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

HEALTH ASSESSMENT

IHSC Directive: 03-07
ERO Directive Number: 11741.4
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: March 4, 2016
Technical Update: September 3, 2021

By Order of the Assistant Director
Stewart D. Smith, DHSc, FACHE

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1. **PURPOSE:** The purpose of this directive is to set forth policy and procedures for conducting health assessments for detainees housed in U.S. Immigration and Customs Enforcement (ICE) facilities staffed by ICE Health Service Corps (IHSC) personnel.

2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and civil service 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 their employees supporting IHSC.

3. **AUTHORITIES AND REFERENCES:**

   3-1. Title 8, Code of Federal Regulations, Section 235.3 (8 CFR 235.3), Inadmissible Aliens and Expedited Removal.

   3-2. Section 232 of the Immigration and Nationality Act (8 USC 1222), Detention of Aliens for Physical and Mental Examination.

   3-3. Title 8, Code of Federal Regulations, Section 232 (8 CFR 232), Detention of Aliens for Physical and Mental Examination.

   3-4. Section 322 of the Public Health Service Act (42 USC 249(a)), Medical Care and Treatment of Quarantined and Detained Persons; and

   3-5. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC § 252),

Medical Examination of Aliens.

3-6. United States Preventive Services Task Force (USPSTF)

4. POLICY: IHSC advanced practice providers (APP), physicians, or as authorized, specially trained registered nurses (RNs), conduct a health assessment on each detainee within 14 days of the detainee's arrival unless more immediate attention is required as identified in this directive. During the health assessment at 14 days or earlier, the results of the receiving screening are reviewed. Clinical pharmacists (CPs) do not perform initial health assessments. Dentists determine the frequency and content of periodic dental evaluations. For the purpose of this policy, "health assessment" is used synonymously with the term "physical examination." While the physical examination is one component of a comprehensive health assessment, IHSC staff routinely use the term "physical examination" to mean the complete health history, medical/dental/mental health examinations (hands-on), age-appropriate screenings and preventive services, the assessment, and the plan of care.

The responsible provider or designee determines the medical necessity, timing of, content of, and frequency for diagnostic evaluations, periodic health assessments, preventive health screenings and immunizations.

The CMA establishes clinical practice guidelines (CPG) to provide clinicians with general information regarding the management of patients and the components of the health assessment. The CMA reviews and approves these guidelines annually.

4-1. Expedited Health Assessment. If a detainee presents with one of the following criteria, an APP or physician performs an expedited health assessment, designated as a Physical Examination-Complex (PE-C), in the electronic health record (see 4-4 for additional information).

4-2. IHSC staff refer detainees with acute or chronic health condition(s) identified during the intake screening process for a health assessment as soon as possible, but no later than two business days after admission to the facility.

4-3. IHSC staff refer any female detainee who is identified as pregnant, reports being a victim of recent sexual assault or violence (within the past 30 days), admits to unprotected sex within the past five days and desires emergency contraception to prevent a possible pregnancy, or has a current mental health condition for a complete health assessment within 24 hours of arrival.

4-4. IHSC staff refer all juvenile residents, regardless of health status, for completion of their health assessments as outlined in the ICE Family

Residential Standards.

4-4.1 All juvenile health assessments include the provision of advice and education on health care services in custody and safety precautions.

4-4.2 Only APPs and physicians conduct juvenile physical examinations.

4-4.3 Health care providers review all available immunization records. If no immunization record exists, providers immunize the juvenile as deemed necessary and advised by the Centers for Disease Control and Prevention (CDC) and follow the state guidelines for the immunization program where the facility resides.

4-5. Health Assessment Elements. The RN, APP, or physician documents the following information in the detainee health record:

4-5.1 Review of the intake screening results.

4-5.2 Review of data completed in the medical, dental, and mental health histories taken during receiving/intake screening and subsequent encounters This includes any follow-up from positive findings during the intake screening and subsequent encounters.

4-5.3 Vital signs (height, weight, pulse, blood pressure, respiration, and temperature) and visual acuity assessment (e.g., using a Snellen eye chart).

4-5.4 Review and verification of medications and all known allergies, i.e., medications, food, contact (latex), etc.

4-5.5 Identification of disabilities that may require special housing or special considerations.

4-5.6 Identification of age-specific, health-related problems or special needs.

4-5.7 A pain assessment, to include intensity, location, character, duration, mitigating/aggravating factors, and successful relief measures. If there is no pain, staff must document the absence of pain.

4-5.8 A physical examination of the detainee.

4-5.9 A mental health assessment.

4-5.10 A dental assessment.

4-5.11 Request or review of laboratory and/or diagnostic tests to detect

communicable diseases, including tuberculosis, sexually transmitted infections such as syphilis, and other tests as ordered or required (applicable to APPs and physicians only).

4-5.12 Laboratory and/or diagnostic tests to screen for or assess for potential or identified diseases as indicated (applicable to APPs and physicians only).

4-5.13 An appropriate plan of care to address any medical or mental health condition identified during the examination.

4-5.14 Eligibility/clearance for kitchen work.

4-5.15 Immunizations, when appropriate.

