

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

MEDICAL HOUSING UNITS

**IHSC Directive: 03-17
ERO Directive Number: 11751.4
Federal Enterprise Architecture Number: 306-112-002b
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**By Order of the Acting Assistant Director
Stewart D. Smith, DHS/s/**

- 1. PURPOSE:** The purpose of this issuance is to set forth the policies and procedures for the admission, care, and management of detainees in ICE Health Service Corps (IHSC) Medical Housing Units (MHU).
- 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;
 - 3-5.** Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC 252); Medical Examination of Aliens; and
 - 3-6.** Review of the Use of Segregation for ICE Detainees, Policy No. 11065.1, September 4, 2013.

- 4 POLICY:** MHUs operate 24 hours a day, seven days a week. The Clinical Director (CD) or designee provides supervision and oversight of the care in the MHU. Applicable medical facilities maintains life support equipment in accordance with IHSC policy and national accreditation standards. Any facility-developed local operating procedures (LOPs) are reviewed and approved by the Regional Health Services Administrator (RHSA) and Medical Quality Management Unit (MQMU) prior to implementation.
- 4-1. Control and Use of MHU Beds:** The CD (or designee), in coordination with the Health Services Administrator (HSA), manages and controls MHU bed utilization to include Airborne Infectious Isolation (AII) rooms where available.
- 4-2. Provider Coverage:** An appropriate health care provider (medical, behavioral health, or dental) is scheduled to be on-call to the MHU 24 hours a day, seven days a week. The HSA, CD or designee determines the number of qualified health care professionals staffing the MHU based on the number of patients, the severity of their illnesses, and the level of care required for each.
- a. When patients are in the MHU, a Registered Nurse is on duty at least once every 24 hours. Patients are always within sight or hearing of a specified health care professional.
- b. A manual of nursing care procedures is consistent with the state's nurse practice act and licensing requirements.
- 4-3. MHU Admitting Privileges:** MHU admissions are completed by health care providers, which include the CD, staff physicians (MD/DO), nurse practitioners (NP), physician assistants (PA), psychiatrists, psychologists, independently licensed social workers, clinical pharmacists, or dentists.
- 4-4. Consent Form:** Health staff must ensure that a signed IHSC Form 793 *Medical Consent Form* is on file. A separate consent form is not required for admission to the MHU.
- 4-5. MHU Admissions:** Admissions to the MHU are documented in the detainee health record and include a reason for the admission. The admission designates the appropriate level of care (Levels 1-3) for the duration of the time in the MHU. Levels of care are assigned to each admission to the MHU by the Medical or Behavioral Health Provider. The following levels of care are utilized for admissions:
- a. **Level 1:** Admitted for assistance with Activities of Daily Living (ADLs), oral medication, wound care, routine observation, or alternative housing for therapeutic purposes. All Level 1 detainees require a Licensed

Vocational Nurse/ Licensed Practical Nurse(LVN/LPN) or equivalent, or other appropriately trained healthcare staff, to be assigned to the MHU.

- b. **Mental Health Level 1:** Admitted for symptom management but is not a danger to self or others. A Behavioral Health or Medical Provider will determine the patient privileges and specify through written orders. Mental Health Level 1 detainees may go to the cafeteria, law library, attorney visits, religious services, have razor privileges, and /or may go to recreation with others on unit as per provider orders.
- c. **Level 2:** Admitted for the reasons identified in Level 1, but have a condition that requires services at a complexity level similar to intravenous (IV) medications intermittently through an IV access appliance (heparin lock, saline lock, etc.), or other special needs, which cannot be provided during routine working hours. All isolation detainees are considered Level 2: Detainees admitted for respiratory isolation need to wear a mask during recreation and interviews. All respiratory isolation detainees may have recreation alone. Detainees on contact isolation must have recreation alone. Level 2 detainees have an RN or equivalent, or other appropriately trained medical staff, present for critical medical activities (such as IV infusion, suicide watch, hunger strike monitoring, managing unstable chronic care conditions, etc.).
- d. **Mental Health Level 2:** Admitted for symptom management, behavioral issues, non-compliance, and may pose a threat to self or others. A Behavioral Health or Medical Provider will determine the patient's privileges and specify them through written orders. Mental Health Level 2 detainees may go to the cafeteria, law library, attorney visits, religious services, have razor privileges, and/or may go to recreation with others on unit as per provider orders.
- e. **Level 3:** Admitted for reasons identified in Level 1, but requires services that have a complexity level similar to continuous IV infusion, including to keep vein open (KVO), or requires continuous special needs, such as complex patients with multiple comorbidities, recent seizure, and other disorders requiring close medical supervision as determined by the CD or designee. Level 3 detainees have a RN or equivalent, or other appropriately trained healthcare staff, assigned to the MHU at all times.
- f. **Mental Health Level 3:** Detainees are restricted to the MHU. Detainees at this level are usually admitted for suicidal observation, hunger strikes, hallucinations, or active psychosis. The detainee must go to recreation alone and must be closely monitored by security staff. A Behavioral Health or Medical Provider will determine the patient's privileges and specify them through written orders.

