

# Policy Development and Review Guide

December 2021



# ICE

ICE Health Service Corps

## FOREWORD

This *11-05 G-01 IHSC Policy Development and Review Guide* supplements the following IHSC Directive:

- IHSC Directive 11-05, IHSC Policy Management.

The IHSC Senior Health Policy Administrator authors and maintains the IHSC Policy Development and Review Guide. The guide assigns responsibilities and provides detailed procedures for developing, coordinating, reviewing, obtaining approval, and issuing IHSC-wide directives, operations memoranda (OM), technical updates (TUs) and support documents, including guides and standard operating procedures (SOPs). The Health Services Administrators within the Health Operations Unit develop and maintain local operating procedures (LOPs).

The intended audience is IHSC personnel responsible for development, review, or management of IHSC policy documents.

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## I. INTRODUCTION

### A. Background

This Policy Development and Review Guide supplements IHSC Directive 11-05, IHSC Policy Management.

IHSC directives concerning medical operations and practices are exempt from normal ICE policy review procedures and approved by the IHSC Assistant Director (AD). However, the ICE Office of the Principal Legal Advisor (OPLA) and the ICE Privacy and Records Office must vet all IHSC directives to evaluate any legal or privacy issues prior to publication.

IHSC staff may send questions, comments, or concerns related to policy development to the IHSC Office of Policy (IOP) at [\(b\)\(6\),\(b\)\(7\)\(C\)@ice.dhs.gov](mailto:(b)(6),(b)(7)(C)@ice.dhs.gov).

### B. Policy Development Overview

The IHSC policy development and review process includes development of new and revision of existing directives, operations memoranda (OMs), technical updates (TUs), guides, and standard operating procedures (SOPs). IHSC directives outline permanent policy statements for medical operations and practices. OMs are time-sensitive policy statements from IHSC leadership that remain effective for no more than one year. Guides provide the information and detail necessary to implement and comply with the associated directive. See Part C below for additional detail.

The principal author (PA) is the lead and point of contact for document development, serving as a primary subject matter expert (SME) on the related topic. Prior to developing a new document, the PA must search the IHSC policy library to determine if an existing policy document meets the need of the proposed document. The PA may consult with an IOP policy analyst to identify existing policy documents related to the proposed topic, and to confirm the need for a new document. PA Options include developing a new directive, modifying an existing directive, developing a new OM, or creating a guide for an existing directive.

The PA should identify additional SMEs from the impacted stakeholders across IHSC. The PA drafts the document and, in concert with the additional SMEs, incorporates agreed upon changes to the draft document. While preparing the document, the PA should utilize the National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA) manuals, as well as the Performance-Based National Detention Standards (PBNDS) to ensure consistency of the policy document with current standards. The PA routes the prepared document, reflecting the agreed

upon policy requirement, current IHSC procedures, and applicable authorities and standards procedures identified to meet the requirement, to IOP for review and upload into within PowerDMS, the electronic policy development system (ePDS).

The IOP policy analyst reviews formatting and referencing and the IHSC Communications Unit (ICU) reviews for each document according to the IHSC Style Guide and the Plain Writing Act of 2010. The Accreditation Manager reviews the document for accreditation standards and compliance indicators. The IOP policy analyst routes the correctly formatted document within the ePDS for approval by the IHSC Deputy Assistant Directors (DADs). Once approved, the IOP policy analyst routes the document to the Deputy Chief of Staff (DCoS) and Chief of Staff (CoS) for approval, and then the health policy administrator submits to the IHSC Assistant Director (AD) for approval and signature.

### C. Types of IHSC Policy and Related Documents

1. **Directive.** A high-level document that lists policy requirements, establishes responsibilities, aligns with the IHSC mission, and refines programs, activities, or organizational practices of a continuing nature.

