



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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May 5, 2020

Kristie Ladouceur, Superintendent
MCI Framingham
P.O. Box 9007
99 Loring Drive
Framingham, MA 01704

Re: Site Visit – MCI Framingham

Dear Superintendent Ladouceur,

The Department of Public Health (DPH) conducted a site visit at MCI Framingham on May 1, 2020 to respond to a complaint about staff access to personal protective equipment (PPE) and concerns about whether individuals diagnosed with COVID-19 were effectively isolated from others during their illness. Jana Ferguson, Director of the Bureau of Environmental Health and Laurie Courtney Regional Immunization Nurse from the Bureau of Infectious Disease and Laboratory Sciences conducted the site visit and met with Superintendent Kristie Ladouceur, Deputy Superintendent John Dean, Environmental Health and Safety Officer Mike Beland, and the Assistant Deputy Commissioner of the Department of Corrections, James Ferreira. The MCI Framingham and Department of Corrections (DOC) Senior Leadership provided background and described their protocols for the facility. DPH reviewed the facility following the interview.

Background and Epidemiologist Case Summary

On April 27, 2020, DPH received a call from an anonymous MCI Framingham employee, alleging that approximately 68 inmates were sick and that the facility was underreporting to DPH. The complainant alleged that the facility was not following isolation guidance for sick patients and they feared others would become sick, including staff and staff family members.

Wellpath is the contracted health care provider for DOC. Kelly Marves, RN, is the Wellpath Infectious Disease Manager for MCI Framingham and has been working with DPH Epidemiologist Lindsay Bouton on the facility's COVID-19 cluster since April 1. Ms. Bouton provided a case summary prior to the site visit. Ms. Bouton and Ms. Marves speak multiple times each week to discuss cases and disease control measures. As of April 30, DPH had received reports of 72 confirmed cases of COVID-19 associated with the facility (both inmates and some staff). The case count had increased the prior week with results from mass testing; previously the

facility was testing only symptomatic individuals. Ms. Bouton indicated that Ms. Marves is familiar with and following [CDC guidance for correctional facilities](#) as closely as possible. Ms. Marves reported that all positive inmates are housed in one of two designated COVID units: cases (medical isolation) and contacts (quarantine) are in individual cells with solid doors and leave the cells to use the showers at designated times. Staff interacting with inmates under medical isolation and quarantine are mostly in full PPE although there is a reported shortage of gowns. The facility is “locked down”, with very few transfers allowed in and only inmate attorneys are allowed to visit. Common/congregate activities are restricted and there is no access to the gym and there are no programs; meals and medications are provided in cells. Ms. Marves indicated that DOC planned to provide masks to inmates and require that they be worn outside of the cell. DOC provides hand sanitizer and soap and the infectious disease nurses continues to educate inmates and staff about handwashing, social distancing, and other infection control practices. MCI Framingham inmates who are positive for COVID-19 are attached to the MCI Framingham cluster based on their ‘home’ address. Staff are not reported as being associated with MCI Framingham, but rather their home address/municipality. Without workplace reports of cases to DPH, contact tracing is necessary to connect staff with their places of occupation.

Interview and Observations

- There are currently 187 inmates assigned to MCI Framingham/South Middlesex Correctional Center and approximately 8,000 inmates currently in the Department of Corrections system.
- DOC facilities developed pandemic reaction plans and submit these to the DOC Central Office for review. Plans incorporate CDC guidance and include, but are not limited to, cleaning schedules, visitation, PPE for staff and population, and isolation and quarantine.
- Visitors and staff complete a symptom questionnaire and get their temperature checked before entering. If a visitor has a fever above 99.9 degrees, they may not enter. Shift Commanders are consulted if staff are found to have a fever. Visitation is currently restricted.
- PPE can be ordered from DOC daily and is available or delivered by the end of the day.
- PPE use is determined in accordance with CDC guidance. Staff received initial training on use and donning/doffing of PPE and posters about proper PPE use are located in staff areas. PPE is replaced when it breaks or wears out. Staff are given 2 bottles of hand sanitizer daily.
- Staff have not been fit-tested for N95 respirators.
- Inmates are given masks and there is a mandatory masking policy (initiated 2-3 weeks ago). Inmates have unlimited access to soap and water for handwashing and limited access to hand sanitizer. (Sanitizer amounts are controlled as a security risk; inmates can use as needed.)
- All inmates and staff were offered tests. Some inmates initially refused tests but are now being tested or are in quarantine pending results.
- To prevent the spread of disease, inmates are isolated or quarantined in the following way: All inmates are currently housed singly, in individual cells; all cells have solid doors. Positive cases who are symptomatic are grouped in a separated unit; positive cases who are asymptomatic are grouped in a separated unit; exposed cases, inmates waiting for test results, and those transitioning between units are separated in a unit. Inmates are confined to quarters for 23.5 hours daily; during their 30 minutes out of cells, inmates can access showers, phone, or canteen. There are no communal activities. Meals and medications are delivered to cells.
- Site visit confirmed inmates are in individual cells and units based on diagnosis.
- Site visit confirmed inmate access to soap and hand sanitizer. Sinks and water are in cells.

- Most staff were observed wearing some combination of PPE although some staff did not have PPE on correctly (masks untied, masks inside out, suits down around waist). Staff had access to and were wearing gloves and suits, depending on the level of interaction with inmates. Staff areas had written instructions on proper PPE use.
- We saw no evidence of face mask/goggles, although we were told that staff has access to them when needed.
- Hand sanitizer stations were full.
- All areas were clean.

Recommendations

- Based on observations of some staff improperly wearing PPE, DPH recommends refresher training for staff on proper use/donning/doffing of PPE, including proper hand hygiene. Training should include an explanation of why PPE differs depending on the activity within the facility, such as providing direct care vs handling laundry or used food items vs making rounds. Training should also include instruction of how to maintain equipment such as N95 respirators between uses.
- The DOC should consider identifying staff who should be assigned N95 respirators, based on CDC guidance for PPE, and these staff members should be properly fit tested to wear these items, if possible.
- For optimal COVID-19 response and contact tracing, DOC should provide names of employees that test positive to DPH.

DPH determined that MCI Framingham is managing its population as outlined in their stated procedures and that the inmate population is adequately isolated or quarantined.

Please contact me at jana.ferguson@state.ma.us if you have any questions.

Sincerely,

Jana Ferguson, Director
Bureau of Environmental Health

cc: Monica Bharel, MD, MPH, Commissioner, Department of Public Health
 Carol A. Mici, Commissioner, Department of Corrections
 Kevin Cranston, Assistant Commissioner and Director, Bureau of Infectious Disease and Laboratory Sciences
 Steven Hughes, Director, Community Sanitation Program, Bureau of Environmental Health
 Laurie Courtney, Regional Immunization Nurse, Bureau of Infectious Disease and Laboratory Sciences
 Lindsay Bouton, Epidemiologist, Bureau of Infectious Disease and Laboratory Sciences