



IOM-OIM

GUIDELINES

**FOR BORDER MANAGEMENT
AND DETENTION PROCEDURES
INVOLVING MIGRANTS:
A PUBLIC HEALTH PERSPECTIVE**



Escuela Andaluza de Salud Pública
CONSEJERÍA DE SALUD

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Introduction



The *Guidelines for border management and detention procedures involving detained migrants* were developed within the framework of PHBLM project “*Increasing Public Health Safety alongside the New Eastern European Border Line*”. The project’s perspective is to foster a holistic approach starting with an assessment of the current situation at the Eastern Schengen border region; based on it to develop training materials on migration and health for border officials and for health professionals working with migrants; and finally to develop guidelines for public health aspects in border management and detention procedures and recommendations for structural changes of the public health services in the border regions’ targeted countries: Hungary, Slovakia and Poland.

For whom are the guidelines?

The guidelines have been designed primarily to support the capacity of border management personnel to deal with migration health concerns and public health risks related to migration and to promote good practices and standards for border management and health personnel working and dealing with significant health risks. However, they should be of use for anyone working in a border region, in detention/reception facilities - health professionals, social workers, public health authorities, staff of non-governmental organizations and policymakers, volunteers, etc.

Understanding the guidelines

The guidelines are structured around three main stakeholders namely: detained migrants, border officials and health professionals. These guidelines address health related issues of the infrastructure and administrative procedures impacting both on mental and physical wellbeing.

For the preparation of the guidelines, a number of reports, published and in-house guidelines and best practices manuals, legislation documents and other sources of relevant information were taken into account and are referred to in the text.^{2 3}

It is worth noting that:

- > Alternatives to long-term detention, and uniform mechanisms to protect the basic human rights of irregular migrants should be sought and developed.
- > Detained migrants are held in custody for administrative reasons, while prisoners are held in custody for punitive reasons.

- > Detention centres generally tend to have similar infrastructure, environment, and administrative procedures to prison facilities. Both the management of detention centres and prisons have the paramount duties of providing adequate living conditions to people in vulnerable situation, as well as guaranteeing an adequate work environment for the personnel in charge of overseeing the detainees.
- > These guidelines should be considered as a ‘minimum’ general standard that should be met with regard to public health conditions in detention centres – governments and border management officials are encouraged to do more, also specific to their particular detention facility requirements.

Throughout the document the term “detained migrants” relates to foreign nationals deprived of their liberty under aliens’ legislation as defined by the CPT committee⁴. The term includes persons with refused entry to the country; persons who have entered the country illegally and have subsequently been identified by the authorities; persons whose authorization to stay in the country has expired; and asylum-seekers whose detention is considered necessary by the authorities. Although, these types of migrants face a very different administrative situation one to another, they share some commonalities related to the migration process in itself, push-pull factors and the impact of the migration process on their physical and mental well-being.

Due to the individual variations in length of stay and type of migrants hosted in detention facilities; hereinafter the following terms, will be employed:

- > *Short term detention facilities*: the term mainly concerns facilities where migrants are kept in custody for maximum 24 hours.
- > *Long term detention facilities*: the term concerns facilities where migrants are detained for several days and months.
- > *Detention centre/ closed facility*: the term concerns any type of facility, housing detained migrants regardless of the length of stay.



**Detained
migrants' health
and public health
related matters**



1.1. Recommendations regarding conditions of detention

Procedures in closed facilities should take into account detainees' age, gender, health condition, religion, cultural background (i.e. language) and vulnerability situation.

1.1.1. Gender

- > Sanitary facilities should be separated in respect to the gender self-identification of the individual.
- > Women should be accommodated separately from men, unless they are family relatives.
- > Privacy for certain personal activities (such as changing clothes, sanitary activities) should be ensured, for both men and women.

1.1.2. Age

- > Detention of minors, unaccompanied or with families is to be avoided.
- > In case families with children are detained, they should not be kept in closed facilities.^{5 6 7}
- > Each detainee should be treated in such a manner that takes into account the needs of a person of his or her age.
- > Detained migrants have the right to education⁸ (an obligation in the case of children vis-à-vis parents and competent authorities). Such education could be a subject to the length of stay: if the detention is expected to last more than two months, education possibilities should be ensured to detained persons. Engagement of social workers –if available- and/or other organizations should be fostered to provide basic educational activities per age groups.
- > Special care arrangements should be ensured by the competent bodies to guarantee appropriate supervision and safe environment for unaccompanied minors (UAMs). In case of detention, UAMs should be accommodated in facilities exclusive for children, residential homes or foster care placements.
- > Border management authorities should have established procedures to manage the medical issues of unaccompanied minors in respect of national legislation and in cooperation with assigned guardians.⁹

1.1.3. Language

- > Information about legal, medical and administrative issues should be provided to detained migrants in the language understood by them - both for spoken and written communication, as appropriate.
- > Detained migrants who do not understand the local language or whose knowledge of the local language is not adequate should be informed of their right to receive information in a language understood by them.
- > A collaborative translation service scheme may be organized among border management authorities, embassies, migrant communities and other organizations. Especially in resource-poor settings, this can increase the availability of different types of translation services, which can be provided through personal contact, phone, e-mail, etc.

