

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

SAFETY AND SECURITY

**IHSC Directive: 05-05
ERO Directive Number: 11780.1
Federal Enterprise Architecture Number: 306-112-002b
Effective: August 2, 2019**

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

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Date: 2019.08.02 12:16:58 -04'00'

1. **PURPOSE.** The purpose of this issuance is to set forth safety and security policies for U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) staff in facilities housing Enforcement and Removal Operations (ERO) detainees.
2. **APPLICABILITY.** This directive applies to IHSC personnel, including but not limited to, Public Health Service (PHS) officers, civil service employees, and contract personnel supporting health care operations in both ICE-owned and contracted detention facilities. This directive applies to contract personnel when supporting IHSC in detention facilities. Federal contractors are responsible for the management and discipline of its employees supporting IHSC.
3. **AUTHORITIES AND REFERENCES**
 - 3-1. Executive Order 12196, Occupational Safety and Health Programs for Federal Employees.
 - 3-2. Title 29, Code of Federal Regulations (CFR) Part 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.
 - 3-3. OSH Act of 1970, Section 19, Federal Agency Safety Programs and Responsibilities.
 - 3-4. DHS Directive (MD) 066-01, Safety and Health Programs, as amended.
 - 3-5. Safe Medical Device Act of 1990; (Public Law 101-629).
 - 3-6. Rehabilitation Act of 1973; (Public Law 93-112).
 - 3-7. Appendix A: Compliance indicators, standards, and federal regulations referenced in IHSC official guidance covering public health, safety, and preparedness functional areas.

4. **POLICY.** This directive ensures consistent and continued safety and security of its IHSC-staffed medical clinics. The health services administrator (HSA), with the assistance of the facility health care program manager (FHPM), oversee all safety and security activities within the IHSC-staffed medical clinic. Together, the HSA and FHPM coordinate with facility staff who are responsible for plans and procedures related to facility safety and security. Health staff must comply with facility and medical clinic safety and security plans and procedures. Furthermore, they must comply with federal, state and local laws related to fire, safety, and security requirements within the medical clinic.

4-1. Safety and security activities within IHSC-staffed medical clinics include:

4-1.1 A Safety Management Plan

4-1.2 Safety inspections

4-1.3 Hazard identification prevention and control

4-1.4 Utility management

4-1.5 Fire prevention and life safety

4-1.6 Security protocols and controls

4-1.7 Workplace violence

4-1.8 Ergonomics

4-1.9 Biomedical equipment management

4-1.10 Hazardous tool management

4-1.11 Golf/utility cart vehicle

4-1.12 Special needs accommodation

4-1.13 Mishap reporting

4-1.14 Orientation and training

5. **PROCEDURES:** Detailed procedures related to this directive are found in 05-05-G-01, *IHSC Safety and Security Guide*, and 05-05-G-02, *IHSC Safety and Security Guide: Golf Cart/Utility Vehicle Safety*.

5-1. Safety Management Plan

- 5-1.1** The HSA must ensure the facility has a written and site-specific Safety Management Plan. The key components of the Safety Management Plan include management, leadership and staff involvement, risk assessment or worksite analysis, hazard prevention and control, and staff training.
- 5-1.2** The HSA is responsible for assigning safety program duties and responsibilities for program accountability and meeting goals and objectives.

5-2. Safety Inspections

- 5-2.1** The HSA and FHPM coordinate with the facility administrator or designee to ensure qualified staff conduct weekly fire and safety inspections in the medical clinic. This qualified staff member may be the facility safety officer or other staff, who by virtue of their education, credentials, and experience, is qualified to conduct these inspections. The HSA must review a written fire safety report which documents suggested corrective actions, if deficiencies are identified, and retain copies of these reports. If a qualified IHSC staff member conducts the fire safety inspections, the HSA can incorporate them into the weekly health and safety clinic inspections and document findings on the corresponding checklists.
- 5-2.2** The HSA and FHPM ensure qualified staff conduct health and safety assessments in the medical clinic monthly, then document and submit findings using the Health and Safety Assessment Reporting Tool on the Public Health, Safety & Preparedness (PHSP) Unit SharePoint page.
- 5-2.3** The HSA and FHPM ensure qualified staff conduct daily (i.e., each day the clinic is operational), weekly, quarterly, and annual health and safety medical clinic inspections, document findings, and retain completed checklists on file.
- 5-2.4** The HSA and FHPM ensure qualified staff test eye wash stations weekly to verify they function safely and properly.

