

4.3 Health Care

Introduction

This U.S. Immigration and Customs Enforcement (ICE) Family Residential Standard ensures that residents have timely access to appropriate and necessary health care (medical, dental, and mental health care, including emergency services).

Various terms used in this standard may be defined in the ICE Family Residential Standard on *Definitions*.

Program Philosophy

The requirements of this standard must be implemented in accordance with the ICE Family Residential Standard on *Program Philosophy, Goals, and Expected Outcomes*.

A. Language Access and Disability Requirements

Centers will adhere to the language access and disability laws, regulations, responsibilities, requirements, and laws cited in the ICE Family Residential Standard on *Program Philosophy, Goals, and Expected Outcomes* and the ICE Family Residential Standard on *Disability Identification, Assessment, and Accommodation*. These requirements must be promulgated in all Center policies, practices, and operations and its themes must be fully incorporated into every Center activity. This is of critical importance and will directly impact resident life, health, and safety.

Expected Outcomes

The expected outcomes of this standard are as follows (specific requirements are defined in the Expected Practices section in this standard):

1. Residents will have access to a continuum of health care services including screening, prevention, health education, diagnosis, and treatment.
2. The Center will have a mental health staffing component on call to respond to the needs of the resident population 24 hours a day, 7 days a week.
3. Residents will be informed orally or in a manner the resident understands about how to access, appeal, or communicate concerns about health services.
4. Residents will be able to request health services on a daily basis and will receive timely follow-up.
5. Residents will receive continuity of health care from time of admission to time of transfer, release, or removal. Residents who have received health care and are being released from custody or removed will receive a discharge plan that includes a written summary of health care provided, any medically necessary medication, and referrals to community-based

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providers as medically appropriate.

6. A resident who is determined to require health care beyond Center resources will be transferred in a timely manner to an appropriate facility. Centers will maintain and annually update a written list of referral sources, including emergency and routine care.
7. A transportation system will provide timely access to health care services that are not available at the Center. Procedures for use of this transportation system will include: (a) prioritization of medical needs; (b) urgency (such as the use of an ambulance instead of standard transportation); (c) transfer of medical information and medications; and (d) safety and security concerns of all persons.
8. A resident who requires close, chronic, or convalescent health supervision will be treated for their condition(s) in accordance with a written treatment plan conforming to accepted medical practices for the condition in question, approved by a licensed physician, dentist, or mental health practitioner.
9. Emergency medical and mental health services will be available to all residents, 24 hours per day.
10. Centers will follow age-appropriate, current Centers for Disease Control and Prevention (CDC) guidelines and the American Academy of Pediatrics (AAP) Redbook for screening, preventing, and controlling infectious and communicable diseases.
11. Occupational Safety and Health Administration (OSHA) and applicable state guidelines for managing bio-hazardous waste and decontaminating medical and dental equipment will be followed.
12. Residents with chronic conditions will receive chronic care and treatment, as needed, that includes medication monitoring, diagnostic testing, and chronic care clinics.
13. The Health Services Administrator (HSA) will notify the Center Administrator and ICE/Enforcement and Removal Operations (ERO), in writing, of any resident whose medical or mental health needs require special accommodation in such matters as housing, transfer, or transportation.
14. Each newly admitted resident will receive a comprehensive medical, dental, and mental health intake screening within 12 hours of arrival at each Center. This examination will include screening for infectious diseases, pain, acute and chronic health conditions, mental health, and resident concerns. Any identified issues will be further evaluated and referred for treatment as needed. Residents who appear upon arrival to raise urgent medical or mental health concerns will receive priority in the intake screening process.
15. Each Center's health care provider will conduct a comprehensive, thorough health assessment—including a physical examination and mental health screening—on each adult resident within 14 calendar days of arrival, and on each minor no later than 48 hours, excluding weekends and holidays, after admission to the Center. Residents with acute or chronic health condition(s) identified during the intake screening process will be referred for a health assessment as soon as possible, but no later than two working days after

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admission to the Center. This comprehensive health assessment also screens minors for special needs that may not have been identified at the initial intake screening, such as mental illness, disabilities, and other physical or chronic conditions that may require special treatment or services. Minors identified as having any special needs will be referred by the medical professional conducting the comprehensive health assessment to appropriate specialized treatment services. For the purposes of this more comprehensive health assessment, a qualified, licensed health care provider includes the following: physicians, physician assistants, nurses, nurse practitioners, or others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

16. Qualified, licensed health care professionals will assess and provide treatment to each resident on the basis of his/her medical, dental, and mental health needs. Residents will be referred for evaluation, diagnosis, treatment, and stabilization as medically indicated.
17. Medical or mental health staff will notify Center housing or educational staff of any physical or mental health condition that would impact the educational accommodation or safe housing of the resident upon identification of such condition.
18. Residents with mental health conditions will be referred to a mental health provider, as necessary, for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while in residence. Centers will make available crisis intervention services for residents who experience acute mental health episodes.
19. Mental health providers will approach care in a trauma-informed manner and promote Center wide use of trauma informed care to address past and present trauma in detention, and to better ensure resident safety.
20. Use of restraints on pregnant women and for medical or mental health purposes will be subject to the requirements specified in the ICE Family Residential Standard on *Use of Physical Control Measures and Restraints* and applicable state and federal law. At no time will a pregnant resident be restrained, absent truly extraordinary circumstances that render restraints absolutely necessary.
21. Residents experiencing severe, life-threatening intoxication or withdrawal symptoms will be transferred immediately for an off-site emergency department evaluation.
22. Pharmaceuticals and non-prescription medicines will be secured, stored and inventoried.
23. Prescriptions and medications will be ordered, dispensed, and administered in a timely manner and as prescribed by a licensed health care professional. This will be conducted in a manner that seeks to preserve the privacy and personal health information of residents.
24. Health care services will be supervised by a designated clinical medical authority (CMA).
25. 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 licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.

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26. Center staff and health care personnel will be trained initially and annually in the proper use of emergency medical equipment and will respond to health-related emergency situations.
27. Information about each resident's health status will be treated as confidential, and health records will be maintained separately from other resident files in accordance with medical recordkeeping requirements of applicable state and federal laws. Health records will be accessible only in accordance with written procedures and applicable laws. Health record files on each resident will be well organized, available to all practitioners, and properly maintained and safeguarded.
28. When a resident is transferred to another Center, the transferring Center will ensure appropriate health records are transferred in accordance with established ICE policy.
29. Informed consent standards will be observed and adequately documented. Staff will make reasonable efforts, including the use of language interpretation services as needed, to ensure that residents understand their health condition and care.
30. Medical and mental health interviews, screenings, appraisals, and examinations, and the administering of medication will be conducted in settings that respect residents' privacy in accordance with safe and secure Center operations.
31. A resident's request to see a health care provider of the same gender will be accommodated where possible; when not feasible, a same-gender chaperone will be provided. When care is provided by a health care provider of the opposite gender, a resident will be offered a same-gender chaperone, and provided the chaperone whenever the offer is accepted.
32. As appropriate, adequate space and staffing for the use of services of the ICE Tele-Health Systems, inclusive of tele-radiology (ITSP), tele-medicine, and tele-psychiatry will be provided.
33. All residents will receive medical and mental health screenings, interventions, and treatments for gender-based and other abuse and/or violence, including sexual assault and domestic violence.
34. This standard and the implementation of this standard will be subject to internal review and a quality assurance system to ensure the quality of care.

Standards Affected

This standard replaces the ICE Family Residential Standard on *Health Care* dated 12/21/2007.

Expected Practices

A. General

Every Center will directly or contractually provide its resident population with the following:

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- Initial medical, mental health, and dental screening (to include pregnancy tests for females ages 10-56);
- Medically necessary and appropriate medical, dental, mental health care, and pharmaceutical services;
- Comprehensive, routine and preventive health care, as medically indicated;
- Emergency care;
- Specialty health care;
- Timely responses to medical complaints;
- Hospitalization as needed within the local community; and
- Staff or professional language services necessary to ensure meaningful access to care for residents with limited English proficiency (LEP) during any medical or mental health appointment, sick call, treatment, or consultation.

