

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

INFECTIOUS DISEASE PUBLIC HEALTH ACTIONS

**IHSC Directive: 05-06
ERO Directive Number: 11781.1
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: June 7, 2019**

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

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1. **PURPOSE:** The purpose of this issuance is to set forth the policies and procedures for infectious disease public health actions.
 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 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 its 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. The Privacy Act of 1974, Title 5, U.S. Code, Section 552(a) (5 U.S.C. § 252), as applied in DHS Privacy Policy Memorandum: 2007-1: "DHS Privacy Policy Regarding Collection, Use, Retention, and Dissemination of Information on Non-U.S. Persons," January 7, 2009.
 - 3-7. ICE Policy No. 11014.1: "Continuity of Care Requirements for Adult Detainees Diagnosed with Active Tuberculosis," May 14, 2004.
 - 3-8. Appendix A: Compliance indicators, standards, and federal regulations referenced in IHSC official guidance covering public health, safety, and preparedness functional areas.
4. **POLICY:** This directive addresses measures for IHSC-staffed medical clinics to prevent, control, or limit the spread of infectious diseases and minimize the impact to operations.
- 4-1. **Scope.** Infectious disease public health actions include a broad range of public health activities and interventions to promote and protect health, and prevent or mitigate infectious disease transmission.
 - 4-2. **Infectious Disease Public Health Actions Plan**
 - 4-2.1 IHSC-staffed medical clinics should maintain a written plan (see associated IHSC Guides) that addresses the public health actions for the management of the following infectious diseases:
 - 4-2.1.a Hepatitis A, Hepatitis B, and Hepatitis C (IHSC Guide 05-06-G-04).
 - 4-2.1.b Human Immunodeficiency Virus (HIV) (IHSC Guide 05-06-G-09).
 - 4-2.1.c Tuberculosis (TB) (IHSC Directive 05-11 and Guides 05-11-G-01 and 05-11-G-02).
 - 4-2.1.d Varicella and Herpes Zoster (IHSC Guide 05-06-G-06).
 - 4-2.1.e Influenza (IHSC Guide 05-06-G-05).
 - 4-2.2 A medical provider is responsible for the clinical management of detainees diagnosed with an infectious disease.
 - 4-2.3 A medical provider provides urgent, non-occupational post-exposure prophylaxis (nPEP) for detainees following an exposure to an infectious disease in accordance with Centers for Disease Control and Prevention (CDC) guidelines. Refer to the IHSC 05-02-G-04 Occupational Health Guide: Workforce Health regarding occupational post-exposure prophylaxis (oPEP) for IHSC staff.

4-3. Screening and Detection

- 4-3.1** Health staff conduct an intake medical screening for detainees inclusive of infectious diseases.
- 4-3.2** Health staff examine detainees new to, or resuming, food service duty for general health, diarrheal diseases, respiratory infections, open sores, skin infections, and illnesses transmissible by food or utensils.
- 4-3.3** Health staff document detainees cleared for food service duty in the IHSC medical record and provide documentation to the facility staff responsible for food service.

4-4. Medical Holds and Alerts

- 4-4.1** Health staff should use the IHSC Global Alert/Medical Hold to document the action in the health record. The IHSC Global Alert/Medical Hold in the health record is a tool to restrict movement of detainees diagnosed with infectious diseases of public health significance. A medical hold does not confer ICE authority to detain.
- 4-4.2** Health staff must not specify a detainee's confidential medical information in the Enforcement Integrated Database (EID), Enforcement Case Tracking System (ENFORCE) Alert/ Medical Alert or in an IHSC Medical Hold. The EID/ENFORCE Alert/Medical Alert and IHSC Medical Hold are tools to inform ICE Enforcement and Removal Operations (ERO) of a requested action for medical or public health reasons, such as notification prior to transfer, release, or removal. A medical hold does not confer ICE authority to detain.
- 4-4.3** Medical holds may be needed for detainees diagnosed with infectious diseases that pose a public health threat to detainees, staff, visitors, and the community, until the detainee is rendered non-contagious. The Facility Healthcare Program Manager (FHPM), other designated health staff, Public Health Safety and Preparedness (PHSP) Unit staff, or field medical coordinators (FMCs) should enter the EID/ENFORCE Alert, type IHSC Medical Hold. Alternatively, the FHPM, or designated staff, should notify and coordinate locally with ICE ERO to implement a medical hold. Medical holds give IHSC staff time to facilitate necessary arrangements for continuity of care prior to transfer, release, or removal.
- 4-4.4** Health staff, PHSP Unit staff, or FMCs should enter the EID/ENFORCE Alert, type Medical, or health staff coordinate locally with ICE ERO, to implement an alert and identify a detainee not requiring the more restrictive Medical Hold.

4-5. Isolation and Management of Detainees Exposed to Infectious Organisms

4-5.1 A medical provider should order medical isolation of detainees diagnosed with infectious diseases as appropriate in accordance with guidelines on transmission-based precautions for the duration of the infectious period to prevent transmission.

4-5.1.a Health staff must document medical isolation and applicable transmission-based precautions in the health record.

