



# Unexpected Fatality Review DOC Corrective Action Plan

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Unexpected Fatality UFR-22-013

## Report to the Legislature

As required by RCW 72.09.770

August 15, 2022

DOC Corrective Action, Publication Number 600-PL001

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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 22-013 on August 5, 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>	UFR-22-013-1
<b>Finding:</b>	There is no protocol for staff to follow when an incarcerated individual requests medication to treat Opioid Use Disorder (OUD) if a medication assisted treatment program is not available at their facility.
<b>Root Cause:</b>	Not all DOC facilities are able to support a medication assisted treatment program for OUD and staff are unaware of options available for incarcerated individuals who are transferring or releasing to the community.
<b>Recommendation:</b>	Develop and implement a protocol for staff to follow when an incarcerated individual requests medication for the treatment of OUD.
<b>Corrective Action:</b>	Update current medication assisted treatment protocols to include guidance for staff to follow when an incarcerated individual requests medication assistance for the treatment of OUD.
<b>Expected Outcome:</b>	A likely decrease in the number of deaths from opioid overdose by providing incarcerated individuals with OUD access to medication and education for the treatment of OUD.

<b>CAP ID Number:</b>	UFR-22-013-2
<b>Finding:</b>	The incarcerated individual was not on medication assisted treatment for OUD prior to his transfer to the GRE program.
<b>Root Cause:</b>	Not all DOC facilities are able to support a medication assisted treatment program for OUD and staff are unaware of options available for incarcerated individuals who are transferring or releasing to the community.
<b>Recommendation:</b>	Expand medication assisted treatment options for incarcerated individuals with OUD.
<b>Corrective Action:</b>	Investigate options and develop a proposal for the DOC leadership consideration to expand medication assisted treatment for incarcerated individuals with a diagnosis of OUD.
<b>Expected Outcome:</b>	Incarcerated individuals with OUD have access to medication for the treatment of OUD.