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

KROME BEHAVIORAL HEALTH UNIT (KBHU) ADMINISTRATIVE CLINICAL SERVICES

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

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1. **PURPOSE**: The purpose of this directive is to set forth policies and procedures for the administration and care of ICE detainees who IHSC staff refer and admit to the Krome Behavioral Health Unit (KBHU).

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 medical and mental health care operations in the KBHU. Federal contractors are responsible for the management and discipline of their employees supporting IHSC.

3. **AUTHORITIES AND REFERENCES**:
   - **3-1.** Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC 252); *Medical Examination of Aliens*.
   - **3-2.** Title 42, U.S. Code, Public Health Service Act, Section 322 (42 USC 249(a)), *Medical Care and Treatment of Quarantined and Detained Persons*.
   - **3-3.** Title 8, Code of Federal Regulations, section 232 (8 CFR 232), *Detention of Aliens for Physical and Mental Examination*.
   - **3-4.** Title 8, Code of Federal Regulations, Section 235.3 (8 C.F.R. 235.3), *Inadmissible Aliens and Expedited Removal*.
   - **3-5.** Section 2.12 *Special Management Units of the Performance-Based National Detention Standards* (PBNDS 2011); Section 4.3.O *Mental Health Program* (PBNDS 2011).
   - **3-6.** IHSC Directive 07-09, *KBHU National Admission and Discharge Criteria*.

3-7. IHSC Directive 07-02, *Behavioral Health Services Directive*.

3-8. IHSC 07-02 G-01, *Behavioral Health Services Guide*.

3-9. IHSC Directive 03-08, *Pre-Screening*.

3-10. IHSC Directive 03-10, *Intake Screening and Intake Review*.

4. **POLICY:** The KBHU is a 30-bed behavioral health residential unit, within the Krome Service Processing Center (SPC). The KBHU provides subacute evidence-based and individualized behavioral health treatment and services to ICE detainees, including care and services to stabilize their condition(s) for transfer, release, or repatriation. The KBHU uses a patient-centered, goal-directed, integrated, and care-focused approach; its goal is to improve patient health outcomes.

4-1. Health staff from IHSC and Intergovernmental Service Agreement (IGSA) detention facilities refer patients to the KBHU for chronic conditions and special needs.

4-2. Krome Service Processing Center (SPC) staff screen and medically evaluate all referred detainees upon arrival.

4-3. ICE detainees admitted to the KBHU receive medical, dental, and mental health services, from admission to discharge, by an interdisciplinary medical team.

4-4. KBHU provides language translation services and health education materials in the most common languages spoken at IHSC facilities (English, Creole, Spanish, and Mandarin Chinese).

5. **RESPONSIBILITIES**:

5-1. **The Behavioral Health Unit (BHU)** manages KBHU program operations and delivery of care in accordance with IHSC Directive 07-02, *Behavioral Health Services Directive*, and IHSC 07-02 G-01, *Behavioral Health Services Guide*. The BHU Unit Chief or designee serves as a member of the KBHU Admission Review Panel.

5-2. **KBHU Admission Review Panel (ARP)** reviews all patient referrals, admissions, and discharges for the KBHU in accordance with the admission and discharge criteria (see IHSC Directive 07-09, *KBHU National Admission and Discharge Criteria).*

5-3. **Krome SPC Health Services Administrator (HSA) or Assistant Health Services Administrator (AHSA)**

5-3.1 Oversees administrative responsibilities.

5-3.2 Maintains the IHSC KBHU Concept Statement and Procedures.

5-3.3 Serves as a member of the KBHU Admission Review Panel (ARP).

5-4. Krome SPC Clinical Director (CD)

5-4.1 Oversees clinical responsibilities for the KBHU.

5-4.2 Establishes and annually approves clinical protocols consistent with national clinical practice guidelines.

5-4.3 Develops clinical protocols to identify and manage chronic diseases or other special needs such as, asthma, diabetes, HIV, hyperlipidemia, hypertension, mood disorders, and psychotic disorders.

5-4.4 Clinically justifies any deviations from established protocols.

5-4.5 Serves as a member of the KBHU ARP.

5-5. Regional Clinical Director (CD) oversees clinical responsibilities for the KBHU in the absence of the Krome SPC CD.

