



U.S. Immigration
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ICE Health Service Corps (IHSC)
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms

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Foreword

This *Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms* supplements the following IHSC Directive:

- IHSC Directive: 05-06, *Infectious Disease Public Health Actions*.

This Guide explains concepts, assigns responsibilities and details procedures for detainee isolation and recommendations for social distancing in facilities with IHSC-staffed medical clinics.

The intended audience is IHSC-staffed medical clinics supporting health care operations in ICE-owned or contracted detention facilities.

I. Overview

A. Purpose

The purpose of this Guide is to provide guidance and highlight considerations for the isolation of detainees with a suspected, probable, or confirmed infectious disease of public health significance.

Isolation and social distancing are infection control measures intended to control or limit the spread of infectious diseases. These public health strategies limit the exposure between persons infected or potentially infected with an infectious disease, and susceptible persons.

B. Responsibilities

Health Services Administrator (HSA), Facility Healthcare Program Manager (FHPM), and Infection Prevention Officer (IPO)

- Ensure implementation of infectious disease public health actions in the medical and dental clinics, including isolation and exposure management.
- Oversee implementation of infection control measures for preventing transmission of infectious organisms in IHSC-staffed medical clinics.
- Facilitate completion of information requests for reporting, monitoring, tracking, and following up on contacts, public health actions, and implementation of infection prevention and control measures.

Medical Providers

- Oversee the clinical management of isolated or exposed detainees.
- Order medical isolation as appropriate.

Health Staff

- Implement appropriate infection control measures to prevent the transmission of infectious diseases in IHSC-staffed medical clinics.
- Maintain current knowledge about infection prevention and control measures applicable to work duties.

Public Health, Safety, and Preparedness (PHSP) Unit Staff

- Provide guidance to health staff on isolation and exposure management protocols.
- Monitor national guidelines and standards for updates and new releases.

IHSC Infectious Disease Consultant and Infectious Disease Advanced Practice Provider

- Provide clinical guidance for public health actions related to the isolation and exposure management of detainees

C. Acronyms

ACIP – Advisory Committee on Immunization Practices

All – Airborne infection isolation (room)

CDC – United States Centers for Disease Control and Prevention

IDSA – Infectious Diseases Society of America

PEP – Post-exposure prophylaxis

PPE – Personal protective equipment

D. Definitions with Expanded Information

Airborne infection isolation (All) room – A single-occupancy patient-care room; formerly called a negative pressure isolation room; environmental factors are controlled so the isolation room receives substantial air changes per hour (ACH) (≥ 12 ACH for new construction since 2001 and ≥ 6 ACH for construction before 2001) and is under negative pressure (the direction of air flow is from the outside adjacent space [the corridor] into the room); all room air is preferably exhausted to the outside, or recirculated if the return air is filtered through a high efficiency particulate air (HEPA) filter.

Airborne transmission – Dissemination of airborne particles that remain infective over time and distance.

Case – An instance of a particular disease, injury, or other health condition that meets selected criteria.

Cohort – A well-defined group of persons who have had a common experience or exposure.

Cohorting – Cohorting is a public health strategy used to house individuals separately as a group based on their infectious or exposure status.

Contact – A person exposed to an infectious disease.

Contagious – When a disease can be transmitted from one living being to another through direct or indirect contact; communicable; infectious; usually microorganisms.

Enforcement Integrated Database/ENFORCE – ICE ERO maintains records pertaining to arrests, detentions, and removals in the Immigration and Enforcement Operational Records (ENFORCE) System of Records, which includes the Enforcement Integrated Database (EID).

Exposure – The condition of being subjected to something (noise, dust, chemicals, radiation, infectious agents) that could have an adverse health effect.

General population – Detainees whose housing and activities are not specifically restricted.

Incubation period – The interval between exposure to a communicable microorganism and onset of symptoms.

Infection control – Institutional procedures and policies for monitoring and attempting to control the transmission of communicable diseases.

Infectious period – The period during which a person might have transmitted a communicable microorganism to others.

Isolation – An infection control measure used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of significant infectious diseases.

Medical Housing Unit (MHU) – A designated area which provides housing for detainees in need of closely observed medical or behavioral care, medical/nursing assistance and/or medically necessary supervision or equipment. The MHU must operate 24 hours/day, seven days per week. The unit must contain life support equipment and meet the staffing and treatment needs of the detainee.

Outbreak – The sudden increase in the incidence of a disease or condition, when the observed number of cases exceeds the expected number of cases of disease.

Personal protective equipment – Equipment that protects a person from hazardous exposures such as chemicals, dust, noise, radiation, infectious diseases and includes respirators, gloves, mask, goggles, gowns, face shields, ear plugs, hard hats, steel toe boots.

