



ERO

U.S. Immigration and Customs Enforcement Enforcement and Removal Operations

Post Pandemic Emergency COVID-19 Guidelines and Protocols



U.S. Immigration
and Customs
Enforcement

ERO Post Pandemic Emergency COVID-19 Guidelines and Protocols May 11, 2023

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SUMMARY OF CHANGES

Explanation of Change	Section	Page
<ul style="list-style-type: none"> Facilities subject to COVID-19 related court orders or settlement agreements must comply with the ERO COVID-19 Guidelines and Protocols and adhere to applicable orders or settlement agreements even where they impose more stringent requirements. 	Purpose and Scope	5
<ul style="list-style-type: none"> Consistent with CDC guidance, the facility status algorithm has changed and no longer includes community COVID risk as a factor. Facility Status will instead be based on community hospital risk. 	All Facilities Housing ICE Detainees	8-9
<ul style="list-style-type: none"> ICE no longer requires intake testing in GREEN facilities. Detainees will be tested when testing is recommended based on clinical and CDC guidelines. 	Operational Status Conditions for Facilities	10
<ul style="list-style-type: none"> ICE facilities will now utilize a two-tiered system for facility operation status (GREEN/RED). 	Operational Status Conditions for Facilities	10-12

PURPOSE AND SCOPE

The U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) Coronavirus Disease 2019 (COVID-19) Guidelines and Protocols sets forth expectations and assists ICE detention facility operators in sustaining detention operations while mitigating risk to the safety and wellbeing of detainees, staff, contractors, visitors, and stakeholders due to COVID-19. These Guidelines and Protocols build upon previously issued guidance, primarily the Pandemic Response Requirements (PRR), and set forth specific requirements to be adopted by all detention facilities, as well as recommended best practices, to ensure that detainees are appropriately housed and that available mitigation measures are implemented. For facilities subject to court orders or settlement agreements regarding COVID-19, this Guidelines and Protocols document will constitute the PRR, and such facilities must continue to adhere to those orders or settlement agreements even where they impose more stringent requirements. This Guidelines and Protocols document has been developed in consultation with the Centers for Disease Control and Prevention (CDC) and is a dynamic document that will be updated as additional/revised information and best practices become available.

INTRODUCTION

As the CDC has explained:

- COVID-19 is a communicable disease caused by a novel (new) coronavirus, SARS-CoV-2, and was first identified as the cause of an outbreak of respiratory illness that began in Wuhan Hubei Province, People's Republic of China (China). COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. COVID-19 can be transmitted via both droplet and airborne transmission. These droplets and particles can be breathed in by other people, or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch.

COVID-19 is spread in three main ways:

- Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
- Having these small droplets and particles containing the virus land on the eyes, nose, or mouth, especially through splashes and sprays such as a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them.

Symptoms may include fever, cough, and shortness of breath; they typically appear two to fourteen days after exposure. Manifestations of severe disease include severe pneumonia, acute respiratory distress syndrome (ARDS), septic shock, and multi-organ failure. Additionally, other symptoms may include fatigue, headache, chills, muscle pain, sore throat, new loss of taste or smell, nausea or vomiting, and diarrhea.¹

¹ See, e.g., [Centers of Disease Control and Prevention, Symptoms of Coronavirus](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html), <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> (last visited May 9, 2022).

Multiple variants of COVID-19 have been identified. They vary in both morbidity and mortality. COVID-19 vaccination reduces the chance of severe disease, need for hospitalization, and death. However, studies have shown that vaccinated individuals can become infected and still transmit the virus.²

Given the seriousness and pervasiveness of COVID-19, ICE is taking necessary measures to protect detainees, staff, contractors, visitors, and stakeholders. ICE provided guidance on the measures required for facilities housing ICE detainees across the full spectrum of detention facilities to mitigate the spread of COVID-19. The ICE detention standards applicable to all facilities housing ICE detainees have long required that each such facility have written plans that address the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, treatment, and education. Those requirements include reporting and collaboration with local or state health departments in accordance with state and local laws and recommendations.³

On April 10, 2023, President Joseph Biden signed into law an act ending the national COVID-19 emergency.⁴ [On May 11, the public health emergency related to COVID-19 ended.](#) This new version of the COVID-19 guidance focuses on transitioning back to a normal footing regarding the control and treatment of COVID-19 while adhering to continuing CDC guidance.

