

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

NON-EMERGENT OFF-SITE MEDICAL APPOINTMENTS

**IHSC Directive: 03-26
Directive Number: 11760.1
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: January 27, 2021**

By Order of the Assistant Director

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Date: 2021.01.30 09:41:22 -05'00'

1. **PURPOSE:** The purpose of this issuance is to set forth the policies and procedures to relay and document pertinent health information related to non-emergent off-site medical appointments for detainees housed at IHSC-staffed detention facilities.
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 supporting IHSC.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. U.S. Immigration and Customs Enforcement (ICE). (2011). *Performance-Based National Detention Standards 2011 (PBNDS 2011)*. Washington, DC: Author.
 - 3-2. ICE. (2018). *Family Residential Standards*. Washington, DC: Author.
 - 3-3. American Correctional Association (ACA).(2016). *Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition*.
 - 3-4. National Commission on Correctional Health Care. (2018). *Standards for Health Services in Jails*. Chicago, IL: Author.
4. **POLICY:** IHSC must ensure pertinent health information (e.g., Medical Payment Authorization Request [MedPAR], demographic sheet, most recent provider

encounter, any other supportive health documentation) accompanies all detainees or residents during transport and off-site medical, dental, and mental health care appointments. IHSC should relay pertinent health information safely, and in a timely manner.

5. RESPONSIBILITIES:

5-1. Health services administrator (HSA):

- 5-1.1.** Establishes the local method to deliver pertinent information to transporting custody staff for detainees or residents who have non-emergent off-site health appointments. The process should include assurance of patient confidentiality, communication processes between health and custody staff, and management of missed or cancelled appointments.
- 5-1.2.** Reviews missed or cancelled appointments using Enterprise Business Optimizer (eBO) report 1443, at a minimum monthly.
- 5-1.3.** Discusses findings with local triad and stakeholders to identify internal and external issues that contribute to policy deviation while mitigating future obstacles.

5-2. Local triad: Consists of the local Health Operation Unit (HOU), Medical Services Unit (MSU), and Nursing Services Unit (NSU) representatives. The responsible unit appoints an acting representative during vacancies to ensure continued coverage. The local triad identifies any internal issues that contribute to policy deviation. Discusses and implements steps for efficient operations.

5-3. Referrals coordinator:

- 5-3.1.** Completes the non-emergent off-site health appointment process using the appropriate eCW Guide(s).
- 5-3.2.** Documents the reason for any cancellations within the electronic health record, under general notes within the electronic referral.
- 5-3.3.** Follows local communication methods established by the HSA and communicates pertinent detainee health information to the off-site consultant office.
- 5-3.4.** Ensures the referring provider requests and receives pertinent detainee consultant records.

PROCEDURES:

5-4. Notification. When health staff schedule a detainee for a non-emergent off-site medical appointment, the staff member must notify the transporting custody staff at least 72 hours prior to the scheduled appointment.

5-4.1. Health staff must inform transporting custody staff if the detainee or resident requires special accommodations during the escort and transport process (e.g., assistive devices).

5-4.2. Health staff must ensure appropriate documentation, including the referral and applicable medical records, reaches the off-site facility either via electronic method prior to the appointment, or accompanies the detainee to the appointment in a sealed envelope.

5-4.3. Health staff must maintain detainee confidentiality during the entire escort process, and provide adequate care consistent with the detainee's health needs.

5-5. Return from Non-Emergent Off-Site Medical Appointment.

5-5.1. Custody staff return the detainee to the designated clinic or medical area for evaluation by health staff.

5-5.2. Custody staff transfer all documents obtained during the off-site medical appointment to health staff, as applicable. Referrals coordinator, or designee, enters the documents into the electronic health record, as defined by electronic clinical works (eCW) User Guides.

5-5.3. Health staff should document in the electronic health record via pre-scheduled Off-Site (OS) Appointment Type and using the OS Template.

5-6. Cancelled Appointments. The referrals coordinator, or designee, must document all cancelled or missed appointments in the electronic medical record. The referrals coordinator also documents a descriptive reason for the cancellation under general notes in the electronic referral.

5-6.1. Example. No transportation available per custody. Appointment rescheduled for MM/DD/YYYY.

5-6.2. Example. Appointment cancelled by ICE due to xyz. Appointment rescheduled for MM/DD/YYYY.

6. HISTORICAL NOTES: This directive supersedes IHSC Directive 03-26, *Patient Escorts*, dated March 24, 2016.

- 6-1. Renames policy to align with PBNDS and provide clarity of the contents within.
 - 6-2. Removes language itemizing custody operations.
 - 6-3. Focuses on IHSC procedures to ensure timely and appropriate communication to transporting custody staff.
 - 6-4. Includes procedures required once the detainee returns from appointment to ensure proper continuity of care occurs.
 - 6-5. Includes procedures regarding cancelled appointments to include identification and mitigation of future obstacles.
7. **DEFINITIONS:** See definitions for this policy in the [IHSC Policy Library](#) under “IHSC Glossary of Terms and Titles.”
8. **APPLICABLE STANDARDS:**
- 8-1. **Performance-Based National Detention Standards (PBNDS):** PBNDS 2011, Revision 2016
 - 8-1.1. Part 4: Care, Section 4.3: Medical Care, Subsection B: Designation of Authority; Part 4: Care, 4.3 Medical Care, II. Expected Outcomes; Number 7
 - 8-2. **Family Residential Standards (FRS):**
 - 8-2.1. Part 4: Care, Section 4.3: Medical Care, Expected Outcomes; Number 7
 - 8-3. **American Correctional Association (ACA):** Performance-Based Standards for Adult Local Detention Facilities, 4th edition
 - 8-3.1. 4-ALDF-4C-06, Transportation
 - 8-4. **National Commission on Correctional Health Care (NCCHC):** Standards for Health Services in Jails, 2018
 - 8-4.1. J-D-06, *Patient Escort*
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 (January 5, 2015). The records in the eHR/eClinicalWorks (eCW) are destroyed 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).

- 10-1.** Staff must keep all medical records, whether electronic or paper, secure with access limited only to those with a need to know. Staff must lock 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.
- 10-2.** IHSC trains staff during orientation and annually on the protection of patient medical information and sensitive PII. Only authorized individuals with a need to know are permitted to access medical records and sensitive PII.
- 10-3.** Staff should reference the Department of Homeland Security *Handbook for Safeguarding Sensitive Personally Identifiable Information* (March 2012) at: https://insight.ice.dhs.gov/mgt/ooop/Documents/pdf/safeguarding_sp_ii.pdf when additional information is needed concerning safeguarding sensitive PII.

10. 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.

11. POINT OF CONTACT: Chief, Health Operations Unit.