
By Order of the Acting Assistant Director

(b)(6),(b)(7)(C) DHSc/s/

TO: IHSC Public Health Service (PHS) Commissioned Corps Officers, Civilian Federal Employees and Contract Personnel

SUBJECT: Clinic Administration

1. **PURPOSE:** The purpose of this Operations Memorandum (OM) is to set forth the guidance for the organization and management of the U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) staffed healthcare clinics and related health care services and issues. This includes organizational and medical oversight, clinic operations, and staff responsibilities at headquarters and at medical clinics.
2. **APPLICABILITY:** This OM applies to all 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 OM applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of its employees supporting IHSC.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, Section 235.3 (8 CFR 235.3), Inadmissible Aliens and Expedited Removal;
 - 3-2. Section 232 of the Immigration and Nationality Act (8 USC 1222), Detention of aliens for physical and mental examination;
 - 3-3. Title 8, Code of Federal Regulations, Section 232 (8 CFR 232), Detention of Aliens for Physical and Mental Examination;
 - 3-4. Section 322 of the Public Health Service Act (42 USC 249(a)), Medical Care and Treatment of Quarantined and Detained Persons;
 - 3-5. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC 252); Medical Examination of Aliens.

- 3-6. Title 5, U.S. Code, Section 7301 (5 USC 7301). Presidential Regulations.
- 3-7. Title 5, Code of Federal Regulations, Part 2635 (5 CFR 2635). Standards of Ethical Conduct for Employees of the Executive Branch
- 3-8. Title 45, Code of Federal Regulations, Part 73 (45 CFR 73). Health and Human Services (HHS) Standards of Conduct Regulations.
- 3-9. Executive Order 11222. Prescribing standards of ethical conduct for government officers and employees.
- 3-10. Policies from the Office of Government Ethics.
- 3-11. PHS Inst 211.01: Standards of Conduct (Previously CCPM: 26.1.1);
- 3-12. PHS Commissioned Corps Standards of Conduct Guidelines;
- 3-13. HHS General Administration Manual (GAM), Part 22 Correspondence Policy;
- 3-14. National Institutes of Health, Executive Secretariat (correspondence);
- 3-15. PHS Inst 321.01: Billet Program (Previously CCPM: 23.5.4);
- 3-16. PHS Office of Force Readiness and Deployment.
- 3-17. PHS Inst 241.01: Readiness Standards (Previously CCPM 26.1.8).
- 3-18. PHS Inst 812.04: Basic Level of Force Readiness Standards (Previously Manual Circular 377).
- 3-19. PHS Inst 851.06: Supervisors Guide to the Commissioned Personnel System (Previously CCPM Pam 58)

4. **GUIDANCE:** IHSC provides healthcare services in facilities that house ICE detainees or residents. These services are delivered and managed through the coordination of administrative and residential processes and communication between IHSC headquarters and IHSC medical clinics. Adequate staffing levels, equipment, and communications are maintained to meet clinical service standards.

- 4-1. **Staffing:** The Health Services Administrators (HSAs) shall have overall responsibility for healthcare services pursuant to a written agreement, contract or position description. The Chief of Health Operations and the HSAs approve the staffing plan. The HSAs develop a staffing matrix for their respective sites, designating appropriate staffing levels necessary to meet mission requirements.