IHSC organizes directives electronically by topic or function into twelve distinct categories known as “Books.” Books are not one document but are a series of documents (directives and guides) that fall within each category of the Book. The following are the categories with their designated Book numbers:

- Book 1: Organizational Administration
- Book 2: Medical/Legal Guidance
- Book 3: Medical Care
- Book 4: Gender-Specific Care
- Book 5: Public Health, Safety, and Preparedness
- Book 6: Residential Health
- Book 7: Behavioral Health
- Book 8: Preventive Health
- Book 9: Special Services
- Book 10: Diagnostic Services
- Book 11: Quality Management
- Book 12: Information and Data Management

Directives identify related authorities, historical notes, pertinent definitions, and, when applicable, identify how IHSC maintains compliance with relevant standards. Administrative directives govern internal IHSC management activities while clinical directives govern IHSC mission-oriented functions – health care services and delivery. New and revised directives require OPLA review and where applicable, Office of Human Capital (OHC)/Labor Relations review prior to signature of the IHSC AD.

PAs must ensure that the new and revised directives follow the directive template, located in the (b)(6),(b)(7)(C)

2. **Operations Memorandum.** A temporary or “one-time” directive, developed with concurrence at the IHSC DAD level, and issued with a predetermined expiration date 12 months following publication. Acceptable uses for an OM are to explain or clarify operations and procedures; provide interim instructions; or serve as a stop- gap measure until IHSC develops a permanent policy or alternative solution. PAs may convert OMs to IHSC directives if the OM relates to a practice of a continuing nature. OMs require OPLA review and where applicable, OHC/Labor Relations review prior to signature of the IHSC AD.

PAs must ensure that the new OM follow the OM template, located in the IHSC Policy Library .

3. **Guide.** A document that supplements an IHSC directive and expands on complex processes or procedures beyond what the PA outlines in the directive. Guides must have a policy requirement basis such as a directive, a Code of Federal Regulations provision, or other federal law. A guide may outline processes for multiple directives and is usually organized around functional areas. The guide provides step-by-step guidance, best practices, attachments, forms, and appendices. Guides do not establish policy requirements or responsibilities. New guides, and guides with substantial revision to align with new policy requirements, require OPLA review and where applicable, OHC/Labor Relations review prior to signature of the AD.

PAs should use the recommended guide template, located in the IHSC Policy Library, to draft IHSC guides.

4. **Standard Operating Procedures.** SOPs outline step-by-step procedures usually covering one specific subject or issue. The basis of authority for the SOP could be a directive or a guide. SOPs undergo unit-level review, with approval and signature from the unit chief prior to publication.

5. **Technical Update.** A modification to an existing directive or guide that does not change current procedures. Appropriate use for a TU is to modify an existing directive to clarify current procedures, update an organizational chart, or revise an attachment or worksheet. TUs undergo unit-level review, with approval and signature from the principal DAD prior to publication.

## II. RESPONSIBILITIES OF IHSC STAFF

### A. IHSC Office of Policy (IOP)

IOP staff provides oversight for the development, review, and management of IHSC policy documents and assist all IHSC staff with policy-related issues. The staff also review active and proposed policies to ensure internal consistency of requirements, alignment of procedures, and coordination across IHSC divisions. The roles of the IOP staff are outlined below.

1. The **Senior Health Policy Administrator** oversees all aspects of IHSC policy development, management, and training; advises IHSC leadership on policy matters; and reviews policy documents to ensure consistency with DHS, ICE, and ERO policies, strategic goals, and priorities.
2. The **Health Policy Administrator** provides advice and technical support to IHSC Divisions for development and revision of IHSC policies and procedures and serves as the subject matter expert for development and management of IHSC policy. The health policy administrator develops training related to the development, review, and revision of IHSC Official Guidance
3. The **Policy Analyst** coordinates and manages all aspects of the ePDS (PowerDMS) and provides access to ePDS for principal authors, subject matter experts, unit chiefs, program leads, and IHSC senior leadership.

### B. Principal Author

1. **Principal authors (PA)** are subject matter experts who IHSC leadership designate to write or revise an IHSC policy document.
2. The **PA** coordinates with stakeholders and subject matter experts to identify content for the draft policy document, develops the draft, and ensures compliance with applicable health standards and compliance indicators during the policy development process and before submission to the IOP.
3. The **PA** submits a clean draft of the policy document to IOP to initiate the policy review and approval process. Following upload of the draft document into



ePDS, the PA adjudicates all comments and edits received during the policy review process.

4. The **PA** develops a summary of the new or revised policy document in preparation for an IHSC broadcast announcement.
5. Following policy publication, the **PA** conducts training on the policy, as applicable.

