

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

**INTAKE SCREENING AND INTAKE REVIEWS**

**IHSC Directive: 03-10  
ERO Directive Number: 11744.2  
Federal Enterprise Architecture Number: 306-112-002b  
Effective: 28 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 conducting the intake screening or intake review for new detainee/resident (hereafter referred to as “detainees”) arrivals.
  
2. **APPLICABILITY:** This directive applies to all ICE Health Service Corps (IHSC) personnel, including but not limited to, Public Health Service (PHS) officers, civil service employees and contract personnel. It is applicable to IHSC personnel supporting health care operations in both ICE-owned and 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. 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, as amended, Title 8, U.S. Code, Section 1222 (8 U.S.C § 1222), Detention of Aliens for Physical and Mental Examination;
  
  - 3-3. Title 8, Code of Federal Regulations, Part 232 (8 CFR 232), Detention of Aliens for Physical and Mental Examination;
  
  - 3-4. Section 322 of the Public Health Service Act, as amended, Title 42 U.S. Code, Section 249(a) (42 U.S.C. § 249(a)), Medical Care and Treatment of Quarantined and Detained Persons; and

**3-5.** Title 42, U.S. Code, Section 252 (42 U.S.C. § 252), Medical Examination of Aliens.

**4. POLICY:** Within IHSC-staffed facilities, qualified health care professionals (hereafter referred to as nurses, since it is typically a nurse) complete the intake screening or intake review on all detainees/residents. Intake screenings and reviews are face-to-face encounters on all non-transient detainees. Transient detainees are housed for less than 12 hours and have no interactions with general population. Transient detainees require a pre-screen only.

**4-1. Compliance Indicators**

- a. **Timing.** Nurses complete an intake screening or review as soon as possible, but no later than 12 hours after arrival on all non-transient detainees.
- b. **Prioritizing.** Intake screenings and reviews are prioritized in accordance with the disposition of the pre-screening. Pre-screenings are completed in accordance with IHSC Directive 03-08.
- c. **Medical Consent.** Prior to screening, the nurse will obtain written medical consent on the IHSC Medical Consent Form (IHSC Form 793), or electronic equivalent, for treatment.
- d. **Accompanying Medical Information.** The nurse reviews all medical information that may be accompanying the detainee. If the information is incomplete or there are questions remaining, the nurse will request the full medical record from the sending facility.
- e. **Use of Interpreters.** Health care professionals screen detainees in their primary language. When applicable, the nurse will document that he/she is proficient in the detainee's primary language, if the detainee's primary language is not English, or document that the detainee speaks English. If an interpreter is used, the nurse will document this (name or identification number) on the intake screening or intake review. Unless there is an emergency, the use of other detainees as interpreters is prohibited.
- f. **Privacy.** Nurses conduct intake screenings and/or reviews in locations that promote detainees' privacy and allow for examination.

**4-2. Intake Review.** An intake review is an abbreviated intake screening. A review can be completed if the detainee was transferred from another IHSC facility and was screened at that facility within the previous 72 hours. The review is a face-to-face encounter and can be utilized if there are no new complaints or conditions. Detainees presenting with new conditions or

complaints will undergo a complete intake screening. The intake review is completed in accordance with the IHSC eClinicalWorks (eCW) User Guide.

**4-3. Intake Screening.** The intake screening includes comprehensive medical, dental, and mental health screenings. A record of the intake is required to maintain compliance with IHSC policy; the electronic health record (eHR) is the primary location for all detainee health documentation. The IHSC Intake Screen Form (IHSC Form 795-A), or its electronic equivalent, serves as the screening template for adults. For detainees less than 18 years of age, the IHSC Pediatric Intake Screen Form (IHSC Form 795-J), or its electronic equivalent, serves as the template. The following areas are addressed on the intake screening:

- a. Current and past illnesses, and chronic health conditions, to include: hospitalizations, surgeries, and special health requirements.
- b. The screener will initiate monitoring for any detainee who arrives with a history of a chronic condition, if applicable. For example, a detainee with diabetes or hypertension, the following monitoring will be initiated.
  - (1) The screener will perform a finger stick glucose on a detainee who reports a history of diabetes. If the result is greater than 300 or less than 70, or if the detainee is symptomatic for hypo- or hypoglycemia, the screener will contact a mid-level provider or physician for guidance. The screener will also initiate finger stick glucose checks before breakfast and before the evening meal until the detainee is evaluated during the complex health assessment.
  - (2) The screener will initiate daily blood pressure checks on detainees with a history of hypertension until the detainee is evaluated at the complex health assessment. If the systolic blood pressure is greater than 139 or the diastolic blood pressure is greater than 89, the screener will schedule the resident for a midlevel provider or physician evaluation. If the systolic blood pressure is greater than 150, or the diastolic blood pressure is greater than 100, at arrival, the screener will contact a midlevel provider or physician for guidance. If the detainee is symptomatic for hypertension, the screener will contact a physician or midlevel provider for direction regardless of the blood pressure.
- c. Current and past medications. Prescribed medications are reviewed and appropriately maintained as clinically indicated. )
- d. History of serious infectious or communicable illness(es) and any treatment or symptoms;