- a. **Staffing Matrix Determination:** Under the direction and guidance of the respective Regional HSA (RHSA) and the Chief of Health Operations (CHO), the HSA defines an appropriate staffing matrix considering factors such as workload, detainee/resident demographics (gender, age, medical history), facility bed space, detainee/resident acuity level, detainee/resident turnover rate, specialty services offered, and ICE requirements.
- b. **Staffing Matrix Assessments and Adjustment Requests:** Staffing assessments are conducted annually by the HSA. The HSA may also request an adjustment to a staffing matrix through the respective RHSA and CHO when the site experiences a significant change in the mission.
- c. **Staff Augmentation:** Request for staffing augmentation includes a complete justification including the following: anticipated increase in workload; number of staff on site; number of staff on leave; funds available; and expected duration of need. The HSA submits the request for staff augmentation through the RHSA to the CHO.
- d. **Position Descriptions:** The HSA maintains a copy of the Position Descriptions (PD) of each position type employed at their individual facility. Each PD includes the discipline-specific duties and responsibilities.
 - (1) The HSA ensures all IHSC staff receives a copy of the PD for their position upon entry on duty and updates personnel files of all IHSC personnel when they are changed. The HSA obtains a signature from each IHSC staff member during orientation or when updates occur to ensure all are aware of the current PD.
 - (2) The IHSC Personnel Unit (IPU) at IHSC Headquarters provides HSAs with new PDs as they are developed or enhanced.
- e. **Credentialing:** The HSA ensures the required credentialing information is retained in personnel folders which are secured, and that access is restricted to the HSA or designee. The HSA or designee conducts credentialing for non-independently licensed providers and maintains the record at the assigned clinic. Please refer to the Personnel Documents Checklist for a complete listing of required credentialing documentation.

Personnel Document Checklist

- f. **Privileging:** The Office of the Associate Medical Director (AMD) establishes privileging portfolios for all IHSC staff prior to their working in the clinic. The AMD reviews education, training, experience, and

competency documents including licensure and certifications prior to granting privileges for licensed independent practitioners (LIPs). Once privileging is complete, documentation is provided to the HSA.

- g. **Orientation:** The HSA or designee is responsible for assessing and documenting staff orientation to the facility. The HSA will ensure the Facility Orientation Checklist (HD 500) is used to document the staff progress during their orientation. Upon completion the document is signed by all staff involved in with the orientation process and the checklist is placed in the employee's credentialing file.
- h. **Competency Assessment:** The HSA or designee at the facility is responsible for assessing and documenting staff orientation and assessment of competencies. Competency will be evaluated during the orientation period, and annually thereafter.
- i. **Staff Training/ Education:** All staff receives initial training, annual training, and continuing education as required by the agency and respective disciplines. (See IHSC Directive 01-04, *Medical Education and Development*). Documentation of completed staff training and education is maintained and kept in employees' personnel files located at employees assigned medical clinic.

New Graduates: New graduates with less than one-year of experience will work closely with a clinical preceptor on every scheduled shift for a minimum of three months before they are allowed to work independently. At the end of probationary period the HSA, CD, and clinical preceptor ensure that clinical competencies are verified, signed off, and completed prior to working autonomously.

- j. **Clinical Performance Enhancement (Peer Review).** This is the process of having a health professional's work reviewed by another professional of at least equal training in the same general discipline. The HSA must maintain a log or other written record listing the names of the individuals reviewed and the dates of their most recent reviews shall be available.

All direct patient clinicians, Registered Nurses and Licensed Vocational Nurses are reviewed annually. The reviews are to be kept confidential and the following elements must be incorporated into the report: name of individual being reviewed, the date of the review, the name and credentials of the reviewer, a summary of the findings and corrective action, if any, and confirmation that the review was shared with the individual being reviewed.

The HSA or designee has the authority to implement an independent review when there is serious concern about any individual's competence.

4-2. Clinic Schedule: The HSA or designee develops and publishes staff schedules, in consultation 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 makes changes or adjustments at any time to meet mission requirements. All changes are documented and archived in real time. The clinic schedule is a legal document; all schedules that are provided to the staff are expected to be archived and will be available upon request. On an annual basis, the HSA evaluates the ability to use alternative work schedules. If deemed appropriate, the HSA seeks approval for alternative work schedules from the CHO. (See Directive 01-02, *Alternative Work Schedules*)