B. Designation of Authority

A designated HSA or the equivalent will have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The HSA is a physician or health care professional and will be identified to residents.

The designated CMA at the Center will have overall responsibility for medical clinical care pursuant to a written agreement, contract, or job description. The CMA will be a medical doctor or doctor of osteopathy. The CMA may designate a clinically trained professional to have medical decision-making authority in the event that the CMA is unavailable.

When the HSA is other than a physician, final clinical judgment will rest with the Center's designated CMA. In no event will clinical decisions be made by non-clinicians.

The HSA will be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. The CMA together with the HSA establishes the processes and procedures necessary to meet the medical standards outlined herein.

All Centers will provide health care staff and sufficient support personnel to meet these standards. A staffing plan that identifies the positions needed to perform the required services will be reviewed by the HSA or equivalent at least annually.

Health care personnel perform duties within their scope of practice 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 Center Administrator, in collaboration with the CMA and HSA, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the Center. The Center Administrator will identify staff to transport and remain with residents for the duration of any off-site treatment or hospital admission.

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C. Notifying Residents about Health Care Services

In accordance with the ICE Family Residential Standard on *Resident Handbook*, the Center will provide each resident, upon admittance, a copy of the resident handbook and local supplement, as appropriate, in which procedures to access health care services are explained.

Health care practitioners should explain any rules about mandatory reporting and other limits to confidentiality in their interactions with residents. Informed consent will be obtained from adult residents on behalf of themselves and their minor child(ren) prior to providing treatment (absent medical emergencies). Consent forms and refusals will be documented and placed in the resident's medical file.

In accordance with the section on Orientation in the ICE Family Residential Standard on *Admission and Release*, access to health care services and the sick call and medical grievance processes will be included in the orientation curriculum for newly admitted residents.

D. Translation and Language Access for Residents with Limited English Proficiency

Centers will provide appropriate interpretation and other language services for LEP residents related to medical and mental health care. When appropriate staff interpretation is not available, Centers will make use of professional interpretation services. Residents will not be used for interpretation services during any medical or mental health service. Interpretation or translation services by other residents will only be utilized in an emergency medical situation.

Centers will post signs in medical intake areas in English, Spanish, and languages spoken by other significant segments of the Center's resident population, listing what language assistance is available during any health care (including mental health) treatment, diagnostic test, or evaluation.

E. Facilities

1. Examination and Treatment Area

Initial medical, dental, and mental health interviews, examinations, and procedures will be conducted in settings that respect residents' privacy. Adequate space and equipment will be furnished in all Centers so that all residents may be provided basic health examinations and treatment in private while ensuring safety

Staff will monitor resident children while their parents are being screened (so the children are not privy to their parent's screening conversations) unless the parent wants his/her child(ren) to remain with them during the screening.

The health care examination area will be in an area restricted from general resident access. A waiting area will be located in the medical unit under the direct supervision of Center staff. A resident toilet and drinking fountain will be accessible from the waiting area.

2. Health Care Records

Health care records will be kept separate from resident records and stored in a securely locked area within the medical unit.

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3. Medical Housing

If there is a specific area separate from other housing areas where residents are admitted for health observation and care under the supervision and direction of health care personnel, then consideration will be given to the resident's and his or her child(ren)'s age, gender, and medical requirements. The following minimum standards for care will be met:

- Physician at the Center or on call 24 hours per day;
- Qualified health care personnel on duty 24 hours per day when patients are present;
- Adequate number of Center staff members to address the reasonable needs of the patients;
- Appropriate documentation in the medical record describing the need for medical housing placement and the care/monitoring to be provided;
- Compliance with all applicable laws, regulations, and policies;
- Access for residents in medical housing to all ICE Family Residential Standard-required services such as telephone, recreation, and legal access and materials, consistent with their health care conditions;
- The HSA will advise ICE/ERO whether the isolated resident's family members may be housed with the resident. When not housed together, family members will have unfettered access to each other consistent with the isolated resident's health care condition; and
- Prior to placing a resident with a mental illness in medical housing, a determination will be made by a medical or mental health professional that placement in medical housing is medically necessary.

F. Communicable Disease and Infection Control

1. General

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

Plans will include:

- Coordination with local public health authorities;
- Ongoing education for staff and residents;
- Control, treatment, and prevention strategies;
- Protection of resident confidentiality;
- Media relations, in coordination with the local public affairs officer (PAO);
- Procedures for the identification, surveillance, immunization, follow-up, and isolation of patients;

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- Hand hygiene compliance program;
- Management of infectious diseases and reporting them to local and/or state health departments in accordance with established guidelines and applicable laws; and
- Management of bio-hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and the ICE Family Residential Standard on *Environmental Health and Safety*.

Centers will 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 will be reviewed and discussed with ICE in the quarterly administrative meetings as described in this standard.

Designated health care staff will report all residents diagnosed with a communicable disease of public health significance to ICE and to the local or state health department in accordance with state and local laws.

If an adult resident must be temporarily separated or isolated from his/her accompanying child(ren) for health reasons, the Center Administrator will submit a supervision plan to ICE/ERO for each affected child. As detailed in the ICE Family Residential Standard on *Program Philosophy, Goals, and Expected Outcomes*, families may be separated due to medical issues only where medically necessary or to protect the life, health, or safety of the child(ren) or parent/guardian. Centers must secure approval from the Field Office Director (FOD) and JFRMU Chief whenever separation is deemed medically necessary.

Further, health care staff will secure informed consent from the child's parent/guardian in all instances in which health care is provided to a minor child.

2. Tuberculosis (TB) Management

As indicated in the section of this standard on Medical and Mental Health Screening of New Arrivals, screening for TB is initiated at intake and in accordance with CDC guidelines and the American Academy of Pediatrics Redbook.

All new arrivals will receive screening for symptoms consistent with pulmonary TB within 12 hours of intake and in accordance with CDC guidelines (www.cdc.gov/tb) and the American Academy of Pediatrics (AAP) Redbook. For residents who have been in continuous law enforcement custody, symptom screening plus documented negative TB testing within one year of arrival may be accepted for intake screening purposes.

Health care personnel who perform screenings must have appropriate licenses and verified competency in age-appropriate technical specifications. See [American College of Radiology \(ACR\) - Society for Pediatric Radiology \(SPR\) - Society for Thoracic Radiology \(STR\) Practice Parameter for the Performance of Chest Radiography](#) and [ACR-SPR-STR Practice Parameter for the Performance of Portable \(Mobile Unit\) Chest Radiography](#).

Post-Screening Evaluation. Residents of any age with symptoms of TB or abnormal screening results:

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- Refer residents who have any symptom suggestive of TB disease, or any resident with an abnormal screening suggestive of pulmonary TB disease, to a medical provider for medical consultation. If no medical provider is on duty at the time of identification, then admit the resident with suspected TB to an airborne infection isolation (AII) room, if available onsite, temporarily pending prompt evaluation;
- If no AII room is available onsite, then refer the resident to the nearest tertiary care facility for isolation and evaluation in consultation with the CMA or designee; and
- Fit the resident with a tight-fitting surgical mask (without an exhalation valve) when not in an AII room until determined by a provider to be noncontagious.

For any minor residents with a positive screening:

- Perform a directed physical examination for all children and adolescents with a positive screening to assess for pulmonary or extrapulmonary disease. For more information about TB disease or risks for TB-drug toxicity, see [American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children](#), [American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis](#), and [American Academy of Pediatrics | Red Book®: 2018 Report of the Committee on Infectious Diseases](#);
- Pediatric residents with suspected TB disease (extrapulmonary or pulmonary) should be referred to a specialist with expertise in childhood TB to obtain gastric aspirates for smear and culture;
- A pediatric TB expert should be involved in the treatment of TB in children and in the management of infants, young children, and immunocompromised children who are known to have been exposed to someone with infectious TB disease;
- Consult an expert through one of the TB Centers of Excellence.

