

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

NURSING SERVICES UNIT

**IHSC Directive: 03-42
ERO Directive Number: 11800.2
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: October 30, 2023**

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

(b)(6),(b)(7)(C)

1. **PURPOSE:** The purpose of this directive is to set forth policies and procedures for the Nursing Services Unit (NSU) to address administrative, operational, and clinical functions, and for clinical nursing staff to standardize nursing practice and care across the IHSC health care system.

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 applies to IHSC personnel who support 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. Section 232 of the Immigration and Nationality Act (8 USC 1222), Detention of Aliens for Physical and Mental Examination.
 - 3-2. Title 8, Code of Federal Regulations, Section 232 (8 CFR 232),v Detention of Aliens for Physical and Mental Examination.
 - 3-3. Title 42, U.S. Code 252, Public Health Service Act, (42 USC 252), Medical Examination of Aliens.

4. **POLICY:** Nursing staff who work within or support IHSC-staffed facilities perform duties within their designated scope and standards of practice, for which they are credentialed by training, licensure, certification, and competencies.

- 4-1. Nursing staff perform their services in accordance with federal, state, and local laws; rules and regulations; and state nursing practice acts.
- 4-2. All nurses must act in accordance with the IHSC NSU Clinical Nursing Scope and Standards of Practice and Code of Ethics, nursing competencies, orientation/training, nursing post orders, and requirements found in IHSC 03-42 G-01, *Nursing Services Unit Guide*. Health staff may find all nursing governing documents on the [NSU SharePoint page](#).

5. RESPONSIBILITIES:

- 5-1. **IHSC Medical Director** reviews and approves clinical nursing guidelines annually, for compliance with evidence-based practice and correctional standards as the clinical medical authority.
- 5-2. **IHSC Deputy Assistant Director, Health Systems Support**, maintains IHSC HQ clinical staff credentialing portfolios after IHSC Credentialing and Privileging Unit (ICPU) verifies all required credentialing documents, in IHSC Directive 01-44, *Credentialing and Privileging*.
- 5-3. **Health Services Administrator (HSA) or Designee**
 - 5-3.1 Maintains local clinical staff credentialing portfolios within their assigned facility.
 - 5-3.2 Assigned as the facility's scheduling authority to approve and publish finalized staff schedules in accordance with IHSC policy.
 - 5-3.3 Collaborates with the facility local triad and contract vendor to ensure adequate staffing for mission requirements.
 - 5-3.4 Serves as the primary government technical monitor (GTM) for contract staff at their facility.
- 5-4. **IHSC Chief Nurse**
 - 5-4.1 Provides administrative, operational, and clinical oversight of the NSU, as the final authority for nursing activities.
 - 5-4.2 Reviews and approves all official nursing services policies, procedures, standards, and guidance.
 - 5-4.3 Ensures clinical standards for nursing practice align with current evidence-based research and professional nursing standards.
 - 5-4.4 Provides direct supervision, management, oversight, orientation, and mentorship to the NSU program manager and regional nurse managers (RNMs), to promote clinical and administrative competency.

- 5-4.5 Reviews and approves clinical nursing guidelines annually for compliance with evidence-based practice and correctional standards.
- 5-4.6 Collaborates with Public Health, Safety, and Preparedness Unit chief to ensure health staff receive training on housekeeping procedures, hazardous materials, and chemicals handling.

5-5. Regional Nurse Managers

- 5-5.1 Provide administrative, operational, and clinical oversight of nursing activities at IHSC-staffed facilities within their assigned region.
- 5-5.2 Provide direct supervision for the nurse managers (NM) assigned to IHSC-staffed sites within their assigned region.
- 5-5.3 Ensure each NM completes required orientation, training, and demonstrates registered nurse (RN) and nurse management competencies within three months of onboarding and annually. Maintains training records for NMs.