- e. Symptoms of active pulmonary tuberculosis (TB): a persistent cough for more than three weeks, coughed up blood, had a persistent fever, night sweats, or unexplained weight loss; or previous TB treatment;
- f. Pain assessment;
- g. Dental problems;
- h. Vision or hearing changes;
- i. Current status or history of pregnancy and/or breastfeeding, date of last menstrual period, and screening for unprotected sex within the last five days;
- j. Any known allergies to medications or food;
- k. Special dietary needs;
- l. Identification as transgender, and history of transition-related care if self-identifies as transgender;
- m. Past or current mental illness (outpatient treatment), including hospitalizations (psychiatric hospitalizations, substance use hospitalization, and detoxification);
- n. History of suicide attempts or current suicidal/homicidal ideation or intent;
- o. Use of alcohol, tobacco, illicit and prescription drug use, to include: type, frequency of use, amount of use, method of use, and last use;
- p. Drug withdrawal symptoms;
- q. History of assaulting or attacking others; sex offenses;
- r. Physical or emotional trauma due to abuse or victimization, to include cerebral trauma or seizures;
- s. Learning, cultural or religious concerns; (Have you ever had difficulties learning or understanding written information? Is there anything important to know about your religious or cultural beliefs that are of concern while you are in detention?)
- t. Varicella immunity status; and



- u. **Observations.** The nurse observes or assesses, at a minimum, the following items:
- (1) Vital signs, including: pain, temperature, pulse, respiratory rate, blood pressure, height, and weight;
  - (2) Visual aids (glasses, contacts);
  - (3) Abnormal appearance (sweating, tremors, shaking, disheveled, anxious, malnourished, etc.);
  - (4) Abnormal behavior (disorderly, inappropriate, insensible, anxious, etc.);
  - (5) Intellectual functioning (i.e. mental retardation, developmental disability, learning disability);
  - (6) State of consciousness (alert, responsive, lethargic, emotional response to incarceration, orientation to person, place and time, etc.);
  - (7) Abnormal movement (deformities, gait, etc.);
  - (8) Abnormal breathing (persistent cough, hyperventilation, etc.);
  - (9) Abnormalities of the skin (rash, jaundice, lesions, infestation, nits or active lice, bruising, scars, tattoos, needle marks, or other indications of drug abuse); and

The nurse will document additional observations appropriately in the "S:" (Subjective), "O:" (Objective), "A:" (Assessment) and "P:" (Plan) sections of the intake form.

The following additional questions will be asked if the intake is for a resident younger than 18 years of age:

- (1) Family members accompanying the resident
- (2) Source of medical information
- (3) Person authorized to make medical decisions
- (4) If resident is sexually active if the child is 10 years of age or older
- (5) Immunization history and possession of documentation

- (6) Any birth related complications
  - (7) Any special dietary or equipment needs
  - (8) Has your child witnessed someone they care about being harmed?
  - (9) Has your child witnessed violent behavior?
  - (10) Does your child have difficulty with performance at school?
  - (11) Has you child ever required speech or other special assistance at school?
  - (12) Has your child ever been sexually or violently abused by an adult or another child?
  - (13) Have you ever witnessed, or been confronted with an event or events that involved actual or threatened death or serious injury?
- v. **Tuberculosis Screening.** The nurse completes TB screening and clearance. For specific guidance, see the IHSC Directive 05-11 TB Management and Control, Guide for the Management and Control of TB In IHSC-Staffed Medical Clinics, and Operations Memorandum 14-011, TB Management and Control for the Family Residential Centers.
- w. **Urine Pregnancy Testing:** All females, 10 to 56 years of age, will undergo urine pregnancy testing (UPT).
- x. **Education:** During the intake screening process, the nurse provides each patient with education on the following topics and the delivery of this education is documented in the health record:
- (1) The TB screening process and the clearance process for placement in general population;
  - (2) The physical exam process;
  - (3) The process to access medical, dental, and mental health care routinely or in an urgent or emergency situation;
  - (4) Information on all services related to women's health (provided to all females);
  - (5) The process of submitting a grievance related to health care; and
  - (6) The location of the pamphlets titled, "Medical Orientation and Health

Information,” “Staying Healthy,” and “Dealing with Stress” and their contents.

y. **Disposition.** The nurse considers all aspects of the intake screening and documents one of the following dispositions in the health record:

- (1) Medically cleared for custody;
- (2) Medically cleared for custody, follow up visit scheduled;
- (3) Care transferred to medical provider for urgent needs; or
- (4) Admitted to Medical Housing Unit (MHU) until medically evaluated.

#### 4-4. **Priority for Treatment.**

- a. Reception personnel ensure that persons who are unconscious, semi-conscious, bleeding, mentally unstable, severely intoxicated, experiencing alcohol or drug withdrawal, or otherwise urgently in need medical attention are:
  - (1) Referred immediately for care and medical clearance into the facility.
  - (2) If they are referred to a community hospital and then returned, their admission to the facility is predicated on the written medical clearance from the hospital.
- b. All abnormal findings, abnormal vital signs, acute or chronic conditions, and other urgent/emergent conditions are addressed thoroughly on the intake screening or review. Registered Nurses (RNs) should use IHSC RN Guidelines when addressing abnormal findings. If the finding is beyond the RN’s scope of practice, then the nurse will notify a midlevel provider (MLP) or physician and document the MLP/physician’s orders.