5-6. Krome SPC Psychiatrist provides psychiatric consultation in the absence of a KBHU psychiatrist and clinical supervision of the KBHU psychiatric advanced practice provider.

5-7. KBHU Psychiatrist or psychiatric services designee serves as a member of the KBHU ARP.

5-8. KBHU Program Manager serves as chair of the KBHU ARP and a voting member on the Institutional Disciplinary Panel (IDP) for KBHU patients.

5-9. KBHU Behavioral Health Provider (BHP) conducts psychosocial or biopsychosocial assessments, individual therapy, group psychotherapy and psychoeducation with KBHU patients.

5-10. KBHU Behavioral Health Technician (BHT) provides clinical and administrative support services under the clinical and administrative supervision of the KBHU program manager.

5-11. Krome SPC Nursing Staff conduct pre-screening and intake screening and provide medication and illness management education, health information, supportive care, and case management services with KBHU patients.

5-12. Krome SPC Medical Records Technician (MRT) ensures all patient documentation is included in the electronic health record (eHR).

6. **PROCEDURES:** KBHU health staff provide care in accordance with IHSC Directive 07-02, *Behavioral Health Services*, and IHSC 07-02 G-01, *Behavioral Health Services Guide*, located in the IHSC Policy Library.

6-1. Local Operating Procedures (LOPs). The Krome SPC HSA maintains all Krome SPC LOPs, including the IHSC KBHU Concept Statement and Procedures, as outlined in IHSC Directive 11-07, *Local Operating Procedures Management*.

6-1.1 KBHU uses the Lionbridge Language contracted services for telephonic interpreter services, as needed.

6-2. Screenings. ICE detainees referred to the KBHU receive two screenings. Krome SPC health staff perform a pre-screening for detainees upon arrival and an intake screening prior to transfer to the KBHU.

6-3. Pre-screening. Krome SPC nursing staff conduct the pre-screening upon the detainee's arrival. Pre-screenings identify any emergent or urgent health needs.

6-3.1 Health staff document the detainee's responses to pre-screening questions, observations, and any other findings in the electronic health record (eHR) using the pre-screening template.

6-3.2 If the eHR is inoperable, Krome SPC nursing staff document the pre-screening results using the IHSC Form 932 (Pre-Screening). The medical records technician (MRT), or other designated staff member, scans the document into the eHR when it becomes operable.

6-4. Intake Screening. A Krome SPC nursing staff member, physician, or advanced practice provider (APP) conducts a comprehensive intake screening for the KBHU within 12 hours of a patient's arrival at the Krome SPC. The nurse, physician, or APP:

6-4.1 Obtains interpreter services, when needed, and documents the interpreter's identification number or code in the patient's eHR encounter note.

6-4.2 Completes the chest x-ray (CXR) or tuberculin skin test also known as purified protein derivative (PPD) test.

6-4.3 Documents responses to the intake screening template questions, observations, CXR or PPD results, and any other findings in the eHR intake screening template.

6-4.4 If the eHR is inoperable, documents the intake screening results using the IHSC 795-A Intake Screening, and the MRT, or other

designated staff member, scans the document into the eHR when it is operable.

6-4.5 Provides the detainee with a copy of the Krome SPC welcome letter, a copy of the Detainee Handbook, if needed, and notifies the detainee, in writing and verbally, of the following:

6-4.5.a Sick call process.

6-4.5.b Access to emergency medical care.

6-4.5.c Services available for medical, mental health, and dental needs.

6-4.5.d Basic oral hygiene practices.

6-4.5.e Patient's rights and responsibilities.

6-4.6 Documents all detainee health education in the eHR to include the detainee's understanding of the information presented.

6-4.7 Provides the detainee with the IHSC Krome SPC new arrival health education packet.

6-5. Physical Examination and History. A physician or APP conducts the comprehensive physical examination and history within 24 hours of arrival of detainees transferred to KBHU.

6-5.1 The physician or APP obtains interpreter services, when needed, and documents the interpreter's identification name, and number or code in the patient's eHR encounter note.

6-5.2 The physician or APP conducts the physical examination and documents the findings within the eHR, as outlined within the eCW guide, except if the eHR is inoperable.

6-5.3 The physician or APP documents the examination results using the IHSC-795-B Physical Examination - Health Appraisal form, if the eHR is inoperable.

