



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
DEPARTMENT WIDE

REVISION DATE
9/24/20

PAGE NUMBER
1 of 7

NUMBER
DOC 400.110

POLICY

TITLE
REPORTING AND REVIEWING CRITICAL INCIDENTS

REVIEW/REVISION HISTORY:

Effective: 7/2/02
Revised: 9/12/06
Revised: 1/19/07 AB 07-002
Revised: 12/5/08
Revised: 8/17/09
Revised: 12/26/11
Revised: 10/20/14
Revised: 9/24/20

SUMMARY OF REVISION/REVIEW:

Major changes to include updating terminology and reorganizing information. Read carefully!


APPROVED:

Signature on file

STEPHEN SINCLAIR, Secretary
Department of Corrections

8/20/20

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 42.56](#); [DOC 280.510 Public Disclosure of Records](#); DOC 400.100 Incident and Significant Event Reporting (RESTRICTED); DOC 410.200 Use of Force (RESTRICTED); DOC 410.920 Use of Force - Community Corrections (RESTRICTED); [DOC 610.600 Infirmary/Special Needs Unit Care](#); [DOC 890.000 Safety Program](#)

POLICY:

- I. The Department has established procedures to manage critical incidents through a reporting and review process for incidents occurring within the Department and/or involving individuals under the Department's jurisdiction to be reported timely, accurately, and completely.
- II. Information gathered through incident reviews will be analyzed to identify activities that contributed to:
 - A. Successful outcomes,
 - B. Improving Department procedures, policies, training, and practices, and
 - C. Determining if improvements are needed.
- III. Information collected during an incident review may be used in other proceedings (e.g., disciplinary actions), but will not replace a Just Cause review.
- IV. Employee injuries will be reviewed per DOC 890.000 Safety Program.
- V. Use of force incidents will be reviewed per DOC 410.200 Use of Force (RESTRICTED) or DOC 410.920 Use of Force - Community Corrections (RESTRICTED).


DIRECTIVE:

- I. General Responsibilities
 - A. Department management will:
 1. Ensure critical incidents are reported per DOC 400.100 Incident and Significant Event Reporting (RESTRICTED).
 2. Review incidents to become aware of circumstances and events contributing to an incident.
 - B. The Health Authority/designee will report all critical incidents (i.e., adverse events) involving patients in an infirmary per DOC 610.600 Infirmary/Special Needs Unit Care.

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II. Fact Finding and Critical Incident Reviews

- A. When an incident occurs, the appropriate Assistant Secretary or their designee will determine if an incident requires a fact-finding or critical incident review, and initiate the review as applicable.
 1. The following may also make a determination to initiate a fact-finding or critical incident review:
 - a. Deputy Secretary
 - b. Assistant Secretary from another division
 - c. Risk Management Director
 2. The following incidents require a fact-finding review:
 - a. Employee/contract staff assaults,
 - b. Significant disruption of normal operations,
 - c. Suicide attempts while in Department custody,
 - d. Escape from a Work/Training Release, when an individual remains on escape status for more than 24 hours, and
 - e. Deployment of an Electronic Control Device (ECD) outside of training, with the exception of accidental deployment.
 3. The following incidents require a critical incident review:
 - a. Escape from a Prison,
 - b. Unnatural death of an employee while on duty,
 - c. Accidental discharge of a firearm that results in injury of a person(s),
 - d. Discharge of a firearm in the line of duty, unless directed at animals,
 - e. Disturbances with substantial property damage or loss of state resources valued at over \$100,000,
 - f. Unnatural death or serious bodily injury of any individual under Department jurisdiction, contract staff, volunteer, or visitor occurring

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on Department premises (e.g., death by suicide of an incarcerated individual), and

- g. Death or serious bodily injury resulting from the action of an individual supervised in the community, when the individual has been charged with a criminal act related to the incident.