The Performance-Based National Detention Standards (PBNDS) 2008 and 2011 both require facilities to “comply with current and future plans implemented by federal, state or local authorities addressing specific public health issues including communicable disease reporting requirements[,]” with PBNDS 2011 specifically requiring compliance with CDC guidelines for the prevention and control of infectious diseases.⁵ The 2019 National Detention Standards (NDS) similarly require “collaboration with local or state health departments in accordance with state and local laws and recommendations.”⁶ The measures outlined in this guidance allow ICE personnel and detention providers to properly discharge their obligations under those standards in light of the challenges posed by COVID-19.

OBJECTIVES

The ERO COVID-19 Guidelines and Protocols document has been designed to establish requirements, as well as best practices, for all detention facilities housing ICE detainees to follow for the management of COVID-19. Consistent with ICE detention standards, all facilities housing ICE detainees are required to have a COVID-19 mitigation plan that meets the following four objectives:

² See [Centers for Disease Control and Prevention, Vaccines for COVID-19](#), <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html> (last visited May 3, 2023).

³ See, e.g., [ICE National Detention Standards 2019 \(NDS\), Standard 4.3, Medical Care, II.D.2, p. 114](#), https://www.ice.gov/doclib/detention-standards/2019/4_3.pdf; [2011 ICE Performance-Based National Detention Standards \(PBNDS\), Revised 2016, Standard 4.3, V.C.1 \(p. 261\)](#), <https://www.ice.gov/doclib/detention-standards/2011/4-3.pdf>; [2008 ICE PBNDS, Standard 4-22, Medical Care, V.C.1 \(pp. 5-6\)](#), https://www.ice.gov/doclib/dro/detention-standards/pdf/medical_care.pdf.

⁴ See Pub. L. No. 118-3 (Apr. 10, 2023). <https://www.congress.gov/bill/118th-congress/house-joint-resolution/7/text>.

⁵ Performance-Based National Detention Standards (PBNDS) 2008, Medical Care, V. C., Communicable Disease and Infection Control p. 5-8; Performance-Based National Detention Standards (PBNDS) 2011, rev. 2016, Medical Care, 4.3, V. C., Communicable Disease and Infection Control, p. 261-264.

⁶ The 2019 NDS, Medical Care 4.3, II.D.2, Infectious and Communicable Diseases, p.114.

- To protect employees, contractors, detainees, visitors, and stakeholders from exposure to the virus.
- To maintain essential functions and services at the facility while managing COVID-19.
- To establish the means to test, vaccinate, monitor, cohort,⁷ quarantine, and isolate the sick from the well.

Since the end of the COVID-19 national and public health emergencies, the ERO COVID-19 Guidelines and Protocols document will also serve as a transition document to facilitate the shift from pandemic operations to normal operations. For facilities subject to court orders or settlement agreements regarding COVID-19, this Guidelines and Protocols document will constitute the PRR, and such facilities must continue to adhere to those orders or settlement agreements even where they impose more stringent requirements.

COMPLIANCE MEASURES

To ensure that detention facilities comply with the detention requirements set forth in the ERO COVID-19 Guidelines and Protocols document, ICE federal compliance personnel will conduct periodic onsite inspections at over 72-hour ICE detention facilities. Upon identification of a deficiency, ICE will provide written notice to the facility and allow seven business days for submission of a corrective action plan to ICE for approval.

CONCEPT OF OPERATIONS

The ERO COVID-19 Guidelines and Protocols document is intended for use across ICE's entire detention network, applying to all facilities housing ICE detainees, including ICE-owned Service Processing Centers, facilities operated by private vendors and facilities operated by local government agencies that have mixed populations of which ICE detainees comprise only a small fraction.

ERO will issue and post these guidelines on ICE.gov and issue this document and related IHSC guidance through a broadcast message to ERO employees.

This guidance sets forth best practices for all facilities and will be distributed by ERO leadership directly to the ICE Health Service Corps (IHSC) staff and to facilities not staffed by IHSC through Field Medical Coordinators (FMCs).

