

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

**PHARMACEUTICAL SERVICES AND MEDICATION MANAGEMENT**

**IHSC Directive: 09-02  
ERO Directive Number: 11826.3  
Federal Enterprise Architecture Number: 306-112-002b  
Effective Date: August 15, 2023**

---

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

STEWART D SMITH Digitally signed by STEWART D SMITH  
Date: 2023.08.16 09:36:21 -0400

---

1. **PURPOSE:** This directive sets forth policies and procedures for the pharmaceutical services provided by, and for, the U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) medical clinics.
  
2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to U.S. Public Health Service (PHS) officers, civil service employees, and contract personnel. It applies to IHSC personnel supporting health care operations in ICE-owned and contracted detention facilities and to IHSC Headquarters (HQ) staff. 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 supporting IHSC.
  
3. **AUTHORITIES AND REFERENCES:**
  - 3-1. 21 U.S. Code, Chapters 1, 6, 9, 13, and 16.
  - 3-2. Title 16, Code of Federal Regulations, Part 1700 (16 CFR 1700), Poison Prevention Packaging Act of 1970 Regulations.
  - 3-3. Title 21, Code of Federal Regulations, Chapters I and II.
  - 3-4. The Privacy Act of 1974, Title 5, U.S. Code, Section 552(a) (5 U.S.C. § 552(a)), as applied in the Department of Homeland Security (DHS)/ICE-013 Alien Health Records System of Records Notice, 80 Federal Register 239 (January 5, 2015).
  - 3-5. Pharmacist's Manual – An Informational Outline of the Controlled Substances Act, U.S. Department of Justice, Drug Enforcement Administration (DEA), Office of Diversion Control.

**4. POLICY:** IHSC provides quality pharmacy services and ensures compliance with appropriate regulatory requirements through a cost-effective drug and medication supply management plan. The pharmacy service complies with all appropriate PHS, IHSC, DEA, Food and Drug Administration (FDA), federal regulations, accrediting body standards, and all appropriate national standards of practice regarding prescribing, dispensing, administering, procuring, and disposing of pharmaceuticals. This plan includes protocols and procedures for daily operations, prescription practices, and the administration of medications and controlled substances in accordance with accreditation standards and state and federal regulations.

**5. RESPONSIBILITIES:**

**5-1. IHSC Medical Director or Designee:** Serves as the clinical medical authority for IHSC.

**5-2. Pharmacy Personnel:** All pharmacy personnel perform duties within their legal scope and standards of practice, for which they are credentialed. They perform their duties in accordance with applicable federal, state, and local laws, rules, and regulations.

**5-3. IHSC Chief Pharmacist or Designee**

5-3.1 Oversees the pharmacy program as the subject matter expert for clinical pharmacist activities, pharmacy operations, and all administrative requirements.

5-3.2 Develops policies and procedures that comply with federal and state regulations and accreditation standards regarding prescribing, dispensing, administering, procuring, and disposing of pharmaceuticals.

5-3.3 Develops and approves pharmacy-specific forms and document templates.

5-3.4 Liaises with IHSC department heads to ensure cooperation and fulfillment of agency mission.

**5-4. Regional Pharmacy Consultant(s)**

5-4.1 Provide administrative and clinical oversight for clinical pharmacists, lead pharmacists, and pharmacy operational services within their assigned region.

5-4.2 Orient newly hired pharmacists.

5-4.3 Review and adjudicate nonformulary requests.

