

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

**MEDICAL ASSET SUPPORT TEAM (MAST)**

**IHSC Directive: 01-53  
ERO Directive Number: 11770.4  
Federal Enterprise Architecture Number: 306-112-002b  
Effective Date: October 5, 2021**

---

**By Order of the Assistant Director  
Stewart D. Smith, DHSc, FACHE**

STEWART D SMITH Digitally signed by STEWART D SMITH  
Date: 2021.10.05 09:09:15 -04'00'

- 
1. **PURPOSE:** The purpose of this directive to set forth policies and procedures for the U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC), Medical Asset Support Team (MAST) program.
  2. **APPLICABILITY:** This directive applies to all 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 its employees supporting IHSC.
  3. **AUTHORITIES AND REFERENCES:**
    - 3-1. Title 41, Code of Federal Regulations, Section 301 ([41 U.S.C. § 300](#)), Federal Travel Regulation, Temporary Duty (TDY) Allowances.
    - 3-2. PHS. (1981). Detail of PHS Commissioned Officers to Federal Agencies (Inst 323.03; Old CCPM:CC23.5.8). See Commissioned Corps Issuance System (CCIS) [CCI 241.01](#), PHS Readiness and Duty Requirements.
    - 3-3. IHSC. (2021). IHSC Directive 01-43, [IHSC TDY On-Call Schedule \(ITOS\)](#).
    - 3-4. IHSC. (2021). IHSC Guide 01-43 G-01 [TDY On-Call Schedule \(ITOS\)](#).
    - 3-5. IHSC. (2020). IHSC Directive 01-44, [Credentialing and Privileging](#).
  4. **POLICY:** IHSC is responsible for delivering direct patient care to individuals in ICE custody with facility staff positions and disciplines allocated in accordance with the IHSC yearly staffing analysis assessment conducted by the Health Operations Unit (HOU). IHSC must ensure the care provided meets recognized national standards despite staffing shortages. IHSC requires a pool of available medical staff to

respond to staffing shortages or changes in operational requirements. The MAST program provides a mechanism to assign and deploy staffing support to meet operational requirements.

**4-1. Program Organizational Structure.** MAST personnel are an IHSC Headquarters (HQ) asset stationed preferably at IHSC-staffed detention facilities. External locations are considered on a case-by-case basis.

4-1.1. The MAST is organizationally located within the Clinical Services Support Unit (CSSU) with personnel aligned to their respective clinical, discipline-specific supervisor for administrative control functions.

4-1.2. Discipline specific leadership supervise MAST personnel ensuring maintenance of discipline requirements.

**4-2. Program administration.** MAST personnel temporarily fill vacancies until permanent personnel are hired. TDY support occupies at least fifty percent of the MAST officer's duty time. This time is in addition to leave, professional development, or training.

4-2.1. Following completion of the required IHSC and discipline-specific orientation, MAST personnel must be available for TDY assignment. When not assigned in a TDY clinical care role, the MAST officer's supervisor directs the officer to complete projects and tasks as delegated.

4-2.2. While operational needs may dictate alternative TDY schedules, the anticipated deployment schedule for MAST personnel is alternating assignments of 30 days TDY, followed by 30 days non-TDY.

4-2.3. MAST personnel new to IHSC must complete applicable discipline-specific orientation training with supervisor attestation of competency within eight weeks after start date.

4-2.4. MAST personnel must complete all discipline specific and facility checklists as requested. Credentials for MAST personnel are maintained by the IHSC HQ credentialing specialists in accordance with 01-44 IHSC Credentialing and Privileging Directive.

4-2.5. Government travel card processing and maintenance for MAST personnel are conducted in accordance with the IHSC Personnel Unit (IPU) IHSC Orientation Guide and Onboarding "Travel Card Information" guidance.

4-2.6. The CSSU Chief supervises MAST physicians. The Advanced Practice Provider (APP) Program Chief supervises APPs. The

Pharmacy Program Chief supervises clinical pharmacists. The Behavioral Health Unit (BHU) Chief supervises Behavioral Health Providers (BHP). The Nursing Services Unit (NSU) Chief supervises registered nurses.

## **5. RESPONSIBILITIES:**

### **5-1. HOU Program Analyst.**

- 5-1.1. Provide ITOS and MAST team logistical coordination and administrative support.
- 5-1.2. Administratively track MAST officer TDY assignments and manage the MAST TDY calendar.

