Exhibit A

The Commonwealth of Massachusetts

Office of the Chief Medical Examiner

REPORT OF AUTOPSY

Name of Decedent:	Madelyn E. Linsenmeir	M.E. Case # 2018-12842
Autopsy Performed by:	Rebecca Erin Dedrick, M.D.	Date of Autopsy: 10/09/2018

FINAL DIAGNOSES

I. METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* SEPTICEMIA
   - A. BLOOD, URINE, AND JOINT EFFUSION CULTURES POSITIVE FOR METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (PER REPORT)
   - B. INFECTIVE ENDOCARDITIS OF THE TRISCUSPID VALVE
   - C. SEPTIC ARTHRITIS OF THE RIGHT KNEE
   - D. SEPTIC EMBOLI AND CAVITARY LESIONS OF THE LUNGS
     - i. PLEURAL EFFUSIONS (RIGHT 300 MILLILITERS, LEFT 100 MILLILITERS)
     - ii. PLEUROPULMONARY ADHESIONS
   - E. SEPTIC EMBOLI AND INFARCTIONS OF THE KIDNEYS

II. CHRONIC SUBSTANCE ABUSE (PER REPORT)
   - A. HEPATOMEGALY (2540 GRAMS)
   - B. SPLENOMEGALY (690 GRAMS)

CAUSE OF DEATH: COMPLICATIONS OF METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* SEPTICEMIA IN THE SETTING OF TRICUSPID VALVE ENDOCARDITIS

CONTRIBUTORY: CHRONIC SUBSTANCE ABUSE

MANNER OF DEATH: NATURAL

COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE CHIEF MEDICAL EXAMINER

REPORT OF AUTOPSY

CASE No. 2018-12842

I, Rebecca Erin Dedrick, M.D., Medical Examiner, hereby certify that I have performed an autopsy on the body of Madelyn E. Linsenmeir on October 9, 2018 commencing at 10:18 a.m. at the Holyoke Office of the Chief Medical Examiner of the Commonwealth of Massachusetts.

EXTERNAL EXAMINATION:
The body is that of a 5 foot 6 inch, 146 pound (body mass index of 23.6 kilograms per meter squared), adult female who appears consistent with the reported age of 30 years. The body is refrigerated, well preserved, and not embalmed. Livor mortis is red-purple, posterior, and blanches with pressure. Rigor mortis is absent.

The head is symmetric and well formed. The bones of the forehead, nose, cheeks, and jaw are intact and have no palpable fractures. The scalp is covered by up to 35 centimeter in length brown hair. The eyes have brown irides and the pupils are round and equal. The conjunctivae and sclerae have no hemorrhages or petechiae. The nose has an intact bridge and septum. The nares are patent bilaterally and have no lesions, foreign materials or abnormal secretions. The mouth has native upper and lower dentition in fair condition. The external auditory canals are normal. The right and left earlobes each have one pierced hole, with the right hole torn through the lobe.

The neck is symmetric and has no external injuries, scars or masses. The chest is symmetric and the breasts are free of palpable masses. The abdomen is flat and soft. The midline of the abdomen has a 17.0 x 0.3 centimeter hypopigmented scar. The right side of the abdomen has a 1.4 x 0.8 centimeter possible scar. There are no palpable cervical, axillary or inguinal lymph nodes. The external genitalia are those of a normal adult female. The anus has no abnormalities. The back is straight and free of scars.

The anterior aspect of the left forearm has a 0.8 x 0.4 centimeter hypopigmented scar. The upper and lower extremities have no bony deformities or palpable fractures. The fingernails have scant red nail polish. The toenails have red nail polish. The medial aspect of the right ankle and foot has multiple hypopigmented scars up to 1.2 x 0.8 centimeters with puncture marks. The first digit of the left foot has an attached blue identification tag with the inscriptions "18-12842" and "Linsenmeir, Madelyn."

TATTOOS:
The midline of the upper aspect of the back has a monochromatic tattoo of a possible swan.
The midline of the lower aspect of the back has a polychromatic tattoo of a butterfly.
The anterior aspect of the right forearm has a monochromatic tattoo of a tree with the inscription "A.D.M."

The anterior aspect of the left forearm has a monochromatic tattoo including two hearts.

EVIDENCE OF MEDICAL INTERVENTION:
The right wrist is encircled by a white identification band with the inscription "LINSENMEIR, MADELYN." The left side of the neck has an intrajugular catheter, with subjacent soft tissue and muscle hemorrhage. A cut endotracheal tube and a cut orogastric tube are in the oral cavity. One electrocardiogram lead is on the torso. The anterior aspect of the third right rib is fractured, consistent with resuscitative efforts. The abdomen has pale red-blue ecchymoses up to 1.8 x 0.8 centimeters with punctures, consistent with possible heparin administration. The abdomen has diffuse adhesive residue. There is a urinary catheter present with associated swelling of the labia. The right and left antecubital fossae and the left wrist have intravenous catheters. The anterior aspect of the right forearm and the posterior aspect of the left hand have red-blue ecchymoses and punctures, consistent with possible intravenous catheters.

CLOTHING/PERSONAL EFFECTS:
The decedent is not clad. Refer to separate property sheet.

INTERNAL EXAMINATION:
BODY CAVITIES:
The right pleural cavity contains 300 milliliters of cloudy red fluid. The left pleural cavity contains 100 milliliters of cloudy red fluid. The right and left pleural cavities have diffuse pleuropulmonary adhesions. The abdomen contains 150 milliliters of yellow serous fluid. The organs of the neck, thorax, and abdomen are in their normal anatomic locations.

HEAD:
The reflected scalp has no extravasated blood. The skull has no fractures in the calvarium or the base. There are no subdural, epidural or subarachnoid hemorrhages. The 1330 gram brain has symmetric cerebral and cerebellar hemispheres covered by thin and transparent leptomeninges. The cerebrum, cerebellum, and brainstem have no external cortical contusions or abnormalities. The cerebral cortex is tan, uniform, and has a normal gyral pattern and sulci. There is no herniation of the unci or cingulate gyri. The basal ganglia are tan, uniform, and symmetric. The corpus callosum is normal and intact. The ventricles are not dilated and contain clear cerebrospinal fluid and normal choroid plexus. The midbrain, cerebellum, pons, and medulla oblongata are free of external and intraparenchymal abnormalities. The substantia nigra are normally pigmented. Both hippocampi are symmetric. The mamillary bodies are not discolored or decreased in size. The cranial nerves are symmetric and normal. The Circle of Willis is complete, has no berry aneurysms, and has no atherosclerosis. The cerebellum has its normal foliated appearance with intact dentate nuclei and no abnormalities. The proximal cervical spinal cord is symmetric and normal. The cervical spine is intact and has no fractures or deformities.

NECK:
The anterior strap muscles of the neck are soft and red-brown. The hyoid bone and thyroid cartilage are intact.

RESPIRATORY SYSTEM:
The tongue is soft, red-brown, and has no intramuscular injuries or masses. The larynx, trachea,

and mainstem bronchi are unremarkable. The 1120 gram right lung and 550 gram left lung are markedly consolidated. The lungs have diffuse cavitations, up to 1.5 x 1.0 x 1.0 centimeters, containing cloudy, tan-white fluid. The cut surfaces of the lungs exude tan frothy fluid and blood tinged fluid upon compression of the tissue. The pulmonary arteries and veins are patent, free of emboli, and have smooth intimal surfaces. There is no hilar lymphadenopathy. The diaphragm is smooth, muscular, and unremarkable.

CARDIOVASCULAR SYSTEM:
The 280 gram heart has a smooth epicardial surface and a normal amount of epicardial fat. The coronary ostia are patent and arise from the aorta in a normal fashion. The left anterior descending, left circumflex, and right coronary arteries have no atherosclerosis. The coronary arteries are distributed normally and the posterior interventricular septum is supplied by the right coronary artery. The chambers of the heart are normally formed and have no atrial or ventricular septal defects. The right and left atria are not dilated. The right and left ventricles are not dilated. The red-brown myocardium has no necrosis, fibrosis or erythema. The free wall of the right ventricle, interventricular septum, and left ventricle are 0.2, 0.7, and 0.6 centimeters thick, respectively. The papillary muscles and columnae carneae are unremarkable. The tricuspid valve has diffuse white vegetations, up to 3.5 centimeters in greatest dimension. The valve circumferences are as follows: mitral – 9.5 centimeters, tricuspid – 10.5 centimeters, aortic – 5.5 centimeters, pulmonic – 7.5 centimeters. The aorta has no atherosclerosis. The ostia of the major branches of the aorta are patent. The inferior vena cava, superior vena cava, and the pulmonary artery all have smooth, yellow-tan intima, and are patent.

GASTROINTESTINAL SYSTEM:
The esophagus, stomach, and duodenum are lined by tan mucosa and have no ulcers or masses. The stomach contains scant gray fluid. The small intestine, colon, and rectum are normal in configuration. The small bowel has a smooth, tan serosal surface and is not dilated or obstructed. The large bowel has a tan serosal surface and normal haustral markings. The bowel has no palpable masses. The rectum has a tan mucosa, and has no ulcers or masses. The vermiform appendix is unremarkable.

LIVER, GALLBLADDER, AND PANCREAS:
The 2540 gram liver has a smooth, intact capsular surface and normal configuration. The hepatic parenchyma is red-brown, has a normal consistency, and has no nodules or masses. The hepatic artery, hepatic vein, and portal vein are patent and do not have thrombi. The gallbladder is smooth, has thin walls, and contains 80 milliliters of green-brown bile and no calculi. The pancreas is tan-red, lobulated, moderately firm, and has no pseudocysts, calcifications or masses.

GENITOURINARY SYSTEM:
The 140 gram right kidney and 180 gram left kidney have granular cortical surfaces and scattered areas that are pitted. The right and left kidneys each have multiple wedge-shaped discolorations up to 0.8 x 0.6 x 0.6 centimeters, consistent with infarction. The ureters are normal in conformation and do not have stenosis or calculi. There is no atherosclerosis of the renal vasculature. The urinary bladder has a finely trabeculated, tan mucosa, and contains no urine. The uterus has a tan-pink smooth serosal surface. The endomyometrium is pink-tan and has menstrual-type mucosa. The right and left fallopian tubes are patent and unremarkable. The

right and left ovaries are unremarkable.

HEME AND LYMPHATIC SYSTEMS:
The 690 gram spleen has a finely wrinkled, grey-blue, capsular surface. The parenchyma is soft, purple-red, and has no tumor nodules or infarctions. The splenic artery has no atherosclerosis. The splenic vein is patent. There are enlarged porta hepatis lymph nodes.

ENDOCRINE SYSTEM:
The adrenal glands have irregularly folded yellow-brown cortices that are well demarcated from the narrow grey medullae. The thyroid gland is symmetric and composed of the usual two lobes and isthmus. The thyroid gland has firm, homogeneous, and red-tan parenchyma. The parathyroid glands are inconspicuous. The pituitary gland is unremarkable.

MUSCULOSKELETAL SYSTEM:
All examined skeletal and muscle groups are symmetric and normally developed.

TOXICOLOGY:

Samples of iliac vein blood, aorta blood, bile, urine, vitreous fluid, and antemortem hospital blood are submitted for toxicology analysis. A sample of aorta blood is retained at the Holyoke Office of the Chief Medical Examiner.

EVIDENCE:

Digital pictures are taken during the autopsy and are kept on file.

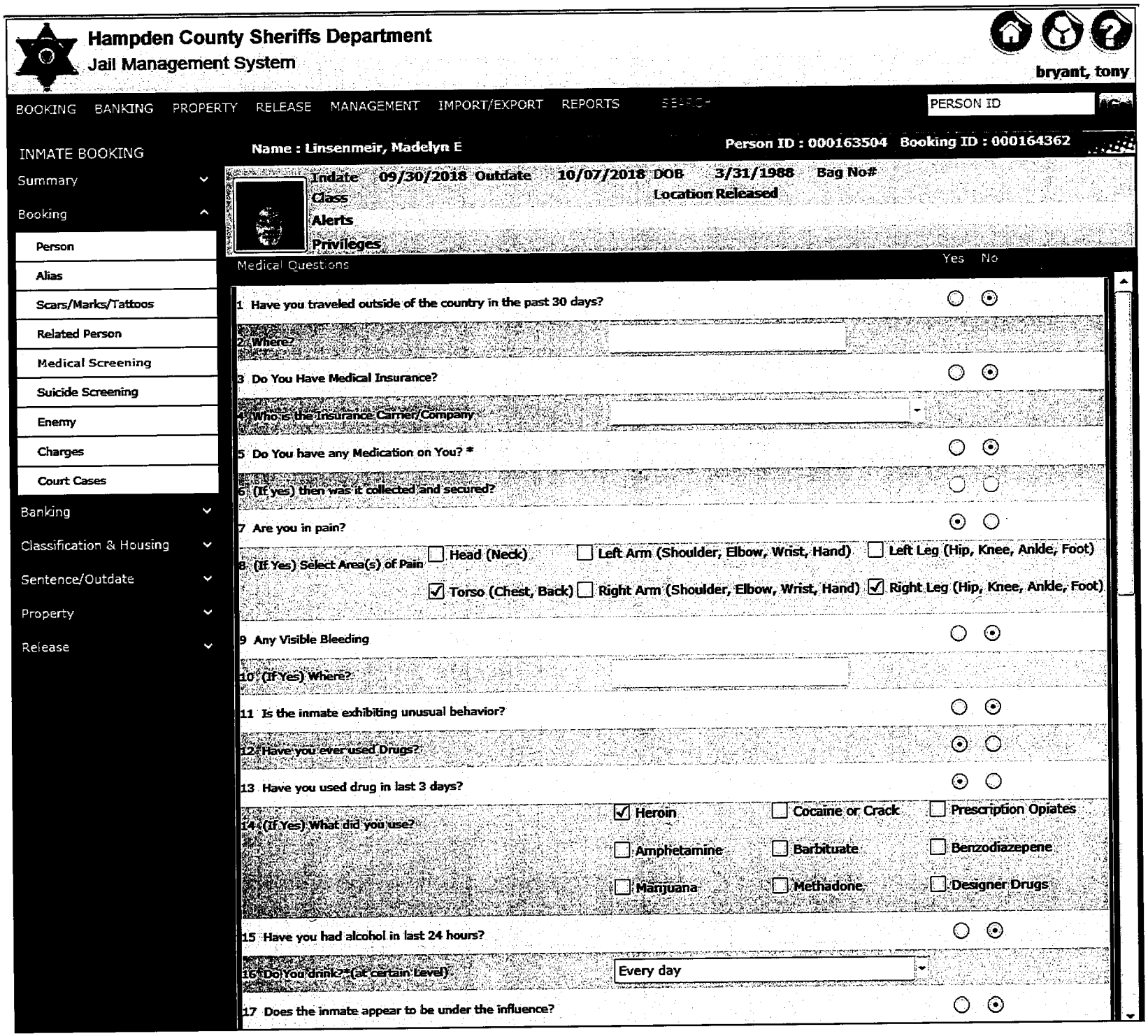
POSITIVE IDENTIFICATION:
Identification is performed at the Holyoke Office of the Chief Medical Examiner.