Annual or periodic TB testing will be implemented in accordance with CDC guidelines. The annual TB screening method should be appropriately selected with consideration given to the initial screening method used or documented during intake. Annual CXRs are not required or recommended for minors or adults.

Residents with symptoms suggestive of TB, or with suspected or confirmed active TB disease based on clinical and/or laboratory findings, will be placed in a functional AII room with negative pressure ventilation and be promptly evaluated for TB disease. Patients with suspected active TB will remain in AII until determined by a qualified health care provider to be noncontagious in accordance with CDC guidelines.

For all patients with confirmed and suspected active TB, designated medical staff will:

- Report all patients to local and/or state health departments within one working day of meeting reporting criteria and in accordance with established guidelines and applicable

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laws, identifying them as being in ICE custody and by their alien numbers [A-numbers]);

- Report all patients with suspected or confirmed TB to IHSC within one working day of initial identification with suspected or confirmed TB disease;
- Promptly report any movement of TB patients, including hospitalizations, other transfers, releases, or removals/deportations to the local and/or state health department and IHSC.
- Notifications to local or state health departments of release or removal must include the intended destination address, including apartment numbers and telephone numbers.

Reporting will include names, aliases, date of birth, A-number, TB status, available diagnostic and lab results, treatment status (including drugs and dosages), treatment start date, a summary case report, and a point of contact and telephone number for follow-up.

When treatment is indicated, multi-drug, anti-TB therapy will be administered using directly observed therapy in accordance with American Thoracic Society and CDC guidelines and the AAP Redbook. For patients with drug-resistant or multi-drug-resistant TB, the state or local health department must be consulted to establish a customized treatment regimen and treatment plan. Patients receiving anti-TB therapy will be provided with a 15-day 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) will not be initiated unless active TB disease is ruled out or staff is advised by a pediatric TB expert to initiate LTBI treatment for a child with known exposure to contagious TB.

Designated health care staff will coordinate with IHSC and the local and/or state health department to facilitate a transnational referral for continuity of care. Designated health care staff will collaborate with the local and/or state health department on TB and other communicable diseases of public health significance.

3. Significant Communicable Disease

Designated health care staff will report all residents diagnosed with a communicable disease of public health significance to the local or state health department in accordance with applicable state and local laws, as well as to IHSC, the FOD, and the JFRMU Chief. Designated health care staff will also notify IHSC of any contact or outbreak investigations involving ICE residents exposed to a significant communicable disease without known immunity. Significant communicable diseases include, but are not limited to, varicella (chicken pox), measles, mumps, pertussis (whooping cough), and typhoid.

4. Bloodborne Pathogens

Infection control awareness will be communicated on a regular basis to residents, staff, and health care providers. Residents exposed to potentially infectious body fluids (e.g., through needle sticks or bites) will be afforded immediate medical assistance, and the incident will be reported as soon as possible to the CMA or designee and documented in the medical file. Standard precautions are to be used at all times when caring for residents.

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Each Center will establish a written plan to address exposure to bloodborne pathogens; the management of hepatitis A, B, and C; and the management of HIV infection, including reporting. The plan should emphasize the need for prompt medical evaluation for exposed persons to facilitate early administration of prophylactic medication and vaccines, as medically appropriate.

Hepatitis. A resident may request hepatitis testing at any time while in residence.

HIV. A resident may request HIV testing at any time while in residence. Persons who feed, escort, directly supervise, interview, or conduct routine office work with HIV patients are generally not at risk of infection. However, persons regularly exposed to blood may be at risk. Centers will develop a written 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 health care management of HIV infection among residents will be promoted. An HIV diagnosis may be made only by a licensed health care provider, based on a medical history, current clinical evaluation of signs and symptoms, and laboratory studies.

Clinical Evaluation and Management. Health care personnel will provide all residents diagnosed with HIV/AIDS health care consistent with national recommendations and guidelines disseminated through the U.S. Department of Health and Human Services, the CDC, and the Infectious Diseases Society of America. Medical and pharmacy personnel will ensure that all FDA medications currently approved for the treatment of HIV/AIDS are accessible. Medical and pharmacy personnel will develop and implement distribution procedures to ensure timely and confidential access to medications.

Many of these guidelines are available through the following links:

- <http://aidsinfo.nih.gov/Guidelines/default.aspx>
- <http://www.cdc.gov/hiv/resources/guidelines/index.htm#treatment>
- <http://www.idsociety.org/Content.aspx?id=9088>

Medical and pharmacy personnel will ensure the Center maintains access to adequate supplies of FDA-approved medications for the treatment of HIV/AIDS to ensure newly admitted residents will be able to continue with their treatments without interruption. Upon release, residents currently receiving highly active antiretroviral therapy and other drugs will receive up to a 30-day supply of their medications as medically appropriate.

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

- Residents with HIV will not 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. Isolation of HIV-positive residents is not necessary for public health purposes;
- Following a clinical evaluation, if a resident manifests symptoms requiring treatment

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beyond the Center's capability, then the health care provider will recommend the resident's transfer to a local hospital or other appropriate facility for further medical testing, final diagnosis, and acute treatment as needed, consistent with local operating procedures;

- Any resident with active TB also will be evaluated for possible HIV infection; and
- New HIV-positive diagnoses must be reported to government bodies according to state and local laws and requirements; the HSA is responsible for ensuring that all applicable legal requirements are met.

Designated health care staff will provide residents with HIV diagnoses information on HIV treatment centers in or near their intended destination following custody. See U.S. HIV service locator at <https://www.hiv.gov/>. Contact IHSC to assist with identifying foreign resources.

The Standard Precautions section of the ICE Family Residential Standard *Environmental Health and Safety* provides more detailed information.

G. Pharmaceutical Management

Each Center will have and comply with written policy and procedures for the management of pharmaceuticals, including the following:

- Maintaining a formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources;
- Identifying a method for promptly approving and obtaining medicines not on the formulary;
- Creating prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed;
- Creating a process for procurement, receipt, distribution, storage, dispensing, administering, and disposing medications;
- Securing storage, disposal, and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles;
- Keeping medication error reports for all dispensing and administration errors;
- Ensuring all staff responsible for administering or having access to pharmaceuticals are trained on medication management before beginning duty;
- Ensuring all pharmaceuticals are stored in a secure area with the following features:
 - A secure perimeter;
 - Access limited to authorized medical staff only;
 - 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.

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- Ensuring administration and management are in accordance with state and federal law;
- Ensuring supervision of the pharmacy by a licensed pharmacist(s);
- Ensuring administration of medications is by properly licensed, credentialed, and trained personnel under the supervision of the HSA, CMA, or both; and
- Documenting accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.
- The HSA, CMA, and pharmacist will develop Center-specific Local Operating Procedures (LOP) regarding types of medications which may be issued to residents as Keep On Person (KOP) and those that require directly observed administration. Patient education is essential part of the LOP for KOP medication to be authorized. Such LOP will take into consideration Center design features and housing assignments that may promote a safe environment for medication storage in the general population settings.

H. Nonprescription Medications

The Center Administrator and HSA jointly will approve any nonprescription medications that are available to residents outside of health services (e.g., sold in commissary, distributed by staff), to avoid potential liability of inadvertent access by resident minors. The Center Administrator and HSA will also set policy and procedure for such medications, which will be reviewed jointly on an annual basis at a minimum.

I. Health Care Personnel

All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained onsite and readily available for review. A restricted license does not meet this requirement.