6-5.4 The MRT, or another designated staff member, temporarily maintains the document in a physical file until the system is operable. Then the staff member scans the examination document into the eHR, and shreds it as outlined in the eCW guide.

6-5.5 The physician or APP conducts the health history by asking the detainee the questions outlined on the Smart Form or eCW equivalent form, except when the system is down, in which case the physician or APP follows instructions as detailed in 6-4.3

6-6. Clearance for Transfer to the KBHU. The physician or APP determines whether the detainee currently meets the criteria for admission to the KBHU and is medically stable for transfer. Refer to IHSC Directive 07-09, *KBHU National Admission and Discharge Criteria.*

6-6.1 If there are no contraindications, the physician or APP notifies the Krome SPC HSA, or designee, and the Krome SPC behavioral health and KBHU staff of the detainee's clearance via email. The email should confirm the detainee received screening and a physical examination, which is documented in the electronic health record.

6-6.2 If there are contraindications, the physician or APP develops a medical or mental health treatment plan with a designated health care provider and arranges for hospitalizations or transfers as needed.

6-7. Health Records Documentation for Admitted Detainees to the KBHU . Health care providers document all encounters with patients who are admitted to the KBHU in the current IHSC electronic health record (eHR or eCW). IHSC policies, manuals, eCW User Guides, and Krome SPC LOPs detail the health record documentation process

6-7.1 All pre-screening, intake screening, medical observations, and treatment encounters are documented in the eHR, except on the occasion that the eHR is inoperable.

6-7.2 If the eHR is inoperable, encounters are documented on the appropriate paper encounter form, and the MRT, or other designated staff member, scans the document into the eHR when it is operable.

6-8. Medication Documentation. The physician, APP, or psychiatric APP (within their scope of practice) writes prescriptions by entering an order in the eHR in a timely manner.

6-8.1 The provider enters prescriptions into the eHR, or on paper medical prescription forms, if the eHR is not available. If using paper forms, the physician, APP, or psychiatric APP enters the prescription into the eHR in accordance with Operations Memorandum 16-022, *IHSC Health Records Management*, and IHSC Directive 09-02, *Pharmaceutical Services and Medication Management Guide*

6-8.2 The physician, APP, or psychiatric APP delivers or electronically sends the prescription to the appropriate pharmacy, normally the on-site pharmacy. The pharmacist then routes the medication prescription forms to the medical records department for scanning

into the electronic health record.

6-8.3 The pharmacist reviews the order(s) and fills the prescription(s). The pharmacist documents their actions in the electronic Medication Administration Record (eMAR/sMARt) system.

6-9. Verbal orders (VO). Verbal orders are dictated in person by a physician, APP, or psychiatric APP to a registered nurse (RN), pharmacist, or other nursing staff (when the RN is unavailable). Health staff may use the approved acronyms "VO," for verbal order, or "TO," for telephone order, to abbreviate these terms.

6-9.1 APPs should only give verbal orders that are within their scope of practice.

6-9.2 When the provider is in the clinic, the provider should only give verbal orders in emergency situations, or when health staff must immediately implement an order. The RN, pharmacist, or nursing staff who receive the order must document the VO in the eHR. The physician or APP who issued the verbal order must sign the written verbal order before leaving the patient care area.

6-9.3 Prior to carrying out a verbal order, the RN, pharmacist, or other nursing staff who received the order must read the order back to the physician or APP.

6-9.4 Documentation of a verbal order must include: the date and time the physician or APP gave the order; the full name and credential of the person dictating the order; and the full name and credential of the person transcribing the order.

6-9.5 The responsible physician or APP must electronically or physically sign all verbal orders and enter the order into the eHR or sMARt within 72 hours of issuing the order.

6-10. Telephone Orders (TO). A physician or APP dictates telephone orders over the telephone to an RN or the pharmacist.

6-10.1 APPs should only give telephone orders that are within their scope of practice.

6-10.2 RNs, pharmacists, or other nursing staff may only accept telephone orders when a physician or APP is on call and outside of the medical facility.

6-10.3 A controlled substance telephone order requires the receiving RN to complete a Medical Administrative Encounter in the patient's eHR,

and the RN assigns the entry to the ordering provider. The ordering provider must acknowledge all telephone orders within 24 hours, or as soon as the provider can access the eHR, if off-site.

