

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT  
ENFORCEMENT AND REMOVAL OPERATIONS  
ICE HEALTH SERVICE CORPS**

**HEALTH EVALUATION OF DETAINEES IN SPECIAL MANAGEMENT UNITS (SMU)**

**IHSC Directive: 03-06  
ERO Directive Number: 11740.2  
Federal Enterprise Architecture Number: 306-112-002b  
Effective Date: 24 Mar 2016**

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**By Order of the Acting Assistant Director  
Stewart D. Smith, DHSc/s/**

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1. **PURPOSE:** The purpose of this issuance is to set forth the policies and procedures for the delivery and administration of healthcare evaluations for detainees housed in a Special Management Unit (SMU).
  
2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and federal employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of its employees supporting IHSC.
  
3. **AUTHORITIES AND REFERENCES:**
  - 3-1. Section 322 of the Public Health Service Act (42 USC 249(a)), Medical Care and Treatment of Quarantined and Detained Persons.
  
  - 3-2. Section 232 of the Immigration and Nationality Act (INA) (8 USC 1222), Detention of Aliens for Physical and Mental Examination.
  
  - 3-3. Title 8, Code of Federal Regulations, Section 235.3 (8 CFR § 235.3), Inadmissible Aliens and Expedited Removal.
  
  - 3-4. Title 8, Code of Federal Regulations, Section 232 (8 CFR § 232), Detention of Aliens for Physical and Mental Examination.
  
  - 3-5. Title 42, Code of Federal Regulations, Part 34 (42 CFR 34), Public Health, Medical Examination of Aliens.

**3-6.** Review of the Use of Segregation for ICE Detainees, Policy No. 11065.1, September 4, 2013.

**4. POLICY:** IHSC registered nurses (RN) or medical providers review the health records of detainees transferred to the SMU. IHSC RNs or medical providers make daily visits to detainees in the SMU to ensure access to care.

**4-1. Transfers to SMU.** Facility staff immediately informs health care personnel when a detainee is admitted to the SMU.

- a. An IHSC RN or medical provider reviews the medical record of any detainee transferred to the SMU. The purpose of this review is to determine whether:
  - (1) An existing medical, dental or behavioral health condition contraindicates the placement of the detainee in the SMU. Such a review is documented in the health record.
  - (2) The detainee requires special accommodations while in the SMU.
  - (3) Current medications need modifying from keep on person to directly observed therapy status. **NOTE:** Patients may keep nitroglycerin and asthma inhalers in their possession while in the SMU.
- b. The RN or medical provider conducts a brief physical assessment to include vital signs and current signs of trauma. Where reason for concern exists, a qualified medical or behavioral health provider conducts a complete evaluation.
- c. The RN or medical provider reviewing the record notifies behavioral health staff of the SMU placement if the detainee is currently under the care of behavioral health services.

**4-2. Daily Health Visits.** Detainees in the SMU are afforded the same access to health care as detainees housed in the general population. An RN or medical provider conducts daily health visits to detainees in the SMU, whether they are there for administrative, disciplinary, or protective reasons. The RN or medical provider signs each detainee's SMU record when he or she visits a detainee in the SMU. These visits are screening rounds and not clinical encounters.

- a. The IHSC RN or medical provider makes face-to-face visits in the SMU, which are documented in both the detainee's health record and in the SMU Log Book. The entry must include the date and time of the

contact and the signature or initials of the health staff member making the rounds.

- b. The RN or medical provider triages detainees who request sick call and plans follow-up in a clinical setting, as deemed appropriate by the RN or medical provider. The RN, medical provider or designee promptly identify and inform custody officials of detainees who are physically or psychologically deteriorating and those exhibiting other signs of symptoms of failing health.

**4-3. Weekly Behavioral Health Visits.** Behavioral health providers (BHPs) or medical providers conduct weekly rounds in the SMU to assess the behavioral health status of all detainees in the SMU.

- a. The BHP or medical provider makes face-to-face weekly visits in the SMU to assess behavioral health needs. He or she documents these weekly visits in both the detainee's health record and in the SMU Log Book.
- b. The BHP or medical provider triages detainees who request sick call for behavioral health issues and plans appropriate follow-up.

**4-4. Assessment of Detainees with a Known Mental Health Condition.**

- a. Detainees with No Active Psychiatric Symptoms. On a weekly basis, a BHP or medical provider assesses detainees who do not currently exhibit active psychiatric symptoms.
- b. Detainees with Active Psychiatric Symptoms. BHPs or medical providers assess detainees placed in Special Management beds with active psychiatric symptoms (suicidal ideations, psychosis, etc.) on a daily basis. The BHP or medical provider uses his or her best efforts to transfer the detainee to a behavioral health bed if symptoms require stabilization, as soon as possible. If transferring to an outside facility for psychiatric reasons, the Health Services Administrator or designee coordinates with the appropriate Field Medical Coordinator or IHSC Headquarters Behavioral Health Unit.

**4-5. Detainees Housed in the SMU for Medical Reasons.** A provider may recommend a detainee for housing in the SMU for medical reasons, including those intended to protect the safety of other detainees. He or she may sign an administrative segregation order. A detainee housed in the medical facility's Medical Housing Unit does not require an administrative segregation order.

