

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

IHSC CLINIC SCHEDULING GUIDELINES

**IHSC Directive: 17-002
ERO Directive Number: 11861.2
Federal Enterprise Architecture Number: 306-112-002b
Effective October 17, 2017**

By Order of the Assistant Director
Dr. (b)(6),(b)(7)(C), DHSc, MPH

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1. **PURPOSE:** The purpose of this issuance is to provide clear guidance on U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) clinic scheduling practices.
2. **APPLICABILITY:** This directive applies to all IHSC federal and non-federal staff working in IHSC-staffed facilities.
3. **AUTHORITIES AND REFERENCES:** The relevant laws and regulations pertaining to the management of U.S. Public Health Service (PHS) Commissioned Corps officers, Federal civil service staff (GS) employees, and contract personnel provide the authority to establish policy and management practices for this issuance.
 - 3-1. Title 5, Code of Federal Regulations, Part 6101 (5 U.S.C. § 6101), Basic 40-Hour Workweek; Work Schedules; Regulations.
 - 3-2. Title 5, Code of Federal Regulations, Part 610 (5 U.S.C. § 610), Hours of Duty.
 - 3-3. Title 5, U.S. Code, Section 61 (5 U.S.C. § 61), Hours of Work.
 - 3-4. CCPM, Part 2, Chapter CC 23 Staffing, Subchapter CC 23.5 Utilization, Personnel Instruction 8, Detail of Commissioned Officers to Federal Agencies.
 - 3-5. IHSC Directive 03-33, Annual Leave Request.
4. **POLICY:** The Health Services Administrator (HSA) or approved scheduling authority develops and publishes staff schedules—in collaboration with the Clinical Director (CD) and Nurse Manager (NM)—based on the facility’s demands, to ensure

adequate staffing. As the designated scheduling authority, the HSA is responsible for ensuring that appropriate staffing levels and mixes of disciplines are achieved, and for optimizing the use of human resources, as well as ensuring the efficiency of operations in meeting the local mission and all applicable clinical standards.

4-1. SCHEDULE ADMINISTRATION

- 4-1.1** The development of the schedule may be delegated to an approved scheduling authority. The HSA should review and approve all schedules prior to posting.
- 4-1.2** The HSA is responsible for ensuring all schedule changes are reflected on the schedule in real-time and archived as outlined in this memorandum.
- 4-1.3** Core hours of operation for IHSC facilities are outlined in the *IHSC Clinical Core Hours of Operation (Appendix A)* and referenced in Section 5, Procedures. Core hours have been established to provide guidance to ensure human resources are used optimally to meet the mission.
- 4-1.4** Schedules must be based on 24/7 operations with the appropriate mix and level of staff allocated for each shift. Any deviations from the core hours of operations, or the IHSC scheduling policy, should be sent for approval to the Regional Health Services Administrator (RHSA) via submission of the *IHSC Non-Core Shift Request (Appendix B)* referenced in Section 5, Procedures.
- 4-1.5** Staff coverage should be adjusted by the HSA, as necessary, to ensure optimal use of resources based on workloads, staffing fill rates, custody movement and physical plant constraints, and/or other unforeseen circumstances.
- 4-1.6** Appropriate staffing mixes should be developed to ensure continuity of operations and optimal utilization of human capital.
 - 4-1.6.a** Staffing levels, mix of health care coverage, and duty hours may be adjusted by the HSA to facilitate efficient operations when the local mission changes.
 - 4-1.6.b** Each department lead should be charged with continuous monitoring of that department's needs as well as the evaluation of staff utilization - to include staffing mixes

based on discipline, scope of practice, and staffing levels on each shift. Refer to the *IHSC Clinical Core Hours of Operation (Appendix A)* for a list of departments.

4-1-6.c If a department lead, administrator, or the CD determines the current scheduling plan no longer meets the needs of the mission, and/or it is not the most efficient use of staff, that person must prepare a review and submit it to the HSA for consideration.

4-1.7 The schedule should be developed using the *IHSC Scheduling Template (Appendix C)* and the *IHSC Schedule Submission Timelines (Appendix D)* referenced in Section 5, Procedures.

4-2. WORK HOURS AND SHIFTS

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SCHEDULING

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4-4. ROTATIONS

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4-5. ON-CALL

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4-6. OVERTIME

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4-7. SCHEDULED LEAVE

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Directive 01-33 Annual Leave Requests.