Rebecca Erin Dedrick, M.D.
Medical Examiner

Date: 1/4/19

10/09/2018 red/dft
01/04/2019 RED/FNL

Exhibit B



Hampden County Sheriffs Department
Jail Management System

bryant, tony

BOOKING BANKING PROPERTY RELEASE MANAGEMENT IMPORT/EXPORT REPORTS SEARCH

PERSON ID

INMATE BOOKING

Summary
Booking
- Person
- Alias
- Scars/Marks/Tattoos
- Related Person
- Medical Screening
- Suicide Screening
- Enemy
- Charges
- Court Cases

Banking
Classification & Housing
Sentence/Outdate
Property
Release

Name : Linsenmeir, Madelyn E
Person ID : 000163504 Booking ID : 000164362

Indate 09/30/2018 Outdate 10/07/2018 DOB 3/31/1988 Bag No#
Class
Location Released
Alerts
Privileges

Medical Questions

	Yes	No
1 Have you traveled outside of the country in the past 30 days?	○	◉
2 Where?		
3 Do You Have Medical Insurance?	○	◉
4 Who is the Insurance Carrier/Company		
5 Do You have any Medication on You? *	○	◉
6 (If yes) then was it collected and secured?	○	○
7 Are you in pain?	◉	○
8 (If Yes) Select Area(s) of Pain	☐ Head (Neck) ☐ Left Arm (Shoulder, Elbow, Wrist, Hand) ☐ Left Leg (Hip, Knee, Ankle, Foot) ☑ Torso (Chest, Back) ☐ Right Arm (Shoulder, Elbow, Wrist, Hand) ☑ Right Leg (Hip, Knee, Ankle, Foot)	
9 Any Visible Bleeding	○	◉
10 (If Yes) Where?		
11 Is the inmate exhibiting unusual behavior?	○	◉
12 Have you ever used Drugs?	◉	○
13 Have you used drug in last 3 days?	◉	○
14 (If Yes) What did you use?	☑ Heroin ☐ Cocaine or Crack ☐ Prescription Opiates ☐ Amphetamine ☐ Barbituate ☐ Benzodiazepene ☐ Manjuana ☐ Methadone ☐ Designer Drugs	
15 Have you had alcohol in last 24 hours?	○	◉
16 Do You drink? *(at certain Level)	Every day	
17 Does the inmate appear to be under the influence?	○	◉

HCSD - 3520

Exhibit C

The Commonwealth of Massachusetts
Hampden County Sheriff's Department and Correctional Center
Nicholas Cocchi, Sheriff

Linsenmeir, Madelyn E

Person Id:	000163504	**DOB:**	03/31/1988
Date:	10/01/2018	**Location:**	WCC - Unit 1B
Type:	Medical		
SubType:	Daily Medical Rounds	**Attendant:**	Moore, Lauren

The Commonwealth of Massachusetts
Hampden County Sheriff's Department and Correctional Center
Nicholas Cocchi, Sheriff

Linsenmeir, Madelyn E

Person Id:	000163504	**DOB:**	03/31/1988
Date:	10/01/2018	**Location:**	WCC - Health Services
Type:	Medical		
SubType:	Clinic Visit	**Attendant:**	Ferriter, Samantha RN

Plan

Lab Orders

Completed

86580 - PPD
Tuberculin Purified Protein Derivative
Lot#: C5122AA
Exp: 03/31/2019
Planted (L) FA
Lab Date: 10/01/2018

Medical Alerts

Treatments - 3-11 - Resolved

10/2: chlamydia and GC test to be completed.
Start date: 10/01/2018
Resolved date: 10/01/2018

10/2: chlamydia and GC test to be obtained.
Start date: 10/01/2018
Resolved date: 10/03/2018

General

Notes

PPD planted to (L) FA per protocol.

The Commonwealth of Massachusetts
Hampden County Sheriff's Department and Correctional Center
Nicholas Cocchi, Sheriff

Linsenmeir, Madelyn E

Person Id:	000163504	**DOB:**	03/31/1988
Date:	10/02/2018	**Location:**	WCC - Health Services
Type:	Medical		
SubType:	Daily Medical Rounds	**Attendant:**	Walden, Joan LPN

The Commonwealth of Massachusetts
Hampden County Sheriff's Department and Correctional Center
Nicholas Cocchi, Sheriff

Linsenmeir, Madelyn E

Person Id:	000163504	**DOB:**	03/31/1988
Date:	10/03/2018	**Location:**	WCC - Health Services
Type:	Medical		
SubType:	Daily Medical Rounds	**Attendant:**	Walden, Joan LPN

The Commonwealth of Massachusetts
Hampden County Sheriff's Department and Correctional Center
Nicholas Cocchi, Sheriff

Linsenmeir, Madelyn E

Person Id:	000163504	**DOB:**	03/31/1988
Date:	10/03/2018	**Location:**	WCC - Health Services
Type:	Medical		
SubType:	Clinic Visit	**Attendant:**	Russ, Alexandra RN

Plan

Lab Orders

Completed
87320 - Chlamydia trachomatis Ag, EIA, qual or semiquant
Lab Date: 10/02/2018

Medical Alerts

Treatments - 3-11 - Resolved
10/2: chlamydia and GC test to be obtained.
Start date: 10/01/2018
Resolved date: 10/03/2018

Treatments - ICE - Resolved
once per shift until midnight monday 10/1.
Start date: 09/30/2018
Resolved date: 10/01/2018

The Commonwealth of Massachusetts
Hampden County Sheriff's Department and Correctional Center
Nicholas Cocchi, Sheriff

Linsenmeir, Madelyn E

Person Id:	000163504	**DOB:**	03/31/1988
Date:	10/04/2018	**Location:**	WCC - Health Services
Type:	Medical		
SubType:	Daily Medical Rounds	**Attendant:**	Walden, Joan LPN

The Commonwealth of Massachusetts
Hampden County Sheriff's Department and Correctional Center
Nicholas Cocchi, Sheriff

Linsenmeir, Madelyn E

Person Id:	000163504	DOB:	03/31/1988
Date:	10/04/2018	Location:	WCC - Unit 1A
Type:	Medical		
SubType:	Clinic Visit	Attendant:	Belle-Isle, Julie RN

Subjective

Notes

I asked pt if she took anything. Pt mumbled "No." Pt answered "Yes." to the questions: "Do you do Heroin, drink alcohol? Also asked if she does Cocaine she responded "No"

Objective

Clinical Values

O2 Sat A unobtainable % with 02 sat monitor
Systolic BP L 80 mmHg
Diastolic BP N 50 mmHg
Pulse bpm
Systolic BP A nm mmHg
Diastolic BP A nm mmHg
Pulse H 94 bpm
O2 Sat N 96 %
Systolic BP A nm mmHg
Diastolic BP A nm mmHg
Pulse A nm bpm
Temperature A low °F
Respiratory Rate HH 50 rpm
Weight A nm lbs
O2 Sat A nm %
Blood Glucose H 131 mg/dl

Notes

Upon arrival to U1A-11 found pt in her cell laying supine initially unresponsive. Pt responded to verbal stimuli after a couple of minutes but was incoherent pt was just mumbling. Pt pupils equal and reactive. Pt was extremely diaphoretic. Pt lungs clear however she would have a slight cough with some rhonchi noted. Pt would become unresponsive on and off but would respond to verbal stimuli again.

Assessment

Notes

R/O Opiate withdrawal, r/o internal bleed, r/o drug O.D.
Oxygen applied 10 LPM via Mask
02 sats improved
Rolled pt on her left side, continued to monitor pt.

General

Notes

This Nurse and Katie Neill RN happened to be in U1A to eval a pt in Cell-11. This pt was found to be is severe distress and the scene turned into a Medical Emergency.
Advised Officer Perez that pt needs to be sent to ER via Ambulance and need Paramedics. Notified Medical/so paperwork will be ready. Chicopee Fire arrived-the Paramedics arrived at 10:15.

Exhibit D

Hampden County Jail and House of Correction

INCIDENT REPORT

Information Only ☒

Inmate: Linsenmeir, Madelyn *DOB:* 3/31/1988 *Person Id:* 000163504

Date/Time of Occurrence: 10/4/2018 9:20:00 AM *Inmate Housing:* WCC-U1A-11

Date/Time Report is Completed: 10/9/2018 10:46:19 AM

Incident description (include staff and inmates involved, what occurred, where it occurred, when it occurred, and if known, why it occurred).

On 10/4/18 at 0920 I, Julie Belle-Isle RN and Katie Neill RN were called to U1A by ADS Annie Feliciano to evaluate 2 inmates. One patient in cell 11 and one patient in cell 12, for bad "detoxing". When we arrived to the unit Katie went to cell 11 and I went to cell 12. I then heard Katie call for me to go to cell 11. When I arrived the patient was supine in bed with her eyes open and she responded to verbal stimuli but patient was incoherent, mumbling. The scene was now deemed a medical emergency. I had Katie continue medical care while I left and informed Corporal Joe Perez that the patient Madelyn Linsenmeir #000163504 needed to be sent to BMC via Ambulance/Paramedics. I then called medical and spoke with Amelia DellaCroce and advised her patient Madelyn Linsenmeir #163504 is going to BMC via Ambulance/Paramedics so she could get the paperwork started. Special Operatioins responded with the emergency bag and AED and patient Madelyn Linsenmeir was transportated to Baystate ER via Ambulance by Paramedics.

Immediate Action Taken:

Reviewed. I/M M. Linsenmeir was transported to BSMC-ER via ambulance for further medical attention.

Sworn To Under The Pains and Penalties of Perjury.

Reporting Employees Signature: Julie Belle-Isle *Signed Date/Time:* 10/8/2018 3:52:19 PM

Reporting Employees Title and Name: Registered Nurse Julie Belle-Isle *Staff Id Number:* 002156

The following section is completed by a supervisor.

Supervisor's Signature: Sandra Daniele *Finalized:* 10/9/2018 10:46:19 AM

Supervisor Name and Title: Captain Sandra Daniele *Staff Id Number:* 002772

Hampden County Jail and House of Correction

INCIDENT REPORT

Information Only ☒

Supervisor's Signature: John Paquette *Finalized:* 10/8/2018 5:33:25 PM

Supervisor Name and Title: Lieutenant John Paquette *Staff Id Number:* 003831

Inmate: Linsenmeir, Madelyn *DOB:* 3/31/1988 *Person Id:* 000163504

Date/Time of Occurrence: 10/4/2018 12:31:00 PM *Inmate Housing:* WCC-U1A-11

Date/Time Report is Completed: 10/4/2018 2:31:05 PM

Incident description (include staff and inmates involved, what occurred, where it occurred, when it occurred, and if known, why it occurred).

I, Karleen Neill, R.N., arrived on Unit 1-A at approximately 9:20am, to evaluate an I/M in Cell #11 and I observed that her roommate, I/M Madelyn E Linsenmeir, #163504, was lying on bottom bunk and did not appear to be medically stable. I/M Linsenmeir was evaluated by this writer and R.N. Belle Isle and sent to BMC ED per ambulance for further evaluation.

Immediate Action Taken:

Reviewed. Inmate Linsenmeir 163504 was transported to BSER via ambulance.

Sworn To Under The Pains and Penalties of Perjury.

Reporting Employees Signature: Karleen Neill *Signed Date/Time:* 10/4/2018 12:35:44 PM

Reporting Employees Title and Name: Registered Nurse Karleen Neill *Staff Id Number:* 004880

The following section is completed by a supervisor.

Supervisor's Signature: Natalie Aguirre *Finalized:* 10/4/2018 2:31:05 PM

Supervisor Name and Title: Sergeant Natalie Aguirre *Staff Id Number:* 004305

Exhibit E

Hampden County Sheriff's Department
Core Policy & Protocol

CORE POLICY

Sheriff Nicholas Cocchi

CORE POLICY

Chapter 4 Institutional Services	Section 5 Health Care	Number 1 Governance and Administration

4.5.1 Health Services Governance and Administration

Current Effective Dates	Previous Review Dates:	Staff Responsible For Review:
April 1, 2018 thru March 31, 2019	8/1994, 6/1995, 6/1996, 9/1997, 4/1998, 3/1999, 3/2000, 8/2001, 8/2002, 8/2003, 4/2004, 10/2004, 4/2005, 8/2005, 4/2006, 4/2007, 4/2008, 4/2009, 4/2010, 3/2011, 3/2012, 4/2012, 3/2013, 3/2014, 3/2015, 3/2016, 3/2017, 3/2018	Health Services Administrator & Primary Physician

Authorizing Signature: _____
Nicholas Cocchi, Sheriff

Health Authority: _____
Rich Brathwaite, Health Services Administrator

Primary Physician: _____
Thomas Lincoln, M.D.

TABLE OF CONTENTS:

MOST RECENT MAJOR CHANGES:

No changes noted. Further review required.

Hampden County Sheriff's Department
Core Policy & Protocol

POLICY STATEMENT:

There is a manual or compilation of written *policies* and defined *procedures* regarding health care services (including medical, dental, and mental health services) at the facility that addresses each applicable standard in the *Standards for Health Services in Jails.* This manual is approved by the health authority, reviewed at least annually and updated as needed and is accessible to staff. Health staff is prepared to implement the health aspects of the facility's emergency response plan.

The facility has a designated health authority (who is a health administrator) responsible for *health care* services and to ensure that inmates have *access to care* to meet their serious medical, dental, and mental health needs. When the authority is other than a physician, the final medical judgment shall rest solely on a physician licensed by the Commonwealth. Discussion of patient information and clinical encounters are conducted in private and carried out in a manner designed to encourage the patient's subsequent use of health services.

Health (including mental health) services are discussed at administrative meetings. In addition, health staff meetings are held to review administrative issues. Communication occurs between the facility administration and treating health care professionals regarding inmates' significant health needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or staff. The health authority meets with the Sheriff/facility administrator or designee at least quarterly and submits a quarterly report on the health care delivery system and health environment and also submits annual statistical summaries.

A *continuous quality improvement (CQI) program* monitors and improves health care delivered in the facility. All deaths are reviewed to determine the appropriateness of clinical care, to ascertain whether changes to policies, procedures, or practices are warranted and to identify issues that require further study.
There is a grievance mechanism that addresses inmates' complaints about health services. See P&P 3.5.2 Inmate Grievance.

The goal of the Hampden County Sheriff's Department is to assure systems of health care for inmates that are responsible and accountable. The facility provides for a health care delivery system, which provides for basic health needs. The health care delivery

system includes continuity of care from admission to discharge from the facility including referral to community care when indicated. The Hampden County Sheriff's Department has a designated Assistant Superintendent of Health Services, who is the Health Authority responsible for *health care* services. The health authority arranges for all levels of health care and assures quality, accessibility, and timely health services for inmates. Inmates have *access to care* to meet their serious medical, dental, and mental health needs, as these programs, services and activities are not precluded by inability to pay. Clinical judgments rest with a single, designated, licensed, *responsible physician*.

The facility shall provide Adequate staffing, sufficient and suitable space, equipment, supplies and materials for the facility's medical, dental, and mental health care delivery as determined by the health authority and in accordance with *105 CMR 205.00, Minimum Standards Governing Medical Records and the Conduct of Physical Examinations in Correctional Facilities.* On site *diagnostic services* are registered, accredited, or otherwise meet applicable state and federal law.

There are *written agreements* and arrangements made in advance to provide hospitalization and *specialty care* to patients in need of these services.

Communication occurs between the facility administration and treating clinicians regarding inmates' significant health needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or staff. Also, see (1.1.5 Channels of Communication).

All non-health related policies, such as those for custody, kitchen, industries, or corporate, do no conflict with health care policies and those that overlap are reviewed by the health authority. (Also see 1.1.4 Facility Manuals)

Administrative meetings are held at least quarterly. Health (including mental health) services are discussed at administrative meetings. The facility administrator and the health authority or their designees and other members of the health care and correctional staffs as appropriate attend administrative meetings. In addition, health care services staff meetings are held at least monthly and are documented to review administrative issues.

A continuous quality improvement (CQI) program has been established that monitors and improves upon health care delivered in the facility. The Quality Health Council is established to provide a

systematic approach to identify and resolve problems that impair the provision of quality health care. The vision of the Quality Health Council is to ensure that the Health Services Department provides comprehensive quality health care to all inmates. The Continuous Quality improvement program achieves and maintains established NCCHC standards of health care and CMR regulations as required by the Sheriff of Hampden County.

Health staff is prepared to implement the health aspects of the facility's emergency response plans. At least one *mass disaster drill* is conducted annually in the facility so that over a 3-year period each shift has participated. WMRWC and the Pre-Release Center conduct this drill annually on the first shift due to medical staffing schedule. Also, an emergency *man-down drill* is practiced at least once a year on each shift where health staff is regularly assigned. Both the mass disaster and man-down drills are *critiqued* and shared with all health staff. (Also see 3.1.2 Disorder Management/Emergency Reaction Plans)

All *clinical encounters* are conducted in private and carried out in a manner designed to encourage the patient's subsequent use of health services. Security personnel are present only if the patient poses a probable risk to the safety of the health care provider or others. Instruction on maintaining confidentiality is given to security staff or interpreters who observe or hear health encounters. (Also see 1.5.3 Release of Information/CORI and the Staff Handbook – Code of Ethics)

In all deaths, the responsible health authority determines the appropriateness of clinical care; ascertains whether corrective action in the system's policies, Protocols, or practices is warranted; and identifies trends that require further study. (Also see 3.1.15 Death of a Person)

A grievance mechanism addresses inmates' complaints about health services. (Also see 3.5.2 Inmate Grievance)

For specific information relative to the Western Massachusetts Women's Correctional Center (WCC) regarding this core Policy and Procedure, please refer to the following Policy and Procedure(s) which can be found under the WCC's Policy and Procedure hyperlink:
4.2.1 Health Services Management

BACKGROUND

None

DEFINITIONS

Access to Care:
In a timely manner, a patient can be seen by a clinician, be given a professional clinical judgment, and receive care that is ordered.

Administrative Review:
An assessment of correctional and emergency response actions surrounding an inmate's death. Its purpose is to identify areas where facility operations, policies, and procedures can be improved.

Chronic Care:
Medical service rendered to a chronically ill patient. The goal is to maintain or restore a person's normal functioning to the extent possible.

Chronic Disease:
An illness or condition that affects an individual's well-being for an extended interval, usually (at least) 6 months, and generally is not curable, but can be managed to provide optimum functioning within any limitations the condition imposes on the individual.

Clinical Encounters:
Interactions between patients and health care professionals that involve a treatment and/or an exchange of confidential information.