- a. **Shifts:** The HSA or designee determines shift times. Shifts are based on eight-hour time segments. Standard shift times are: Day 0700-1530, Evening 1500-2330, and Night 2300-0730. Twelve-hour time segments are typically considered on Saturdays, Sundays, and scheduled holidays. Twelve-hour shifts during weekdays are considered on a site by site basis as deemed necessary. The use of twelve-hours must be operationally beneficial and must compliment the opposite shifts (i.e. for every 12-hour day shift there is a corresponding 12 hour night shift). All shift requests outside of the standard times mentioned must be approved by the RHSA.
- b. **Rotations:** All IHSC staff are considered for shift rotation. Rotations should be fair and consistent for all staff.
- c. **Leave and Paid Time off (PTO):** All IHSC staff request leave and PTO in accordance with the “Schedule Submission Timeline” that is posted annually. Generally, all leave request are due a minimum of 4 weeks prior to the schedule period; the schedule will be submitted to the HSA for final approval 3 weeks prior to the schedule period, and the schedule will be posted for staff to review 2 weeks prior to the schedule period. Please note, the HSA or designee do not grant paid time off for contract staff. Contract staff leave is approved by the Contractor and is acknowledged by the HSA.

Schedule Period		Leave Request Due	Schedule to HSA	Schedule Posted
From	To			
1/17/16	2/13/16	12/18/15	12/25/15	1/1/16

[Link to Schedule Submission Timeline](#)

- d. **Schedule changes:** Time-off or schedule adjustment needs identified after the schedule has been posted can be accomplished via schedule

change requests. These requests should be between like disciplines (i.e. RN and RN) and not result in overtime. All schedule change requests require written approval from the HSA or designee.

- 4-3. Administrative Coverage:** The HSA ensures that the clinic is staffed to support administrative coverage 24 hours a day, seven days a week.
- a. **Normal Duty Hours Administrative Coverage:** During normal duty hours, 0700-1630, the HSA or AHSA is the primary point of contact for ICE and facility staff.
 - b. **After Normal Hours Administrative Coverage:** The HSA or AHSA serves as the primary point of contact unless designated otherwise by the HSA. The RHSA will be notified promptly of all designees.
- 4-4. Clinical Coverage:** The HSA ensures that the clinic is staffed to support clinical coverage 24 hours a day, seven days a week. The CD is the designated medical authority for the clinic. A physician at the clinic is designated as the primary medical authority when the CD is not present. The HSA or designee develops an on-call schedule in collaboration with the CD or Regional Clinical Director (RCD) for periods when there is no CD or physician on-site.
- a. **Core Hours:** The following table provides the shift requirements of all disciplines. Standard shift times are: Day 0700-1530, Evening 1500-2330, and Night 2300-0730. On call hours are: 2101- 0659 but may be extended if no MLP/Behavioral Health Provider (BHP) is scheduled for shift 2.

Discipline Shift Requirements					
Discipline	Shift (1)	Shift (2)	Shift (3)	On Call Yes/No	Weekend/Holidays*
AA	X			No	No
MRT	X	X		No	Yes
MA/CNA	X	X	X	No	Yes
X-ray Tech	X	X		No	Yes
LPN/LVN	X	X	X	No	Yes
RN	X	X	X	No	Yes
MHP	X	X		Yes	Yes
MLP	X	X		Yes	Yes
Dentist	X			Yes	No
Physician/Psychiatrist	X			Yes	No
HSA/ AHSA/ Program Mgr.	Core Hours 0700-1630			Yes	No

* All disciplines may be required to report to work 24/7 based on the mission, changing health care needs, legislation, or other circumstances that dictate changes in schedule