5-3. Hazard Identification Prevention and Control

- 5-3.1** Health staff must immediately notify the HSA or FHPM of safety hazards in the medical clinic.
- 5-3.2** The HSA and FHPM document safety concerns in a memorandum and send it to the facility staff member responsible for safety.

- 5-3.3** The HSA and FHPM ensure medical clinic exits are clearly marked and accessible. They use signs and directional arrows to identify exits and ensure exits are always free of obstruction, including during construction and renovation activities.
- 5-3.4** The HSA must ensure that area specific exit diagram maps are clearly posted with “you are here” markers, emergency equipment locations, and “areas of safe refuge” locations identified in English and Spanish.
- 5-3.5** The HSA and FHPM ensure health staff practice good housekeeping so all medical clinic rooms, passageways, and administrative working areas are kept clean, orderly, and in a sanitary condition as required by the Occupational Safety and Health Administration (OSHA) housekeeping standard 1910.22(a).

5-4. Utility Management

- 5-4.1** The HSA ensures operational reliability of all utility systems that support patient care to include emergency power to alarm systems, egress and exit illumination, water, heating, ventilation, air conditioning, and plumbing.
- 5-4.2** Health staff must immediately notify the HSA or designee immediately of any utility system failures. The HSA or designee promptly notifies the facility maintenance supervisor of the failures.

5-5. Fire Prevention and Life Safety

- 5-5.1** The HSA must have a site specific, written fire prevention, control, and evacuation plan. The HSA reviews the plan annually, and updates the document as needed.
- 5-5.2** The HSA ensures the medical clinic has fire protection equipment, places the equipment in strategic locations within the medical clinic, and maintains the equipment in compliance with the manufacturers' recommendations.
- 5-5.3** Facility occupants must not smoke in IHSC-staffed medical clinics.
- 5-5.4** The HSA always ensures unobstructed access to manual fire alarm pull stations and fire extinguishers in the medical clinic, including during renovation and construction.
- 5-5.5** The HSA ensures that the minimum vertical clearance between the sprinkler head and material below is 18 inches or greater.

- 5-5.6** The HSA or designee trains health staff to use the fire extinguisher in the medical clinic upon hire and annually thereafter. Training should simulate use without operating the fire extinguishers.
- 5-5.7** The HSA and FHPM ensures that all health staff participate in a fire drill at least quarterly on each shift. Drills conducted jointly with facility staff meet this requirement.
- 5-5.8** The HSA and FHPM evaluates and documents health staff participation and performance in fire drills and maintains a file of fire drill evaluations.
- 5-5.9** Health staff must participate in facility sponsored fire drills.
- 5-5.10** Health staff ensure all occupants evacuate during fire drills conducted in the medical clinic, except where security or patient health could be jeopardized.
- 5-5.11** The HSA and FHPM review fire drill evaluations with all health staff, including shifts that did not participate in a particular drill.
- 5-5.12** Health staff must store and use flammable and combustible materials according to manufacturers' Data Safety Sheets (SDS).
- 5-5.13** The HSA must post "oxygen in use" signs where oxygen is stored, handled, or used.
- 5-5.14** Facility occupants may not use portable space heaters in IHSC-staffed medical clinics.
- 5-5.15** The HSA and FHPM ensure extension cords are not damaged, taped, or used as substitutes for the fixed wiring of a structure.
- 5-5.16** The HSA and FHPM ensures proper extension cord use. Staff should not run extension cords through holes in walls, ceilings, floors, doorways, windows; attach them to building surfaces; or, conceal cords behind building walls, ceilings, or floors.

5-6. Security Protocols and Controls

- 5-6.1** Health staff must immediately report security threats to the HSA or designee. Threats include any activity that violate security protocols or procedures to protect the safety of staff, detainees, and visitors.
- 5-6.2** The HSA immediately reports security threats to the facility staff responsible for security.

