



Unexpected Fatality Review DOC Corrective Action Plan

Unexpected Fatality UFR-22-011

Report to the Legislature

As required by RCW 72.09.770

July 29, 2022

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 22-011 on July 21, 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-22-011-1
Finding:	Facility staff did not conduct a pat search after the incarcerated individual returned to the facility after an approved outing.
Root Cause:	Staff did not follow agency policy in conducting searches which may have discovered contraband.
Recommendation:	Ensure reentry center staff are conducting required searches.
Corrective Action:	Retrain staff, counsel staff in compliance with DOC progressive discipline.
Expected Outcome:	Increased safety for incarcerated individuals by reducing the amount of contraband entering the facility.

CAP ID Number:	UFR-22-011-2
Finding:	Current facility urine drug screens do not test for fentanyl.
Root Cause:	There is no rapid urine drug test kit that screens for fentanyl.
Recommendation:	Update the contract to include purchasing supplemental fentanyl test strips.
Corrective Action:	Purchase fentanyl test strips and implement fentanyl testing with all urine drug screens.
Expected Outcome:	Increased safety for incarcerated individuals and opportunity for intervention if test results are positive.