6-10.4 Prior to carrying out a telephone order, the person who received the order must read it back to the physician or APP.

6-10.5 Documentation of a verbal order must include: the date and time the physician or APP gave the order; the full name and credential of the person dictating the order; and the full name and credential of the person transcribing the order.

6-10.6 The responsible physician or APP must electronically sign all telephone orders within 72 hours of issuing the order. All prescriber orders are implemented in a timely manner.

6-11. Emergency Psychotropic Medications. The psychiatrist, clinical director, physician, or psychiatric APP may give psychotropic medication during an emergency to patients who exhibit behavior deemed as dangerous to self or others, due to mental illness. Health providers must transfer the patient immediately to a hospital emergency room for assessment and treatment if the provider does not administer emergency psychotropic medication. See IHSC Directive, 03-44 *Emergency Psychotropic Medications Clinically Ordered Restraint and Seclusion*.

6-12. Therapeutic Activities. Detainees admitted to the KBHU may participate in a variety of scheduled activities. Detainees within the KBHU may receive individualized therapy with behavioral health providers (BHPs), and medication management with the psychiatrist, psychiatric mental health nurse practitioner, and nursing staff.

6-12.1 **Group Psychotherapy.** Behavioral health providers (psychologist or licensed clinical social worker) conduct group psychotherapy. Group psychotherapy enhances insight, communication, and interpersonal interpretation. Group evidence-based treatment modalities may include but are not limited to illness management and recovery, cognitive behavioral therapy, and dialectical behavioral therapy.

6-12.2 **Group Psychoeducation**. A registered nurse, APP, and/or a KBHU BHP conducts psychoeducational groups that primarily teach coping skills, illness management, stress reduction skills, and activities of daily living.

6-12.3 **Interdisciplinary Treatment Team (IDTT) Meetings.** KBHU staff hold interdisciplinary team meetings at least weekly, or more often if

the patient's clinical condition requires. The KBHU Program Manager and KBHU staff coordinate and design team meetings to assess the patient's progress and update the patient's treatment plan.

6-12.4 **Discharge Planning Group**. A custody resource coordinator with assistance from an RN and/or a BHP facilitates the discharge planning group. The group develops plans that facilitate a detainee's effective transition and integration back into the community. Discharge planning discussions include follow-up with the physician and a behavioral health provider, ongoing medication compliance, as well as the availability of community resources.

6-12.5 **Individual Assessment and Treatment.**

6-12.5.a Psychiatrist/Psychiatric APP. Each patient meets with the KBHU psychiatrist or Psychiatric APP upon admission into the unit and weekly, thereafter. The psychiatrist, or Psychiatric APP, initiates the patient's treatment plan and evaluates need for medication management.

6-12.5.b Behavioral Health Providers (BHP). A BHP conducts psychological or biopsychosocial assessments; meets with each patient individually, when needed, to augment the group therapy; and assists the patient with issues best addressed in an individual setting. Individual evidence-based treatment may include, but is not limited to: cognitive behavioral therapy, dialectical behavioral therapy, and person-centered therapy.

6-12.5.c Registered Nurses (RN). An RN conducts an individual assessment of each patient upon admission to the program, and reassesses the patient as needed. The RN uses the assessment data to determine the treatment plans and goals for each detainee. The RN also meets individually with a patient to provide medication and illness management education, health information, supportive care, and case management services.

6-12.5.d Individualized Treatment Plan. The psychiatrist, or PMHNP and BHP, collaborate to develop a patient's individualized treatment plan; documents the patient's mental health diagnosis on the master problem list within the electronic health record; outlines frequency of follow up and therapeutic regimes for monitoring of condition (e.g., poor,

fair, good) and status (e.g., stable, improving, deteriorating); reviews diagnostic tests and medical issues for appropriate special needs considerations (e.g., medical and dental orthoses, prostheses, and other aids to reduce effects of impairment); reviews the treatment plan for integrated care administration; discusses the treatment plan and diagnostic results with the patient; and reviews and updates treatment plans, and makes recommendations for modified treatment as determined through the IDTT meetings.

6-12.5.e Individualized Assessments. Upon a patient's KBHU admission, health care providers also assess a patient for barriers to learning, and determine any individualized educational, spiritual, or cultural needs.