- 5-4.4 Perform competency assessments for lead pharmacists and pharmacists in multidisciplinary roles.
  - 5-4.5 Supervise the peer review evaluation process for clinical pharmacists (CP).
  - 5-4.6 Conduct site inspections.
  - 5-4.7 Monitor and report clinical pharmacy program performance by following performance measures reported by CPs.
  - 5-4.8 Coordinate remote fill and verification coverage. Provide remote fill and verification support to augment facility staffing.
  - 5-4.9 Renew and maintain DEA registration for facilities without an on-site lead pharmacist.
- 5-5. Clinical Director or designee:** The facility clinical director serves as the clinical medical authority and determines prescribing practices within the facility.
- 5-6. Health Services Administrator or Designee**
- 5-6.1 Provides administrative oversight and support for local facility operations and procurement. Ensures the physical procurement of urgent medications from a local pharmacy, as needed.
  - 5-6.2 Provides general guidance for the operation of the pharmacy service within the framework of the facility and IHSC policies and standards.
  - 5-6.3 Annually, the HSA and the facility administrator review and approve the list of commissary over the counter (OTC) medications, available to patients in the facilities that have a commissary.
  - 5-6.4 Secures a copy of facility pharmacist licenses and credentialing documents, as requested by auditing bodies.
- 5-7. IHSC Pharmacists**
- 5-7.1 Maintain current, valid licensure as a registered pharmacist in any U.S. state or territory.
  - 5-7.2 Maintain records for adequate control and accountability of all medications. Ensure staff members maintain control of medications.
  - 5-7.3 Secure the pharmacy and drug storage areas. Access is limited to authorized staff.

- 5-7.4 Verify the accuracy and appropriateness of all prescriptions and orders issued within the facility to ensure they are clinically indicated.
- 5-7.5 Ensure authorized health services staff maintain control of medications, except for those dispensed to patients for self-administration as described in IHSC 09-02 G-01, *Pharmaceutical Services and Medication Guide*, located in the [IHSC Policy Library](#).

**5-8. Lead Pharmacist or Designee**

- 5-8.1 Provides guidance and direction for local facility pharmaceutical services.
- 5-8.2 Performs competency assessments for staff pharmacists and pharmacy technicians.
- 5-8.3 Secures and maintains a current “hospital or clinic” DEA Registration Number. Pharmacists must renew the pharmacy registration every three years and maintain the certificate at the registered location for official inspection.
- 5-8.4 Manages procurement, inventory control and record keeping of all DEA controlled substances and IHSC restricted items stored in the pharmacy. These requisitions include, but are not limited to, requisitions, receipts, individual prescriptions, and the issuance or transfer of pharmaceuticals to other medical facilities.
- 5-8.5 Maintains records to ensure control and accountability for all medications, except those purchased over the counter.
- 5-8.6 Coordinates with facility leadership to establish processes for pill line and keep on person (KOP) medication distribution. Establishes a process for patients to request KOP medication refills and receive them in a timely manner.
- 5-8.7 Orients health services staff to the IHSC formulary system and provides them with access to a copy of the formulary.
- 5-8.8 Establishes and maintains a drug recall system that complies with FDA requirements.
- 5-8.9 Completes and forwards a [MedWatch Report \(Form FDA 3500\)](#) to the FDA after each reportable adverse event or product problem. The lead pharmacist retains a copy for local pharmacy files.
- 5-8.10 Ensures the national Poison Control telephone number (1-800-222-1222) is visible on all facility phones.

**5-9. Staff Pharmacist(s).**

- 5-9.1 Review physician, advanced practice provider (APP), and CP orders to ensure medications are clinically indicated.
- 5-9.2 Verify prepared prescriptions prior to dispensing.
- 5-9.3 Serve as lead pharmacist during absence of incumbent or vacancy.

**5-10. Clinical Pharmacist(s):** Provide direct patient care under a physician-clinical pharmacist collaborative practice agreement, as specified in the IHSC Pharmaceutical Services Guide.

**5-11. Pharmacy Technician(s):** Prepare and dispense prescription medications under the supervision of a pharmacist.

**5-12. Pharmacy Inspection.**

- 5-12.1 The pharmacist or trained designee, physically inspects and documents all drug storage areas monthly to ensure: the absence of expired, recalled, or deteriorated drugs; the proper condition of stored drugs; and compliance with manufacturers' storage recommendations.
- 5-12.2 When there is no on-site pharmacist, an IHSC regional pharmacy consultant or designee documents inspections and consults at least quarterly.

**5-13. IHSC Pharmacy and Therapeutics Committee**

- 5-13.1 Advises the IHSC medical director on all matters related to pharmaceuticals, as detailed in IHSC 09-02 G-01, *Pharmaceutical Services and Medication Guide*, located in the [IHSC Policy Library](#).
- 5-13.2 Conducts an annual formulary review to designate medications approved for dispensing or administration and reports to the IHSC deputy medical director.
- 5-13.3 Comprised of IHSC pharmacists, including chair and co-chair positions, and additional volunteers as necessary. The committee provides continual review of the IHSC formulary and supports local IHSC facilities with drug information.

