

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

FACILITY OPERATIONS

**IHSC Directive: 01-55
ERO Directive Number: 11771.2
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: November 30, 2022**

By Order of the Assistant Director

(b)(6),(b)(7)(C) DHSc, FACHE

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

1. **PURPOSE:** The purpose of this directive is to set forth policies and procedures for guidance of the organization and management of the U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) staffed health care facilities and related health care services, issues, and operations.

2. **APPLICABILITY:** This directive applies to all U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, U.S. Public Health Service (PHS) officers, civil service employees, and contract personnel. It is applicable to IHSC personnel supporting health care operations in ICE-owned and contracted detention facilities (CDFs) and to IHSC headquarters (HQ) staff attached to local facilities. 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), Detention of Aliens for Physical and Mental Examination.
 - 3-3. Section 322 of the Public Health Service Act (42 USC 249(a)), Medical Care and Treatment of Quarantined and Detained Persons.
 - 3-4. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC 252); Medical Examination of Aliens.

4. **POLICY:** IHSC provides patients with access to health care services, including screening, prevention, health education, diagnosis, and treatment. IHSC delivers and maintains such services by coordinating administrative and residential processes, as well as direct communication with stakeholders, IHSC headquarters, and IHSC field clinics. Medical facilities must achieve and maintain current National Commission on Correctional Health Care (NCCHC) accreditation by complying with NCCHC standards. IHSC must maintain appropriate staffing levels and equipment to provide each patient with comprehensive medical, dental, and mental health screening and care.

5. **RESPONSIBILITIES:**

5-1. **Deputy Assistant Director Administration (DAD) and DAD of Health Systems Services (HSS)** ensure the facility has adequate health care staff to meet the IHSC mission.

5-2. **Health Services Administrator (HSA) or Health Operations Unit (HOU) Designee.**

5-2.1. Maintains overall responsibility for health care services within the facility, in accordance with position description.

5-2.2. Oversees, and works with, facility staff to ensure quality, accessible, and timely health services for patients.

5-2.3. Interfaces with internal and external stakeholders on behalf of the facility.

5-2.4. Oversees all aspects of the facility's clinical operations, in compliance with national detention and accreditation standards.

5-2.5. Retains final authority regarding administrative issues at respective facility.

5-2.6. Maintains oversight of the facility and must be on on-site daily.

5-2.7. Health services staff must complete all auditing requirement checklists and ensure negative findings are resolved.

5-2.8. Health services staff must notify the HSA or designee of completed auditing requirements before the scheduled formal audit.

5-2.9. Reviews the staffing plan annually to identify the positions needed to perform services.

5-2.10. Ensures the facility healthcare program manager (FHPM) conducts continuous quality improvement (CQI) meetings quarterly.

5-2.11. Works with ICE stakeholders to:

- Negotiates and maintains arrangements with nearby medical facilities or health care providers to deliver required health care not available within the facility.
- Identify custody officers to transport and remain with patients, for the duration of any off-site treatment or hospital admission.

5-2.12. Develops, approves, and maintains site-specific Local Operating Procedures (LOP) documents that align with agency directives.

5-2.13. Provides notification of all critical events or issues to regional health services administrator and assistant field office director (AFOD)/officer-in-charge (OIC) or field office director (FOD). All ICE significant event notifications (SENs) involving IHSC require an appropriate IHSC HQ notification. See IHSC Directive 01-25, Significant Event Notification and IHSC 01-25-G-01, Significant Event Notification Guide.

5-3. Clinical Director (CD) or Physician Designee.

5-3.1. Determines the medical necessity, timing of, content of, and frequency for diagnostic evaluations, periodic health assessments, preventive health screenings and immunizations.

5-3.2. Implements clinical practice guidelines established at IHSC headquarters, to provide clinicians with general information regarding the management of patients, and the components of the health assessment.

5-3.3. Retains final clinical authority regarding patient care issues.

5-3.4. Remains available to the facility 24 hours a day, seven days a week. Provides unrestricted access to emergent and urgent medical services. Performs clinical and administrative responsibilities.

5-3.5. Reviews and approves pre-authorized standing orders and protocols annually.

5-3.6. Advises the HSA on all clinical matters. CD or physician designee must communicate all auditing requirements to the HSA.

5-4. Behavioral Health Provider (BHP) or Designee.

5-4.1. Consults with the CD to ensure timely access to behavioral health services.

- 5-4.2. Monitors behavioral health programs and services and comprehensive and integrative health care.
- 5-4.3. Remains available to the facility 24 hours a day, seven days a week. Provides unrestricted daily access to emergent and urgent mental health services to fulfill clinical and administrative responsibilities, in accordance with IHSC 07-02 G-01, Behavioral Health Services Guide.

5-5. Dentist.

- 5-5.1. Serves as the dental health authority at IHSC-staffed clinics.
- 5-5.2. Manages the local dental program, supervises local dental staff, and delivers direct patient care at the assigned facility.
- 5-5.3. Provides emergency dental care 24 hours a day, seven days a week and unrestricted daily access to emergent and urgent dental services.
- 5-5.4. Dentists and registered dental hygienists provide routine dental care within an established delivery system.

5-6. Health Services Staff.

- 5-6.1. Perform duties within their scope of practice, for which they are credentialed by training, licensure, certification, competencies, and job descriptions. Functions in accordance with written standing or direct medical orders, by personnel authorized to give such medical orders.
- 5-6.2. Attend required health services staff meetings.
- 5-6.3. Must comply with all national and local policies, procedures, requirements, and reports findings to the HSA for auditing purposes.

5-7. Pharmacy Staff. Inspects pharmaceuticals stored within the clinic as described in IHSC 09-02 G-01, Pharmaceutical Services and Medication Management Guide, and collaborates with the HSA to conduct the physical inventory of controlled substances.

5-8. Local Triad.

- 5-8.1. Consists of the HSA, CD, and nurse manager.
- 5-8.2. Provides consultation and subject matter expertise during weekly meetings, and upon request to ensure health staff deliver high-quality patient care.

6. PROCEDURES:

6-1. Medical Clinic Space and Medical Equipment:

- 6-1.1. The HSA or designee ensures all clinical and administrative spaces are clean and in a safe operational condition.
- 6-1.2. The HSA or designee ensures all equipment works and complies with the manufacturers' recommended maintenance requirements. See IHSC Directive 05-05, Safety and Security and IHSC 05-05 G-01, Safety and Security Guide.
- 6-1.3. The HSA interfaces with internal and external stakeholders to ensure there is suitable clinical and administrative space, a patient waiting area, a secure medical records area, appropriate technical communication equipment, and supplies for the maintenance of a care delivery system. Additionally, the HSA:
 - 6-1.3.a. Ensures examination and treatment rooms for medical, dental, and mental health are large enough to accommodate necessary equipment, supplies, and fixtures, and to permit privacy during clinical encounters.
 - Physical exam rooms should afford patient privacy, with special consideration for pelvic, rectal, breast, or genital exams.
 - Health staff should have a private space to discuss protected patient health information and conduct clinical encounters.
 - 6-1.3.b. Ensures health care personnel check pharmaceuticals, medical supplies, and mobile emergency equipment regularly.
 - 6-1.3.c. Ensures adequate office space for administrative files, secure storage of health records, and writing desks.
 - 6-1.3.d. Mental health services staff provide services within a private area. The area should be conducive for interviews and individual assessment and group treatment. The space should have desks, chairs, lockable file space, and relevant testing materials.
 - 6-1.3.e. When health care personnel provide on-site laboratory, radiological or other ancillary services, the designated area is adequate to hold equipment and secure records.