Facilities that are subject to existing court orders or settlement agreements regarding COVID-19 mitigation measures and/or custody determinations must continue to adhere to those orders or settlement agreements.

⁷ A cohort is a group of persons with a similar condition grouped or housed together for observation over a period of time. Isolation and quarantine are public health practices used to protect the public from exposure to individuals who have or may have a contagious disease. Cohorting, quarantining, and holding in medical isolation is not punitive in nature and must be operationally distinct from administrative or disciplinary segregation, insofar as cells and units for those forms of segregation may be used, but detainees are provided access to TV, reading materials, recreation, and telephones to the fullest extent possible. For purposes of this document, and as defined by the CDC, quarantine is the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been exposed, to prevent the possible spread of the communicable disease. For purposes of this document, and as defined by the CDC, isolation is the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from others to prevent the spread of the communicable disease.

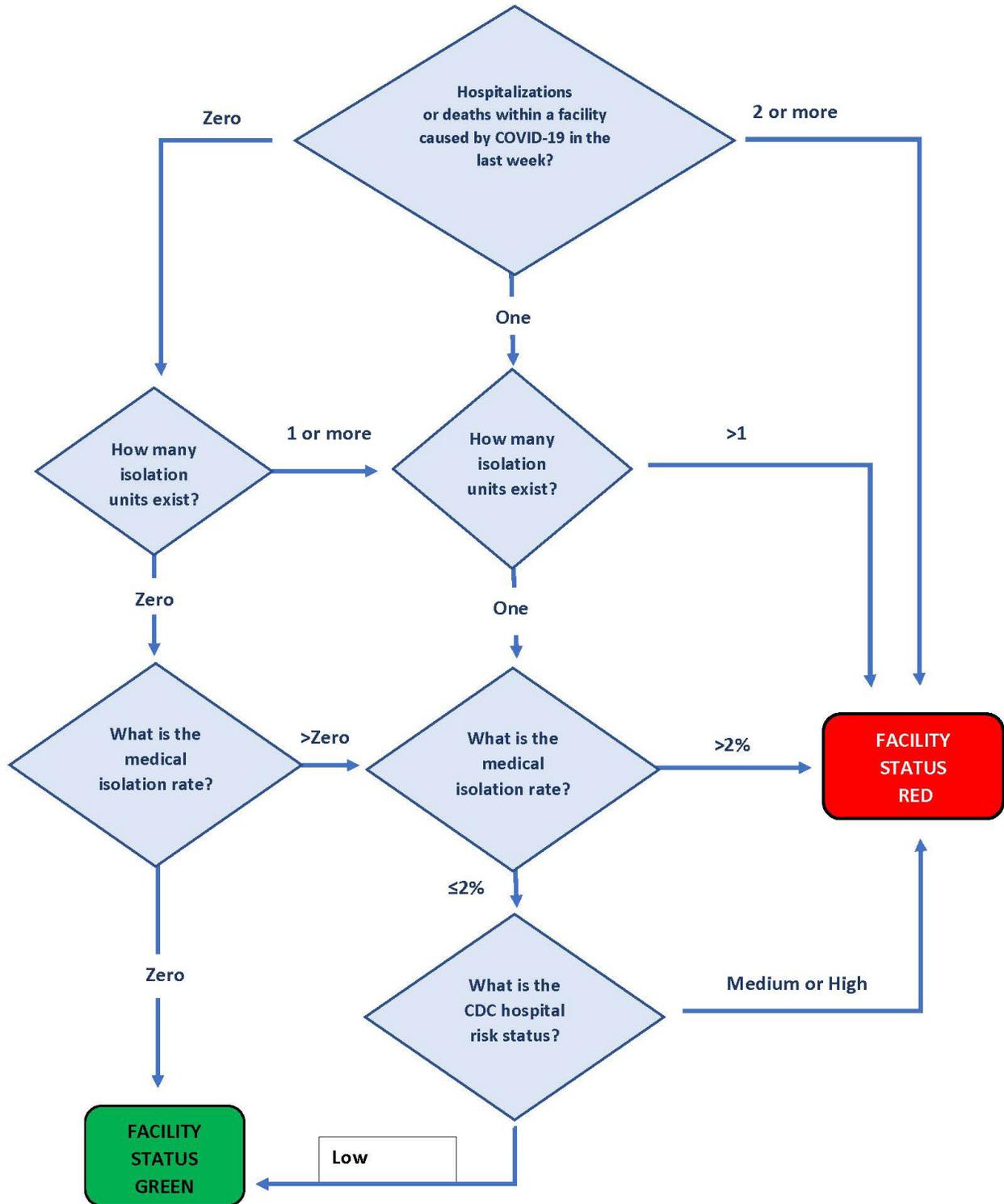
ALL FACILITIES HOUSING ICE DETAINEES

All detention facilities housing ICE detainees must comply with the following:

Facility Operational Status Determination and COVID-19 Operations

- Based on CDC's [Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities](#) released on November 29, 2022, each ICE facility will, on a weekly basis, determine its COVID operational status.
- Facility status and interventions for COVID-19 management will be based on this determination in accordance with CDC guidance.
- The HSA (or equivalent at non-IHSC staffed facilities) will report the findings to the local facility medical leadership, and they will determine the operational status for the facility each week.
- The local medical leadership will report this status each week to facility leadership and to the relevant ERO Field Office Director.
- Facilities will use four measures that, in combination, will assign a specific response level to each facility. The measures are not cumulative and will be determined each week based on the following:
 - CDC Hospital COVID-19 levels:
 - Determined by the hospital admissions data for COVID-19 by county as published by CDC.
 - Number of isolation/quarantine pods/housing units:
 - Pods or units are counted at the time of measurement.
 - These are not intake units, but isolation/quarantine pods/units created due to a case or exposure in the general population.
 - Measure an absolute number for 0 or 1. If there is more than one unit, the facility will need to determine the % or bed space occupied by non-intake isolation/quarantine units. This is to balance the unique needs of small versus large facilities.
 - Medical isolation rate:
 - Calculated by adding the number of detainees in the facility's medical housing for COVID-19 to the number of detainees hospitalized for COVID-19, and then divided by the total number of detainees in the facility at the time of measurement.