J. Medical and Mental Health Screening of New Arrivals

As soon as possible, but no later than 12 hours after arrival, all residents will receive, by an appropriately qualified health care professional, an initial medical, dental, vulnerability, and mental health screening and be asked for information regarding any known acute or emergent medical conditions. Any resident responding in the affirmative will be sent for evaluation to a qualified, licensed health care professional as clinically indicated, but no later than two working days after the initial screening. Residents who appear upon arrival to raise urgent medical or mental health concerns will receive priority in the intake screening process. For intrasystem transfers, a qualified health care professional will review each incoming resident's health record or health summary within 12 hours of arrival, to ensure continuity of care.

Residents with limited English proficiency and/or communication impairments (such as those who are hearing impaired) will be provided interpretation or translation services, auxiliary aids or services, or other assistance as needed for medical care activities. Language assistance may be provided by another health care or Center staff member competent in the resident's primary language or by a professional service, such as a telephone interpretation service. Only in emergency

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situations may another resident be used for interpretation assistance, and then only if the interpreter is proficient and reliable, and, if possible, only with the consent of the resident who is being screened.

The screening will inquire into the following:

- Current health care needs;
- Any past history of serious infectious or communicable illness, and any treatment or symptoms;
- History of physical and mental illness;
- Pain assessment;
- Immunization history;
- Current and past medication;
- Allergies;
- Past surgical procedures;
- Symptoms of active TB or previous TB treatment;
- Dental care history;
- Use of alcohol, tobacco, and other drugs, including an assessment for risk of potential withdrawal;
- Possibility of pregnancy;
- Other relevant health problems identified by the CMA responsible for screening inquiry;
- Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, or sweating;
- History of suicide attempts, current suicidal/homicidal ideation or intent, and/or non-suicidal self-injury;
- Observation of body deformities and other physical abnormalities (e.g., marks, rashes, amputations, bruises, or scars);
- Inquire whether a resident self-identifies as transgender, and if so, document their history of transition-related care, if any;
- Past hospitalizations (to include mental health treatment);
- Chronic illness (including, but not limited to, hypertension and diabetes);
- Dietary needs; and
- Any history of physical or sexual victimization or perpetrated sexual abuse, and when the

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incident occurred.

When there is a clinically significant finding as a result of the initial health screening, the health care professional who performed the screening will initiate an immediate referral and the resident will receive a health assessment as clinically indicated but no later than two working days from the initial screening.

For further information and guidance, see the ICE Family Residential Standard on *Admission and Release*.

Initial screenings will be conducted in settings that respect residents' privacy. Screenings will include observation and interview questions related to the resident's potential suicide risk and mental health. For further information, see the ICE Family Residential Standard on *Significant Self-harm and Suicide Prevention and Intervention*. If, at any time during the screening process, there is an indication of need of, or a request for, mental health services, the HSA must be notified as clinically indicated, but in any event, no later than 24 hours. The CMA, HSA, or other qualified licensed health care provider will ensure a full mental health evaluation, if indicated. Mental health evaluations must be conducted within the timeframes prescribed in this standard.

All Centers will have policies and procedures in place to ensure documentation of the initial health screening and assessment.

The health intake screening will be conducted using the "In-Processing Health Screening" form (IHSC 795A or J) or its equivalent and will be completed prior to the resident's placement in a living/activity area. Upon completion of the In-Processing Health Screening form, Center staff will immediately notify medical staff when one or more positive responses are documented. Medical staff will then assess priority for treatment (e.g., urgent, today, or routine). See "Comprehensive Health Assessment" and "Medical/Psychiatric Alerts and Holds" sections in this standard.

K. Substance Dependence and Detoxification

All residents will be evaluated through an initial screening for use of and/or dependence on mood- and mind-altering substances, alcohol, opiates, hypnotics, sedatives, etc. Residents who report the use of such substances will be evaluated for their degree of reliance on and potential for withdrawal from the substance.

The CMA will establish guidelines for evaluation and treatment of new arrivals who require detoxification.

Medical staff will monitor residents experiencing severe or life-threatening intoxication or withdrawal and such residents will be transferred immediately to an emergency department for evaluation.

Once evaluated, the resident will be referred to an appropriate facility qualified to provide treatment and monitoring for withdrawal, or treated onsite if the Center is staffed with qualified personnel and equipment to provide appropriate care.

L. Privacy and Chaperones

1. Medical Privacy

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Medical and mental health interviews, screenings, appraisals, examinations, procedures, and administration of medication will be conducted in settings that respect residents' privacy.

2. Same-Gender Providers and Chaperones

A resident's request to see a health care provider of the same gender should be considered; when not feasible, a same-gender chaperone will be provided. When care is provided by a health care provider of the opposite gender, resident will be offered a same-gender chaperone, and provided the chaperone whenever the offer is accepted. A same-gender chaperone will be provided whenever a medical encounter involves a physical examination of sensitive body parts, to include breast, genital, or rectal examinations, by a provider of the opposite gender. Only medical personnel may serve as chaperones during medical encounters and examinations.

M. Comprehensive Health Assessment

Each Center's health care provider will conduct a comprehensive health assessment, including a physical examination and mental health screening, on each adult resident within 14 calendar days of arrival and each minor within 48 hours of arrival, excluding weekends and holidays, unless more immediate attention is required due to an acute or identifiable chronic condition. Physical examinations will be performed by a physician, physician assistant, nurse practitioner, registered nurse (with documented training provided by a physician), or other health care practitioner as permitted by law. The CMA will implement a process to ensure health needs are prioritized.

During the initial intake screening, health care staff identifies and addresses all reported abnormal findings, abnormal vital signs, acute or chronic conditions, and other urgent/emergent conditions. For all residents with acute or chronic health care needs, the intake staff notifies a physician or an advanced practice provider who performs a comprehensive health assessment and establishes a plan of care within two working days or sooner if the clinical situation is more critical. Juveniles receive initial and periodic health assessments as soon as possible, but no later than 48 hours, excluding weekends and holidays, after admission to the Center.

If documentation exists of a comprehensive health assessment within the previous 90 days, then the qualified, licensed health care provider may determine upon review that a new appraisal is not required.

All positive findings (i.e., history and physical, screening, and laboratory) will be reviewed by the treating clinician.

Residents diagnosed with a communicable disease will be isolated according to guidance in this ICE Family Residential Standard and national standards of health care practice and procedures.

N. Medical/Psychiatric Alerts and Holds

When a resident has a serious medical or mental health condition or otherwise requires special or close health care, medical staff will complete a "Medical/Psychiatric Alert" form (IHSC-834) or its equivalent, and file the form in the resident's medical record. Those residents who are currently on a medical hold status must be evaluated and cleared by health care staff prior to transfer or removal. The Center Administrator will receive notice of all medical/psychiatric alerts or holds, and will be responsible for notifying ICE/ERO of any medical alerts or holds placed on a resident who is

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to be transferred.

Potential health conditions meriting the completion of a “Medical/Psychiatric Alert” form or its equivalent may include, but are not limited to:

- Medical conditions requiring ongoing therapy, such as:
 - Active TB;
 - Infectious diseases; and
 - Chronic conditions.
- Mental health conditions requiring ongoing therapy;
- Ongoing physical therapy; and
- Pregnancy.

O. Mental Health Program

1. Mental Health Services Required

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

- Intake screening (on form IHSC 794 or its equivalent) for mental health concerns;
- Referral as needed for evaluation, diagnosis, treatment, and monitoring of mental illness by a competent mental health professional;
- Crisis intervention and management of acute mental health episodes;
- At least one individual counseling session per week for each minor resident, conducted by trained social work staff with the specific objectives of reviewing the minor’s progress, establishing new short-term objectives, and addressing both the developmental and crisis-related needs of each minor.
- Transfer to licensed mental health facilities for residents whose mental health needs exceed the capabilities of the Center; and
- A suicide prevention program, which includes the tracking of referrals to medical/mental health and the outcomes of those referrals.

2. Mental Health Provider

The term “mental health provider” includes psychiatrists, physicians, psychologists, clinical social workers, psychiatric mental health nurse practitioners, and other appropriately licensed independent mental health practitioners.