5-6.3 In the event of a bomb threat or suspicious package, health staff must follow the facility's bomb threat or suspicious package procedures.

5-6.4 Health staff must always wear a government-issued identification badge while on duty.

5-7. Workplace Violence

5-7.1 Definition and scope

5-7.1.a Workplace violence is any inappropriate behavior (which may include oral or written statements, gestures, or expressions) that communicate a direct or indirect threat of physical or psychological harm or damage to personnel and/or government property. It can range from a threat or verbal abuse to a physical assault or homicide.

5-7.1.b The scope of this policy incorporates workplace violence between employees, between an employee and a non-employee, or between an employee and a detainee.

5-7.2 Refer also to IHSC Directive 01-24, *Workplace Harassment Prevention Awareness* located in the [IHSC policy library](#).

5-7.3 [OSHA Directive CPL 02-01-058, Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence](#) identifies correctional and detention facilities, and health care settings as high-risk industries for workplace violence.

5-7.3.a The Occupational Safety and Health Act's (OSH Act) general duty clause requires employers to provide a safe and healthful workplace for all workers covered by the OSH Act. Therefore, employers must treat the experience of workplace violence, or awareness of threats or indicators of potential workplace violence, as any other hazard in the workplace.

5-7.4 Responsibilities

5-7.4.a IHSC staff adhere to work practices designed to make the workplace environment more secure.

5-7.4.b IHSC staff must not engage in verbal threats or physical actions that create a security hazard for others in the workplace.

5-7.4.c The HSA train all health staff on workplace violence prevention measures, provide a copy of this policy during orientation, and require training and policy review annually.

5-7.5 Requirements

5-7.5.a IHSC staff should act on all reports of incidents involving workplace violence and take appropriate action, including but not limited to: asking perpetrators to leave the medical clinic, requesting security assistance to remove perpetrators from the medical clinic; initiating disciplinary action; and reporting incidents to the Joint Intake Center (JIC), DHS Office of Inspector General (OIG), or Office of Professional Responsibility (OPR), which may result in referral for disciplinary action or criminal prosecution.

5-7.5.b IHSC staff must promptly notify the contract officer representatives (CORs) of any workplace violence incidents involving contract staff.

5-7.6 Reporting Incidents

5-7.6.a IHSC federal staff must report all workplace violence incidents involving an employee as an aggressor to the HSA immediately through the supervisory chain of command, in a timely manner.

5-7.6.b The HSA, FHPM, or designee reports workplace violence incidents involving employees as aggressors to the JIC, OPR, or OIG in accordance with ICE memo for reporting misconduct.

5-7.6.c IHSC contract staff must report incidents to their supervisor, Government Technical Monitor, and/or other designated person pursuant to the policies and procedures set forth by their employer for reporting workplace violence.

5-7.6.d Workplace violence that results in an injury must be recorded and/or reported by HSA, FHCPM or designee in accordance with *IHSC Directive 05-02 Occupational Health* and *05-02-G-04 Occupational Health Guide: Workforce Health* located in the IHSC policy library.

5-8. Ergonomics

5-8.1 Ergonomics is the scientific study of work and specifically refers to adapting the work space to the human body rather than requiring

the human body to fit into the work space. Incorporating ergonomic principles provides opportunities to adjust the work environment and work practices to prevent injuries before they occur. OSHA provides recommended ergonomic guidelines for adapting tasks, work stations, tools, and equipment within the workplace which can help reduce physical stress on the worker's body and prevent potential work-related injuries as well as serious, disabling musculoskeletal disorders (MSDs).

- 5-8.2** IHSC staff should be familiar with the OSHA and state recommended ergonomic guidelines on proper body mechanics, workstation setup and adjustments, and other modified work practices and administrative or engineering controls for various tasks in the work environment. See also General Duty Clause of the Occupational Safety and Health Act and applicable state regulations.
- 5-8.3** Supervisors must provide all IHSC staff with information on ergonomic workplace guidelines. IHSC staff can use this information to evaluate their workplace for ergonomic hazards and take the recommended actions to reduce the occurrence of ergonomic problems.
- 5-8.4** IHSC staff notify their respective unit chief, or HSA, of any known existing ergonomic hazards in their work areas to initiate good faith efforts at reducing these hazards.
- 5-8.5** Federal staff and supervisors should consult ICE Procedures to Facilitate the Provision of Reasonable Accommodation for equipment requests related to ergonomic hazards.
- 5-8.6** Contract staff should consult with their employer for reasonable accommodation requests related to ergonomic hazards.