1.1.4. Religion

- > Praying room/space should be available in each long term detention facility.
- > Detained migrants should be given access to religious resources and counseling, upon request.

1.1.5. Particularly Vulnerable cases

- > Special attention should be paid to the needs of particularly vulnerable detainees (i.e. elderly, disabled, etc.), in order to help them access private and common spaces as well as to assist them with daily routines.

1.2. Recommendations regarding health promotion, health protection and disease prevention in the living conditions

1.2.1. Sleeping Accommodation

- > Each detainee should be provided with a bed equipped with a clean mattress, a pillow and blankets.
- > Bedding linens should be changed on a regular basis (i.e. every week/second week), and as needed (i.e. if the individual is sick).
- > Detainees have the right to a comfortable environment to rest during the night. At least 6 hours without light in the dormitories during sleeping time should be ensured.

1.2.2. Sanitation

- > Detained migrants should have access to hygienic and private sanitary facilities.
- > Every detainee should have daily access to bathing facilities, with respect for privacy, especially for women and girls.
- > Detainees should be provided with the necessary items and equipment for doing laundry and other cleaning tasks.
- > The following items should be provided by the respective authorities to the detainee upon entrance; supplies should be replenished as needed:
 - One bar of soap
 - One comb
 - One tube of toothpaste
 - One toothbrush
 - One bottle of shampoo
 - Toilet paper
 - Sanitary pads
 - A towel

1.2.3. Clothing

- > Migrants should be permitted to wear their own clothing. In longer term detention centres, there should be a provision for providing fresh clothing to migrants who need clothes.

1.2.4. Diet

- > Detained migrants should be provided with a balanced nutritious diet that takes into account their age, health status, physical conditions, religious, and cultural and personal observances. The food should be hygienically prepared and served according to national institutional standards and regulations.
- > At least three meals a day with reasonable intervals between them should be provided. No more than 14 hours between the evening meal and breakfast; at least one of these meals should be a hot one.
- > There must be allowance for variation in the food service schedule during religious events.
- > The selection and variety of components of each meal should take into account the standard guidelines¹⁰ given for an average daily calories intake for an adult person with moderate activity of 2000 calories for women and 2500-2800 calories for men. Toddlers need about 1300 calories daily; children aged 7 to 10: 1970 calories/ boys and 1740 calories/ girls. This point being only a

guide, as some children need more/less than these estimates, depending on a number of factors such as their general health condition and physical activity.

- > Particular attention should be paid to the provision of food (including dietary fibre, vegetables and fresh fruits) for fulfilling the special requirements of children, babies, pregnant/breastfeeding women and people with specific conditions such as diabetes.
- > Specifically for pregnant and breastfeeding women, food outside the normal mealtimes must be provided.
- > Clean and safe drinking water should be available to detainees at all times.

1.2.5. Daily activities

- > As a means of mental health promotion and primary prevention of mental disorders such as depression, suicidal ideation, and anxiety; detained migrants should be able to do indoor and outdoor leisure and educational activities for at least on average 3-4 hours daily.
- > Detained migrants should have access to radio/TV, newspapers/magazines, as well as other appropriate means of recreation (e.g. board games, table tennis, and sport facility).
- > Detainees should have the opportunity to contact and receive visits by family members, relatives, friends, religious representatives and NGO representatives, as appropriate.
- > Detained migrants should have access to public phones and stationery to send out letters, as a means to keep communication with the outside world. In some cases, the centre may assume the cost of the letters, especially if they are sent to official organizations working for the rights of migrants such as IOM or UNHCR.

1.2.6. Health education

- > Health education programs should be designed for migrants in long term detention facilities to increase awareness on:
 - Sexual and reproductive health
 - Modes of transmission and means of protection for the common communicable diseases
 - Harmful health behaviors (tobacco use, substance abuse) - their impact on health risks and ways to avoid them
 - Coping strategies to deal with stressful situations
 - Accidents, violence and injury prevention
 - Other health topics specific to the needs in the particular detention centre

- > All health education materials should be provided in languages understood by detainees or through the involvement of intercultural mediators from migrants' communities or collaborative organizations
- > Sexual protection and contraceptive measures should be made available in the same terms as they are provided to the national population, while bearing in mind the individual freedoms, age, gender, religious and cultural beliefs.

