

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

POLICY MANAGEMENT

**IHSC Directive: 11-05
ERO Directive Number: 11837.2
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: December 18, 2019
Revision Date: September 24, 2020
Revision Date: December 13, 2021**

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

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Date: 2021.12.14 12:48:37 -05'00'

1. **PURPOSE:** The purpose of this directive is to set forth policies and procedures to guide development, maintenance, publication, communication, and training related to IHSC policies.

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. 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. ICE Enforcement and Removal Operations (ERO). (2012). *Policy Development Handbook*.

4. **POLICY:** The IHSC Office of Policy (IOP) coordinates and manages the development and publication of IHSC policies and procedures and ensures that they are readily available to IHSC staff via the IHSC Policy Library.
 - 4-1. IHSC policy documents include directives, guides, standard operating procedures, operations memoranda, and local operating procedures (LOPs).
 - 4-1.1. IHSC directives list policy requirements, establish responsibilities,

align with the IHSC mission, and refine programs, activities, or organizational practices of a continuing nature.

- 4-1.2. IHSC guides must have a policy requirement basis, such as a directive, a Code of Federal Regulations provision, or other federal law, and describe in detail how the policy requirement is carried out.
- 4-1.3. IHSC issues operations memoranda with a predetermined expiration date of 12 months following publication to provide interim instructions, clarify operations and procedures, or serve as a stopgap measure until IHSC develops a permanent policy or alternative solution.
- 4-1.4. IHSC standard operating procedures outline a process identified in an IHSC directive, operations memorandum, or guide.
- 4-1.5. Local operating procedures are site-specific policy documents that align with IHSC-wide directives. See IHSC Directive 11-07, *Local Operating Procedures (LOP) Management*.
- 4-2. IHSC policies involving medical operations and practices are exempt from normal ERO review procedures and are approved by the Assistant Director, IHSC. ERO Policy vets IHSC policies that impact ERO programs other than IHSC according to the "ERO-Wide Review" section of the ERO Policy Development Handbook.
- 4-3. The Office of the Principal Legal Advisor (OPLA) must vet all IHSC policy documents to evaluate any legal or privacy issues prior to publication.
- 4-4. IHSC policies address each applicable standard in the National Commission on Correctional Health Care's (NCCHC) Standards for Health Services in Jails.
- 4-5. IHSC reviews health care-related, clinical directives at least annually and administrative directives every three years. IOP facilitates and documents these reviews in the electronic policy system.

5. RESPONSIBILITIES:

- 5-1. **IOP:** Governs all aspects of the IHSC policy processes, including development, maintenance, publication, communication, and training.
 - 5-1.1. The **health policy administrator** leads the IHSC Policy Coordination Workgroup to support agency initiatives and collaboration across divisions and units at IHSC Headquarters and in the field. The health policy administrator provides training for

IHSC staff, specific to the individual's or group's role in the policy development, management, and review processes.

- 5-1.2. The **policy analyst** collaborates with stakeholders across the agency to maintain current governing documents that comply with national and agency standards.
- 5-2. **Health services administrators (HSA):** Develop, approve, and maintain site-specific LOPs. Along with the clinical director, the HSAs complete an annual review of IHSC policies and include a signed and dated declaration at the beginning of the printed policy manual on-site.
- 5-3. **Clinical directors:** Along with the HSA, complete an annual review of IHSC policies and include a signature to document the date of the review.
- 5-4. **Unit chiefs, discipline leads, and program leads:** Coordinate and author respective policy documents. Unit chiefs may delegate primary authorship to a subject matter expert; however, the chief remains ultimately responsible for the policy.
- 5-5. **IHSC staff:**
 - 5-5.1. Review new or updated policies and procedures when notified of their publication in the IHSC Policy Library.
 - 5-5.2. Coordinate with IOP to develop new IHSC policies.
- 6. **PROCEDURES:** The 11-05 G-01, *Policy Development and Review Guide*, is located in the [IHSC Policy Library](#) and provides detailed procedures for developing, coordinating, reviewing, obtaining approval, and issuing IHSC-wide policy.
 - 6-1. Policy Development
 - 6-1.1. IHSC unit chiefs submits the appropriate IHSC policy worksheet to IOP.
 - 6-1.2. IHSC principal authors request policy document review from IOP.
 - 6-1.3. IOP health policy administrator approves submitted draft document for inclusion in the IHSC electronic policy development system.
 - 6-1.4. IOP policy analyst assigns draft document to principal author in PDS.
 - 6-2. Policy Review
 - 6-2.1. Principal author reviews content of draft document.
 - 6-2.2. Designated subject matter experts review content of draft

document. Principal Deputy Assistant Director reviews content of draft document.

6-2.3. OPLA reviews draft document.

6-2.4. IHSC unit chiefs, discipline chiefs, and program leads review document based on applicability to their respective areas.

6-2.5. IOP policy analyst reviews style and formatting of the draft document.

6-2.6. IOP health policy administrator reviews and approves draft document.

6-3. Policy Approval

6-3.1. All IHSC Deputy Assistant Directors approve draft document.

6-3.2. IHSC Deputy Chief of Staff approves draft document.

6-3.3. IHSC Chief of Staff approves draft document.

6-3.4. OPLA approves draft document.

6-3.5. IHSC Assistant Director approves and signs draft document.

6-4. Policy Publication

6-4.1. IOP health policy administrator notifies principal author of signed document.

6-4.2. Principal author develops messaging for dissemination to IHSC staff and submits to the IHSC Communications Unit.

6-4.3. IOP policy analyst publishes signed document in the IHSC Policy Library.

7. HISTORICAL NOTES:

7-1. This directive updates 11-05, IHSC Policy Management, dated September 24, 2020.

7-2. **Summary of Changes.** Updated procedure for unit chiefs submitting policy worksheets to IOP.

8. **DEFINITIONS:** See definitions for this policy at Glossary for IHSC Official Guidance in the [IHSC Policy Library](#).

9. APPLICABLE STANDARDS:

9-1. American Correctional Association: 4-ALDF-7D-06-09: Policies and Procedures.

9-2. National Commission on Correctional Health Care: Standards for Health Services in Jails (2018). J-A-05: Policies and Procedures.

- 10. PRIVACY AND RECORDKEEPING:** 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:** Senior Health Policy Administrator, IHSC Office of Policy.