ICE/DRO DETENTION STANDARD

MEDICAL CARE

I. PURPOSE AND SCOPE. This Detention Standard ensures that detainees have access to emergent, urgent, or non-emergent medical, dental, and mental health care that are within the scope of services provided by the DIHS, so that their health care needs are met in a timely and efficient manner.

This Detention Standard applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

Procedures in italics are specifically required for SPCs and CDFs. IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

II. EXPECTED OUTCOMES. The expected outcomes of this Detention Standard are:

1. Detainees will have access to a continuum of health care services, including prevention, health education, diagnosis, and treatment.
2. Health care needs will be met in a timely and efficient manner.
3. Newly admitted detainees will be informed, orally and in writing, about how to access health services.
4. Detainees will be able to initiate requests for health services on a daily basis.
5. Detainees will receive timely follow-up to their health care requests.
6. Detainees will have continuity of care from admission to transfer, discharge, or removal, including referral to community-based providers when indicated.
7. A detainee who needs health care beyond facility resources will be transferred in a timely manner to an appropriate facility where care is available. A written list of referral sources, including emergency and routine care, will be maintained as necessary and updated at minimum annually.
8. A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (such as the use of ambulance instead of standard transportation) and transfer of medical information.
9. A detainee who requires close, chronic or convalescent medical supervision will be treated in accordance with a written plan approved by licensed physician, dentist, or mental health practitioner that includes directions to health care providers and other involved medical personnel.

10. Detainees will have access to specified 24-hour emergency medical, dental, and mental health services.
11. Minimum requirements for medical housing units will be met.
12. Female detainees will undergo pregnancy testing and pregnancy management services.
13. Screening, prevention and control measures will be utilized to assist in prevention and management of infectious and communicable diseases.
14. Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with standard medical practices and in compliance with applicable laws.
15. Detainees with chronic conditions will receive care and treatment for conditions where non-treatment would result in negative outcomes or permanent disability as determined by the clinical medical authority.
16. The facility administrator will develop a plan to ensure that ICE is notified in writing of any detainee whose special medical or mental health needs require special consideration in such matters as housing, transfer, or transportation.
17. Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.
18. Detainees will be provided health education and wellness information.
19. Each newly admitted detainee, including transfers, will receive a documented medical, dental, and mental health screening upon intake and, within 14 days of arrival, a comprehensive health appraisal by qualified personnel in a private setting as practicable to ensure safety.
20. Detainees with suspected or known mental health concerns will be referred as needed for evaluation, diagnosis, treatment, and stabilization
21. Mental health crisis intervention services will be identified and available for detainees who experience acute mental health episodes.
22. Restraints for medical or mental health purposes will be authorized only by the facility's clinical medical authority, in accordance with the requirements specified in this Detention Standard.
23. Prior to placement in a non-detention facility or special unit within the facility specifically designated for the care of the severely mentally ill or developmentally disabled, a detainee shall be afforded due process in compliance with applicable laws.
24. Medical and dental orthoses or prostheses and other aids to impairment are supplied in a timely manner when the health of the detainee would otherwise be adversely affected, as determined by the responsible physician or dentist.
25. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedatives is done only under medical supervision in accordance with applicable laws.
26. Pharmaceuticals and nonprescription medicines will be secured, stored and inventoried.
27. Prescriptions and medications will be ordered, dispensed, and administered in a timely and sufficient manner as prescribed by a health care professional.

28. Health care services will be administered by the health administrative authority, and clinical decisions will be the sole province of the clinical medical authority.
29. Health care services will be provided by a sufficient number of appropriately trained and qualified personnel, whose duties are governed by thorough and detailed job descriptions and who are verifiable licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.
30. Detention and health care personnel will be trained, initially and annually, to respond to health-related emergency situations within four minutes and in the proper use of emergency medical equipment
31. Information about each detainee's health status will be treated as confidential, and health records will be maintained in accordance with accepted standards separately from other detainee detention files and be accessible only in accordance with written procedures and applicable laws. Health record files on each detainee will be well organized, available to all practitioners, and properly maintained and safeguarded.
32. Informed consent standards will be observed and adequately documented. Staff will make reasonable efforts to ensure that detainees understand their medical condition and care.
33. Medical and mental health interviews, screenings, appraisals, examinations, and procedures will be conducted in settings that respect detainees' privacy in accordance with safe and orderly operations of the facility.
34. Detainees will be provided same sex chaperones as appropriate or as requested.
35. When a detainee is transferred to another facility, the transferring facility will send a completed medical transfer summary and other medical documentation as appropriate to the receiving facility.
36. Detainees in Special Management Units will have access to the same health care services as detainees in the general population.
37. Non-English speaking detainees and/or detainees who are deaf and/or hard at hearing will be provided interpretation/translation services or other assistance as needed for medical care activities.
38. Detainees with special needs, including physical or developmental disabilities, will be evaluated and given the appropriate care and communication their situation requires.