**6. PROCEDURES:**

**6-1. Pharmacy Operations.**

- 6-1.1 **Pharmacy equipment:** All pharmacies maintain required equipment as specified in IHSC 09-02 G-01, *Pharmaceutical Services and Medication Guide*, located in the [IHSC Policy Library](#).



**6-1.2 Procurement of Medications**

- 6-1.2.a IHSC pharmacy personnel must purchase medications that are available under federal contract from the Veterans Affairs (VA) Pharmaceutical Prime Vendor Program (PPV).
- 6-1.2.b Mail order contract pharmacy services: Pharmacy personnel in IHSC-staffed facilities may use mail order contract pharmacy services approved by the IHSC chief pharmacist as a back-up system during the absence of a pharmacist or to obtain pharmaceuticals unavailable via the VA PPV.
- 6-1.2.c In facilities where prescription volume is not sufficient to justify the services of an on-site pharmacist, the pharmacist is unavailable, or the position of the pharmacist is vacant, health services staff may consider mail order or remote pharmaceutical services as the primary means to procure medications.
- 6-1.2.d Emergency medications: IHSC pharmacy personnel must purchase an adequate supply antidotes, other emergency medications, and related information and must ensure they are available to health services staff. See IHSC 09-02 G-01, Pharmaceutical Services and Medication Guide, Section XIV, Reference D, Required Emergency Medications, for a list of required emergency medications located in the IHSC Policy Library.

**6-1.3 Reverse Distribution**

- 6-1.3.a Overstock: The pharmacist must return surplus medication to the VA PPV as saleable merchandise for full credit whenever possible.
- 6-1.3.b Expired Medication: The pharmacist designates a secure area within the medical facility to store expired drugs pending acceptance by the VA PPV reverse distributor. If the expired drug is a controlled substance, the pharmacist returns the drug via reverse distributor or disposes it in compliance with DEA regulations.

6-1.3.c Damaged Medication: The pharmacist must mark damaged medication and KOP medication returns, as pharmaceutical waste and separate these items for disposal via the appropriate vendor. If the damaged drug is a controlled substance, the pharmacist must dispose of it in compliance with DEA regulations.

6-1.4 **Receipt of Medications:** IHSC staff must review all medications received against the supplier's invoice to ensure the correct quantity, condition, and product expiration date.

## 6-2. Prescriptions.

6-2.1 Pharmacy personnel may only process medications for dispensing and administration that an authorized prescriber ordered as described below.

6-2.2 Pharmacy personnel must process all medication initiations, discontinuations, or changes for delivery or administration to the patient in a timely and safe manner.

6-2.3 Written Prescriptions: A physician, dentist, APP, or CP must enter prescriptions in the electronic health record in accordance with the IHSC electronic health record procedures. In the case of an electronic health record outage, they enter the prescriptions on IHSC-approved paper forms, per IHSC 09-02 G-01, *Pharmaceutical Services and Medication Guide*, Section XIV, Continuity of Operations found in the IHSC Policy Library.

6-2.4 Verbal or Telephone Orders: A physician, dentist, APP, or CP may give a verbal order for a prescription, subject to the limitations and requirements specified in IHSC 09-02 G-01, *Pharmaceutical Services and Medication Guide*, located in the IHSC Policy Library.

6-2.5 Each facility's governing board must establish a local policy or procedure that identifies the expected time frames from medication ordering to administration or delivery to the patient and a backup plan if the pharmacy cannot meet the expected time frames.

6-3. **Drug Formulary:** Each facility uses the approved IHSC National Formulary, as determined by the IHSC Pharmacy and Therapeutics Committee. The IHSC Attachment 09-02 A-01, *National Formulary*, is a listing of medications approved for use in IHSC facilities located in the IHSC Policy Library.