**C. Subject Matter Expert (SME)**

1. The PA and/or principal DAD identify the SMEs who are involved in the policy development and review processes.
2. An **SME** is an IHSC staff member who is an authority in a specific topic area and provides the knowledge and expertise for development or review of a policy or procedure.
3. The **SME** ensures that the content of the draft policy document is accurate and complies with any referenced protocols, standards, and/or guidelines.
4. Whenever possible, IHSC divisions should identify IHSC staff from the field to serve as SMEs and ensure that practices in the field are considered in the development of the policy document.

**D. IHSC Principal Deputy Assistant Director (DAD)**

1. The **principal DAD** ensures that the draft policy document accurately reflects the requirements and procedures within their division.
2. The **principal DAD** must indicate approval of the draft policy document before the document may enter the policy review process.
3. For policy documents developed within the Office of the IHSC Chief of Staff, the Chief of Staff serves in the role of principal DAD.

**E. IHSC Communications Unit (ICU)**

1. **ICU** reviews draft documents to ensure alignment with the IHSC Style Guide.
2. Upon request, **ICU staff** provide technical assistance for PAs and Unit Chiefs related to document development.



#### F. Accreditation Program Manager

1. The **accreditation program manager** reviews the draft document to ensure that the PA lists and references appropriate standards and addresses compliance indicators, as appropriate.
2. The **accreditation program manager** identifies and monitors changes in accreditation standards that impact IHSC policies and procedures and ensures that changes are incorporated into IHSC policy documents.

#### G. IHSC Unit Chiefs, Discipline Chiefs, and Program Leads (Chiefs)

1. **Chiefs** have the ultimate responsibility for coordination and authorship of their respective unit's policy documents. Often, the PA and the chief are the same person. In the case where the PA is not the chief, the **chief** must review and approve all document drafts prior to the PA submitting to IOP.
2. **All IHSC Chiefs** review draft policy documents to assess policy implications related to their respective areas of responsibility and recommend edits and/or comments for consideration by the PA.
3. The **Medical Quality Management Unit Chief** reviews the draft policy document, referenced standards, and corresponding compliance indicators to ensure that the document clearly articulates how each referenced standard is met.

#### H. IHSC Senior Leadership

1. The **IHSC DADs, CoS, and Deputy Chief of Staff** review and indicate approval of the draft document.
2. The **IHSC AD** conducts a final review, indicates approval, and signs the final version of the policy document.

### III. GETTING STARTED

The PA coordinates with the IOP health policy administrator and respective principal DAD to determine what type of policy document is needed. PAs must develop their IHSC policy documents in accordance with the [IHSC Style Guide](#).

The IHSC Style Guide provides guidance concerning written correspondence within IHSC and assists IHSC staff in creating consistent, clear, concise, well written documents. The IHSC Style Guide also addresses common writing and grammar questions and provides recommendations for language commonly used in IHSC documents.

The following chart can help determine what type of document is most appropriate.

| If the PA wants to issue:   | Use a:           | Signature Authority |
|---|------------------|---------------------|
| A high-level, overarching policy requirement with high-level IHSC-wide procedures.  | Directive        | IHSC AD             |
| A policy under pressing circumstances, allowing an immediate change in policy or procedure while developing a new formal directive. | OM               | IHSC AD             |
| Detailed procedure, which may include best practices, charts, graphs, acronym key, attachments, and/or appendices.                  | Guide            | IHSC AD             |
| Step-by-step procedures on a single subject or issue.   | SOP              | Chief               |
| A corrected version of the policy to update organizational structure or clarify procedures already in place.                        | Technical Update | DAD                 |

#### IV. POLICY DEVELOPMENT, REVIEW AND APPROVAL PROCESS

##### A. Directives

###### 1. Obtain Office or Division Management Support

The principal DAD must support the overall purpose, ownership, priority, and expected outcome of the policy document. Obtaining principal DAD approval at the beginning of the process hastens policy development and approval.

The PA should include a description of the following information for the principal DAD's review: the event or occurrence that necessitated the policy action, an explanation of the priority level for the action, and discussion of possible consequences for not taking any action. The PA must also confirm that an existing IHSC directive does not already address the topic. It may be helpful to first complete a policy action worksheet, located in the [IHSC Policy Library](#), to compile all the pertinent information in one place.