4-5.2 IHSC is not responsible for establishing or implementing protocols outside of the medical clinic area. However, health staff should coordinate with the facility to mitigate risks.

4-5.2.a Health staff should recommend cohorting with restricted movement (in adult detention facilities) and social distancing (in family residential facilities) to help reduce the spread of significant infectious diseases, if appropriate.

4-5.2.b Health staff should recommend limiting close contact between known ill or exposed detainees and other detainees within the facility, if appropriate.

4-5.2.c Health staff must monitor the condition of exposed detainees on restricted movement daily for signs or symptoms of the illness to which they were exposed.

4-5.2.d Health staff must document the exposure and restricted movement in an initial note in the health record, and reference daily monitoring tools that will be used for daily observations during the period of restriction.

4-5.2.e Health staff must use separate monitoring tools to facilitate daily observation of large numbers of exposed detainees. Health staff must maintain these monitoring tools systematically so they can be referenced and retrieved.

4-5.2.f Health staff must document the completion of the restricted movement period in the health record.

4-6. Environmental Inspection

4-7. Continuity of Care

4-7.1 Human Immunodeficiency Virus (HIV).

4-7.1.a PHSP Unit staff research and provide health staff with referral and continuity of care resources for detainees diagnosed with HIV.

4-7.1.b Health staff provide location-specific resources to detainees diagnosed with HIV prior to their release or removal.

4-7.2 Tuberculosis – See IHSC Directive 05-11, Public Health Actions for TB Care located in the [IHSC policy library](#).

4-7.3 Health staff should consider continuity of care needs for detainees with other infectious diseases of public health significance in consultation with the Regional Clinical Director, PHSP Unit staff, and the IHSC Infectious Disease Consultant.

4-8. Contact and Outbreak Investigations

4-8.1 The FHPM should coordinate and implement contact and outbreak investigations within the scope of detainee health services and in collaboration with the local or state health department.

4-8.2 Health staff should implement clinical and infection prevention interventions to promptly identify, investigate, and control infectious disease outbreaks within the scope of detainee health services.

4-8.3 Health staff should collaborate with facility, law enforcement, and local health department staff on contact and outbreak investigations for infectious diseases of public health significance that have the potential for serious morbidity or mortality.

4-8.4 Health staff should report contact and outbreak investigations to PHSP Unit staff and the local health department.

4-8.5 Health staff should inform detainees of the voluntary and confidential nature of a contact investigation and provide detainee education on the condition of interest.

4-8.6 PHSP Unit staff and the IHSC Infectious Disease Consultant should provide technical guidance for the conduct, scope, and overall management of contact and outbreak investigations regarding ICE detainees.

4-8.7 Health staff must follow all applicable ICE and DHS policies addressing privacy and disclosure of law enforcement sensitive information.

4-8.8 Health staff should not disclose information regarding an individual's legal claims or proceedings.

4-8.9 Health staff should direct questions about a detainee's legal claims or proceedings, including confidentiality, or the disclosure of information to the Office of the Principal Legal Advisor (OPLA) or local Office of Chief Counsel (OCC).

4-9. Surveillance and Reporting

4-9.1 PHSP Unit staff should monitor information disseminated through the Centers for Disease Control and Prevention (CDC) and international health organizations for announcements and advisories regarding emerging or established public health threats.

4-9.2 PHSP Unit staff should monitor detainee infectious disease surveillance data in collaboration with the FHPM to examine trends and detect infectious disease outbreaks.

4-9.3 PHSP Unit staff should utilize information available in the health record for surveillance and monitoring. PHSP Unit staff should request additional health information not available in the health record at the time it is needed for completeness, surveillance, reporting, continuity of care, or other public health intervention from the FHPM, Health Services Administrator (HSA), Assistant Health Services Administrator (AHSA), or other designee.

4-9.4 The FHPM, HSA, AHSA, and other designees should facilitate completion of information requests for surveillance, reporting, continuity of care, and other public health interventions promptly.

4-9.5 Health staff should document detainee infectious disease diagnoses in the health record using the appropriate international classification of diseases (ICD) code.

4-9.6 Health staff should report detainees with notifiable diseases to the local or state health department in accordance with local, state, and federal regulations.

4-9.7 Health staff should report events requiring contact investigations, outbreaks, or an unexpected increase in prevalence or incidence of disease among detainees to local leadership, PHSP Unit staff, and the local or state health department in accordance with local, state, and federal regulations.

4-10. Significant Infectious Disease or Pandemic

4-10.1 The FHPM, HSA, and other designated staff should implement emergency response procedures for IHSC-staffed medical clinics in the event of a significant infectious disease threat, pandemic, or indication that an IHSC-staffed medical clinic will receive an influx of detainees with a disease of public health significance.

4-10.2 PHSP Unit staff should develop and update official guidance to address public health actions and infection control measures related to a significant infectious disease threat or pandemic among ICE detainees.

4-11. Media Relations

4-11.1 IHSC staff must refer all media inquiries and responses through the supervisory chain to the ICE Office of Public Affairs.