**6-4. Non-Formulary Medications:** IHSC provides access to non-formulary medications in cases where formulary alternatives are not available or not appropriate for a patient. Regional pharmacy consultants are the approving officials for non-formulary requests. IHSC 09-02 G-01, *Pharmaceutical Services and Medication Management Guide*, Section VI.B. Non-Formulary Medications, details the procedures for submitting a non-formulary medication request located in the [IHSC Policy Library](#).

**6-5. DEA Controlled Substances.**

6-5.1 Only a physician, dentist, CP, or APP who meets the criteria specified in IHSC 09-02 G-01, *Pharmaceutical Services and Medication Management Guide*, Section IV.A., may issue prescription orders for a DEA Schedule II-V medication located in the [IHSC Policy Library](#).

6-5.2 All prescriptions for scheduled drugs issued by authorized IHSC HCPs must comply with [21 CFR part 1306](#).

6-5.3 In the absence of a pharmacist, only a physician, dentist (for dental prescriptions only) or a contract pharmacy can dispense scheduled drugs. Nurses may administer a controlled substance upon orders from a physician, dentist, APP, or CP.

6-5.4 The pharmacist must develop specific record-keeping procedures for controlled substances that comply with DEA, FDA, IHSC, and facility requirements that include, but are not limited to requisitions, receipts, individual prescriptions, and issuance or transfer of pharmaceuticals to other medical facilities. In the absence of a pharmacist, a physician or designee should temporarily accept custody and follow requirements for proper record keeping. See IHSC 09-02 G-01, *Pharmaceutical Services and Medication Guide*, Section IV.C located in the [IHSC Policy Library](#).

6-5.5 Pharmacists transfer custody of controlled substances between pharmacists or other parties with a written transfer of custody.

**6-6. Storage.**

6-6.1 Pharmacy personnel must store drugs by route of administration category, in addition to maintaining proper sanitation conditions, temperature, light, moisture, ventilation, flammability, segregation and security requirements in accordance with the manufacturer's recommendations.



- 6-6.2 Pharmacy personnel must store antiseptics, medications for external use, and disinfectants separate from internal and injectable medications. Pharmacy personnel must also store medications requiring refrigeration according to the manufacturer's specifications.
- 6-6.3 Pharmacy personnel must provide maximum security for the storage of controlled substances. Pharmacy staff must maintain controlled substances in a secure cabinet, or distributed throughout the stock of noncontrolled substances, to obstruct theft or diversion.

**6-7. Compliance, Monitoring, and Control.**

- 6-7.1 Internal monitoring and control: Internal processes for medication administration and pharmaceutical monitoring include annual formulary reviews, pharmacy inspections, monitoring for medication errors and other quality improvement activities.
- 6-7.2 Pharmacy reports. The pharmacist must submit:
  - 6-7.2.a A monthly report containing workload statistics from the previous month by the 10th day of each month. This report must include monthly drug expenditures, top ten medications dispensed (by number of prescriptions), number of prescriptions filled, number of after-hour cabinet medications issued, number of multiple dose pre-packs prepared, and number and type of medication errors.
  - 6-7.2.b A monthly controlled substances inventory and utilization report, as described in IHSC 09-02 G-01, *Pharmaceutical Services and Medication Management Guide*, Section IV.C located in the [IHSC Policy Library](#).
  - 6-7.2.c Pharmacy staff submit all reports to the local HSA, CD, regional pharmacy consultant, and IHSC chief pharmacist.
- 6-7.3 Local Pharmacy and Therapeutics Committee: Local Pharmacy and Therapeutics Committee (Local P&T) meetings are held on a quarterly basis as needed.

**6-8. Prescription Preparation and Dispensing.**

- 6-8.1 A health care professional orders, dispenses, and administers prescriptions and medications in a timely manner.

- 6-8.2 Only a pharmacist, physician or pharmacy technician may fill prescriptions.
- 6-8.3 The pharmacy technician may only fill prescriptions under the pharmacist's or physician.
- 6-8.4 Preparation of a prescription by a pharmacy technician: If a pharmacy technician prepares a prescription, the pharmacist, physician, or dentist (for dental prescriptions) must review the prescription and medication prior to dispensing.
- 6-8.5 IHSC pharmacists may only dispense medications to treat or prevent medical and mental health conditions among individuals in U.S. Immigration & Customs Enforcement custody and federal inmates in the U.S. Marshals Service custody. Health services staff may only use medications to treat staff or visitors in emergency situations.
- 6-8.6 ICE does not charge noncitizens for medical services or pharmaceuticals dispensed by authorized health services staff.