 - Hospitalization or death since the previous measurement period caused primarily by COVID-19. Hospitalizations or deaths of detainees not caused primarily by COVID-19 are not applicable. For example, a detainee hospitalized due to a fall who tests positive, but is asymptomatic, does not count for this determination.
- Once these values are determined, the facility will follow the decision matrix below to determine the facility status for the week: GREEN or RED.
- Facilities will maintain a weekly record of their status.
- Facility leadership can change the operational status at any time based on the changing public health environment without waiting for the weekly determination.

**Immigration & Customs Enforcement COVID-19 Response
Facility Status Decision Tree (May 2023) YELLOW REMOVED**



OPERATIONAL STATUS CONDITIONS FOR FACILITIES

GREEN

- Staff who report symptoms of COVID-19 should not report to work until cleared by their health care provider.
- Continue to provide and encourage up to date COVID-19 vaccination for staff members and detainees (including additional doses for people who are immunocompromised and others who are eligible for them, and boosters).
- Maintain standard infection control: Maintain optimized ventilation, handwashing, and cleaning and disinfection for standard prevention of infectious diseases, including COVID-19. Ensure that recommended personal protective equipment (PPE) is available for staff and detainees.
- As a strategy for everyday operations, facilities should ensure that ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space. Improvements and repairs should be made, as necessary.
- All detainees are screened for COVID-19 symptoms as described below (see SCREENING FOR COVID-19).
- Detainees are tested at intake if they display symptoms consistent with COVID-19 infection. (*See SCREENING FOR COVID-19 below*). Detainees who test negative for COVID-19 at intake:
 - Are provided a mask to wear for 10 days post-symptom onset.
 - Can be processed into general population assuming no further medical issues are present.
- Detainees who test positive:
 - Isolate for 10 days post-symptom development or 10 days post-test date (whichever is shorter).
 - Provide mask to wear for 10-day post-symptom onset.
 - Can be retested no sooner than day five of isolation.
 - If retest is positive, completes isolation period.
 - If retest is negative, release on day 7 isolation (48 hours after retest); continue mask wear for full isolation period.
- Determine through contact tracing if detainees who have COVID-19 symptoms and tested positive have close contacts (a close contact is defined as someone who was less than 6 feet away from an infected person for a total of 15 minutes or more over a 24-hour period).
- Once close contacts are identified, test them for COVID-19.
 - Educate the detainee on symptoms of COVID-19 infection and instruct detainees to report if they have any symptoms to medical staff at sick call or to the custody officer (who will notify medical staff).
 - If negative, provide a mask to wear for 10 days post-exposure.
 - If positive:
 - Provide a mask to wear for 10 days post-exposure.
 - Isolate for 10 days post-exposure.
 - Can be retested no sooner than day five of isolation.
 - If retest is positive, completes isolation period.
 - If retest is negative, release on day 7 isolation (48 hours after retest); continue mask wear for full isolation period.
- If symptoms develop in a detainee during isolation:

- Reset isolation clock to 10 days post-symptom onset.
 - Retest detainee immediately. Use [CDC Antigen testing algorithm](#).
- A detainee who was severely ill with COVID-19 or who has a severely weakened immune system (immunocompromised) due to a health condition or medication may require a longer period of isolation (up to 20 days) and may require consultation with infectious disease specialists and testing to determine when the detainee can be released from isolation.
- COVID-19 positive detainees determined to be at increased-risk of complications from COVID-19 or more severely affected symptomatic detainees may require a higher level of monitoring or care and should be housed in the medical housing unit or infirmary area of the facility or, if unavailable, hospitalized as detailed below.
- Detainees who require a higher level of care than can be safely provided at the detention facility must be referred to community medical resources when needed. Facility staff will defer medical care management decisions to the off-site medical provider caring for the detainee.
- Communicate regularly with isolated detainees regarding their isolation period.
- Operational status does not change treatments for COVID-19. Treatments for COVID-19 are unchanged from previous guidance. Facilities should maintain the ability to treat eligible people onsite or ensure timely access to care offsite.
- Maintain PPE, vaccinations, and hygiene requirements for staff.
- Prepare for increased measures under RED status. Communicate with facility leadership and develop contingency plans for rapidly increasing intake isolation space.
- Prepare for outbreaks (maintain communication with staff members and detainees about what to expect if an outbreak occurs, and with external partners, including public health and other local correctional and detention facilities).
- Requirements for removals remain unchanged as determined by receiving country.
- Routine masking is not required when facility status is GREEN for detainees, facility staff, visitors, or other persons in the facility.
- Medical personnel must continue wearing PPE appropriate for patient care and treatment as advised by IHSC and CDC.
- Masks should be made available to detainees and staff so that they can utilize them based on personal preference.
- Visitation: There are no restrictions on visitation in green status.

RED

- All actions under conditions GREEN and:
 - Test all detainees for COVID-19 upon intake. Manage positive and symptomatic detainees as described in the relevant sections below.
 - Test all detainees upon transfer or release. If required by state or local authorities, notify state or local health departments upon release of a positive detainee before isolation period is completed.
 - Require all detainees, staff, visitors, and any other persons in the facility to wear a well-fitting mask while indoors.
 - Do not transfer detainees exhibiting symptoms of COVID-19.
 - Temporarily suspend group activities where detainees will be in closer contact than they are in their housing environment (while considering impact on mental health and access to

- services).
- Minimize movement and mixing across housing units: While facility is at RED, reduce contact between different areas of the facility, and between the facility and the community, to prevent transmission. Examples include:
 - Restricting contact between housing units, including maintaining consistent staff assignments.
 - Postponing non-essential community visits.
 - Restricting movement between facilities.
 - Visitation:
 - The facility must provide a facial covering to any visitor who arrives at the facility without one.
 - The facility has (filled) hand sanitizer dispensers located within view and easy access throughout the visitation areas.
 - Virtual visitation should be used as an additional method of visitation, not in place of in-person visitation.
 - In some circumstances, to ensure the greatest number of detainees have access to visitation, the facility may need to limit the number of visits per detainee, while also providing virtual visitation if available.
 - If a facility limits in-person visitation, the facility will notify the local ICE field office director explaining why the limitation is necessary as a protective measure and the expected timeframe when full in-person visitation will be restored.
 - The facility has a process in place that allows for social distancing of six or more feet between visitors and detainees, unless separated by a glass or plexiglass partition.