4-12. PHSP Unit Oversight and Monitoring

4-12.1 PHSP Unit staff provide national oversight of the public health actions for the management of infectious diseases among ICE detainees. PHSP Unit staff provide technical assistance to IHSC-staffed medical clinics on implementing infectious disease public health actions within the scope of detainee health services.

4-12.2 PHSP Unit staff serve as subject matter experts on infectious disease public health actions and the point of contact for providing guidance to FHPMs, HSAs, AHSAs, and other health staff on functions under the scope of this directive and related guides.

4-12.3 In addition to routine information requests for surveillance, reporting, continuity of care, and public health interventions, PHSP Unit staff periodically collect information from IHSC-staffed medical clinics to monitor implementation of public health activities regarding ICE detainees.

4-12.4 PHSP Unit staff review and update this directive and corresponding guides at least annually.

4-13. Training and Education

4-13.1 The HSA or designee must ensure that orientation and annual training that includes infectious disease public health actions is implemented and documented in accordance with IHSC Directive *01-04, Medical Education and Development*.

4-13.2 Health care personnel should educate detainees diagnosed with, or exposed to, an infectious disease of public health significance about topics such as transmission, risk factors, and infection prevention and control measures.

5. PROCEDURES: Detailed procedures related to this directive are found in the IHSC policy library in the following guides:

- 5-1. *05-06-G-01, Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigations.*
- 5-2. *05-06-G-02, Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms.*
- 5-3. *05-06-G-03, Infectious Disease Public Health Actions Guide: Surveillance and Reporting.*
- 5-4. *05-06-G-04, Infectious Disease Public Health Actions Guide: Management of Hepatitis.*
- 5-5. *05-06-G-05, Infectious Disease Public Health Actions Guide: Management of Influenza.*
- 5-6. *05-06-G-06, Infectious Disease Public Health Actions Guide: Management of Varicella and Herpes Zoster.*
- 5-7. *05-06-G-07, Infectious Disease Public Health Actions Guide: Management of Ectoparasites.*
- 5-8. *05-06-G-09, Infectious Disease Public Health Actions Guide: Management of HIV.*
- 5-9. *05-06-G-08, Infectious Disease Public Health Actions Guide: Zika Virus.*
- 5-10. *05-11-G-01, Public Health Actions for TB Care Guide: IHSC Staffed Medical Clinics.*
- 5-11. *05-11-G-02, Public Health Actions for TB Care Guide: IHSC Headquarters.*
- 5-12. *05-02, Occupational Health, and 05-02-G-01, Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials (these official guidance documents address the Exposure Control Plan).*

6. HISTORICAL NOTES: This directive replaces the previous version of IHSC Directive 05-06, Infectious Disease Public Health Actions.

7. **DEFINITIONS:** See definitions for this policy in the 11-00 IHSC Glossary located in the IHSC policy library and guides related to infectious disease public health actions.

8. **APPLICABLE STANDARDS:**

See also Appendix A.

8-1. Performance-Based National Detention Standards (PBNDS)

8-1.1 PBNDS 2011:

8-1.1.a Part 4: Care; 4.3 Medical Care; C. Communicable Disease and Infection Control; Z. Continuity of Care; 2. Tuberculosis (TB) Management; 4. Transfer and Release of Detainees

8-2. **ICE Family Residential Standards**

8-2.1 Part 4: Care; 4.3 Medical Care; 2. Communicable Disease and Infection Control; b. Additional Requirements Regarding Tuberculosis

8-3. **American Correctional Association (ACA)**

8-3.1 Performance-Based Standards for Adult Local Detention Facilities, 4th edition:

8-3.1.a 4-ALDF-4C-04: Continuity of Care.

8-3.1.b 4-ALDF-4C-14-17: Communicable Disease and Infection Control Program.

8-3.1.c 4-ALDF-4D-13: Confidentiality.

8-4. **National Commission on Correctional Health Care (NCCHC)**

8-4.1 Standards for Health Services in Jails, 2018:

8-4.1.a J-B-02 Infection Prevention and Control Program.

(Compliance indicators for this standard are also addressed in the following IHSC official guidance: 05-02 Occupational Health, 05-02-G-01 Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials, 05-02-G-02 Occupational Health Guide: Personal Protective Equipment, 05-02-G-03 Occupational Health Guide: Respiratory Protection, 05-02-G-04 Occupational Health Guide: Workforce Health, 05-04 Environmental Health, 05-04-G-01 Environmental Health Guide, 05-05 Safety and Security,

05-11 Public Health Actions for Tuberculosis Care, 05-11-G-01
Public Health Actions for Tuberculosis Care Guide: IHSC-Staffed
Medical Clinics, 05-11-G-02 Public Health Actions for Tuberculosis
Care Guide: IHSC Headquarters).

9. **PRIVACY AND RECORDKEEPING.** IHSC stores, retrieves, accesses, retains, and disposes of these records in accordance with the Privacy Act and as provided in the DHS/ICE-013: Alien Health Records System of Records Notice, 80 Federal Register 239 (Jan. 5, 2015). The records in the electronic health record (eHR)/eClinical Works (eCW) are destroyed ten (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
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