- 6-1.3.f. When health care personnel place patients in a waiting area for more than a brief period, the waiting area has seats and access to drinking water and toilets.
- 6-1.3.g. Ensures health personnel staff maintain weekly inventories, at a minimum, on time to prevent potential abuse or waste (e.g., syringes, needles, scissors, other sharp instruments).
- 6-1.3.h. Ensures the facility has the following equipment, supplies, and materials for patients' examination and treatment:
- Hand-washing facilities or appropriate alternate means of hand sanitization.
 - Examination tables.
 - A light capable of providing direct illuminations.
 - Scales.
 - Thermometers.
 - Blood pressure monitoring equipment.
 - Stethoscopes.
 - Ophthalmoscope.
 - Oscopes.
 - Transportation equipment (e.g., wheelchair, stretcher).
 - Trash containers for biohazardous materials and sharps.
 - Equipment and supplies for pelvic examinations.
 - Automated external defibrillator.
 - Sterilizer for non-disposal medical or dental equipment.
 - Pulse oximeters.
 - Personal protective equipment (e.g., gloves, eye protection, gowns, and masks).
- 6-1.4. Ensures the facility has basic equipment required for a dental operatory and on-site dental examinations as outlined in IHSC Directive 09-01, Dental Services.

6-2. Recall Roster/Staff Telephone Directory:

- 6-2.1. The HSA maintains a recall roster with a list of staff telephone numbers.
- 6-2.2. The HSA updates the recall roster at least quarterly and distributes to all staff.
 - 6-2.2.a. The HSA secures the recall roster in a location, accessible only to on-site staff and those who have a need to know.
 - 6-2.2.b. All health services staff must keep an updated recall roster at home for emergency situations.
 - 6-2.2.c. All health services staff must keep their contact information on the recall roster up to date.

6-3. Clinic Quick Reference Materials:

- 6-3.1. The HSA ensures staff have access to an afterhours quick reference guide to perform their duties.
- 6-3.2. The HSA ensures staff have access to discipline and unit quick reference materials.

6-4. Staff must have all quick reference materials available both electronically and in hard copy. The facility must have at least one hard copy on-site, and accessible to staff to perform their duties. See IHSC Directive 11-07, Local Operation Procedure (LOP). **Procedure and Policy Guides:**

- 6-4.1. The HSA ensures staff have access to the procedures and policy guides both electronically and printed, with at least one hard copy on-site.
 - 6-4.1.a. IHSC staff can locate policy and procedure reference material on the IHSC SharePoint website, IHSC shared drive, local shared drive, or in on-site binders.
 - 6-4.1.b. Procedures and policy guides refer to IHSC memoranda, operations manuals, standard operating procedures, local operating procedures, IHSC directives and guides.

6-5. Local Meetings: The HSA or designee conducts routine meetings. See applicable appendix for standardized minimum agenda required items.

- 6-5.1. **Staff Meetings:** The HSA or designee at each facility conducts staff meetings monthly. The agenda includes issues affecting clinic operations, policies and procedures, operation memoranda, directives, non-confidential personnel issues, and clinic-wide

changes or concerns. The HSA or designee records meeting minutes, makes them available to staff, have staff sign the minutes, and retains minutes on file for three years. See Appendix A.

6-5.2. **Facility Administrative Meetings with ICE/ERO:** The responsible health authority (RHA) or their designees, and other members of the medical, dental, behavioral health, and correctional staff as appropriate, attend administrative meetings with ICE/ERO. ICE/ERO holds the meetings at least quarterly but recommended weekly. The HSA retains meeting minutes and ensures all appropriate personnel review copies. See Appendix B.

6-5.3. Governing board (Appendix C).

6-5.4. Continuous quality improvement (CQI) program designed the following meeting minute templates for health services staff use. The templates standardizes reporting and documentation requirements. See Medical Quality Management Unit (MQMU) SharePoint page for a standardized template and instructions for using these forms.

6-5.4.a. Transgender Care and Custody Committee (Appendix D).

6-5.4.b. Disability Accommodations (Appendix E).

6-5.4.c. Suicide Prevention (Appendix F)

6-5.4.d. Suicide After Action Review (Appendix G).

6-5.4.e. Prison Rape Elimination Act (PREA) Annual Review (Appendix H).

6-5.4.f. Segregation Review (Appendix I).

6-6. Statistical Reports:

6-6.1. The HSA or designee must generate the statistical reports of health services activities at least monthly.

6-6.2. The HSA must provide the statistical reports to the ICE stakeholders and others as appropriate. Health services staff use the reports to optimize their delivery of health care by monitoring trends.

6-6.3. Health services staff obtain the monthly statistical reports by running Enterprise Business Optimizer (eBO), Report 1568 in eClinicalWorks (eCW), IHSC's electronic health records system.

6-7. Facility Administrative Reports: Staff should visit the Health Operations Unit (HOU) [SharePoint Page](#) to find all facility administrative reports and users guides.

6-7.1. Daily Reports: Daily reports include arrivals, departures, and conversions, call outs, coverages, and census.

6-7.2. Ad Hoc Reports: Ad hoc reports include government approved overtime, HOU discrepancy reports, remote assistance, VIP reports and temporary duty (TDY) staffing requests.

6-7.3. High Risk Case Trackers: High risk cases include hunger strike and pregnancy trackers.

6-7.4. Audits: Checklists for patient care and quality improvement activities.

6-8. Significant Event Notification - Issues or Events Requiring Headquarters

Notification: The HSA notifies the regional health services administrator, and assistant field office director (AFOD)/officer-in-charge (OIC) or field office director (FOD), of all critical events or issues by *phone and email*. The HSA notifies IHSC senior leadership of all critical events by *email only*. See IHSC Directive 01-25, Significant Event Notification and Significant Medical Case Reporting, and IHSC 01-25 G-01, Significant Event Notification Guide.

6-8.1. The HSA notifies the appropriate personnel in accordance with IHSC Directive 01-25, Significant Event Notification, using the following Outlook distribution lists.

6-8.1.a. For medical events: #IHSC_SEN_Medical,
[\(b\)\(7\)\(E\)@ice.dhs.gov](#)

6-8.1.b. For behavioral health events: #IHSC_SEN_Mental Health,
[\(b\)\(7\)\(E\)@ice.dhs.gov](#)

6-8.2. The HSA includes the following information in the SEN email subject line:

6-8.2.a. Facility Abbreviation: Title and Full last name. Examples:

- MPC: Hospital Admission, Smith
- Eloy: Suicide Watch Initiation, Smith

6.9. Patient Issues and Management: HSAs collaborate with facility leadership to address issues in their delivery of health care to patients.

6-9.1 Patient Orientation: Upon admission to each facility, IHSC staff orient patients to the health care services available to them.

This orientation covers health education, wellness information, and access to care.

- 6-9.2 Calls from Family Members: Health care personnel do not accept calls from family members. Health care personnel refer these calls to the ICE field office director or assistant field office director, who respond accordingly.
- 6-9.3 Communication with Noncitizen Detainee: IHSC staff must always communicate and interact with patients in a professional manner, using proper language, gestures, and courtesies to promote respectful and professional communication with the noncitizen detainee.
- 6-9.3.a Telephonic translation services for limited English proficient (LEP) patients are available to assist staff during medical, dental, and behavioral health encounters. HSAs familiarize all health care personnel with the use of translation services.
- 6-9.3.b Health care personnel must use translator services when they cannot converse fluently in a language the patient understands.
- 6-9.3.c Health care personnel must document use of translator services in the electronic health record encounter when they use translation services.
- 6-9.4 Patient Mail:
- Facility staff process all mail.
 - Health care personnel do not give any mail directly to patients.
 - Health care personnel do not forward any mail received for a patient to ICE custody staff.
- 6-9.5 Gifts from Patients: Health services staff are prohibited from receiving or giving gifts to patients.
- 6-9.6 Patient Grievance Mechanism: The patient grievance mechanism is in accordance with ICE detention standards specific to each site. Health care personnel must adhere to the facility operating procedures for grievances. Health care personnel communicate the patient medical grievance procedure both verbally and in writing, in a language they understand, upon their initial presentation to the

facility. See IHSC Directive 01-05, Medical Grievances.