III. DIRECTIVES AFFECTED.

This Detention Standard replaces **Medical Care** dated 9/12/2008.

IV. REFERENCES

American Correctional Association 4th Edition Standards for Adult Detention Facilities: 4-ALDF-2A-15, 4C-01 through 4C-31, 4C-34 through 4C-41, 4D-01 through 4D-21, 4D-23 through 4D-28, 2A-45, 7D-25.

Detention Standard on **Environmental Health and Safety**, particularly in regard to:

- Storing, inventorying, and handling needles and other sharp instruments,

- Standard precautions to prevent contact with blood and other body fluids,
- Sanitation and cleaning to prevent and control infectious diseases, and
- Disposing of hazardous and infectious waste.

Detention Standard on **Sexual Abuse and Assault Prevention and Intervention**.

Detention Standard on **Suicide Prevention and Intervention**.

Detention Standard on **Hunger Strikes**.

Detention Standard on **Terminal Illness, Advance Directives, and Death**.

United States Public Health Service (USPHS) Division of Immigration Health Services (DIHS) Policies and Procedures Manual.

National Commission on Correctional Health Care (NCCHC), Standards for Health Services in Jails .

The Joint Commission (TJC)

http://www.cdc.gov/tb/pubs/mmwr/Maj_guide/Correctional.htm/ (for CDC guidelines on prevention and control of tuberculosis in correctional and detention facilities).

V. EXPECTED PRACTICES

A. General

Every facility shall directly or contractually provide its detainee population:

- Initial medical, mental health, and dental screening,
- Primary medical and dental care,
- Emergency care,
- Specialty health care,
- Timely responses,
- Mental health care, and
- Hospitalization as needed within the local community
- Identification of a health administrative authority and a clinical medical authority within the facility.

B. Designation of Authority

A designated administrative health authority shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The administrative health authority is a physician, health services administrator, or health agency. When the administrative health authority is other than a physician, final clinical judgment shall rest with the facility's designated clinical medical authority.

In no event should clinical decisions be made by non-clinicians.

The administrative health authority shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program.

A designated clinical medical authority shall have overall responsibility for medical clinical care pursuant to a written agreement, contract, or job description. The clinical medical authority is a physician, licensed independent practitioner, or other clinically trained professional designated by a physician to have final medical decision-making authority. In the event that the clinical medical authority is not a licensed physician, the clinical medical authority must establish a physician-level collaboration for purposes of medical management and professional collaboration. The clinical medical authority together with the administrative health authority establishes the processes and procedures necessary to meet the medical standards outlined herein.

All facilities shall provide a medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually by the administrative health authority, identifies the positions needed to perform the required services.

Health care personnel perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.

The facility administrator, in collaboration with the clinical medical authority and administrative health authority, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission.

C. Communicable Disease and Infection Control

1. General

Each facility shall have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies.

Plans shall include:

- Coordination with public health authorities;
- Ongoing education for staff and detainees;
- Control, treatment and prevention strategies;
- Protection of individual confidentiality;
- Media relations;
- Procedures for the identification, surveillance, immunization, follow-up and isolation of patients;
- Manage infectious diseases and report them to local and/or state health departments in accordance with established guidelines and applicable laws; and

- Management of biohazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on **Environmental Health and Safety**.

Facilities shall comply with current and future plans implemented by federal, state or local authorities addressing specific public health issues including communicable disease reporting requirements. Infectious and communicable disease control activities shall be reviewed and discussed with ICE in the Quarterly Administrative Meetings required later in this Detention Standard.

2. Additional Requirements Regarding Tuberculosis (TB)

As indicated below in the section on **Medical Screening of New Arrivals**, screening for tuberculosis is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines.

All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities [symptom screening plus at least one of the following: tuberculin skin test (TST), chest radiography, or QuantiFERON-TB Gold or In-tube test (QFT)]; for CDC guidelines on prevention and control of TB in correctional and detention settings, see http://www.cdc.gov/tb/pubs/mmwr/Maj_guide/Correctional.htm/.

Detainees will receive TB testing every 12 months.

