

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

DETAINEE HEALTH EDUCATION

**IHSC Directive: 11-04
ERO Directive Number: 11834.4
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: August 27, 2019
Revised Date: February 2, 2022**

By Order of the Assistant Director

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

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1. **PURPOSE:** The purpose of this directive is to provide guidance for detainee health education.
 2. **APPLICABILITY:** This directive applies to all ICE Health Service Corps (IHSC) personnel, including but not limited to, Public Health Service (PHS) officers and federal employees supporting health care operations in ICE-owned or contracted detention facilities, and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ.
 3. **AUTHORITIES AND REFERENCES:**
 - 3-1. ICE National Detainee Handbook.
 4. **POLICY:** IHSC health care staff deliver health education and wellness information to all detainees in IHSC-staffed facilities on topics including, but not limited to the dangers of self-medication; personal and hand hygiene and dental care; prevention of communicable diseases; smoking cessation; self-care for chronic conditions; and benefits of physical fitness.
 - 4-1. IHSC maintains a warehouse of written patient education materials, translated into multiple languages. These materials include:
 - 4-1.1. Medical orientation and health information.
 - 4-1.1.a. Dealing with stress.
 - 4-1.1.b. High blood pressure.
 - 4-1.1.c. Discharge instructions.
 - 4-1.1.d. All about the tuberculosis skin test.

- 4-1.1.e. Scabies.
- 4-1.1.f. Sexual assault.
- 4-1.1.g. Understanding diabetes.
- 4-1.1.h. Using medicine safely.
- 4-1.1.i. Staying healthy.
- 4-1.1.j. Special accommodations.

5. RESPONSIBILITIES:

5-1. IHSC Patient Education Program Manager.

- 5-1.1. Maintain the Detainee Health Education Directive and Patient Education Coordinators guide.
- 5-1.2. Ensure IHSC has processes and materials in place for the provision of detainee health education.
- 5-1.3. Review quarterly patient education reports and annual patient satisfaction survey results and provide data analysis to IHSC stakeholders within Health Operations Unit and IHSC leadership.
- 5-1.4. Interface with internal components (other IHSC branches/units) and external entities (language translation company) regarding the development and translation of IHSC patient education materials.
- 5-1.5. Maintains IHSC's translated patient education information on the IHSC SharePoint site at: Officially Translated Patient Education - All Documents.

5-2. IHSC Health Care Personnel.

- 5-2.1. Provide patients with information on their specific diseases and conditions, and the health care services available.
 - 5-2.1.a. The IHSC Infectious Disease Program has patient education-centered information on topics including tuberculosis, antimicrobial stewardship, and complex patients on the IHSC SharePoint site at: Patient Education Centered Resources.
 - 5-2.1.b. IHSC health care providers may also utilize individual patient education information downloaded from reputable, evidence-based medical websites (e.g., American Medical Association, Centers for Disease Control and Prevention and the Substance Abuse Mental Health Service

Administration).

5-2.2. Document the specific patient education provided in the electronic health record (eCW).

5-3. Patient Education Coordinators.

5-3.1. Conduct quarterly encounter reviews.

5-3.2. Disseminate the patient satisfaction survey to 50 patients annually.

5-3.3. Attend quarterly meetings of the patient education program.

5-3.4. Orient new clinic staff to the patient education program.

5-4. Health Services Administrators.

5-4.1. Appoint staff member to the role of patient education coordinator and ensure the role is always filled.

5-4.2. Provide appointment letter to newly appointed patient education coordinators.

5-5. Clinical Services (Deputy Medical Director or Designees). Review, provide feedback and approval on patient education documents that are in draft form/development.

6. PROCEDURES: See IHSC 11-04 G-01, *Patient Education Coordinators Guide* for additional procedures.

6-1. IHSC Health Care Personnel:

6-2. Provision of Education During Intake Screening:

6-2.1 IHSC health care staff must give all detainees, regardless of disease or condition, the following handouts within 12 hours of arrival:

6-2.1.a Medical Orientation and Health Information brochure. The brochure includes information on exercise and smoking cessation. Health staff inform detainees that they reside within a non-smoking facility, which is best for their health. Health staff also encourage detainees to exercise for at least 30 minutes a day.

6-2.1.b Dealing with Stress brochure. The brochure provides information on recognizing the signs and symptoms of stress and tips on how to lower stress to cope in a detention environment.