6-12.5.f Outside Care. Both the medical provider and BHP see patients who receive treatment in the community (e.g., emergency room, urgent care, hospitalization, or specialty visits) upon their return to the detention facility, to assess the appropriateness of recommended treatments and overall continuity of care.

6-12.6 **Individual Patient Education.** Health care providers offer education and training specific to the detainee's needs and in accordance with their treatment goals. The provider considers the detainee's cultural and religious beliefs, emotional barriers, desire and motivation to learn, any physical or cognitive limitations, and barriers to communication. The provider educates the detainee about his plan of care, applicable test results, treatment and services, basic health practices and safety, medication education, nutritional interventions, and rehabilitation techniques to help the detainee maximize functioning. See IHSC Directive 11-04, *Detainee Health Education*, and IHSC Directive 03-14, *Nutrition and Therapeutic Diets*, found in the IHSC Policy Library.

6-12.7 **Milieu Therapy.** The behavioral health provider utilizes a person-centered approach to establish a detainee's course of treatment. To reinforce the policies and procedures and promote efficient operation of the KBHU, the following guidelines assist in providing a safe and supportive therapeutic environment.

6-12.7.a KBHU patients receive and eat their meals in the Krome SPC cafeteria, in accordance with their personal dietary needs or restrictions.

6-12.7.b Patients may not smoke.

6-12.7.c Patients may not use drugs, other than those prescribed by their physician.

6-12.7.d ICE does not permit weapons of any kind.

6-12.7.e The KBHU does not permit visitors. However, a patient may receive visitation privileges outside the unit, in compliance with ICE protocols.

6-13. Ongoing Stay Criteria. The following criteria are necessary for continuing treatment at the KBHU:

6-13.1 The severity of the behavior and emotional symptoms continues to require KBHU care.

6-13.2 The mode, intensity, and frequency of the KBHU model are consistent with the intended treatment plan outcomes.

6-13.3 When clinically necessary, the patient requires appropriate psychopharmacological evaluation and treatment. Based on outcomes, KBHU staff provide ongoing treatment and continual monitoring.

6-13.4 The patient requires individualized services and treatment tailored to achieve optimal results in a time efficient manner, consistent with established KBHU clinical practices and programming.

6-13.5 Documentation of active, individualized discharge planning; the discharge plan is not complete.

6-13.6 The patient requires continued monitoring to track progress as documented in the treatment plan. The clinical provider assesses treatment implementation and progress.

6-13.7 The patient requires care rendered in a clinically appropriate manner and focused on the individual's behavior. The patient requires functional assistance as described in the discharge plan.

6-14. Discharge from the KBHU. The KBHU Admission Review Panel assesses each patient's case and decides on a recommendation for discharge. The ARP makes a good faith attempt to reach a consensus on the discharge of a patient from the KBHU. However, if the ARP cannot agree, the KBHU Program Manager forwards the case to the Deputy Field Office Director (DFOD) of the ERO Miami Field Office, and the IHSC Deputy Assistant Director (DAD) of Clinical Services/Medical Director for review and decision. The reason for discharge may include, but is not limited to:

6-14.1 The patient's mental health condition declines and requires inpatient psychiatric care (24-hour supervision).

6-14.2 The patient demonstrates a decline in medical condition requiring inpatient hospitalization to prevent further decompensation (i.e., diabetic episode, heart condition, seizures).

6-14.3 The patient's clinical condition improves or stabilizes, and no longer benefits from or requires the intensity of treatment at the transitional level of care.

6-14.4 The patient is unwilling or unable to participate in the active therapeutic treatment of the condition.

6-14.5 A lower level of outpatient services is reasonably expected to improve the patient's condition or prevent further deterioration.

6-14.6 The patient becomes and remains non-compliant with the treatment program after behavioral modification intervention.

6-15. Release from the KBHU may be through the following routes:

6-15.1 To Krome SPC: general population or medical housing unit.

6-15.2 Return to original field office detention center: general population or medical housing unit.

6-15.3 Released from ERO custody: within the Miami Field Office or another location in the U.S.; removal to home country; or hospitalization.

6-15.4 Health staff provide patients released from the KBHU with a reasonable supply of current medications. KBHU staff also make arrangements or referrals for follow-up services with the receiving facility or country of origin, including relevant clinical information. KBHU staff document all aspects of discharge and release planning in the eHR.