Clinical Mortality Review:
An assessment of the clinical care provided and the circumstances leading up to a death; its purpose is to identify any areas of patient care or the system's policies and procedures that can be improved.

Designated Mental Health Clinician:
A psychiatrist, psychologist, or psychiatric social worker who is responsible for clinical mental health issues when mental health services at the facility are under a different authority than the medical services.

Health Authority:
The health administrator or agency responsible for the provision of health care services at an institution or system of

institutions, the responsible physician may be the health authority.

Health Administrator:

A person who by virtue of education, experience, or certification (e.g. MSN, MPH, MHA, FACHE, CCHP) is capable of assuming responsibility for arranging all levels of health care and ensuring quality and accessible health services for inmates.

Health Care:

The sum of all action taken, preventive, diagnostic and therapeutic, to provide for the physical and mental well being of a population. Health care includes medical and dental services, mental health services, nursing, personal hygiene, dietary services and environmental conditions.

Training:

An organized, planned, and evaluated activity designed to achieve specific learning objectives and enhance job performance of personnel. Training may occur on site, at an academy or training center, at an institution of higher learning, through contract services, at professional meetings, or through closely supervised on the job training. It includes a formal agenda and instruction by a teacher, manager or official, physical training, or other instructional programs that include a trainer/trainee relationship. Training programs usually include requirements for completion, attendance, recording and a system for recognition of completion. Meetings of professional associations are considered training where there is clear recognition of completion.

Policy:

A policy is a course of action adopted and pursued by the agency that guides and determines present and future decisions and actions. Policies indicate the general course or direction of an organization within which the activities of the personnel and units must operate. They are statements or guiding principles that should be followed in directing activities toward the attainment of objectives.

NCCHC Definition -A policy is a facility's official position on a particular issue related to an organization's operations.

Procedure:

The detailed and sequential set of actions that must be executed to ensure that a policy or regulation is fully implemented. It is the method of performing an operation, or a manner of proceeding on a course of action. It differs from a policy or a regulation in that it directs action in a particular situation to perform specific tasks within the guidelines of the policy or regulation. \

NCCHC Definition A *procedure* describes in detail, sometimes in sequence, how a policy is to be carried out.

Psychological autopsy:
sometimes referred to as a psychological reconstruction or postmortem, is a written reconstruction of an individual's life with an emphasis on factors that may have contributed to the death. It is usually conducted by a psychologist or other qualified mental health professional.

Qualified health care professionals:
Include physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

Responsible physician:
A designated MD or DO who has the final authority at a given facility regarding clinical issues.

FORMS

Detox Protocols

PROTOCOLS

PROTOCOL 1: ACCESS TO CARE

A. **Inmates have unimpeded *access to care*** to meet their serious medical, dental, and mental health needs. *Access to care* means that in a timely manner, a patient can be seen by a clinician, be given a professional clinical judgment, and receive care that is ordered.

B. The responsible health authority identifies and eliminates any barriers to inmates receiving health care.

C. **Inmate access to health care protocols are communicated by facility staff orally and in writing upon admission** via signage in Intake, immediate medical screening and their Inmate Handbook for which they sign during Orientation. At the Pre-Release Center a new Residential Handbook is issued, reviewed and signed during the intake process when inmates are transferred.

D. **Inmates health complaints are reviewed daily and responded to by health trained personnel and are followed by appropriate triage and treatment by qualified health personnel.**

E. In order to maintain the health of inmates, the facility provides inmates the opportunity 7 days per week to access health care (see 4.5.7 Inmate Care and Treatment Protocol 7). Residents who reside at the Pre-Release Center are provided the opportunity 5 days per week to access Health Care. Verbal requests are utilized on Holidays that fall during M-F and this request is triaged by a nurse at the Main Institution. The Health Services Department is continuously available for care on a 24-hour per day basis. WMRWC has access to this care either by phone or transport. *Health Trax,* an electronic medical record system, includes a scheduling program that greatly enhances patient access to care. All health complaints are processed daily and acted upon by qualified health personnel.

PROTOCOL 2: RESPONSIBLE HEALTH AUTHORITY

A. The facility has an Assistant Superintendent of Health Services as the designated health authority, responsible for *health care*

services. The health authority arranges for all levels of health care and assures quality, accessible and timely health services for inmates. A *health administrator* is a person who by virtue of education, experience, or certification (e.g. MSN, MPH, MHA, MBA, and CCHP) is capable of assuming responsibility for arranging all levels of health care and ensuring quality and accessible health services for inmates.

B. The health authority's responsibilities are documented in a written job description.

C. **The responsible health authority is on site at least weekly and may be a physician or health administrator.**

D. *Health care* is the sum of all actions, preventative and therapeutic, taken for the physical and mental well-being of a population. Health care includes medical, dental, mental health, nutrition, and other ancillary services, as well as maintaining clean and safe environmental conditions.

PROTOCOL 3: MEDICAL AUTONOMY

A. Clinical decisions and actions regarding effective and safe health care provided to meet the serious medical needs of inmates are the sole responsibility of qualified health care professionals. Qualified health care professionals include physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

B. Clinical judgments rest with a single, designated, licensed, *responsible physician*. A *responsible physician* is a designated MD or DO who has the final authority at a given facility regarding clinical issues. **Medical, dental and mental health matters including clinical judgments are the sole province of the responsible physician, dentist or qualified psychologist or psychiatrist.**

1. **Treatment by health care personnel other than a physician, dentist, psychiatrist, psychologist or independent provider is performed pursuant to written standing or direct orders of such person authorized by law to give such orders;**

2. **Nurse practitioners and physician assistants provide services under the general clinical supervision of a licensed physician;**

3. **Students or interns are not used to supplement health care personnel. When students or interns are on site for a learning experience their work is performed under direct staff supervision.**

C. Security staff as well as correctional administration supports the implementation of clinical decisions. **Security regulations applicable to facility personnel apply to health personnel.**

D. The responsible primary physician, medical/clinical staff complies with all Federal, State and local laws regarding the practice of medicine.

PROTOCOL 4: ADMINISTRATIVE MEETINGS AND REPORTS

A. Health (including mental health) services are discussed at administrative meetings. In addition, health care services staff meetings are held to review administrative issues.

B. Administrative meetings are held at least quarterly. The facility administrator and the health authority or their designees, and other members of the health care and correctional staffs as appropriate attend Administrative meetings. Minutes or summaries are made and retained for reference, and copies are distributed to attendees.

1. These meetings with Administrators follow a specific outline with minutes taken by a designated secretarial staff member, which includes:

   a. Date and location
   b. Name of those attending
   c. Review of minutes from previous meeting
   d. Description of any health environment factors needing improvement
   e. Account of effectiveness of the Health Care System
   f. Changes or improvements accomplished
   g. Any recommendations for corrective actions

C. Health care services staff meetings occur at least monthly and are documented. There is a monthly meeting of the Health

Services staff. A member of the secretarial staff takes minutes, a copy of which is distributed to all staff and the original is kept in secretary's office. The meeting is for exchange of information, problem identification and resolution. All staff is kept up-to-date concerning new and on-going changes within the department. The general operation and function of nursing, pharmacy, dental, mental health, x-ray, and related functions are reviewed and progress monitored. Suggestions for change are solicited. The responsible primary physician meets as necessary with the medical staff, Health Authority, nurse practitioners and the Director of Nursing. Other Health Services staff are invited as necessary.

D. Statistical reports of health services are made at least monthly and provided to and reviewed by the health authority and facility administrator. Monthly, the clinical staff, with the assistance of the secretarial/clerical staff, completes a monthly statistical form which tallies the number of inmates seen by Health Services staff, categories of disease and services rendered or referred. The number and types of statistics to be documented include, at a minimum:

1. The number of inmates receiving health services by category of care;
2. Referrals to specialists;
3. Deaths;
4. Infectious disease monitoring (e.g., hepatitis, HIV, STDs, TB);
5. Emergency services provided to patients;
6. Dental Protocols performed;
7. Prescriptions written;
8. Laboratory and x-ray tests complete;
9. Off-site hospital admissions;
10. Serious injuries or illnesses; and,
11. Off-site transports.

E. The Health Authority prepares an Annual Report in concert with the fiscal year, using the statistical information provided by the Health Services staff, minutes of weekly Administrative Meetings, minutes of meetings with Health Services executive staff and current trends and goals of the Health Services Department. The Assistant Superintendent of Health Services presents a written copy of the Annual Report to the Hampden County Sheriff each July/August.

1. The annual report includes the following statistical information with breakdown into categories:
   - Number of sick call visits/clinic visits;
   - Number of mental health cases including commitments;
   - Number of Sexually Transmitted Diseases;
   - Number of Communicable Disease cases;
   - Number of physician visits and nurse practitioner visits;
   - Outside hospital admissions;
   - Outside medical trips;
   - Number of ambulance trips;
   - Number of emergencies;
   - Number of dental cases; and,
   - Number and type of grievances

2. Accomplishments of the past year
3. Current trends
4. Future goals

PROTOCOL 5: POLICIES AND PROTOCOLS

A. **There is a manual** or compilation **of written health care *policies* and procedures specifically developed for the facility and approved by the health authority** in P&P 1.1.4 Facility Manuals.

B. The Health care policies and Protocols are site specific and each policy and Protocol is reviewed at least annually, and revised as necessary under the direction of the health authority. Each Policy and Protocol bears the date of the most recent review or revision and, the signatures of the facility's health authority, responsible physician and the Sheriff.

C. All non-health related policies, such as those for custody, kitchen, industries, etc. do not conflict with health care policies and those that overlap are reviewed by the health authority.

D. The manual of all Policy and Protocol are accessible to all staff via computer.

PROTOCOL 6: CONTINUOUS QUALITY IMPROVEMENT PROGRAM

A. This Department has implemented a continuous quality improvement (CQI) program that monitors and improves upon health care delivered in the facility. The *CQI program* monitors the fundamental aspects of the facility's health care system (i.e., access to care, the intake process, continuity of care, emergency care and hospitalizations, and adverse patient occurrences including all deaths) at least annually.

B. This facility has an average daily population of greater than 500 inmates therefore the *CQI program* does the following:

1. Establish a multidisciplinary quality improvement committee that meets at least quarterly and designs quality improvement monitoring activities, discusses the results, and implements corrective action (The Quality Health Council is composed of the Health Authority/ Assistant Superintendent of Health Services, Responsible Physician, Director of Nursing, Director of Forensics Services, Nurse Supervisor, Medication Distribution Supervisor, Clerical Supervisor, Facility Standards Compliance Supervisor and the Health Services Security Supervisor);

2. Reviews, at least annually, access to care, receiving screening, health assessment, continuity of care (sick call, chronic disease management, discharge planning), infirmary care (if applicable), nursing care, pharmacy services, diagnostic services, mental health care (including substance abuse, as appropriate), dental care, emergency care and hospitalizations, adverse patient occurrences including all deaths, critiques of disaster drills, environmental inspection reports, inmate grievances, and infection control;

3. Completes an annual review of the effectiveness of the CQI program by reviewing minutes of its committee meetings;

4. When the committee identifies a health care problem from its monitoring, a process and/or outcome quality improvement study is initiated and documented.

C. <u>Quality Health Council System</u>

1. Problem Identification

a. The Council will determine areas to be evaluated.

2. Establishing Priorities

Priority is given to those aspects of care that are determined to be high-volume, high-risk, problem-prone, or essential such as:
High Volume
Receiving Screenings (timeliness and completeness)
Initial Health Assessments (timeliness and completeness)
Dental Assessments (timeliness and completeness)
Mental Health Assessments (timeliness and completeness)
Initial and Annual Tuberculosis Tests (timeliness and completeness)
Diagnostic Laboratory Testing (timeliness, accuracy, and
Periodic Health Assessments (timeliness and appropriateness)
Inmate Health Education Programs
Direct Orders (accuracy and signatures)

High-Risk
Invasive Protocols
Emergency Department Visits
Local Hospital Admissions and Discharges
Nursing Triage of Sick Call Requests
Diagnostic and Laboratory Tests
Access to Care Including Consultation Referrals
"Keep on Person" Medication Programs
Consent Form Signatures
Refusal Form Signatures
Nursing Treatment Protocols
Detoxification Protocols

Problem Prone
Deaths (including suicides)
Injuries
Inmate Grievances
Health Related Incident Reports
Chronic Care: Seizure Disorders, Diabetes, Chronic Obstructive Pulmonary Disease, Tuberculosis, HIV, Coronary Heart Disease

3. Resources that may be used to identify QA/I topics for review include but are not limited to the medical record, incident reports, accident reports, grievances, staff suggestions or surveys, and observations.

4. Problem Solving

a. Identifying Indicators

Once a potential problem area has been selected for review, indicators are developed to perform the monitoring process. Indicators are measurable variables relating to structure, process, or outcome of an important aspect of care for which data is collected in the monitoring process. Indicators can be negative or positive.

Indicators must be objective, measurable, define a single element to be evaluated, contain a time and frequency designation, relate as closely as possible to the quality or appropriateness of the specific aspect of care, include a percentage compliance goal, and be practical.

5. Establishing Thresholds

Each team sets goals that are realistic and obtainable. Corrective action will continue until the goal(s) are met and maintained. Compliance thresholds may be established at 100% for Protocols which the council feels are extremely important in maintaining high quality care and disease prevention or at 0% for Protocols which the facility would not like to have occurred in the course of an inmate's care.

6. Data Collection

Each team is involved in the data collection process and in the construction of the data collecting tool. The Council approves the project prior to data collection and authorizes the implementation of the data collection process.

Data is gathered in an appropriate manner and with a high level of confidence and accuracy. The quality of the date is reviewed to ensure that it is accurate, valid, and reliable.

7. Problem Resolution

a. Developing and Implementing Solutions

Team members review results of data collection and interpret and recommend possible corrective action.

The corrective action plan is in writing and specifies the actions to be taken to correct the identified problem. Measurable objectives are included for each action step. The action plan specifies who is responsible and assures that the action plan is carried out. A time line is included in the action plan to avoid delays. Specific dates are established for implementing steps of the corrective action and for follow up evaluation.

8. Monitoring Results

a. Once a corrective action plan has been initiated, the program is continually monitored to provide feedback on the progress of change. Once a 100% or 0% goal is met and maintained for a specified period of time, this problem is considered resolved by the Quality Health Council.

PROTOCOL 7: COMMUNICATION ON SPECIAL NEEDS PATIENTS

A. Communication occurs between the facility administration and treating clinicians regarding inmates' significant health needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or staff.

B. Correctional staff are advised of inmates' special needs that may affect housing, work, and program assignments; disciplinary measures; and admissions to and transfers from institutions. Such communication is documented.

C. Health and custody staff communicates about inmates who are:
1. chronically ill;
2. on *dialysis*;
3. adolescents (minors) in adult facilities;
4. infected with *serious communicable diseases*;
5. *physically disabled*;
6. *frail or elderly*;
7. *terminally ill*;
8. mentally ill or suicidal; or
9. *developmentally disabled*.

D. **When seriously ill, mentally disordered, injured or non-ambulatory inmates are held in the facility, there is at least**

one single occupancy cell or room for them which provides continuous staff observation.

E. For definitions of conditions that result in special needs, see 4.5.9 Special Needs and Services.

PROTOCOL 8: PRIVACY OF CARE

A. All *clinical encounters* are conducted in private without being observed or overheard by security personnel and carried out in a manner designed to encourage the patient's subsequent use of health services.

B. However, security personnel are present only if the patient poses a probable risk to the safety of the health care provider or others. Instruction on maintaining confidentiality is given to security staff or interpreters who observe or hear health encounters. All Security Staff are trained in confidentiality and the Code of Ethics. (see 1.5.3 Release of Information/CORI and the Staff Handbook – Code of Ethics)

PROTOCOL 9: PROTOCOL IN THE EVENT OF AN INMATE DEATH

A. In all deaths, the responsible health authority determines the appropriateness of clinical care; ascertains whether corrective action in the system's policies, Protocols, or practices is warranted; and identifies trends that require further study.

B. The medical examiner is notified immediately, as required by law.

C. See 3.1.15 Death of a Person for further details.

D. **The *mortality review* for each death is completed within 30 days by a physician, documented, and shared with treating staff.** A modified clinical mortality review process may be used for expected deaths.

E. All deaths are reviewed and corrective action is taken when necessary. A *clinical mortality review* is utilized as an assessment of the clinical care provided and the circumstances leading up to a death. Its purpose is to identify any areas of patient care or the system's policies and Protocols that can be improved.

PROTOCOL 10: GRIEVANCE MECHANISM FOR HEALTH COMPLAINTS

A. The Hampden County Sheriff's Department implements inmate grievance and appeal Protocols, which allow inmates to seek timely administrative remedy for redress of legitimate complaints without fear of reprisal. When grievance is directed to Health Services, this allows the Health Services Department to identify and resolve problems in the department's operation based on principles of adequate medical care. For in-depth details into the Inmate Grievance protocols see 3.5.2 Inmate Grievance.

