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

OCCUPATIONAL HEALTH

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By Order of the Assistant Director
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1. **PURPOSE:** The purpose of this directive is to set forth the policies for U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) concerning occupational health.

2. **APPLICABILITY:** This directive applies to all IHSC personnel, including, but not limited to, Public Health Service (PHS) officers, civil service employees, and contract 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.

3-6. Privacy Act of 1974, Title 5, U.S. Code, Section 552 (a) (5 U.S.C. § 552(a)), as applied in the Department of Homeland Security (DHS)/ICE-013 Alien Health Records System of Records Notice, 80 Federal Register 239 (January 5, 2015).

3-7. Title 29, Code of Federal Regulations, Part 1960 (29 CFR 1960), Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.

3-8. Title 29, Code of Federal Regulations, Section 1910.1030 (29 CFR §1910.1030), Bloodborne Pathogens.

3-9. Executive Order 12196, Occupational Safety and Health Programs for Federal Employees.

3-10. Public Law 91-596, Occupational Safety and Health Act (OSH Act) of 1970.

3-11. DHS Directive: 066-01, Safety and Health Programs.

3-12. ICE, Occupational Safety and Health (OSH) Program Requirements Handbook.

3-13. DHS | Handbook for Safeguarding Sensitive Personally Identifiable Information.

4. POLICY: IHSC maintains an occupational health program that promotes workforce health, identifies job hazards, implements controls, and trains staff to promote their safety and well-being while at work. IHSC documents, monitors and evaluates workforce injuries and illnesses, and develops preventive and corrective actions. Health staff must adhere to federal occupational health regulations, as mandated by the Occupational Safety and Health Administration (OSHA), and all applicable DHS and ICE policies. IHSC collaborates with ICE field office collateral duty safety officers, and facility administrators, to promote a safe environment for all employees.

4-1. Workforce Health Program.

4-1.1 The health services administrator (HSA), with the assistance of the field healthcare program manager (FHPM), must oversee workforce health activities within the medical clinic to include the following:

4-1.1.a Initial, annual, and periodic, tuberculosis (TB) infection screenings;

4-1.1.b Initial and ongoing monitoring of vaccination status;

4-1.1.c Monitoring workforce radiation exposure of health staff working with, or in areas where, radiation-emitting equipment is used;

4-1.1.d Maintaining workforce health files, which must be kept separate from personnel files.

4-1.2 The HSA must perform an annual review of workforce health program requirements.

4-1.3 Health staff must accomplish workforce health program requirements through their usual source of medical care.

4-1.4 The HSA must ensure health staff awareness of workplace reproductive hazards and must provide information to health staff to share with their personal health care provider, if necessary.

4-1.5 The FHPM, HSA, assistant health services administrator (AHSA), and other designees, should facilitate completion of information requests for monitoring and following up on workforce health-related reports, interventions, and process improvements.

4-2. Bloodborne Pathogen Program.

4-2.1 Program requirements. The HSA, with the assistance of the FHPM, must oversee the bloodborne pathogens program (BBP), and must implement a medical clinic exposure control plan (ECP) that describes how occupational exposures to BBP, and other potentially infectious material (OPIM) are controlled as mandated by the federal OSHA BBP standard.

4-2.2 Exposure control plan. The ECP includes, at a minimum, the following:

4-2.2.a A job hazard analysis (JHA);

4-2.2.b The communication of hazards to health staff; and

4-2.2.c Exposure control methods, which include:

- Standard precautions;
- Transmission-based precautions;
- Administrative controls;
- Engineering controls;
- Work practice controls;
- Personal protective equipment;
- Housekeeping;
- Regulated waste;
- Cleaning and disinfection; and
- Blood and bodily fluid spill cleanup.

4-2.2.d Hepatitis B vaccination compliance;

4-2.2.e Post-exposure reporting, evaluation, and follow up; and

4-2.2.f Recordkeeping.

4-2.3 The HSA must ensure the ECP is accessible to all staff.

4-2.4 The HSA, or designee, must review and update the ECP annually and more frequently if deemed necessary.

4-3. Personal Protective Equipment Program.

4-3.1 The HSA, with the assistance of the FHPM, must oversee the personal protective equipment (PPE) program for the medical clinic to include:

4-3.1.a JHA;

4-3.1.b The selection, purchase, use, care, and disposal of PPE; and

4-3.1.c The training and documentation of the PPE program.