###### 2. Directive Development

As a best practice for new directives, IOP recommends that the PA develops a workgroup to collaborate with SMEs from their respective units, as well as other units and divisions. When requested, a member of IOP can join the workgroup and assist with identifying SMEs from other programs.

The PA must follow the [IHSC Style Guide](#) when developing IHSC policy documents. Directives should be clear and succinct. The [Directive Template with Instructions](#), located in the [IHSC Policy Library](#), includes the essential components of the document and helps the PA organize and present the required information in a logical sequence.

### **Section 1. Purpose**

The directive's purpose statement should be a concise explanation of the need for the directive, including related historical or contextual information that clarifies the issue(s) addressed and/or reason(s) for publishing the directive. It can be one sentence or explained in a maximum of two paragraphs.

### **Section 2. Applicability**

The directive instructions provide standard language for this section. PAs should review and tailor the language for their specific directive.

### **Section 3. Authorities and References**

In this section, PAs should list only those authorities (e.g., laws, regulations, DHS, and ICE policies) and references (e.g., clinical standards, guidelines) that are directly applicable to the directive.

IHSC issues official guidance in accordance with policies and directives from ERO, ICE, and DHS. PAs can utilize the following links to find these documents:

- [Department of Homeland Security Policies](#)
- [ICE Policies](#)
- [ERO Policies](#)

IHSC also issues official guidance in accordance with federal laws and regulations. For more information, see Appendix A. Additional resources related to federal legislation are located on the [OPLA Resources](#) webpage. OPLA also provides guidance on relevant federal law and regulations when reviewing draft IHSC directives for legal sufficiency.

PAs should list authorities and references in hierarchical order consistent with the [Bluebook](#) order of authority. The directive template provides the order of authority with examples of correct formatting. When available, PAs must include the web-link for the authority or reference as a hyperlink or as a web address following the source.

#### **Section 4. Policy**

A policy is the official communication of requirements that the directive addresses. The policy in the draft directive should include a clear, high-level statement articulated in one sentence. PAs may use sub-headers to further clarify the policy statement. Avoid including a description of responsibilities or procedures within the policy statement or justification.

#### **Section 5. Responsibilities**

PAs should list the responsibilities of specific positions (referred to by title), or IHSC offices who implement or oversee the requirements identified in the directive. Avoid listing a general job description and include only those responsibilities that relate to the draft directive.

#### **Section 6. Procedures**

Procedure statements should identify who does what and, if applicable, when, and where. This section reflects a goal-oriented, interrelated series of actions, events, mechanisms, or steps. List procedures that reflect the notable milestones necessary to comply with or carry out the requirements of the directive. As appropriate, reference and provide a link to related guides or standard operating procedures to provide greater detail for implementation.

#### **Section 7. Historical Notes**

When a new or revised directive supersedes other unnecessary or outdated IHSC policy documents (e.g., OMs), list the superseded documents in the “Historical Notes” section of the directive. Provide a concise explanation of what the current directive indicates and what the new directive changes.

#### **Section 8. Definitions**

List definitions for new terms that are mentioned and apply to the draft directive. If there are no new terms, include a statement indicating that definitions are included in the IHSC Glossary and a link for the IHSC Library.

#### **Section 9. Applicable Standards**

IHSC-staffed clinics follow four sets of standards: PBNDS, ICE Family Residential Standards, NCCHC standards, and American Correctional Association (ACA) standards. [Link to current ACA standards, NCCHC standards, ICE Family Residential Standards, and ICE PBNDS Standards.](#)



List the standards necessary to comply with this directive.

NCCHC provides compliance indicators for each standard to specify how compliance with the standard may be assessed. The PA must ensure that the draft directive addresses every compliance indicator for each applicable standard. If another directive addresses the compliance indicator for a referenced standard, the PA must include the name and document number of the directive where the information can be found.

#### **Section 10. Privacy and Recordkeeping**

The directive template includes standard language related to recordkeeping. If the draft directive mandates the creation of any type of record, the PA must explicitly state how these records are stored and maintained, including who is responsible for overseeing the records.

#### **Section 11. No Private Right Statement**

The directive template includes standard language. Include the language provided, without changes.