4-5. **Plan of Care.** The nurse provides all detainees with a plan of care after screening or review. After identification, potentially infectious detainees are isolated from the general detainee population.

- a. **Detainees without identified medical concerns.** For all detainees without identified medical concerns, a physical exam is performed and an age appropriate plan of care is established within 14 days of arrival.

- b. **Detainees with acute or chronic health care needs.** For all detainees with acute or chronic health care needs, a physician or an MLP performs a physical exam and a plan of care is established within two working days.
  - c. **Female detainees.** If the initial medical intake screening indicates the possibility of pregnancy, recent physical and/or sexual assault or violence (defined as occurring within the past 30 days), the need for emergency contraception (unprotected sexual intercourse within the past five days and the detainee desires emergency contraception to prevent a possible pregnancy), or current mental illness, an MLP or physician completes the initial health assessment within 24 hours of arrival.
  - d. If a female detainee/resident reports current opiate use, she is immediately offered a test for pregnancy to avoid opiate withdrawal risks to the fetus and if positive, referred to an obstetrician and/or provider capable of managing this detainee/resident's condition as soon as possible.
- 4-6. Behavioral Health Referrals.** Behavioral health referrals are made in accordance with the IHSC Behavioral Health Services Guide. If a detainee discloses a history of sexual victimization or abuse during a medical or mental health intake screening, whether it occurred in an institutional setting or in the community, a referral to mental health or an MLP should be made immediately. If, at any time during the intake screening or review, a detainee requests, or there appears to be, a need for mental health services, the nurse will notify the Health Services Administrator (HSA) as soon as possible, or within 24 hours.
- 4-7. Review of the Intake Screening.** An RN reviews the intake screening completed by an LPN and documents the review in the health record. In addition, the RN either concurs or does not concur with the disposition. If the RN does not concur with the disposition, a new disposition and plan of care is documented.
- 4-8. Medical Refusals.** Detainees refusing intake screening or tuberculosis screening are managed in the *IHSC Guide for the Management and Control of Tuberculosis*.
- 5. PROCEDURES:** Defined locally.
- 6. HISTORICAL NOTES:** This directive replaces IHSC directive 03-10, *Intake Screenings and Intake Reviews*, dated 20 Jun 2015. It makes changes to 4-1 (d), 4-3, 4-4, and 4-5. It also adds definitions.



## 7. DEFINITIONS:

**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)

**Intake Screening (Receiving Screening)** – An intake screening a comprehensive medical, dental and behavioral health screening that is conducted as soon as possible after detainees arrive at a facility but no later than 12 hours. Individuals should not be released from the intake area until the receiving screening is completed. Receiving screening is a process of structured inquiry and observation designed to prevent newly arrived inmates who pose a threat to their own or others' health or safety from being admitted to the facility's general population. It is intended to identify potential emergency situations among new arrivals and to ensure that patients with known illnesses and currently on medications are identified for further assessment and continued treatment. It is conducted using a form and language fully understood by the detainee, who may not speak English or may have a physical (e.g., speech, hearing, sight) or mental disability. (IHSC Operational Definition)

**Medical Housing Unit** – The Medical Housing Unit (MHU) is a designated area which provides housing for detainees in need of closely observed medical or behavioral care, medical/nursing assistance and/or medically necessary supervision or equipment. The MHU must operate 24 hours a day, seven days a week. The unit must contain life support equipment and meet the staffing and treatment needs of the detainee. (IHSC Operational Definition)

## 8. APPLICABLE STANDARDS:

- 8-1. **Performance-Based National Detention Standards (PBNDS) 2011:**  
4.3, *Medical Care*.
- 8-2. **American Correctional Association (ACA):** Performance-Based Standards for Adult Local Detention Facilities, 4th edition; 4-ALDF-4C-22, *Health Screens*.
- 8-3. **National Commission on Correctional Health Care (NCCHC):** Standards for Health Services in Jails, 2014; J-E-02, *Receiving Screening*.
- 8-4. **eCW User Guides:** IHSC Collaboration Tool Electronic Health Record
  - (1) eCW Intake Screening Encounter
  - (2) eCW Intake Encounter From Alternate IHSC Site.

- 9. PRIVACY AND RECORDKEEPING.** IHSC maintains detainee health records in accordance with the Privacy Act and as provided in the Alien Health Records System of Records Notice, 80 Federal Register 239 (Jan. 5, 2015). The records in eHR/eCW are destroyed ten (10) years from the date the detainee leaves ICE custody. Retention periods for records of minors may differ. Paper records are scanned into eHR and are destroyed after upload is complete.

**Protection of Medical Records and Sensitive Personally Identifiable Information (PII).**

- 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 U.S.; its departments, agencies, or other entities; its officers or employees; or any other person.