

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

**LOCAL OPERATING PROCEDURES (LOP) MANAGEMENT**

**IHSC Directive: 11-07  
ERO Directive Number: 11759.3  
Federal Enterprise Architecture Number: 306-112-002b  
Effective Date: January 27, 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 policies and procedures for the development and approval of local operation procedures (LOPs).
  2. **APPLICABILITY:** This directive applies to all U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, U.S. Public Health Service (PHS) officers, civil service employees, and contract personnel. It is applicable to IHSC personnel supporting health care operations in ICE-owned and contracted detention facilities (CDFs), 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 who support IHSC.
  3. **AUTHORITIES AND REFERENCES:**
    - 3-1. IHSC Directive 11-05, IHSC Policy Management.
  4. **POLICY:** Local operating procedures are site-specific policy documents that align with IHSC-wide directives.
  5. **RESPONSIBILITIES:**
    - 5-1. **Regional health services administrators (RHSA):** Provide guidance during the development and review of LOPs, for appropriateness.
    - 5-2. **Health services administrators (HSA):**
      - 5-2.1 Develop, approve, and maintain site-specific LOPs.

5-2.2 Coordinate the HSA, clinical director, and nurse manager periodic review of approved LOPs. Once the review is complete, the HSA includes a signed and dated declaration at the beginning of the printed policy manual on-site.

5-2.3 Submit draft LOPs to RHSA and publish approved LOPs per policy.

- 5-3. **Regional clinical directors (RCD):** Must provide guidance during the development and review of clinical LOPs for appropriateness.
- 5-4. **Clinical directors (CD):** Must periodically review approved LOPs with the HSA and nurse manager and sign a declaration to document and date review completion.
- 5-5. **Nurse manager (NM):** Must periodically review approved LOPs with CD and HSA and sign a declaration to document and date review completion.
- 5-6. **Local triad:** Provides consultation and subject matter expertise during LOP development, as appropriate, and upon request of the HSA, CD, and NM. The HSA delegates development of an LOP, as appropriate.
- 5-7. **Local discipline subject matter expert (SME):** Provides consultation and subject matter expertise during LOP development, as it pertains to specific clinical disciplines. The local triad may delegate the creation of an LOP to the local discipline SME.

## 6. PROCEDURES:

### 6-1. LOP Development

6-1.1 LOPs do not replace IHSC national policy. LOPs clarify processes required to adhere to IHSC national policy; they do not duplicate manufacturer instructions or industry standards of practice.

6-1.2 Upon review of national policy, the HSA drafts an LOP only when necessary to provide additional guidance specific to IHSC-staffed facility.

6-1.3 HSA discusses the development of a new LOP with the local triad and respective regional HSA and RCD to ensure appropriateness, and prevent potential duplication or conflict with existing administrative, clinical, or other facility-related policies.

- 6-2. Once agreed upon by the RHSA and RCD, the HSA creates a draft LOP using a collaborative approach with the local triad, as appropriate. The HSA develops all LOPs utilizing the LOP Template with Instructions. Once the local triad finalizes the LOP for the facility, the HSA, or Health Operations Unit (HOU) designee, uploads the draft LOP to the appropriate

IHSC SharePoint HOU regional sub-page and notifies the RHSA when the upload is completed.

### **6-3. LOP Review**

- 6-3.1 The RHSA and RCD must review, edit (if needed), and approve the draft document within seven business days.
- 6-3.2 The RHSA and RCD edit the LOP within the SharePoint document using track changes.
- 6-3.3 The RHSA notifies the HSA when the review is complete.
- 6-3.4 The HSA, or HOU designee, must complete the edits in the SharePoint document within seven business days, collaborate with the local triad when reviewing the LOP, accept or reject the tracked changes, and remove comments after making the changes in the SharePoint document.
- 6-3.5 The HSA notifies the RHSA when the revised draft is ready for final approval. The revised draft should be a clean document (i.e., no tracked changes and no comments).