1.3. Recommendations regarding health care services

- > Access to health care is a human right. Timely, appropriate and effective health care services should be provided to detained migrants regardless of their administrative status.
- > At a minimum, a basic medical examination should be provided to all individuals admitted to the detention centre upon entry, and subsequently at regular intervals and on demand, as needed.
- > Health assessments should be performed in a language understood by the detainee. It is important to facilitate the communication of symptoms and enable the patient's informed decision on the suggested treatment and/or procedures.
- > The detention of pregnant women - particularly once they have reached seven months of pregnancy¹¹ and nursing mothers should be avoided/ assessed thoroughly. In case of detention, they should receive care and assistance equivalent to those given to women outside the detention facility, i.e. access to prenatal and postnatal medical monitoring, and possibility to deliver in external hospital service most appropriate to their condition should be ensured.
- > Women should be provided with female health professionals or when not possible, a female health worker or community/social worker should be present during medical examinations for female detainees.
- > In the event of transfer, release or whenever deemed necessary, the detainee should have access to his/her medical records. Ideally, a summary in a language understood by the migrant should be enclosed to the original file. Copying or distribution of his/her clinical file should only be undertaken with his/her prior consent, and according to the national law of data protection in the country of residence at that particular moment.

1.4. Responsibilities on health promotion, health protection and disease prevention and control

- > In all medical examinations, provision of health promotion and healthcare services, the right of detained individuals to informed consent, confidentiality, and privacy of personal information should receive paramount consideration.
- > Migrants should be encouraged to follow the treatment suggested by the health providers to protect him/herself from the complications of the diagnosed conditions, as well as a means to protect the health of the community, in case of communicable diseases.
- > Migrants should be motivated to collaborate in maintaining their personal hygiene as well as the hygiene and good state of the personal and public spaces at the accommodation facility.
- > To the best of their knowledge, detained migrants should be motivated to provide accurate, reliable and complete information regarding their health status and needs for specific medication to the health professionals. This would help with the assessment of any health risks for the person and the close community, as well as facilitate the provision of timely and professional assistance.



**Border official's
occupational health
and public health
related matters**



2.1. Recommendations on health promotion, protection and disease prevention

- > Border officials' organizations and management and schools for border officials in collaboration with local public health authorities and other organizations should develop job training programs for border staff reflecting the identified risks and/or hazards at the work place.
- > Border officials (BOs) should have the possibility to wash their clothes and change into uniform at work in order to always keep a separation between clothes worn at work and at home.
- > BOs should have easy access to disinfection and proper personal protective equipment (PPE) such as gloves, masks, gowns any time in case of need.
- > BOs should be trained on how and when to use PPE.
- > BOs should be adequately trained¹², both at the outset and on a continuing basis, and in close relationship with the border officials' training schools and external service providers.
- > BOs should be consulted in the development of targeted educational programs (i.e. if they see the need for increasing knowledge on specific topics like disease control or health education).
- > Due to the daily activities and the nature of the job, BOs should be trained on first aid and injuries prevention. At least 1-2 persons per unit should be trained to react in an emergency situation by providing first aid.
- > Regular training on stress management should be provided as part of a mental health promotion program. Besides, this program should be integrated in the core training curricula of BOs. It should be perceived as a means of personal development.¹³
- > BOs should receive accurate and prompt information on the epidemic-pandemic alert and response management/protocols in order to work effectively and securely.
- > Education in recognizing basic signs and symptoms of communicable diseases should be provided to border officials in order to ensure their awareness of the modes of transmission and means of protection and prevention for the most prevalent communicable diseases.

- > BOs should be provided with information on occupational health issues related to the health hazards at work (i.e. noisy environment, extreme temperatures, etc.).
- > BOs should receive training in intercultural competence matters and communication skills in order to increase their awareness on the needs and constraints faced by migrants.

2.2. Responsibilities on health promotion, protection and diseases prevention

- > BOs should be provided with all essential vaccinations and maintain their up-to-date vaccination card, which should be presented to the medical doctor during the annual and other medical check-ups.
- > They should pay special attention in keeping clean the workplace and the equipment.
- > BOs should ensure that the minimum public health standards for all detainees are kept up to the fullest possible, for example, by ensuring that health professional advice is accessible upon request and detainees with special physical needs are provided required support.



**Health/public health
services**

3



3.1. Provision of services

3.1.1. Services for migrants at short term detention facilities

- > Public health authorities should work in collaboration with the primary care sector to guarantee *medical consultation* to persons kept in custody at the border, independently of their legal status. The first contact is aimed at collecting the very first information on the clinical history and health status and to determine if the person is physically and mentally fit to remain in custody with other detained persons or he/she needs special treatment/attention.
- > Health assessment should be ideally carried out at the short term detention facility; otherwise a procedure should be in place, addressing the different human and material resources needed in order to accompany the person to the nearest primary care services.
- > The design of the examination and isolation rooms at short term detention facilities should be organized in accordance with the national law.

