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

PATIENTS WITH SUBSTANCE USE, INTOXICATION, AND WITHDRAWAL

IHSC Directive: 03-13
ERO Directive Number: 11747.2
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: April 5, 2023

By Order of the Assistant Director
Stewart D. Smith, DHSc, FACHE STEWART D SMITH Digitally signed by STEWART D SMITH Date: 2023.04.05 14:04:32 -04'00'

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1. **PURPOSE:** The purpose of this directive is to establish policies and procedures for health care providers to provide appropriate monitoring and treatment of patients in U.S. Immigration and Customs Enforcement (ICE) custody at IHSC-staffed facilities, who are suspected of or demonstrating symptoms of substance use, intoxication, or withdrawal.

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 supporting health care operations in ICE-owned and contracted detention facilities (CDFs) and to IHSC headquarters (HQ) staff who encounter patients diagnosed with, or suspected of having, substance dependency or abuse. This directive applies to contract personnel when supporting IHSC in detention facilities. Federal contractors are responsible for the management and discipline of their employees supporting IHSC.

3. **AUTHORITIES AND REFERENCES:**

   3-1. *The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Program of 1970*. 42 U.S.C. §4541 et seq.

   3-2. *Detention of Aliens for Physical and Mental Examination*, 8 U.S.C. § 232.

   3-3. *Detention of Aliens for Physical and Mental Examination*, 8 U.S.C. § 1222.

   3-4. Title 42, U.S. Code, Section 249 (42 U.S.C. § 249), *Medical Care and Treatment of Quarantined and Detained Persons*.

   3-5. Title 42, U.S. Code, Section 252 (42 USC § 252), *Medical Examination of Aliens*.

3-6. *Medically Supervised Withdrawal for Inmates with Substance Use Disorders*. Federal Bureau of Prisons Clinical Guidance. February 2020.

4. **POLICY:** Health care providers screen, identify, evaluate, and make appropriate treatment plans for patients with substance use disorders, who are intoxicated, or are at risk of or experiencing withdrawal. Substance use issues may occur from any mind-altering substance, including but not limited to, alcohol, opiates, hypnotics, sedatives, depressants, stimulants, or other prescribed or non-prescribed substances. A physician must supervise all medical management and substance use issues and withdrawals. An obstetrician must manage all pregnant patients with substance abuse diagnoses. Obstetricians refer pregnant patients showing signs of or at risk for withdrawal, to a community hospital for further management.

5. **RESPONSIBILITIES:**

5-1. Health Care Providers.

5-1.1. Document prior and present treatment efforts and treatment refusals in the patient health record.

5-1.2. Notify the facility health services administrator (HSA) and clinical director (CD) of all pregnant patients with substance use or abuse issues, including withdrawal.

5-2. Clinical director or physician designee.

5-2.1. When indicated, determine need for, and annually approves, local operating procedures for management of intoxication and medically supervised withdrawal, that are consistent with nationally accepted treatment guidelines.

5-2.2. Provides oversight and supervision of all patients with substance abuse issues, active intoxication, and medically supervised withdrawals.

5-2.3. Evaluates patients without symptoms of intoxication or withdrawal within two business days.

5-2.4. Provides on-call consultation.

5-3. Advanced practice providers (APP).

5-3.1. Examine patients and document findings in the electronic health record.

5-3.2. Consult with the physician for medically supervised withdrawal.

5-4. Health services administrator.

5-4.1. Notifies the field office director (FOD) of all patients with substance abuse issues, including those requiring detoxification and those who are pregnant.

5-4.2. Ensures staff are trained initially and annually to recognize substance use concerns and signs of withdrawal.

5-5. Nursing staff.

5-5.1. Screen, identify, and refer patients exhibiting intoxication or withdrawal behaviors to the medical provider.

5-5.2. Ask patients questions about substance abuse and document their responses during patient encounters.

5-5.3. Follow the Clinical Nursing Guidelines: Chemical Substance Withdrawal found on the Nursing Services Unit Tools and Resources SharePoint Page.

5-5.4. Call the CD or physician designee immediately when nursing staff identify a patient with a substance abuse issue or demonstrates intoxication or withdrawal symptoms. NOTE: In the physical absence of an on-site physician, nursing staff immediately call the on-call physician for instructions.

5-5.5. Refer patients with symptoms of intoxication or withdrawal for an immediate medical evaluation to a medical provider.

5-5.6. Evaluate patients with intoxication or withdrawal symptoms at a minimum of every eight hours or per physician orders.

5-6. Behavioral health providers:

5-6.1. Conduct comprehensive mental health evaluations and develop treatment plans for relapse prevention.

5-6.2. Provide behavioral health consultation and follow up for patients with substance abuse issues and post-withdrawal.

