

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

**NUTRITION AND THERAPEUTIC DIETS**

**IHSC Directive: 03-14  
ERO Directive Number: 11748.3  
Federal Enterprise Architecture Number: 306-112-002b  
Effective Date: March 11, 2016  
Technical Update: November 17, 2021**

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**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 the policies and procedures for the provision of adequate detainee nutrition and therapeutic diet management.
  
2. **APPLICABILITY:** This directive applies to all U.S. Immigration and Customs Enforcement (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 ICE-owned or contracted detention facilities, and to IHSC Headquarters (HQ) staff. 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, 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.
  - 3-5. Title 42, U.S. Code, Section 252 (42 U.S.C. § 252), Medical Examination of Aliens.

4. **POLICY:** All detainees including those in segregation receive a balanced and nutritious diet. Detainees are provided therapeutic diets to accommodate certain chronic or temporary medical, dental, or psychological conditions. Diets are reviewed at least quarterly by food service personnel. The facility shall provide a registered dietician, registered dietician nutritionist, or licensed dietician (as permitted by state scope of practice laws) to review medical diets and menus for nutritional adequacy at least every six months and whenever a substantial change in the menus is made. Review may take place in a documented site visit or by written consultation. Written documentation of menu reviews includes the date, signature, and title of the consulting dietician. Workers who prepare medical diets are supervised in preparing the diets, including appropriate substitution and portion. NOTE: Diets of detainees whose religious beliefs require adherence to certain dietary laws are approved through the facility's chaplain, not the medical clinic. Detainees may request vegetarian diets per the facility's specific procedure.
- 4-1. **Therapeutic Diets.** Detainees with certain chronic or temporary medical, dental and/or psychological conditions receive individual therapeutic diets as necessary per prescriber order. This includes specific food allergies. Therapeutic diets should be renewed every 90 days, if indicated.
- 4-2. **Requirements for Ordering Therapeutic Diets.** Orders for therapeutic diets are provided in writing, to dietary staff and include the type of diet, the duration (not to exceed 90 days) and any special instructions.
- 4-3. **Common Therapeutic Diets.**
- 4-3.1 Clear liquid
  - 4-3.2 Full liquid
  - 4-3.3 Soft;
  - 4-3.4 Mechanical soft;
  - 4-3.5 Low cholesterol/fat controlled;
  - 4-3.6 Low salt (2 to 3 grams of sodium);
  - 4-3.7 Diabetic (1500 Kcal, 1800 Kcal, 2000 Kcal, 2200 Kcal, 2400 Kcal, 2600 Kcal);
  - 4-3.8 High calorie – general diet and snacks;
  - 4-3.9 Protein controlled;
  - 4-3.10 Renal/Dialysis; and

4-3.11 Pregnancy.

**4-4. Nutrition (Diet) Education.** Qualified members of the health care staff educate detainees on nutrition interventions, therapeutic diets, and food-drug interactions, when applicable.

**4-5. Follow-up Nutritional Counseling for Non-Compliance.** When a detainee refuses a prescribed diet, a clinician has the detainee sign a Refusal Form (Form IHSC-820) and provides the detainee with follow-up nutritional counseling, which includes the health risk associated with not following the prescribed diet. The clinician documents the counseling in the medical record.

**5. PROCEDURES:**

**5-1. Assessment of Detainees for Special Diets:** Detainees with certain chronic or temporary medical, dental and/or psychological conditions should receive individual dietary assessments, as necessary.

**5-2. Ordering Therapeutic Diets:** When appropriate, qualified health care provider orders therapeutic diets utilizing the information set forth in the Detainee Special Needs Form (Form IHSC-819) or electronic health record (eHR) equivalent. The order should be placed in the medical record and should include the type of diet, the duration (not to exceed 90 days) and any special instructions.

**5-3. Accountability of Diets:** The health services administrator (HSA) ensures that once the diet is ordered in the medical record, the diet is made available to the detainee by the following business day.

**5-4. Renewal of Therapeutic Diets:** Therapeutic diets are renewed every 90 days, if indicated.

**5-5. Current Therapeutic Diet Review:** The HSA or designee reviews the current therapeutic diets monthly for accuracy and to ensure compliance with this directive.

**6. HISTORICAL NOTES:** This directive replaces IHSC Directive 03-14, *Nutrition and Therapeutic Diets*, dated March 11, 2016.

**6-6.** The technical updates incorporates the following:

6-6.1 Language to address NCCHC, J-D-05 Medical Diets and J-B-01 Health Lifestyle Promotion standards and compliance indicators added to align with NCCHC 2018 standards.

6-6.2 Updated American Correction Association (ACA) standards.

**7. DEFINITIONS:** See definitions for this policy in the IHSC Glossary.

**8. APPLICABLE STANDARDS:**

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

8-1.1 4.1: Food Service.

**8-2. Family Residential Standards 2020.**

8-2.1 4.1 Food service H Medical Diets

8-2.2 1. Therapeutic Diets

**8-3. American Correctional Association (ACA): Performance-Based Standards for Adult Local Detention Facilities, 4th edition:**

8-3.1 4-ALDF-4A-07, Dietary Allowances.

8-3.2 4-ALDF-4A-09, Therapeutic Diets.

8-3.3 4-ALDF-4A-10, Therapeutic Diets.

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

8-4.1 J-D-05 Medical Diets.

8-4.2 J-B-01 Health Lifestyle Promotion (NOTE: This directive also addresses and meets compliance indicators 3 through 5 of NCCHC standard J-B-01.)

**9. PRIVACY AND RECORDKEEPING.** ICE uses detainee health records and information maintained in accordance with the DHS/ICE-013 Alien Health Records System of Records to provide for the care and safety of detainees. IHSC limits access to detainee health records and information to those individuals who need to know the information for the performance of their official duties, and who have appropriate clearances or permissions. IHSC secures paper records in a locked cabinet or room when not under the direct control of an officer or employee with a need for the paper record to perform their duties.

**9-1.** IHSC staff complete annual training on the protection of patient health information and Sensitive Personally identifiable information.

**9-2.** IHSC staff reference the Department of Homeland Security Handbook for Safeguarding Sensitive PII (Handbook) at DHS Handbook for Safeguarding Sensitive PII for additional information concerning safeguarding sensitive PII.

**9-3.** 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 record 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.