**6-9. Continuity of Care.**

- 6-9.1 Nursing staff must review all medications that arrive with the patient upon intake to the facility, in accordance with the procedures described in IHSC 09-02 G-01, *Pharmaceutical Services and Medication Management Guide*, Section IX.A located in the [IHSC Policy Library](#).
- 6-9.2 Transfer or travel medications: When prescribing medications, physicians, dentists, APPs, or CPs designate whether or not the medication is required for travel. Pharmacy personnel must consider a medication required for travel unless marked otherwise (i.e., "not required for travel"). The medication must accompany the patient during transit or discharge. Pharmacy personnel must provide patients transferred from one detention facility to another with medication as specified in IHSC 09-02 G-01, *Pharmaceutical Services and Medication Management Guide*, Section IX.B-C located in the [IHSC Policy Library](#).

Each facility must develop a process for the appropriate routing and assembly of travel/transfer medications, to include determination of days' supply and required/not required for travel guidance.

6-9.3 Medication for medical escorts: When requested by the IHSC Special Operations Unit, pharmacies at IHSC-staffed facilities may provide medications and related supplies for IHSC medical escorts upon receipt of individual written prescriptions for legend drugs and written request for OTC medications from the IHSC Special Operations Unit provider.

**6-10. Medication Management.**

6-10.1 Consents for medication administration. See IHSC 03-16 G-01, *Medication Administration Guide*, located in the [IHSC Policy Library](#).

6-10.2 Medication administration. See IHSC 03-16 G-01, *Medication Administration Guide*, located in the [IHSC Policy Library](#).

6-10.3 Methods for distribution to patients: Health services staff distribute medications either through directly observed therapy (DOT)/pill line on a dose-by-dose basis, or by dispensing to patients for self-administration (i.e., KOP medications).

6-10.3.a Directly Observed Therapy (Pill Line): The facility CD, has, nurse manager, and lead pharmacist must develop and implement a distribution system for supervised dosing of restricted medications in accordance with the IHSC 03-16 G-01, *Medication Administration Guide*, located in the [IHSC Policy Library](#).

6-10.3.b Keep on person (KOP): The lead pharmacist at each facility, with cooperation from the HSA, CD, and nurse manager, must develop and implement a distribution system for KOP medications.

6-10.3.c Patients may only possess medications ordered by or reviewed and approved by IHSC health care staff as part of a self-medication program established by the facility administrator and responsible physician or purchased through an IHSC-approved commissary program.

6-10.3.d Pharmacy personnel may give patients up to a 30-day supply of KOP medication.

6-10.3.e Pharmacy personnel may dispense medications that are available only as a single unit-of-use (e.g., albuterol inhaler) as an unbroken unit, even if the days' supply is greater than 30.

6-10.3.f KOP medications exclude all medications requiring distribution through the pill line per IHSC Attachment 09-02 A-01, *National Formulary*, located in the [IHSC Policy Library](#).

6-10.3.g Patients may carry medications necessary for the emergency management of a condition, when ordered by a physician, dentist, APP, or CP.

6-10.4 Medication renewals: Pharmacy personnel alert physicians, dentists, APPs, or CPs to impending expiring medication orders. The physician, dentist, APP, or CP reevaluates the prescription to determine whether pharmacy personnel can continue or alter the drug order.

6-10.5 Patient medication profile: Health services staff maintain a record of all prescription medications administered and dispensed in the patient's electronic health record. This record includes patient name, alien registration number, medication and food allergies, drug name, dosage form, strength, instructions for use and the quantity dispensed or administered.

6-10.6 Pharmacist review: Before filling a prescription, the pharmacist reviews each prescription for clinical indication, known patient allergies, potential drug-drug, drug-disease or drug-medical condition interactions, contraindications, or duplicate medication therapy.

