



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
PRISON/REENTRY
FACILITY/SPANISH MANUAL

REVISION DATE
9/27/21

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POLICY

TITLE
DEATH OF INCARCERATED INDIVIDUALS

REVIEW/REVISION HISTORY:

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SUMMARY OF REVISION/REVIEW:

Major changes to include updated title and terminology throughout and alignment with new legislation. Read carefully!

APPROVED:

Signature on file

SARA KARIKO, MD
Chief Medical Officer

8/17/21

Date Signed

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DAN JOHNSON, MBA
Assistant Secretary for Health Services

8/17/21


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

8/17/21

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 11.08.111](#); [RCW 11.20.010](#); [RCW 68.50.010](#); [RCW 70.58.170](#); [RCW 72.09](#); [WAC 137-36-040](#); [WAC 246-840-830](#); DOC 350.270 Extraordinary Medical Placement; DOC 400.100 Incident and Significant Event Reporting (RESTRICTED); DOC 400.110 Reporting and Reviewing Critical Incidents; DOC 410.255 Critical Incident Stress Management (RESTRICTED); DOC 440.000 Personal Property for Offenders; DOC 440.010 Personal Property for Work Release Offenders; DOC 620.300 Organ/Blood Donations by Incarcerated Individuals; DOC 640.020 Health Records Management; DOC 890.000 Safety Program

POLICY:

- I. Department employees/contract staff will take uniform and consistent action in the event of the death of an incarcerated individual.

DIRECTIVE:

- I. Pronouncement of Death
 - A. Only the following employees/contract staff are legally authorized to pronounce death when present at the scene to directly assess an individual's condition:
 1. Physician (i.e., Medical Doctor (MD) or Doctor of Osteopathic Medicine),
 2. Advanced Registered Nurse Practitioner (ARNP),
 3. Physician Assistant (PA-C), and
 4. Registered Nurse (RN).
 - a. For a Department RN to pronounce death:
 - 1) The deceased must have been under the care of a Department practitioner and a valid "Do Not Resuscitate" order must be on file in the health record.
 - 2) A physical assessment must be performed of the individual's condition and the findings documented in the health record.
 - b. If a Department RN pronounces death, the RN will ensure the individual's family and the Department practitioner are notified and document the notification in the health record.
 - B. Only a Physician, ARNP, PA-C, or Coroner/Medical Examiner/designee can certify death and sign the death certificate.

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- C. Deaths of individuals on extraordinary medical placement status will be handled per DOC 350.270 Extraordinary Medical Placement.

II. Notification

- A. In the event of an incarcerated individual's death, employees/contract staff will:
1. Secure the immediate area.
 2. Notify the Shift Commander/Reentry Center Community Corrections Supervisor (CCS) or other designated employee/contract staff, who will make notifications per DOC 400.100 Incident and Significant Event Reporting and alert:
 - a. Local law enforcement, when applicable,
 - b. The county Coroner/Medical Examiner,
 - c. A Health Services Manager,
 - d. The facility Religious Coordinator, when applicable,
 - e. Correctional Records employees during business hours, and
 - f. The Correctional Investigator, when applicable.
 3. Identify employees, contract staff, volunteers, visitors, and other incarcerated individuals with first-hand information or involvement in the incident.
 4. Follow all other facility investigative procedures.
- B. The Superintendent/Reentry Center CCS will have a system in place to positively identify the individual. This may require the Correctional Records Supervisor or employee/ contract staff to take fingerprints and photos of the deceased.
- C. The Appointing Authority/designee will send a letter of condolence to the family when applicable.

III. Reporting


- A. A report will be completed in the Incident Management Reporting System (IMRS) within one hour of the incident per DOC 400.100 Incident and Significant Event Reporting when requested by the Shift Commander/Reentry Center CCS.
1. Incident reports are factual observation reports which do not need to provide the level of detail recorded in the health record.

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- B. If a work-related accident/injury results in the death of a Class II or IV worker, the appropriate employer will notify Department of Labor and Industries within 8 hours per DOC 890.000 Safety Program.
- C. If death occurred at a Prison, the individual's primary care practitioner or, if unavailable, another medical practitioner assigned by the Health Services Manager will enter a death report in the Health Services section of the individual's electronic file.
 - 1. If the report cannot be entered into the electronic file, it will be documented on DOC 13-402 Medical Reporting of Patient Death
 - a. At facilities without a practitioner onsite each business day, the Health Services Manager/designee will only complete the reporting number, date, and patient identification sections of the form.
 - b. The practitioner will complete the Details of Death and Practitioner sections and email the form.
 - 2. The report/form must be emailed no later than the next business day following the death to the Department of Health, Office of Corrections Ombuds, and the Chief Medical Officer.

IV. Autopsy

- A. The Superintendent/Reentry Center CCS will request and authorize an autopsy when notifying the Coroner/Medical Examiner of the death.
 - 1. If the Coroner/Medical Examiner does not intend to conduct an autopsy, the Superintendent/Reentry Center CCS will immediately notify the appropriate Deputy Director or Reentry Center Administrator and the Chief Medical Officer. The notification will include the:
 - a. Circumstances of death,
 - b. Reasons cited by the Coroner/Medical Examiner for not conducting the autopsy, and
 - c. Basis upon which the Superintendent/Reentry Center CCS thinks an autopsy should be conducted, if applicable.
 - 2. The Deputy Director, Reentry Center Administrator, or Chief Medical Officer should contact the Coroner/Medical Examiner directly and attempt to secure an autopsy when determining an autopsy is imperative.

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B. A Department health care practitioner should attend the autopsy whenever possible.