- 6-9.7 Patient Food Service Workers: See IHSC Directive 05-04, Environment Health, and IHSC 05-04 G-01, Environment Health Guide.
- 6-9.8 Patients Who Volunteer for Work: Certain patients may volunteer for work opportunities pursuant to the Voluntary Work Program, consistent with applicable facility detention/residential standards and prevailing law.
- 6-9.9 Patients cannot perform any job that would place them within the medical clinic and provide access to medical supplies or privileged information.
- 6-9.10 Patients cannot:
 - 6-9.10.a Provide direct patient care or assist in the provision of care.
 - 6-9.10.b Work in areas unsupervised where they may have access to health records, drugs, or medical supplies, such as needles, surgical instruments, or items that they could use as a weapon.
 - 6-9.10.c Enter the pharmacy area under any circumstances.
 - 6-9.10.d Schedule appointments or determine the access of other patients to health care services.
 - 6-9.10.e Clean biohazard spills and/or transport bio-hazardous trash.
 - 6-9.10.f Transport dirty laundry from an infirmary or medical clinic, unless the laundry is in a dissolvable bag.
 - 6-9.10.g Translate for health care personnel.

7. HISTORICAL NOTES: This directive replaces IHSC Operations Memorandum 16-010, *Clinic Administration* and IHSC 16-010 G-01, *Clinic Administration Guide*, dated March 24, 2016.

7-1. Summary of Changes:

- 7-1.1. Responsibilities section added to indicate responsibilities in one place.
- 7-1.2. Language added to address referenced NCCHC, J-A-07 Privacy of Care and compliance indicators added to align with 2018 standards.

7-1.3. Procedures sections updated to include issues or events requiring headquarters notification, patient issues, and management.

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

8-1. **Responsible Health Authority (RHA)** - the health services administrator or HOU designee. The health services administrator's responsibilities are documented within the position description.

8-2. **Responsible physician** – the clinical director or designee. The clinical director's responsibilities are documented within the position description.

8-3. **Reference Materials** - refer to American Correction Association (ACA), National Commission on Correctional Health Care (NCCHC), Performance-Based National Detention Standards (PBNDS), and Family Residential Standards (FRS).

9. **APPLICABLE STANDARDS:**

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

9-1.1. Part 4: Care; 4.3 Medical Care; V. Expected Practices; B. Designation of Authority and I. Medical Personnel.

9-1.2. Part 5: Activities; 5.8 Voluntary Work Program.

9-2. **Family Residential Standards 2020:**

9-2.1. Part 4: Care; 4.3 Health Care; Expected Practices; B. Designation of Authority and I. Health Care Personnel.

9-2.2. Part 5: Activities; 5.5 Voluntary Work Program.

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

9-3.1. 4-ALDF-4D-01 Health Authority.

9-3.2. 4-ALDF-4D-11 Inmate Assistants.

9-3.3. 4-ALDF-4A-13 Health Protection.

9-3.4. 4-ALDF-4A-15 Food Service Training.

9-3.5. 4-ALDF-1A-06 Physical Plant.

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

- 9-4.1. J-A-02, Responsible Health Authority.
 - 9-4.1.a. Compliance indicator 5 is addressed in IHSC Directive, 07-02 *Behavioral Health Services*.
 - 9-4.1.b. Compliance indicator 6 is addressed in IHSC Directive, 09-01 *Dental Services*.
 - 9-4.1.c. Compliance indicator 7 is addressed in IHSC Directives, 07-02 *Behavioral Health Services* and IHSC Directive 09-01 *Dental Services*.
- 9-4.2. J-A-04 Administrative Meetings and Reports.
- 9-4.3. J-A-07 Privacy of Care.
- 9-4.4. J-C-06 Inmate Workers.
- 9-4.5. J-D-03 Clinic Space, Equipment and Supplies.

10. PRIVACY AND SECURE RECORDKEEPING: ICE uses noncitizen 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 detained noncitizens. IHSC limits access to noncitizen 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, Health Operations Unit.

APPENDIX A:

Facility Name
Staff Meeting Minutes

MINUTES

MM/DD/YYYY

.0830
 0915CST

MONTHLY MEETING

TYPE OF MEETING	In person, Microsoft Teams
FACILITATOR	Rank First Name, Last Name, Position Title
ATTENDEES	Attach roster of attendee names

Agenda topics

INTRODUCTION

DISCUSSION	<ul style="list-style-type: none"> IHSC Policy Accreditation requirement Responsibilities Instructions 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<p>IHSC Policy:</p> <ul style="list-style-type: none"> 16-010 Clinic Administration → 01-55 Facility Operations 	Facility	Ongoing
<p>Accreditation Requirement:</p> <p>PBNDS</p> <ul style="list-style-type: none"> 4.3 Medical Care, EE Administration of the Medical Department, 1 Quarterly Administrative Meetings <p>ACA</p> <ul style="list-style-type: none"> 4-ALDF-7D-25 Health Care Quarterly Meetings <p>NCCHC</p> <ul style="list-style-type: none"> J-A-04 Administrative Meetings and Reports 	Facility	Ongoing
<p>Responsibilities:</p> <p>Agenda topics are divided by departments.</p> <p>Each department lead will discuss via chain of command &/or directly to HSA to include information into minutes.</p> <p>Each department will present its own area.</p>	Governing Body	Ongoing
<p>Instructions:</p> <p>You can add additional sections but do not take away the sections that are provided as they are required by accreditation.</p> <p>You can add discussion topics as appropriate under each section. For each discussion item bullet, you should have a corresponding action item.</p> <p>You can add additional rows under action items as needed to further elaborate on the discussion topic.</p>		Ongoing

HEALTH OPERATIONS UNIT

NAME OF HSA OR DESIGNEE

DISCUSSION	<ul style="list-style-type: none"> • Hails/farewells • Shout outs (<i>Promotions, Awards, etc.</i>) • TDYs (<i>Inbound & Outbound</i>)
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<ul style="list-style-type: none"> • Stakeholder pass downs, as applicable • Supplies • Grievance trends • Scheduling updates/issues • Local HOU enters additional agenda items
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Hails/Farewells: ➤ ➤		5/1/17
Shout Outs: ➤		
TDYs: ➤		
Stakeholder Pass Downs: ➤		
Supplies: ➤		
Grievance Trends: ➤		
Scheduling Updates/Issues: ➤		

NURSING SERVICES UNIT **.NAME OF NM OR DESIGNEE**

DISCUSSION	<ul style="list-style-type: none"> • Local NSU enters agenda items
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

MEDICAL SERVICES UNIT **.NAME OF CD OR DESIGNEE**

DISCUSSION	<ul style="list-style-type: none"> • Radiology • Local MSU enters additional agenda items
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

ADVANCED PRACTICE PROVIDERS **.NAME OF LEAD APP OR DESIGNEE**

DISCUSSION	<ul style="list-style-type: none"> • Lead APP enters agenda items
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

BEHAVIORAL HEALTH **.NAME OF LEAD BHP OR DESIGNEE**

DISCUSSION	<ul style="list-style-type: none"> • Lead BHP enters agenda items
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
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No items to discuss at this time.	Mr. _____	Follow up 5/18/16
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PHARMACY **.NAME OF LEAD PHARMACIST OR DESIGNEE**

DISCUSSION	<ul style="list-style-type: none"> Local lead pharmacist enters agenda items 	
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
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No items to discuss at this time.	Mr. _____	Follow up 5/18/16
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DENTAL **.NAME OF DDS OR DESIGNEE**