- B. The initiator may immediately request a critical incident review based on available information.
- C. If a fact-finding review is initiated, the initiator will assign an employee to informally determine what occurred and the Department's involvement in the incident.
 - 1. The employee will email the findings to the initiator and the Risk Management Director within 15 business days of assignment.
 - 2. Based on the findings, the initiator/Risk Management Director will determine the need for a critical incident review.
- D. The initiator will establish the size and scope for a critical incident review, which will be completed within 120 days of assignment.
 - 1. The initiator will immediately notify the Risk Management Director when a critical incident review is initiated to receive a tracking number assigned by The Risk Management Office.
 - 2. An extension to the 120 days may only be approved by the initiator or the Risk Management Director.
- E. Employees will have an opportunity to have representation during interviews for fact-finding and critical incident reviews.
- F. Employees named in a critical incident review will have an opportunity to review the report before its use at any review board.

III. Critical Incident Review Teams

- A. Each Assistant Secretary will officially designate at least 5 employees who will be available for assignment to serve as team members for critical incident reviews.
 - 1. The Emergency Operations Unit may be contacted to assist as subject matter experts or help in identifying team members.

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2. In the event of an incident involving health services (e.g., unexpected death, suicide attempt, assault) in a Prison, the initiator will contact the Assistant Secretary of Health Services/designee to assign a health services representative for the critical incident review.

- B. Review teams will consist of at least 2 employees designated by the initiator and deployed as soon as practical after the incident.

1. The initiator should appoint team members in order to provide a complete review and avoid potential conflicts of interest. Teams will consist of members from facilities or offices other than the one being reviewed.
2. All assigned team members should have appropriate experience, training, and knowledge of Department policies, procedures, and practices necessary to conduct the review.
3. Initiators will rotate employee assignments to maximize resources and balance workload.


- C. The initiator will conduct a team briefing that will include:

1. Size, scope, limitations, and timeframes of the review
2. A description of the incident and any written notification of the incident
3. Designating a team leader who has completed incident review training
4. Designating a liaison at the facility or office being reviewed
5. Establishing the process for entrance/exit interviews

- D. The initiator may request a verbal debrief with the team leader and the Risk Management Director upon completion of the review. The debriefing will include a review of the critical incident review report and findings including plans for improvement.

IV. Documentation and Corrective Action Plans

- A. Critical incident reviews will be documented on DOC 18-022 Incident Review Report and is final once signed by the initiator.
- B. An associated corrective action plan will be initiated within 10 business days of completion of a critical incident review and:
 1. Completed within 120 days of initiation. An extension to the 120 days may only be approved by the initiator or the Risk Management Director. The plan is final once signed by:

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- a. The Field Administrator/Appointing Authority for plans initiated in Community Corrections, or
 - b. The initiator for plans initiated in any other division.
2. Documented on DOC 18-024 Critical Incident Review Action Plan, which will include all recommendations made in the critical incident review.
 - a. A written explanation for not adopting a recommendation may be used as an action outcome.
3. A copy of the final action plan will be forwarded to the Risk Management Director.


- C. Appointing Authorities will email the status of action plans to the initiator and Risk Management Director monthly until all actions have been completed.
- D. Critical incident review reports and resulting action plans are subject to RCW 42.56 and DOC 280.510 Public Disclosure of Records.

V. Employee Debriefing

- A. The following or their designee will review the critical incident report and provide recommendations to the initiator and employees involved in the incident:
 1. Prisons - Assistant Secretary for Prisons/Deputy Director
 2. Work/Training Release - Assistant Secretary for Reentry
 3. In the Community - Appropriate Field Administrator

VI. Risk Mitigation

- A. As needed, the Risk Management Director will chair a Risk Review Committee, consisting of Department leadership and designated employees based on the topics of discussion, to review and discuss:
 1. Critical incidents,
 2. Corrective action plans, and/or
 3. Annual reports.
- B. Each Assistant Secretary will appoint a coordinator to assist with tracking and filing reports and corrective action plans. The coordinator will work with the Risk Management Office to ensure final reports and action plans are completed and filed.
- C. The Risk Management Director will work with the appropriate Assistant Secretary/designee to:

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1. Review critical incident trends and create an action plan report annually by March 30th, and
 - a. The report will provide analysis of actions taken and measure the effectiveness of action plan items, as appropriate.
 - b. The Risk Management Director will provide the report to and discuss the analysis with administrators and directors through the Operational Briefing Team.
2. Ensure policy and cross-divisional issues are addressed.

DEFINITIONS:

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

ATTACHMENTS:

None

DOC FORMS:

[DOC 18-022 Incident Review Report](#)

[DOC 18-024 Critical Incident Review Action Plan](#)