

Executive Mortality Review Committee Checklist

A. Staffing and Deployment

- Staffing levels at the time of the incident were sufficient for the housing unit's security classification level and the known risk factors of the incarcerated individuals (e.g. suicidality, mental illness, medical instability)
- Posts were filled in accordance with approved staffing plans
- Relief coverage was available during counts, meals, and shift changes
- Staff assigned to the post had appropriate experience and training
- Overtime or extended shifts did not impair supervision or response

ACA Alignment: Staffing plans, post assignments, supervision adequacy

EMRC Use: Identify whether staffing structures contributed to delayed response or inadequate observation

B. Training and Competency

- Custody staff had current training in emergency response procedures
- Suicide prevention training was current and role-appropriate
- Staff were trained to recognize medical distress, withdrawal, and overdose symptoms
- Staff understood custody responsibilities within medical and mental health protocols
- Refresher or scenario-based training had been provided within required timeframes

ACA Alignment: Staff training, emergency preparedness, suicide prevention

EMRC Use: Assess whether training gaps contributed to missed warning signs or response delays

C. Observation and Supervision

- Required rounds were conducted at mandated intervals
- Rounds were actively performed and not merely logged
- Observation levels matched documented risk assessments
- Documentation accurately reflected observation practices
- Changes in incarcerated individual behavior or condition were identified and acted upon

ACA Alignment: Supervision, rounds, inmate safety

EMRC Use: Evaluate supervision effectiveness and compliance with observation standards

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D. Communication and Information Sharing

- Relevant clinical or safety alerts were communicated to custody staff
- Shift-to-shift handoffs included critical safety information
- Custody staff communicated observed concerns to healthcare promptly
- Communication followed formal, documented processes
- No critical information gaps were identified

ACA Alignment: Interdisciplinary communication, continuity of operations

EMRC Use: Identify breakdowns between custody and healthcare coordination

E. Policy and Procedure Compliance

- Applicable post orders were clear and up to date
- Policies governing emergencies, supervision, and escalation were followed
- Conflicting or unclear policies were identified
- Staff understood and followed escalation requirements
- Policies adequately addressed the risk presented

ACA Alignment: Written directives, staff compliance

EMRC Use: Determine whether policy design—not staff conduct—was inadequate

F. Emergency Response

- Emergency was recognized promptly by custody staff
- Emergency notifications were made without delay
- Custody staff initiated appropriate life-saving actions
- Emergency equipment was available and functional
- Roles during the emergency were clear and coordinated

ACA Alignment: Emergency response, life safety

EMRC Use: Assess systemic readiness for medical and mental health emergencies

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G. Environmental and Facility Design

- Housing design supported adequate observation
- Lighting and sightlines were sufficient
- Fixtures and furnishings minimized self-harm risk
- Distance to medical services did not impede response
- Environmental risks were known and mitigated

ACA Alignment: Facility safety, suicide prevention

EMRC Use: Identify structural risks requiring capital or operational remedies

H. Supervision and Oversight

- Supervisory staff were present or available
- Supervisors verified compliance with rounds and post duties
- Known system deficiencies had been previously identified
- Corrective actions from prior reviews were implemented
- Deviations from policy were addressed consistently

ACA Alignment: Supervision, accountability

EMRC Use: Evaluate management oversight and pattern recognition

I. Organizational Culture

- Staff felt empowered to report concerns
- Health complaints were taken seriously
- Custody and healthcare collaboration was evident
- Informal “workarounds” were not normalized
- Safety was prioritized alongside security

ACA Alignment: Institutional culture, professionalism

EMRC Use: Identify cultural barriers contributing to systemic risk