**6-11. Continuity of Operations:** During a declared emergency or hazardous situation, pharmacy personnel must execute the facility's emergency response plan and make efforts to continue pharmaceutical care. Staff must prioritize personal and patient safety over inventory and equipment. Staff can find more information about contingency plans in IHSC 09-02 G-01, *Pharmaceutical Services and Medication Management Guide*, Section XII located in the [IHSC Policy Library](#).

**7. HISTORICAL NOTES:** This directive replaces IHSC Directive 09-02, *Pharmaceutical Services and Medication Management*, dated July 20, 2020.

**7-1. Summary of Changes:**

7-1.1 Revised policy statements to reflect compliance indicators and added procedures to align with the guide.

7-1.2 Changed health staff to health services staff, pharmacy staff to pharmacy personnel, medical facility to facility.



- 7-1.3 Changed providers or medical providers to physicians, dentists, APPs, or CPs.
- 7-1.4 Changed eHR to electronic health record.
- 7-1.5 Added procedures for medication storage.
- 7-1.6 Removed medication administration training section, which is covered in IHSC 03-16 G-01, *Medication Administration Guide*, and the term “contract health care provider.”

**8. DEFINITIONS:** The following definitions apply for purposes of this directive only:

- 8-1. Chart Order** – A medication order given by a prescriber who is legally authorized to issue medical orders, for the immediate administration to a patient.
- 8-2. IHSC Remote Pharmaceutical Services Program** – The IHSC Remote Pharmaceutical Services Program (RPS) a system established and used by IHSC pharmacists and/or facilities to provide pharmaceutical services to cover pharmacists’ leave of absence (LOA) and vacancies at IHSC-staffed pharmacies across the United States by providing either remote verification of local pharmaceutical fill services, or remote fill-and-ship services.
- 8-3. Keep On Person (KOP)** – A keep on person (KOP) medication is a medication that a patient maintains in their custody and self-administers as directed by the prescriber.
- 8-4. MedWatch Report (FDA form 3500)** – MedWatch is the Food and Drug Administration’s (FDA) program for reporting serious reactions, product quality problems, and product use errors with human medical products, including but not limited to drugs and biologic products.
- 8-5. Pharmacy personnel** – Consists of an IHSC lead pharmacist, staff pharmacist, pharmacy technician, and/or other IHSC health services staff involved in the delivery of pharmacy services to patients in ICE custody.
- 8-6. Prescriber** – A physician, dentist, APP, or CP, who is privileged to issue prescriptions for drugs for patients in ICE custody.
- 8-7. Prescription** – A prescription is a written direction for a therapeutic or corrective agent; specifically for the preparation and use of medicine.

**9. APPLICABLE STANDARDS**

- 9-1. Performance-Based National Detention Standards (PBNDs): 2011, Revised 2016.**
  - 9-1.1 Section 1.2: Environmental Health and Safety, 4: Inventory.

- 9-1.2 Section 4.3: Medical Care, V., G.: Pharmaceutical Management
- 9-1.3 Section 4.3: Medical Care, V., H.: Nonprescription Medications.
- 9-1.4 Section 4.3: Medical Care, V., U.: Delivery of Medications.
- 9-1.5 Section 4.3: Medical Care, V., Z.: Continuity of Care.

**9-2. Family Residential Standards (FRS):**

- 9-2.1 Section 1.2: Environmental Health and Safety.
- 9-2.2 Section 4.3 Health Care; G. Pharmaceutical Management.
- 9-2.3 Section 4.3 Health Care; H. Nonprescription Medications.
- 9-2.4 Section 4.3 Health Care; V. Delivery of Medication.
- 9-2.5 Section 4.3 Health Care; Z. Continuity of Care.

**9-3. American Correctional Association (ACA): Performance-Based Standards for Adult Local Detention facilities, 4<sup>th</sup> edition.**

- 9-3.1 4-ALDF-4C-38, Management of Pharmaceuticals.
- 9-3.2 4-ALDF-4C-39, Nonprescription Medication.

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

- 9-4.1 J-D-01: Pharmaceutical Operations.
- 9-4.2 J-D-02: Medication Services.

**10. PRIVACY AND RECORD KEEPING.** 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 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, IHSC Medical Services Unit.