3.1.2. Services for migrants at long term detention facilities

- > Primary care services should be organized under the same structure and human resources availability of the surrounding area (i.e. solo practice or a group of practitioners with pediatrician and social worker). Two models can be considered:
 - Outsourcing of the following services¹⁴ delivered by an International organization/NGO, or
 - Direct involvement of the health authorities in the provision of health and public health services as offered to the whole population in the country.
- > The following services should be included as a minimum in the primary health care package for detention centres:
 - Medical consultation for primary health problems
 - Referral to secondary/tertiary care when required
 - Counseling
 - Continuing care for on-going conditions and illnesses
 - Contraceptive services
 - Prenatal/maternity care
 - Health promotion activities

- Ensure/facilitate continuity of care in collaboration with relevant institutions such as nearby hospitals, rehabilitation centres and other organizations working with the most vulnerable (trafficked persons, tortured migrants, etc)
- > The design of examination and isolation rooms should be organized in accordance to the national law. Any special needs, based on the profile of population in the centre should be addressed.
- > Considering that overcrowding and poor living conditions are the main causes for spreading of TB, the health care unit at the detention facility should have a TB control program, in line with the national TB program. Active health education on TB prevention and treatment should be promoted in order to increase awareness of the importance of voluntary TB screening.
- > Voluntary testing for sexual transmitted infections (STIs) including HIV/AIDS should be available. The need of counseling before and after the test –especially for HIV/AIDS- should be provided in line with national legislation.
- > The vaccination status should be checked and recorded upon arrival of the new person. Hepatitis B and other vaccines such as Meningococcal, Tetanus, Diphtheria, and Pertussis should be provided free of charge and according to national in-country vaccinations schemes.
- > Mental health assistance should be available for detained persons, furthermore in cases of long stay in the detention centre.¹⁵
- > The health provider at the detention facility should supervise the continuous supplies -inside the centre and/or from the closest pharmacy- of clinical material support (e.g. bandages, oral rehydration salts, medicament, etc.) acknowledging the needs at the centre.

3.1.3. Services for Border officials

- > The occupational health professional in collaboration with the public health authorities should establish regular on-the-job health promotion program including:
 - Information on preventing and managing health hazards at work
 - Mental health
- > As part of the mental health promotion program, the staff should have a possibility to access psychological assistance outside of the workplace.
- > Voluntary vaccination on seasonal influenza should be provided to BOs in addition as well as other type of vaccines required by adults such as Hepatitis B, Meningococcal, Tetanus, etc. Regular risk assessment of the work place should be independently performed in the decision of the vaccination scheme application.¹⁶

3.2. Health professionals

3.2.1. Availability

- > Considering that health care personnel availability depends on different factors such as: the size of the centre, number of people living in the centre, the geographical isolation of the centre and funding availability. The following models identified as good practices should be implemented in order to guarantee access to health care services to detained migrants¹⁷:
 - **Model 1:** The provision of primary care by full-time health staff at the detention facility. In this model, paraprofessional and nurses, work in a team with physicians and psychologists. Specialist care when required is provided by external medical, surgical and dental specialist from the community usually through local contractual arrangement. The centre may provide its own pharmacy service; share the service with other institutions, such as local hospitals, or contract pharmacy services with public or private sector organizations.
 - **Model 2:** General physicians working part-time at the detention facility, provide primary care. Often they work a set number of hours at the institution. Paraprofessional and nurses, work in a team with the physicians and psychologists. As the physicians are not full time, there may be need of more medical support staff than in the first model.
 - **Model 3:** Primary care is completely contracted out to local physicians who provide full time medical service at their routine place of practice (clinic or hospital) with services in the centre supported by paraprofessionals and nurses. This model requires the transportation of detainees to the service delivery sites.
 - **Model 4:** The entire health and health care services are contracted out to external organization or private sector provider who manages the care delivery system.
- > Female health care staff should be available upon request.
- > An emergency group should be locally trained in each short and long term detention facility, constituted by at least one health professional plus the staff working daily at the facility. This group should guarantee the following:
 - Existence of a protocol for emergency management containing: emergency numbers, the person in charge of calling, a list of situations regarded as emergencies and the suggested person and/or group to be contacted (i.e. emergency room, psychiatrist, etc.) depending on the type of emergency
 - Availability of first aid trained staff 24hrs
 - Existence of at least one well-equipped and accessible first aid kit in the facility

3.2.2. Duties

- > The medical doctor should interview every detainee upon arrival. This first consultation should be ideally carried out at the short term detention facility; However, in case of infrastructural or personnel unavailability, it should be done upon arrival at the long term detention facility.
- > The medical assessment should be standardized.¹⁸
- > The medical doctor or the nurse has to validate the data recorded previously by BOs.
- > The health professional should refer the patient to a specialist if deemed necessary.
- > The health professional should guarantee the prompt communication of the existence and operation of the health care services to the detained migrant. This information must be given in a language understood by the migrant. It could be done by handing out a leaflet or during the first encounter.
- > The health professional should compile a patient's file, to contain diagnostic information, the ongoing record of the patient's evolution and any special examinations he/she has undergone. In the event of transfer or release, the doctor should provide the patient with a copy of his/her file or a summary file.¹⁹
- > The health professional should record the relevant information on reproductive health history of female patients such as recent pregnancies, childbirth, abortion and any related reproductive health complication in order to ensure special health care treatment.
- > Health professionals should lead or act in partnership with the public health authority in order to:
 - Prepare and carry out promotion activities and educational training amongst detained migrants
 - Prepare and carry out information sessions for BOs and migrants about the advantages and possible side effects of vaccines schemes, as well as encourage migrants to update their children's calendar vaccination
 - Establish a mental and physical health screening program in order to detect trafficked persons, PTSD, abuse, etc.
 - Provide or refer for counseling the above
 - Follow-up with the necessary administrative procedures in case of medical treatment out of the primary care scope