4-3.2 Health staff must adhere to the PPE program when performing assigned medical clinic duties as mandated by OSHA regulations.

4-4. Respiratory Protection Program.

4-4.1 The HSA, with the assistance of the FHPM, must oversee the respiratory protection program (RPP) for the medical clinic to include:

4-4.1.a Medical clearance for respirator use;

4-4.1.b Fit testing of respirators;

4-4.1.c The purchase, use, care, and replacement of respirators; and

4-4.1.d The training and documentation of the RPP.

4-4.2 Health staff must adhere to RPP requirements when performing assigned clinic duties as mandated by OSHA regulations.

4-5. Occupational Injury and BBP Post-Exposure Management.

4-5.1 The HSA, with the assistance of the FHPM, must ensure that appropriate recommendations are provided to health staff for occupational injuries and post-exposure management, following exposure to HIV, hepatitis B, and hepatitis C.

4-5.2 Injury and post exposure reporting requirements. The HSA, FHPM, or designee must use the Public Health, Safety, and Preparedness (PHSP) Unit's workforce injury tool to report the occurrence of staff TB test conversions within seven working days and must ensure the anonymity of the employee.

4-5.3 Investigative requirements. The HSA, FHPM, or designee, must investigate and track occupational injuries and BBP exposures across time to determine causes and uncontrolled hazards, and must develop preventive measures and corrective action plans.

4-5.4 Privacy requirement. The HSA must ensure that the injured staff's confidentiality is maintained during investigations of occupational injuries and illnesses.

4-5.5 Medical/injury referral. Health staff must be referred to their usual source of health care for any care other than lifesaving care.

4-6. Recording and Reporting Requirements for Employee Injuries, Illnesses, or Deaths.

4-6.1 Occupational illness and injury recording and reporting oversight. The HSA, with the assistance of the FHPM, must oversee all OSHA recording and reporting requirements for any occupational injury and illness occurring in the medical clinic.

4-6.2 Persons/entities responsible for recording and **reporting.** Consistent with OSHA regulations, the entity that provides day-to- day oversight of the work performed at a worksite is required to comply with OSHA recording and reporting requirements for all workers at the worksite. Therefore, the HSA, or FHPM, must record and report occupational injuries and illnesses for federal employees, and contract staff, in accordance with the specifications outlined in this directive, unless the contract employer supervisor works on-site. If the contract employer supervisor works on-site, the HSA should refer contract staff to their contract supervisor for recording and reporting of occupational injuries or illnesses.

4-6.3 Privacy requirements. The HSA, and FHPM, must ensure employee confidentiality and must protect personally identifiable information (PII) when documenting health staff injuries and illnesses.

4-6.4 Reporting requirements for work-related deaths.

4-6.4.a The HSA must immediately notify the supervisor, who should continue immediate notifications through the supervisory chain to the IHSC assistant director (AD), via telephone, of all work-related deaths or deaths occurring within 30 days of a work-related injury.

4-6.4.b The HSA must notify the OSHA Area Office within 8 hours of a death that results from a work-related incident. The initial report to OSHA can be made verbally over the telephone, or in person, to the OSHA Area Office nearest to the site of the incident. If the OSHA Area Office is closed, the initial report to OSHA can also be made using their toll-free central telephone number at 1-800-321-6742. Only fatalities occurring within 30 days of the work-related incident must be reported to OSHA.

4-6.4.c If the incident resulting in death is entirely caused by non-work factors, then it is not work-related and is not required to be recorded in the OSHA records. If work contributed to the illness in some way, then it is work-related and must be evaluated for its recordability. When questionable, the incident must be reported to the local OSHA Area Office director who will decide whether or not to investigate the incident.

4-6.4.d The AD, or designee, must rapidly notify the ICE Safety and Sustainability division chief of a death that results from a work-related incident.

4-6.5 Reporting requirements for work-related injuries that result in inpatient hospitalizations, amputations, or the loss of an eye.

4-6.5.a The HSA must immediately notify the supervisor, who should continue immediate notifications through the supervisory chain to the AD, of all work-related injuries resulting in inpatient hospitalizations, amputations, or the loss of an eye within 24 hours.