3. Mental Health Evaluation

Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by Center staff or health care personnel, any resident referred for mental

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health treatment will receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, then the resident will be evaluated by a mental health provider within the next business day.

Such evaluation and screenings will 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, to include prior history of physical, sexual, or emotional abuse;
- Impact of any pertinent physical condition, such as head trauma or seizures; and
- Recommended actions for any appropriate treatment, including, but not limited to, the following:
 - Remain in general population with mental health treatment and accommodations as indicated;
 - Short-term medical observation housing;
 - Transfer to a Center with the capacity to meet the patient's needs; or
 - Community hospitalization; and
- Recommending and/or implementing a treatment plan, including recommendations concerning transfer, housing, voluntary work, and other program participation.

4. Referrals and Treatment

Any resident referred for mental health treatment will receive an evaluation by a qualified, licensed health care provider no later than 72 hours after the referral, or sooner if necessary. A qualified, licensed health care provider may be a registered nurse, advanced practice provider (nurse practitioner/physician assistant), physician, or mental health provider. If the practitioner is not a mental health provider and further referral is necessary, the resident will be evaluated by a mental health provider within the next business day.

The provider will develop an overall treatment/management plan.

If the resident's mental illness or developmental or intellectual disability needs exceed the treatment capability of the Center, then a referral to an outside mental health facility may be

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initiated, after securing parental consent and taking into account the need to maintain family unity.

Any resident prescribed psychiatric medications must be regularly evaluated by a duly-licensed and appropriate medical professional as clinically indicated, and at least once a month, to best treat their condition.

5. Medical Observation

The CMA may authorize temporary medical observation for a resident who is at high risk for violent behavior because of a mental health condition, pending resolution of the situation or transfer to a more suitable facility. Informed consent will be obtained from a minor resident's parent/guardian before any external transfer. The CMA will be responsible for the daily reassessment of the need for continued medical observation to ensure the health and safety of the resident.

Medical observation will not be used as a punitive measure.

6. Involuntary Administration of Psychotropic Medication

Involuntary administration of psychotropic medications to juveniles will not occur at an FRC, therefore, the following procedures apply only to adult residents. Involuntary administration of psychotropic medication to adult residents will comply with established guidelines and applicable laws, and will be performed only under the care of a physician at a hospital or a medical facility appropriate to the needs of the resident and pursuant to the specific, written and detailed authorization of a physician. Absent a declared medical emergency, before psychotropic medication is involuntarily administered, the HSA must contact ICE/ERO, including the FOD and the JFRMU Chief, who will then contact the ICE Office of the Principal Legal Advisor to facilitate a request for a court order to involuntarily medicate the resident.

Prior to involuntarily administering psychotropic medication, absent a declared medical emergency, the authorizing physician will act in accordance with state law and will:

- Review the medical record of the resident and conduct a medical examination;
- Specify the reasons for and duration of therapy, and whether the resident has been asked if he/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 resident for adverse reactions and side effects; and
- Prepare treatment plans for less restrictive alternatives as soon as possible.

See the section on Informed Consent and Involuntary Treatment in this standard for more information.

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P. Referrals for Sexual Abuse Victims or Abusers

If any security or health intake screening or assessment indicates that a resident has experienced prior sexual victimization or perpetrated sexual abuse, then staff will, as appropriate, ensure that the resident is referred immediately to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate.

When a referral for medical follow-up is initiated, the resident will receive a health evaluation, as clinically indicated, no later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the resident will receive a mental health evaluation as medically indicated but no later than 72 hours after the referral.

For the purposes of this section, a “qualified medical practitioner” or “qualified mental health practitioner” means a health or mental health professional, respectively, who in addition to being qualified to evaluate and care for patients within the scope of his/her professional practice, has successfully completed specialized training for treating sexual abuse victims.

Q. Notice of Residents with Serious Illnesses and Other Specified Conditions

The Center Administrator and CMA will ensure that the FOD is notified as soon as practicable of any resident identified as having a serious physical or mental illness or to be pregnant, or have medical complications related to advanced age, but no later than 72 hours after such determination. The written notification will become part of the resident’s health record file. The FOD also must be notified of any resident who has been hospitalized while in ICE custody.

1. Serious Physical Illness

For purposes of this subsection only, the following non-exhaustive categories of medical conditions may be considered to constitute serious physical illness:

- any chronic deteriorating condition requiring multiple medications, to include progressive immune-suppressive conditions;
- any condition that requires an imminent medical procedure or other medical intervention to prevent deterioration;
- any terminal illness;
- active cancer, including but not limited to individuals undergoing chemotherapy;
- Acquired Immuno-Deficiency Syndrome (AIDS) or diagnosed HIV-positive conditions requiring medication;
- multi-drug-resistant (MDR) or extensively drug-resistant (XDR) tuberculosis disease;
- any condition that requires dialysis;
- any condition that requires tube feedings, mechanical ventilation, an implanted cardiac device, or an oxygen tank, or
- any other physical illness determined to be serious by Center medical personnel or by IHSC.

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2. Serious Mental Illness

For the purposes of this section, the following non-exhaustive categories of conditions should be considered to constitute a serious mental illness: conditions that a qualified medical provider has determined to meet the criteria for a “serious mental disorder or condition” pursuant to applicable ICE policies, including:

- a mental disorder that is causing serious limitations in communication, memory, or general mental and/or intellectual functioning (e.g., communicating, conducting activities of daily life, social skills); or a severe medical condition(s) (e.g., traumatic brain injury or dementia) that is significantly impairing mental function; or
- one or more of the following active psychiatric symptoms and/or behavior: severe disorganization, active hallucinations or delusions, mania, catatonia, severe depressive symptoms, suicidal ideation and/or behavior, marked anxiety or impulsivity.
- significant symptoms of one of the following:
 - Psychosis or Psychotic Disorder;
 - Bipolar Disorder;
 - Schizophrenia or Schizoaffective Disorder;
 - Major Depressive Disorder with Psychotic Features;
 - Dementia and/or a Neurocognitive Disorder; or
 - Intellectual Development Disorder (mild, moderate, severe, or profound).
- any ongoing or recurrent conditions that had a recent or prolonged hospitalization, typically for greater than 14 days, or a recent and prolonged stay in a medical clinic;
- any condition that would preclude the resident from living in a non-restrictive, group housing setting (like an FRC), or
- any other mental illness determined to be serious by the treating mental health professional.

3. Pregnancy

The notification requirement in this section applies to all women who have been medically certified as pregnant, regardless of the stage of the pregnancy.

R. Annual Health Examinations

Any resident in ICE custody for more than one year continuously will receive health examinations annually. Such examinations may occur more frequently for certain individuals, depending on their medical history and/or health conditions. Residents will have access to age- and gender-appropriate exams annually, including re-screening for TB.

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S. Dental Treatment

An initial dental (oral) screening exam will be performed within 14 calendar days of an adult resident's arrival, and within 7 calendar days of arrival for minors. The initial dental screening may be performed by a dentist or by physician, physician assistant, nurse practitioner, or registered nurse, if properly trained by a dentist.

An oral examination is to be performed by a licensed dentist within one year for an adult and within 60 days for a juvenile.

Emergency dental treatment will be provided for immediate relief of pain, trauma, and acute oral infection.

Routine dental care, not limited to extractions, is provided to residents during the first six months of residency at an FRC according to a treatment plan based on a system of established priorities for care when, in the dentist's judgment, a resident's health would otherwise be adversely affected. Routine preventative care appointments, including an oral exam, may recur every six months for those who remain in residence. Routine care may include amalgam and composite restorations, prophylaxis, root canals, extractions, x-rays, the repair and adjustment of prosthetic appliances, and other procedures required to maintain the resident's health.

Dental exams and treatment will be performed only by licensed dental personnel.