- > When examining a detainee, the health professional and/or the nurse should pay particular attention to:
 - The cultural background of the patient
 - Follow-up the rules of medical confidentiality
 - Diagnose physical and/or mental illness and take all the necessary measures for its treatment and/or continuation of existing treatment
 - Record and report to the relevant authorities any signs or indications that detained migrants may have been treated violently (i.e. trafficked persons)
 - Identify any psychological and/or other stress related indications because of deprivation of liberty and the migration process in itself
 - Isolate detained migrants, suspected of infectious and/or contagious conditions for the period of infection and provide them with proper treatment
 - Ensure that detained migrants, carrying HIV are not isolated from the others
 - Determine how fit is every detainee to live in a shared accommodation
 - Determine how fit is every detainee to work and exercise

3.2.3. Knowledge and skills

- > Health professionals should be trained in specialized knowledge and skills in intercultural competence²⁰ in order to deal with the mental and physical vulnerabilities linked to the migration process. This training should be integrated in their continued medical education plan (on-line courses, seminars, on-the-job-training) as well as in basic training.
- > Health professional's continued education courses should include the following topics²¹: Understanding of global migration patterns, push-pull factors and the impact of migration on the European Union (EU); Knowledge on the public health implications of migration, related public and individual health hazards; Practical skills in recognizing health emergencies and cases requiring transfer to health professionals, self protection and occupational health issues; Sensitization to physical and mental health issues of vulnerable persons, and; Familiarity with geographical, cultural and religion-related diversity in health beliefs and attitudes and in morbidity profiles.

3.3. Public health professionals/authorities

- > They should regularly inspect and collect information on sanitation and hygiene conditions at the detention centres. The following information²² should be systematically collected at least twice a year and discussed with the management board of the facility:
 - The appropriateness of the infrastructure layout of the facility (e.g. to point out the public health implications of having an isolation room in the same corridor where food is supplied)
 - The appropriateness of the quantity, quality and hygiene management of food products and water
 - The appropriateness of hygiene, cleanliness and waste management of the detention facility
 - The appropriateness of vector and pest control schemes, respected in the centre
 - The appropriateness of the procedures to control the spread of communicable diseases in the centre
 - The appropriateness of vector and pest control schemes, respected in the centre
 - The appropriateness of the procedures to control the spread of communicable diseases in the centre

3.4. Infrastructure²³

- > The health care unit should have the capacity and be suitably equipped for medical examinations and treatment in respect of the national law. This involves the space layout of the doctor's office and availability of medical supplies.
- > No audio and/or video monitoring devices should be present in the health care unit.
- > The examination room should follow the hygiene and safety rules as stated in the national law. This means that the installations and equipment available should be of quality comparable, if not identical, to those offered to country nationals.
- > Detention centres should have at least two isolation rooms for observing sick persons, in respect to their privacy and gender orientation. Isolation rooms should have special arrangements as stipulated in the national law (e.g. for people with a contagious disease).

3.5. Communication on public health issues in border communities

- > All signatory countries of the *International Health Regulations*²⁴ should report all events related to protection against the international spread of diseases and thus follow the procedures, addressed in these regulations.
- > The *International Health Regulation* focal points in respective countries should control the information and procedures regarding detection, assessment, notification and report of selected health related events.
- > Under the guidance of the national focal point in respect to the IHR, the public health authorities at the border area have the following duties:
 - To guarantee accurate and prompt information regarding epidemic-pandemic alert and response to the border officials
 - To investigate the accuracy of detection, assessment, notification and report of suspected events
 - To share information with doctors working in the border area on the newly described or unknown diseases, epidemics, and outbreaks through the employment of open-access forums such as pro-med mail²⁵
 - To lead the organization of reliable and efficient network for sharing relevant epidemiological information amongst different institutions (i.e. MoI, MoH)
 - To oversee the relevance and accuracy of information collected in a pathway where border officials should report suspected cases to primary care physicians. Then, considering the clinical findings and information received from the networks and surveillance systems, the primary care physicians should report directly to public health authorities. Consequently, public health authorities would be able to perform a risk assessment by employing the decision instrument of the International Health Regulations.





