehicle readiness check as part of the monthly facility safety inspection.</li> </ul>
<b>Expected Outcome:</b>	Improved medical emergency response.

<b>CAP ID Number:</b>	<b>UFR-22-024-5</b>
<b>Finding:</b>	Responding nurse's emergency response training had lapsed.
<b>Root Cause:</b>	Routine Health Services annual staff emergency response training was suspended during the COVID-19 pandemic response.
<b>Recommendation:</b>	DOC Health Services resume annual emergency response training as mandated by DOC Policy 890.620 Emergency Medical Treatment.
<b>Corrective Action:</b>	Require all Health Services departments to resume annual emergency response training.
<b>Expected Outcome:</b>	Improved staff readiness to respond during a medical emergency.

<b>CAP ID Number:</b>	<b>UFR-22-024-6</b>
<b>Finding:</b>	Officers providing CPR had lapsed CPR certification.
<b>Root Cause:</b>	Annual in-service training was suspended during the COVID-19 pandemic response.
<b>Recommendation:</b>	Offer training opportunities to all employees to maintain CPR certification as required for their position per DOC Policy 890.620 Emergency Medical Treatment.
<b>Corrective Action:</b>	Develop and implement a plan to ensure all required DOC employees are current with certification requirements.
<b>Expected Outcome:</b>	Improved staff readiness to respond during a medical emergency.