Detainees with symptoms suggestive of TB shall be placed in a functional airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease. If TB screening is negative and the detainee is asymptomatic, the detainee will be allowed to join the general population.

Suspected and confirmed active TB patients shall be placed in a functional airborne infection isolation room with negative pressure ventilation (on- or off-site) until determined by a qualified provider to be noninfectious in accordance with CDC guidelines for non-minimal risk detention facilities.

For all **confirmed and suspected** active tuberculosis cases, designated medical staff shall report:

- All cases to local and/or state health departments within one working day of meeting reporting criteria and in accordance with established guidelines and applicable laws, identified by the custodial agency and the detainee's identifying number of that agency (i.e., ICE detainees are reported as being in ICE custody and identified by their alien numbers).
- All cases to the ICE HQ Epidemiology Unit within one working day.

  Reporting shall include names, aliases, date of birth, alien number, case status/classification, available diagnostic and lab results, treatment status including drugs and dosages, treatment start date, a point of contact and telephone number for follow-up, and provision of medication administration records (MARs).

- Any movement of TB patients, including hospitalizations, facility transfers, releases, or removals/deportations to the local and/or state health department and the ICE HQ Epidemiology Unit.

When treatment is indicated, multi-drug, anti-TB therapy will be administered using Directly Observed Therapy (DOT) in accordance with American Thoracic Society (ATS) and CDC guidelines. For patients with drug-resistant or multi-drug-resistant TB, the state or local health department will be consulted to establish a customized treatment regimen and treatment plan. Patients receiving anti-TB therapy will be provided with at least a two week supply of medications and appropriate education when transferred, released, or deported, in an effort to prevent interruptions in treatment until care is continued in another location.

Treatment for latent TB infection (LTBI) shall not be initiated unless active TB disease is ruled-out.

Designated medical staff shall coordinate with the ICE Epidemiology Program and the local and/or state health department to facilitate an international referral and continuity of therapy. Designated medical staff shall collaborate with the local and/or state health department on tuberculosis and other communicable disease contact investigations.

Designated medical staff shall report to the ICE Epidemiology Unit all cases of nationally notifiable infectious diseases as per the CDC list located at the following link: http://www.cdc.gov/ncphi/disss/nndss/phs/infdis.htm.

Designated medical staff also shall report to the ICE Epidemiology Unit all cases of Varicella, (herpes zoster [shingles], chicken pox).

3. Varicella

Designated medical staff shall notify the ICE HQ Epidemiology Unit of any varicella cases among ICE detainees and of any ICE detainees exposed to active varicella without a history of prior varicella or varicella immunization.

4. Bloodborne Pathogens

Infection control awareness shall be communicated on a regular basis to correctional and medical staff as well as detainees. A detainee may request HIV testing at any time during detention. Persons, who must feed, escort, directly supervise, interview or conduct routine office work with HIV patients are not considered at risk of infection; however, persons regularly exposed to blood are at risk. Facilities must develop a plan to ensure the highest degree of confidentiality regarding HIV status and medical condition. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.

The accurate diagnosis and medical management of HIV infection among detainees shall be promoted. An HIV diagnosis may be made only by a licensed physician, based on a medical history, current clinical evaluation of signs and symptoms, and laboratory studies.

a. Clinical Evaluation

When current symptoms are suggestive of HIV infection, the following shall be implemented:

- Clinical evaluation shall determine the medical need for isolation.

The health authority shall not recommend to ICE/DRO that the detainee be separated from the general population, either pending a test result or after a test report, unless clinical evaluation reveals a medical need for isolation. Segregation of HIV-positive detainees is not necessary for public health purposes.

- Following a clinical evaluation, if a detainee manifests symptoms requiring treatment beyond the facility's capability, the provider shall recommend the detainee's transfer to a hospital, or other appropriate facility, for further medical testing, final diagnosis, and acute treatment as needed, consistent with local operational procedures.
- Any detainee with active tuberculosis should also be evaluated for possible HIV infection.
- HIV positive detainees should be hospitalized until any acute treatment deemed necessary is completed.

When the attending physician determines that a detainee is in remission from his or her illness and/or no longer requires off-site care, he or she shall be returned to the detention facility. The physician shall recommend whether the detainee should be housed in the general population or in another location for medical purposes.

- An HIV positive diagnosis must be reported to government bodies according to state and federal requirements. Reports of AIDS, and not HIV infection, are required by the CDC. State laws differ considerably, and the administrative health authority is responsible for ensuring that all applicable state requirements are met.

b. Exposure

Detainee's exposure to potentially infectious body fluids, such as through needle sticks or bites shall be afforded immediate medical assistance, and the incident shall be reported as soon as possible to the clinical director or designee.