#### **Section 12. Point of Contact**

The PA must include the title for the point of contact within the IHSC division for questions about the draft directive once published.

### 3. Review

#### **IOP Policy Review**

The PA submits the draft directive and PAW, if applicable, to IOP via the IHSCHQPolicy mailbox. The IOP policy analyst reviews the PAW and validates the new directive requirement. The IOP policy analyst formats and reviews the draft directive for information flow and clarity of the policy statement. Specifically, the policy analyst reviews document readability, clarity of the purpose, responsibilities, and procedures. The IOP policy analyst ensures applicable standards and compliance indicators are included in the directive. ICU reviews the draft directive for proper sentence structure, active voice, common language; the use of correct spelling, grammar, punctuation, capitalization, acronyms; accuracy of internet links, formatting, and pagination. The draft directive is returned to the PA, with comments and/or revisions, who has final say on substantive issues.

The policy analyst and health policy administrator conduct a final review of the document before starting the next workflow.

### **Principal Division Review**

The IOP health policy administrator provides a document number for new directives or replaces outdated directives with the newer version. The PA receives a system-generated email from ePDS with notification that the draft directive is ready to begin the review process. The PA may notify other stakeholders in the collaboration workflow to coordinate the formal review process.

When the draft document is ready for review, the PA approves the version present in the ePDS. The document is forwarded to the principal DAD and SMEs identified for the directive. The principal DAD and each SME must indicate approval of the draft directive prior to submitting for next level review. If the principal DAD or SME have edits or comments, the draft document returns to the PA for revision, including further discussion within the author's program, unit, or division. The PA then addresses the edits, adjudicates comments, and presents a 'clean' document for the next level of review and stakeholder workflow.

### **Accreditation Review**

Upon approval of the principal DAD and SMEs, the IOP policy analyst begins the stakeholder workflow and routes the draft directive in ePDS to the accreditation program manager. The accreditation program manager reviews the draft to ensure the document identifies and addresses the relevant ICE PBNDS, ICE Family Residential Standards, and NCCHC standards.

If the accreditation program manager has edits or comments or rejects the draft directive. The PA addresses the edits, adjudicates comments, and presents a 'clean' document, free of mark-up or comments, for the next level of review.

### **Initial ICE OPLA Review**

After the PA adjudicates edits and comments, the IOP health policy administrator sends a clean copy of the draft directive to ICE OPLA. ICE OPLA reviews to identify and evaluate legal concerns and ensures compliance with privacy laws prior to publication.

Following OPLA's review, the IOP health policy administrator returns the draft directive to ePDS and continues the workflow. The PA addresses the edits,

adjudicates comments, and presents a 'clean' document for the next level of review.

### **All Unit Chiefs, Discipline Chiefs, and Program Leads (Chiefs) Review**

Upon approval of the accreditation program manager and ICE OPLA, the draft directive is routed to all chiefs for review in ePDS. The unit and discipline chiefs review to ensure the document accurately describes their respective requirements, roles, responsibilities, and actions. Unit and discipline chiefs should coordinate to develop well-coordinated and complete policy documents that describe seamless procedures and processes. All unit and discipline chiefs must complete their review of the draft directive by simple vote in ePDS to move forward in the review process. Following the unit and discipline chiefs' review, the PA must resolve all remaining comments or edits.

### **Final Document Review**

The PA addresses all comments by revising the draft directive, as appropriate. If substantive comments cannot be reconciled between the PA and the commenter, the PA raises the issue to the unit chief and/or principal DAD to obtain a decision and revises the draft directive accordingly. The PA routes the revised, clean draft of the directive in ePDS.

#### **4. Approval and Signature**

The IOP policy analyst initiates the ePDS approval workflow for routing a clean draft document to all IHSC DADs.

### **All DADs, DCoS, and CoS Approval**

The DADs, DCoS, and CoS approve or reject the draft directive.

- Rejection occurs when the DAD, DCoS, or CoS identify significant concerns with the draft directive that require revisions. The DAD, DCoS, or CoS provide an explanation in the discussion tab for the PA to review. The policy analyst reviews the document and reroutes the draft document in ePDS to the PA to address the decision.
- If the DAD, DCoS, and CoS approves, the draft document auto-advances and is assigned to the health policy administrator for review.

