

Nursing Services Unit Guide

October 2023



FOREWORD

This *Nursing Services Unit Guide* supplements:

- IHSC Directive 03-42, *Nursing Services Unit*

The guide explains concepts, assigns responsibilities, and details IHSC Nursing Services Unit (NSU) procedures to implement administrative, operational, and clinical functions, which standardizes nursing practice and care across the IHSC health care system.

The guide's intended audience includes all IHSC nursing professionals who support health care operations within IHSC-staffed detention facilities.

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27/2023

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I. INTRODUCTION

A. Purpose

This Guide expands on the responsibilities and concepts found in IHSC Directive 03-42, Nursing Services Unit, for nursing staff supporting health care operations within IHSC-staffed facilities.

All nurses who work within, or support, IHSC-staffed facilities perform duties within their legal scope and standards of practice for which they are credentialed by training, licensure, certification, competencies, and job descriptions. They comply with applicable federal, state, and local laws; rules and regulations; and state nursing practice acts.

This guide describes the IHSC Nursing Services Unit (NSU) administrative, operational, and clinical procedures to standardize nursing care across the IHSC health system. All nurses who work within IHSC-staffed facilities must follow the instructions found in the IHSC NSU clinical nursing scope of practice and standards of practice, code of ethics for nurses, nursing competency assessment, peer review, orientation/training requirements, nursing post orders, and clinical nursing guidelines.

II. RESPONSIBILITIES OF IHSC NURSING STAFF

The NSU oversees the nursing program at all IHSC-staffed facilities. The NSU leadership team includes the chief nurse (CN), NSU program manager, regional nurse managers (RNM), and nurse managers (NM) who provide administrative, operational, and clinical oversight for the NSU.

A. IHSC Chief Nurse:

1. Oversees NSU's administrative, operational, and clinical activities. The chief nurse plans, directs, coordinates, evaluates and approves all official nursing programs, policies, procedures, standards, and guidance to include the NSU clinical nursing scope and standards of practice, code of ethics for nurses, nursing competency assessment, peer review, orientation and training program, nursing post orders, and clinical nursing guidelines.
2. Ensures clinical standards for nursing practice align with current evidence-based research and professional nursing standards, through annual literature reviews and education.
3. Serves as the Clinical Services Division (CSD) nurse subject matter expert and consultant for IHSC nursing administrative, operational, and clinical activities.

4. Identifies and approves all mandatory training content developed by NSU course providers, to ensure alignment with accreditation standards, IHSC policies and clinical practice guidelines.
5. Oversees RNM orientation and NM competency assessment and skill verification annually. Maintains documentation for RNM training.

B. NSU Program Management Officer:

1. Coordinates administrative, operational, and clinical oversight, in collaboration with the NSU leadership team and applicable IHSC units.
2. Leads NSU's efforts to develop IHSC's nursing education curriculum. Manages the nursing learning management system, and serves as primary course provider for the IHSC TRAIN curriculum in accordance with IHSC Directive 01-04, *Medical Education and Development*.

C. Regional Nurse Manager (RNM):

1. Manages administrative, operational, and clinical nursing activities at IHSC-staffed facilities, within their assigned region.
2. Oversees nurse manager orientation and NM competency assessment and skill verification annually. Maintains documentation for NM training and provides a copy to the health services administrator (HSA) for their local credential portfolio.
3. Represents nurse equities on the IHSC regional leadership team. The leadership team includes the regional HSA, regional clinical director, and regional advanced practice provider.

D. Medical Asset Support Team Registered Nurse (MAST RN):

1. Provides clinical nursing support, guidance, and on-site training through temporary duty assignments (TDY) to IHSC-staffed sites, as assigned.
2. Provides clinical, operational, and administrative nursing support for special projects, as assigned.
3. Reports site-specific findings and process improvement needs to CSD leadership for situational awareness.
4. Assists the CN and RNM with orientation of onboarding nurse manager and clinical nursing staff at various IHSC locations, as needed.

E. Nurse Manager (NM)/Assistant Nurse Manager (ANM):

1. Oversees nursing services at assigned IHSC-staffed facilities.
2. Develops the Daily Assignment Shift Report form for all nursing clinical shift assignments, in advance of the schedule shift.

Ensures all nursing staff complete and archive Daily Assignment & Shift Report forms for each 24-hour period on the local limited access folder permanent record.

