

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

ACCESS TO CARE: SICK CALL

**IHSCC Directive: 03-02
ERO Directive Number: 11736.3
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: March 25, 2016
Technical Update: September 3, 2021**

By Order of the Assistant Director

(b)(6),(b)(7)(C) DHSc, FACHE

1. **PURPOSE:** The purpose of this directive is to set forth policy and procedures for detainee/resident access to health care services (sick call) while in U.S. Immigration and Customs Enforcement (ICE) custody.
2. **APPLICABILITY:** This directive applies to all ICE Health Service Corps (IHSC) personnel, including but not limited to, Public Health Service (PHS) officers and Federal employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of their employees supporting IHSC.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, Section 235.3 (8 CFR 235.3), Inadmissible Aliens and Expedited Removal.
 - 3-2. Section 232 of the Immigration and Nationality Act (8 USC 1222), Detention of Aliens for Physical and Mental Examination.
 - 3-3. Title 8, Code of Federal Regulations, Section 232 (8 CFR 232), Detention of Aliens for Physical and Mental Examination.
 - 3-4. Section 322 of the Public Health Service Act (42 USC 249(a)), Medical Care and Treatment of Quarantined and Detained Persons; and
 - 3-5. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC 252); Medical Examination of Aliens.
4. **POLICY:** All detainees/residents, hereafter called "detainees," are afforded daily access to care for emerging health care needs through sick call.

- 4-1. Each IHSC facility has a defined process that provides detainees, regardless of their housing assignment, with an unrestricted daily opportunity to request health care services using a face- to-face sick call process daily. Sick call should occur during the morning hours to maximize the availability of health care providers. The Health Services Administrator (HSA) designates the most appropriate time for sick call (other than in emergency situations which are immediately addressed as set forth in ICE policies), in collaboration with local ICE and custody leadership, to ensure that the time selected does not conflict with other facility activities.
- 4-2. A sign explaining how to access health services is posted in the intake or processing area. Within 24 hours of arrival, detainees are given written information about:
 - 4-2.1 how to access emergency and routine medical, dental, and mental health services; and
 - 4-2.2 the grievance process for health-related complaints.
 - 4-2.3 Ensure detainees who have difficulty communicating understand how to access health services.
- 4-3. Health care providers conduct sick call in the medical clinic whenever possible. If this is not possible, they conduct sick call in a location that affords adequate sight and sound privacy, has adequate access to hand washing stations, and adequate equipment available (i.e., equipment to take vital signs, a scale, otoscope, weights for children, etc.). Ideally, this area should be a designated area specifically for use by health care providers.
- 4-4. Sick call is not meant to take the place of urgent/emergent access to care. All medical emergencies are immediately addressed consistent with IHSC Policy 03-05, *All Hazards Emergency Preparedness and Response*.

5. PROCEDURES:

- 5-1. Detainees access health services by expressing a self-identified medical need to custody or health care staff.
 - 5-1.1 If a detainee notifies custody staff, custody staff notify the health care staff for triaging.
 - 5-1.2 If the detainee notifies health care staff directly, health care staff triage and determine the appropriate level of care needed.
- 5-2. Detainees are seen during sick call at times identified by the facility or at the time a request is made.
- 5-3. Detailed procedures related to sick call are found in *IHSC Sick Call Guide* located within the following folder: All Guides.

6. HISTORICAL NOTES: This policy replaces the previous version dated March 25, 2016. The only change is to section 4-1 (the addition of “daily”) to align with NCCHC 2018 standards.

7. DEFINITIONS:

7-1. Health Services Administrator (HSA) – The HSA is the designated IHSC administrator at a facility who provides administrative and supervisory oversight of day-to-day operational activities at IHSC staffed medical facilities. (IHSC Operational Definition).

8. APPLICABLE STANDARDS:

8-1. Performance-Based National Detention Standards (PBNDS) Rev 2016: 2011.

8-1.1 2.1 Admission and Release, subsection G., *Detainee Handbook*.

8-1.2 PBNDS 2011: Section 4.3 Medical Care, subsection D. Notifying Detainees about Health Care Services.

8-1.3 PBNDS 2011: Section 4.3 Medical Care, subsection S. Sick Call.

8-2. ICE Family Residential Standards:

8-2.1 4.3 Health Care, Sick Call.

8-3. American Correctional Association (ACA):

8-3.1 Performance-Based Standards for Adult Local Detention Facilities, 4th edition.

8-3.1.a 4-ALDF-4C-01 - Access to Care.

8-3.1.b 4-ALDF-4C-03 - Clinical Services.

8-4. National Commission on Correctional Health Care (NCCHC):

Standards for Health Services in Jails, 2018.

8-4.1.a J-E-01 – Information on Health Services.

8-4.1.b J-E-07 – Nonemergency Health Care Requests and Services.

9. PRIVACY AND RECORDKEEPING. All relevant documents produced or provided in accordance with this Directive must be maintained in accordance with an applicable National Archives and Records Administration (NARA) General Records Schedule (GRS) or a NARA-approved agency-specific records control schedule. If the records are not subject to a records schedule, they must be maintained indefinitely by the agency. In the event the records are subject to a litigation hold, they may not be disposed of under a records schedule until further notification. Prior to the disposition of any records referenced in this directive, ICE Records Officer approval must be obtained.

10. NO PRIVATE RIGHT STATEMENT: This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.

11. POINT OF CONTACT: Chief, Medical Services Unit.