PROTOCOL 11: CLINIC SPACE, EQUIPMENT, AND SUPPLIES

A. **The facility provides sufficient and suitable space, supplies, materials and equipment for the facility's medical, dental, and mental health care delivery as determined by the health authority and in accordance with 105 CMR 205.**

1. **Examination and treatment rooms for medical, dental, and mental health care are large enough to accommodate the necessary equipment, supplies and fixtures, and to permit privacy during clinical encounters.** At a minimum, the following equipment, supplies, and materials are available for the examination and treatment of patients:

   a. hand-washing facilities or appropriate alternate means of hand sanitization;
   b. examination tables;
   c. a light capable of providing direct illumination;
   d. scales;
   e. thermometers;
   f. blood pressure monitoring equipment;
   g. stethoscope;
   h. ophthalmoscope;
   i. otoscopes;
   j. transportation equipment (e.g., wheelchair, stretcher); and,
   k. trash containers for biohazardous materials and sharps.

2. Basic equipment required for on-site dental examinations includes, at a minimum:

a. hand-washing facilities or appropriate alternate means of hand sanitization;
b. dental examination chair;
c. examination light;
d. sterilizer;
e. instruments;
f. trash containers for biohazardous materials and sharps; and,
g. a dentist's stool.

3. Dental operation requires the addition of at least:
a. an x-ray unit with developing capability;
b. blood pressure monitoring equipment; and,
c. oxygen.

4. Mental health services are provided in an area with private interview space for individual assessment and group treatment, as well as desks, chairs, lockable file space, and relevant testing materials.

5. There is adequate office space with administrative files, secure storage of health records, and writing desks.

6. Pharmaceuticals, medical supplies, and mobile emergency equipment are available and checked regularly.

B. When laboratory, radiological, or other ancillary services are provided on site, the designated area is adequate to hold equipment and records.

C. When patients are placed in a waiting area for more than a brief period, the waiting area has seats and access to drinking water and toilets.

D. Inventories are maintained on items subject to abuse (e.g., syringes, needles, scissors, and other sharp instruments). All inventories will be subject to the Protocols in 3.1.9 Tool/Equipment Control. The A/S of Health Services or designee supervises inventory, approves all purchases and monitors the departmental budget.

PROTOCOL 12: MEDICAL EQUIPMENT

A. Adequate medical equipment is provided in the Health Services Department, ensuring that inmates receive adequate medical care and treatment.

B. Medical equipment is broken down into 4 separate categories:
   1. Medical tools
   2. Medical Instruments
   3. Sharps
   4. Personal medical equipment

C. Medical tools are defined as heavy-duty medical implements used for mechanical Protocols outside of the body. The only medical tools at the Hampden County Correctional Center are a cast cutter with separator, needle nose plier and 2 ring cutters. In order to use the medical tools that are kept in the double locked cabinet, they must be signed out. When no longer needed, the tools are returned to their locked storage cabinet and are signed back in. During the time they are signed out, they are the personal responsibility of the person who signed them out. The Pre-Release Center and the Western Mass Recovery and Wellness Center has 1 ring cutter, which is kept double locked.

D. Medical instruments are sterilized and surgically wrapped implements used for surgical Protocols within the body. This would include but not be limited to surgical clamps, sterile Protocol instruments, non-bandage scissors, curettes, forceps, nasal speculum, Kelly clamps, wire cutters, hemostats, and needle holders. Medical instruments are stored in a blue plastic container in a locked cabinet. The case lists the equipment contained within it. All medical instruments are signed in and out. There are no medical instruments stored at the Pre-Release Center or the Western Mass Recovery and Wellness Center.

E. Medical sharps are defined in this jail as scalpels, syringes, and needles. Bulk stocks of these sharps are stored in locked cabinets in the laboratory. A measured amount of sharps are removed from bulk storage and transferred to a locked cabinet from which the staff may draw a needed number of sharps. There is a sign out Protocol for all sharps. On a daily basis, the equipment and supply QHP checks inventory of sharps. Bulk sharps are inventoried on a monthly basis. The nursing staff conducts a shift-to-shift count of syringes and butterflies from the locked cabinet three times per day. At the Pre-Release Center, medical sharps are inventoried twice daily by nursing staff. If a second nurse is not available at the Pre-Release

Center, security staff is used to confirm accurate inventory. WMRWC medical staff conducts weekly counts of their medical sharps. These are no-bulk sharps.

F. Personal medical equipment are those medical devices used on a regular basis by the nursing staff and is their personal responsibility at all times. These would include but are not limited to the following personal use items: stethoscopes, pocket flashlights etc. (no bandage scissors). Any missing personal medical equipment will be noted on an incident report and reported to the nurse manager.

PROTOCOL 13: DENTAL EQUIPMENT

A. Dental equipment is provided in the Health Services Department, ensuring that inmates receive adequate dental hygiene and dental care.

B. All dental instruments are kept double locked in the dental area.

C. Daily inventory of instruments, sharps and medications are conducted by dental staff.

D. Extra stock/supplies and instruments are inventoried monthly by dental staff and cross checked by Nursing Supervisor/designee.

E. All dental staff are required to complete daily inventories.

F. Daily inventory sheets are kept in the dental area. Instrument count is conducted after each use and before the inmate leaves the dental area. The Central Supply Nurse keeps the completed sheets in the laboratory.

G. When an instrument count is conducted after usage and an instrument is found missing, the inmate is held in the dental area and the Unit Supervisor is notified immediately.

H. An incident report is required and given to the Unit Supervisor. The Unit Supervisor then takes the necessary steps to search for the missing instrument.

I. The Health Services Administrator and the Director of Nursing are notified.

PROTOCOL 14: DIAGNOSTIC SERVICES

A. On site *diagnostic services* are registered, accredited, or otherwise meet applicable state and federal law. *Diagnostic services* include biomedical or imaging services and results that are used to make clinical judgments. Reference laboratories, hospital radiology and laboratory departments, public health agencies, or the correctional facility may provide these diagnostic services.

B. The health authority/designee maintains documentation that on-site diagnostic services (e.g., laboratory, radiology) are certified or licensed to provide that service.

1. When the facility provides on-site services, there is a Protocol manual for each service, including protocols for the calibration of testing devices to assure accuracy.

C. The facility will have multiple-test dipstick urinalysis, finger-stick blood glucose tests, peak flow meters (handheld or other) stool blood-testing material, and pregnancy test kits.

PROTOCOL 15: HOSPITAL AND SPECIALTY CARE

A. Arrangements are made to provide hospitalization and *specialty care* to patients in need of these services. *Specialty care* means specialist-provided health care (e.g., nephrology, surgery, dermatology, and orthopedics). **The facility has a written agreement with an adequately equipped medical facility, which meets the legal requirements for a licensed general hospital and will permit admission of inmates in an emergency or upon recommendation of the facility health authority or Sheriff/Facility Administrator.**

1. For off-site specialty service used regularly for medical and mental health care, there is a *written agreement* that outlines the terms of the care to be provided. *Written agreement* means a contract, letter of agreement, or memorandum of understanding between the facility and the specialist for the care and treatment of patients.

2. The agreements with off-site facilities or providers require that the returning inmate is provided with a

summary of the treatment given and any follow-up instructions.

3. For on-site specialty services used regularly for medical and mental health care, there are appropriate licenses and certifications.

PROTOCOL 16: DAY REPORTING PROGRAM

A. All Day Reporting participants are referred to one of the following health clinics in the community for an initial physical and to become registered with them, should a healthcare need arise either while on the program or after their release. This assists the participant in meeting their healthcare needs on an ongoing basis. However, participants can opt to choose their own personal healthcare providers.

Neighborhood Health Center
11 Wilbraham Road
Springfield MA
784-3710

High Street Clinic
140 High St.
Springfield, MA
794-2511

Brightwood Riverview Health Center
380 Plainfield Street
Springfield, MA
784-4458

Caring Health Center
1040 Main Street
Springfield, MA
739-1100

OR

532 Sumner Avenue
Springfield, MA

Holyoke Health Center
230 Maple St.
Holyoke, MA
420-2100

B. All Day Reporting Program & AISS participants are made aware of the community resources including health clinics, counseling centers and other resources available to them through participant handbooks and orientation.

C. Community agencies come into the center on a regular basis to meet with all participants about the services available to them.

REFERENCES

NCCHC: J-A-01 through J-A-11, J-D-03, J-D-04, J-D-05

J-A-01 ACCESS TO CARE
essential

Standard
Inmates have *access to care* to meet their serious medical, dental, and mental health needs.

Compliance Indicator
The responsible health authority (RHA) identifies and eliminates any barriers to inmates receiving health care.

Definition
Access to care means that, in a timely manner, a patient can be seen by a clinician, be given a professional clinical judgment, and receive care that is ordered.

J-A-02 RESPONSIBLE HEALTH AUTHORITY
essential

Standard

The facility has a designated health authority responsible for *health care* services.

Compliance Indicators

1. The responsible health authority (RHA) arranges for all levels of health care and assures quality, accessible and timely health services for inmates.
2. The RHA's responsibilities are documented in a written agreement, contract, or job description.
3. The RHA is on site at least weekly.
4. The RHA may be a physician, *health administrator*, or agency. Where the agency acting as RHA is a state, regional, corporate, or national entity, there is also a designated individual at the local level to ensure that polices are carried out. When this authority is someone other than a physician, final clinical judgments rest with a single, designated, licensed, *responsible physician*.
5. Where there is a separate organizational structure for mental health services, there is a *designated mental health clinician*.

6. All aspects of the standard are addressed by written policy and defined procedures.

Definitions

Health care is the sum of all actions, preventative and therapeutic, taken for the physical and mental well being of a population. Health care includes medical, dental, mental health, nutrition, and other ancillary services, as well as maintaining clean and safe environmental conditions.

A *health administrator* is a person who by virtue of education, experience, or certification (e.g. MSN, MPH, MHA, FACHE, CCHP) is capable of assuming responsibility for arranging all levels of health care and ensuring quality and accessible health services for inmates.

A *responsible physician* is a designated MD or DO who has the final authority at a given facility regarding clinical issues.

A *designated mental health clinician* refers to a psychiatrist, psychologist, or psychiatric social worker who is responsible for clinical mental health issues when mental health services at the facility are under a different authority than the medical services.

Qualified health care professionals include physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

J-A-03 MEDICAL AUTONOMY
essential

Standard
Clinical decisions and actions regarding health care provided to inmates to meet their serious medical needs are the sole responsibility of qualified health care professionals.

Compliance Indicators
1. Clinical decisions and their implementation are completed in an effective and safe manner.
2. Administrative decisions (such as utilization review) are coordinated, if necessary, with clinical needs so that patient care is not jeopardized.
3. *Custody staff* supports the implementation of clinical decisions.
4. H*ealth staff* is subject to the same security regulations as other facility employees.
5. All aspects of the standard are addressed by written policy and defined procedures.

Definitions
Custody staff includes line security as well as correctional administration.

Health staff includes all qualified health care professionals as well as administrative and support staff (e.g., health record administrators, laboratory technicians, nursing and medical assistants, clerical workers).

J-A-04 ADMINISTRATIVE MEETINGS AND REPORTS
essential

Standard

Health (including mental health) services are discussed at administrative meetings. In addition, health staff meetings are held to review administrative issues. Statistical reports are generated monthly.

Compliance Indicators

1. Administrative meetings are attended by the facility administrator and the responsible health authority (RHA) or their designees, and other members of the health care and correctional staffs as appropriate. If mental health operates under a structure separate from other health services, the designated mental health clinician, or his or her designee, also attends.
2. Administrative meetings are held at least quarterly. Minutes or summaries are made and retained for reference, and copies are distributed to attendees.
3. Health staff meetings occur at least monthly. Minutes or summaries are made and retained for reference, and copies are distributed to attendees.
4. Statistical reports of health services are made at least monthly. They are provided to the facility administrator and are used to monitor trends in the delivery of health care.

5. All aspects of the standard are addressed by written policy and defined procedures.

J-A-05 POLICIES AND PROCEDURES
essential

Standard
The facility has a manual or compilation of written *policies* and defined *procedures* regarding health care services at the facility that addresses each applicable standard in the *Standards for Health Services in Jails.*

Compliance Indicators
1. Health care policies and procedures are site specific.
2. Each policy and procedure in the health care manual is reviewed at least annually, and revised as necessary under the direction of the responsible health authority (RHA). The manual bears the date of the most recent review or revision and, at a minimum, the signatures of the facility's RHA and responsible physician.
3. Other policies, such as those for custody, kitchen, industries, or corporate, do no conflict with health care policies.
4. The manual or compilation is accessible to health staff.
5. All aspects of the standard are addressed by written policy and defined procedures.

Definitions
A *policy* is a facility's official position on a particular issue related to an organization's operations.
A *procedure* describes in detail, sometimes in sequence, how a policy is to be carried out.

J-A-06 CONTINUOUS QUALITY IMPROVEMENT PROGRAM
essential

Standard

A continuous quality improvement (CQI) program monitors and improves health care delivered in the facility.

Compliance Indicators

1. A CQI program identifies health care aspects to be monitored, implements and monitors corrective action when necessary, and studies its effectiveness of the corrective action plan.
2. The responsible physician established a *quality improvement committee* with representatives from the major program areas. The committee meets as required but no less than quarterly. The committee:
   a. Identifies health care aspects to be monitored and establishes *thresholds*
   b. Designs quality improvement monitoring activities.
   c. Analyzes the results for factors that may have contributed to less than threshold performance.
   d. Designs and implements improvement strategies to correct the identified health care problem.
   e. Remonitors the performance after implementation of the improvement strategies
3. The responsible physician is involved in the CQI committee.
4. When the committee identifies a health care problem from its monitoring, a *process* and/or *outcome quality improvement study* is initiated and documented.
5. The committee completed an annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes if CQI, administrative, and/or staff meetings, or other pertinent written materials.
6. All aspects of the standard are addressed by written policy and defined procedures.

Definitions

A *quality improvement committee* consists of health staff from various disciplines (e.g., medicine, nursing, mental health, dentistry, health records, pharmacy, laboratory). The committee designs quality improvement monitoring activities, discusses the results, and implements corrective action. Committee membership should be fluid, depending on the issues being addressed.

Process quality improvement studies examine the effectiveness of the health care delivery process by:

1. Identifying a facility problem (e.g. delayed sick- call appointments, discontinuity of medications, lack of follow-up on positive lab values)
2. Conducting a baseline study (e.g. task analysis, root cause, staffing plan)
3. Developing and implementing a corrective plan
4. Restudying the problem to assess the effectiveness of the corrective action plan

Outcome quality improvement studies examine whether expected outcomes of patient care were achieved by:

1. Identifying a patient clinical care problem (e.g., poor asthma control, poor diabetes control, high volume of off-site visits)
2. Conducting a baseline study
3. Developing and implementing a clinical corrective plan
4. Restudying the problem to assess the effectiveness of the corrective action plan

Thresholds are the expected level of performance (of aspects of healthcare) established by the quality improvement committee.

J-A-07 EMERGENCY RESPONSE PLAN
essential

Standard

Health staff are prepared to implement the health aspects of the facility's emergency response plan.

Compliance Indicators

1. The health aspects of the emergency response plan are approved by the responsible health authority and facility administrator, and include, at a minimum:
    a. Responsibilities of health staff,
    b. Procedures for triage,
    c. Predetermination of the site for care,
    d. Telephone numbers and procedures for calling health staff and the community emergency response system (e.g., hospitals, ambulances),
    e. Procedures for evacuating patients, and
    f. Alternate backups for each of the plan's elements.
    g. Time frames for response.
2. At least one *mass disaster drill* is conducted annually in the facility so that over a 3-year period each shift has participated.
3. The health emergency *man-down drill* is practiced once a year on each shift where health staff are regularly assigned.
4. Both the mass disaster and man-down drills are *critiqued,* the results shared with all health staff, and recommendations for health staff are acted upon.
5. If full-time health staff are not assigned to a particular shift, that shift is exempt from drills. If there are no full-time health staff, drills are not required.
6. All aspects of the standard are addressed by written policy and defined procedures.

Definitions

A *mass disaster drill* is a simulated emergency potentially involving mass disruption and/or multiple casualties that require triage by health staff. It frequently involves a natural disaster (e.g., tornado, flood, earthquake), an internal disaster (e.g., riot, arson, kitchen explosion), or external disaster (e.g., mass arrests, bomb threat, power outage).

A *man-down drill* is a simulated emergency affecting one individual who is in need of immediate medical intervention. It involves life-threatening situations commonly experienced in correctional settings.

Critiques of drills or actual events document activities including response time, names and titles of health staff, and the roles and responses of all participants. The critique contains observations of appropriate and inappropriate staff response to the drill.

Tabletop exercises are discussions about health staff's projected response to emergencies.