4-6.5.b The HSA must notify the OSHA Area Office within 24 hours of an incident resulting in inpatient hospitalizations, amputations, or the loss of an eye.

4-6.5.c The AD, or designee, must promptly notify the ICE Safety and Sustainability division chief of all work-related injuries or illnesses that result in inpatient hospitalizations, amputations, or the loss of an eye.

4-6.6 Recording requirements for occupational injuries, illnesses, or deaths.

4-6.6.a The HSA must document all work-related deaths, or work-related injuries, or illnesses that result in days away from work, restricted work or job transfer, loss of consciousness,

medical treatment beyond first aid, or medical diagnosis resulting from a work-related exposure, illness, or injury on the Illnesses Incident Report (OSHA Form 301) as soon as possible, but no later than seven days after notification.

4-6.6.b The HSA, or FHPM, must document all recordable work-related deaths, or work-related injuries or illnesses, (per OSHA regulations) that result in days away from work, restricted work, job transfers, loss of consciousness, or medical treatment beyond first aid—or medical diagnosis resulting from a work-related exposure, illness, or injury— on the Workforce Injury Reporting Tool on the PHSP Unit's SharePoint page within seven working days of notification.

- The HSA, or FHPM, must mark records documenting illnesses or injuries meeting the above criteria as OSHA-recordable or OSHA-reportable.
- The Workforce Injury Reporting Tool can filter records marked as OSHA-recordable, or OSHA-reportable, to function on the Log of Work-Related Injuries and Illnesses form (OSHA Form 300).

4-6.7 Requirements for Annual Summary of Work-Related Injuries and Illnesses.

4-6.7.a The HSA, or FHPM, must compile all recordable work-related injuries, illnesses, and deaths into the Summary of Work-Related Injuries and Illnesses form (OSHA Form 300A) by December 31st of each year.

4-6.7.b The HSA, or FHPM, must post the OSHA Form 300A in a visible location in the medical clinic from February 1st until April 30th each year.

4-6.7.c The HSA must send a copy of the OSHA Form 300A received from the medical clinic to PHSP Unit staff by January 15th each year.

4-6.8 OSHA record retention requirements. The HSA must keep the OSHA Forms 300, 301 and 301A in the IHSC-staffed medical clinic for five years.

4-7. PHSP Unit Oversight and Monitoring.

4-7.1 The PHSP Unit oversees and offers guidance on occupational health requirements.

4-7.1.a PHSP Unit oversees occupational associated risks through a medical surveillance program.

4-7.1.b The clinical medical authority (CMA) reviews and approves the health aspects of the medical surveillance program.

4-7.2 In addition to routine information requests, the PHSP Unit periodically collects information from the medical clinics to monitor implementation of local occupational health requirements.

4-8. Medical Surveillance of Detainee Workers

4-8.1 The CMA or designee ensures initial and ongoing health assessments for detainee workers completed prior to and throughout the duration of detainee worker assignments.

4-8.1.a The CMA or designee ensures detainee worker illnesses and injuries related to occupational exposure are assessed and treated.

4-8.1.b The HSA or FHPM or designee ensures information about detainee worker occupational illnesses and injuries are identified for quality improvement.

4-8.1.c The CMA or designee ensures food service detainee workers complete medical screening and certification prior to and throughout the duration of work assignments in food service.

4-8.1.d The HSA or FHPM or designee ensures coordination with the facility administrator for detainee food service workers medical clearance certification.

4-8.1.e Detainees and residents cannot clean biohazard spills and/or biohazard trash.

4-9. Orientation and Training: The HSA, or designee, must ensure that orientation and annual training that includes occupational health is implemented and documented in accordance with IHSC Directive 01-04 Medical Education and Development.

5. PROCEDURES: Detailed procedures, related to this directive, are found in the four guides listed below:

5-1. 05-02-G-01 Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials.

5-2. 05-02-G-02 Occupational Health Guide: Personal Protective Equipment.

5-3. 05-02-G-03 Occupational Health Guide: Respiratory Protection Program

5-4. 05-02-G-04 Occupational Health Guide: Workforce Health Program.

6. **HISTORICAL NOTES:** This directive supersedes all previous versions of IHSC Directive 05-02, Occupational Health. The technical update incorporates the following changes:

6-1. The position title for Compliance Officer (CO) has been changed to Facility Health Program Manager (FHPM) for IHSC facilities.