**Infrastructure and
environment of the
detention centre** | **4**



Every facility dealing with detained migrants should pay special attention to the following infrastructural and environmental requirements:

4.1. Design criteria considering hygiene and safety

- > Construction and furniture of facilities should not pose hazards to detainees, nor risks to be used for acts of suicide. It is expected that infrastructure and furniture of the facilities respect national laws. The following good practices should be considered:
- > Avoid any surfaces, edges, fixtures, laces and fittings that can provide an attachment for self-inflicted injury. The following features to be incorporated in the design of temporary cells, medical rooms, isolation rooms, dormitories, and any other areas where a detainee may be left alone²⁶:
 - Plumbing: should not be exposed. Operation of control valves should use flush buttons or similar. The drinking fountain bubbler should be without curved projections
 - Towel holders: should be ball-in-socket or indented clasp, not pull-down hooks or bars
 - Supply and return grilles: should have openings no greater than 5mm, or have 5X5 mm wire mesh securely fixed behind grilles
 - Beds, desk surfaces, and shelves: should have no sharp edges and be configured to prevent attachment
 - Light fixtures: should be tamper resistant
 - Fixtures such as mirrors: should be mounted using tamper resistant fasteners
 - Fire sprinkler heads: inside rooms should be designed to prevent attachment
 - Hand-free equipment: should be available in the sanitary facilities as a means to ward off the spread of communicable diseases
 - Public telephones: without cords to prevent suicide and suicide attempts
- > Provision should be made to maintain a comfortable living environment in accordance with the heating, ventilating, and air-conditioning (HVAC) and the energy conservation requirements. As the temperature control varies between seasons, the reasonable interior temperature should range between 19 and 26 degrees in summer and 17 to 23 degrees in winter.

- > Living and working areas should be of a reasonable size for the number of persons they are accommodated and in respect to the national legislation.

Sleeping rooms²⁷

Below are listed examples of identified good practices regarding layout and measures of sleeping rooms:

- > One-person room should not be less than 7.5 m², have a minimum clear ceiling height of 2.5-3 m, and a minimum width of 2 meters, to contain a toilet, washbasin, a bunk, a desk, and a seat (fixed to the floor/walls).
- > Two-person room should not be less than 6.5 m², have a minimum clear ceiling height of 2.5-3 m, and a minimum width of 2 meters, to contain a toilet and washbasin separated by these dimensions (D:1m H:1.2m). It should contain two bunks and at least one desk and seat (fixed to the floor/walls).
- > Dormitories for five and/or more people. There are three types of dormitories:
 - Dormitory room with simple bed units, minimum floor area requirement: 3.75 m² minimum living space per person and 3 m² of unencumbered space for a total of 6.75 m² per accommodated person.
 - Double-bunked dormitory, minimum requirement 6.5 m² per accommodated person.
 - Triple-bunked dormitory, minimum required area 6 m² per accommodated person.
- > Living area should be designed and constructed so that the average noise level does not exceed 70 decibels during periods of activity and 45 decibels during sleeping hours.
- > Minimum measure of outdoor space for walking and recreation should be, at least, the minimum requirement of 56 m². The exercise area should have a toilet and washbasin. The outdoor exercise area should contain and/or provide access to shelter within the secured area.
- > Care should be taken in the design, layout and decoration of the premises to avoid prison-like environment.
- > The use of surveillance cameras should be restricted to the minimum possible, if not avoided.

Kitchen area

- > This area should meet the hygiene and safety requirements established in public health regulations at national level. It should include the following minimum good practices:
 - Special attention should be paid to the steam lines and the regulations for insulation. The meat saws, slicers and grinders should be made of fire-resistant materials

- An approved, fixed fire suppression system should be installed in ventilation hoods over all grills, deep fryers and open flame devices. It should be inspected every six months

Exclusive staff areas

- > Separate facilities for BOs must be provided in the vicinity of accommodation centres. This includes resting rooms, changing rooms (with showers, washbasins and lavatories).
- > Lavatories should be separate by gender and secured with lockers.

4.2. Operating procedures considering hygiene and safety

- > Cleaning procedures should be set and monitored (i.e. a check list sheet signed each time the toilets are cleaned and disinfected).
- > When detained migrants are admitted, private and public spaces allocated to them should be clean.
- > Coordination of the responsibilities for the maintenance of the building infrastructure and hygiene should be established in written.

Food hygiene and safety

- > Food preparation and storage should meet the hygiene and safety regulations postulated in the national law and inspected twice per year.





**Role of
administration | 5
in detention centres**



5.1. Inter-institutional communication

The administration of detention facilities should:

- > Keep regular communication with the health professional in charge of the medical assessment in the detention centres and collect aggregated information on the health status, treatment and health care needs of detained persons.
- > Play an active role in fostering communication and cooperation between MoI and MoH (i.e. developing joint practical training in crisis management with the participation of BOs and HPs).
- > Promote contacts between the detained migrants and lawyers, diplomatic representations, international organisations such as the UNHCR and IOM, national bodies and non-governmental organisations.
- > Promote the establishment of communication channels between detained migrants and local community organizations through local projects and other volunteer programs.
- > Encourage cooperation with NGOs and public authorities in order to provide social, cultural and legal services to detained migrants.
- > Organize annual meetings with organizations and public institutions, working with migrants, where they can present their portfolio and discuss collaboration.