6-2.1.c Within 12 hours of arrival, IHSC health care staff provide

verbal and/or written education to detainees on how to access the following ICE medical services:

6-2.1.d Initial medical, mental health, and dental screening.

6-2.1.e Comprehensive health assessment (physical examination).

6-2.1.f Sick call.

6-3. Provision of Education During Initial and Annual Health Assessment:

6-3.1 Before or during the initial health assessment, IHSC health care staff must provide all detainees, regardless of disease or condition, with the Staying Healthy brochure.

6-3.2 The Staying Healthy brochure must also be provided to detainees, regardless of disease or condition, during their annual health assessment.

6-4. Provision of Education Clinical Encounters: During each clinical encounter, IHSC health care providers counsel detainees on health education topics specific to their medical condition (e.g., chronic conditions, infectious disease, new medication orders) or their status (e.g., release instructions).

6-5. Documentation:

6-5.1 All health care staff are responsible for documenting the patient education they provide, in the detainee's electronic health record.

6-5.2 Health care staff must specifically document what they educated the patient on, including instruction in self-care for the patient's health conditions.

7. HISTORICAL NOTES: This directive replaces IHSC Directive: 11-04 *Detainee Health Education*, August 27, 2019.

7-1. Summary of Changes.

7-1.1 Policy statement updated to include updated written patient education material in multiple languages.

7-1.2 Responsibilities section added to indicate responsibilities in one place.

7-1.3 Procedures section added to indicate specific procedures with reference to additional procedures in IHSC 11-04 G-01, *Patient Education Coordinators Guide*.

7-1.4 Language added to reference PBNDS, Disability Identification, Assessment and Accommodation J. Detainee Orientation to align with

PBNDS 2016 Standards.

7-1.5 Language added to reference NCCHC, J-B-01 Healthy Lifestyle Promotion to align with NCCHC 2018 Standards.

8. DEFINITIONS:

8-1. Health Care Personnel or Providers.

8-1.1. Health care personnel or providers are credentialed individuals who are employed, detailed, or authorized by IHSC to deliver health care services to detainees.

8-1.2. This group includes federal and contract staff assigned or detailed (i.e., temporary duty) who provide professional or paraprofessional health care services as part of their IHSC duties. (IHSC Operational Definition).

9. APPLICABLE STANDARDS:

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

9-1.1. Part 4: Care, Section 4.3, Medical Care, D. *Notifying Detainees about Health Care Services.*

9-1.2. Part 4: Care, Section 4.3, Medical Care, V. *Health Education and Wellness.*

9-1.3. 4.8 Disability Identification, Assessment and Accommodation J. *Detainee Orientation.*

9-1.4. Section 6.1, *Detainee Handbook.*

9-2. American Correctional Association (ACA):

9-2.1. Performance-Based Standards for Adult Local Detention Facilities, 4th edition: 4-ALDF-4C-21: *Health Education.*

9-3. National Commission on Correctional Health Care (NCCHC): Standards for Health Services in Jails, 2018:

9-3.1. J-B-01: *Healthy Lifestyle Promotion.* (NOTE: Refer to IHSC directive 03-14: *Nutrition and Therapeutic Diets*, to address compliance indicators 3-5 of this NCCHC standard.)

10. PRIVACY AND RECORDKEEPING: ICE uses detainee 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 detainees. IHSC limits access to detainee health records and information to those individuals who need to

know the information for the performance of their official duties, and who have appropriate clearances or permissions. IHSC secures paper records in a locked cabinet or room when not under the direct control of an officer or employee with a need for the paper record to perform their duties.

10-1. IHSC staff complete annual training on the protection of patient health information and Sensitive Personally identifiable information.

10-2. IHSC staff reference the Department of Homeland Security Handbook for Safeguarding Sensitive PII (Handbook) at DHS Handbook for Safeguarding Sensitive PII for additional information concerning safeguarding sensitive PII.

10-3. All relevant documents produced or provided in accordance with this Directive must be maintained in accordance with an applicable National Archives and Records Administration (NARA) General Records Schedule (GRS) or a NARA-approved agency-specific records control schedule. If the records are not subject to a records schedule, they must be maintained indefinitely by the agency. In the event the records are subject to a litigation hold, they may not be disposed of under a records schedule until further notification. Prior to the disposition of any records referenced in this directive, ICE Records Officer approval must be obtained.

11. NO PRIVATE RIGHT STATEMENT: This directive is an internal directive statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.

12. POINT OF CONTACT: Chief, Medical Quality Management Unit.