5-9. Bio-Medical Equipment Management

- 5-9.1** The HSA must establish a bio-medical equipment management program that incorporates the operational assessment and oversight of all equipment used in IHSC-staffed medical clinics for the diagnosis, treatment, monitoring, and care of patients to ensure the equipment is accessible, safe, and accurate.
- 5-9.2** The HSA or designee must adhere to the manufacturer's recommendations on preventive maintenance intervals for all biomedical equipment checks, which must be accomplished by an authorized and certified service contractor in accordance with recommendations from The Joint Commission Standard

EC.02.04.01; and Centers for Medicare & Medicaid Services (CMS) Hospital Equipment Maintenance Requirements.

- 5-9.3** The HSA oversees the Bio-medical Equipment Management Program which includes the following criteria:
 - 5-9.3.a** Written bio-medical equipment management plan
 - 5-9.3.b** Bio-medical equipment inventory
 - 5-9.3.c** Inspections of bio-medical equipment in accordance with the manufacturer's instructions
 - 5-9.3.d** Annual preventive maintenance
 - 5-9.3.e** Equipment failure reports
 - 5-9.3.f** Medical device reporting
 - 5-9.3.g** Documentation and recordkeeping
 - 5-9.3.h** Training
- 5-9.4** The HSA ensures bio-medical equipment is inspected in accordance with the manufacturer's recommendations and documented.
- 5-9.5** Health staff notify the HSA or designee immediately if they identify a malfunction or equipment failure of any bio-medical equipment.
- 5-9.6** Health staff conduct daily checks on refrigerators and freezers that store medications and biological specimens to ensure temperatures are within acceptable limits of the medication manufacturer's recommendations, CDC Vaccine Storage and Handling, and laboratory requirements under 42 CFR Part 493 and Clinical Laboratory Improvement Amendments.
- 5-9.7** Health staff should notify the HSA or designee immediately if they identify temperature discrepancies. Health staff should also notify the pharmacist if temperature discrepancies compromised refrigerated or frozen medications or vaccines.
- 5-9.8** The HSA ensures an authorized and certified service contractor conducts annual preventive maintenance checks.
- 5-9.9** Health staff must ensure bio-medical equipment are operationally safe before each use.
- 5-9.10** The HSA trains all health staff to competently operate on the medical equipment they use, in compliance with the

manufacturer's recommendations and accreditation standards. The HSA provides training at initial orientation and annually thereafter, documenting competency each time.

5-9.11 The HSA implements and manages the medical device reporting program. These responsibilities include: documenting medical device incidents; training health staff on the reporting program; and submitting mandatory and voluntary reports to the FDA and/or the medical device manufacturer in accordance with federal regulations.

5-10. Hazardous Tool Management

5-10.1 The HSA oversees the Medical and Dental Hazardous Tool Control Program in accordance with the most current ICE detention or family residential standards. The program includes the following elements:

5-10.1.a Hazardous tool inventory

5-10.1.b Procedures on accountability, storage, and issuing tools to staff

5-10.1.c Procedures for surveying and destroying excess, broken or worn-out tools

5-10.1.d Procedures in the event of lost tools

5-10.1.e Training requirements

5-10.2 The HSA ensures continual control and accountability for: all medical and dental instruments; sharp equipment and sharp supplies, such as needles, syringes with attached needles, lancets; and other sharps. The HSA ensures health staff maintain an inventory and store these hazardous tools in locked storage when not in use.

5-10.3 Health staff must immediately report lost or missing tools to the HSA, who must notify the facility administrators immediately.

5-10.4 Health staff must immediately report damaged tools to the HSA. The HSA ensures health staff remove the damaged tools from the inventory and dispose them correctly.