- 4-6. **Physical Examination:** Detainees admitted to the MHU without a documented physical examination receive a physical examination within twenty-four (24) hours of admission to the MHU.
- 4-7. **Observation:** Detainees that remain in the MHU for less than 24 hours (for other than suicidal observation) and are returned to general population are considered "under observation" and standards for the MHU are not required. Documentation is placed in detainee's ambulatory health record as necessary.
- 4-8. **MHU Safety and Security:** Medical staff must always be within sight and sound of detainees admitted into the MHU.
- 4-9. **Life Support Equipment:** Perform and document the Emergency Equipment checks daily.
- 4-10. **Information Precautions:** Post any Transmission Precautions, Mental Health Precautions, and/or any physical disabilities on the patient's door/window.
- 4-11. **Use of Special Management Units:** A detainee may be housed in the Special Management Unit (SMU) to undergo medical/mental health observation or treatment, if an MHU is unavailable. The admission and discharge processes that apply to the MHU are utilized when use of SMU is required for medical reasons.
- 4-12. **Discharge:** After an admission and when ready for discharge, detainees are discharged by a provider with admitting privileges. Only IHSC providers may release patients from the MHU. If custody release is imminent, the admitting provider or CD must be consulted prior to release.

5. PROCEDURES:

- 5-1. **Admissions:** The admitting health care provider notifies the CD or designee of the plan to admit a detainee to the MHU. The admitting health care provider documents in the health record the information required by the MHU Admission and Discharge Form (IHSC-837), the Medical-Psychiatric Alert Form (IHSC-834), and the Detainee Special Needs Form (IHSC-819) as applicable. The local ERO designated office receives notification as defined by forms IHSC-834 and IHSC-819 as appropriate.
- 5-2. **Required Information for Admission Documentation:** The admitting provider enters information required by the IHSC-837 in the detainee health record that includes:
 - a. Admitting orders

- b. Subjective (Present medical history);
- b. Objective (Physical examination);
- c. Assessment (Diagnosis);
- d. Plan (Treatment);
- e. Frequency of vital signs for duration of time in the MHU;
- f. Diet;
- g. Special instructions/precautions/allergies/ activity restrictions;
- h. Laboratories/x-rays/diagnostic tests;
- i. Medications;
- j. Follow up instructions, to include frequency of rounds by provider and nursing staff;
- k. Patient education; and
- l. Discharge Plan.

5-3. RN/LPN/LVN Admission Notes: Appropriate nursing staff members document information on all patients admitted to the MHU in the detainee health record. The information documented includes:

- a. Review and validation of the admitting health care provider's documentation in the health record and the orders (medication, therapy, etc.);
- b. Review and summary of history of past and present illnesses;
- c. Complete nursing assessment and care plan completed by a RN; and
- d. Documentation of information from pertinent forms, as necessary (see sub-section 4-4, MHU Health Record Documentation).

5-4. MHU Monitoring: A medical provider makes daily rounds in the MHU based on the detainee's condition, unless otherwise required by the detainee's condition, ordered by the CD, or written in the designated approved treatment plan. An RN provides daily MHU supervision. Nursing staff (RN/LPN/LVN) conducts and documents rounds on each detainee at least once per shift, unless otherwise required by the detainee's condition or

ordered by the CD or designee.

Mental Health Assessment. Detainees housed in the MHU with a mental health condition will receive a mental health reassessment every seven (7) days, or more frequently, if indicated. Detainees housed in the MHU without a mental health condition will receive a mental health assessment every thirty (30) days.

5.5 Discharge: The discharging health care provider notifies the CD, or designee, and documents in the detainee health record the information required in the discharge section of the IHSC-837 form. The discharge documentation is reviewed and cosigned by the CD, or designee, and includes:

- a. Summary of MHU Stay;
- b. Discharge Diagnosis and Status;
- c. Special instructions/precautions/allergies;
- d. Medications, dose, route frequency;
- e. Detainee education; and
- f. Follow-up instructions, including next appointment.

6. HISTORICAL NOTES: This directive replaces the previous version of this policy dated 1 Dec 2015. It makes changes to policy statement (4), 4-2, 4-3, 5-2, and 5-5. 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.

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 mid-level providers, 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)

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 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)

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

Nursing Staff – Nursing staff, within IHSC, are registered nurses (RNs), licensed practical nurses (LPNs), and licensed vocational nurses (LVNs). (IHSC Operational Definition)

8. APPLICABLE STANDARDS:

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

- a. Chapter 4, Section 4.3 - *Medical Care*

8-2. American Correctional Association (ACA):

- a. Performance-Based Standards for Adult Local Detention Facilities, 4th edition
 - (1) 4- ALDF-4C-09, *Infirmiry Care*
- b. Standards for Adult Correctional Institutions, 4th edition
 - (1) 4-4352, *Infirmiry Care*
- c. Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions
 - (1) 1-HC-1A-09, *Infirmiry Care*

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

Standards for Health Services in Jails, 2014: J-G-03, *Infirmiry Care*

9. RECORDKEEPING. IHSC maintains detainee health records as provided in the Alien Medical Records System of Records Notice, 74 Fed. Reg. 57688 (Nov 9, 2009)

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/ooop/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.