ADDITIONAL FACTORS AND DEFINITIONS

Up-to-date Vaccination

A noncitizen who is up to date on their COVID-19 vaccines is defined by the CDC as an individual who has received a COVID-19 bivalent vaccine and all boosters recommended when eligible. Vaccine recommendations are different depending on age, the vaccine first received, and time since last dose. Also, the vaccine received has been approved by the CDC/FDA. Furthermore, ICE may recognize other World Health Organization (WHO) - approved vaccines, which must be evaluated on a case-by-case basis based on WHO and/or CDC guidance. To be considered up-to-date, ICE requires that noncitizens must have written documentation of their vaccination (medical record or COVID-19 vaccination card). This also allows for appropriate medical review and the offering of additional vaccines.

Testing for COVID-19

- Detainees who test positive will be isolated as described in this document until medically cleared in accordance with CDC guidelines; a detainee who is still considered to be infectious may be released from custody.
- Detainees who test positive within three months of their original positive COVID-19 test and

cleared isolation precautions do not need to be isolated due to recurrent or persistent results unless they develop new symptoms or a worsening of existing symptoms.

- Tests for COVID-19 fall under three broad categories: PCR based (“molecular,” “RT-PCR based,” “NAAT”), Antigen (“rapid”), and Antibody (“serology”).
- All tests that rely on the amplification of COVID-19 genetic material are RT-PCR based. RT-PCR stands for “reverse transcriptase polymerase chain reaction”; it is a type of PCR test conducted on viruses that have RNA instead of DNA. A “PCR” test for COVID-19 MUST be RT-PCR. Direct PCR on COVID-19 is not possible.
- RT-PCR based tests (also referred to broadly as “molecular” tests) are considered the “gold standard” of testing.
- Antigen-based tests detect viral antigen, do not use PCR, and are generally faster, yielding results in minutes vs hours-days. Abbott BINAXNOW® is an example of an antigen-based test.
- Antigen-based tests are considered less accurate than RT-PCR based tests; however, the CDC does allow for their use in screening (see below).
- Antibody tests measure antibodies produced against COVID-19 in the bloodstream; due to a lack of research, presently antibody-based tests are not recommended for use for screening and are not utilized in a correctional setting.

For COVID-19 testing any Emergency Use Authorization (EUA) approved or licensed antigen-based tests can be used initially in the place of RT-PCR based tests. However, under certain circumstances, the CDC recommends the results of the antigen test be confirmed by a RT-PCR based test.

Screening for COVID-19

- Detainees will be screened upon intake at all ICE facilities for COVID-19 including.
- Temperature screening for a fever is considered 100.4 degrees Fahrenheit or higher.
- Verbal screening for symptoms of COVID-19 and close contact with COVID-19 cases must include the following questions based on the CDC’s [Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities](#):
- *Today or in the past 24 hours, have you had any of the following symptoms:*
 - Fever, felt feverish, or had chills?
 - Cough?
 - Shortness of breath or difficulty breathing?
 - Fatigue?
 - Muscle or body ache?
 - Headache?
 - Sore throat?
 - New loss of taste or smell?
 - Congestion or runny nose?
 - Nausea, vomiting or diarrhea?
- A detainee with a fever or positive COVID-19 symptom screening will be referred to a medical provider for further evaluation for COVID-19 infection. Appropriate PPE and isolation procedures must be utilized, as necessary.