Each facility shall establish a plan to address exposure to bloodborne pathogens, including reporting.

c. Precautions

All detainees should be assumed to be infectious for blood-borne pathogens, and standard precautions are to be used at all times when caring for all detainees.

The **Standard Precautions** section of the Detention Standard on **Environmental Health and Safety** provides more detailed information.

D. Notifying Detainees about Health Care Services

In accordance with the Detention Standard on **Detainee Handbook**, the facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which procedures for access to health care services are explained.

In accordance with the section on **Orientation** in the Detention Standard on **Admission and Release**, access to health care services, sick call and a medical grievance process shall be included in the orientation curriculum for newly admitted detainees.

E. Facilities

1. Examination and Treatment Area

Adequate space and equipment shall be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private while ensuring safety.

A holding/waiting area shall be located at the entrance to the medical facility that is under the direct supervision of custodial officers. A detainee toilet and drinking fountain shall be accessible from the holding/waiting area.

2. Medical Records

Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit.

3. Medical Housing

If there is a specific area, separate from other housing areas, where detainees are admitted for health observation and care under the supervision and direction of health care personnel, the following minimum standards shall be met:

a. Care

- Clearly defined scope of care services available;
- Physician on call or available 24 hours per day;
- Health care personnel are on duty 24 hours per day when patients are present;
- All patients within sight or sound of a staff member;
- Housing record that is a separate and distinct section of the complete medical record; and
- Compliance with all established guidelines and applicable laws.

Facilities are expected to provide detainees in medical housing access to other services such as telephone, legal access and materials consistent with their medical condition.

b. Wash Basins, Bathing Facilities, and Toilets

- Detainees have access to operable washbasins with hot and cold running water at a minimum ratio of one for every 12 detainees, unless state or local building codes specify a different ratio.

- Sufficient bathing facilities are provided to allow detainees to bathe daily, and at least one is configured and equipped to accommodate detainees with physical impairments or who need assistance to bathe. Water is thermostatically controlled to temperatures ranging from 100 F to 120 F degrees.
- Detainees have access to operable toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance. Unless state or local building or health codes specify otherwise:
  - Toilets are provided at a minimum ratio of one to every 12 detainees in male facilities and one for every 8 in female facilities.
  - All housing units with three or more detainees have a minimum of two toilets.

F. Pharmaceutical Management

Each facility shall have written policy and procedures for the management of pharmaceuticals that include:

- A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.
- A method for promptly approving and obtaining medicines not on the formulary should be identified.
- Prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed.
- Procurement, receipt, distribution, storage, dispensing, administration and disposal of medications.
- Secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes and needles.
- Medicine administration error reports shall be kept for all administration errors.
- All staff responsible for administering or having access to pharmaceuticals will be trained on medication management before beginning duty.

- All pharmaceuticals shall be stored in a secure area with the following features:
  - A secure perimeter;
  - Access limited to authorized medical staff (never detainees);
  - Solid walls from floor to ceiling and a solid ceiling;
  - A solid core entrance door with a high security lock (with no other access); and

- A secure medication storage area.

- Administration and management in accordance with state and federal law
- Supervision by properly licensed personnel
- Administration of medications by properly trained personnel under the supervision of the health services administrator, or equivalent
- Accountability for administering or distributing medications in a timely manner and according to licensed provider orders

G. Nonprescription Medications

The facility administrator and administrative health authority shall jointly approve any nonprescription medications that are available to detainees outside of health services (sold in commissary, distributed by housing officers, etc.), and they shall jointly review the list annually.

H. Medical Personnel

All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements

I. Medical Screening of New Arrivals

1. Medical Screening

Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function.

If screening is performed by a detention officer, the facility shall maintain documentation of the officer's special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information.

The screening shall inquire into the following:

- Any past history of serious infectious or communicable illness, and any treatment or symptoms;
- Current illness and health problems, including communicable diseases;
- Pain assessment;
- Current and past medication;
- Allergies;
- Past surgical procedures;
- Symptoms of active TB or previous TB treatment;
- Dental problems;
- Use of alcohol and other drugs;
- Possibility of pregnancy;

- Other health programs designated by the responsible clinical medical authority;
- Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;
- History of suicide attempts or current suicidal/homicidal ideation or intent;
- Observation of body deformities and other physical abnormalities;
- Questions and an assessment regarding past or recent sexual victimization.