## **OHC Labor Relations/OPLA Approval**

Following the CoS's approval, the health policy administrator sends a clean copy of the draft document and a comparison table to OHC Labor Relations, if indicated during the initial ICE OPLA review, and the ICE OPLA for a final review. OHC Labor Relations conducts a review of the newly developed or revised directive to determine if there is a significant impact for bargaining unit employees. ICE OPLA reviews to identify and evaluate legal concerns and ensure compliance with privacy laws prior to publication.

Following review by OHC Labor Relations, when applicable, and ICE OPLA, the health policy administrator returns the draft document into ePDS and routes to the PA to adjudicate comments.

## **IHSC AD Approval and Signature**

If there are no comments received from OHC Labor Relations or ICE OPLA, the health policy administrator emails a clean draft document in MS Word and Adobe PDF formats from the IOP mailbox to the IHSC AD for approval and signature. The IHSC AD electronically signs the Adobe PDF version, or revises the MS Word version, to create a final Adobe PDF version. Once complete, the IHSC AD emails the signed directive to the IOP mailbox for publishing in ePDS and the SP Policy Library.

### **B. Operations Memoranda**

The sections below outline the process for a new OM. OMs provide timely guidance or instructions to IHSC staff in response to unexpected, serious occurrences or situations requiring prompt action. IHSC issues OMs for immediate, short-term use only. OMs are very limited in scope and review and have an expiration date set one year after publication.

#### **1. Obtain Office or Division Management Approval**

Before drafting a new OM, the PA must receive approval from the principal DAD. The principal DAD provides concurrence that the occurrence or situation justifies the urgent need for an OM, and approves the PA to draft the OM.

#### **2. Draft the OM**

The PA, on behalf of the principal DAD, completes the PAW describing the unexpected, serious occurrence or situation that justifies the urgent need for an OM. The PA can locate the OM template in the IHSC Policy Library. The PA sends the



completed PAW and draft OM to the IOP policy analyst for formatting. The background section should include a brief discussion of the situation and the urgency for distributing the guidance in expedited fashion.

### 3. Review, Approval, and Signature

Based on the urgency of the issue, IOP allows only a very short timeline for affected IHSC Divisions to provide a review and comment.

The IOP health policy administrator assigns a document number, and the policy analyst routes the draft OM in ePDS to the SME(s) and the principal DAD, and next to ICU and the accreditation program manager.

Following the accreditation program manager's approval, the IOP policy analyst returns the draft OM to the PA. The PA resolves all comments and returns the draft OM to the IOP policy analyst. The health policy administrator prepares the OM for routing via email to obtain OPLA review, OHC/Labor Relations review, if applicable, senior leadership concurrence, and AD signature.

### 4. Follow Up Action

The OM includes an expiration date of one year after its publication date. If an IHSC division has a continuing need for the policy guidance, the PA notifies the IOP policy analyst, 90 days prior to the OM expiration date, of their intent to convert the OM into a permanent directive. If appropriate, the PA forms a workgroup of SMEs from the affected program offices to assist with the conversion. The IOP health policy administrator archives the OM after publishing the new document.

## C. Technical Update (TU)

***Because of the limited review and signature level for issuance, TUs must not transfer responsibilities to other IHSC programs, units, or divisions, or otherwise implement substantive changes.*** If an IHSC directive or OM

needs significant changes, the PA updates the document as an IHSC directive, following the process for new directives. The directive template is in the IHSC Policy Library.

TUs help IHSC maintain document currency and applicability. TUs relieve the administrative burden of a senior management review without compromising the policy development process. PAs should use TUs to make non-policy changes and realign IHSC directives with current organizational structure at HQ and field offices (e.g., append or delete attachments, insert references and other information for

clarity purposes). The IHSC AD delegated TU signature authority to the DADs. The IHSC TU Worksheet is in the [IHSC Policy Library](#) and provides guidance for submission of the changes.

#### 1. Draft the TU

IOP manages the TU development and review process, coordinates a limited review by all affected programs, conducts a formatting review. The PA coordinates the TU request and draft directive with the IOP health policy administrator and coordinates reviews with the IOP policy analyst.