5-11. Golf Cart/Utility Vehicle

- 5-11.1** The HSA, FHPM, or designee ensures health staff utilize golf cart/utility vehicles, in accordance with established protocols, for patient transport within their facility boundaries or general use..
- 5-11.2** The HSA, FHPM, or designee ensures health staff who operate golf cart/utility vehicles receive training on all operational standards and hands-on vehicle operational instructions, and sign a vehicle safety acknowledgement form prior to vehicle use.
- 5-11.3** The HSA, FHPM, or designee documents and maintains training and safety acknowledgement forms in the staff training file.
- 5-11.4** The HSA, FHPM, or designee ensures health staff who operate golf cart/utility vehicles have a valid driver's license at the time of use.
- 5-11.5** Health staff who operate golf cart utility vehicles must immediately report all accidents involving these vehicles to the HSA or designee.

5-12. Special Needs Accommodation

- 5-12.1** The HSA provides guidance and coordinates with other facility departments regarding necessary modifications, accommodations, or assistance required for a detainee with a disability. These actions enable detainees to meaningfully access the facility's programs or activities, including access to health care and IHSC services, pursuant to Section 504 of the Rehabilitation Act. For guidance on detainee special needs determination and accommodations, see IHSC Directive 03-11, *Special Needs Patients* located in the IHSC policy library.
- 5-12.2** The HSA provides guidance and coordinates with other facility departments regarding the necessary modifications, accommodations, or assistance needed by health staff with special needs. Refer to the Rehabilitation Act of 1973 for additional guidance.
- 5-12.3** For federal staff, the HSA should consult ICE Procedures to Facilitate the Provision of Reasonable Accommodation, available through the Diversity Management Division's Disability Employment Program.
- 5-12.4** The HSA should direct contract staff to their employer for reasonable accommodation requests.

5-13. Mishap Reporting

5-13.1 Staff injury reporting

5-13.1.a The HSA and FHPM record and report work-related staff injuries or exposures meeting criteria according to OSHA requirements defined in 29 CFR 1904 in accordance with 29 CFR 1904. For guidance on the management of occupational injuries and illnesses, refer to the following located in the IHSC policy library:

- IHSC Directive 05-02, *Occupational Health* located in the IHSC policy library.
- IHSC 05-02-G-04, *Occupational Health Guide: Workforce Health*.

5-13.2 Detainee injury reporting

5-13.2.a The HSA ensures health staff report all detainee injuries in accordance with IHSC Directive 11-06, *Risk Management*, located in the IHSC policy library.

5-13.3 Clinical Incident Reporting

5-13.3.a The HSA must report all significant clinical incidents including near misses, adverse events, and sentinel events in accordance with IHSC Directive 11-06, *Risk Management*.

5-14. Orientation and Training

5-14.1 The HSA or designee ensures orientation and annual training includes safety and security topics. The HSA implements and documents orientation and training in accordance with IHSC Directive 01-04, *Medical Education and Development*, located in the IHSC policy library.

- 6. PROCEDURES.** Detailed procedures related to this directive are found in 05-05-G-01, *IHSC Safety and Security Guide*, and 05-05-G-02, *IHSC Safety and Security Guide: Golf Cart/Utility Vehicle Safety*.
- 7. HISTORICAL NOTES.** This directive replaces all previous versions of IHSC Directive 05-05, *Safety and Security*.
- 8. DEFINITIONS.**

9. APPLICABLE STANDARDS.

See also Appendix A.

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

9-1.1 1.1 Emergency Plans

9-1.2 1.2 Environmental Health and Safety

9-1.3 2.7 Key and Lock Control

9-1.4 2.14 Tool Control

9-1.5 4.3 Medical Care

9-1.6 7.3 Staff Training

9-2. Family Residential Standards

9-2.1 1.2 Environmental Health and Safety

9-2.2 2.4 Key and Lock Control

9-2.3 2.9 Tool Control

9-2.4 4.3 Medical Care

9-2.5 7.3 Staff Hiring and Training

9-3. American Correctional Association (ACA):

9-3.1 4-ALDF-1A Protection from Injury and Illness

9-3.2 4-ALDF-1C Emergencies

9-3.3 4-ALDF-1C-07 Fire Safety

9-3.4 4-ALDF-2D Access to Keys, Tools and Utensils

9-3.5 4-ALDF-4C-40 Special needs Inmates

9-3.6 4-ALDF-6B Fair Treatment of Inmates

9-3.7 4-ALDF-7B-05 Training and Staff Development

9-4. National Commission on Correctional Health Care (NCCHC):