Social distancing – Measures to increase space between people and decrease the frequency of contact among people; minimize transmission by reducing contact between susceptible and infectious individuals.

Standard precautions – Infection prevention practices, including hand hygiene, that apply to all patients regardless of infectious status. Standard precautions are a combination and expansion of Universal Precautions and Body Substance Isolation, based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes contain transmissible infectious agents. Standard precautions include hand hygiene, and depending on the anticipated exposure, use of gloves, gown, mask, eye protection, or face shield. Equipment or items in the patient environment likely to have been contaminated with infectious fluids must be handled in a manner to prevent transmission of infectious agents, (e.g., wear gloves for handling, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).

Symptomatic – A term applied to a patient with health-related complaints (symptoms) that might indicate the presence of disease.

Transmission-based precautions – Precautions that provide additional protections beyond standard precautions to interrupt the transmission of pathogens.

II. Isolation

A. Isolation Principles

Isolation is an infection control measure used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of significant infectious diseases. For detailed guidance on recommended isolation and transmission-based precautions for specific infections and conditions, see [CDC | Isolation Precautions | Guidelines](#), including [Appendix A | Type and Duration of Precautions Recommended for Selected Infections and Conditions](#) and [Appendix A | Table 2 | Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions](#). See also Table 1.

Table 1. Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions^a

Disease	Clinical Syndrome or Condition^b	Potential Pathogens^{†c}	Empiric Precautions (Always Includes Standard Precautions)
Diarrhea	Acute diarrhea with a likely infectious cause in an incontinent or diapered patient	Enteric pathogens ^d	Contact precautions (pediatrics and adult)
Meningitis	Meningitis	Neisseria meningitidis	Droplet precautions prior to and for first 24 hours of antimicrobial therapy; mask and face protection for intubation
Meningitis	Meningitis	Enteroviruses	Contact precautions for infants and children
Meningitis	Meningitis	M. tuberculosis	Airborne precautions if pulmonary infiltrate; airborne precautions plus contact precautions if potentially infectious draining body fluid present
Rash or Exanthems, Generalized, Etiology Unknown	Petechial/ecchymotic with fever (general)	Neisseria meningitidis	Droplet precautions for first 24 hours of antimicrobial therapy
Rash or Exanthems, Generalized, Etiology Unknown	Petechial/ecchymotic with fever (general) If positive history of travel to an area with an ongoing outbreak of VHF in the 10 days before onset of fever	Ebola, Lassa, Marburg viruses	Droplet precautions plus contact precautions, with face/eye protection, emphasizing safety sharps and barrier precautions when blood exposure likely. Use N95 or higher respiratory protection when aerosol-generating procedure performed. Ebola Virus Disease Update [2014]: Updated recommendations for healthcare workers can be found at https://www.cdc.gov/vhf/ebola/healthcare-us/ .
Rash or Exanthems, Generalized, Etiology Unknown	Vesicular	Varicella-zoster, herpes simplex, orthopox viruses, enteroviruses (coxsackie)	Airborne plus contact precautions; contact precautions only if herpes simplex, localized zoster in an immunocompetent host or enteroviruses (coxsackie) most likely
Rash or Exanthems, Generalized, Etiology Unknown	Maculopapular with cough, coryza and fever	Rubeola (measles) virus	Airborne precautions
Respiratory Infections	Cough/fever/upper lobe pulmonary infiltrate in an HIV-negative patient or a patient at low risk for human immunodeficiency virus (HIV) infection	M. tuberculosis, Respiratory viruses, S. pneumoniae, S. aureus (MSSA or MRSA)	Airborne precautions plus contact precautions

Disease	Clinical Syndrome or Condition ^b	Potential Pathogens ^{‡c}	Empiric Precautions (Always Includes Standard Precautions)
Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in an HIV-infected patient or a patient at high risk for HIV infection	<i>M. tuberculosis</i> , Respiratory viruses, <i>S. pneumoniae</i> , <i>S. aureus</i> (MSSA or MRSA)	Airborne precautions plus contact precautions; use eye/face protection if aerosol-generating procedure performed or contact with respiratory secretions anticipated. If tuberculosis is unlikely and there are no All rooms and/or respirators available, use droplet precautions instead of airborne precautions; consider all HIV patients at high risk for tuberculosis
Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in a patient with a history of recent travel (10-21 days) to countries with active outbreaks of MERSCoV, avian influenza	<i>M. tuberculosis</i> , Middle Eastern acute respiratory syndrome virus (MERSCoV), avian influenza	Airborne plus contact precautions plus eye protection. If MERSCoV and tuberculosis unlikely, use droplet precautions instead of airborne precautions.
Respiratory Infections	Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children	Respiratory syncytial virus, parainfluenza virus, adenovirus, influenza virus, <i>Human metapneumovirus</i>	Contact plus droplet precautions; droplet precautions may be discontinued when adenovirus and influenza have been ruled out.
Skin or Wound Infection	Abscess or draining wound that cannot be covered	<i>Staphylococcus aureus</i> (MSSA or MRSA), group A streptococcus ^e	Contact precautions; Add droplet precautions for the first 24 hours of appropriate antimicrobial therapy if invasive Group A streptococcal disease is suspected ^e

^a Adapted from Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>.