DISCUSSION	<ul style="list-style-type: none"> Local DDS enters agenda items 	
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
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No items to discuss at this time.	Mr. _____	Follow up 5/18/16
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INFECTION PREVENTION **.NAME OF IPO OR DESIGNEE**

DISCUSSION	<ul style="list-style-type: none"> TB COVID Varicella Other infectious diseases Health department updates/coordination Cohort/quarantine management Local IPO enters additional agenda items 	
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
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No items to discuss at this time.	Mr. _____	Follow up 5/18/16
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FACILITY HEALTHCARE PROGRAM MANAGER **.NAME OF FHPM OR DESIGNEE**

DISCUSSION	<ul style="list-style-type: none"> Quarterly CQI trend highlights Accreditation (ACA, NCCHC, PBNDS, FRS, etc.) Inspections (Danya, ODO, OIG, etc.) PHSP (Health & Safety, ER preparedness, employee & occupational health) Studies (Process, Outcome, HFEMA) Policy updates/reminders 	
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
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Quarterly CQI Trend Highlights: QTR 2 <ul style="list-style-type: none"> ➤ Incident report trends ➤ Patient education ➤ Patient safety 		
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Accreditation: <ul style="list-style-type: none"> ➤ 		
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Inspections: <ul style="list-style-type: none"> ➤ 		
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PHSP: Health & Safety: <ul style="list-style-type: none"> ➤ Facility/clinic cleanliness ➤ Pending workorders 		
Emergency Preparedness After Action Reviews (AAR): <ul style="list-style-type: none"> ➤ Fire drills ➤ Man down ➤ Mass casualty Occupational Health:		
Studies: <ul style="list-style-type: none"> ➤ Process ➤ Outcome ➤ HFEMA 		
Policy Updates/Reminders: <ul style="list-style-type: none"> ➤ IHSC Directives, OMs, Guides ➤ LOPs 		

NEXT MEETING

Wednesday, May 24, 2017 at 0830 CST

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Agenda	Local Triad and Leads	MM/DD/YYYY
Suggestions, comments, modifications proposed.	All Staff	MM/DD/YYYY

APPENDIX B:

Facility Name
Admin with ICE/ERO Meeting Minutes

MINUTES

MM/DD/YYYY

.0830
0915CST

QUARTERLY MEETING

TYPE OF MEETING	In person, Microsoft Teams
FACILITATOR	First Name, Last Name, Position Title
ATTENDEES	Attach roster with list of attendee names

Agenda topics

INTRODUCTION

NAME WHO IS PRESENTING INFORMATION

DISCUSSION	<ul style="list-style-type: none"> IHSC policy Accreditation requirement Responsibilities Instructions 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
IHSC Policy: > 16-010 Clinic Administration → 01-55 Facility Operations	Facility	Ongoing
Accreditation Requirement: PBNDs > 4.3 Medical Care, EE Administration of the Medical Department, 1 Quarterly Administrative Meetings	Facility	Ongoing
NCCHC > J-A-04 Administrative Meetings and Reports		
Responsibilities: Minimum agenda topics are dictated by PBNDs and NCCHC. Each entity/Stakeholder will present its own area.	ICE/ERO, Custody, and IHSC Medical	Ongoing
Instructions: You can add additional sections but do not take away the sections that are provided as they are required by accreditation. You can add discussion topics as appropriate under each section. For each discussion item bullet, you should have a corresponding action item. You can add additional rows under action items as needed to further elaborate on the discussion topic.		Ongoing

ICE/ERO

NAME WHO IS PRESENTING INFORMATION

DISCUSSION	<ul style="list-style-type: none"> 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
		MM/DD/YYYY

.OPLA**.NAME WHO IS PRESENTING INFORMATION**

DISCUSSION	<ul style="list-style-type: none"> • None 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
No items to discuss at this time.	Dr. Strange	Follow up May

.CUSTODY**.NAME WHO IS PRESENTING INFORMATION**

DISCUSSION	<ul style="list-style-type: none"> • • 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

.IHSC MEDICAL**.NAME WHO IS PRESENTING INFORMATION**

DISCUSSION	<ul style="list-style-type: none"> • Effectiveness of the health care system • Environmental health and safety factors that may need improvement • Changes affected since the previous quarterly meeting • Recommended corrective actions, as necessary • Accreditation concerns • Medical/clinical space concerns • Movement concerns • Patient significant medical concerns • Coordination of patient removals and repatriations 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Effectiveness of health care system	ICE/ERO	
Intake process: We were unable to meet the 12 hours mark last Tuesday due to the busses arriving too close together. Can we attempt to spread out by 4 hours?		Follow up MM/DD/YYYY
Intake process: Custody is temporarily housing noncitizens prior to medical clearance.	Custody	
Environmental health and safety factors that may need improvement	Custody	
Leaky ceiling in MRT department discovered after last weekend's heavy rain. (Include highlights of discussion and resolution/plan)		
Changes affected since the previous quarterly meeting		
Recommended corrective actions, as necessary		
Accreditation concerns		
Medical/Clinical space concerns		
Movement concerns		

Patient significant medical concerns

Coordination of patient removals and repatriations

[OTHER REPRESENTATIVES IF APPLICABLE]

.NAME WHO IS PRESENTING INFORMATION

DISCUSSION • None

ACTION ITEMS

PERSON RESPONSIBLE

DEADLINE

No items to discuss at this time.

Mr. _____

Follow up 5/18/16

[OTHER REPRESENTATIVES IF APPLICABLE]

.NAME WHO IS PRESENTING INFORMATION

DISCUSSION • None

ACTION ITEMS

PERSON RESPONSIBLE

DEADLINE

No items to discuss at this time.

Mr. _____

Follow up 5/18/16

[OTHER REPRESENTATIVES IF APPLICABLE]

.NAME WHO IS PRESENTING INFORMATION

DISCUSSION • None

ACTION ITEMS

PERSON RESPONSIBLE

DEADLINE

No items to discuss at this time.

Ms. _____

Follow up 5/18/16

NEXT MEETING

Wednesday, May 24, 2017 at 0830 CST

ACTION ITEMS

PERSON RESPONSIBLE

DEADLINE

Agenda

MM/DD/YYYY

Suggestions, comments, modifications proposed.

Governing Body

MM/DD/YYYY

APPENDIX C:

Facility Name Governing Body Meeting Minutes

MINUTES

.MM/DD/YYYY

.0830
0915CST

.QUARTERLY MEETING

TYPE OF MEETING	In person, Microsoft Teams
FACILITATOR	Rank First Name, Last Name, Position Title
ATTENDEES	Attach roster with a list of attendees

Agenda topics

INTRODUCTION

DISCUSSION	<ul style="list-style-type: none"> IHSC policy Accreditation requirement Responsibilities Instructions 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
IHSC Policy: > 16-010 Clinic Administration → 01-55Facility Operations	Facility	Ongoing
Accreditation Requirement: PBND > 4.3 Medical Care, EE Administration of the Medical Department, 1 Quarterly Administrative Meetings ACA > 4-ALDF-7D-25 Health Care Quarterly Meetings NCCHC > J-A-04 Administrative Meetings and Reports	Facility	Ongoing
Responsibilities: Agenda topics are divided by departments. Each department lead will discuss via chain of command &/or directly to HSA to include information into minutes. Each department will present its own area. Included in the discussions shall be: <ul style="list-style-type: none"> > Effectiveness of the health care system > A description of any environmental factors that need improvement > Changes effected since the last meeting > Recommended corrective actions, if needed > The Responsible Health Authority (HSA or designee) immediately reports any conditions that pose a danger to staff or noncitizen health and safety to appropriate party for resolution. 	Governing Body	Ongoing
Instructions: You can add additional sections but do not take away the sections that are provided as they are required by accreditation. You can add discussion topics as appropriate under each section. For each discussion item bullet, you should have a corresponding action item.		Ongoing

You can add additional rows under action items as needed to further elaborate on the discussion topic.