J-A-08 COMMUNICATION ON PATIENTS' HEALTH NEEDS
essential

Standard

Communication occurs between the facility administration and treating health care professionals regarding inmates' significant health needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or staff.

Compliance Indicators

1. Correctional staff are advised of inmates' special needs that may affect housing, work, and program assignments; disciplinary measures; and admissions to and transfers from institutions. Such communication is documented.
2. Health and custody staff communicate about inmates with special need conditions that may include, but are not limited to, the following:
   a. *chronically ill*,
   b. on *dialysis*,
   c. *adolescents* in adult facilities,
   d. infected with *communicable diseases*,
   e. *physically disabled*,
   f. pregnant,
   g. *frail or elderly*;
   h. *terminally ill*,
   i. mentally ill or *suicidal*, or
   j. *developmentally disabled*.

3. All aspects of the standard are addressed by written policy and defined procedures.

Definitions

For definitions of conditions that result in special needs, G-01 Chronic Disease Services, G-02 Patients With Special Health Needs, and the Glossary.

J-A-09 PRIVACY OF CARE
important

Standard

Discussion of patient information and clinical encounters are conducted in private and carried out in a manner designed to encourage the patient's subsequent use of health services.

Compliance Indicators

1. Discussions among staff regarding patient care occur in private, without being overheard by inmates and nonhealth staff.
2. *Clinical encounters* occur in private, without being observed or overheard.
3. Security personnel are present only if the patient poses a probable risk to the safety of the health care professional or others.
4. Instruction on maintaining confidentiality is given to security staff and interpreters who observe or hear health encounters.
5. All aspects of the standard are addressed by written policy and defined procedures.

Definition

Clinical encounters are interactions between patients and health care professionals that involve a treatment and/or an exchange of confidential information.

J-A-10 PROCEDURE IN THE EVENT OF AN INMATE DEATH
important

Standard

All deaths are reviewed to determine the appropriateness of clinical care; to ascertain whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.

Compliance Indicators

1. All deaths are reviewed within 30 days
2. A death review consists of:
   a. an *administrative review*,
   b. A *clinical mortality review*, and
   c. A *psychological autopsy* if death is by suicide.

3. Treating staff are informed of the clinical mortality review and administrative review findings.
4. All aspects of the standard are addressed by written policy and defined procedures.

Definitions

An *administrative review* is an assessment of correctional and emergency response actions surrounding an inmate's death. Its purpose is to identify areas where facility operations, policies, and procedures can be improved.

A *clinical mortality review* is an assessment of the clinical care provided and the circumstances leading up to a death. Its purpose is to identify areas of patient care or the system policies and procedures that can be improved.

A *psychological autopsy*, sometimes referred to as a psychological reconstruction or postmortem, is a written reconstruction of an individual's life with an emphasis on factors that may have contributed to the death. It is usually conducted by a psychologist or other qualified mental health professional.

J-A-11 GRIEVANCE MECHANISM FOR HEALTH COMPLAINTS
important

Standard
A grievance mechanism addresses inmates' complaints about health services.

Compliance Indicators
1. The grievance policy includes a time frame for response and the process for appeal.
2. Responses to inmate grievances are timely and based on principles of adequate medical care.
3. All aspects of the standard are addressed by written policy and defined procedures.

J-D-03 CLINIC SPACE, EQUIPMENT, AND SUPPLIES
important

Standard

Sufficient and suitable space, supplies, and equipment are available for the facility's medical, dental, and mental health care services.

Compliance Indicators

1. Examination and treatment rooms for medical, dental, and mental health care are large enough to accommodate the necessary equipment, supplies and fixtures, and to permit privacy during clinical encounters.
2. Pharmaceuticals, medical supplies, and mobile emergency equipment are available and checked regularly.
3. There is adequate office space with administrative files, secure storage of health records, and writing desks.

4. Mental health services are provided in an area with private interview space for both individual assessment and group treatment, as well as desks, chairs, lockable file space, and relevant testing materials.
5. When laboratory, radiological, or other ancillary services are provided on site, the designated area is adequate to hold equipment and records.
6. When patients are placed in a waiting area for more than a brief period, the waiting area has seats and access to drinking water and toilets.
7. At a minimum, weekly inventories are maintained on items subject to abuse (e.g., syringes, needles, scissors, other sharp instruments).
8. The facility has, at a minimum, the following equipment, supplies, and materials for the examination and treatment of patients:
    a. Hand-washing facilities or appropriate alternate means of hand sanitization
    b. Examination tables
    c. A light capable of providing direct illumination;
    d. Scales
    e. Thermometers
    f. Blood pressure monitoring equipment;
    g. Stethoscope
    h. Ophthalmoscope
    i. Otoscopes
    j. Transportation equipment (e.g., wheelchair, stretcher)
    k. Trash containers for biohazardous materials and sharps and
    l. Equipment and supplies for pelvic examinations if female inmates are housed in the facility
    m. Oxygen
    n. Automated external defibrillator
9. Basic equipment required for on-site dental examinations includes, at a minimum:
    a. Hand-washing facilities or appropriate alternate means of hand sanitization
    b. Dental examination chair
    c. Examination light
    d. Sterilizer
    e. Instruments
    f. Trash containers for biohazardous materials and sharps
    g. A dentist's stool.
10. The presence of dental operatory requires the addition of at least
    a. An x-ray unit with developing capability
    b. Blood pressure monitoring equipment
    c. Oxygen.
11. All aspects of the standard are addressed by written policy and defined procedures.

CMR:
103 CMR: 910.04, 932.01, 932.02, 932.03, 932.04, 932.08, 932.10(1), 932.11, 932.17, 934.02

910.04: Policy and Procedures Manual

(1) Policies, procedures and plans for operating and maintaining the county correctional facility shall be specified in a manual.

(2) The policies, procedures, and plans for operating and maintaining the facility shall be accessible and available to all employees and a system developed for policy dissemination to staff.

(3) The manual shall be reviewed at least annually and updated as needed.

(4) The manual shall include, but not be limited to, written policies and procedures in the general topic areas of:

(a) management and administration;
(b) business and fiscal management;
(c) personnel, labor relations and training;
(d) security management;
(e) safety and emergency management;
(f) facility maintenance, sanitation, and hygiene;
(g) facilities planning and capital management;
(h) inmate programs, services and classification;
(i) inmate rights;
(j) rules and discipline;
(k) medical and health care;
(l) food services.

932.01: Health Policy and Authority

(1) Written policy and procedure shall provide for the delivery of health care services, including medical, dental, and mental health services, under the control of a designated health authority. The health authority may be a physician, health administrator, or health agency whose responsibility is pursuant to a written agreement, contract, or job description. When the authority is other than a physician, the final medical judgment shall rest solely on a physician licensed by the Commonwealth.

(2) If a health care specialist is required, such arrangements shall be made in advance of any need, whenever possible.

(3) The county correctional facility shall require that the health authority meet with the Sheriff/facility administrator or designee at least quarterly and submit the following:

(a) quarterly reports on the health care delivery system and health environment; and,
(b) annual statistical summaries.

(4) The county correctional facility shall maintain a manual of health care policies and procedures specifically developed for the facility and approved by the health authority.

932.02: Space and Health Supplies

The county correctional facility shall provide adequate space, equipment, supplies and materials for health care delivery by the facility as determined by the health authority and in accordance with 105 CMR 205.000, *Minimum Standards Governing Medical Records and the Conduct of Physical Examinations in Correctional Facilities*, and shall include:

(1) First-aid kits in designated areas of the facility based on need;

(2) Space and equipment for medical staff to conduct health examinations in a room which is used solely for the purpose of providing health care and provides a means of privacy;

(3) When seriously ill, mentally disordered, injured or non-ambulatory inmates are held in the facility, there is at least one single-occupancy cell or room for them which provides continuing staff observation; and,

(4) Adequate equipment and space for the storage of active and inactive medical records, including safety from fire and water damage and from unauthorized use.

932.03: Health Care Personnel

(1) The county correctional facility shall provide qualified health care personnel by ensuring the following:

(a) that the Commonwealth's and federal licensure, certification or registration requirements and restrictions apply to personnel who provide health care services to inmates and that such credentials are verified and on file; and,
(b) that the duties and responsibilities of health care personnel are governed by written job descriptions approved by the health authority and the Sheriff/facility administrator.

(2) The county correctional facility shall provide that the health authority systematically determines health care personnel requirements in order to provide inmate access to health care staff and services.

(3) In county correctional facilities without full-time, qualified health personnel, a health trained employee shall coordinate the health care delivery in the facility under the joint supervision of the responsible health authority and Sheriff /facility administrator.

932.04: Health Care Treatment (Required)

Written policy and procedure shall provide for health care treatment, and shall include, but not be limited to, the following:

(1) Treatment by health care personnel other than a physician, dentist, psychologist or independent provider shall be performed pursuant to written standing or direct orders of such person authorized by law to give such orders;

(2) Nurse practitioners and physician assistants shall provide services under the clinical supervision of a licensed physician;

(3) If students or interns are used to supplement health care personnel, that their work shall be performed under direct staff supervision;

(4) Inmates shall not be used for the following duties:

(a) performing direct patient care services;
(b) scheduling health care appointments;
(c) determining access of other inmates to health care services;
(d) handling or having access to: surgical instruments, dental instruments, syringes, medications, health records; and,
(e) operating equipment for which they are not trained.

(5) Medical, dental and mental health matters, including clinical judgments, shall be the sole province of the responsible physician, dentist, qualified psychologist, or psychiatrist. Security regulations applicable to county correctional facility personnel shall apply to health personnel.

932.08: Unimpeded Access to Health Care (Required)

Written policy and procedure shall provide for unimpeded access to health care and shall include the following:

(1) A system for processing health care complaints;

(2) Procedures for access, which shall be communicated orally and in writing to inmates upon admission; and,

(3) The daily processing and acting upon inmates' health complaints by health-trained correctional personnel, and shall be followed by appropriate triage and treatment by qualified health personnel.

932.10: General Health Care Services

(1) The county correctional facility shall have a written agreement with an adequately equipped medical facility which meets the legal requirements for a licensed general hospital and will permit admission of inmates in an emergency or upon recommendation of the facility health authority or Sheriff/facility administrator.

(2) Written policy and procedure shall provide, at a minimum, the following special medical programs:

(a) i - medical services rendered to a patient over a long period of time;
(b) convalescent care - medical services rendered to a patient to assist in the recovery from illness or injury;
(c) for county correctional facilities housing female inmates, proper medical services appropriate to the special needs of the female population;
(d) medical preventive maintenance including health education and medical services provided to take advance measures against disease, such as inoculation and immunizations;
(e) management and care of inmates with communicable or infectious disease, including provisions for isolation if medically indicated;
(f) detoxification from alcohol and other drugs under medical supervision;
(g) as determined by the responsible physician, the provision of a medical prosthesis or elective surgery, when the health of the inmate would otherwise be adversely affected; and,
(h) the use of restraints for medical and psychiatric purposes, in conformance with M.G.L. c. 123, § 21.

The above policy and procedure shall be updated as new information becomes available.

(3) Written policy and procedure shall be developed regarding informed consent that provides for the following:

(a) all examinations, treatments and procedures affected by informed consent standards in the community, shall be observed for inmate care;
(b) that health care is rendered against an inmate's will only in accordance with law; and,
(c) in the case of minors, the informed consent of parent, guardian, or legal custodian applies when required by law.

(4) If a medical co-payment program is used, written policy and procedure shall be developed and shall address the following:

(a) a co-payment fee may be required of all inmates for self-initiated sick call visits pursuant to M.G.L. c 127, §16A and c. 124, §§ 1 (c) and 1(s);
(b) each county correctional facility participating in an inmate co-payment plan shall develop written procedures pertaining to the collection of fees, including the eligibility criteria of the co-payment plan.

(5) Written policy and procedure shall be developed to provide a means to ascertain whether an inmate has insurance, and if so, to ensure appropriate billing for any services provided, pursuant to M.G.L. c. 124, § 1(t).

932.11: Emergency Health Care (Required)

Written policy and procedure shall provide 24 hour emergency medical and dental care ability as outlined in a written plan. This written plan shall include, but not be limited to, the following:

(1) on site emergency first aid by health trained staff or health care personnel;

(2) emergency evacuation of the inmate from within the facility;

(3) use of an emergency medical vehicle;

(4) use of one or more designated hospital emergency rooms or other appropriate health facilities;

(5) emergency on-call physician and dental services when the emergency health facility is not located in a nearby community; and,

(6) security procedures that provide for immediate transfer of inmates when appropriate.

932.17: Guidelines for Serious Illness, Injury, or Death

(1) Written policy and procedure shall govern the process for notification in cases of serious illness or injury, which shall specify the following:

(a) the process by which those individuals so designated by the inmate are notified in case of serious illness or injury; and,
(b) procedures for obtaining permission for notification from the inmate prior to need, when possible.

(2) Written policy and procedure shall establish guidelines in the event of death of an inmate or employee of the facility to include, but not be limited to the following:

(a) internal notification to include medical and administrative staff;
(b) procedures when discovering body;
(c) disposition of the body;
(d) notification of next of kin;
(e) notification of CORI certified individuals as soon as practicable;
(f) investigation of causes;
(g) reporting and documentation procedures;
(e) procedure for review of incident by appropriate designated staff with a final report submitted to all appropriate parties.

934.02: Grievance Procedures (Required)

Written policy and procedure shall provide for the establishment of an inmate grievance procedure, which will provide all inmates access to an administrative remedy for redress of legitimate complaints. The inmate grievance process shall include, but not be limited to:

(1) Procedures establishing informal measures for resolving inmate complaints.

(2) Procedures establishing a process where inmates who have not resolved their complaint informally may formally process their complaint.

(3) A requirement that staff date a receipt of a formal written grievance.

(4) Procedures ensuring that formal grievances shall be investigated and resolved within 15 working days of receipt. However, grievances of an emergency nature, e.g., those that may subject the inmate to a substantial risk of personal injury or other damages, shall be prioritized as necessary.

(5) A requirement that a written explanation shall be provided to the inmate regarding the denial or approval of the grievance. Ensure that approvals clearly state what corrective action shall be taken and denials shall inform the inmate of the right to appeal to the Sheriff/facility administrator or designee.

(6) Procedures ensuring that, upon receipt of an inmate appeal, the appellate authority shall date the receipt.

(7) A requirement that the appeal shall be resolved within 30 working days of receipt.

(8) Procedures ensuring that the appellate authority provides the inmate with a written explanation regarding the denial or approval of the appeal, and if approved, the corrective action to be taken shall be specified.

(9) Procedures ensuring that no disciplinary action shall be taken against an inmate as a result of communication of a complaint unless the complaint is knowingly false or misleading or the inmate's conduct otherwise gives rise to a disciplinary infraction.

The Sheriff/facility administrator may waive the above time limits under extenuating circumstances not to exceed an additional 30 working days.

105 CMR 205 Entire CMR

ACA:
4-ALDF: 6A-09, 7D-25, 7D-26

4-ALDF-6A-09 (New) Inmates access to health care, programs, services and activities is not precluded by inability to pay. There is a clear definition of indigence.

Comment: None.

4-ALDF-7D-25 (Ref. 3-ALDF-4E-03) The health authority meets with the facility administrator at least quarterly and submits quarterly reports. The report addresses topics such as the effectiveness of the health care system, a description of any environmental factors that need improvement, changes effected since the last reporting period, and, if needed, recommended corrective action. The health authority immediately reports any condition that poses a danger to staff or inmate health and safety.

Comment: Minutes of the quarterly administrative meetings may be used to meet the requirements for a quarterly report.

4-ALDF-7D-26 (Ref. 3-ALDF-4E-03) Quarterly statistical reports are prepared and include, at a minimum, the use of health care services by category, referrals to specialists, prescriptions written, laboratory and x-ray tests completed, infirmary admissions, if applicable, on-site or off-site hospital admissions, serious injuries or illnesses, deaths, and off-site transports. Reports are submitted to, and reviewed by, the health authority and facility administrator.

Comment: Statistical reports assist in the monitoring of health care services and can be used to help justify the allocation of resources.