9-4.1 J-B-02 Patient Safety

9-4.2 J-B-03 Staff Safety

9-4.3 J-C-09 Orientation for Health Staff

9-5. National Fire Protection Association (NFPA):

9-5.1 NFPA 101 The Life Safety Code 2015

10. PRIVACY AND RECORDKEEPING.

In coordination with ICE Records, OHSA Record Keeping, and National Archives and Records Administration (NARA), IHSC is working to develop and implement record retention schedules for the various safety and security logs and documentation mentioned in this directive. Until NARA officially approves the retention schedule, IHSC must keep documentation permanently.

11. NO PRIVATE RIGHT STATEMENT. This directive is an internal policy 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, IHSC PHSP Unit.

Appendix A: Compliance indicators, standards, and federal regulations referenced in IHSC official guidance covering public health, safety, and preparedness functional areas

IHSC official guidance covering public health, safety, and preparedness topics	2011 PBNDS 2016 revision	NCCHC 2018 Standards for Health Services in Jails	ACA Performance-Based Standards in Adult Local Detention Facilities, 4th Edition, 2016 Supplement	OSHA Regulation
05-02 Occupational Health	1.2 Environmental Health and Safety 1.2.D Medical Operation, exposure control plan 1.2.D.1 Needles and other sharp objects 1.2.D.2 Standard precautions, transmission-based precautions 1.2.D.3. accidental needle sticks 1.2.D.4 sharps inventory 1.2.D.5 sharps handling	J-B-02 Infectious disease prevention and control J-B-09 Staff safety	4-ALDF-4D-06 Employee health TB testing 4-ALDF-4D-07 Employee health Hep B vaccination 4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention	29 CFR § 1910.1030, Bloodborne Pathogens 29 CFR § 1910.132 Personal Protective Equipment 29 CFR § 1910.134 Respiratory Protection 29 CFR § 1910.1096 Ionizing Radiation 29 CFR § 1904 Injury and Illness Recordkeeping and Reporting

IHSC official guidance covering public health, safety, and preparedness topics	2011 PBNDS 2016 revision	NCCHC 2018 Standards for Health Services in Jails	ACA Performance-Based Standards in Adult Local Detention Facilities, 4th Edition, 2016 Supplement	OSHA Regulation
05-02-G-01 Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials	1.2 Environmental Health and Safety 1.2.D Medical Operation, exposure control plan 1.2.D.1 Needles and other sharp objects 1.2.D.2 Standard precautions, transmission-based precautions 1.2.D.3. accidental needle sticks 1.2.D.4 sharps inventory 1.2.D.5 sharps handling	J-B-02 Infectious disease prevention and control J-B-09 Staff safety	4-ALDF-4D-06 Employee health TB testing 4-ALDF-4D-07 Employee health Hep B vaccination 4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention	29 CFR § 1910.1030, Bloodborne Pathogens 29 CFR § 1910.132 Personal Protective Equipment
05-02-G-02 Occupational Health Guide: Personal Protective Equipment	1.2 Environmental Health and Safety 1.2.D Medical Operation, exposure control plan 1.2.D.2 Standard precautions, transmission-based precautions	J-B-02 Infectious disease prevention and control J-B-09 Staff safety	4-ALDF-4D-06 Employee health TB testing 4-ALDF-4D-07 Employee health Hep B vaccination 4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention	29 CFR § 1910.132 Personal Protective Equipment