3. Ensures nurses complete initial and annual orientation, mandatory training, nurse competency assessment, peer reviews, and skills verification based on discipline. Maintains nurse staff training documentation, including nurses assigned to IHSC Headquarters (HQ) who complete a TDY assignment for staffing support. The NM maintains a log listing the names of initial and annual review dates for all facility nurses. The NM uses the log to list the due date for next annual nurse competency assessments and peer reviews.
4. Conducts local nursing staff meetings monthly, or more often, if needed. The NM or ANM records attendance and meeting minutes. Staff who cannot attend, must document that they read the minutes. The NM maintains records as required.
5. Collects and reviews information to monitor clinical nursing scope, standards of practice, code of ethics for nurses, and nursing competency compliance within the medical clinic. Conducts monthly chart reviews to ensure the nursing care provided and documentation of nursing encounters adhere to required standards.
6. The NM or ANM serves as the government technical monitor (GTM) for local contract nursing staff. They collaborate with the HSA, who serves as the primary GTM for each facility.
7. The NM or ANM liaises with the contract coordinator for operational and clinical oversight of contract nursing staff. The NMs document performance that departs from expected norms, policy, procedure, behavior, or contractual requirements in accordance with contract requirements using the TIER system.

F. Registered Nurses (RN):

1. Delegate and supervise care provided by licensed vocational nurses (LVNs), licensed practical nurses (LPNs) and certified nursing assistants (CNAs). Although RNs delegate the delivery of care to others, they are still accountable for patient outcomes.
2. Serve as clinic coordinators or any other clinical nursing post. RNs follow post orders when assigned as clinic coordinator, or any clinical nursing post.

3. Serve as clinic coordinator and provide clinical oversight to nurses assigned to a particular nursing shift. The assigned clinic coordinator updates the IHSC Daily Assignments and Shift Report at the conclusion of their shift and provides a detailed shift report to the oncoming clinic coordinator and staff at each shift change.

G. Licensed Vocational Nurses (LVN)/Licensed Practical Nurse (LPN):

1. Serves in approved clinical nursing post. When assigned to a clinical nursing post, the LVN/LPN follows post orders for that assignment.
2. The RN assigned as clinic coordinator during a scheduled shift, or RN designee (e.g., MHU RN), provides clinical supervision to the LVN/LPN.
3. Provides nursing care services that corresponds with their level of competence and education.

H. Certified Nursing Assistants/Nurse Technicians (CNA):

1. Support clinic staff in accordance with verified competencies and education and training.
2. The RN assigned as clinic coordinator during a scheduled shift, or RN designee (e.g., MHU RN) provides clinical supervision to the CNA.

III. PROCEDURES:

A. Administrative Procedures

1. Nursing Personnel Supervision

- a. NSU supervisors (e.g., CN, RNM, NM, and ANM) provide direct administrative and clinical supervision, in compliance with federal law, to all federal nursing staff assigned to the NSU. This aligns with the current IHSC Rater Reviewer Table.
 - NSU supervisors supervise General Service (GS) nurses, in accordance with Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE) and IHSC directives, policies, and negotiated agreements.
 - NSU supervisors supervise U.S. Public Health Service (PHS) nurses, in accordance with DHS, ICE, IHSC, and Commissioned Corps directives and policies.
- b. NSU supervisors serve as GTM and provide clinical supervision for all contract nursing staff, in accordance with DHS, ICE and IHSC directives and policies, and contract requirements.

- c. The NSU leadership team, in collaboration with the IHSC Personnel Unit (IPU), updates nursing staff position descriptions (PD) for federal nurses as needed. The NSU leadership team, in collaboration with IHSC contracting officer representatives (CORs), updates PDs for contract nursing staff. IPU coordinates with the ICE Office of Human Capital to post and advertise federal nursing vacancies.
- d. The NM maintains a copy of all nursing staff PDs for their facility. Each PD notes the required professional and technical duties and responsibilities. The NM ensures all nursing staff at their facility receive a copy of the PD upon entry on duty, or if any updates occur.

2. Nurse Staffing

- a. The NSU leadership team, in collaboration with the IHSC medical director and facility NMs, analyze nurse staffing plans in accordance with IHSC Directive 01-55, Facility Operations, to ensure each facility has adequate federal and contract positions based on requirements.
- b. IHSC provides nursing staff support during staffing shortages, unusual operational needs, or special missions in accordance with IHSC Directive 01-43, TDY On-Call Schedule Program.

3. Nurse Credentialing

The IHSC Credentialing and Privileging Unit (ICPU) verifies and maintains copies of nurse credentials in accordance with IHSC Directive 01-44, Credentialing and Privileging, in collaboration with nursing supervisors and local facility leadership (e.g., HSA or NM).

B. Operational Procedures

1. Facility Orientation

- a. The NM or designee collaborates with the HSA to deliver initial basic orientation to all new facility nursing staff, in accordance with IHSC Operations Memorandum 21-002, Orientation for New Field Employees. The NM or designee must document and retain records of nurse staff training.
- b. NM or designee ensures all IHSC nursing staff have government-furnished equipment and programs needed to function in their role and post assignment. This equipment includes authorized computer accessories, PIV access, electronic health record access, access to local SharePoint or local shared drives, the ICE Insight, and IHSC and NSU SharePoint pages.