4-ACRS: None

1-EM: None

MGL: None

Hampden County Sheriff's Department
Core Policy & Protocol

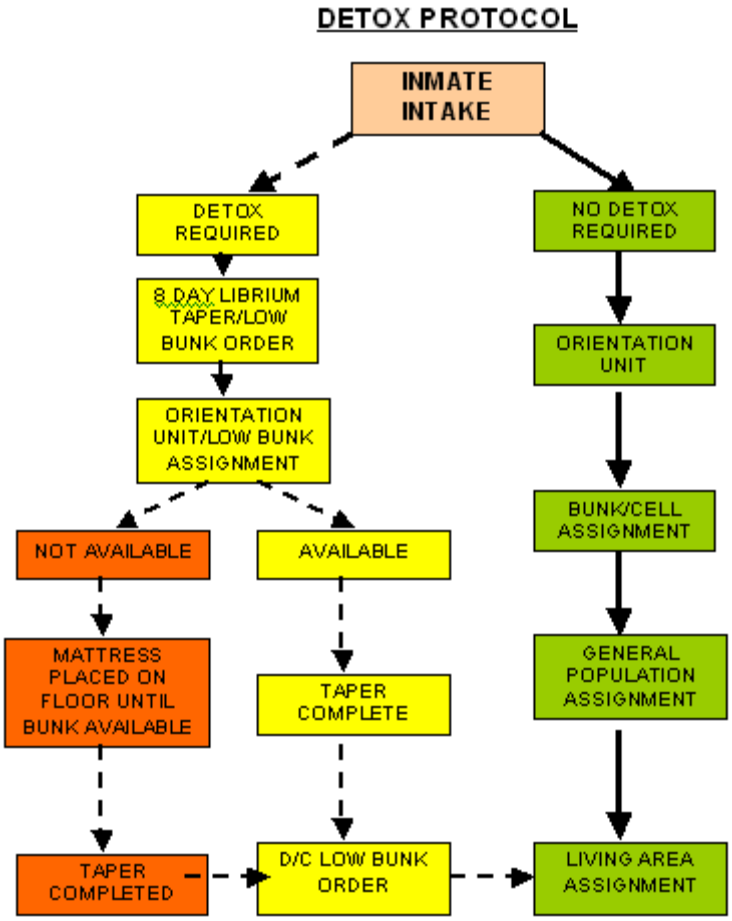
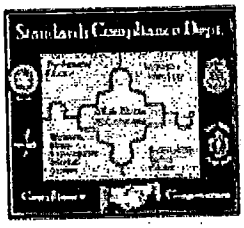


Exhibit F

Western Massachusetts Regional Women's Correctional Center **701 Center Street** **Chicopee, MA** **01013** **(413) 781-0474**		Policy and Procedure Number **4.2.22**
Hampden County Sheriff's Department **Firmness and Fairness**	CHAPTER: 4.0 Inmate Services SECTION: 4.2 Health Service **SUBJECT:** **4.2.22 Individual Notification for Medical Emergencies**	
Previous Effective Dates: 9/2007, 12/2008, 6/2009, 4/2010, 9/2010, 3/2011, 3/2012, 3/2013, 4/2014, 4/2015, 4/2016, 4/2017	**Previous Review Dates:** 4/2008, 2/2009, 2/2010, 9/2010, 1/2011, 1/2012, 2/2013, 3/2014, 3/2015, 3/2016, 3/2017, 3/2018	**Effective Date:** 4/2018

Authorizing Signature: _____ _____
Assistant Superintendent Date

Health Authority: _____

Primary Physician: _____

Policy: The Western Massachusetts Regional Women's Correctional Center (WCC) has an effective process that assists staff to contact those individuals designated as the emergency contact person by the staff/inmate of a serious illness, injury or death of that staff/inmate, in order to inform them in a timely manner.

Definitions:

HealthTrax- The computer system medical database.

Jail Management System (JMS) - An inmate accounting program, that identifies all inmates in custody and their assigned physical location, which staff use to gather information from, to create a monthly

phone. (See 5.5.2 Telephones)

3. The QHP requests the inmate sign Consent to Release Confidential Information form, giving the QHP consent to call the inmate's emergency contact person and discuss the inmate's serious illness. (See 1.3.4 Code of Ethics)

4. In the event the inmate is too ill to use a phone or sign consent, the inmate's WCC Physician or the hospital Physician telephones the emergency contact person to inform them of the inmate's serious illness.

5. In the event WCC staff becomes seriously ill, the Head of Security or the Shift Commander accesses the WCC Redbook to obtain the emergency contact person's Information.

6. The Head of Security or the Shift Commander telephones the WCC staff's Emergency contact person, informing them of the hospital the WCC staff has been Transported to.

Procedure C: Notification of Death of WCC Staff

1. In the event the WCC staff emergency contact person information is not available at the hospital, the hospital Physician telephones the WCC Head of Security or Shift Commander and reports the death of the WCC staff that had been transported to the hospital from the WCC.

2. The Head of Security or Shift Commander obtains the WCC staff emergency contact person information from the WCC Redbook and telephones the Hospital physician with the WCC staff emergency contact person information. (See 3.1.29 Death of a Person)

3. The Head of Security or shift Commander notifies the Assistant Superintendent, immediately of the death of the WCC staff member, via phone.

4. The Assistant Superintendent notifies the Superintendent immediately of the death of the WCC staff member.

5. The hospital Physician telephones and notifies the emergency contact person of the WCC staff death.

4. The assigned Administrator notifies the WCC staff emergency contact person in person via a visit to the home or by telephone of the WCC staff death.

Procedure D: Notification of Death of an Inmate

1. The Outside Detail Officer at the hospital telephones the Shift Commander with the time of death of the hospitalized WCC inmate. (See 4.2.18 Hospitalization)

2. The Shift Commander activates and telephones the emergency chain of Command which includes the first call to the Assistant Superintendent

3. The Shift Commander telephones and informs the QHP of the inmate's death.

describes actions to be taken in the event of the death of an inmate.

NCCHC Standards for Health Services in Jails (2008 Revision)

J-A-10 Procedure in the Event of an Inmate Death (important)
All deaths are reviewed to determine the appropriateness of clinical care; to ascertain whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.

Exhibit G

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS
WESTERN DIVISION

MAURA O'NEILL, AS ADMINISTRATOR OF THE ESTATE OF MADELYN E. LINSENMEIR, PLAINTIFF V. CITY OF SPRINGFIELD, MOISES ZANAZANIAN, REMINGTON MCNABB, SHEILA RODRIGUEZ, HAMPDEN COUNTY SHERIFF'S DEPARTMENT AND JOHN/JANE DOES NOS. 1-5, DEFENDANTS	CIVIL ACTION NO. 3:20-CV-30036

DEFENDANT, HAMPDEN COUNTY SHERIFF'S DEPARTMENT'S PRIVILEGE LOG WITH REGARD TO ITS RESPONSE TO PLAINTIFF'S FIRST SET OF REQUEST FOR PRODUCTION OF DOCUMENTS

The following documents or categories of documents are withheld pursuant to a claim of privilege or because they are subject to protection as trial preparation material. The HCSD Defendants hereby produce this privilege log, consistent with the requirements of Fed.R.Civ.P. 26(b)(5)(A).

1. Mortality Review, Proceeding Nov. 2, 2018, Report (5 pages) signed by Richard Braithwaite, Thomas Lincoln, MD and James Kelleher, on January 15 and 18, 2019. In attendance:

   Richard Braithwaite, Assistant Superintendent, Health Services

   Thomas Lincoln, MD, Medical Director, Health Services

   James Kelleher, Superintendent

   Keisha Williams, RN, Director of Nursing, Health Services

   Kevin Crowley, Assistant Superintendent

Patricia Murphy, Assistant Superintendent, WCC

Theresa Finnegan, Esq., General Counsel, HCSD

Karen Pitts, Primary Captain, Head of Security, WCC

Minutes: Debra Richard, Health Services Coordinator

Reason for withholding: This document is withheld because it is protected by the attorney-client privilege, the Massachusetts medical peer review privilege, and because it is subject to protection as trial preparation material.

2. Mortality Review Discussion (2 pages), Mortality Review proceeding Nov. 2, 2018

In attendance:

Richard Braithwaite, Assistant Superintendent, Health Services

Thomas Lincoln, MD, Medical Director, Health Services

James Kelleher, Superintendent

Keisha Williams, RN, Director of Nursing, Health Services

Kevin Crowley, Assistant Superintendent

Patricia Murphy, Assistant Superintendent, WCC

Theresa Finnegan, Esq., General Counsel, HCSD

Karen Pitts, Primary Captain, Head of Security, WCC

Minutes: Debra Richard, Health Services Coordinator

Reason for withholding: This document is withheld because it is protected by the attorney-client privilege, the Massachusetts medical peer review privilege, and because it is subject to protection as trial preparation material.

3. Incident Report Form (1 page)

Author: Cpl. Perez

Date of Report: 10/15/18

Subject Matter of Report: Call to health services re: M. Linsenmeir by A.D.S. Feliciano on 10/4/18

Reason for withholding: Report was created for Atty. Theresa Finnegan, General Counsel of the Hampden County Sheriff's Department, and immediately forwarded to Atty. Finnegan. This is specifically noted in this report. This report is protected by the attorney-client privilege and is subject to protection as trial preparation material.

4. Incident Report Form (1 page)

Author: Annie A. Feliciano

Date of Report: 10/16/18

Subject Matter of Report: Call to health services re: M. Linsenmeir by A.D.S. Feliciano

Reason for withholding: Report was created for Atty. Theresa Finnegan, General Counsel of the Hampden County Sheriff's Department, and immediately forwarded to Atty. Finnegan. This is specifically noted in this report. This report is protected by the attorney-client privilege and is subject to protection as trial preparation material.

5. Incident Report Form (2 pages)

Author: Yekaterina Alekseyeva

Date of Report: 10/16/18

Subject Matter of Report: Call to health services re: M. Linsenmeir by A.D.S. Feliciano and observations of M. Linsenmeir by Officer Alekseyeva

Reason for withholding: Report was created for Atty. Theresa Finnegan, General Counsel of the Hampden County Sheriff's Department, and immediately forwarded to Atty. Finnegan. This is specifically noted in this report. This report is protected by the

attorney-client privilege and is subject to protection as trial preparation material.

6. Incident Report Form (2 pages)

   Author: Capt. Idamaris Rivera

   Date of Report: 10/6/18

   Subject Matter of Report: Call with Maureen Linsenmeir on 10/6/18

   Reason for withholding: Report was created for Atty. Theresa Finnegan, General Counsel of the Hampden County Sheriff's Department, and immediately forwarded to Atty. Finnegan. This is specifically noted in this report. This report is protected by the attorney-client privilege and is subject to protection as trial preparation material.

7. Incident Report Form (2 pages)

   Author: Lt. Lalancette

   Date of Report: 10/12/18

   Subject Matter of Report: Call to Capt. Rivera by Maura O'Neill, witnessed by Lt. Lalancette

   Reason for withholding: Report was created for Atty. Theresa Finnegan, General Counsel of the Hampden County Sheriff's Department, and immediately forwarded to Atty. Finnegan. This is specifically noted in this report. This report is protected by the attorney-client privilege and is subject to protection as trial preparation material.

8. Incident Report Form (1 page)

   Author: Cpl. Adam Hageman

   Date of Report: 10/6/18

   Subject Matter of Report: Observations while on post assignment at hospital room of Madelyn Linsenmeir

Reason for withholding: Report was created at the behest of Capt. Rivera and Lt. Vancini and was forwarded to A.S. Patricia Murphy. The report was created in anticipation of litigation and is subject to protection as trial preparation material.

9. Incident Report Form (1 page)

   Author: Officer Todd Maniscalchi

   Date of Report: 10/18/18

   Subject Matter of Report: Observations while on post assignment at hospital room of Madelyn Linsenmeir

   Reason for withholding: Report was created for Atty. Theresa Finnegan, General Counsel of the Hampden County Sheriff's Department, and immediately forwarded to Atty. Finnegan. This is specifically noted in this report. This report is protected by the attorney-client privilege and is subject to protection as trial preparation material.

10. Incident Report Form (4 pages)

    Author: A.S. Patricia Murphy

    Date of Report: 10/9/18

    Subject Matter of Report: Interactions of P. Murphy with family of Madelyn Linsenmeir

    Reason for withholding: Report was created for Atty. Theresa Finnegan, General Counsel of the Hampden County Sheriff's Department, and immediately forwarded to Atty. Finnegan. This is specifically noted in this report. This report is protected by the attorney-client privilege and is subject to protection as trial preparation material.

11. Incident Report Form (2 pages)

    Author: Primary Captain Karen Pitts

    Date of Report: 10/5/18

Subject Matter of Report: Interactions of K. Pitts with family of Madelyn Linsenmeir

Reason for withholding: Report was created for Atty. Theresa Finnegan, General Counsel of the Hampden County Sheriff's Department, and immediately forwarded to Atty. Finnegan. This is specifically noted in this report. This report is protected by the attorney-client privilege and is subject to protection as trial preparation material.

12. Emails of Theresa Finnegan, Esq., General Counsel, Hampden County Sheriff's Department

    Subject Matter: All emails authored by or directed to Hampden County Sheriff's Department General Counsel, Theresa Finnegan, Esq. regarding the illness and death of Madelyn Linsenmeir

    Reason for withholding: Communications with Atty. Theresa Finnegan, General Counsel of the Hampden County Sheriff's Department, are protected by the attorney-client privilege and are subject to protection as trial preparation material.

13. Recordings and notes related to 27 interviews of present and former inmates at the WCC. These interviews were conducted by Theresa Finnegan, Esq., General Counsel, Hampden County Sheriff's Department, Thomas E. Day, Esq., Trial Counsel for the Hampden County Sheriff's Department Daniel H. Soto, Investigator, Hampden County Sheriff's Department, and Michael Joslyn, Investigator, Hampden County Sheriff's Department. The interviews took place in August, September, and October of 2020.

    The names of the interviewees are being withheld, as that information is protected by the Massachusetts CORI statute.

    All interviews except one were recorded by either audio or video means.

THE DEFENDANT,
HAMPDEN COUNTY SHERIFF'S
DEPARTMENT,
By Its Attorney,

Thomas E. Day, BBO #655409
Special Assistant Attorney General
Egan, Flanagan and Cohen, P.C.
67 Market Street, P.O. Box 9035
Springfield, MA 01102-9035
(413) 737-0260; Fax (413) 737-0121
Email: ted@efclaw.com

CERTIFICATE OF SERVICE

I certify that a true copy of the above document was served upon the attorney of record for each other party by electronic mail on December 6, 2021.

Thomas E. Day

Exhibit H

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS
WESTERN DIVISION

MAURA O'NEILL, AS ADMINISTRATOR OF THE ESTATE OF MADELYN E. LINSENMEIR, PLAINTIFF V. CITY OF SPRINGFIELD, MOISES ZANAZANIAN, REMINGTON MCNABB, SHEILA RODRIGUEZ, HAMPDEN COUNTY SHERIFF'S DEPARTMENT AND JOHN/JANE DOES NOS. 1-5, DEFENDANTS	CIVIL ACTION NO. 3:20-CV-30036

DEFENDANT, HAMPDEN COUNTY SHERIFF'S DEPARTMENT'S INITIAL DISCLOSURES

Pursuant to Fed.R.Civ. P. 26(a)(1), the defendant, Hampden County Sheriff's Department ("HCSD"), hereby makes the following initial disclosures to the Plaintiff. Discovery has not yet occurred. These disclosures are made based upon information presently available to Defendant HCSD and are subject to any and all objections Defendant HCSD may assert, including without limitation any objections relating to the attorney-client privilege, the work product doctrine, and the scope of permissible discovery. Defendant HCSD reserves all rights to supplement and/or amend these disclosures (including based on information received through the discovery process, from third parties, or otherwise), and to rely upon additional witnesses and information to support its defenses in this proceeding:

A. Identification of Witnesses:

1. Sheriff Nicholas Cocchi, Hampden County Correctional Center, 736 Randall Road, Ludlow, MA; information related to the administration and operation of the Hampden County Sheriff's Department (the "HCSD") and the Western Massachusetts Regional Women's Correctional Center (the "WCC");

2. CCW Yekaterina Alekseyeva, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC, information regarding Ms. Linsenmeir and the events surrounding Ms. Linsenmeir's incarceration at the WCC;

3. Officer Eileen Barrett, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC, information regarding Ms. Linsenmeir and the events surrounding Ms. Linsenmeir's incarceration at the WCC;

4. Julie Belle-Isle, RN, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC and the HCSD's Health Services Department, information regarding Ms. Linsenmeir and the care and treatment of Ms. Linsenmeir;

5. Sergeant Saadia Carter, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC, information regarding Ms. Linsenmeir and the events surrounding Ms. Linsenmeir's incarceration at the WCC;

6. Maureen Couture, RN, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC and the HCSD's Health Services Department, information regarding Ms. Linsenmeir and the care and treatment of Ms. Linsenmeir;

7. Assistant Deputy Superintendent Annie Feliciano, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC, information regarding Ms. Linsenmeir and the events surrounding Ms. Linsenmeir's incarceration at the WCC;

8. Samantha Ferriter, RN, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC and the HCSD's Health Services Department, information regarding Ms. Linsenmeir and the care and treatment of Ms. Linsenmeir;

9. Corporal Adam Hageman, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC, information regarding Ms. Linsenmeir and the events surrounding Ms. Linsenmeir's incarceration at the WCC;

10. Lieutenant Lalancette, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC, information regarding Ms. Linsenmeir and the events surrounding Ms. Linsenmeir's incarceration at the WCC;

11. Officer Todd Maniscalchi, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC, information regarding Ms. Linsenmeir and the events surrounding Ms. Linsenmeir's incarceration at the WCC;