IHSC official guidance covering public health, safety, and preparedness topics	2011 PBNS 2016 revision	NCCHC 2018 Standards for Health Services in Jails	ACA Performance-Based Standards in Adult Local Detention Facilities, 4th Edition, 2016 Supplement	OSHA Regulation
05-02-G-03 Occupational Health Guide: Respiratory Protection	1.2 Environmental Health and Safety 1.2.D Medical Operation, exposure control plan 1.2.D.2 Standard precautions, transmission-based precautions	J-B-02 Infectious disease prevention and control J-B-09 Staff safety	4-ALDF-4D-06 Employee health TB testing 4-ALDF-4D-07 Employee health Hep B vaccination 4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention	29 CFR § 1910.134 Respiratory Protection
05-02-G-04 Occupational Health Guide: Workforce Health		J-B-02 Infectious disease prevention and control J-B-09 Staff safety	4-ALDF-4D-06 Employee health TB testing 4-ALDF-4D-07 Employee health Hep B vaccination 4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention	29 CFR § 1910.1030, Bloodborne Pathogens 29 CFR § 1904 Injury and Illness Recordkeeping and Reporting

IHSC official guidance covering public health, safety, and preparedness topics	2011 PBNDS 2016 revision	NCCHC 2018 Standards for Health Services in Jails	ACA Performance-Based Standards in Adult Local Detention Facilities, 4th Edition, 2016 Supplement	OSHA Regulation
05-04 Environmental Health	1.2 Environmental health and safety 1.2.D.6 Environmental health in medical operations	J-B-02 Infectious disease prevention and control J-B-08 Patient safety J-B-09 Staff safety	4-ALDF-4C-17 (M) Biohazardous waste, decontamination, sterilization	29 CFR § 1910.1030, Bloodborne Pathogens 29 CFR § 1910.1096 Ionizing Radiation
05-04-G-01 Environmental Health Guide	1.2 Environmental health and safety 1.2.D.6 Environmental health in medical operations	J-B-02 Infectious disease prevention and control J-B-08 Patient safety J-B-09 Staff safety	4-ALDF-4C-17 (M) Biohazardous waste, decontamination, sterilization	29 CFR § 1910.1030, Bloodborne Pathogens 29 CFR § 1910.1096 Ionizing Radiation
05-04-G-02 Environmental Health Guide: Radiation Safety		J-B-02 Infectious disease prevention and control J-B-08 Patient safety J-B-09 Staff safety		29 CFR § 1910.1096 Ionizing Radiation

IHSC official guidance covering public health, safety, and preparedness topics	2011 PBNDS 2016 revision	NCCHC 2018 Standards for Health Services in Jails	ACA Performance-Based Standards in Adult Local Detention Facilities, 4th Edition, 2016 Supplement	OSHA Regulation
05-05 Safety and Security	1.1 Emergency Plans 1.1.E.1 Contingency-specific plans, fire	J-B-02 Infectious disease prevention and control J-B-08 Patient safety J-B-09 Staff safety	4-ALDF-4D-24-1 QI/safety review 4-ALDF-4C-40 Special needs detainees	
05-01-G-01 Safety and Security Guide	1.1 Emergency Plans	J-B-08 Patient safety J-B-09 Staff safety J-F-01 Patients with other special needs	4-ALDF-4D-24-1 QI/safety review 4-ALDF-4C-40 Special needs detainees	
05-05-G-02 Safety and Security Guide: Golf Carts and Utility Vehicles		J-B-08 Patient safety J-B-09 Staff safety		
03-05 All Hazards Emergency Preparedness and Response	1.1 Emergency Plans 1.1.E Contingency-specific plans	J-D-07 Emergency services and response plan	4-ALDF-FC-08 (M) Emergency medical plan; Emergency services	

IHSC official guidance covering public health, safety, and preparedness topics	2011 PBNDS 2016 revision	NCCHC 2018 Standards for Health Services in Jails	ACA Performance-Based Standards in Adult Local Detention Facilities, 4th Edition, 2016 Supplement	OSHA Regulation
05-03-G-01 All Hazards Emergency Preparedness and Response Guide	1.1 Emergency Plans 1.1.E Contingency-specific plans	J-D-07 Emergency services and response plan	4-ALDF-FC-08 (M) Emergency medical plan; Emergency services	
03-05-G-02 Enterprise Notification System Guide		J-D-07 Emergency services and response plan	4-ALDF-FC-08 (M) Emergency medical plan; Emergency services	
05-06 Infectious Disease Public Health Actions	4.3 Medical care 4.3.C Communicable disease and infection control	J-B-02 Infectious disease prevention and control	4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention 4-ALDF-4C-14-1 (M) MRSA (public health actions) 4-ALDF-4C-16 (M) Hepatitis A,B,C plan (public health actions) 4-ALDF-4C-17 (M) HIV surveillance, infection prevention and	