### **6-4. LOP Approval**

- 6-4.1 Once the RHSA and RCD approve the LOP, the HSA must convert the document to a PDF format and electronically sign the document.
- 6-4.2 HSA must inform all facility staff of the location of the administrative and clinical LOPs at the designated IHSC-staffed facility, and how to access them.

### **6-5. LOP Publication**

- 6-5.1 HSA, or HOU designee, must upload the signed PDF LOP into the SharePoint Health Systems Support/Health Operations/Public Document Library as appropriate.
- 6-5.2 HSA, or HOU designee, must ensure a printed copy of all LOPs are available to staff in a local policy manual or binder.
- 6-5.3 HSA, or HOU designee, submits a broadcast message via the IHSC Communications Unit (ICU) Service Request to notify the agency of new or revised LOP documents.

### **6-6. LOP Implementation and Staff Training**

- 6-6.1 The HSA may implement the approved LOP after local staff are informed, educated, and trained.
- 6-6.2 The HSA has creative control in the methods used to educate and train facility staff. For example, the HSA may conduct a formal presentation across multiple shifts or discuss the LOP during a staff meeting.
- 6-6.3 The HSA must document staff education and training by using individual training rosters or a signature page.

**6-7. LOP Periodic Review**

- 6-7.1 The local triad initiates a review of all facility LOPs in accordance with IHSC policy. Triads review:
  - 6-7.1.a Administrative LOPs every three years after issuance.
  - 6-7.1.b Clinical LOPs every year after issuance.
- 6-7.2 If the LOP does not require substantial content changes, the review process remains with the local triad without RHSA and RCD involvement.
- 6-7.3 If the LOP requires substantial content changes, follow the procedures above starting with 6-1.

**6-8. LOP Archiving**

- 6-8.1 If the LOP requires retirements/cancellations, discuss with the local triad and respective RHSA to ensure appropriateness.
- 6-8.2 HSA, or HOU designee, is responsible to archive LOP documents that are no longer current or required.
- 6-8.3 HSA, or HOU designee, should submit a broadcast message via the ICU Service Request to notify the agency of archived LOP documents.

**7. HISTORICAL NOTES:** This directive replaces IHSC Directive 11-07, *Local Operative Procedures (LOP) Approval Process*, March 20, 2017.

**7-1. Summary of Changes.**

- 7-1.1 Section 6 Procedures; 6.1 LOP Development; 6.2 LOP Review; 6.3 LOP Approval; 6.4 LOP Publication; 6.5 LOP Periodic Review, 6.6 LOP Archiving.

7-1.2 Section 8 Definitions; 8.2 Local Triad; 8.3 Retirement/Cancellation.

7-1.3 Section 5; Responsibilities; 5.4 Local triad.

**8. DEFINITIONS:** The following definitions apply for purposes of this directive only:

**8-1. Local Operating Procedure (LOP):** A document that provides step-by-step instructions to help staff carry out routine processes, as required by a policy. The LOP addresses the operational details facility staff require to fully implement the policy. The LOP may also address facility-specific concerns.

**8-2. Local triad:** Consists of local Health Operation Unit, Medical Services Unit and Nursing Services Unit representatives.

**8-3. Retirement/Cancellation:** An LOP that is no longer relevant and will not be revised or updated for future use but requires placement in an archive for retrieval.

**9. APPLICABLE STANDARDS:**

**9-1.** *American Correctional Association: Performance-Based Standards for Adult Local Detention Facilities*, 4th Edition (2004 with 2016 supplement) 4-ALDF-7D-06-09: Policies and Procedures.

**9-2.** National Commission on Correctional Health Care: Standards for Health Services in Jails 2018: J-A-05: Policies and Procedures.

**10. RECORDKEEPING:** IHSC creates, receives, stores, retrieves, accesses, retains, and disposes of these records in accordance with ICE Records and National Archives and Records Administration approved records retention schedules. Contact the IHSC records liaison for further information or guidance.

**11. NO PRIVATE RIGHT STATEMENT:** This directive is an internal directive 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.

**12. POINT OF CONTACT:** Chief, Health Operations Unit.