4-5.16 All positive findings (i.e., history and physical, screening, and laboratory) are reviewed by APP or physician. Specific problems are integrated into an initial problem list. Diagnostic and therapeutic plans for each problem are developed as clinically indicated.

4-6. Female Health Assessments.

4-6.1 In addition to the element listed under 4-2 of this policy, staff document the following for female detainee health assessments:

4-6.1.a Pregnancy testing (ages 10-56) and the result.

4-6.1.b Whether the detainee is currently breastfeeding.

4-6.1.c Use of contraception.

4-6.1.d Reproductive health assessment (e.g., the number of pregnancies, live term and pre-term births, spontaneous/elective abortions, and living children; pregnancy complications, etc.).

4-6.1.e Menstrual cycle (last menstrual period, regularity, etc.).

4-6.1.f History of breast and gynecological problems.

4-6.1.g Family history of breast and gynecological problems.

4-6.1.h History of physical or sexual victimization and when the incident(s) occurred.

4-6.2 A pelvic examination, Papanicolaou test (Pap test), breast examination, mammography, and sexually transmitted infection (STI) testing are offered and scheduled as appropriate within 14 days from the initial health assessment if a medical provider deems testing appropriate and necessary (high risk and/or symptomatic).

Screening of asymptomatic, low risk detainees are deferred until the detainee has been in custody one year. NOTE: Only APPs and physicians perform pelvic and breast examinations.

4-7. Determining the Appropriate Health Assessment. Health staff may designate the health assessment as either a Physical Examination-Simple (PE-S) or a PE-C. This status is determined during the intake screening and reflects whether there is any current or past medical or mental health concern(s) that dictate the need for a physician or APP evaluation. A PE-S may change to a PE-C once the examining staff member evaluates the detainee.PE-S. A trained RN (see 4-9), APP, or physician can complete a PE-S.

4-7.1 A PE-S are completed if the detainee:

4-7.1.a Has no significant acute or chronic conditions and is not pregnant. Acute conditions that are within the RN's scope of practice may be addressed during the PE-S.

4-7.1.b Has no prescriptions that a provider needs to order.

4-7.1.c Is free of chronic or severe pain or other emergent condition.

4-7.1.d Is 18 years of age or older.

4-7.1.e Is due for their annual health assessment and meets PE-S criteria 1-3 above. If these criteria are not met, the annual health assessment is completed as a PE-C.

4-7.2 PE-C. Only an APP or physician can complete a PE-C. A PE-C is completed if the detainee:

4-7.2.a Has an acute or chronic medical or mental health condition. This includes severe pain.

4-7.2.b Arrived at the facility with a prescription medication in their possession, or their medical record notes current medication use that needs a provider to review and prescribe.

4-7.2.c Is pregnant.

4-7.2.d Is less than 18 years of age, see 4-1.

4-7.2.e If while completing a PE-S, the RN discovers a significant historical or current medical issue and/or physical finding that is beyond his or her scope of practice, the RN

completes the encounter and initiates a referral to a physician or APP. The physician or APP conducts an evaluation within 72 hours, or sooner, if the detainee's condition warrants it.

4-8. Review of Health Assessments. The Clinical Director, or designated physician, reviews all health assessments to determine the priority of treatment and the appropriateness of care. The health assessment review is performed within:

4-8.1 Seven days for a PE-C.

4-8.2 Fourteen days for a PE-S.

4-9. Health Assessments for Returning Detainees. IHSC staff provide all detainees an intake screening upon return to the facility. The need for a health assessment is determined and documented during the intake screening.

4-9.1 Detainees who had a health assessment completed at an IHSC-staffed facility within the past 90 days. If a detainee has his or her health assessment completed at an IHSC-staffed facility but leaves ICE custody and then returns to an IHSC-staffed facility within 90 days of his or her initial health assessment, an RN reviews his or her status during the intake screening to determine whether the health assessment must be repeated.

4-9.2 This review applies to a detainee released from ICE custody to the community, or a detainee who transferred to other correctional/detention facilities as part of his or her administrative processing and returned to an IHSC-staffed facility within 90 days of his or her initial health assessment.

4-9.2.a Detainees without Acute or Chronic Health Problems.

- An RN who is certified to perform health assessments (see 4-9) reviews the documented IHSC health assessment and the current intake screening. If there is no acute or chronic medical and/or mental health condition present, and there have been no changes in the detainee's health status, a new health assessment is not needed. The RN documents that the detainee has no acute or chronic health care needs and schedules an age and gender specific "annual" physical examination within one year from the last

IHSC-performed physical examination. If the RN is uncertain whether a health assessment should be performed, the RN has an APP or physician review the medical record for determination.

- Detainees with Acute or Chronic Health Problems. If during the intake screening the detainee is noted to have an acute or chronic medical and/or mental health condition, an APP or physician reviews the documented health assessment and current intake screening. If there have been no changes in the detainee's medical condition, the APP or physician may determine that a new health assessment is not needed and schedules an acute and/or chronic care appointment in accordance with IHSC Directive 03-03: Chronic Care. If there have been changes or there is uncertainty about the detainee's/resident's health status, a new health assessment is completed. The APP or physician schedules an age and gender specific "annual" physical examination within one year from the last physical examination.
- Returning detainees with more than 90 days since detention at an IHSC-staffed facility. All detainees that return to an IHSC- staffed facility and have not had a health assessment at an IHSC- staffed facility within the previous 90 days require a complete health assessment in accordance with the guidance set in 4-1.1.