6-16. Segregation for KBHU Participants: Placement in segregation should occur only when necessary, and in compliance with applicable detention standards and ICE Directive No.11065.1, *Review of the Use of Segregation for ICE Detainees*. Accordingly, the descriptions below represent a behavioral modification administered to maintain the safety and security of the KBHU, while taking the minimum amount of action necessary. Authority to make or change placement decisions results from joint consultation between the KBHU treatment team, the Krome SPC Security, and ERO operations team.

6-16.1 The Institutional Disciplinary Panel (IDP) at Krome SPC reviews

detainee incidents and decides whether to impose the use of segregation for disciplinary infractions. For KBHU patients, the IDP's decision-making process includes formal consultation with the KBHU Program Manager or designated treatment provider.

6-16.2 The IDP should use segregation for KBHU patients in response to significant incidents and/or disciplinary infractions as a last alternative, as it effectively removes patients from the therapeutic treatment environment of the KBHU.

6-16.3 The IDP should consider other alternative forms of discipline, which may include, but are not limited to, a deduction of points or suspension from participation in the incentive points program; restricting the patient's use of commissary; prohibiting participation in the voluntary work program, as deemed appropriate by the KBHU treatment team.

6-16.4 The KBHU program manager serves as a voting member on the IDP for KBHU patients. If the IDP cannot reach consensus in their determination, the KBHU program manager forwards the case to the Krome SPC Officer in Charge (OIC) and Krome SPC HSA for further review and decision.

6-16.5 If the IDP places a KBHU patient into segregation for any reason, the KBHU Admissions Review Panel (ARP) must meet to discuss whether the patient should remain in segregation versus re-admission to the KBHU upon their release.

6-16.5.a If the ARP decides to retain, rather than re-admit, the patient in the KBHU after completion of segregation, the KBHU's medical provider adjusts the patient's individual treatment plan to ensure the continuity of services while the patient is in the Special Management Unit (SMU).

6-16.5.b The patient's main KBHU BHP or clinical designee should continue to offer individual treatment and programming to an allowable extent, considering the safety and physical restrictions of the new setting.

6-16.5.c The BHP's delivery of care is in addition to the care normally provided to detainees in SMU by the Krome SPC Medical Health Unit (MHU), per the detention center's policy regarding detainees in segregation.

6-16.5.d The CRC should continue to meet with KBHU patients in

the SMU to provide non-clinical programming, such as release and repatriation planning or referrals to services.

6-16.5.e If the ARP decides to dismiss a patient from the KBHU program, the Krome SPC MHU should provide care to the patient according to the detention center's policy of care for detainees in segregation.

6-16.5.f The CRC must continue to meet with the detainee to provide non-clinical programming, such as release and repatriation planning, and referral to services. However, the KBHU treatment team does not provide individual treatment and therapeutic programming during a segregation placement.

7. **HISTORICAL NOTES**: This directive replaces IHSC Directive 07-08, *Krome Behavioral Health Unit (KBHU) Administrative Clinical Services*, dated 1 April 2019. Annual review conducted with no updates.

8. **DEFINITIONS:** See definitions for this policy in the Glossary for IHSC Official Guidance, located in the IHSC Policy Library.

9. **APPLICABLE STANDARDS**:

9-1. ICE Performance-Based National Detention Standards: PBNDS 2011 (revised Dec. 2016)

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

9-2. American Correctional Association (ACA): Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition.

9-2.1 4-ALDF-4C-22 Health Screens.

9-2.2 4-ALDF-4C-24: Health Appraisal.

9-3. National Commission on Correctional Health Care (NCCHC): Standards for Health Services in Jails, 2018.

9-3.1 J-E-09: Continuity, Coordination, and Quality of Care during Incarceration

9-3.2 J-F-01: Patients with Chronic Disease and other Special Needs

9-3.3 J-G-03: Emergency Psychotropic Administration

9-3.4 J-B-01: Health Lifestyle Promotion

9-3.5 J-E-02: Receiving Screening

10. **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 thedetainee 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/oop/Documents/pdf/safeguarding_spii.pdf when additional information is needed concerning safeguarding sensitive PII.

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, Behavioral Health Unit (BHU).