Medical Isolation Considerations

- Ensure that medical isolation for COVID-19 is distinct from administrative or disciplinary segregation.
- Due to limited housing units within many correctional facilities, individuals may be medically isolated in spaces used for administrative or disciplinary segregation; however, medical isolation shall be operationally distinct from administrative or disciplinary segregation to provide access to programs and services to the fullest extent possible as clinically permitted. For example:
 - Ensure that individuals under medical isolation receive regular visits from medical staff and have access to mental health services.
 - Make efforts to provide access to radio, television, reading materials, personal property, telephones, recreation, and commissary to the fullest extent possible.
 - Consider allowing increased telephone privileges without a cost barrier to maintain mental health and connection with others while isolated.
 - Communicate regularly with isolated individuals about the duration and purpose of their medical isolation period.
- Keep the individual's movement outside the medical isolation space to a clinically necessary minimum.
- Provide medical care to isolated individuals inside the medical isolation space unless they need to be transferred to a healthcare facility.
- Serve meals inside the medical isolation space.
- Refrain from group activities while in isolation.
- Assign isolated individual(s) to dedicated bathrooms with regular access to restrooms and showers.
- Housekeeping staff should clean and disinfect areas used by infected individuals frequently on an ongoing basis during medical isolation with an approved cleaning solution used in the strength and in a manner as recommended by the product label.
- Ensure that the individual is wearing a face mask if s/he must leave the medical isolation space for any reason, and whenever another individual enters.
- Provide clean face masks as needed. Face masks must be washed daily and/or changed when visibly soiled or wet.

If the facility is housing individuals with confirmed COVID-19 as a cohort:

- Only individuals with laboratory confirmed COVID-19 should be placed under medical isolation as a cohort.
- Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, or with close contacts of individuals with confirmed or suspected COVID-19.
- Do not house individuals with undiagnosed respiratory infection (who do not meet the criteria of suspected COVID-19) with individuals with suspected COVID-19.
- Ensure that cohorted groups of people with confirmed COVID-19 wear face masks whenever anyone (including staff) enters the isolation space. (Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a face mask.)
- Designate space for cohort medical isolation in a manner that reduces the chance of cross-contamination across different parts of the facility.
- If the facility is housing individuals with confirmed COVID-19 as a cohort, use a well-ventilated

room with solid walls and a solid door that closes fully.

- If possible, limit medical transfers to another facility or within the facility to those necessary for care.
- Staff assignments to medical isolation should remain as consistent as possible with limited movements to other parts of the facility. Staff shall wear recommended PPE as appropriate for their level of contact with the individual under medical isolation.
- Staff shall ensure that they change PPE when leaving the isolation space to prevent cross contamination. If PPE supplies necessitate reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE. Ensure that staff are trained in infection control practices, including use of recommended PPE.
- Minimize transfer of individuals with confirmed or suspected COVID-19 between spaces within the facility.
- Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle. Instruct them to:
 - Cover their mouth and nose with a tissue when they cough or sneeze.
 - Dispose of used tissues immediately in the lined trash receptacle.
 - Wash hands immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit).
 - Ensure that hand washing supplies are continually restocked.

Clinical Care for Individuals with COVID-19

Facilities must ensure that detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms.

- If a facility is not able to provide such evaluation and treatment, a plan must be in place to safely transfer the individual to another facility or local hospital (including notifying the facility/hospital in advance). The initial medical evaluation must determine whether a symptomatic individual is at increased risk for severe illness from COVID-19. Persons at increased risk may include older adults and persons of any age with serious underlying medical conditions, including chronic kidney disease, serious heart conditions, and diabetes among others. See the [CDC's website](#) for a list, and check CDC guidance regularly for updates as more data become available to inform this issue.
- Much remains unknown about the risks of COVID-19 to the pregnant person, the pregnancy, and the unborn child. Prenatal and postnatal care is important for all pregnant individuals, including those who are detained. Visit the CDC website for more information on pregnancy and breastfeeding in the context of COVID-19.

Staff evaluating and providing care for individuals with confirmed or suspected COVID-19 must follow CDC guidance and monitor the guidance regularly for updates to these recommendations.

- Healthcare staff must evaluate persons with COVID-19 symptoms, and those who are close contacts of someone with COVID-19 in a separate room, with the door closed, if possible, while wearing recommended personal protective equipment (PPE) and ensuring that the individual being evaluated is wearing a face mask.

- If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having symptomatic individuals walk through the facility to be evaluated in the medical unit.

Clinicians are strongly [encouraged to test for other causes of respiratory illness](#) (e.g., influenza). However, presence of another illness such as influenza does not rule out COVID-19.

When evaluating and treating persons with symptoms of COVID-19 who do not speak English, use a language line, or provide a trained interpreter.

In addition to the specific measures listed above, all detention facilities housing ICE detainees must also comply with the following guidance found in the CDC's [Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities](#).