For further information, see the Detention Standard on **Admission and Release**.

Screening shall include observation and interview items related to the detainee's potential suicide risk and possible mental disabilities, including mental illness. For further information, see the Detention Standard on **Suicide Prevention and Intervention**.

If at any time during the screening process there is an indication of need, or request for, mental health services, the health authority must be notified within 24 hours. The clinical medical authority will ensure a full mental health evaluation if indicated. See the section on **Mental Health Program** below.

Medical and mental health interviews and examinations shall be conducted in settings that respect detainees' privacy.

All facilities shall have policies and procedures to ensure the initial health screening and assessment is documented.

- The In Processing Health Screening form I-795A or medical facility equivalent will be completed during the in-processing and prior to the detainee's placement in a housing unit.
- The health intake screening shall be conducted using form **I-795A or an equivalent**. Upon completion, the In-Processing Health Screening form shall be forwarded to the facility medical staff for appropriate action.

The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine).

For other facilities that do not use the ICE/DRO In-Processing Health Screening form, ICE/DRO Medical must approve any substitute form.

Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities.

- Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service.

2. Substance Dependence and Detoxification

All detainees shall be evaluated through the initial screening for their use of or dependence on mood and mind-altering substances, alcohol, opiates, hypnotics,

sedatives, etc. Detainees who report the use of such substances shall be evaluated for their degree of reliance on and potential for withdrawal.

The clinical medical authority shall establish guidelines for evaluation and treatment of new arrivals who require detoxification. Treatment and supportive measures shall permit withdrawal with minimal physiological and physical discomfort.

Detoxification shall be done only at facilities qualified to do so in accordance with established guidelines and applicable laws.

J. Health Appraisal

Each facility's health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals. If there is documentation of one within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required.

Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainees' privacy.

Detainees will be provided same sex chaperones as appropriate or as requested.

The clinical medical authority shall be responsible for review of all health appraisals to assess the priority for treatment.

Detainees diagnosed with a communicable disease shall be isolated according to national standards of medical practice and procedures.

K. Mental Health Program

1. Mental Health Services Required

Each facility shall have an in-house or contractual mental health program, approved by the appropriate medical authority, that provides:

- Intake screening (see DIHS Form 795A or equivalent) for mental health problems will include:
- Referral as needed for evaluation, diagnosis, treatment, and monitoring of mental illness;
- Crisis intervention and management of acute mental health episodes;
- Transfer to licensed mental health facilities of detainees whose mental health needs exceed the capabilities of the facility; and
- Suicide prevention program.

2. Mental Health Provider

The term "mental health provider" includes a psychiatrist, physician, psychologist, clinical social worker, or other appropriately licensed independent mental health practitioner.

3. Mental Health Evaluation

Based on intake screening, medical documentation or subsequent observations by detention staff or medical personnel, the administrative health authority shall immediately refer any detainee with mental health needs to a mental health provider for a mental health evaluation.

Such evaluation and screenings shall include:

- Reason for referral;
- History of any mental health treatment or evaluation;
- History of illicit drug/alcohol use or abuse or treatment for such;
- History of suicide attempts;
- Current suicidal/homicidal ideation or intent;
- Current use of any medication;
- Estimate of current intellectual function;
- Mental health screening should include prior history physical, sexual, or emotional abuse; and
- Impact of any pertinent physical condition, such as head trauma;.
- Recommend any appropriate treatment, for example:
    - Remain in general population with psychotropic medication and counseling,
    - “”Short-stay” unit or infirmary,
    - Special Management Unit, or
    - Community hospitalization.
- Recommend and/or implement a treatment plan, including recommendations concerning transfer, housing, voluntary work, and other program participation.

4. Referrals and Treatment

Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than 14 days of the referral.

The provider shall develop an overall treatment/management plan that may include transfer to a mental health facility if the detainee’s mental illness or developmental disability needs exceed the treatment capability of the facility.

The health administrative authority/clinical medical authority shall ensure due process in compliance with applicable laws.

5. Medical Isolation

The clinical medical authority may place in medical isolation a detainee who is at high risk for violent behavior because of a mental health condition. The clinical medical authority must provide for reassessment on a daily basis the need for continued medical isolation for the health and safety of the detainee.

6. **Restraints**

Restraints for medical or mental health purposes may be authorized only by the facility's clinical medical authority, after reaching the conclusion that less restrictive measures are not appropriate. The facility shall have written procedures that specify:

- The conditions under which restraints may be applied;
- The types of restraints to be used;
- The proper use, application, and monitoring of restraints;
- Requirements for documentation, including efforts to use less restrictive alternatives; and
- After-incident review.