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4-8. SICK LEAVE

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4-9. HOLIDAYS

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5. PROCEDURES: Detailed procedures related to this directive are found in the following appendices:

- 5-1.** *Appendix A – IHSC Clinical Core Hours of Operation*
- 5-2.** *Appendix B – IHSC Non-Core Shift Request*
- 5-3.** *Appendix C – IHSC Scheduling Template*
- 5-4.** *Appendix D – IHSC Schedule Submission Timeliness*
- 5-5.** *Appendix E – IHSC Scheduling Archiving Instructions*
- 5-6.** *Appendix F – IHSC Leave Audit Legend*
- 5-7.** *Appendix G – IHSC Schedule Legend*
- 5-8.** *Appendix H– IHSC Leave Audit Tool*
- 5-9.** *Appendix I – IHSC Leave and Time-Off Instructions*

5-10. *Appendix J – Annual Leave Selection Form*

5-11. *Appendix K – IHSC Holiday Request*

5-12. *Appendix L – IHSC Schedule Change Request Form*

6. **HISTORICAL NOTES:** This directive replaces Section 4-2, Clinic Schedule and Section 4-4, Clinical Coverage in the *IHSC 16-010 Clinic Administration OM*.

7. **DEFINITIONS.** Definitions for this policy are listed in the IHSC Glossary at <https://team.ice.dhs.gov/sites/ihsc/cos/GetToKnowIHSC/Glossary>.

8. **APPLICABLE STANDARDS:**

8-1. **Performance-Based National Detention Standards (PBNDS):**

8-1.1 PBNDS 2011, Part 1 – Safety; 1.1 Emergency Plans

8-2. **American Correctional Association (ACA):**

8-2.1 7B-01: Hours of Work

8-2.2 4A-05: Staffing Analysis/Plan

8.3. **National Commission on Correctional Health Care (NCCHC):**

8-3.1 J-A-02: Responsible Health Authority

8-3.2 J-A-03: Medical Authority

8-3.3 J-C-07: Staffing

9. **RECORDKEEPING.** Retention of clinic schedules should follow the guidelines in *Appendix C, Schedule Archiving Instructions* referenced in Section 5, Procedures.

10. **NO PRIVATE RIGHT STATEMENT:** This policy 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.

**APPENDIX A – IHSC CLINICAL CORE HOURS
OF OPERATION**

IHSC Clinical Core Hours of Operation

Department	1st Shift	2nd Shift	3rd Shift	Weekends	Holidays	On-Call
Administration	X	X				X
Pharmacy	X	X				
Dental	X	X				
Medical Records	X	X		X	X	
Behavioral Health Professional (BHP)	X	X		X	X	
Advanced Practice Nurse (APN) and Mid-level Provider (MLP)	X	X		X	X	X
Nursing	X	X	X	X	X	
Physician	X	X				X
Psychiatrist	X	X				X
Rad Tech	X	X				

APPENDIX B - IHSC NON-CORE SHIFT REQUEST

IHSC Non-Core Shift Approval Request

All shifts that fall outside of the core shifts (D, E, N, D12, N12) require written RHSA approval. Non-Core Shift requests will be reviewed and approved on an annual basis.

Discipline	Code	Description	Days	Hours	Perm	Justification

Discipline: RN, LVN, MRT, etc.
 Code and Description: refer to IHSC Schedule Legend
 Days: of the week (M-F, all week, etc)
Hours: of the shift, 1500-0300
 Perm: Will the same staff member be assigned to this shift permanently? (Y or N)
Justification: how does the facility benefit from having this shift?

Facility
Submitted
Date
Approved

Approver comments

APPENDIX D - IHSC SCHEDULE SUBMISSION TIMELINES

IHSC Health Operations 2018 Schedule Submission Due Dates

Schedule Period		Leave Request Due	Schedule to H.S.A.	Scheduled Posted
From SUN	To SAT	FRI	FRI	FRI
01/14/18	02/10/18	12/15/17	12/22/17	12/29/17
02/11/18	03/10/18	01/12/18	01/19/18	01/26/18
03/11/18	04/07/18	02/09/18	02/16/18	02/23/18
04/08/18	05/05/18	03/09/18	03/16/18	03/23/18
05/06/18	06/02/18	04/06/18	04/13/18	04/20/18
06/03/18	06/30/18	05/04/18	05/11/18	05/18/18
07/01/18	07/28/18	06/01/18	06/08/18	06/15/18
07/29/18	08/25/18	06/29/18	07/06/18	07/13/18
08/26/18	09/22/18	07/27/18	08/03/18	08/10/18
09/23/18	10/20/18	08/24/18	08/31/18	09/07/18
10/21/18	11/17/18	09/21/18	09/28/18	10/05/18
11/18/18	12/15/18	10/19/18	10/26/18	11/02/18
12/16/18	01/12/19	11/16/18	11/23/18	11/30/18