Antiviral Therapy

Infection with SARS-CoV-2, the virus that causes COVID-19, can lead to severe symptoms, hospitalization, and death. The FDA has issued Emergency Use Authorizations for several antiviral products for treatment of COVID-19 patients with mild to moderate symptoms and risk factors for severe illness due to COVID-19 infection. ICE will continue to consider all FDA approved treatments for COVID-19.

Treatment with antiviral medication is known to be effective against a particular variant of SARS-CoV-2, reduces the risk of progression to severe disease, decreases the need for hospitalization, and reduces the severity of disease thereby improving survival. Treatment appears to work best when started early after the diagnosis is made in appropriately selected patients. For this reason, ICE recommends that each detainee newly diagnosed with COVID-19 be assessed for possible treatment with this medication.

For more information about COVID-19 antiviral medication treatment, please see the [National Institutes of Health COVID-19 Treatment Guidelines](#).

COVID-19 Vaccine

While ICE cannot mandate that individuals in detention consent to be vaccinated, all detention facilities are responsible for ensuring their ICE detainees are offered the COVID-19 vaccine in accordance with state priorities and guidance. A detainee's vaccine status must be identified during intake. If eligible, vaccines should be offered as close to intake as possible but always within 14 days of arrival, subject to vaccine eligibility. Detention facility staff should contact their state's COVID-19 vaccine resource (i.e., state or county department of health) to obtain vaccine. The process to register to obtain the vaccine may involve several steps, and each state health authority will likely require detainee demographic reporting for those detainees who are vaccinated. Alternatively, detention facility staff may order COVID-19 vaccines directly from [Health Partner Order Portal \(cdc.gov\)](#) (HPoP).

Non-IHSC-staffed detention facilities must notify the Field Medical Coordinator (FMC) for their facility to help keep ICE abreast of detainee vaccine access and must report all detainee vaccines administered and refused.

The IHSC COVID-19 Vaccine Guidelines and Protocol operations memorandum may be utilized by non-IHSC staffed facilities for their reference. The operations memorandum is regularly updated and distributed to detention facilities.

Detention facilities may choose to utilize the IHSC COVID-19 Vaccine Consent/Declination Form to document whether a detainee accepts or declines the vaccine. *See* Attachment A for English, Spanish, Bengali, French, Haitian Creole, Portuguese, and Punjabi versions of this form. Where practicable, provisions for written translation of the form shall be made for other significant segments of the population with limited English proficiency. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which the written material has not been translated or who is illiterate.

ICE requires all detention facilities to post educational materials in different languages about the COVID-19 vaccine to help improve vaccine knowledge.

- For frequently asked questions about COVID-19 vaccination, please see the [CDC's COVID-19 Vaccine FAQs](#). Detainees with a prior positive test should receive a vaccine dose as soon as they are clinically recovered (no longer symptomatic) and have cleared their isolation period which is currently up to ten days. If they are moderately or severely immunocompromised, there may be some additional clinical guidance.

Legal Visitation and Legal Presentations

- In-person legal visitation is allowed, and non-contact or virtual legal visitation should also be offered.
- Facilities will follow the guidelines above regarding visitation changes pursuant to facility status.
- Facilities are required to accommodate legal service providers who deliver group legal orientations via the Executive Office for Immigration Review's (EOIR) Legal Orientation Program (LOP) and/or other legal rights group providers consistent with applicable immigration detention standards.
- ICE will continue to ensure that remote communication with legal representatives continues unimpeded via access to telephones, WebEx, Teams, or teleconference as available.
- Facilities are required to establish a process for detained noncitizens/attorneys to schedule appointments and facilitate the calls. ICE ERO field offices should ensure such procedures are updated on facility pages on ICE.gov.
- For facilities at which immigration hearings are conducted, facility staff shall provide legal representatives in-person access to the court proceedings consistent with facility screening protocols and compliance with PPE requirements.

ATTACHMENT LETTER	DOCUMENT NAME
A	ICE Health Service Corps, <i>COVID-19 Vaccine Consent/Declination Form</i> , in English, Spanish, Bengali, French, Haitian Creole, Portuguese, and Punjabi PDF in English PDF in Spanish PDF in Bengali PDF in French PDF in Haitian Creole PDF in Portuguese PDF in Punjabi