7. **Involuntary Administration of Psychotropic Medications**

Involuntary administration of psychotropic medications to detainees shall comply with established guidelines and applicable laws and only pursuant to the specific, written and detailed authorization of a physician. When psychotropic medication is involuntarily administered, it is required that the administrative health authority contact DRO Management, who shall contact respective DHS/ICE Chief Counsel. The authorizing physician shall:

- Review the medical record of the detainee and conduct a medical examination;
- Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication;
- Specify the medication to be administered, the dosage, and the possible side effects of the medication;
- Document that less restrictive intervention options have been exercised without success;
- Detail how the medication is to be administered;
- Monitor the detainee for adverse reactions and side effects; and
- Prepare treatment plans for less restrictive alternatives as soon as possible.

Also see the section on Informed Consent and Involuntary Treatment later in this Detention Standard.

L. Annual Health Examinations

The clinical medical authority or health administrative authority (or their equivalents) may determine that detainees not covered below in the section on **Special Needs and Close Medical Supervision** are to be scheduled for annual medical examinations.

A detainee that is in ICE custody for over a year shall receive health examinations on an annual basis. Such examinations may occur more frequently for certain individuals, depending on their medical history or health conditions. Detainees shall have access to age and gender appropriate exams annually, including rescreening for tuberculosis.

M. Dental Treatment

An initial dental screening exam shall be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, registered dental hygienist, or registered nurse.

- **Emergency dental treatment** shall be provided for immediate relief of pain, trauma and acute oral infection.
- **Routine dental treatment** may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six (6) months, including amalgam and composite restorations, prophylaxis, root canals, extractions, x-rays, the repair and adjustment of prosthetic appliances and other procedures required to maintain the detainee's health.

N. Sick Call

Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall include:

- Clearly written policies and procedures;
- Sick call process will be communicated in writing and verbally to detainees during their orientation;
- Regularly scheduled "sick call" times will be established and communicated to detainees;
- All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 48 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately.

If the procedure uses a written request slip, they shall be provided in English and the most common languages spoken by the detainee population of that facility. Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation/translation services as needed or other assistance as needed to complete a request slip.

Medical personnel shall review the request slips and determine when the detainee will be seen.

All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call. See the Detention Standard on **Special Management Units** for details.

All facilities shall maintain a permanent record of all sick call requests.

O. Emergency Medical Services and First Aid

Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care.

A plan shall be prepared in consultation with the facility's clinical medical authority or the administrative health authority. The plan will include the following:

- An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day;
- A list of telephone numbers for local ambulances and hospital services available to all staff;
- An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff.
- All detention staff shall receive cardio pulmonary resuscitation (CPR, AED) , and emergency first aid training annually;
- Detention and health care personnel will be trained annually to respond to health-related situations within four (4) minutes;
- Security procedures that ensure the immediate transfer of detainees for emergency medical care.

The training shall be provided by a responsible medical authority in cooperation with the facility administrator and shall include:

1. Recognizing of signs of potential health emergencies and the required responses;
2. Administering first aid, AED, and cardiopulmonary resuscitation (CPR);
3. Obtaining emergency medical assistance through the facility plan and its required procedures;
4. Recognizing signs and symptoms of mental illness and suicide risk;
5. The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. The plan must provide for expedited entrance to and exit from the facility.

When an employee is unsure whether emergency care is required, he or she shall immediately notify medical personnel to make the determination.

Medical and safety equipment shall be available and maintained, and staff shall be trained in proper use of the equipment.

In each detention facility, the designated health authority and facility administrator shall determine the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.

P. Delivery of Medication

Distribution of medication shall be in accordance with specific instructions and procedures established by the administrative health authority. Written records of all medication given to detainees shall be maintained.

- If medication must be delivered at a specific time when medical staff is not on duty, it may be distributed by detention officers who have received proper training by the administrative health authority.
- The facility shall maintain documentation of the training given any officer required to distribute medication, and the officer shall have available for reference the training syllabus or other guide or protocol provided by the health authority.
- Detainees may not deliver or administer medications to other detainees.

Q. Health Education and Wellness Information

The health authority shall provide detainees health education and wellness information on such topics as dangers of self-medication, personal hygiene and dental care, prevention of communicable diseases, smoking cessation, self-care for chronic conditions, and the benefits of physical fitness.

R. Special Needs and Close Medical Supervision

The health administrative authority for each facility must have a plan to notify ICE for any detainee with special needs. The written notification must become part of the detainee's health record file.

