Unexpected Fatality Review
DOC Corrective Action Plan

Unexpected Fatality UFR-22-030

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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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 22-030 on December 26, 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

CAP ID Number:	UFR-22-030-1
Finding:	Reentry center staff were unsure how to correctly administer Narcan.
Root Cause:	Not all staff are trained in Narcan administration.
Recommendation:	All reentry center staff will have Narcan administration training.
Corrective Action:	Provide Narcan administration training to all staff.
Expected Outcome:	Reentry center staff will be prepared to respond to a medical emergency.

CAP ID Number:	UFR-22-030-2
Finding:	Staff were unable to easily locate the second AED & Narcan supply.
Root Cause:	Not all staff were aware of AED & Narcan locations.
Recommendation:	All emergency medical equipment and supplies should be marked with appropriate signage and their locations known and accessible to all staff.
Corrective Action:	Install signage and orient staff to location of all emergency medical equipment and supplies.
Expected Outcome:	Reentry center staff will be prepared to respond to a medical emergency.

CAP ID Number:	UFR-22-030-3
Finding:	The first floor AED was not functional.
Root Cause:	AED was not routinely inspected on a regular basis.
Recommendation:	Inspect medical emergency response equipment and supplies on a regular basis.
Corrective Action:	Conduct monthly safety inspections per DOC Policy 890.000 Safety Program and document on DOC Form 16-347 Monthly Safety and Sanitation Inspection.
Expected Outcome:	Medical emergency response equipment will function as intended.

CAP ID Number:	UFR-22-030-4
Finding:	The first floor AED was not fixed or replaced when it was documented as non-functional on a monthly safety inspection.
Root Cause:	A lack of communication when the safety inspection was filed without corrective action being taken for the defective equipment.
Recommendation:	When a defective piece of critical equipment is identified during an inspection, the concern should be communicated to staff and the supervisor responsible for fixing the concern.
Corrective Action:	Conduct monthly safety inspections per DOC Policy 890.000 Safety Program and note any equipment defects on DOC Form 16-347 Monthly Safety and Sanitation Inspection. Provide a copy of the form to the responsible supervisor and to the facility safety representative. Document the date corrective action was taken prior to filing the inspection as completed.
Expected Outcome:	Medical emergency response equipment will function as intended.