2017 Schedule Submission Due Dates

Schedule Period		Leave Request Due	Schedule to H.S.A.	Scheduled Posted
From SUN	To SAT	FRI	FRI	FRI
01/15/17	02/11/17	12/16/16	12/23/16	12/30/16
02/12/17	03/11/17	01/13/17	01/20/17	01/27/17
03/12/17	04/08/17	02/10/17	02/17/17	02/24/17
04/09/17	05/06/17	03/10/17	03/17/17	03/24/17
05/07/17	06/03/17	04/07/17	04/14/17	04/21/17
06/04/17	07/01/17	05/05/17	05/12/17	05/19/17
07/02/17	07/29/17	06/02/17	06/09/17	06/16/17
07/30/17	08/26/17	06/30/17	07/07/17	07/14/17
08/27/17	09/23/17	07/28/17	08/04/17	08/11/17
09/24/17	10/21/17	08/25/17	09/01/17	09/08/17
10/22/17	11/18/17	09/22/17	09/29/17	10/06/17
11/19/17	12/16/17	10/20/17	10/27/17	11/03/17
12/17/17	01/13/18	11/17/17	11/24/17	12/01/17

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APPENDIX F - IHSC LEAVE AUDIT LEGEND
Leave Audit Monitoring Tool Legend

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Updated 1-15-2015

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APPENDIX G - IHSC SCHEDULE LEGEND
IHSC Schedule Legend

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Updated 1-15-2015

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APPENDIX H - IHSC LEAVE AUDIT TOOL (BLANK)

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APPENDIX I - IHSC LEAVE AND TIME-OFF INSTRUCTIONS
Leave/Time off Requests Instructions

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APPENDIX J - IHSC ANNUAL LEAVE
SELECTION FORM

Annual Leave Selection

Round: 1 2

Calendar year: _____

NAME: _____

Discipline: _____

1. This form is to be used form to request up to two weeks of annual leave to reserve for calendar year_.
2. Leave must be requested in 7 day increments from Monday through Sunday.
3. Weeks of leave may be selected consecutively or separately.
4. The weeks of Thanksgiving, Christmas, and New Years are designated as "Major Holiday Weeks". You may only select one "Major Holiday Week" for annual leave per calendar year. If you are granted annual leave during a "Major Holiday Week" you will not be required to work that holiday.
5. Minor holidays will be worked as scheduled.
6. You are not required to take all of the leave that you sign up for. If at a later date you decide not to take it, please let administration know as soon as you can so that the time can be made available to other nursing staff members.

I request the following two weeks of annual leave:

Week 1: _____

Week 2: _____

Signature

Date

**APPENDIX K - IHSC HOLIDAY
REQUESTS**

Holiday Requests

NAME: _____

Calendar year: _____

- Prioritize major holidays (1st, 2nd, and 3rd) that you would prefer to be off.
- If you have requested vacation during a holiday, that should be your 1st priority (1)

Holiday	Date	Priority
New Year's Day		
Thanksgiving Day		
Christmas Day		

Signature

Date

APPENDIX L - IHSC SCHEDULE CHANGE REQUEST FORM

IHSC Schedule Change Request Form

When making requesting a schedule change, all individuals involved must list the shift they are scheduled to work and new shift they are switching for (new) below.

Schedule changes are to be equal, should not incur overtime, and cover the entire shift being switched. Requests must be submitted and approved at least 72 hours (3 days) prior to the anticipated schedule change.

Name	Scheduled Shift	New Shift
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All individuals involved with this schedule change should sign below that they agree with the above schedule change.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Approved: _____

Date: _____

(Health Services Administrator/Assistant Health Services Administrator)

Approved signature will lock the form and prohibit modifications. If changes are required, a new form must be submitted.