When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate physician, dentist, or mental health practitioner, in consultation with the patient, with periodic review. The written treatment plan will conform to NCCHC and TJC requirements. Likewise, staff responsible for such matters as housing and program assignments, and disciplinary measures shall consult with the responsible clinician, clinical director, or health services administrator.

Female detainees shall have access to pregnancy testing and pregnancy management services that include routine prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.

Detainees shall have access to age and gender-appropriate examinations.

Durable medical equipment shall be provided as determined by the responsible physician or dentist in conjunction with the health care authorization process.

Exercise areas will be available to meet exercise and physical therapy requirements of individual detainee treatment plans.

S. Continuity of Care

The facility administrative health authority must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status.

The detainee's medical needs shall be taken into account prior to any transfer of the detainee to another facility and alternatives to transfer shall be considered, taking into account the disruption that a transfer will cause to a detainee receiving medical care (see ICE/DRO National Detention Standard on **Transfer of Detainees**, Section II-A). Upon transfer to another facility or release, the medical provider shall ensure that all relevant medical records and at least 7 days' (or, in the case of TB medications, 15 days') supply of medication shall accompany the detainee.

T. Informed Consent and Involuntary Treatment

As a rule, medical treatment shall not be administered against a detainee's will.

- Upon admission at the facility, documented informed consent will be obtained for the provision of health care services.
- For any additional procedure, a separate documented informed consent will be obtained.
- Informed consent standards of the jurisdiction shall be observed, and consent forms shall either be in a language understood by the detainee or translation assistance shall be provided and documented on the form.
- If a detainee refuses treatment and the clinical medical authority determines that the treatment is necessary, ICE/DRO shall be consulted in determining whether involuntary treatment shall be pursued.
- If the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to convince the detainee to voluntarily accept treatment.
- Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and the refusal of treatment in the detainee's medical record.
- When determined to be medically necessary by the clinical medical authority, a detainee who refuses examination or treatment may be segregated from the general population. Such segregation shall only be for medical reasons that are documented in the medical record and may not be used for punitive purposes.
- Involuntary treatment is a decision made only by medical staff under strict legal restrictions. Prior to any contemplated action involving involuntary medical treatment, DHS / ICE respective Chief Counsel will be consulted.
- In the event of a hunger strike, see the Detention Standard on **Hunger Strikes**.

The Detention Standard on **Terminal Illness, Advance Directives, and Death** provides details regarding living wills and advance directives, organ donations, and "do-not-resuscitate" orders.

U. Medical Records

1. Health Record File

The administrative health authority shall maintain a complete health record on each detainee that is:

- Organized uniformly in accordance with recognized medical records standards;
- Available to all practitioners and used by them for health care documentation;
- Properly maintained and safeguarded in a securely locked area within the medical unit.

2. Confidentiality and Release of Medical Records

All medical providers shall protect the privacy of detainees' medical information in accordance with established guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.

Information about a detainee's health status and a detainee's health record is confidential, and the active medical record shall be maintained separately from other detention records and be accessible in accordance with applicable laws and regulations.

The administrative health authority shall provide the facility administrator and designated staff information that is necessary:

- To preserve the health and safety of the detainee, other detainees, staff, or any other person.
- For administrative and detention decisions such as housing, voluntary work assignments, security, and transport.
- For management purposes such as audits and inspections.

When information is covered by the Privacy Act, specific legal restrictions govern the release of medical information or records.

Copies of health records shall be released by the administrative health authority directly to a detainee or their designee, at no cost to the detainee, upon receipt by the administrative health authority of a written authorization from the detainee that complies with the Health Insurance Portability and Accountability Act (HIPAA).

While in detention, a detainee, or their designated representative, shall receive requested information from their medical records. Upon request, medical record information will be released within a reasonable timeframe after receipt of an authorization.

A written request may serve as authorization for the release of health information, as long as it includes the following (and meets any other requirements of the administrative health authority):

- Address of the facility to release the information;
- Name of the individual or institution to receive the information;

- Detainee's full name, A-number (or other facility identification number), date of birth and nationality;
- Specific information to be released with inclusive dates of treatment; and
- Detainee's signature and date.

Following the release of health information, the written authorization shall be retained in the health record.

Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form. ICE/DRO, or the facility administrator, shall provide non-English speaking detainees and detainees who are deaf or hard of hearing with interpretation or translation services or other assistance as needed to make the written request and assist in transmitting the request to the facility administrative health authority.