- b. **After-Hours Medical Coverage:** The on-call medical provider is contacted when a clinical determination regarding patient care is required beyond the scope of practice of those on site.
- c. **On-Call Provider Responsibilities:** When there is no on site medical provider, the on-call medical provider is contacted to evaluate the detainees or residents medical/ mental health status and determine treatment and disposition. The on-call medical providers may call the CD or Regional CD for collaboration, as needed. The on-call personnel must be able to respond to the clinic within 60 minutes and must report to the clinic if the issue cannot be handled telephonically.
- d. **Responsibilities of Person Calling the On-Call Medical Provider:** The individual contacting the on-call provider will follow the directions of the provider and ensures the medical provider's orders are documented in the health record. If an order is unclear or does not seem appropriate for the situation the onsite staff should clarify the situation and/or orders with the on call provider. The locked progress note documenting the encounter is assigned to the provider or designee for validation of the orders upon return of provider to the clinic. A telephone encounter is generated and assigned to the provider who gave the telephone order. Addressing the telephone encounter serves as the co-signature for the telephone order. All telephone orders are read back and verified and this should be noted as occurring within the telephone order.

4-5. Medical Clinic Space and Medical Equipment: The HSA is responsible for ensuring that there is suitable clinical and administrative space, a detainee/resident waiting area, a secure medical records area, appropriate equipment, and supplies for the maintenance of an adequate care delivery system. The HSA or designees ensures all clinical and administrative spaces are clean and in a safe operational condition.

The HSA or designee ensures all equipment is in good working condition and is compliant with recurring maintenance guidance related to the manufacturers' required maintenance recommendation. See also Directive 05-05, *Safety and Security*, and the *IHSC Safety and Security Guide*.

- a. Examination and treatment rooms for medical, dental, and mental health are large enough to accommodate the necessary equipment, supplies, and fixtures, and to permit privacy during clinical encounters.

- b. Pharmaceuticals, medical supplies, and mobile emergency equipment are available and checked regularly.
- c. There is adequate office space with administrative files, secure storage of health records, and writing desks.
- d. Mental health services are provided in an area with private interview space for both individual assessment and group treatment, as well as desks, chairs, lockable file space, and relevant testing materials.
- e. When laboratory, radiological or other ancillary services are provided on site, the designated area is adequate to hold equipment and records.
- f. When patients are placed in a waiting area for more than a brief period, the waiting area has seats and access to drinking water and toilets.
- g. At a minimum, weekly inventories are maintained on times subject to abuse (e.g., syringes, needles, scissors, other sharp instruments).
- h. The facility has, at a minimum, the following equipment, supplies, and materials for the examination and treatment of patients:
 - (1) Hand-washing facilities or appropriate alternate means of hand sanitization
 - (2) Examination table
 - (3) A light capable of providing direct illuminations
 - (4) Scale
 - (5) Thermometers
 - (6) Blood pressure monitoring equipment
 - (7) Stethoscope
 - (8) Ophthalmoscope
 - (9) Otoscope
 - (10) Transportation equipment (e.g., wheelchair, stretcher)
 - (11) Trash containers for biohazardous materials and sharps

(12) Equipment and supplies for pelvic examinations at residential facilities

(13) Automated external defibrillator

i. Basic equipment required for on-site dental examinations includes, at a minimum:

(1) Hand-washing facilities or appropriate alternate means of hand sanitization

(2) Dental examination chair

(3) Examination light

(4) Sterilizer

(5) Instruments

(6) Trash containers for biohazardous materials and sharps

(7) A dentist's stool

j. The presence of a dental operatory requires the addition of at least:

(1) An X-ray unit with developing capability

(2) Blood pressure monitoring equipment

(3) Oxygen

4-6. Community Health Care Services and Directory: The HSA, in collaboration with the CD, establishes and maintains arrangements with community medical service providers, for health care services beyond the scope of services available within the facility. The HSA ensures staff has ready access to the contact information of the identified community services.

4-7. Recall Roster/Staff Telephone Directory: The HSA maintains a recall roster with a list of staff telephone numbers. The HSA updates the recall roster at least quarterly, and as needed, and distributes to all staff. This roster is also maintained in a location readily accessible to all staff on-site and is kept secure and confidential from detainee/residents and anyone else who does not have a need to know. All IHSC staff are responsible for keeping an updated recall roster at home to use for reference during emergency situations.