IHSC official guidance covering public health, safety, and preparedness topics	2011 PBNDS 2016 revision	NCCHC 2018 Standards for Health Services in Jails	ACA Performance-Based Standards in Adult Local Detention Facilities, 4th Edition, 2016 Supplement	OSHA Regulation
			control (public health actions)	
05-06-G-01 Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigations	4.3 Medical care 4.3.C Communicable disease and infection control	J-B-02 Infectious disease prevention and control	4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention	
05-06-G-02 Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms	4.3 Medical care 4.3.C Communicable disease and infection control	J-B-02 Infectious disease prevention and control	4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention	
05-06-G-03 Infectious Disease Public Health Actions Guide: Surveillance and Reporting	4.3 Medical care 4.3.C Communicable disease and infection control	J-B-02 Infectious disease prevention and control	4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention	

IHSC official guidance covering public health, safety, and preparedness topics	2011 PBNDS 2016 revision	NCCHC 2018 Standards for Health Services in Jails	ACA Performance-Based Standards in Adult Local Detention Facilities, 4th Edition, 2016 Supplement	OSHA Regulation
05-06-G-04 Infectious Disease Public Health Actions Guide: Management of Hepatitis	4.3 Medical care 4.3.C Communicable disease and infection control	J-B-02 Infectious disease prevention and control	4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention 4-ALDF-4C-16 (M) Hepatitis A,B,C plan (public health actions)	
05-06-G-05 Infectious Disease Public Health Actions Guide: Management of Influenza	4.3 Medical care 4.3.C Communicable disease and infection control	J-B-02 Infectious disease prevention and control	4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention	
05-06-G-06 Infectious Disease Public Health Actions Guide: Management of Varicella and Herpes Zoster	4.3 Medical care 4.3.C Communicable disease and infection control	J-B-02 Infectious disease prevention and control	4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention	

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05-06-G-07 Infectious Disease Public Health Actions Guide: Management of Ectoparasites	4.3 Medical care 4.3.C Communicable disease and infection control	J-B-02 Infectious disease prevention and control	4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention	
05-06-G-09 Infectious Disease Public Health Actions: Management of HIV	4.3 Medical care 4.3.C Communicable disease and infection control	J-B-02 Infectious disease prevention and control	4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention 4-ALDF-4C-17 (M) HIV surveillance, infection prevention & control (public health actions)	
05-06-G-08 Infectious Disease Public Health Actions: Zika Virus	4.3 Medical care 4.3.C Communicable disease and infection control	J-B-02 Infectious disease prevention and control	4-ALDF-4C-14 (M) Communicable diseases; infection control and prevention	

IHSC official guidance covering public health, safety, and preparedness topics	2011 PBNDS 2016 revision	NCCHC 2018 Standards for Health Services in Jails	ACA Performance-Based Standards in Adult Local Detention Facilities, 4th Edition, 2016 Supplement	OSHA Regulation
05-11 Public Health Actions for Tuberculosis Care	4.3 Medical care 4.3.C Communicable disease and infection control	J-B-02 Infectious disease prevention and control J-E-02 Receiving screening	4-ALDF-4C-14-1 (M) Tuberculosis care 4-ALDF-4C-22 (M) Intake health screening 4-ALDF-4C-04 Continuity of care/release planning	29 CFR § 1910.134 Respiratory Protection
05-11-G-01 Public Health Actions for Tuberculosis Care Guide: IHSC-Staffed Medical Clinics	4.3 Medical care 4.3.C Communicable disease and infection control	J-B-02 Infectious disease prevention and control J-E-02 Receiving screening	4-ALDF-4C-14-1 (M) Tuberculosis care	29 CFR § 1910.134 Respiratory Protection
05-11-G-02 Public Health Actions for Tuberculosis Care Guide: IHSC Headquarters	4.3 Medical care 4.3.C Communicable disease and infection control	J-B-02 Infectious disease prevention and control	4-ALDF-4C-14-1 (M) Tuberculosis care 4-ALDF-4C-04 Continuity of care/release planning	