12. Corporal Shannon Manning, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC, information regarding Ms. Linsenmeir and the events surrounding Ms. Linsenmeir's incarceration at the WCC;

13. Lauren Moore, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC and the HCSD's Health Services Department, information regarding Ms. Linsenmeir and the care and treatment of Ms. Linsenmeir;

14. Patricia Murphy, former Assistant Superintendent, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC and the HCSD's Health Services Department, information regarding Ms. Linsenmeir and the events surrounding Ms. Linsenmeir's incarceration at the WCC, and Ms. Murphy's interactions with the family of Ms. Linsenmeir;

15. Karleen Neill, RN, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC and the HCSD's Health Services Department, information regarding Ms. Linsenmeir and the care and treatment of Ms. Linsenmeir;

16. Officer Perez, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC, information regarding Ms. Linsenmeir and the events surrounding Ms. Linsenmeir's incarceration at the WCC;

17. Captain Sonia Piscottano, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC, information regarding Ms. Linsenmeir and the events surrounding Ms. Linsenmeir's incarceration at the WCC;

18. Primary Captain Karen Pitts, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC, information regarding Ms. Linsenmeir and the events surrounding Ms. Linsenmeir's incarceration at the WCC, and her interactions with Ms. Linsenmeir's family at Baystate Medical Center;

19. Captain Rivera, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC, information regarding Ms. Linsenmeir and the events surrounding Ms. Linsenmeir's incarceration at the WCC;

20. Alexandra Russ, RN, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC and the HCSD's Health Services Department, information regarding Ms. Linsenmeir and the care and treatment of Ms. Linsenmeir;

21. Lisa Shay, RN, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC and the HCSD's Health Services Department,

information regarding Ms. Linsenmeir and the care and treatment of Ms. Linsenmeir;

22. Joan Walden, LPN, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC and the HCSD's Health Services Department, information regarding Ms. Linsenmeir and the care and treatment of Ms. Linsenmeir;

23. Jennifer Wisnaskas, RN, WCC, 701 Center Street, Chicopee, MA; information regarding the operation of the WCC and the HCSD's Health Services Department, information regarding Madelyn E. Linsenmeir ("Ms. Linsenmeir") and the care and treatment of Ms. Linsenmeir;

24. John/Jane Doe #1, WCC, 701 Center Street, Chicopee, MA; any information regarding the HCSD, the WCC, or the care, treatment, and custody of Ms. Linsenmeir, and any other information that is known to this as yet unidentified defendant;

25. John/Jane Doe #2, WCC, 701 Center Street, Chicopee, MA; any information regarding the HCSD, the WCC, or the care, treatment, and custody of Ms. Linsenmeir, and any other information that is known to this as yet unidentified defendant;

26. John/Jane Doe #3, WCC, 701 Center Street, Chicopee, MA; any information regarding the HCSD, the WCC, or the care, treatment, and custody of Ms. Linsenmeir, and any other information that is known to this as yet unidentified defendant;

27. John/Jane Doe #4, WCC, 701 Center Street, Chicopee, MA; any information regarding the HCSD, the WCC, or the care, treatment, and custody of Ms. Linsenmeir, and any other information that is known to this as yet unidentified defendant;

28. John/Jane Doe #5, WCC, 701 Center Street, Chicopee, MA; any information regarding the HCSD, the WCC, or the care, treatment, and custody of Ms. Linsenmeir, and any other information that is known to this as yet unidentified defendant.

29. Attorney Richard Hebert, 430 Main Street, Suite 3, Agawam, MA, 413-212-9849; all information related to Attorney Hebert's representation of Ms. Linsenmeir including but not limited to his observations of and conversations with Ms. Linsenmeir;

30. All named parties to this action as identified through those parties initial disclosures;

31. All inmates housed in Ms. Linsenmeir's housing unit at the WCC during the time of Ms. Linsenmeir's incarceration;

32. Any other individuals referenced in any of the documents set forth below or set forth in the initial disclosures of any other party to this case or supplement thereto;

33. All individuals identified in the initial disclosures of any other party to this case or supplement thereto.

B. Documents That May Be Used to Support Claims/Defenses:

1. Medical Records of Ms. Linsenmeir from Baystate Medical Center;

2. WCC's Inmate File for Ms. Linsenmeir;

3. Western Massachusetts Regional Women's Correctional Center Medical File for Ms. Linsenmeir;

4. HCSD Mortality Review for Ms. Linsenmeir;

5. Any other documents related to Ms. Linsenmeir's incarceration at the WCC;

6. All records related to Ms. Linsenmeir's arrest, custody, and court case associated with her incarceration at the WCC;

7. All records related to Ms. Linsenmeir's housing at the WCC, including but not limited to transport records, pod and cell assignments for Ms. Linsenmeir, and pod and cell assignments for all inmates sharing a pod with Ms. Linsenmeir;

8. Any and all sound or video recordings related to Ms. Linsenmeir's arrest, custody prior to her incarceration at the WCC, court hearings, custody at the WCC, and transport to and treatment at Baystate Medical Center;

C. Damages:

Not applicable.

D. Any Insurance Agreements:

Not applicable.

THE DEFENDANT,
HAMPDEN COUNTY SHERIFF'S
DEPARTMENT,

By Their Attorney,

Thomas E. Day, BBO #655409
Special Assistant Attorney General
Egan, Flanagan and Cohen, P.C.
67 Market Street, P.O. Box 9035
Springfield, MA 01102-9035
(413) 737-0260; Fax (413) 737-0121
Email: ted@efclaw.com

CERTIFICATE OF SERVICE

I certify that a true copy of the above document was served upon the attorney of record for each other party by email and first-class mail, postage prepaid, on October 26, 2021.

Thomas E. Day

0056-180879\427004

Exhibit I

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MASSACHUSETTS

MAURA O'NEILL, as administrator of the Estate of Madelyn E. Linsenmeir, Plaintiffs, v. CITY OF SPRINGFIELD, MOISES ZANAZANIAN, REMINGTON MCNABB, SHEILA RODRIGUEZ, HAMPDEN COUNTY SHERIFF'S DEPARTMENT, and JOHN/JANE DOES NO. 1-5, Defendants.	Civil Action No. 3:20-cv-30036-MGM

PLAINTIFF'S FIRST SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS PROPOUNDED TO DEFENDANT HAMPDEN COUNTY SHERIFF'S DEPARTMENT

Pursuant to Rules 26 and 34 of the Federal Rules of Civil Procedure, and Rule 34.1 of the Local Rules for the U.S. District Court for the District of Massachusetts, plaintiff Maura O'Neill, as administrator of the Estate of Madelyn E. Linsenmeir, hereby requests that defendant Hampden County Sheriff's Department produce the documents and electronically stored information described below that are in its possession, custody or control, including without limitation, the possession, custody or control of any of its attorneys, agents, employees or representatives, for inspection and copying within thirty (30) days from the date of service of this request at the offices of Goulston & Storrs PC, 400 Atlantic Avenue, Boston, MA 02110.

ADDITIONAL INSTRUCTIONS

1. The defendants are not required to produce again any documents already produced with their Rule 26 Initial Disclosures.

2. Any document responsive to the Requests for Production but not produced because of a claim of privilege or any other claimed protection from disclosure should be identified in a privilege log describing (a) the kind of document or information withheld (*e.g.*, memorandum, letter, e-mail), (b) its date, (c) the document or information's author and all of its recipients, (d) a brief statement of the document or information's subject matter, and (e) the grounds or reasons asserted for withholding the document or information, including without limitation the particular privilege rule that is being invoked.

3. These Requests for Production are continuing in nature, including pursuant to Fed. R. Civ. P. 26(e).

DEFINITIONS

1. The Uniform Definitions in Discovery Requests of Rule 26.5 of the Local Rules for the United States District Court for the District of Massachusetts shall apply as if fully restated herein.

2. "WCC" refers to the Western Massachusetts Regional Women's Correctional Center, including its officers, employees, agents, representatives, and any person acting for it or on its behalf.

3. "HCSD" refers to defendant Hampden County Sheriff's Department, including without limitation the WCC, and the Hampden County Sheriff's Department's officers, employees, agents, representatives, and any person acting for it or on its behalf.

4. "CPHB" refers to the Community Police Hearing Board for the Springfield Police Department, including without limitation its members and staff.

5. "SPD" refers to the Springfield Police Department, including without limitation its officers, commissioner, officials, bureaus, squads, divisions, internal investigation unit, employees, agents, representatives, and any person acting for it or on its behalf.

6. "Springfield" refers to defendant City of Springfield, including without limitation the SPD and the CPHB, and the City of Springfield's officials, departments, officers, directors, employees, agents, representatives, and any person acting for it or on its behalf.

7. "Zanazanian" refers to defendant Moises Zanazanian.

8. "McNabb" refers to defendant Remington McNabb.

9. "Rodriguez" refers to defendant Sheila Rodriguez.

10. "The Springfield Defendants" refers collectively to defendants Springfield, Zanazanian, McNabb, and Rodriguez.

11. "Madelyn Linsenmeir" refers to Madelyn E. Linsenmeir, the decedent in this case.

12. The terms "and" and "or" shall be construed in order to bring within the scope of these requests the broadest response possible.

REQUESTS FOR PRODUCTION

REQUEST FOR PRODUCTION NO. 1: All documents concerning Madelyn Linsenmeir's detention and custody at HCSD (including any periods of hospitalization while in HCSD custody), including without limitation any and all reports, forms, logs, notes, correspondence, case files, prisoner files, database files and search results, electronic mail, photographs, audio recordings, and video recordings.

REQUEST FOR PRODUCTION NO. 2: All documents concerning Madelyn Linsenmeir's transfer to the HCSD from any prior custodian, including without limitation any and all reports, forms, logs, notes, correspondence, case files, prisoner files, database files and search results, electronic mail, photographs, audio recordings, and video recordings.

REQUEST FOR PRODUCTION NO. 3: All documents that are records of Madelyn Linsenmeir's medical condition, evaluation, and/or treatment.

REQUEST FOR PRODUCTION NO. 4: All documents that are records of medication administration to Madelyn Linsenmeir.

REQUEST FOR PRODUCTION NO. 5: All documents contained in any electronic database, including the HCSD's Jail Management System, concerning Madelyn Linsenmeir, including without limitation copies of each and every entry concerning her, and including without limitation all metadata concerning such entries (including the date and time of the entry and the identity of the user who made the entry).

REQUEST FOR PRODUCTION NO. 6: All documents concerning any inquiry, investigation, and/or disciplinary proceedings concerning Madelyn Linsenmeir, her time in the custody of the HCSD, and/or the circumstances leading up to her death, including without limitation any and all complaints, orders, correspondence, electronic mail, interview notes, witness statements, reports, evidence, case files, forms, minutes, transcripts, recordings, findings, recommendations, and records of any discipline imposed.

REQUEST FOR PRODUCTION NO. 7: All documents that are audio and/or video recordings of Madelyn Linsenmeir in the custody of the HCSD.

REQUEST FOR PRODUCTION NO. 8: All documents that are audio and/or video recordings of areas of the WCC where Madelyn Linsenmeir was housed or transited while in

HCSD custody in 2018, including without limitation all video recordings preserved at the direction of Theresa Finnegan in or around November 2018.[1]

REQUEST FOR PRODUCTION NO. 9: Documents sufficient to show the WCC prisoner and detainee roster for September 30 to October 4, 2018, including without limitation, for each day, the names of the prisoners and detainees and their housing unit and cell assignments.

REQUEST FOR PRODUCTION NO. 10: All documents recording or showing the WCC's staffing from September 30 to October 4, 2018, including without limitation, for each day, the name of each employee and contractor on duty, their hours of duty, their work assignment, their work location, and activities performed.

REQUEST FOR PRODUCTION NO. 11: For every unit or area of the WCC where Madelyn Linsenmeir was housed, all documents recording or showing visits, rounds, inspections, and/or other activities of HCSD personnel in that unit or area from September 30 to October 4, 2018, including without limitation all logs of periodic staff rounds, cell visits, medication deliveries, and inspections.

REQUEST FOR PRODUCTION NO. 12: All policies and procedures in effect at the WCC at any time from January 1, 2013, to the present, and any amendments, exhibits, and addenda thereto, concerning each of the following subjects:

a. The transfer of persons in the custody of a different custodian into custody at the WCC;

b. The intake process for prisoners and detainees entering the WCC;

c. The housing, care, treatment and management of persons in HCSD custody;

d. The operations of the orientation unit at the WCC;

[1] Undersigned counsel were informed at the time that the preserved video includes footage of the housing unit, intake, and medical areas for Madelyn Linsenmeir's entire time in HCSD custody.

e. Making and maintaining records of injuries to persons in custody at the WCC;

f. Making and maintaining records of medical complaints and requests for medical assistance by persons in custody at the WCC;

g. Providing medical evaluation, treatment, and other medical care to persons in custody at the WCC;

h. The care and treatment of persons in WCC custody with opioid, alcohol, and other substance use disorders, including any policies and procedures for addiction treatment, detoxification, and withdrawal;

i. The transport of persons in custody at the WCC to a hospital, medical clinic, or other medical facility;

j. Internal investigations at the WCC, including into allegations of prisoner and/or detainee mistreatment or neglect.

REQUEST FOR PRODUCTION NO. 13: All documents that are training materials prepared by the HCSD, or presented to HCSD employees or contractors, concerning the subjects listed in Request 12, above.

REQUEST FOR PRODUCTION NO. 14: All documents that are communications between the Springfield Defendants and the HCSD concerning Madelyn Linsenmeir.

REQUEST FOR PRODUCTION NO. 15: All documents that are complaints alleging denial of medical care to a prisoner or a detainee at the WCC from January 1, 2013, to the present, and any documents recording the adjudication of those complaints, including any findings made and any discipline imposed.

REQUEST FOR PRODUCTION NO. 16: All documents that are referenced in defendants' initial disclosures and responses to interrogatories in this case.

REQUEST FOR PRODUCTION NO. 17: All documents that are provided to any person retained as a testifying expert in this action.

REQUEST FOR PRODUCTION NO. 18: All documents that will be introduced or otherwise displayed or referenced at the trial of this action.

REQUEST FOR PRODUCTION NO. 19: All documents that are produced to any other party pursuant to a discovery request or obligation arising from this action.

MAURA O'NEILL

By her attorneys,

Martin M. Fantozzi (BBO #554651)
Richard J. Rosensweig (BBO #639547)
Joshua M. Looney (BBO #703636)
GOULSTON & STORRS PC
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Boston, MA 02110
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(617) 574-2245

Matthew R. Segal (BBO #654489)
Jessie J. Rossman (BBO #670685)
Daniel L. McFadden (BBO #676612)
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF MASSACHUSETTS, INC.
211 Congress Street
Boston, MA 02110
(617) 482-3170

Elizabeth Matos (BBO #671505)
David Milton (BBO #668908)
PRISONERS' LEGAL SERVICES OF MASSACHUSETTS
50 Federal Street
Boston, MA 02110
(617) 482-2773

Dated: September 30, 2021

CERTIFICATE OF SERVICE

I hereby certify that on September 30, 2021, a true copy of the foregoing document was served on counsel of record for all parties by mail and electronic mail.

Joshua M. Looney, Esq.

Exhibit J

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS
WESTERN DIVISION

MAURA O'NEILL, AS ADMINISTRATOR OF THE ESTATE OF MADELYN E. LINSENMEIR,
PLAINTIFF

V.

CITY OF SPRINGFIELD, MOISES ZANAZANIAN, REMINGTON MCNABB, SHEILA RODRIGUEZ, HAMPDEN COUNTY SHERIFF'S DEPARTMENT AND JOHN/JANE DOES NOS. 1-5,
DEFENDANTS

CIVIL ACTION NO. 3:20-CV-30036

DEFENDANT, HAMPDEN COUNTY SHERIFF'S DEPARTMENT'S FIRST SUPPLEMENTAL RESPONSE TO PLAINTIFF'S FIRST SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS

The Hampden County Sheriff's Department and John/Jane Does Nos. 1-5 (collectively, the "HCSD Defendants") hereby respond to the Plaintiff's First Request for Production of Documents.

GENERAL OBJECTION:

1. The HCSD Defendants object to the "Definitions" set forth at the beginning of Plaintiff's First Request for Production of Documents and state that, in responding to these Requests, the HCSD defendants are governed solely by the relevant provisions of Massachusetts and Federal law, including the Federal Rules of Civil Procedure and the Local Rules of the United States District Court for the District of Massachusetts.

REQUEST FOR PRODUCTION NO. 1: All documents concerning Madelyn Linsenmeir's detention and custody at HCSD (including any periods of hospitalization while

in HCSD custody), including without limitation any and all reports, forms, logs, notes, correspondence, case files, prisoner files, database files and search results, electronic mail, photographs, audio recordings, and video recordings.