### **5-2. Discipline-Specific MAST Supervisor.**

- 5-2.1. Provide administrative functions, including but not limited to completing Commissioned Officers Effectiveness Report (COER), and leave approvals.
- 5-2.2. Direct MAST staff to complete appropriate discipline-specific training requirements, orientation, peer review, performance evaluations, and monitor and approve leave requests.

### **5-3. Deputy Assistant Director (DAD) of Clinical Services (CS)/Medical Director and DAD of Health Systems Support (HSS).**

- 5-3.1. Participate in a collaborative process that prioritizes assignment locations and deployment duration for MAST staff.
- 5-3.2. Serve as the approval authorities for TDY assignments of MAST staff.

### **5-4. MAST Providers.**

- 5-4.1. Temporarily fill mission critical vacancies until such time as the positions can be filled.
- 5-4.2. Assist facilities and discipline leads with special projects and training.
- 5-4.3. Fulfill both clinical and administrative responsibilities as required to maintain clinical operations.

## **6. PROCEDURES:**

### **6-1. MAST Support Request and Approval Process.**

- 6-1.1 Clinical facility leadership (i.e., clinical director and nurse manager, or designees) collaborates with the facility health services administrator (HSA), assistant health services administrator (AHSA),

or designee to submit a MAST request through the HOU TDY Staffing Request Queue tool on SharePoint when external personnel are needed to support facility operations.

- 6-1.2 Regional health services administrators (RHSAs), HOU chief, and HOU program analysts may submit requests for MAST personnel.
- 6-1.3 The regional clinical directors (RCD), deputy medical director (DMD), BHU chief, chief APP, and NSU chief collaborate with the facility HSA or AHSA to route recommendations for MAST staffing support through the HOU TDY Staffing Request tool.
- 6-1.4 The RHSA approves the staffing plan, as addressed in IHSC OM 16-010, *Clinic Administration*.
- 6-1.5 MAST personnel provide professional and administrative support, utilizing the same request process. This support includes non-direct patient care tasks and special projects that may or may not require on-site presence. Examples include, but are not limited to, assistance with facility training, accreditation preparation, and other tasks.
  - 6-1.5.a To request administrative support from MAST personnel, select the “administrative request” tab on the SharePoint request form.
  - 6-1.5.b Requestors enter the nature and parameters of the request into the text box, with justification of why MAST personnel are requested.
- 6-1.6 The DAD of CS/Medical Director and DAD of HSS review and approve or disapprove all MAST requests, with input from MAST supervisors. DADs can delegate this function to the MAST supervisors.
  - 6-1.6.a Following adjudication of the request, notification to respective parties follow the same route as ITOS notifications.
  - 6-1.6.b Funding for MAST personnel TDYs route through the Mission Critical Travel (MCT) process for approval and notification.

**7. HISTORICAL NOTES:** This directive replaces IHSC OM 18-002 *Medical Asset Support Team (MAST)*, dated March 26, 2019. No substantial content changes in conversion from OM to directive. This directive follows the required IHSC directive format and now includes the Responsibilities section.

**8. DEFINITIONS:** See the IHSC Glossary for definitions in this directive.

**9. APPLICABLE STANDARDS:**

**9-1.** Performance-Based National Detention Standards (PBNDS):

9-1.1. Part 4: Care, 4.3 Medical Care, Section B. Designation of Authority.

**9-2.** Family Residential Standards 2020 (FRS 2020):

9-2.1. Part 4: Care; 4.3 Health Care, Section B. Designation of Authority

**9-3.** American Correctional Association (ACA):

9-3.1. 4-ALDF-2A-14-15- Staffing.

**9-4.** National Commission on Correctional Health Care (NCCHC) Standards for Health Services in Jails 2018:

9-4.1. J-C-07 Staffing. Compliance indicator #1 and 5 are addressed in IHSC Directive 01-43, *IHSC TDY On-Call Schedule (ITOS)*.

**10. 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.

**10-1.** IHSC staff complete annual training on the protection of patient health information and Sensitive Personally identifiable information.

**10-2.** 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.

**10-3.** 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 records 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.

**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:** Deputy Assistant Director, Clinical Services.