5.2. Personnel management

The administration of detention facilities should:

- > Ensure the availability of at least one social worker in the centre. This can be ensured by the promotion of partnerships and collaborations with other organizations and/or public institutions.
- > Guarantee continuous education of staff in intercultural competences, communication skills, stress management and crisis management.
- > Assure periodical refreshment training on first aid for BOs.
- > Advocate for staff measures on personal security and anticorruption.

- > Advocate decent salary schemes for BOs.
- > Take into consideration the need of regular training of staff on health and safety matters.
- > Guarantee psychosocial support to BOs (counseling/coaching, etc.)



5.3. Health promotion, protection and disease prevention

The administration of detention facilities should:

- > Promote the involvement of public health authorities and other organizations in development and implementation of health promotion and education programs.
- > Facilitate inclusion of detained migrants in national health promotion campaigns including provision of contraceptive and brochures about sexual health in detention centres at par with national programs.
- > Consider the reports and advices, submitted by health professionals and/or local public health authorities in order to guarantee the adequate hygiene and safety of facilities, staff, migrants and the community.

ANNEX I.

Migrant Health Database

Photo	MIGRANT HEALTH DATABASE PRIMARY SCREENING FORM	 IOM-OIM	
A. REGISTRATION INFORMATION			
Family Name:	_____	Country of Birth:	_____
Given Name(s):	_____	Citizenship:	_____
Date of Birth:	dd-mmm-yyyy	Language:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Self-identified	_____
Marital Status:	_____	Ethnicity:	_____
Date of Admission:	dd-mmm-yyyy	Family status:	_____
		Registration No.	_____

A1. PRIMARY SCREENING CONCLUSION

Was the individual screened? Yes No

If yes, where did the health screening take place?

- Border checkpoint
 Detention centre
 Reception centre
 Medical institution (specify: _____)
 Other (specify: _____)

RED FLAG

YELLOW FLAG

GREEN FLAG

Transferred to Hospital

Referred to Physician (GP)

Fit to transport, detain or release

> Moribund or shock state (low blood pressure, weak pulse or heart rate under 60 or over 150)
> Unable to stand unaided
> Altered level of consciousness or unarousable
> Obvious injury/trauma/ significant frank bleeding from anywhere
> Difficulty breathing (respiratory rate > 30)
> Fever (temperature > 39 °C).
> Excessive stress
> Disoriented in time and space
> Stupor
> Unable to communicate.
> Other, specify:

> Malnourished (< 80% of height/weight or other scale)
> Dehydration
> Obvious injury but not life threatening
> Jaundiced (whites of eyes turned yellow)
> Low-grade fever, productive cough - sputum or blood
> Skin rash.
> Visible anxiety
> Psychosomatic complaints (stomach-ache, headache)
> Feeling bad generally
> Fatigue
> Other, specify:

Transfer/admit to general detention quarters.

Does the individual have any self-identified medical conditions? Yes No



If yes, please specify: _____

Comments on Abnormalities/Remarks:

Completed by (Name):

Title (Dr, Nurse, etc):

Date: dd-mmm-yyyy

Photo	MIGRANT HEALTH DATABASE SECONDARY SCREENING FORM	 IOM-OIM	
A. REGISTRATION INFORMATION			
Family Name:	Country of Birth:		
Given Name(s):	Citizenship:		
Date of Birth: dd-mmm-yyyy	Language:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Self-identified Ethnicity:		
Marital Status:	Family status:		
Date of Admission: dd-mmm-yyyy	Registration No.		
RED FLAG	YELLOW FLAG	GREEN FLAG	
Emergency service called/ Transferred to Hospital	Referred to Physician (GP)	Deemed fit to transport or detain	
<p>Does the individual have any self-identified medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please specify: _____</p> <p>If on treatment – type of medication with the person: _____</p>			
<p>Was the individual apprehended alone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, is he/she with <input type="checkbox"/> Immediate family <input type="checkbox"/> Children (If yes, boys ___; girls ___)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other relatives <input type="checkbox"/> Friends <input type="checkbox"/> Others</p>			
<p>Does the individual have family ties in the country of:</p> <p><input type="checkbox"/> Apprehension/destination; <input type="checkbox"/> Country of origin</p>			

B1. SECONDARY MEDICAL SCREENING

Exam took place at: Detention Centre Reception Centre

Medical Institution Other Specify _____

Height ____ cm **Weight** ____ kg **BMI** ____ kg/m² **Blood pressure** ____/____ mmHg

Heart rate ____/min **Resp. rate** ____/min **Temp** ____ C

N* A* Diseases/Disorders/* presence of symptoms:

Please provide detailed description if A*(Abnormal) is checked

Categories for Medical diagnosis: Confirmed / Probable / Possible.

Infectious and/or parasitic*
Neoplasm*
Blood and immune system
Endocrine, nutritional/metabolic
Nervous system
Eyes and/or ears
Circulatory system
Respiratory system
Digestive system
Skin
Musculoskeletal system

Genitourinary system

Pregnancy, Deliveries, Abortions.
Date - last menstruation

Mental or behavioural

Injury

Other (not included above)

Medical Diagnosis: _____

ICD Code _____

Request – further diagnosis: _____

REFER TO PUBLIC HEALTH AUTHORITY.