4-8. Clinic Quick Reference Materials: The HSA ensures the staff have access to an after hours quick reference guide to perform their duties.

4-9. Procedure and Policy Guides: Policy and Procedure (P&P) Reference material may be located on the IHSC SharePoint website, IHSC share drive, local share drive, or in binders on site. Reference Materials refer to ACA, NCCHC, PBNDS, and Family Residential Standards, IHSC Operational Memoranda (OM), Operations Manuals, Standard Operating Procedures(SOPs), Local operating Procedures(LOPs), Policies and Official Memos.

4-10. Local Meetings: The HSA or designee conducts routine meetings.

a. **Staff Meetings:** The HSA or designee at each medical clinic conducts staff meetings monthly. The agenda includes issues affecting clinic operations, policies and procedures, operational memorandums, directives, non-confidential personnel issues, and clinic-wide changes or concerns. The HSA ensures minutes for meetings are recorded and kept on file for three years.

b. **Administrative Meetings with ICE/ERO:** Formal administrative meetings are recommended to occur weekly but are required quarterly, or ad hoc as needed, to ensure communication is maintained between IHSC, ICE/ERO, the Warden/Facility Administrator, and other pertinent representatives. The HSA or designee attends these meetings and minutes are recorded and kept on file for three years. Meeting agendas include but are not limited to:

- (1) The effectiveness of the health care system;
- (2) Environmental health and safety factors that may need improvement;
- (3) Changes affected since the previous meeting;
- (4) Recommended corrective actions, as necessary;
- (5) Accreditation concerns;
- (6) Medical/clinical space concerns;
- (7) Movement concerns;
- (8) Detainee/resident significant medical concerns and;
- (9) Coordination of detainee/ resident removals and repatriations.

4-11. Issues or Events Requiring Headquarters Notification: The HSA notifies IHSC RHSA, RCD, Associate Medical Director, Chief of Health Operations, DAD of Administration, DAD of Clinical, AD and AFOD/FOD by phone of all critical events or issues. Serious illness, injury, death, or suicide attempts are considered critical events. (See 5-9 below). The HSA may use email notifications for other events based on procedures. The HSA uses discretion to notify leadership when circumstances surrounding the issue or event require more expansive notification. All ICE Significant Event Notifications (SENs) involving IHSC requires an appropriate IHSC HQ notification. (See IHSC Directive 01-25 *Significant Event Notification*, and IHSC Directive 11-06, *Timeframe for Submitting Medical Incident Reports* and accompanying Guide)

4-12. Administrative Reports: The HSA submits reports to support consistent evaluation of operations and support organizational decisions.

- a. **Daily Reports:** Daily reports are submitted on the Health Operations Page of the IHSC SharePoint Webpage. Daily reports include the call outs and coverage report, government approved OT report, census report, and family residential center report. Links to video tutorials are provided in the *IHSC Clinic Administration Guide*.
- b. **Miscellaneous Reports/ Tools:** These reports are submitted on the Health Operations Page of the IHSC SharePoint Webpage. Miscellaneous reports/ tools include the VIP report, TDY tracking tool, officer deployment tool, remote assistance tool, and arrivals and departures tool. Other taskings/data request can be found on the Health Operation SharePoint webpage and information required for accessing and completing the tasking will be supplied with the request for information. Click on the links below to view the corresponding video tutorials. Links to video tutorials are provided in the *IHSC Clinic Administration Guide*.
- c. **Quarterly and Annual Reports:** The quarterly and annual reports summarize the progress on key site initiatives, progress in supporting organizational strategic goals, and key operational issues. These reports are submitted on the Health Operations Page of the IHSC SharePoint Webpage. Click on the links below to view the corresponding video tutorials. Links to video tutorials are provided in the *IHSC Clinic Administration Guide*.

4-13. Detainee/Resident Issues and Management: HSAs address known common issues in the delivery of healthcare to detainees with consistency in collaboration with other Facility leadership.