HEALTH OPERATIONS UNIT

.NAME OF HSA OR DESIGNEE

DISCUSSION		
<ul style="list-style-type: none"> • Executive dashboard • Grievances 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Executive Dashboard: <ul style="list-style-type: none"> ➢ Discuss sub-standard areas (i.e., yellow and red sections) ➢ Discuss plan to resolve 		

NURSING SERVICES UNIT

.NAME OF NM OR DESIGNEE

DISCUSSION		
<ul style="list-style-type: none"> • Local NSU enters agenda items 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
No items to discuss at this time.	Dr. Strange	Follow up May

MEDICAL SERVICES UNIT

.NAME OF CD OR DESIGNEE

DISCUSSION		
<ul style="list-style-type: none"> • Local MSU enters agenda items 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Nursing Meetings scheduled for 3 rd Thursday	LCDR Yes	Follow up May
2017 Peer Reviews initiated and ongoing	Ms. Doe/Mr. Ra	Ongoing

ADVANCED PRACTICE PROVIDERS

.NAME OF LEAD APP OR DESIGNEE

DISCUSSION		
<ul style="list-style-type: none"> • None 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
No items to discuss at this time.	Mr. _____	Follow up 5/18/16

BEHAVIORAL HEALTH

.NAME OF LEAD BHP OR DESIGNEE

DISCUSSION		
<ul style="list-style-type: none"> • None 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
No items to discuss at this time.	Mr. _____	Follow up 5/18/16

PHARMACY

.NAME OF LEAD PHARMACIST OR DESIGNEE

DISCUSSION		
<ul style="list-style-type: none"> • None 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

No items to discuss at this time.	Mr. _____	Follow up 5/18/16
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DENTAL **NAME OF DDS OR DESIGNEE**

DISCUSSION		
<ul style="list-style-type: none"> • None 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
No items to discuss at this time.	Ms. _____	Follow up 5/18/16

INFECTION PREVENTION **NAME OF IPO OR DESIGNEE**

DISCUSSION		
<ul style="list-style-type: none"> • TB • COVID-19 • Varicella • Other infectious diseases 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
No items to discuss at this time.	Mr. _____	Follow up 5/18/16

FACILITY HEALTHCARE PROGRAM MANAGER **NAME OF FHPM OR DESIGNEE**

DISCUSSION		
<ul style="list-style-type: none"> • Quarterly CQI Report Results • Accreditation (ACA, NCCHC, PBNDS, FRS, etc.) • Inspections (Danya, Office of Detention Oversight (ODO), Office of Inspector General (OIG), etc.) • PHSP (Health & Safety, ER Preparedness, Employee & Occupational Health) • Studies (Process, Outcome, Healthcare Failure and Effect Analysis (HFEMA)) • Policy 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Quarterly CQI Report Results: QTR 2 <ul style="list-style-type: none"> ➢ Only the items that need to be addressed by the Governing Body. The CQI Meeting will cover the full results. 		
Accreditation: <ul style="list-style-type: none"> ➢ 		
Inspections: <ul style="list-style-type: none"> ➢ 		
PHSP Health & Safety: <ul style="list-style-type: none"> ➢ Emergency Preparedness: <ul style="list-style-type: none"> ➢ 		
Studies: <ul style="list-style-type: none"> ➢ Process ➢ Outcome ➢ HFEMA 	PI/QI Team	
Policy (Directives and LOPs): <ul style="list-style-type: none"> ➢ 		

NEXT MEETING **Wednesday, May 24, 2017 at 0830 CST**

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Agenda	_____	MM/DD/YYYY
Suggestions, comments, modifications proposed.	Governing Body	MM/DD/YYYY

APPENDIX D:

Facility Name
Transgender Care Committee Meeting Minutes

MINUTES

.MM/DD/YYYY

.0830
0915CST

.PRN MEETING

TYPE OF MEETING	In person, Microsoft Teams
FACILITATOR	Rank First Name, Last Name, Position Title
ATTENDEES	Attach roster with a list of attendees

Agenda topics

INTRODUCTION

DISCUSSION	<ul style="list-style-type: none"> • IHSC policy • Accreditation requirement • Responsibilities • Instructions
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
IHSC Policy: > 16-010 Clinic Administratio → 01-55Facility Operations	Facility	Ongoing
Accreditation Requirement: PBNDS > 2.2 Custody Classification System, C Classification Information > 2.10 Search of Detainees, D Body Searches of Detainees > 2.11 Sexual Abuse and Assault Prevention and Intervention > 4.3 Medical Care, J Medical and Mental Health Screening of New Arrivals, W Special Needs and Close Medical Supervision > 4.5 Personal Hygiene, E Bathing and Toilet Facilities NCCHC > B-07 Communication on Patients' Health Needs > E-07 Non-Emergency Health Care Requests & Services > F (All) Special Needs and Services	Facility	Ongoing
Responsibilities: The minimum agenda topics are below. Individualized Detention Plan (IDP): > Self-identification & preferred pronoun > Hygiene & location to perform hygiene activities > Housing > Preferred undergarments > Preferred gender for searches > Review of intake > Hormone therapy replacement > DSM criteria for gender dysphoria > History of sexual assault > History of victimization > History of predatory behavior > Any other noncitizen preferences or requests Frequency of IDP: IDP established initially, at 30 days then every 60 days and as needed	ICE/ERO, Custody, and IHSC Medical	Ongoing

<p>Reassessment includes: Additional relevant information Any incident of victimization or threat to safety Changes in medical or behavioral health</p> <p>Instructions:</p> <p>Each element of the IDP itemized above must be addressed below.</p> <p>You can add additional sections but do not take away the sections that are provided as they are required by accreditation.</p> <p>Each section below represents one (1) patient.</p> <p>You can add additional sections for more noncitizens or remove sections for fewer noncitizens</p>		Ongoing
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DETANIEE NAME & A#

DISCUSSION <ul style="list-style-type: none"> IDP criteria above IDP frequency/next follow up 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
IDP Criteria Above:		
>		
>		
IDP Frequency/Next Follow Up		
>		
>		

DETANIEE NAME & A#

DISCUSSION <ul style="list-style-type: none"> IDP criteria above IDP frequency/next follow up 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
IDP Criteria Above:		
>		
>		
IDP Frequency/Next Follow Up		
>		
>		

DETANIEE NAME & A#

DISCUSSION <ul style="list-style-type: none"> IDP criteria above IDP frequency/next follow up 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
IDP Criteria Above:		
>		
>		
IDP Frequency/Next Follow Up		
>		
>		

DETANIEE NAME & A#

DISCUSSION <ul style="list-style-type: none"> IDP criteria above IDP frequency/next follow up 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

IDP Criteria Above: ➤ ➤		
IDP Frequency/Next Follow Up ➤ ➤		

NEXT MEETING

TBD Based on Noncitizen's Custody Status

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Agenda		MM/DD/YYYY
Suggestions, comments, modifications proposed.		MM/DD/YYYY

APPENDIX E:

Facility Name
Disability Accommodations Meeting Minutes

MINUTES

.MM/DD/YYYY

.0830
0915CST

.PRN MEETING

TYPE OF MEETING	In person, Microsoft Teams
FACILITATOR	Rank First Name, Last Name, Position Title
ATTENDEES	Attach a roster of attendee names