V. Family Notification

A. A list of persons to be notified in the event of serious injury, illness, or death will be maintained in each individual's central file.

1. At Prisons, health services employees/contract staff will request an updated notification list for seriously ill patients housed in the infirmary or special needs unit.

a. The updated list will be shared with the Religious Coordinator, who will review for protocols relative to the individual's faith tradition, if applicable.

2. At Reentry Centers, the list will be documented on DOC 05-116 Reentry Center Intake Information and maintained at the front duty station.

B. The Superintendent/Reentry Center CCS will ensure a designee notifies immediate family and/or emergency contacts as soon as possible. When possible, this notification should be made by a Religious Coordinator or health care provider.

1. Verbal notification will be confirmed by letter.

2. Information communicated will include time of death and location of remains.

3. The family will be provided contact information for the Family Services Unit at Headquarters, which may offer or refer services to the family.

VI. Disposition of Remains

A. The Coroner/Medical Examiner will arrange for the removal of the body.

1. When the Superintendent/Reentry Center CCS or designee releases the remains, DOC 05-799 Release of Body will be completed and maintained in the individual's central file.

B. The Coroner/Medical Examiner or Department employee/contract staff will consult with the next of kin concerning disposition of remains.



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1. The Religious Coordinator or the assigned Headquarters Program Manager for Religious Programs may be consulted regarding the individual's faith tradition.
 2. If the next of kin will not take responsibility, the Coroner/Medical Examiner should take responsibility for the disposition of remains.
 3. Organ donation will be handled per DOC 620.300 Organ/Blood Donations by Incarcerated Individuals.
- C. The Department may authorize minimal funeral services, transportation, and disposition, up to \$1,000, for remains if:
1. The individual and the individual's family are declared indigent by the Superintendent/Reentry Center CCS, or
 2. Extenuating circumstances exist (e.g., the local minimum standard service is cremation and is against the individual's faith tradition).
- D. The Superintendent/Reentry Center CCS may authorize payment of up to \$1,000 from a deceased individual's funds for burial services per RCW 11.08.111 upon showing the funeral expenses are unpaid.
- E. Property of the deceased will be handled per DOC 440.000 Personal Property for Offenders or DOC 440.010 Personal Property for Work Release Offenders.

VII. Handling of Wills

- A. If an incarcerated individual has left a Will with the facility, the Will must be delivered within 30 days of the individual's death to the:
1. Superior Court of the county where the individual died, and
 2. Person named in the Will as executor.
- B. When a Will is sent to the court, the Superintendent/Reentry Center CCS will provide a cover letter indicating:
1. The Will is being provided pursuant to RCW 11.20.010,
 2. The date of the death,
 3. A summary of the property at the facility, and
 4. That the property will be handled pursuant to WAC 137-36-040 and RCW 11.08.111.
- C. A copy of the cover letter and the Will will be retained at the facility.

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VIII. Documentation in Health Record and Central File


- A. The Superintendent/Reentry Center CCS will ensure that a copy of the death certificate is obtained and forwarded to the facility/Regional Correctional Records Supervisor.
 - 1. In Prisons, a copy will be forwarded for placement in the health record.
- B. If a death occurs at a facility with onsite health services, the health record will be placed in a secure area in the Health Services Unit as soon as possible after death and per DOC 640.020 Health Records Management.
- C. Once all clinical records, the death certificate, and autopsy report or written denial of autopsy are filed, the health record will be forwarded to the designated Correctional Records Supervisor and combined with the central file.
 - 1. If a death occurs at a Reentry Center, the autopsy report or written notification of the autopsy denial will be provided to the Regional Correctional Records Supervisor to add to the central file.

IX. Debriefing

- A. Following the death of an incarcerated individual, the Superintendent/Reentry Center CCS, Deputy Director, or Reentry Center Administrator will consult with the Critical Incident Stress Management (CISM) Team Leader to determine whether CISM services are necessary per DOC 410.255 Critical Incident Stress Management.
- B. Other incarcerated individuals who may be affected by the death may be provided assistance.
- C. Fact finding or a critical incident review may be conducted per DOC 400.110 Reporting and Reviewing Critical Incidents.
- D. The Health Services Mortality Review Committee will conduct a mortality case review for every patient whose death occurred while in Department custody to identify opportunities for system improvement and quality of care delivery.

X. Unexpected Fatality Review

- A. When the death of an incarcerated individual is presumed to be unexpected or when requested by the Office of the Correctional Ombuds, an Unexpected Fatality Review (UFR) will be conducted per RCW 72.09.
- B. A UFR Committee will be convened to include:

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1. Appropriate Department representatives with applicable professional expertise and no previous involvement in the incident
 2. A representative of the Office of the Correctional Ombuds
 3. A representative of the Department of Health
- C. A UFR report will be published to the Department's external website and distributed per RCW 72.09 within 120 days unless an exception is approved by the Governor. The report will include:
1. Results of the UFR, and
 2. Recommendations from the UFR Committee to include changes in practices or policies to prevent fatalities and strengthen safety and health protections for incarcerated individuals.
- D. Within 10 days of the completion of the UFR report, a corrective action plan will be developed to implement any recommendations made by the review team in the report.
1. Corrective action plans will be implemented within 120 days unless an extension is granted by the Governor.

DEFINITIONS:

The following words/terms are important to this policy and defined in the glossary section of the Policy Manual: Unexpected Fatality Review. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

- DOC 05-116 Reentry Center Intake Information
- DOC 05-799 Release of Body
- DOC 13-402 Medical Reporting of Patient Death