**5. PROCEDURES:**

**Special Management Units Process:**

**5-1. Medical Evaluation for SMU Placements.**

- a. Health care personnel are immediately informed when a detainee is admitted to the SMU.
- b. The IHSC RN or medical provider reviews the chart and conducts a brief physical assessment to ensure the continuity of current medical care, and to document any current signs of trauma or illness.
- c. If the RN conducts the medical evaluation, he or she contacts the on-call provider with any concerns regarding placement.
- d. If a patient is on medications, the following occurs:
  - (1) Self-Carry medications:
    - (a) Place medications on pill-line status.
    - (b) Generate medication administration record (MAR).
    - (c) Place documentation on the MAR designating the patient's housing status (i.e., SMU).
    - (d) Advise the pharmacy of the patient's placement in the SMU.
  - (2) Pill Line medications: Place documentation on the MAR designating the patient's housing status (i.e., SMU).

**5-2. On-going Medical Rounds in the SMU.**

- a. The RN or medical provider conducts daily rounds in the SMU.
- b. The RN or medical provider queries each individual regarding medical, dental, and behavioral health concerns or requests. Particular consideration is given to the possibility of suicidal ideations or attempts.
- c. The RN or medical provider documents the medical rounds in the SMU Log Book and in the patient's health record. The progress note is in the SOAP (Subjective-Objective-Assessment-Plan) format and summarizes the patient's disposition (to include whether the patient is stable; has no medical or psychiatric concerns voiced or homicidal or suicidal plan or intent; and if the patient will continue to receive

monitoring daily while in the SMU). The eClinicalWorks (eCW) visit type is segregation (Seg) for detainees in the SMU for non-medical or mental health reasons, and medical housing unit, provider (MHU-P) for those detainees in the SMU for medical or mental health reasons.

- d. The RN or medical provider documents any identified concerns or requests in the patient's chart and makes appropriate referrals.
- e. Once a week, a BHP or medical provider makes rounds in the SMU to inquire about any mental health concerns of the detainees housed in the SMU. A BHP or medical provider will see detainees with active psychiatric symptoms daily. Documentation of mental health rounds are noted in each patient's health record and the SMU Log Book.
- f. The medical provider makes rounds in the SMU on detainees housed in the SMU due to medical reasons. These rounds are in accordance with the admitting provider's orders. Documentation of medical health rounds are noted in each patient's health record and the SMU Log Book.

6. **HISTORICAL NOTES:** This policy replaces 03-06, *Health Evaluation of Detainees in Segregation Units*, dated 10 Feb 2016. It makes changes to 4-1a and 4-2b. It also adds definitions.

7. **DEFINITIONS:**

**Behavioral Health Providers** – Behavioral health providers are psychiatrists, clinical psychologists, independently licensed social workers, psychiatric nurse practitioners or any other behavioral health professional who, by virtue of their license, education, credentials, and experience, are permitted by law to evaluate and care for the mental health needs of patients.

**eClinicalworks (eCW)** - The electronic Health Record (eHR) system application used by IHSC personnel to document health care that they provide to detainees at IHSC-staffed detention facilities. The eCW application supports end-user's ability to prescribe medications needed for treatment, as well as provides workflow support and reporting capabilities to ensure that appropriate care is provided to each detainee.

**Health Care Personnel or Providers** – Health care personnel or providers are credentialed individuals employed, detailed, or authorized by IHSC to deliver health care services to detainees. It includes federal and contract staff assigned or detailed (i.e. temporary duty) who provide professional or paraprofessional health care services as part of their IHSC duties. (IHSC Operational Definition)

**Medical Providers** – Medical providers include physicians, physician assistants, nurse practitioners, and clinical pharmacists. (IHSC Operational Definition)

**Special Management Unit (SMU)** – The SMU is a housing unit for detainees in administrative or disciplinary segregation. (PBNDS 2011 Glossary)

**8. APPLICABLE STANDARDS:**

**8-1. Performance-Based National Detention Standards (PBNDS):**

Performance-Based National Detention Standards (PBNDS) 2011: 4.3, *Medical Care*.

**8-2. American Correctional Association (ACA):**

- a. 4-ALDF-2A-45.
- b. 4-ALDF-2A-53.
- c. 1-HC-3A-07.

**8-3. National Commission on Correctional Health Care (NCCHC):**

Standards for Jails, 2014: J-E-09.

- 9. RECORDKEEPING.** IHSC maintains detainee health records as provided in the Alien Health Records System of Records Notice, 80 Fed. Reg. 239 (Jan. 5, 2015).

**Protection of Medical Records and Sensitive Personally Identifiable Information.**

- 9-1.** Staff keeps all medical records, whether electronic or paper, secure with access limited only to those with a need to know. Staff locks paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.
- 9-2.** Staff is trained at orientation and annually on the protection of a patient's medical information and Sensitive PII.
- 9-3.** Only authorized individuals with a need to know are permitted to access medical records and Sensitive PII.
- 9-4.** Staff references the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook) at: [https://insight.ice.dhs.gov/mgt/oop/Documents/pdf/safeguarding\\_spil.pdf](https://insight.ice.dhs.gov/mgt/oop/Documents/pdf/safeguarding_spil.pdf) when additional information is needed concerning safeguard sensitive PII.

10. **NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.