Agenda topics

INTRODUCTION

DISCUSSION	<ul style="list-style-type: none"> • ERO policy • IHSC policy • Accreditation requirement • Responsibilities • Instructions 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<p>ERO Policy</p> <ul style="list-style-type: none"> ➢ 11071.1 Assessment and Accommodations for Detainees with Disabilities 	Facility	Ongoing
<p>IHSC Policy:</p> <ul style="list-style-type: none"> ➢ 03-03 Care of Patients with Chronic Health Conditions and Special Needs ➢ 16-010 Clinic Administration → xx-xx Facility Operations 	Facility	Ongoing
<p>Accreditation Requirement:</p> <p>FRS</p> <ul style="list-style-type: none"> ➢ 9-2.2 Part 4: Care; 4.8 Disability Identification, Assessment, and Accommodation <p>PBNDS</p> <ul style="list-style-type: none"> ➢ 4.3 Medical Care, W Special Needs and Close Medical Supervision ➢ 4.8 Disability Identification, Assessment, and Accommodation <p>ACA</p> <ul style="list-style-type: none"> ➢ 4 ALDF-6B-07 Disabled Inmates <p>NCCHC</p> <ul style="list-style-type: none"> ➢ J-E-05 Mental Health Screening and Evaluation, Indicator 3 ➢ J-F-01 Patients with Chronic Disease and Other Special Needs 	Facility	Ongoing
<p>Responsibilities:</p> <p>The minimum agenda topics are below.</p> <p>Requests or referrals that require an evaluation by a multidisciplinary team include, noncitizens:</p> <ul style="list-style-type: none"> ➢ With mobility impairments ➢ With communication impairments ➢ Whose initial requests for accommodations or assistance have been denied ➢ Who have filed grievances about the accommodation of their disabilities or impairments 	Disability Multidisciplinary Team	Ongoing

- Whose requests are complex or best addressed by staff from more than one discipline (e.g., security, programming, medical, or mental health, etc.)
- Whose cases are otherwise determined by facility staff to be appropriate for referral to the team

Included in the discussions & documented within the health record and/ or detention file shall be:

- Date of the initial assessment interview with the noncitizen with a potential disability, along with the name(s) and title(s) of any/all facility staff in attendance
- Summary of the noncitizen's request, if any, including any specific accommodations requested, and any information or observations related to the noncitizen's disability
- Finding on whether the noncitizen has a disability and how the disability or impairment limits the noncitizen's ability to access programs or activities within the detention setting
- Facility's final decision on any requested accommodations
- Provision of any aids or services to the noncitizen, including the specific type(s) of accommodation provided and/or steps taken by the facility, and the implementation date(s)
- Copy of any written notification provided to the noncitizen, including the justification in the case of a denial
- Results and date(s) of any reassessment(s), if applicable, including reasons for any decisions made

Notification Requirements:

Local ICE/ERO shall be notified within 72 hours of discovery of any noncitizen with a communication or mobility impairment.

Frequency of Assessment:

Multidisciplinary meeting establishes disability initially with first review at 30 days and subsequent reviews every 90 days and as needed.

Instructions:

Each element itemized above must be addressed below.

You can add additional sections but do not take away the sections that are provided as they are required by accreditation.

Each section below represents one noncitizen.

You can add additional sections for more noncitizens or remove sections for fewer noncitizens.

Ongoing

DETANIEE NAME & A#

DISCUSSION		
<ul style="list-style-type: none"> • Multidisciplinary team criteria above • Multidisciplinary team frequency/next follow up 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Multidisciplinary Team Criteria Above:		
<ul style="list-style-type: none"> ➤ ➤ 		
Multidisciplinary Team Frequency/Next Follow Up		
<ul style="list-style-type: none"> ➤ ➤ 		

DETANIEE NAME & A#

DISCUSSION		
<ul style="list-style-type: none"> • Multidisciplinary team criteria above • Multidisciplinary team frequency/next follow up 		

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Multidisciplinary Team Criteria Above: ➤ ➤		
Multidisciplinary Team Frequency/Next Follow Up ➤ ➤		

DETANIEE NAME & A#

DISCUSSION	<ul style="list-style-type: none"> • Multidisciplinary team criteria above • Multidisciplinary team frequency/next follow up 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Multidisciplinary Team Criteria Above: ➤ ➤		
Multidisciplinary Team Frequency/Next Follow Up ➤ ➤		

DETANIEE NAME & A#

DISCUSSION	<ul style="list-style-type: none"> • Multidisciplinary team criteria above • Multidisciplinary team frequency/next follow up 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Multidisciplinary Team Criteria Above: ➤ ➤		
Multidisciplinary Team Frequency/Next Follow Up ➤ ➤		

NEXT MEETING

TBD Based on Noncitizen's Custody Status

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Agenda		MM/DD/YYYY
Suggestions, comments, modifications proposed.		MM/DD/YYYY

APPENDIX F:

Facility Name
Suicide Prevention Meeting Minutes

MINUTES

.MM/DD/YYYY

.0830
0915CST

.QUARTERLY MEETING

TYPE OF MEETING	In person, Microsoft Teams
FACILITATOR	Rank First Name, Last Name, Position Title
ATTENDEES	Attach a list of attendee names

Agenda topics

INTRODUCTION

DISCUSSION	<ul style="list-style-type: none"> • Accreditation requirement • Responsibilities • Instructions 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<p><i>IHSC Policy</i></p> <ul style="list-style-type: none"> ➢ 16-010 Clinic Administration → xx-xx Facility Operations <p>Accreditation Requirement:</p> <p><i>PBND</i></p> <ul style="list-style-type: none"> ➢ 4.6 Significant Self-harm and Suicide Prevention and Intervention <p><i>ACA</i></p> <ul style="list-style-type: none"> ➢ 4-ALDF-4C-32 Suicide Prevention and Intervention <p><i>NCCHC</i></p> <ul style="list-style-type: none"> ➢ J-A-04 Administrative Meetings and Reports 	Facility	Ongoing
<p>Responsibilities:</p> <p>Minimum agenda topics are dictated by PBND, ACA, and NCCHC.</p> <p>Each entity/Stakeholder will actively participate to achieve the goal of the annual review which is to assess whether changes to facility policy or practice could better prevent, detect, or respond to sexual abuse and assault.</p> <p><i>Included in the quarterly program discussion shall be:</i> <i>Written program is:</i></p> <ul style="list-style-type: none"> ➢ Reviewed and approved by the clinical medical authority (CD) ➢ Approved and signed by the health authority (HSA) and facility administrator ➢ Reviewed <i>annually</i> <p><i>Written plan must include:</i></p> <ul style="list-style-type: none"> ➢ Multidisciplinary suicide prevention committee ➢ Staff training, identification, and referral ➢ Evaluation, treatment, housing, monitoring, and intervention ➢ Communication, notification, and reporting ➢ Review and debriefing 	ICE/ERO, Custody, and IHSC Medical (Suicide Prevention Committee)	Ongoing
<p>Instructions:</p> <p>You can add additional sections but do not take away the sections that are provided as they are required by accreditation.</p>		Ongoing

You can add discussion topics as appropriate under each section. For each discussion item bullet, you should have a corresponding action item.

You can add additional rows under action items as needed to further elaborate on the discussion topic.