- a. **Detainee/Resident Orientation:** Upon admission to each facility, IHSC staff provide detainees/ residents an orientation to health care services, including basic health education, wellness information, and access to care.
- b. **Calls from Detainees/ Residents or their Family Members:** Calls from detainees/ residents or their family members are not accepted; such calls are referred to ICE Field Office Director or Assistant Field Office Director to respond accordingly.
- c. **Communication with Detainees/ Residents:** IHSC staff will communicate and interact with detainees/residents in a professional manner at all times, using proper language, gestures, and courtesies appropriate for the setting. Telephonic translation services for limited English proficient (LEP) detainees/residents are available to assist staff during medical, dental and mental health encounters. All staff will be oriented in the use of the translator services. Use of the translator services is expected in which the staff member and detainee/ resident cannot converse fluently in a primary language. Use of the translator services should be documented in the encounter progress note.
- d. **Detainee/Resident Mail:** The facility processes all detainee/ resident mail. IHSC staff does not give any mail directly to a detainee/resident; rather, any mail received for a detainee/resident is forwarded to ICE.
- e. **Gifts from Detainees/Residents:** IHSC staff are prohibited from receiving or giving gifts to current or former detainees/residents.
- f. **Detainee/Resident Grievance Mechanism:** The Detainee/Resident Grievance mechanism is in accordance with ICE Detention Standards specific to each site. IHSC health staff adheres to the facility operating procedure for grievances. IHSC staff communicates the detainee/resident medical grievance procedure to all detainees/ residents both verbally and in writing, in a language they understand, upon initial presentation to the facility. (See IHSC Directive 01-05: *Medical Grievances*)
- g. **Detainee/ Resident Food Service Workers:** See Directive 05-04, *Environmental Health*, and the *IHSC Environmental Health Guide*.
- h. **Detainees/Residents Who Volunteer for Work:** Detainees/residents may volunteer for work opportunities with ICE, consistent with applicable detention/ residential standards, within the facility, which could include moving furniture, housekeeping, and other labor-intensive duties. Detainees/ residents cannot perform any job that would place them in any

location within the medical clinic that would give them access to medical supplies or privileged detainee information. Detainees/ residents cannot:

- (1) Provide direct patient care or assist in the provision of care;
- (2) Work in areas unsupervised where they would have access to health records, drugs, or medical supplies such as needles, surgical instruments, or items that could be used as a weapon;
- (3) Enter the pharmacy area under any circumstances;
- (4) Schedule appointments or determine the access of other detainees to health care services;
- (5) Clean biohazard spills and/or transport bio-hazardous trash; or
- (6) Transport dirty laundry from an infirmary or medical clinic, unless the laundry is in a dissolvable bag.
- (7) Translate for medical staff

5. **PROCEDURES:** All procedures can be found in the *IHSC Clinic Administration Guide* located on the SharePoint site.

6. **HISTORICAL NOTES:** This OM replaces 3.4, 3.5, 3.5.1, 3.5.2, 3.5.3, 3.6, 3.6.1, 3.10.1, 3.10.2, 3.10.3, 3.10.4, 3.10.5, 3.10.6, 3.10.6.1, 3.10.6.2, 3.11, 3.12, 3.13, 3.15, 3.16, 3.16.1, 3.17, 3.18, 3.18.1, 3.20, 3.20.1, 3.20.2, 3.21, 3.25. This is the first issuance published under the new Policy and Procedure System.

7. **DEFINITIONS:**

Clinical Director (CD) – The CD is a physician and is the clinical medical authority at a specific facility. Duties include clinically supervising the staff physician (if applicable) and mid-level providers, evaluating patient care through an ongoing quality assurance program, providing training and mentoring to health care staff, and evaluating and treating medically complex patients. The CD is board certified in family medicine, internal medicine, or related primary care specialty to maintain employment. (IHSC Operational Definition)

Health Services Administrator (HSA) – The HSA is the designated IHSC administrator at a facility who provides administrative and supervisory oversight of day to day operational activities at IHSC staffed medical facilities. (IHSC Operational Definition)

IHSC Staff – Includes all federal and contract personnel assigned to the IHSC.