T. Sick Call

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

- Clearly written policies and procedures;
- Sick call process communicated in writing and verbally to residents during their orientation;
- Regularly scheduled sick call times established and communicated to residents; and
- In Centers using sick call requests, an established procedure will be in place to ensure that all sick call requests are received and triaged by appropriate health care personnel within 24 hours after a resident submits the request, or no later than the following morning. All written sick call requests will be date- and time-stamped and filed in the resident's medical record. Health care personnel will review the request slips and determine when the resident will be seen based on acuity of the problem. In an urgent situation, Center staff will notify health care personnel immediately.

Sick call will be held seven days a week.

If the procedure requires a written request slip, then the slip will be in English and the languages most widely spoken among the residents within the Center.

LEP residents and residents who are hearing or visually impaired will be provided interpretation/translation services or other assistance as needed to complete a request slip.

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Request slips will be completed, dated, and signed by adult residents on behalf of themselves or their minor children.

All Centers will maintain all sick call requests in the medical record and in a central log/location at the Center.

U. Emergency Medical Services and First Aid

Each Center will have a written emergency services plan for delivery of 24-hour emergency health care. This plan will be prepared in consultation with the Center's CMA or the HSA, and must include the following:

- Daily assignment of in-house emergency response team designated per shift;
- An on-call physician, dentist, and mental health professional, or designee, who 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) maintained for use at each Center and accessible to staff;
- Cardiopulmonary resuscitation (CPR), AED, and emergency first aid training annually for all health care and non-health care staff;
- Annual training to enable health care personnel and non-health care staff to respond to health-related situations within four minutes; and
- Procedures that ensure the immediate transfer of residents for emergency health care.

The HSA ensures that health care staff have training and competency in implementing the Center's emergency health care plan appropriate for each staff member's scope of practice or position. The Center Administrator ensures that non-health care staff have appropriate training and competency in implementing the Center's emergency plan appropriate for each staff member's position.

Training and competency assessments will include the following areas:

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

When a non-health care employee has reason to suspect that emergency care is required, he/she

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will immediately notify an on-call medical provider, who will make the determination.

Health care and safety equipment will be available and maintained, and staff will be trained in proper use of the equipment.

In each Center, the Center Administrator, in consultation with the designee for environmental health and safety, will determine the contents, number, location(s), and use protocols for first aid kits, as well as the procedures for monthly inspections thereof.

Victims of sexual abuse will have timely access to emergency medical treatment and crisis intervention services in accordance with the ICE Family Residential Standard on *Sexual Abuse and Assault Prevention and Intervention*.

V. Delivery of Medication

Medication (including over the counter medications) will be distributed in accordance with specific instructions and procedures established by the HSA in consultation with the CMA. Written or electronic records of all prescribed medication given to or refused by residents will be maintained by health care staff.

If prescribed medication must be delivered at a time when medical staff is not on duty, then the medication may be distributed by other staff, where it is permitted by state law to do so, who have received proper training by the HSA or designee.

The Center will maintain documentation of the training given any staff required to distribute medication, and the staff will have available for reference the training syllabus or other guide or protocol provided by the HSA or designee.

Residents may not deliver or administer medications to other residents except individuals in their own family or under their guardianship as described in local policy.

All prescribed medications and medically necessary treatments will be provided to residents on schedule and without interruption, absent exigent circumstances.

Residents who arrive at a Center with prescribed medications, or who report being on such medications, will be evaluated by a qualified health care professional as soon as possible, but not later than 24 hours after arrival, and provisions will be made to secure medically necessary medications.

Residents will not be charged for any health care services to include pharmaceuticals dispensed by medical personnel.

W. Health Education and Wellness Information

Qualified health care personnel will provide residents health education and wellness information on topics including, but not limited to, the following:

- Safe medication use;
- Personal and hand hygiene and dental care;
- Prevention of communicable diseases;

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- Smoking cessation;
- Self-care for chronic conditions; and
- Benefits of physical fitness.

X. Special Needs and Close Medical Supervision

Consistent with the ICE Family Residential Standard on *Disability Identification, Assessment, and Accommodation* and the IHSC Covered Services Package, residents will be provided medical prosthetic devices or other impairment aids, such as eyeglasses, hearing aids, or wheelchairs.

When a resident requires close health care supervision, including chronic and convalescent care, the appropriate qualified licensed health care provider, in consultation with the patient, and with periodic review, will develop and approve a written treatment plan, including access to health care and other care and supervision personnel. Likewise, staff responsible for matters such as housing and program assignments and behavior modification measures will consult with the responsible qualified licensed health care provider or HSA.

Residents must be seen by a qualified licensed health care provider at least every 90 days to assess the status of their chronic condition(s) and review the plan of care.

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

Transgender residents who were already receiving hormone therapy when taken into ICE custody will have continued access. All transgender residents will have access to mental health care, and other transgender-related health care and medication based on medical need. Treatment will follow accepted guidelines regarding medically necessary transition-related care.

For special needs related to female residents, see the ICE Family Residential Standard on *Health Care (Females)*.

Y. Restraints

Restraints for medical or mental health purposes may be authorized only by the Center's CMA or designee, after determining that less restrictive measures are not appropriate. In the absence of the CMA authorization, qualified health care personnel may apply restraints only upon declaring a medical emergency. Within one hour of initiation of emergency restraints or seclusion, qualified medical staff will notify and obtain an order from the CMA or designee. All restraint applications will be in accordance with the ICE Family Residential Standard on *Use of Physical Control Measures and Restraints* and state law, including its provisions for the treatment of minor residents and the necessity of their parents'/guardians' informed consent.

The Center will have written procedures that specify:

- the conditions under which restraints may be applied;
- the types of restraints to be used;

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- the proper use, application and medical monitoring of restraints;
- obtaining parental consent if the resident is a minor;
- requirements for documentation, including efforts to use less restrictive alternatives; and
- after-incident review.

The use of restraints requires documented approval and guidance from the CMA. Record-keeping and reporting requirements regarding the medical approval to use restraints will be consistent with other provisions within these standards, including documentation in the resident's A-file, residential file, and medical file.

Z. Continuity of Care

The Center HSA must ensure that a plan is developed that provides for continuity of health care in the event of a change in custody or residential placement or status.

The resident's medical needs will be taken into account prior to any transfer of the resident to another Center or other ICE facility. Alternatives to transfer will be considered, taking into account the disruption that a transfer will cause to a resident receiving health care. Upon transfer to another Center, the medical provider will prepare and provide the resident a medical transfer summary (described in the ICE Family Residential Standard on *Resident Transfers*). In addition, the medical provider will ensure that at least a 7-day (or, in the case of TB medications, 15-day, and in the case of HIV/AIDS medications, 30-day) supply of medication will accompany the resident as ordered by the prescribing authority.

Upon removal or release from ICE custody, the resident will receive up to a 30-day supply of medication, as ordered by the prescribing authority, and a detailed health care summary. If a resident is on prescribed narcotics, the CMA will make a determination regarding continuation, based on assessment of the resident. The HSA must ensure that a continuity of treatment care plan is developed, and a written copy is provided to the resident prior to release or removal.

AA. Informed Consent and Involuntary Treatment

Involuntary treatment is a decision made only by medical staff under strict legal restrictions. When a resident (i.e., an adult or a minor without parental consent) refuses health care treatment, and the licensed health care provider determines that a health care emergency exists, the physician may authorize involuntary medical treatment. Prior to any contemplated action involving non-emergent involuntary medical treatment, the ICE Office of the Principal Legal Advisor will be consulted.

NOTE: As described in the ICE Family Residential Standard on *Program Philosophy, Goals, and Expected Outcomes*, Centers are expected to adhere to both the FRS and any state licensing requirements; when there is a conflict, state licensing requirements will prevail. Seek ICE/ERO/JFRMU assistance as needed.

1. Informed Consent

Informed consent standards of the jurisdiction will be observed. Either consent forms will be

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provided in a language the resident reads and understands, or professional interpretation assistance will be provided as described in the section on Translation and Language Access for Residents with Limited English Proficiency. Use of professional interpretation services will be documented on the form.