OBJECTION:

The HCSD Defendants object to this request because some documents responsive to this request are protected by the attorney-client privilege, the Massachusetts medical peer-review privilege (M.G.L. c. 111, § 204), and were prepared in anticipation of litigation or for trial, including but not limited to documents associated with the Mortality Review in this case. The HCSD Defendants further object to this request because some documents responsive to this request contain Criminal Offender Record Information, protected under M.G.L. c. 6, §§167-178B, primarily the identities or images of other inmates and an arrestee, not otherwise associated with this case. The HCSD Defendants are withholding production of some documents and are producing others in redacted form. Consistent with Fed.R.Civ.P. 26(b)(5)(A), the HCSD Defendants produce herewith a privilege log describing the nature of the documents or information withheld, sufficient to enable the other parties to this case to assess the claim. The HCSD Defendants will not oppose a motion to this Court to permit the production of the Criminal Offender Record Information, provided that the Order sought contains reasonable protections to prevent the wrongful dissemination of the protected information. Without waiving the objection, and subject to it, the HCSD Defendants respond as follows:

RESPONSE:

Please see documents contained in **Exhibit A**, to be provided via electronic file sharing.

Please see videos contained in **Exhibit B**, to be provided via electronic file sharing after issuance of Court order permitting the production of CORI-protected information.

FIRST SUPPLEMENTAL RESPONSE:

Please see documents contained in Exhibit A and Exhibit C, which have been provided via electronic file sharing.

REQUEST FOR PRODUCTION NO. 2: All documents concerning Madelyn Linsenmeir's transfer to the HCSD from any prior custodian, including without limitation any and all reports, forms, logs, notes, correspondence, case files, prisoner files, database files and search results, electronic mail, photographs, audio recordings, and video recordings.

OBJECTION:

The HCSD Defendants object to this request because some documents responsive to this request contain Criminal Offender Record Information, protected under M.G.L. c. 6, §§167-178B, primarily the identity of an arrestee, not otherwise associated with this case. The HCSD Defendants are withholding production of some documents and are producing others in redacted form. Consistent with Fed.R.Civ.P. 26(b)(5)(A), the HCSD Defendants produce herewith a privilege log describing the nature of the documents or information withheld, sufficient to enable the other parties to this case to assess the claim. The HCSD Defendants will not oppose a motion to this Court to permit the production of the Criminal Offender Record Information, provided that the Order sought contains reasonable protections to prevent the wrongful dissemination of the protected information. Without waiving the objection, and subject to it, the HCSD Defendants respond as follows:

RESPONSE:

Please see documents contained in **Exhibit C**, to be provided via electronic file

sharing. Please also see documents contained in Exhibit A, including but not necessarily limited to the Springfield Police Department Arrest Report.

REQUEST FOR PRODUCTION NO. 3: All documents that are records of Madelyn Linsenmeir's medical condition, evaluation, and/or treatment. Without waiving the objection, and subject to it, the HCSD Defendants respond as follows:

OBJECTION:

The HCSD Defendants object to this request because some documents responsive to this request are protected by the attorney-client privilege, the Massachusetts medical peer-review privilege (M.G.L. c. 111, § 204), and were prepared in anticipation of litigation or for trial, including but not limited to documents associated with the Mortality Review in this case. The HCSD Defendants are withholding production of some documents. Consistent with Fed.R.Civ.P. 26(b)(5)(A), the HCSD Defendants produce herewith a privilege log describing the nature of the documents or information withheld, sufficient to enable the other parties to this case to assess the claim. Without waiving the objection, and subject to it, the HCSD Defendants respond as follows:

RESPONSE:

Please see medical records contained in Exhibit A.

REQUEST FOR PRODUCTION NO. 4: All documents that are records of medication administration to Madelyn Linsenmeir.

RESPONSE:

Please see medical records contained in Exhibit A.

REQUEST FOR PRODUCTION NO. 5: All documents contained in any electronic database, including the HCSD's Jail Management System, concerning Madelyn Linsenmeir, including without limitation copies of each and every entry concerning her, and including withoutlimitation all metadata concerning such entries (including the date and time of the entry and the identity of the user who made the entry).

RESPONSE:

Please see documents contained in Exhibit A.

FIRST SUPPLEMENTAL RESPONSE:

Please see documents contained in **Exhibit G**, t be provided via electronic file sharing.

REQUEST FOR PRODUCTION NO. 6: All documents concerning any inquiry, investigation, and/or disciplinary proceedings concerning Madelyn Linsenmeir, her time in the custody of the HCSD, and/or the circumstances leading up to her death, including without limitation any and all complaints, orders, correspondence, electronic mail, interview notes, witness statements, reports, evidence, case files, forms, minutes, transcripts, recordings, findings, recommendations, and records of any discipline imposed.

OBJECTION:

The HCSD Defendants object to this request because some documents responsive to this request are protected by the attorney-client privilege, the Massachusetts medical peer-review privilege (M.G.L. c. 111, § 204), and were prepared in anticipation of litigation or for trial, including but not limited to documents associated with the Mortality Review in this case. The HCSD Defendants are withholding production of some documents and are producing

others in redacted form. Consistent with Fed.R.Civ.P. 26(b)(5)(A), the HCSD Defendants produce herewith a privilege log describing the nature of the documents or information withheld, sufficient to enable the other parties to this case to assess the claim. Without waiving the objection, and subject to it, the HCSD Defendants respond as follows:

RESPONSE:

Please see documents contained in Exhibit A.

REQUEST FOR PRODUCTION NO. 7: All documents that are audio and/or video recordings of Madelyn Linsenmeir in the custody of the HCSD.

OBJECTION:

The HCSD Defendants object to this request because some documents responsive to this request contain Criminal Offender Record Information, protected under M.G.L. c. 6, §§167-178B, primarily the images of other inmates, not otherwise associated with this case. The HCSD Defendants are withholding production of some videos for that reason. Consistent with Fed.R.Civ.P. 26(b)(5)(A), the HCSD Defendants produce herewith a privilege log describing the nature of the documents or information withheld, sufficient to enable the other parties to this case to assess the claim. The HCSD Defendants will not oppose a motion to this Court to permit the production of the Criminal Offender Record Information, provided that the Order sought contains reasonable protections to prevent the wrongful dissemination of the protected information. Without waiving the objection, and subject to it, the HCSD Defendants respond as follows:

RESPONSE:

Please see videos contained in Exhibit B.

REQUEST FOR PRODUCTION NO. 8: All documents that are audio and/or video recordings of areas of the WCC where Madelyn Linsenmeir was housed or transited while in HCSD custody in 2018, including without limitation all video recordings preserved at the directionof Theresa Finnegan in or around November 2018.[1]

RESPONSE:

Please see videos contained in Exhibit B.

REQUEST FOR PRODUCTION NO. 9: Documents sufficient to show the WCC prisoner and detainee roster for September 30 to October 4, 2018, including without limitation, for each day, the names of the prisoners and detainees and their housing unit and cell assignments.

OBJECTION:

The HCSD Defendants object to this request because some documents responsive to this request contain Criminal Offender Record Information, protected under M.G.L. c. 6, §§167-178B, primarily the identities of other inmates, not otherwise associated with this case. The HCSD Defendants are withholding production of some documents for that reason. Consistent with Fed.R.Civ.P. 26(b)(5)(A), the HCSD Defendants produce herewith a privilege log describing the nature of the documents or information withheld, sufficient to enable the other parties to this case to assess the claim. The HCSD Defendants will not oppose a motion to this Court to permit the production of the Criminal Offender Record Information, provided that the

[1] Undersigned counsel were informed at the time that the preserved video includes footage of thehousing unit, intake, and medical areas for Madelyn Linsenmeir's entire time in HCSD custody.

Order sought contains reasonable protections to prevent the wrongful dissemination of the protected information.

The HCSD Defendants further object to this request because it seeks information that is not relevant to any party's claim or defense and the request is not proportional to the needs of the case. This request seeks the roster for all inmates at the WCC during the period of time that Madelyn Linsenmeir was an inmate at the WCC, including their units and cell assignments, regardless of whether the inmate was housed in the same unit as Ms. Linsenmeir. Without waiving the objection, and subject to it, the HCSD Defendants respond as follows:

RESPONSE:

Upon the issuance of a court order to permit the release of protected CORI, the HCSD Defendants will provide the identities, housing units, and cell assignments of all inmates housed in the same unit as Madelyn Linsenmeir during the requested period.

REQUEST FOR PRODUCTION NO. 10: All documents recording or showing the WCC's staffing from September 30 to October 4, 2018, including without limitation, for each day, the name of each employee and contractor on duty, their hours of duty, their work assignment, their work location, and activities performed.

RESPONSE:

Please see documents contained in Exhibit A.

REQUEST FOR PRODUCTION NO. 11: For every unit or area of the WCC where Madelyn Linsenmeir was housed, all documents recording or showing visits, rounds, inspections,and/or other activities of HCSD personnel in that unit or area from September 30

to October 4, 2018, including without limitation all logs of periodic staff rounds, cell visits, medication deliveries, and inspections.

OBJECTION:

The HCSD Defendants object to this request because some documents responsive to this request contain Criminal Offender Record Information, protected under M.G.L. c. 6, §§167-178B, primarily the identities of other inmates, not otherwise associated with this case. The HCSD Defendants are withholding production of some documents for that reason. Consistent with Fed.R.Civ.P. 26(b)(5)(A), the HCSD Defendants produce herewith a privilege log describing the nature of the documents or information withheld, sufficient to enable the other parties to this case to assess the claim. The HCSD Defendants will not oppose a motion to this Court to permit the production of the Criminal Offender Record Information, provided that the Order sought contains reasonable protections to prevent the wrongful dissemination of the protected information. Without waiving the objection, and subject to it, the HCSD Defendants respond as follows:

RESPONSE:

Please see documents contained in Exhibit A.

REQUEST FOR PRODUCTION NO. 12: All policies and procedures in effect at the WCC at any time from January 1, 2013, to the present, and any amendments, exhibits, and addenda thereto, concerning each of the following subjects:

a. The transfer of persons in the custody of a different custodian into custody at the WCC;

b. The intake process for prisoners and detainees entering the WCC;

c. The housing, care, treatment and management of persons in HCSD custody;

d. The operations of the orientation unit at the WCC;
e. Making and maintaining records of injuries to persons in custody at the WCC;

f. Making and maintaining records of medical complaints and requests for medical assistance by persons in custody at the WCC;

g. Providing medical evaluation, treatment, and other medical care to persons in custody at the WCC;

h. The care and treatment of persons in WCC custody with opioid, alcohol, and other substance use disorders, including any policies and procedures for addiction treatment, detoxification, and withdrawal;

i. The transport of persons in custody at the WCC to a hospital, medical clinic, orother medical facility;

j. Internal investigations at the WCC, including into allegations of prisoner and/ordetainee mistreatment or neglect.

OBJECTION:

The HCSD Defendants object due to the timeframe for which the documents are requested. The period covered by the allegations in the plaintiff's Complaint spans the period from September 30 to October 7, 2018, yet this request seeks policies and procedures from as far back as January of 2013, more than five and a half years prior to the relevant date. The policies and procedures in effect during other time periods are of no relevance to any claim or defense and, therefore, are outside of the scope of permissible discovery.

Furthermore, the HCSD Defendants object to these requests in that they request sensitive information directly affecting the safety and security of the Western Massachusetts Regional Women's Correction Center and other facilities operated by the Hampden County Sheriff's Department. This sensitive information includes information related to staffing levels and patterns and policies and procedures that, if publicly disseminated and/or shared with inmates of the WCC or other HCSD facilities could directly threaten the safety and security of other inmates

and HCSD staff. The HCSD Defendants have provided the other parties to this case with a proposed Assented-to, Joint Motion for Protective Order, seeking an order of this Court prohibiting the disclosure of any documents designated as "Confidential – Subject to Protective Order" to any member of the public. The Springfield defendants have responded, assenting to the motion. Upon allowance of the motion, any sensitive information that is produced in response to these discovery requests will then be designated as "Confidential – Subject to Protective Order". Prior to the allowance of the motion, the HCSD will produce non-security-related policies and procedures for a period of one year prior to Madelyn Linsenmeir's incarceration, to the present. Without waiving the objection, and subject to it, the HCSD Defendants respond as follows:

RESPONSE:

See documents contained **Exhibit D,** to be provided via electronic file sharing upon the issuance of a Protective Order. See also Policies and Procedures included in Exhibit A.

REQUEST FOR PRODUCTION NO. 13: All documents that are training materials prepared by the HCSD, or presented to HCSD employees or contractors, concerning the subjects listed in Request 12, above.

OBJECTION:

The HCSD Defendants object to this request because it is not limited in time. Without waiving the objection, and subject to it, the HCSD Defendants respond as follows:

RESPONSE:

See documents attached hereto as **Exhibit E**.

REQUEST FOR PRODUCTION NO. 14: All documents that are communications between the Springfield Defendants and the HCSD concerning Madelyn Linsenmeir.

OBJECTION:

See Objection to Request No. 2, above. Without waiving the objection, and subject to it, the HCSD Defendants respond as follows:

RESPONSE:

See response to Request No. 2, above.

REQUEST FOR PRODUCTION NO. 15: All documents that are complaints alleging denial of medical care to a prisoner or a detainee at the WCC from January 1, 2013, to the present, and any documents recording the adjudication of those complaints, including any findings made and any discipline imposed.

OBJECTION:

The HCSD Defendants object to this request because some documents responsive to this request contain Criminal Offender Record Information, protected under M.G.L. c. 6, §§167-178B, primarily the identities or images of other inmates and an arrestee, not otherwise associated with this case. CORI has been redacted from the information provided, pending issuance of a Court order to produce CORI.

The HCSD Defendants object due to the timeframe for which the documents are requested. The period covered by the allegations in the plaintiff's Complaint spans the period from September 30 to October 7, 2018, yet this request seeks complaints from as far back as January of 2013, more than five and a half years prior to the initial date. Complaints from more than five years prior to the period in question are of no relevance to any claim or defense and,

therefore, are outside of the scope of permissible discovery. The HCSD Defendants will agree to produce responsive documents from one year prior to Ms. Linsenmeir's incarceration at the WCC. Without waiving the objection, and subject to it, the HCSD Defendants respond as follows:

RESPONSE:

See Grievance Database Report contained in **Exhibit F,** to be provided via electronic file sharing. The information contained in the Grievance Database Report dates back to October, 2019, when the HCSD began compiling this report. The HCSD is searching for other responsive information, from the period prior to October, 2019, which is kept in hard copy. The HCSD expects to supplement this response.

REQUEST FOR PRODUCTION NO. 16: All documents that are referenced in defendants' initial disclosures and responses to interrogatories in this case.

OBJECTION:

The HCSD Defendants object to this request because some documents responsive to this request are protected by the attorney-client privilege, the Massachusetts medical peer-review privilege (M.G.L. c. 111, § 204), and were prepared in anticipation of litigation or for trial, including but not limited to documents associated with the Mortality Review in this case. The HCSD Defendants further object to this request because some documents responsive to this request contain Criminal Offender Record Information, protected under M.G.L. c. 6, §§167-178B, primarily the identities or images of other inmates and an arrestee, not otherwise associated with this case. The HCSD Defendants are withholding production of some

documents and are producing others in redacted form. Consistent with Fed.R.Civ.P. 26(b)(5)(A), the HCSD Defendants produce herewith a privilege log describing the nature of the documents or information withheld, sufficient to enable the other parties to this case to assess the claim. The HCSD Defendants will not oppose a motion to this Court to permit the production of the Criminal Offender Record Information, provided that the Order sought contains reasonable protections to prevent the wrongful dissemination of the protected information. Without waiving the objection, and subject to it, the HCSD Defendants respond as follows:

RESPONSE:

See all documents produced in connection with these responses or identified in the accompanying Privilege Log.

REQUEST FOR PRODUCTION NO. 17: All documents that are provided to any person retained as a testifying expert in this action.

RESPONSE:

The HCSD Defendants have not yet made a decision as to testifying experts and reserve the right to supplement this response.

REQUEST FOR PRODUCTION NO. 18: All documents that will be introduced or otherwise displayed or referenced at the trial of this action.

RESPONSE:

See all documents exchanged in this case as part of initial disclosures, public records requests, or discovery, by any party and any and all documents used as exhibits at any

depositions in this case, and any and all documents related in any way to this case. The HCSD Defendants reserve the right to supplement this response.

REQUEST FOR PRODUCTION NO. 19: All documents that are produced to any other party pursuant to a discovery request or obligation arising from this action.

RESPONSE:

The HCSD Defendants refer the plaintiff to the responses of those parties, which will be served on the plaintiff.

THE DEFENDANT,
HAMPDEN COUNTY SHERIFF'S DEPARTMENT,
By Its Attorney,

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CERTIFICATE OF SERVICE

I certify that a true copy of the above document was served upon the attorney of record for each other party electronic mail on December 7, 2021.

Thomas E. Day

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