5-6. Nurse Manager /Assistant Nurse Manager (ANM) or Designee

- 5-6.1 Provides administrative, operational, and clinical oversight of nursing activities at assigned IHSC-staffed facility.
- 5-6.2 Provides direct administrative and clinical supervision to all federal nursing staff.
- 5-6.3 Serves as the GTM and provides clinical oversight for contract nursing staff at assigned IHSC-staffed facility.
- 5-6.4 Ensures all nursing staff complete required orientation, training, nursing competencies within three months of onboarding and annually. Provides remediation as needed. Maintains training records for nursing staff.
- 5-6.5 Coordinates orientation for new nursing staff.
- 5-6.6 Coordinates the nursing peer review process for all nursing staff.
- 5-6.7 Provides site-specific nursing clinical and administrative activity reports weekly to RNMs.

5-7. All Nursing Staff (Registered Nurses, Licensed Vocational Nurses, Licensed Practical Nurses, Certified Nursing Assistants)

- 5-7.1 Provide direct patient care in accordance with their IHSC position description and all U.S. Department of Homeland Security, ICE, and IHSC directives and guides.

- 5-7.2 Provide scheduled nursing shift coverage to support clinical nursing coverage 24 hours a day, seven days per week.
- 5-7.3 Provide life-saving treatments and medications in an emergency response, even when a physician or Advanced Practice Provider is not available.
- 5-7.4 Complete required mandatory trainings as assigned and nursing competence with clinical skills verification is evaluated annually.
- 5-7.5 Complete mandatory training and clinical skills competency evaluation with clinical skills verification, when NSU introduces or revises a clinical nursing procedures or guidelines.
- 5-7.6 Undergo nursing services peer review in accordance with IHSC Directive 01-46, *Peer Review*.
- 5-7.7 Maintain compliance with credentialing in accordance with IHSC Directive 01-44, *Credentialing and Privileging*.
- 5-7.8 All field nursing staff must complete required clinical nursing orientation with mandatory training and nursing competency evaluation, including clinical skills verification within three months after on-boarding. Any extensions past 90 days require RNM approval.
- 5-7.9 All HQ nursing staff must complete discipline specific orientation with mandatory trainings, and nursing competency evaluation with clinical skills verification, in accordance with IHSC Directive 01-43, *TDY On-Call Schedule (ITOS) Program*.

5-8. Registered Nurse (RN)

- 5-8.1 Maintains the legal authority to delegate and supervise care provided by LVNs, LPNs, and CNAs. Although the RN delegates care, the RN retains accountability for patient outcomes.
- 5-8.2 Serves as the shift clinic coordinator, as needed.
- 5-8.3 Uses the approved IHSC RN Clinical Nursing Guidelines when providing care to patients.
 - 5-8.3.a Nursing guidelines for acute non-emergency health care (sick call) include treatment with over-the counter (OTC) medications only. The RN may provide over the counter medications using the CNGs and in accordance with manufacturer instructions. No off-label uses of these medications are permitted.

5-8.3.b Nursing guidelines for urgent/emergent life-threatening conditions may contain guidance to administer prescription medications. Emergency administration of prescription medications require immediate communication with a provider to obtain a provider's order before or as soon as possible after administration.

5-8.4 Performs complete health assessments for adults with no chronic medical conditions, after undergoing the IHSC Specialty Training Certification Program with verified skill assessment on the Nursing Health Assessment competency form.

5-8.5 Psychiatric RNs must obtain and maintain board certification in psychiatric nursing by the American Nurses Credentialing Center within one year of hire date.

5-9. Licensed Vocational Nurses/Licensed Practical Nurses

5-9.1 Provide nursing care services under directed scope and standard of practice under the supervision of an RN, advanced practice registered nurse, physician assistant, physician, or dentist. LVNs or LPNs may also work with licensed behavioral health providers within the IHSC field setting.

5-9.2 Provide nursing care services corresponding to their level of competence and education.