Upon admission at the Center, documented informed consent will be obtained from adult residents, on behalf of themselves and their minor child(ren), for the provision of health care services (e.g., general exams, sick call, and immunizations).

All examinations, treatments, and procedures are governed by informed consent practices applicable in the jurisdiction.

A separate documented informed consent is required for invasive procedures, including surgeries, invasive diagnostic tests, and dental extractions.

Prior to the administration of psychotropic medications, a separate documented informed consent, which includes a description of the medication's purpose, possible benefits, risks of declining treatment, and side effects, will be obtained. Involuntary administration of psychotropic medications to juveniles will not occur at an FRC.

If an adult resident refuses consent to treatment on behalf of him/herself or his/her minor child(ren) and the CMA or designee determines that treatment is necessary, then ICE/ERO and the ICE Office of the Principal Legal Advisor will be consulted in determining whether involuntary treatment will be pursued.

If the resident refuses to consent to treatment, then health care staff will make reasonable efforts to explain to the resident the necessity for and propriety of the recommended treatment. Health care staff will ensure that the resident's questions regarding the treatment are answered by appropriate medical personnel.

Health care staff will explain the health risks if treatment is declined and will document their treatment efforts and refusal of treatment in the resident's health care record. Residents will be asked to sign a refusal form to document their refusal of care and their understanding of the risks of the refusal. Interpretation/translation services will be used as needed to meaningfully convey the content of the refusal form, and the use of such services will be documented on the form itself.

The CMA and Center Administrator will look into refusals of treatment to ensure that such refusals are not the result of miscommunication or misunderstanding.

Centers should make efforts to involve trusted individuals such as clergy or family members should a resident refuse treatment.

When an adult resident's refusal of examination or treatment on behalf of him/herself or his/her minor child(ren) poses a risk to the general population, staff, or visitors, the CMA may determine it medically necessary to remove that resident from the general population until the situation can be resolved. Health observation will only be for health reasons that are documented in the health care record and may not be used for punitive purposes. Such placement will only occur after a determination by a licensed mental health provider that the placement will not adversely affect the resident's mental health. Center staff will immediately notify the FOD and JFRMU Chief of such

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placement.

In the event of a hunger strike, see the ICE Family Residential Standard on *Hunger Strikes*.

The ICE Family Residential Standard on *Terminal Illness, Advance Directives, and Death* provides details regarding living wills and advance directives, organ donations, and do not resuscitate (DNR) orders.

BB. Health Care Records

1. Health Record File

The HSA will maintain a complete health record on each resident that is:

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

2. Confidentiality and Release of Medical Records

All health care providers and staff will protect the privacy of residents' health information in accordance with established guidelines and applicable laws, regulations, and agency policy. These protections apply not only to records maintained on paper but also to electronic records when 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 resident's health status and a resident's health record is confidential, and the active medical record will be maintained separately from other records and be accessible in accordance with applicable laws and regulations.

The HSA will provide the Center Administrator and designated staff information that is necessary as follows:

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

Specific restrictions govern the release of medical information or records. Adult residents who indicate they wish to obtain copies of their or their family members' medical records will be provided with the appropriate request form (which may be an IHSC Form I-813 or its equivalent). ICE/ERO, or the Center Administrator, will provide LEP residents and residents who are hearing or visually impaired with interpretation or translation services or other assistance as needed to make the written request, and will assist in transmitting the request to the Center HSA.

Upon his/her request, while in the Center, an adult resident or his/her designated representative will receive information from the resident's health records or those of his/her family members. Copies of health records will be released by the HSA directly to an adult resident or his/her

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designee, at no cost to the resident, within a reasonable timeframe after receipt by the HSA of a written request and/or authorization from the resident.

In absence of a Form I-813 or its equivalent, a written request may serve as authorization for the release of health information, as long as it includes the following information:

- Name of the individual or institution to receive the information;
- Resident's full name, date and place of birth or other verification of identity, and appropriate identifier (SSN, A-number, etc.);
- Description of the records and information to be released; and
- Resident's signature and date.

Written authorization for health care records must be from the resident, or in the case of a child, the child's parent/guardian. Following the release of health information, the written request and/or authorization will be retained in the health record.

Residents are to be informed that if they are removed or released from custody prior to laboratory results being evaluated, then the results will be made available by contacting the Center and providing consent for the release of information.

3. Inactive Health Record Files

All inactive health care records will be retained as permanent records in compliance with locally established procedures and the legal requirements of the jurisdiction.

4. Transfer and Release of Residents

ICE/ERO and the HSA will be notified when residents are to be transferred or released. Residents will be transferred, released, or removed with proper medication to ensure continuity of care throughout the transfer and subsequent intake process, release, or removal (see the section above on Continuity of Care). Those residents who currently are placed in a medical hold status must be evaluated and cleared by a physician, nurse practitioner, or physician assistant prior to transfer or removal. In addition, the CMA or designee must inform the Center Administrator and ICE/ERO in writing if the resident's medical or psychiatric condition requires a medical escort during removal or transfer.

Notification of Medical/Psychiatric Alerts or Holds. Upon receiving notification that a resident is to be transferred, appropriate medical staff at the sending Center will notify the Center Administrator of any medical/psychiatric alerts or holds that have been assigned to the resident, as reflected in the resident's health records. The Center Administrator will be responsible for providing notice to ICE/ERO of any medical alerts or holds placed on the resident that is to be transferred.

Notification of Transfers, Releases, and Removals. The HSA will be given 24 hours' advance notice by ICE/ERO prior to the release, transfer, or removal of a resident, so that health care staff may determine and provide for any health care needs associated with the transfer, release, or removal.

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Transfer of Health Records. When a resident is transferred to another Center or ICE detention facility, a health care transfer summary described in the ICE Family Residential Standard on *Resident Transfers* must accompany each resident during transfer. Upon request of the receiving Center or ICE detention facility, the sending Center will transmit a copy of the full health care record within 5 business days, or sooner if determined by the receiving Center or ICE detention facility to be a medically urgent matter.

Upon removal or release from ICE custody, the resident will be provided medication, referrals to community-based providers as medically appropriate, and a detailed health care summary. This summary should include instructions that the resident can understand and a health history that would be meaningful to future health care providers. The summary will include, at a minimum, the following items:

- Patient identification;
- Child immunization records, which will be provided to the parent or guardian upon release (other requirements for the transfer of records are contained in the ICE Family Residential Standard on *Resident Transfers*);
- TB screening results (including results date) and current TB status if TB disease is suspected or confirmed;
- Current mental, dental, and physical health status, including all significant health issues, and highlighting any potential unstable issues or conditions which require urgent follow-up;
- Results of pregnancy tests, when applicable;
- Current medications, with instructions for dose, frequency, etc., with specific instructions for medications that must be administered en route;
- Any past hospitalizations or major surgical procedures;
- Recent test results, as appropriate;
- Known allergies;
- Any pending medical or mental health evaluations, tests, procedures, or treatments for a serious health condition scheduled for the resident at the sending Center. In the case of patients with communicable disease and/or other serious medical needs, residents being released from ICE custody are given a list of community resources, at a minimum;
- Copies of any relevant documents as appropriate;
- Printed instructions on how to obtain the complete health record; and
- The name and contact information of the transferring health official.

IHSC Form 839 or its equivalent may be used by Centers to ensure compliance with these standards.

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CC. Terminal Illness or Death of a Resident

Procedures to be followed in the event of a resident's terminal illness or death are in the ICE Family Residential Standard on *Terminal Illness, Advance Directives, and Death*. The standard also addresses resident organ donations.

DD. Medical Experimentation

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

This stipulation does not preclude the use of approved investigational new drugs or clinical trials that may be warranted for a specific resident's diagnosis or treatment when recommended and approved by the CMA. Such measures require documented informed consent and notification to IHSC.