6. PROCEDURES:

6-1. Intake Screening. HCPs use the substance use, abuse screening tool in eCW during intake.

6-1.1. Refer patients with past or current substance use or abuse to physicians or APPs.

6-1.2. Refer patients to community specialty providers who continue substance use medications and treatments. NOTE: Health care providers must refer patients suspected of *life-threatening* intoxication or withdrawal to the CD or physician designee or the community emergency department. Health care providers must refer patients suspected of *non-life-threatening* intoxication or withdrawal to the CD or physician designee. They document the plan of care in the patient eCW health record.

6-2. Behavioral Health Evaluation. A behavioral health provider (BHP) must evaluate all patients identified with a substance use concern within 72 hours of referral as directed by the IHSC Behavioral Health directive and guide.

6-3. Treatment. IHSC uses the Federal Bureau of Prisons Clinical Practice Guidelines for Medically Supervised Withdrawal for guidance.

6-3.1. The CD or physician designee creates and modifies treatment plans and may consult Psychiatry Services Unit providers, as needed.

6-3.2. BHPs provide behavioral therapy or counseling to decrease the risk of resumption of substance use relapse.

6-4. Informed Consent for Medications. A patient must sign IHSC Form 793 to receive medications. Afterward, a health care provider reviews the form and prescribes the medication(s).

6-5. Refusal of Treatment. The patient signs the Refusal of Treatment form when they refuse treatment. See IHSC Directive, 02-07 *Treatment Consent and Refusal.*

6-6. Housing. Health care providers place patients at risk for or experiencing substance withdrawal in a medical housing unit or special management unit to ensure safe and effective monitoring. The CD or physician designee must provide clear instructions for the plan of care to all staff who interface with the patient.

6-7. Monitoring. Qualified health care professionals must monitor patients who demonstrate symptoms of intoxication or withdrawal.

6-7.1. Registered nurse evaluation at least every eight hours or per physician orders and physician or APP evaluation every 24 hours.

6-7.2. Use of Clinical Institute Withdrawal Assessment – Alcohol (CIWA – A), Clinical Institute Withdrawal Assessment –Benzodiazepines (CIWA – B) and Clinical Opiate Withdrawal Scale (COWS) at physician-designated intervals until symptoms have resolved, or

QHCP transfer the patient to the nearest emergency room.

6-7.3. Clinical Guidelines outline established protocols for the assessment, monitoring and management of individuals manifesting symptoms of alcohol and drug intoxication or withdrawal.

6-7.4. Health care professionals must give careful attention to medically and situationally complex patients including, but not limited to, those with brain injury, seizure disorder, cardiac, liver, or kidney disease. This category also includes patients with HIV, over 55 years of age, pregnant patients, those with underlying psychiatric conditions or suicidality, and those with a short length of stay.

6-7.5. Health care professionals must refer patients to an acute care facility for obvious signs of severe or progressive intoxication, suspected overdose, or severe alcohol, sedative withdrawal.

6-8. Medication Administration. Procedures for medication administration are found in the IHSC 03-16, *Medication Administration Directive and Guide*.

7. HISTORICAL NOTES:

7-1. Summary of Changes. This document replaces IHSC Directive 03-13, *Detainees with Substance Dependence or Abuse,* dated November 23, 2021.

7-1.1 Technical update. Language detainee/noncitizen changed to patient throughout the document in the appropriate context.

8. DEFINITIONS:

8-1. Substance use - Recurrent use of alcohol or drugs that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

8-2. Substance abuse - Over-indulgence in or dependence on an addictive substance, especially alcohol or drugs.

8-3. Intoxication - A state where alcohol or drugs inhibit a person's normal capacity to act or reason.

8-4. Withdrawal - Symptoms that occur upon the abrupt discontinuation or decrease in the intake of medication or recreational drugs.

9. APPLICABLE STANDARDS:

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

9-1.1 Part 4: Care; Section 4.3: Medical Care, Subsection K. Substance Dependence and Detoxification.

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

9-2.1 Part 4: Care; Section 4.3 Health Care; Subsection K. Substance Dependence and Detoxification.

9-3. American Correctional Association: Performance-Based Standards for Adult Local Detention Facilities, 4th edition.

9-3.1 4-ALDF-4C-36: Detoxification.

9-3.2 4-ALDF-4C-37: Management of Chemical Dependency.

9-4. National Commission on Correctional Health Care: Standards for Health Services in Jail, 2018.

9-4.1 J-F-04 Medically Supervised Withdrawal and Treatment.

10. PRIVACY AND RECORDKEEPING. ICE uses patient 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 patients. IHSC limits access to patient 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, Medical Service Unit.