4-10. Annual Health Assessment. A detainee receives an annual health assessment one year after their initial assessment, and every year thereafter while in detention. The annual health assessment addresses appropriate age and gender disease screening, care needs for ongoing medical or mental health concerns, and rescreening for active tuberculosis.

4-11. Chaperones. IHSC health care personnel serve as a chaperone when needed, and a chaperone of the same sex as the detainee is provided. For transgender detainees, the detainee will indicate his or her preferred sex of the chaperone. Custody or ICE Field Operations

staff may be utilized if no other IHSC staff member is available; however, the detainee's consent must be obtained. If the detainee refuses, the examination will be rescheduled to permit the use of an IHSC staff member chaperone. Non-IHSC staff should not be routinely used as chaperones for the simple convenience of IHSC staff. If safety concerns dictate that a custody officer be present, consent is not required. Detainees are never used as chaperones. NOTE: Staff must document in the medical encounter the name and title of the chaperone used. A chaperone is used during the health assessment or any other clinical encounter involving the following circumstances:

4-11.1 When requested by the detainee.

4-11.2 Examination of the breasts, genitalia, or anal/rectal area.

4-11.3 Other circumstances in which staff feel a chaperone is appropriate.

4-12. Competency Assessment for RNs to Perform Health Assessments. Trained RNs may conduct health assessments on adult detainees that do not have a medical condition that requires evaluation and treatment by a medical provider (see criteria for PE-S in 4-4). The RN must have documented training and a competency assessment performed by a physician prior to conducting health assessments. The physician must provide supervision of the RN.

4-12.1 Supervision includes a physician reviewing and co-signing all physical examinations conducted by the RN.

4-12.2 The physician provides training to the RN on the proper method of conducting and documenting a health assessment.

4-12.2.a The physician visually observes the RN conducting a health assessment. Depending on the experience and skill of the RN, multiple witnessed detainee assessments may need to be performed to ensure competency.

4-12.2.b The physician reviews the medical record documentation of the health assessment for accuracy and completeness.

4-12.2.c Once the physician determines the RN's competency to perform health assessments, the physician provides the RN with a certificate attesting

to the RN's completion of training and ability to conduct health assessments independently.

4-12.2.d The competency assessment certificate is maintained in the RN's credentialing folder.

4-12.2.e Competency to perform health assessments is reassessed annually or sooner if needed.

4-12.2.f Facilities provide appropriate interpretation and language services for Limited English Proficiency (LEP) detainees for all clinical encounters.

4-12.2.g Where appropriate staff interpretation is not available, facilities will make use of professional interpretation services.

5. PROCEDURES: None.

6. HISTORICAL NOTES: This policy replaces IHSC Directive 03-07 dated March 4, 2016; and added definition. NCCHC J-A-07 Standard was added to align with 2018 standards.

7. DEFINITIONS:

7-1. Clinical Director (CD) – The Clinical Director is a physician and is the clinical medical authority at a specific facility. Duties include clinically supervising the staff physician (if applicable) and APPs, evaluating patient care through an ongoing quality assurance program, providing training and mentoring to health care staff, and evaluating and treating medically complex patients. The CD is board certified in family medicine, internal medicine, or related primary care specialty to maintain employment. (IHSC Operational Definition).

8. APPLICABLE STANDARDS:

8-1. Performance-Based National Detention Standards (PBNDS): PBNDS 2011 revised 2016:

8-1.1 Part 4: Care; 4.3 Medical Care; Q. Annual Health Examinations.

8-2. ICE Family Residential Standards:

8-2.1 Part 4: Care; 4.3 Health Care; R. Annual Health Examinations.

8-3. American Correctional Association (ACA):

8-3.1 Performance-Based Standards for Adult Local Detention

Facilities, 4th edition:

8-3.1.a 4-ALDF-4C-24 Health Appraisal.

8-3.1.b 4-ADLF-4C-25 Health Appraisal.

8-4. National Commission on Correctional Health Care (NCCHC): Standards for Health Services in Jails, 2018.

8-4.1 J-E-04 Initial Health Assessment.

8-4.2 J-B-03 Clinical Preventative Services.

9. **PRIVACY AND RECORDKEEPING.** All relevant documents produced or provided in accordance with this Directive must be maintained in accordance with an applicable National Archives and Records Administration (NARA) General Records Schedule (GRS) or a NARA-approved agency-specific records control schedule. If the records are not subject to a records schedule, they must be maintained indefinitely by the agency. In the event the records are subject to a litigation hold, they may not be disposed of under a records schedule until further notification. Prior to the disposition of any records referenced in this directive, ICE Records Officer approval must be obtained.

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.

11. **POINT OF CONTACT:** Chief, Medical Services Unit.