EE. Administration of the Health Department

1. Quarterly Administrative Meetings

The Center Administrator, ICE/ERO, and the HSA will meet at least quarterly and include other Center and medical staff as appropriate. The meeting agenda will include, at minimum, the following:

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

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

2. Health Care Internal Review and Quality Assurance

The HSA will implement a system of internal review and quality assurance. The system will include:

- Participation in a multidisciplinary quality improvement committee;
- Collection, trending, and analysis of data along with planning, interventions, and reassessments;
- Evaluation of defined data;
- Analysis of the need for ongoing education and training; and
- Onsite monitoring of health service outcomes on a regular basis through the following measures:
 - Chart reviews by the responsible physician or his/her designee, including investigation of complaints and quality of health records;

4.3 Health Care

- Review of practices for prescribing and administering medication;
- Systematic investigation of complaints and grievances;
- Monitoring of corrective action plans;
- Review of all deaths, suicide attempts, and illness outbreaks;
- Development and implementation of corrective-action plans to address and resolve identified problems and concerns;
- Reevaluation of problems or concerns to determine whether the corrective measures have achieved and sustained the desired results;
- Incorporation of findings of internal review activities into the organization's educational and training activities;
- Maintenance of appropriate records of internal review activities; and
- Confirmation that records of internal review activities comply with legal requirements on confidentiality of records.

3. Peer Review

The HSA will implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews will be conducted at least annually.

FF. Examinations by Independent Health Care Providers and Experts

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

If a resident seeks an independent medical or mental health examination, then the resident or his/her legal representative will submit to the FOD a written request that details the reasons for such an examination. Ordinarily, the FOD will approve the request for independent examination, as long as such examination will not present an unreasonable security risk. Requests for independent examinations will be responded to as quickly as practicable. If a request is denied, then the FOD will advise the requester in writing of the rationale.

Neither ICE/ERO nor the Center will assume any costs of the examination, which will be at the resident's expense. The Center will provide a location for the examination but no health care equipment or supplies and the examination must be arranged and conducted in a manner consistent with Center safety and security.

GG. Tele-Health Systems

If the Center elects to utilize tele-health services, the Center will provide appropriate technology and adequate space for the use of services of the ICE Tele-Health Systems, including tele-radiology, tele-psychiatry, and tele-medicine, as appropriate.

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The cost of the equipment, equipment maintenance, staff training, and credentialing (as outlined in the contract), arrangements for X-ray interpretation and administration by a credentialed radiologist, and data transmission to and from the Center will be provided by the Center and charged directly to ICE.

The Center Administrator will coordinate as appropriate to ensure adequate space is provided for the equipment, connectivity is available, and electrical services are installed.

Immediate 24-hour access, 7 days a week, will be granted to equipment for service and maintenance by technicians.

A qualified tele-health coordinator will be appointed and available for training. Qualified, licensed, and credentialed health care staff will be available to provide tele-health services as guided by state and federal requirements and restrictions.

Special Provisions for Health Care of Children

A. Health Care of Children (Infant–11 years)

Each minor, upon arrival at the Center, will be enrolled in a Well Baby or Well Child Clinic. The health assessment and periodic well-child checks will follow the same format for each visit. These assessments will be documented on the “IHSC Pediatric Physical Assessment” form or its equivalent. These assessments will begin with the initial visit, then will inquire as to developmental milestones and evaluate current developmental milestone status at regular intervals as follows:

- 2–4 weeks of age;
- 2 months old;
- 4 months old;
- 6 months old;
- 9 months old;
- 12 months old;
- 15 months old;
- 18 months old;
- 2 years old;
- 2.5 years old; and
- Annually from 3–10 years of age.

At 11 years of age, the health assessment will be documented on the adult health assessment form. This schedule will be updated based on the recommendations of the American Academy of Pediatrics.

4.3 Health Care

The format for the exams will be the same at each age level, but will place emphasis on the differences for each age group, and will include the following:

- Developmental Tasks:
 - Physical;
 - Behavioral; and
 - Mental.
- Diet and Nutrition:
 - Adequate; and
 - Appropriate for age/development.
- Immunizations:
 - Up to date; and
 - Documentation.
- Subjective Data—will include previous medical history, any current health care problems, medications, and allergies; and
- Objective Data:
 - Vital signs, including blood pressure, temperature, pulse, respirations, height and weight. In children up to 23 months of age, this will also include head circumference; and
 - Physical exam, head to toe, including dental health.

Assessment will include a discussion of findings with the parent or guardian.

Plan will include timing of follow-up, medications, and laboratory tests (if indicated), referral to next level of care (if indicated), and next exam.

Child and parent education will include child development and how to deal with changes in a residential setting; dental hygiene; injury prevention; nutrition; use of any medications; follow-up; and sick call procedures.

B. Health Care of Adolescents (12–18 years)

In addition to the above examination process, the adolescent exam will include a special emphasis on preventive services to reduce serious morbidity and premature mortality. The categories included in preventive services screening and counseling will include:

- Screening for risk factors for injury, chronic illness, and need for immunizations;
- Counseling about the following to reduce health risks:

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- Cardiovascular diseases;
 - Smoking cessation;
 - Obesity/nutrition;
 - Hypertension; and
 - Hyperlipidemia.
- Counseling regarding health risk behaviors:
 - Alcohol and drug use; and
 - Sexually transmitted infections (age-appropriate).
 - Immunizations;
 - General health guidance and recommendation for frequency of health visits; and
 - Dental health.

Guidance for parents of adolescents will include but not be limited to:

- Appropriate parental decisions;
- Adapting parental practices to meet changing needs of the child and the family; and
- Health guidance throughout the child-rearing spectrum.

References

- ICE Family Residential Standard on Admission and Release
- ICE Family Residential 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
- ICE Family Residential Standard on Hunger Strikes
- ICE Family Residential Standard on Health Care (Females)
- ICE Family Residential Standard on Program Philosophy, Goals, and Expected Outcomes
- ICE Family Residential Standard on Disability Identification, Assessment, and Accommodation
- ICE Family Residential Standard on Resident Handbook
- ICE Family Residential Standard on Resident Transfers

4.3 Health Care

- ICE Family Residential Standard on Sexual Abuse and Assault Prevention and Intervention
- ICE Family Residential Standard on Significant Self-harm and Suicide Prevention and Intervention
- ICE Family Residential Standard on Terminal Illness, Advance Directives, and Death
- ICE Family Residential Standard on Use of Physical Control Measures and Restraints
- ACR-SPR Practice Guideline for the Performance of Chest Radiography and ACR-SPR Practice Guideline for the Performance of Portable Chest Radiography
- American Public Health Association Standards for Health Services in Correctional Institutions, Health Services for Women
- Centers for Disease Control and Prevention website, www.cdc.gov (for the most current guidelines and recommendations on TB case management and control, HIV management, health care acquired infections, infection control, influenza management, respiratory protection, infectious diseases of public health significance, emerging infectious diseases, and correctional health)
- Exec. Order 13166
- ICE Health Service Corps (IHSC) Policies and Procedures Manual
- IHSC Directive 03-10 Intake Screenings and Intake Interviews (4-4. 4-5)
- Infectious Diseases Society of America, <http://www.idsociety.org/Content.aspx?id=9088> (for the most current infectious diseases practice guidelines prepared or endorsed by the Infectious Diseases Society of America)
- National Commission on Correctional Health Care, Standards for Health Services in Jails (2008): JG-06, JG-07, JG-08, JG-09
- National Commission on Correctional Health Care, Standards for Health Services in Juvenile Detention and Confinement Facilities (2011): Y-E-04
- Pediatrics: Targeted Testing and Treatment for TB in Children and Adolescents
- Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities, 79 Fed. Reg. 13100 (Mar. 7, 2014), codified at 6 C.F.R. part 115 *et seq.*
- United States Department of Health and Human Services, HIV Clinical Guidelines Portal, <http://aidsinfo.nih.gov/Guidelines/default.aspx> (for the most current national guidelines on HIV Management)
- www.flu.gov
- www.aids.gov