2. Nurse Staff Scheduling

- a. Nursing personnel provide clinical coverage at IHSC-staffed facilities 24 hours a day, seven days per week.
- b. In accordance with IHSC guidance and established timelines, the NM or designee develops monthly schedules for federal nursing staff and shift requirements for contract nursing to fulfill the required nursing shift coverage. The HSA is the final authority for the federal schedule and contract shift requirements.

3. Nurse Training and Education

- a. The CN and the NSU leadership team create, update, and review all mandatory nurse discipline-specific training annually. Training topics include, but are not limited to, nursing practice, clinical nursing guidelines, medication administration, and environmental health/infection control practices.
- b. The NSU leadership team hosts an all-hands nursing tele-conference quarterly, to brief all IHSC nursing staff on nursing services updates.
- c. The NSU provides training and education through local in-person training, teleconferencing, and via online media platforms.
- d. Nurses may also attend training conducted by other units/disciplines, if they can incorporate the training into their schedule.
- e. Nurses submit training documentation to the NM so they can add the records to their training portfolio.

C. Clinical Procedures

1. Clinical Oversight

- a. NSU supervisors ensure quality nursing care and accountability through participation in local, regional, and national quality improvement initiatives, in accordance with IHSC Directive 11-02, Quality Improvement Program.
- b. NSU supervisors, in collaboration with IHSC Medical Quality Management Unit, investigate all identified or reported nursing-related issues or concerns related to practice and patient care. They assist with success action plan development as needed.
- c. NSU leadership team collects and reviews information to monitor compliance with requirements found in the NSU Directive and Guide within the unit and medical clinics.

The NSU leadership teams completes on-site visits and document reviews to ensure nursing care, local procedures, encounters, and records adhere to required standards.

2. Clinical Nursing Orientation
 - a. All nurses must complete discipline-specific clinical nursing orientation within three months after onboarding.
 - b. Nurses can find nursing discipline-specific orientation guidance in NSU's SharePoint Nursing Orientation folder, which they can adapt to meet facility capabilities or operational needs.
3. IHSC Clinical Nursing Scope and Standards of Practice and Code of Ethics for nurses.
 - a. The IHSC clinical nursing scope and standards of practice and code of ethics for nurses models the American Nursing Association's Scope and Standards of Practice for Correctional Nursing (2020) under a copyright license agreement.
 - b. All nurses must review this document and practice in accordance with the IHSC nursing scope and standards of practice and code of ethics for nurses.
 - c. The most up to date IHSC clinical nursing scope and standards of practice and code of ethics for nursing can be found in the NSU SharePoint Scope of Practice, Standards, and Ethics folder.
4. Nursing Competency Assessment
 - a. The NM assigns and reviews nursing competency assessments with clinical skills verification to all new nursing staff during orientation, annually, and when clinical nursing procedures or guidelines change.
 - Federal nurses assigned to IHSC HQ, who TDY to a facility to provide temporary staffing support, must complete a nursing competency assessment with clinical skills verification prior to, and during, their first facility TDY assignment, and annually thereafter.
 - b. Nurses must complete nursing competency assessments: assigned online Lippincott and/or TRAIN curriculum and assessments, preceptor hands-on training, and observed direct nursing practice, with direct return skill demonstration. Nurses must document completion of nursing competency assessments on the approved IHSC NSU Nursing Competency Assessment forms. Preceptors and nurse managers or designee must review, verify, and sign nursing competency assessment forms.

- All facility field clinical nurses must access the Lippincott and TRAIN learning management systems to complete required discipline-specific clinical nursing education and competency assessments, as assigned.
 - All HQ nurses who support IHSC-staffed facilities must maintain access to the TRAIN learning management system, to complete required discipline-specific clinical nursing education and competency assessments.
- c. The clinical director or physician completes the Nursing Health Assessment Competency Form upon initial orientation and annually, for RNs who complete physical exams.
 - d. The NM or designee, in collaboration with RNM, implements a success action plan when: a nurse does not complete initial nursing competencies within 90 days of entry on duty; a nurse does not complete annual competencies within the required timeframe; or there are questions about a nurse's ability to practice according to the agency's expectations.
 - e. The IHSC chief nurse reviews reports of critical performance deficiencies in nursing staff. The IHSC chief nurse collaborates with the IHSC medical director for final recommendations and actions.
5. Nursing Peer Review
 - a. All nurses participate in a peer review process, in accordance with IHSC Directive 01-46, *Multidisciplinary Peer Review*.
 - b. Nurses can find nursing peer review forms posted on the NSU SharePoint Page in the Nursing Peer Review folder.
 6. Nursing Post Orders
 - a. Nurses follow NSU approved post orders for their assigned nursing assignment each shift. Nurses can find post orders on the NSU SharePoint Page in the Nursing Post Orders Folder.
 - b. NSU maintains and updates nursing post orders to ensure compliance with the IHSC nursing mission and evidence-based changes to nursing practice.
 7. Clinical Nursing Guidelines
 - a. The IHSC Clinical Nursing Guidelines (CNG) guide registered nurses in appropriate triage, identification, and treatment of patients in IHSC-staffed facilities, and while in transport under the care of the IHSC Special Operations Unit (ISOU).