STAFF TRAINING, IDENTIFICATION, AND REFERRAL

SUICIDE PREVENTION COMMITTEE

DISCUSSION	<ul style="list-style-type: none"> • Health care personnel training • Custody staff training • ICE staff training 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	
Health care personnel Training:			
➤			
➤			
Custody Staff Training:			
➤			
ICE Staff Training:			
➤			
Identification:			
➤			
Referral:			
➤			

EVALUATION, TREATMENT, HOUSING, MONITORING, AND INTERVENTION

SUICIDE PREVENTION COMMITTEE

DISCUSSION	<ul style="list-style-type: none"> • Evaluation • Treatment • Housing • Monitoring • Intervention 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	
Evaluation:			
➤			
Treatment:			
➤			
Housing:			
➤			
Monitoring:			
➤			
Intervention:			
➤			

COMMUNICATION, NOTIFICATION, AND REPORTING

SUICIDE PREVENTION COMMITTEE

DISCUSSION	<ul style="list-style-type: none"> • Communication • Notification • Reporting 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	
Communication:			
➤			
Notification:			
➤			
Reporting:			
➤			

REVIEW AND DEBRIEFING**SUICIDE PREVENTION COMMITTEE**

DISCUSSION		
<ul style="list-style-type: none"> • Review • Debriefing 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Review: >		
Debriefing: >		

ANNUAL REVIEW**SUICIDE PREVENTION COMMITTEE**

DISCUSSION		
<ul style="list-style-type: none"> • Annual review 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Annual Review: > State clearly if the above is the facility's quarterly or annual review		

NEXT MEETING**Wednesday, May 24, 2017 at 0830 CST**

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Agenda		MM/DD/YYYY
Suggestions, comments, modifications proposed.	ICE/ERO, Custody, and IHSC Medical (Suicide Prevention Committee)	MM/DD/YYYY

APPENDIX G:

Facility Name
Suicide After Action Review Meeting Minutes

MINUTES

.MM/DD/YYYY

.0830
 0915CST

.PRN & MONTHLY MEETING

TYPE OF MEETING	In person, Microsoft Teams
FACILITATOR	Rank First Name, Last Name, Position Title
ATTENDEES	Attach a list of attendee names

Agenda topics

INTRODUCTION

DISCUSSION	<ul style="list-style-type: none"> • IHSC Policy • Accreditation requirement • Responsibilities • Instructions 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<p><i>IHSC Policy</i></p> <ul style="list-style-type: none"> ➢ 16-010 Clinic Administration → xx-xx Facility Operations <p>Accreditation Requirement:</p> <p><i>ACA</i></p> <ul style="list-style-type: none"> ➢ 4-ALDF-4C-32 Suicide Prevention and Intervention <p><i>NCCHC</i></p> <ul style="list-style-type: none"> ➢ J-A-04 Administrative Meetings and Reports 	Facility	Ongoing
<p>Responsibilities:</p> <p>Minimum agenda topics are dictated by ACA, and NCCHC.</p> <p>HSA or designee will conduct the AAR with medical personnel first. This ensures HSA has pertinent details to facilitate the conversation with the Stakeholders.</p> <p>Each entity/Stakeholder will actively participate to achieve the goal of the After Action Review (AAR).</p> <p><i>Included in the After Action Review shall be:</i></p> <ul style="list-style-type: none"> ➢ Identified problems ➢ Initiated corrective actions and problems executing corrective actions ➢ Resolved problems since the last meeting <p><i>Frequency:</i></p> <ul style="list-style-type: none"> ➢ After each suicide attempt ➢ Monthly despite the occurrence of a suicide attempt 	ICE/ERO, Custody, and IHSC Medical (Suicide Prevention Committee)	Ongoing
<p>Instructions:</p> <p>You can add additional sections but do not take away the sections that are provided as they are required by accreditation.</p> <p>You can add discussion topics as appropriate under each section. For each discussion item bullet, you should have a corresponding action item.</p>		Ongoing

You can add additional rows under action items as needed to further elaborate on the discussion topic.

NONCITIZEN NAME & A#

SUICIDE PREVENTION COMMITTEE

IDENTIFIED PROBLEMS

DISCUSSION		
• _____		
• _____		
• _____		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

INITIATED CORRECTIVE ACTIONS & PROBLEMS EXECUTING

SUICIDE PREVENTION COMMITTEE

DISCUSSION		
• _____		
• _____		
• _____		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

RESOLVED PROBLEMS SINCE THE LAST MEETING

SUICIDE PREVENTION COMMITTEE

DISCUSSION		
• _____		
• _____		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

REVIEW AND DEBRIEFING

SUICIDE PREVENTION COMMITTEE

DISCUSSION		
• _____		
• _____		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

MONTHLY REVIEW

SUICIDE PREVENTION COMMITTEE

DISCUSSION	• Monthly review
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Monthly Review: > State clearly if the above is the PRN AAR due to a suicide attempt or the facility's monthly review of the program.		

NEXT MEETING		PRN or Monthly
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Agenda		MM/DD/YYYY
Suggestions, comments, modifications proposed.	ICE/ERO, Custody, and IHSC Medical (Suicide Prevention Committee)	MM/DD/YYYY

APPENDIX H:

Facility Name
PREA Annual Review Meeting Minutes

MINUTES

.MM/DD/YYYY

.0830
0915CST

ANNUAL MEETING

TYPE OF MEETING	In person, Microsoft Teams
FACILITATOR	Rank First Name, Last Name, Position Title
ATTENDEES	Attach a list of attendee names

Agenda topics

INTRODUCTION

DISCUSSION	<ul style="list-style-type: none"> • IHSC Policy • Accreditation requirement • Responsibilities • Instructions 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<p>IHSC Policy:</p> <ul style="list-style-type: none"> ➢ IHSC Directive 03-01: Sexual Abuse and Assault Prevention and Intervention ➢ 16-010 Clinic Administration → xx-xx Facility Operations 	Facility	Ongoing
<p>Accreditation Requirement:</p> <p>PBND</p> <ul style="list-style-type: none"> ➢ 2.11 Sexual Abuse and Assault Prevention and Intervention ➢ 4.3- Medical Care; P. Referrals for Sexual Abuse Victims or Abusers <p>ACA</p> <ul style="list-style-type: none"> ➢ 4 ALDF 4D-22 Sexual Assault <p>NCCHC</p> <ul style="list-style-type: none"> ➢ J-F-06 Response to Sexual Abuse 	Facility	Ongoing
<p>Responsibilities:</p> <p>Minimum agenda topics are dictated by PBND, ACA, and NCCHC.</p> <p>Each entity/Stakeholder will actively participate to achieve the goal of the annual review which is to assess whether changes to facility policy or practice could better prevent, detect, or respond to sexual abuse and assault.</p> <p>Included in the discussions shall be:</p> <p><u>Statistical Analysis:</u></p> <ul style="list-style-type: none"> ➢ How many PREAs has the facility had this fiscal year? ➢ How many PREAs were substantiated/founded? ➢ How many needed forensic evidence collection (SANE/SAFE)? <p><u>Incident response:</u></p> <ul style="list-style-type: none"> ➢ Was privacy maintained? ➢ Of the substantiated/founded PREAs this FY, was appropriate medical and behavioral health care conducted at the initial complaint? ➢ Of the substantiated/founded PREAs this FY, was appropriate ongoing behavioral health care provided? 	ICE/ERO, Custody, and IHSC Medical (PREA Committee)	Ongoing

<ul style="list-style-type: none"> ➤ Of the substantiated/founded PREAs this FY, was appropriate safety/security follow up conducted by custody? <p><i>Identify vulnerabilities and/or trends in the process:</i></p> <ul style="list-style-type: none"> ➤ Facility structure ➤ Location ➤ Shift ➤ Staffing ➤ At risk groups ➤ Training gaps ➤ Policy gaps ➤ Barriers to reporting <p>Discuss substantiated cases that led to the identification of any vulnerabilities and/or trends, if applicable in the section provided below.</p> <p>Discuss changes effected since this FY, if applicable.</p> <p>If vulnerabilities and/or trends are identified, devise a Plan of Action and Milestones (POAM).</p>		
<p>Instructions:</p> <p>You can add additional sections but do not take away the sections that are provided as they are required by accreditation.</p> <p>You can add discussion topics as appropriate under each section. For each discussion item bullet, you should have a corresponding action item.</p> <p>You can add additional rows under action items as needed to further elaborate on the discussion topic.</p>		Ongoing