Licensed Independent Practitioners (LIPs) – Any practitioner permitted by law and the organization to provide care and services, without direction or supervision, within the scope of the practitioner license and consistent with individually assigned clinical responsibilities (TJC, 2005). Within IHSC, LIPs are: physicians, psychologists, licensed clinical social workers, and dentists.

Medical Providers – Medical providers include physicians, physician assistants, nurse practitioners, and clinical pharmacists. (IHSC Operational Definition)

Nurse Managers – Nurse managers are experienced clinical nurses who have complete supervisory responsibilities (as the team leaders) for all nursing personnel assigned to work in IHSC-staffed clinics. This includes providing mentorship and education to all nurses, assigning and scheduling nurses to maintain clinic operations, input into evaluating the nurses' work and competency, and ensure that all nursing activities are in compliance with all state law and regulations to include Nursing Practice Acts, the National Detention Standards, the American Correctional Association, and the National Commission on Correctional Health Care.

8. APPLICABLE STANDARDS:

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

- a. PBNDS 2008-Medical Care; V. Expected Practices; B and H.
PBNDS 2011-Medical Care; V. Expected Practices; B and I.
- b. PBNDS 2008 Part 5: Activities; Voluntary Work Program
PBNDS 2011 5.8 Voluntary Work Program

8-2. American Correctional Association (ACA):

- a. Performance-Based Standards for Adult Local Detention Facilities, 4th edition
 - (1) 4-ALDF-4D-01, Health Authority
 - (2) 4-ALDF-4D-03 and 4-ALDF-4D-04, Personnel Qualifications
 - (3) 4-ALDF-4D-11, Inmate Assistants
 - (4) 4-ALDF-4A-13, Health Protection
 - (5) 4-ALDF-4A-15, Food Service Training
 - (6) 4-ALDF-1A-06, Physical Plant

- b. Standards for Adult Correctional Institutions, 4th edition
 - (1) 4-4380, Health Authority
 - (2) 4-4382, Personnel Qualifications
 - (3) 4-4393, Offender Assistants
 - (4) 4-4412, Staffing
 - (5) 4-4322, Health and Safety Regulations
 - (6) 4-4426, Physical Plant (space)
 - (7) 4-4427, Physical Plant (equipment and supplies)
- c. Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions
 - (1) 1-HC-2A-01, Health Authority
 - (2) 1-HC-2A-03 and 1-HC-2A-04, Personnel Qualifications
 - (3) 1-HC-2A-18, Offender Assistants
 - (4) 1-HC-4A-05, Staffing
 - (5) 1-HC-7A-08 and 1-HC-7A-09, Physical Plant

8-3. National Commission on Correctional Health Care (NCCHC):

- a. Standards for Health Services in Jails, 2014
 - (1) J-A-02, Responsible Health Authority
 - (2) J-A-04, Administrative Meetings and Reports
 - (3) J-C-01 Credentials
 - (4) J-C-02 Clinical Performance Enhancement
 - (5) J-C-06, Inmate Workers
 - (6) J-C-07, Staffing

(7) J-D-03 Clinic Space, Equipment and Supplies

8-4. PSU Policy Guide

- a. The Department of Homeland Security Personnel Security, Suitability and Fitness Program

PSU Security Requirements

8-5. Safety Standards

- a. IHSC Directive 05-02 Occupational Health
- b. IHSC Bloodborne Pathogens and Other Potentially Infectious Materials Guide
- c. IHSC Employee Health Program Guide
- d. IHSC Personal Protective Equipment Guide
- e. IHSC Respiratory Protection Program Guide
- f. IHSC Directive 05-04 Environmental Health
- g. IHSC Environmental Health Guide
- h. IHSC Directive 05-05 Safety and Security
- i. IHSC Safety and Security Guide