3. Inactive Health Record Files

Inactive health record files shall be retained as permanent records in compliance with locally established procedures and the legal requirements of the jurisdiction.

4. Transfer and Release of Detainees

ICE/DRO and the administrative health authority shall be notified when detainees are to be transferred or released. Detainees should be transferred with proper medication to ensure continuity of care throughout the transfer and subsequent intake process. (See Section S – Continuity of care)

a. Medical/Psychiatric Alert. Medical staff shall notify the facility administrator in writing, when they determine that a detainee's medical or psychiatric condition requires:

- Clearance by the medical staff prior to release or transfer, or
- Medical escort during removal, deportation, or transfer.

b. Notification of Transfers, Releases, and Removals. The administrative health authority shall be given advance notice prior to the release, transfer, or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer or release.

c. Transfer of Health Records. A summary of the detainee's medical care (transfer summary) shall be marked "CONFIDENTIAL MEDICAL RECORDS" and shall accompany the detainee who is being transferred. This includes detainees who are being transferred into or out of ICE custody. Full copies of the medical records or parts thereof must be made immediately available upon the request of the receiving facility's administrative health authority or clinical medical authority. Other requirements for the transfer of records are contained in the Detention Standard on **Transfers of Detainees**.

V. Terminal Illness, Fatal Injury, or Death of a Detainee

Procedures to be followed in the event of a detainee's terminal illness, fatal injury, or death are in the Detention Standard on **Terminal Illness, Advance Directives, and Death**. The Detention Standard also addresses detainee organ donations.

W. Medical Experimentation

Detainees will not participate in medical, pharmaceutical or cosmetic research while under the care of ICE detention facilities.

This does not preclude the use of approved clinical trials that may be warranted for a specific inmate's diagnosis or treatment when recommended and approved by the clinical medical director. Such measures require documented informed consent.

X. Administration of the Medical Department

1. Quarterly Administrative Meetings

The administrative health authority shall convene a meeting at least quarterly and include other facility and medical staff as appropriate.

The meeting agenda shall include, at a minimum:

- An account of the effectiveness of the facility health care program;
- Discussions of health environment factors that may need improvement;
- Review and discussion of communicable disease and infectious control activities;
- Changes effected since the previous meetings; and
- Recommended corrective actions, as necessary.

Minutes of each meeting shall be recorded and kept on file.

2. Health Care Internal Review and Quality Assurance

The administrative health authority shall implement a system of internal review and quality assurance. Elements of the system shall include:

- Participating in a multidisciplinary quality improvement committee.
- Collecting, trending, and analysis of data along with planning, interventions, and reassessments.
- Evaluating defined data.
- Analyze the need for ongoing education and training.
- On-site monitoring of health service outcomes on a regular basis through:
    1. Chart reviews by the responsible physician or his or her designee, including investigation of complaints and quality of health records.
    2. Review of prescribing practices and administration of medication practices.
    3. Systematic investigation of complaints and grievances.
    4. Monitoring of corrective action plans.
    5. Reviewing all deaths, suicide attempts, and illness outbreaks.
    6. Developing and implementing corrective action plans to address and resolve identified problems and concerns.
    7. Reevaluating problems or concerns to determine whether the corrective measures have achieved and sustained the desired results.

8. Incorporating findings of internal review activities into the organization's educational and training activities.
9. Maintaining appropriate records of internal review activities.
10. Ensuring records of internal review activities comply with legal requirements on confidentiality of records.

3. Peer Review

The administrative health authority shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years.

Y. Examinations by Independent Medical Service Providers and Experts

On occasion, medical and/or mental health examinations by a practitioner or expert not associated with ICE/DRO or the facility may provide a detainee with information useful in administrative proceedings.

If a detainee seeks an independent medical or mental health examination, the detainee or his or her legal representative shall submit to the Field Office Director a written request that details the reasons for such an examination. Ordinarily, the Field Office Director shall approve the request for independent examination, as long as it would not present an unreasonable security risk. Requests for independent examinations shall be answered as quickly as practicable. If a request is denied, the Field Office Director shall advise the requester in writing of the rationale.

Neither ICE/DRO nor the facility may assume any costs of the examination, which shall be at the detainee's expense. The facility shall provide a location for the examination but no medical equipment or supplies, and the examination must be arranged and conducted in a manner consistent with security and good order.

Z. Medical Grievance Process

See **Grievance System** Detention Standard.

Standard Approved:

James T. Hayes, Jr. /s/ **12/5/2008**

______________________________ _______________

James T. Hayes, Jr **Date**
Director
Office of Detention and Removal Operations