STATISTICAL ANALYSIS

PREA COMMITTEE

<p>DISCUSSION</p> <ul style="list-style-type: none"> • How many PREAs has the facility had this fiscal year? • How many PREAs were substantiated/founded? • How many needed forensic evidence collections (SANE/SAFE)? 		
<p>ACTION ITEMS</p>	<p>PERSON RESPONSIBLE</p>	<p>DEADLINE</p>
<p>How many PREAs has the facility had this FY?</p> <ul style="list-style-type: none"> ➤ 		
<p>How many PREAs were substantiated/founded?</p> <ul style="list-style-type: none"> ➤ 		
<p>How many needed forensic evidence collections (SANE/SAFE)?</p> <ul style="list-style-type: none"> ➤ 		

INCIDENT RESPONSE

PREA COMMITTEE

<p>DISCUSSION</p> <ul style="list-style-type: none"> • Privacy • Initial medical and behavioral health care • Ongoing behavioral health care • Safety/security follow up by custody 		
<p>ACTION ITEMS</p>	<p>PERSON RESPONSIBLE</p>	<p>DEADLINE</p>
<p>Was privacy maintained?</p> <ul style="list-style-type: none"> ➤ 		
<p>Of the substantiated/founded PREAs this FY, was appropriate medical and behavioral health care conducted at the initial complaint?</p> <ul style="list-style-type: none"> ➤ 		

Of the substantiated/founded PREAs this FY, was appropriate ongoing behavioral health care provided?
➤

Of the substantiated/founded PREAs this FY, was appropriate safety/security follow up conducted by custody?
➤

VULNERABILITIES OR TRENDS

PREA COMMITTEE

DISCUSSION • Discuss All 8 Areas Identified Above

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Facility Structure: ➤		
Location: ➤		
Shift: ➤		
Staffing: ➤		
At Risk Groups: ➤		
Training Gaps: ➤		
Policy Gaps: ➤		
Barriers to Reporting: ➤		

PREA PROGRAM

PREA COMMITTEE

DISCUSSION • Changes effected this fiscal year
• Plan of action and milestone to address identified vulnerabilities and/ortrends

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Changes effected this FY: ➤	Mr. _____	Follow up 5/18/16
POAMs: ➤		

FY SUBSTANTIATED CASES

DETANIEE NAME & A#

DISCUSSION • Key highlights
• Identification of any vulnerabilities or trends

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Key Highlights: ➤ ➤		
Identification of any vulnerabilities and/or trends: ➤ ➤		

DETANIEE NAME & A#

DISCUSSION		
<ul style="list-style-type: none"> • Key highlights • Identification of vulnerabilities and trends 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Key Highlights: > >		
Identification of any vulnerabilities and/or trends: > >		

DETANIEE NAME & A#

DISCUSSION		
<ul style="list-style-type: none"> • Key highlights • Identification of vulnerabilities and trends 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Key Highlights: > >		
Identification of any vulnerabilities and/or trends: > >		

DETANIEE NAME & A#

DISCUSSION		
<ul style="list-style-type: none"> • Key highlights • Identification of vulnerabilities and trends 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Key Highlights: > >		
Identification of any vulnerabilities and/or trends: > >		

NEXT MEETING

Next FY MM/DD/YYYY

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Agenda		MM/DD/YYYY
Changes that could reduce the risk		MM/DD/YYYY

APPENDIX I:

Facility Name
Segregation Review Meeting Minutes

MINUTES

.MM/DD/YYYY

.0830
 0915CST

.WEEKLY & ANNUAL MEETING

TYPE OF MEETING	In person, Microsoft Teams
FACILITATOR	Rank First Name, Last Name, Position Title
ATTENDEES	Attach roster with attendee names

Agenda topics

INTRODUCTION

DISCUSSION	<ul style="list-style-type: none"> • IHSC policy • Accreditation requirement • Responsibilities • Instructions
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<p>IHSC Policy</p> <ul style="list-style-type: none"> ➢ 16-010 Clinic Administration → xx-xx Facility Operations 	Facility	Ongoing
<p>Accreditation Requirement:</p> <p>PBND</p> <ul style="list-style-type: none"> ➢ 2.12 Special Management Unit, A.3.g. Review of Detainee Status in Administrative Segregation ➢ 2.12 Special Management Unit, B.3. Review of Detainee Status in Disciplinary Segregation ➢ 4.3 Medical Care, EE Administration of the Medical Department, 1 Quarterly Administrative Meetings 	Facility	Ongoing
<p>NCCHC</p> <ul style="list-style-type: none"> ➢ J-G-02 Segregated Inmates 		
<p>Responsibilities:</p> <p>Minimum agenda topics are dictated by PBND and NCCHC.</p> <p>Each entity/Stakeholder will actively participate to achieve the goal of the weekly review which is to review all noncitizens currently housed in segregation/special housing unit to ensure appropriate housing based on noncitizen's status and behavior.</p> <p>A multi-disciplinary committee of facility staff includes:</p> <ul style="list-style-type: none"> ➢ Facility leadership ➢ Medical professional ➢ Behavioral health professional ➢ Security staff <p>Included in the discussions shall be:</p> <p>Statistical Analysis:</p> <ul style="list-style-type: none"> ➢ How many total noncitizens in segregation? ➢ How many are administrative segregation? ➢ How many are disciplinary segregation? ➢ How many are medical overflow? ➢ Of the total number of noncitizens in segregation, how many have a behavioral health diagnosis? <p>Individual Noncitizen Review:</p> <ul style="list-style-type: none"> ➢ Noncitizen's status (e.g. immigration case, court dates, etc.) 	ICE/ERO, Custody, and IHSC Medical (Multi-disciplinary Committee)	Ongoing

<ul style="list-style-type: none"> ➤ Current behavior ➤ Physical and mental health ➤ Consideration of any change in status as appropriate <p>Goal of annual review : To assess whether changes to facility policy or practice are required to ensure appropriate accommodations are addressed.</p> <p>Instructions:</p> <p>You can add additional sections but do not take away the sections that are provided as they are required by accreditation.</p> <p>You can add discussion topics as appropriate under each section. For each discussion item bullet, you should have a corresponding action item.</p> <p>You can add additional rows under action items as needed to further elaborate on the discussion topic.</p>		
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STATISTICAL ANALYSIS

MULTI-DISCIPLINARY COMMITTEE

DISCUSSION	<ul style="list-style-type: none"> • How many total noncitizens in segregation? • How many are administrative segregation? • How many are disciplinary segregation? • How many are medical overflow? • Of the total number of noncitizens in segregation, how many have a behavioral health diagnosis? 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
How many total noncitizens in segregation?		
➤		
How many are administrative segregation?		
➤		
How many are disciplinary segregation?		
➤		
How many are medical overflow?		
➤		
Of the total number of noncitizens in segregation, how many have a behavioral health diagnosis?		
➤		

INDIVIDUAL NONCITIZEN REVIEWS

MULTI-DISCIPLINARY COMMITTEE

DISCUSSION	<ul style="list-style-type: none"> • Refer to forms completed and maintained by custody 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
➤ I-885 Administrative Segregation Review Forms	Custody	MM/DD/YYYY
➤ I-887 Disciplinary Segregation Review Forms		

ANNUAL REVIEW

MULTI-DISCIPLINARY COMMITTEE

DISCUSSION	<ul style="list-style-type: none"> • Whether changes to facility policy or practice could better prevent, detect, or respond to sexual abuse and assault 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Facility Policy:		
➤		
Facility Practice:		
➤		

NEXT MEETING

Monday, MM/DD/YYYY

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Agenda		MM/DD/YYYY
Changes that could reduce the risk		MM/DD/YYYY