- Each guideline contains symptom definitions, assessment guidance, nursing diagnosis, patient education, and plans of care. They include red flag warnings and symptoms to refer patients to a higher level of care.
 - If a patient presents with medical, dental, mental health symptoms, complaints not addressed by the clinical nursing guideline, or if the condition warrants immediate intervention, the nurse should refer the patient to an appropriate provider.
- b. The nurse assesses and verifies documentation of a patient's medication and food allergies at each encounter. The nurse evaluates patient vital signs for each acute care sick call or urgent/emergent encounter, regardless of the complaint.
- c. IHSC provides patient access to health care 24 hours/seven days per week. Medical staff offer sick call, in accordance with facility-approved local operating procedures, utilizing a multi-disciplinary team and agency guidance.
- Based on the RN's patient assessment, the nurse may: initiate treatment using the CNGs; provide advice or recommend self-care; provide education; or inform the patient about an aspect of care or symptom management.
 - RNs assess and provide intervention and treatment using clinical judgement, in accordance with the CNGs. RNs must document care in the health record.
 - Nurses document all clinical care provided, following the IHSC eCW User Guide: CNG Nurse Encounter requirements, and use the CNG templates. Nurses must state in the encounter note which nursing guideline they used (e.g., the headache guideline) for the care they provided to the patient.
 - In addition to instructions in the CNG, the nurse refers to a higher-level provider when the:
 - i. Patient has significantly abnormal vital signs.
 - ii. Evaluation requires orders for diagnostics that exceed guideline limits (e.g., X-ray, laboratory studies).
 - iii. Patient presents for sick call more than twice with the same complaint, and a medical provider has not evaluated the patient for this complaint.

- Nursing guidelines for acute non-emergency health care (sick call) include treatment with over the counter (OTC) medications only. The RN may provide over the counter medications using the CNGs, and in accordance with manufacturer instructions. IHSC does not permit off-label use of these medications.
 - The RN refers and schedules a same day appointment with a medical provider for all pregnant females who present for sick call. If a provider is not available for a same day appointment, the nurse contacts the on-call provider for guidance or orders. Nurses must not treat any pregnant females with OTC medication without an order from a medical provider.
- d. IHSC health care staff provide 24-hour emergency health services to noncitizens, visitors, and staff at IHSC-staffed ICE detention and staging facilities.
- If an emergency occurs when a physician or advanced practice provider is not immediately available, the RN assesses and provides the indicated intervention and treatment using clinical judgement, in accordance with the IHSC Urgent Emergent Clinical Nursing Guidelines. This allows a timely response and prevents delays in delivering life-saving treatments and medications. The RN communicates all treatments provided during an emergency to the on-call provider as soon as possible, and documents care in the electronic health record. A medical provider must co-sign all orders for care provided.
 - Nursing guidelines for urgent/emergent life-threatening conditions includes guidance to administer prescription medications. Emergency administration of prescription medications require a provider's order before, or as soon as possible after, administration.
- e. CNGs must remain accessible to all nursing staff. Staff may access the most current version of the CNGs on the main [NSU SharePoint Site](#), under the [Clinical Nursing Guidelines](#) folder.
- Adult Acute Care (Sick Call) Clinical Nursing Guidelines and Adult Urgent Emergent Clinical Nursing Guidelines. Nurse staff should have access to a printed copy of both appendices for use during acute care/sick call visits. Nurse staff should also have access to printed copy of both appendices available in urgent care rooms at all IHSC facilities, in case of information technology failures.

- IHSC Special Operations Unit, Adult Care Clinical Nursing Guidelines. All flight nurses must have a printed copy of the guidelines for use during flight special operation missions, in accordance with IHSC 01-49 G-01, Special Operations Unit Medical Air Operations Guide.

IV. TERMS AND DEFINITIONS- SEE DIRECTIVE

V. IMPLEMENTING TOOLS

A. Forms

Nursing Competency Forms

B. Other Implementing Documents

- a. IHSC Clinical Nursing Scope of Practice and Standards Code of Ethics
- b. Clinical Nursing Guidelines
 - i. IHSC Adult Acute Care (Sick Call) Clinical Nursing Guidelines
 - ii. IHSC Adult Urgent Emergent Clinical Nursing Guidelines
 - iii. IHSC Special Operations Unit Clinical Nursing Guidelines
- c. Nurse Orientation
- d. Nursing Post Orders
- e. Nurse Peer Review