

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 412.00

EFFECTIVE DATE: 08 November 2023

**SUBJECT: MEDICAL SERIOUS EVENT
AND INCIDENT REPORT
(SEIR)**

POLICY DIRECTIVE

PURPOSE:

To provide guidelines and instructions for the completion of Medical Serious Event and Incident Report (SEIR) forms.

REFERENCE:

None.

RESPONSIBILITY:

Superintendents of facilities with less than 24-hour medical coverage are responsible for enacting facility-specific Operational Procedures and ensuring the requirements of this Policy Directive are included in applicable Post Orders.

CANCELLATION:

Any previous written instruction on the subject.

APPLICABILITY:

All facilities within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution.

DEFINITIONS:

None.

POLICY:

- I. Documenting serious incidents in facilities involving medical care is crucial to providing proper attention to incarcerated individuals.

- A. Healthcare staff shall document serious medical incidents involving inmates or juvenile residents on the Medical Serious Event and Incident Report Form (**Attachment #1**) and provide to the facility Health Services Administrator (HSA)/Director of Nursing (DON) for review within twenty-four (24) hours of becoming aware of the situation.
1. Serious medical incidents to be reported include:
 - a. Suicide or attempted suicide
 - b. Any death
 - c. Any incident or situation resulting in emergency room transport (not for routine or non-emergent care) including overdoses or suspected overdoses, medication error, seizure, and injuries from an altercation (fight or assault).
 - d. Alleged sexual assault
 2. If there is a question as to whether an incident is reportable, it is recommended the SEIR form be completed, and the situation discussed with the HSA/DON.
 3. Descriptions should include medical details, not operational or security details and be based on facts not emotion or personal opinion.
- B. Facility-specific operational procedures and post orders shall designate this responsibility during times healthcare staff are not on site in facilities with less than 24-hour medical coverage.
- C. The HSA/DON shall ensure copies of completed forms are provided to the Regional Manager (or similarly situated supervisor) who shall provide them to the Medical Director of Correctional Healthcare or designee on a monthly basis.
- II. The HSA/DON is responsible for ensuring healthcare staff have a proper understanding of the completion of SEIR forms.
- III. This report does not replace the submission of an incident report in the Offender Information System (OIS) by staff witnessing a medical or any other significant incident.
- IV. This report is not the same as or replace the reporting of serious or unusual incidents to the DCR Corrections Emergency Operations Center (CEOC).

ATTACHMENT(S):

#1 Medical Serious Event and Incident Report Form

APPROVED SIGNATURE: William K. Marshall III
William K. Marshall III, Commissioner

Mar 8TH, 2023
Date

Medical Serious Event and Incident Report Form

Facility Name _____ Date of Incident _____ Time of Incident _____

Inmate / Resident Name: _____ OID# _____ Sex: _____

DOB: _____

Health Services Involved: Medical _____ Dental _____ Pharmacy _____ Nursing _____ Behavioral _____
Other (specify) _____

Location of Incident: _____

Type of Incident:

_____ Suicide	_____ ER Transport (requiring lifesaving measures (Narcan, CPR))
_____ Suicide Attempt	_____ Sexual Assault
_____ Death	_____ Inmate/Resident Assault or Fight (causing trip to ER)
_____ Medication Error (causing trip to ER)	_____ Other (please describe)
_____ Seizure (causing trip to ER)	

Description of Incident: _____

Other Staff Involved/Aware of Incident: _____

Action Taken: _____

Outcome: _____

Printed Name and Title of Person Completing Form: _____

Signature: _____ Date: _____

Printed Name and Title of Reviewing Supervisor/HSA/DON: _____

Signature: _____ Date: _____