5-10. Certified Nursing Assistants/Nurse Technicians

5-10.1 Provide nursing care services under directed scope and standard of practice under the supervision an RN.

5-10.2 Provide nursing care services corresponding to their level of competence and education.

5-11. Contract Vendor

5-11.1 Oversees the compliance of contract nursing personnel with credentialing requirements.

5-11.2 Oversees the compliance of contract nursing personnel with contractual requirements. Provides administrative supervision for all contract nursing staff.

5-11.3 Manages the contract nursing staff schedules in accordance with contract requirements.

6. **PROCEDURES:** For additional administrative, operational, and clinical procedures, see IHSC 03-42 G-01, *Nursing Services Unit Guide*, and the referenced forms and guiding documents that supplements this directive and explains concepts, assigns responsibilities, and details procedures for nursing services.

7. **HISTORICAL NOTES:**

7-1. This document is renamed and replaces IHSC Directive 03-42, *Clinical Nursing Scope, Standards, and Competencies*, dated, February 1, 2019; and the Interim Reference Sheet for New Clinical Nursing Guidelines, dated October 20, 2021.

7-2. **Summary of Changes:**

7-2.1 Updated authorities and references.

7-2.2 Language for “detainee/noncitizen” changed to “patient” throughout the document in the appropriate context.

7-2.3 Clarified responsibilities to include all nursing services unit leadership and nursing staff who provide patient care within or supporting IHSC-staffed facilities.

7-2.4 Added subject-related definitions and links to provide clarity and further guidance for nursing services.

7-2.5 Clarified administrative procedures for nursing personnel supervision, staffing, and credentialing requirements; operational procedures to clarify requirements for facility orientation, scheduling, and training and education and procedures for clinical oversight, clinical nursing orientation, IHSC clinical nursing scope and standards of practice and code of ethics for nursing, competency assessments, peer review and post orders requirements.

7-2.6 Clarified requirements for use of IHSC approved Clinical Nursing Guidelines.

8. **DEFINITIONS:** See definitions for this policy in the Glossary located in the IHSC Policy Library under Glossary of Terms and Titles. The following definitions apply for purposes of this directive and associated guide only.

8-1. **Clinic Coordinator** - a registered nurse assigned to coordinate patient traffic flow for scheduled appointments and, communicate, coordinate, collaborate and ensure completion of nursing duties, assignments and activities during a particular nursing shift.

- 8-2. **Clinical Nursing Guidelines** - nursing assessment protocols based on evidence-based practice to guide the registered nurse in appropriate triage, assessment, identification, interventions (to include approved treatments), and documentation. Written instructions to specify the necessary steps in evaluating a patient's health status and to guide the nursing process.
- 8-3. **Nurse Competencies** - consist of a documented verification of a nurse's ability to integrate knowledge, judgement, and clinical skills under situations or settings/traits that include core abilities necessary to perform ethical and effective nursing practice in accordance with credentialing requirements.
- 8-4. **Nursing Code of Ethics** - guidance using ethical principles designed to assist nursing professionals to conduct patient care with integrity.
- 8-5. **Nursing Post Orders** - written guidance on procedures, duties, and responsibilities used by nurse assigned to various clinical nursing assignments.
- 8-6. **Nursing Shift** - hours a nurse is scheduled to work during a 24-hour period covering days, evening, and/or nights.

9. APPLICABLE STANDARDS:

9-1. Performance Based National Detention Standards (PBNDS) 2011 (rev. 2016):

9-1.1 Part 4, Care, Section 4.3: Medical Care

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

9-2.1 Part 4, Care, Section 4.3: Health Care

9-3. American Correctional Association (ACA): Performance-Based Standards for Adult Local Detention facilities, 4th edition:

9-3.1 4-ALDF-4C-03 Clinical Services

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

9-4.1 J-E-08 Nursing Assessment Protocols and Procedures.

- 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: Chief, Nursing Services Unit.