^b Patients with the syndromes or conditions listed below may present with atypical signs or symptoms (e.g. neonates and adults with pertussis may not have paroxysmal or severe cough). The clinician's index of suspicion should be guided by the prevalence of specific conditions in the community, as well as clinical judgment.

^c The organisms listed under the column "Potential Pathogens" are not intended to represent the complete, or even most likely, diagnoses, but rather possible etiologic agents that require additional precautions beyond standard precautions until they can be ruled out.

^d These pathogens include enterohemorrhagic *Escherichia coli* O157:H7, *Shigella spp*, hepatitis A, noroviruses, rotavirus, *C. difficile*.

° Outbreaks of serious invasive disease have occurred secondary to transmission among patients and healthcare personnel during deep debridement (OR setting) [162, 972, 1096-1098] Contact Precautions for draining wound as above; follow rec. for antimicrobial prophylaxis in selected conditions.

- A medical provider must order isolation with appropriate transmission-based precautions for detainees with a suspected, probable, or confirmed infectious disease of public health significance for the duration of the infectious period.
 - Preferred isolation rooms include airborne infection isolation (All) rooms, Medical Housing Units (MHUs), single cell rooms, or rooms with restricted contact to other detainees, depending on the appropriate transmission-based precautions for the infectious disease.
- The HSA, FHPM, IPO, and designees should maintain contingency plans for alternate isolation options if the clinic exceeds its capabilities and isolation is not possible. If isolation rooms are not available, health care personnel should implement contingency procedures in consultation with the HSA, FHPM, IPO, Clinical Director (CD), or designee. A contingency procedure may include shared rooms for detainees diagnosed with the same illness or MHU placement instead of All placement if All is not essential.
 - The HSA, FHPM, IPO, or designee should assess the medical risks and operational impact associated with alternate detainee placement options and consult with the CD, or designee when a single medical housing room is not available.
- The HSA, CD, or designee should establish arrangements and agreements with medical facilities in the community, and should have a written plan for referring detainees with a suspected or confirmed infectious disease of public health significance to an appropriate facility, if appropriate capabilities are not available on-site.
- Health staff should follow appropriate standard and transmission-based precautions. As an example, when treating a patient who has a MRSA skin infection, contact precautions should be used. (see *05-02-G-01 Occupational Health Guide: Blood Borne Pathogens and Other Potentially Infectious Materials*).
- Health staff should use appropriate personal protective equipment (PPE) (see the *05-02-G-02 Occupational Health Guide: Personal Protective Equipment*).

- The HSA, FHPM, and IPO should ensure appropriate signage corresponding to the transmission-based precautions needed; see also *05-02-G-01 IHSC Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials*.
- All MHUs and All rooms should have the appropriate staffing levels (see *03-17, Medical Housing Units*).
- The CD, Regional CD, or Deputy Medical Director will approve expanded MHU accommodations in the event of an outbreak, epidemic, or pandemic.
- The HSA, Nurse Manager (NM), or designee should adjust work schedules and assignments for staff vulnerable to complications if exposed.
- A health care provider must educate detainees in isolation regarding infection prevention and control measures, the applicable infectious disease, and the reasons for isolation.
- Health staff should implement infection control measures and maintain social distancing to the extent possible to control the spread of infectious diseases of public health significance.
- Health staff should inform facility staff that precautions are recommended for staff and visitors that may come into close contact with an ill detainee during the contagious period.

B. Infectious Disease Management

- A medical provider should monitor the health status of detainees in medical isolation. The medical provider is responsible for their overall treatment and health care (see *03-17, Medical Housing Units*).

C. IHSC Global Alert/Medical Hold in the health record

The IHSC Global Alert/Medical Hold in the health record is a tool to restrict unintended movement. A medical hold in the health record does not confer ICE authority to detain. Providers should consider a medical hold for detainees with an infectious disease of public health significance until the detainee is rendered non-contagious and to facilitate arrangements for continuity of care prior to transfer, release or removal. Health staff should use the IHSC Global Alert/Medical Hold to document the action in the health record.

(b)(7)(E)

D. Medical Alert and IHSC Medical Hold in **(b)(7)(E)**

The **(b)(7)(E)** Medical Alert and IHSC Medical Hold are tools to inform ICE/ Enforcement and Removal Operations (ERO) of a requested action for medical or public health reasons, such as notification prior to transfer, release, or removal. Both are types of alerts found in the Alerts Section of **(b)(7)(E)** IHSC staff must not specify a detainee's confidential medical information for either type of alert. Health staff should contact the PHSP Unit infection control lead if the facility needs assistance with this process.