6-2. Language to address NCCHC, J-B-04 Medical Surveillance of Inmate Workers standard and compliance indicators added to align with NCCHC 2018 standards.

7. **DEFINITIONS:** See definitions for this policy at IHSC Glossary and the Occupational Health Guides.

8. **APPLICABLE STANDARDS:**

8-1. ICE Performance-Based National Detention Standards (PBNDS), 2011, updated 2016:

8-1.1 1.2: Environmental Health and Safety.

8-1.2 Voluntary Work Program

8-1.3 7.3: Staff Training.

8-2. ICE Family Residential Standards 2020:

8-2.1 1.2: Environmental Health and Safety.

8-2.2 5.5 Voluntary Work Program

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

8-3.1 14-ALDF-4C-14: Communicable Disease and Infection Control Program.

8-3.2 4ALDF- 4D-07: Employee Health.

8-3.3 4-ALDF-5C-11: Work and Correctional Industries

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

8-4.1 J-B-02 Infectious Disease Prevention and Control. (NOTE: Compliance indicators 2a, 2b and 2c are addressed in the IHSC Environmental Health Guide. Compliance indicators 2c and 2d are addressed in the IHSC guides 05-06 G-03 and 05-06 G-02. Compliance indicator 5 is addressed in 05-06 G-02. Compliance indicator 6 is addressed in IHSC directive 03-11: Special Needs

Patients. Compliance indicator number 7 is addressed in IHSC guide 05-06 G-03. Compliance indicator number 8 is addressed in IHSC guide 5-06 G-07. Compliance indicator number 9 is addressed in IHSC directive 05-04.

8-4.2 J-B-04 Medical Surveillance of Inmate Workers

8-4.3 J-C-09 Orientation for Health Staff.

9. PRIVACY AND RECORDKEEPING. 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.

9-1. OSHA Workforce Health Records Requirements.

9-1.1 OSHA regulations require that staff health records must be maintained for the duration of employment plus 30 years.

9-1.2 Staff departure from IHSC. Electronic copies of staff health records should be available for retrieval, following the subsequent series of accreditation and standards reviews, and following each staff members departure from IHSC.

9-1.3 PHS employees transferring within IHSC. The HSA must retain PHS officer staff health records securely for duration of employment plus 30 years. Upon transferring within IHSC, the HSA of the facility, and the officer departing, must send the health records to the HSA at the new duty station. If a site closes, the HSA must send or upload files electronically to IHSC HQ to the Health Operations Unit for secure storage for the duration of the retention period. Electronic records will go in the "Records Archiving" section of SharePoint.

9-1.4 Civil service staff departing from IHSC. The HSA must maintain civil service staff health records securely for the period of the employee's service with IHSC, after which they must be transferred to the National Personnel Records Center, or as appropriate, to the next employing federal agency in accordance with 5 CFR 293 Subpart E, in the Office of Personnel Management, Employee Medical Records System of Records, 75 Federal Register 35099 (June 21, 2010), at the Department of Labor, Office of Workers' Compensation Programs, Federal Employees' Compensation Act

File System of Records, 77 Federal Register 1738, (January 11, 2012), and any other applicable system.

9-1.5 Contract staff departing from IHSC. The HSA must retain contract staff health records securely for the duration of assignment to the duty station. Upon termination of assignment or contract, or for a facility that is closing, the HSA must arrange, through a contract officer representative, to send the original file of the contractor records to the employer. Paper records should be archived and sent to the appropriate Federal Records Center for storage. Electronic records will go in the "Records Archiving" section of SharePoint.

9-1.6 OSHA Forms 300, 300A, and 301, and sharps injury logs. OSHA forms, logs, and sharps injury logs must be retained for five years following the year to which the form or log pertains.

9-1.6.a The HSA must retain OSHA Forms 300, 300A, and 301, and sharps injury logs securely on-site for the duration of the retention period. If the site closes, the forms and logs must be sent to IHSC HQ and uploaded in the "Records Archiving" section of SharePoint for the duration of the retention period.

9-1.6.b Sharps injury logs should be retained separately from OSHA forms but co-located with OSHA forms and logs.

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, Public Health and Safety Unit.