#### 2. TU Review, Approval, and Signature

The Chief must submit an IHSC policy review, certification, or cancellation worksheet to IOP. The IOP policy analyst routes the TU for limited review in ePDS.

Reviewers include the PA, SMEs, principal unit chief, ICU, accreditation program manager, and final approval by the principal DAD in ePDS. The IOP health policy administrator archives the original directive and posts the TU as the updated directive. The date of publication for the TU is included below the original issue date of the revised directive.

### D. Guide

A guide is a collection of processes, procedures, and responsibilities that supplements a directive or other federal regulation. It does not establish new requirements. A guide can include best practices, guidelines, or visual tools such as screen shots or graphs, and other useful material.

The purpose of a guide is to allow a provider or staff member to easily find all relevant information on a topic or functional area. The PA must link the guide to an IHSC or ICE directive, or to a federal policy, law, or another regulatory document.

#### 1. Draft the Guide

PAs can locate the guide template in the [IHSC Policy Library](#). There may be multiple authors of a guide; however, IHSC leadership designates one person as the assigned PA. This person must coordinate with other SMEs who may have written sections of the guide (e.g., an SME who previously drafted an SOP for the topic of the guide).

Guides should include and expand upon the information in the IHSC directive. The PA must reference the directive, including title and IHSC number, and describe the requirements as they relate to each process or procedure described in the guide.

The PA uses identified directive(s) that relate to the guide to deconflict information and maintain consistency across the documents. If there is no current directive, the PA must write the directive first. All main topics covered in the guide must have a corresponding directive.

## 2. Guide Review and Approval

The review process for IHSC guides follows the same process as that for the IHSC directives. Once ICE OPLA approves the initial guide, IOP will only send revisions to ICE OPLA if there are changes in processes that involve legal or privacy issues. Otherwise, the IHSC AD approves revisions or updates to the guide.

## E. Standard Operating Procedure (SOP)

The purpose of an SOP is to detail procedures that typically cover a single topic or issue. The PA should align the SOP with a policy document such as a directive, OM, or guide.

### 1. Draft the SOP

PAs can locate the SOP template in the IHSC Policy Library. The template includes a purpose statement, background summary, description of applicability, specific procedures, and recordkeeping requirements. The background summary should briefly identify and summarize the related directive, OM, or guide relevant for the SOP, while applicability identifies the parties expected to follow the SOP. The procedures section should contain step-by-step instructions in chronological order. The PA should identify any recordkeeping requirements, when applicable.

### 2. SOP Review and Approval

The PA identifies the IHSC units that the SOP impacts and submits the chiefs' names as SMEs. All affected IHSC units review the SOP to ensure roles, responsibilities, and processes align, and do not conflict with other policies. The unit chief approves IHSC SOPs.

## V. **POLICY PUBLICATION AND DISSEMINATION**

### A. Publication

The policy becomes effective on the date that the IHSC AD signs the document.

The IOP policy analyst adds the new document to the IHSC Policy Library and archives superseded documents.

## B. Dissemination

The PA submits a summary of the new or revised document to the ICU service request. The summary must include the purpose of the document, reason for development, and identification of changes, when applicable. The format should be consistent with the language that the PA would like to have sent via IHSC broadcast message and included in IHSC InfoWeekly.

Once ICU publishes the policy announcement, health services administrators must remove the old guidance from the local binder and replace with the new guidance.

## VI. PERIODIC REVIEW

Outdated policy, procedure, and guidance documents place employees, patients, the IHSC mission, and potentially the public, at risk. Periodic reviews verify policy accuracy and continued relevance and help determine whether revision or cancellation is necessary. IHSC Divisions should update their **administrative directives every three years** after issuance and update their **clinical directives every year** after issuance. IHSC Divisions should also update their guides on the schedule consistent with their corresponding directives.

### A. Review, Certification, or Cancellation Worksheet

The PA downloads the Review, Certification, or Cancellation Worksheet from the IHSC Policy Library. On behalf of the principal DAD, the PA indicates on the worksheet if the document under review is current, superseded by another document, no longer needed, needs a technical update, or needs a complete update for reissuance. The PA obtains the principal DAD's signature and emails the completed form to IOP via a service request.