B2. MANAGEMENT PLAN, SELECT AND SPECIFY BELOW:

INTERPRETATION AVAILABLE: YES NO

Treatment, specify:**Tuberculosis Test:**

Individual tested for TB? Yes No If yes, please indicate findings:

Signs & symptoms examined: Yes No

X-ray performed: Yes No

Sputum collected: Yes No If yes, how many? _____

Test result: Positive Negative

B3. DISPOSITION:

RETURNED TO ROOM SENT TO HOSPITAL DISCHARGED

REMOVED FROM COUNTRY OTHER (SPECIFY)



Isolation, specify reason below Yes, duration _____ days No

B4. RETURN FOR ASSESSMENT ON _____

Completed by (Name):

Title (Dr, Nurse, etc):

Date: dd-mmm-yyyy

Photo	MIGRANT HEALTH DATABASE SUMMARY FORM	 IOM-OIM	
A. REGISTRATION INFORMATION			
Family Name:	_____	Country of Birth:	_____
Given Name(s):	_____	Citizenship:	_____
Date of Birth:	dd-mmm-yyyy	Language:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Self-identified Ethnicity:	_____
Marital Status:	_____	Family status:	_____
Date of Admission:	dd-mmm-yyyy	Registration No.	_____
MEDICAL DIAGNOSIS:			
ICD: _____			
DIAGNOSTIC TESTS:			
TREATMENT:			
FIT TO TRAVEL/FLY			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
FILE CLOSURE:			
Deportation			
Granted refugee status			
Released			
Resettled			
Voluntary return to country of origin			
Death (specify cause: _____)			
Other (specify: _____)			
DATE OF FILE CLOSURE: (dd/mm/yyyy) _____			
Health Professional name:			
Title (Dr, Nurse, etc):			Date: dd-mmm-yyyy

ENDNOTES

- ¹ Note: Romania is a member of the Steering Committee and participated in the preliminary situation analysis and Regional training, with the aim of sharing information with future Schengen zone countries.
- ² WHO Regional Office for Europe. 2007. *Health in prisons. A WHO guide to the essentials in prison health*. Copenhagen.
- ³ Council of Europe. 2006. *Recommendation Rec (2006)2 of the Committee of Ministers to Member States on the European Prison Rules*. Strasbourg.
- ⁴ Robjant K, Hassan R, Katana C. 2009. *Mental health implications of detaining asylum seekers: systematic review*. The British Journal of Psychiatry. 194:306-12.
- ⁵ Nielsen S., Norredam M., Christiansen K. et al. 2008. *Mental health among children seeking asylum in Denmark - the effect of length of stay and number of relocations: a cross-sectional study*. BMC Public Health 8:293.
- ⁶ Council of Europe. 2010. *Resolution 1707(2010) Detention of asylum seekers and irregular migrants in Europe*.
- ⁷ Ibid.
- ⁸ IOM internal guidelines for projects with detention components (under development).
- ⁹ For example see Food Standards Agency, UK
- ¹⁰ IOM internal guidelines and best practices for migrant accommodation centres in Ukraine.
- ¹¹ Council of Europe. 2010. *Resolution 1707(2010) Detention of asylum seekers and irregular migrants in Europe*. Strasbourg.
- ¹² WHO Regional Office for Europe. 2007. *Health in prisons. A WHO guide to the essentials in prison health*. Copenhagen.
- ¹³ IOM internal guidelines for projects with detention components (under development).
- ¹⁴ Medecins Sans Frontieres. 2009. *Not criminals. Médecins Sans Frontières exposes conditions for undocumented migrants and asylum seekers in Maltese detention centres*.
- ¹⁵ Centers for Disease Control and Prevention (CDC). 2010. *Recommended Adult Immunization Schedule - United States, 2010*.
- ¹⁶ IOM internal guidelines and best practices for migrant accommodation centres in Ukraine.
- ¹⁷ See in Annex a proposal for standardized Migration Health Database
- ¹⁸ Ibid.
- ¹⁹ IOM. 2010. *Training modules on migration and health for border officials/ health professionals*. PHBLM project. Brussels.
- ²⁰ Ibid.
- ²¹ US. Army Centre for Health Promotion and Preventive Medicine. 2006. *Sanitation and Hygiene Standards for Establishing, Operating, and Inspecting Army Field Detention Facilities*.
- ²² IOM internal guidelines and best practices for migrant accommodation centres in Ukraine.
- ²³ WHO. 2006. *International Health Regulations*. Geneva.
- ²⁴ Madoff L. 2004. *ProMED-mail: an early warning system for emerging diseases*. Clinical Infectious Diseases, 39(2): 227-32.
- ²⁵ IOM internal guidelines for projects with detention components (under development).
- ²⁶ IOM internal guidelines and best practices for migrant accommodation centres in Ukraine.
- ²⁷ Ibid.

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