After logging into **(b)(7)(E)** and entering detainee A#:

- (1) Select "Supporting Info"
- (2) Select "Alerts"
- (3) Select "Add"
- (4) Select "Medical" or "IHSC Medical Hold" (see Table 2)

(b)(7)(E)

Table 2: Comparing EID ENFORCE Alert Types – M - Medical vs. IMH - IHSC

	Medical	IHSC Medical Hold
Health staff or IHSC HQ staff place the alert	√	√
ERO staff cannot complete book out if this type of alert is placed		√
IHSC staff must not specify a detainee's confidential medical information	√	√
Does not confer ICE authority to detain	√	√
Conveys information but not restrictions	√	
Should be placed for detainees diagnosed with infectious diseases of public health significance, until the detainee is rendered non-contagious		√
Health staff or IHSC HQ staff remove, or request removal of, the alert when it is no longer needed (e.g., when the detainee is medically able to be transferred, released, or removed) and when required referrals and notifications have occurred		√

III. Management of Detainees Exposed to Infectious Organisms

A. Social Distancing and Cohorting Principles

Social distancing refers to measures to increase the space between people and decrease the frequency of contact among people. In congregate settings, social distancing involves reducing the frequency of close contact among persons who have been exposed or potentially exposed to a person with an infectious disease, but do not show symptoms, for the duration of the incubation period. Cohorting is a strategy used to house individuals separately as a group based on their infectious or exposure status. The incubation period is unique to each disease, and should be determined in accordance with U.S. Centers for Disease Control and Prevention (CDC), or other relevant, guidelines.

The FHPM, IPO, HSA, or designee should recommend implementing social distancing to the facility administrator and the facility's designee for safety, for the duration of the incubation period and as appropriate to mitigate transmission following exposures to infectious organisms.

- In adult detention facilities, the FHPM, IPO, HSA, or designee should recommend implementing cohorting to house exposed detainees without reliable evidence of immunity together as a group with restricted movement for the duration of the incubation period for the specific disease. If a secondary case(s) is identified in a restricted housing group, the incubation period should restart from the date of the most recent exposure.
- In family residential facilities that house children, the FHPM, HSA, or designee should recommend implementing social distancing to the extent possible, to control the spread of infectious diseases of public health significance.

The HSA, or designee should implement the following:

- The HSA, NM, or designee should adjust work schedules and assignments for vulnerable health staff to limit exposure to the disease.
- Health staff must observe the condition of exposed detainees on restricted movement daily for symptoms of the illness to which they were exposed.
 - Health staff must document the exposure and restricted movement in an initial note in the health record, and reference daily monitoring tools that will be used for daily observations during the incubation periods.

- Health staff may use separate monitoring tools to facilitate daily observation of large numbers of exposed detainees. Health staff must maintain these monitoring tools systematically so they can be referenced and retrieved.
- Health staff must document the completion of the restricted movement period in the health record.
- Health staff must educate exposed detainees on infection prevention and control measures, the applicable infectious disease and the reasons for restricted movement.
- A medical provider should consider urgent, non-occupational post-exposure prophylaxis (nPEP) for detainees, if medically appropriate, according to the Advisory Committee on Immunization Practices (ACIP), CDC, and the Infectious Diseases Society of America (IDSA) recommendations.
- The FHPM, IPO, HSA, CD, or designee should consider recommending that exposed detainees be released to the general population when immunity is confirmed (if appropriate per state public health and CDC guidelines) or the incubation periods are completed and no new cases are identified.

IV. Program Monitoring

PHSP Unit staff periodically request information from the FHPM, IPO, HSA, or designee to monitor contact and outbreak investigation activities in facilities with IHSC-staffed medical clinics. The HSA, FHPM, and IPO should facilitate prompt completion of information requests related to contact and outbreak investigations.

V. Training and Education

A. Health Staff

The HSA or designee should ensure that orientation and annual training that includes isolation and exposure management principles is implemented and documented in accordance with IHSC Directive *01-04 Medical Education and Development*.

B. Detainees

Health care personnel should educate isolated detainees, and detainees assigned to a restricted movement group, as a result of an infectious disease of public

health significance, about topics such as transmission, risk factors, and infection prevention and control measures.

VI. Privacy and Recordkeeping

Please refer to IHSC Directive: *05-06, Infectious Disease Public Health Actions*, for guidance on complying with privacy and recordkeeping procedures.

VII. References and Resources

- (1) United States Centers for Disease Control and Prevention. About Quarantine and Isolation. <http://www.cdc.gov/quarantine/QuarantineIsolation.html>.
- (2) Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>.