### B. Periodic Review Process

1. Current, relevant document: IOP policy analyst updates the document with the most recent review date and posts the document in the IHSC Policy Library.
2. No longer current, superseded: IOP health policy administrator moves the document to the archived folder in the IHSC Policy Library. The PA includes a reference to the superseded document in the announcement of the new policy document.
3. Cancelled: IOP health policy administrator moves the document to the archived folder in the IHSC Policy Library and maintains the worksheet as justification for cancellation.



4. Requires technical update: The PA updates the document using the Technical Update process.
5. Requires revision: IOP policy analyst posts a working document in the ePDS into a collaboration workflow and notifies the PA. The PA updates the document and follows the process for developing a new policy document.

## VII. APPENDIX A: AUTHORITIES AND REFERENCES

### A. Explanations and Definitions

Authorities are generally regulations, public laws, and directives, usually at the federal level. It is important to understand some of the terms used when looking at authorities. In addition to those listed below, IHSC may develop policy based on federal court decisions, DHS policy guidance, or state laws and regulations.

#### 1. Public Laws

Congress passes Public Laws. After the President signs a bill into law, the Office of the Federal Register (OFR), National Archives and Records Administration (NARA), receives it, assigns a law number and legal statutory citation, and prepares it for publication as a slip law. A slip law is an official publication of the law and is “competent evidence,” admissible in all state and federal courts and tribunals in the United States.

#### 2. United States Code

The U.S. Code (USC) is the codification by subject matter of the general and permanent laws of the United States. The Government Printing Office (GPO) publishes a supplement to the USC during each interim year until the GPO publishes another law.

The U.S. Code does not include regulations issued by executive branch agencies, decisions of the Federal courts, treaties, or laws enacted by State or local governments. Regulations issued by executive branch agencies are available in the Code of Federal Regulations. The Federal Register (FR) contains federal agency regulations, proposed rules, and notices of interest to the public, executive orders, proclamations, and other presidential documents.

#### 3. Code of Federal Regulations

The Code of Federal Regulations (CFR) is the codification of the general and permanent rules published in the Federal Register by the departments and agencies of the federal government, divided into 50 titles that represent broad areas subject to Federal regulation. Each title is divided into chapters, which usually bear the name of the issuing agency.

#### 4. Regulations

Rulemaking is the policy-making process for executive and independent agencies of the federal government. Agencies use this process to develop and issue rules, usually referred to as “regulations.” In some instances, agencies publish an Advanced Notice of Proposed Rulemaking to solicit public comments to determine if they should initiate rulemaking. Such actions occur prior to the Proposed Rule stage, published in the FR, and made publicly available in print and on-line at <http://www.federalregister.gov>. Regulations enacted by federal agencies have the force of federal law.

#### 5. Federal Register

Published by the Office of the Federal Register, which is part of the National Archives and Records Administration (NARA), the Federal Register is the official daily publication for rules, proposed rules, and notices of Federal agencies and organizations, as well as executive orders and other presidential documents. It is updated daily by 6 a.m. and is published Monday through Friday, except Federal holidays.

### B. Identifying Authorities and References

The PA should conduct a search to find any relevant laws and regulations for the directive topic. IHSC staff should consult with IOP in addition to conducting their own legal research. IOP consults with OPLA to ensure that the referenced laws and regulations are appropriate for the directive topic.

PAs must include the link along with the document numbers and titles of the regulation or law. Be sure to check links in existing documents to ensure they are still active.

Some of the most used authorities within IHSC directives include:

- Title 8, U.S. Code, Section 1222 (8 USC § 1222), Detention of Aliens for Physical and Mental Examination.
- Title 8, Code of Federal Regulations, Section 232 (8 CFR § 232), Detention of Aliens for Physical and Mental Examination.
- Title 8, Code of Federal Regulations, Section 235.3 (8 CFR § 235.3), Inadmissible Aliens and Expedited Removal.
- Title 42 U.S. Code, Section 249(a) (42 USC § 249(a)), Medical Care and Treatment of Quarantined and Detained Persons.
- Title 42, U.S. Code, Section 252 (42 USC § 252), Medical Examination of Aliens.



**VIII. APPENDIX B: POLICY DEVELOPMENT WORKFLOW**

