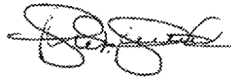


**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

**SIGNIFICANT EVENT NOTIFICATION
AND SIGNIFICANT MEDICAL CASE REPORTING**

**IHSC Directive: 01-25
ERO Directive Number: 11769.2
Federal Enterprise Architecture Number: 306-112-002
Effective Date: October 4, 2023**

By Order of the Assistant Director X
Stewart D. Smith, DHSc, FACHE



Dr. Stewart D. Smith
Assistant Director

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1. **PURPOSE:** The purpose of this directive is to set forth the policies and procedures to support a reporting process that aligns with the Immigration Customs Enforcement (ICE) Significant Event Notification (SEN) Program, specifically related to significant medical events. It ensures medical staff provide appropriate updates and summaries regarding the patient's medical condition.
 2. **APPLICABILITY:** This directive applies to all ICE Health Service Corps (IHSC) personnel, including but not limited to, U.S. Public Health Service (PHS) officers, civil service employees, and contract personnel. It applies to IHSC personnel who support health care operations in ICE-owned and contracted detention facilities (CDFs) and to IHSC headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and headquarters. Federal contractors are responsible for the management and discipline of their employees supporting IHSC.
 3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Medical Care and Treatment of Quarantined and Detained Persons, 42 U.S.C. § 249 (2023).
 - 3-2. ICE Policy 14011.1, *Reporting Guidelines for Significant Incident Reports (SIRs) and Significant Prospective Enforcement Activity Reports (SPEARs)* (August 16, 2010).
 - 3-3. Prison Rape Elimination Act (PREA) National Standards, 28 C.F.R. Part 115 (2023).

4. **POLICY:** IHSC staff must provide medical updates to IHSC HQ, using the SEN process, for significant events that negatively impact detention facility staff or patients in ICE custody. See Definitions section 8.5 *Reportable Incidents*.
 - 4-1. IHSC staff must use the (b)(7)(E) to report, track, and provide clinical updates on significant medical and mental health-related events for patients housed at IHSC-staffed and non-IHSC-staffed facilities.
 - 4-2. IHSC staff must input SEN medical updates into the (b)(7)(E) in a timely manner.
5. **RESPONSIBILITIES:**
 - 5-1. **Managed Care Coordinators (MCC)** serve as central intake officers for all ICE SENs for IHSC-staffed and non-IHSC-staffed facilities. MCCs manage receipt and distribution of the initial SEN process for IHSC.
 - 5-2. **Nurse Manager, or designee,** receives SEN assignments from MCC and manages medical updates in (b)(7)(E) for IHSC facilities.
 - 5-3. **Field Medical Coordinator (FMC)** receives SEN assignments from MCC and manages medical updates in (b)(7)(E) for non-IHSC facilities.
 - 5-4. **Behavioral Health Case Manager (BHCM)** receives mental health-related SEN assignments from MCC and manages behavioral health updates for IHSC and non-IHSC facilities.
 - 5-5. **Regional Behavioral Health Consultant (BHC)** oversees significant mental health events at non-IHSC-staffed facilities within their region.
 - 5-6. **Health Services Administrator (HSA):**
 - 5-6.1 Responsible for noncitizens housed in IHSC-staffed facilities.
 - 5-6.2 Must review medical updates for operational awareness and address any potential concerns related to the patient's care and services.
 - 5-6.3 Ensures nursing staff have received proper training on (b)(7)(E)
 - 5-6.4 Manages the facility (b)(7)(E) notification distribution list, ensuring all appropriate IHSC and ICE staff with a need to know are included.
 - 5-6.5 **Facility Clinical Directors (CD)** review and reports significant clinical events.
 - 5-7. **Regional Clinical Directors (RCD)** oversee significant medical events reported at facilities within their region.

6. PROCEDURES:

6-1. ICE HQ SEN Creation.

- 6-1.1 The ICE HQ field operations detention and deportation officer enters the initial significant incident report (SIR) into the SEN system.
- 6-1.2 The MCCs receive an automated notification of the reportable incident from the SEN system.

6-2. Pre-SEN Notification:

- 6-2.1 The nurse manager, or designee, must initiate pre-SEN cases in (b)(7)(E) within 12 hours once a significant case type is identified.
- 6-2.2 The nurse manager, or designee, or FMC must document the following, at a minimum, in (b)(7)(E) the patient's identifying information (e.g., identification number, date of birth, name), SEN case type, and date of the significant medical occurrence.
- 6-2.3 The nurse manager, or designee, or FMC must ensure updates are provided even when ICE does not submit a SEN and ICE does not require an SIR. See IHSC 01-25 G-01, *Significant Event Notification Guide*, for additional information on pre-SEN notifications located in the IHSC Policy Library.

6-3. SEN Assignment:

- 6-3.1 Within 12 hours of receiving a SIR, MCCs must review the SEN and assign the SEN to a nurse manager, or designee, or FMC as the point of contact for clinical updates within the (b)(7)(E)
- 6-3.2 Behavioral Health
 - 6-3.2.a The MCC must add the behavioral health case manager (BHCM) as a notification recipient for mental health related cases at non-IHSC-staffed facilities.
 - 6-3.2.b The BHCM obtains notification of mental health-related SENs directly from the MCCs within 12-hours for any referrals related to mental health emergencies, psychiatric hospital admissions, suicide attempts, and death by suicide.

6-4. Medical Updates:

- 6-4.1 Updates from the IHSC-staffed facility

- 6-4.1.a Within 12 hours of receiving a SIR, MCCs must assign the nurse manager or designee as the facility point of contact. This individual ensures facility staff enter medical status updates in (b)(7)(E) upon receiving the initial SEN notification.
 - 6-4.1.b The nurse manager or designee enter medical updates into the (b)(7)(E) within 12 hours of receipt of the MCC's (b)(7)(E) SEN notification.
 - 6-4.1.c The nurse manager, or designee, ensures health staff submit daily updates for inpatient admissions, hunger strikes and suicide attempts until health staff discontinue suicide watch. Daily reporting ceases after the nurse manager closes the (b)(7)(E) case (e.g., hospital discharge).
- 6-4.2 Updates from the non-IHSC-staffed facility
- 6-4.2.a MCCs must assign the FMC as the individual responsible for providing medical status updates at the initiation of the SEN entry in the (b)(7)(E)
 - 6-4.2.b FMCs must include the patient's medical status, and facility or provider medical updates, in the SEN.
 - 6-4.2.c The FMC must enter the medical update into the (b)(7)(E) within 12 hours after receipt of the SEN notification from the MCC.
 - 6-4.2.d The FMC must submit an update once daily for inpatient admissions, hunger strikes, and suicide attempts, unless covered by the BHCM, until suicide watch is discontinued.
- 6-4.3 Behavioral Health Updates
- 6-4.3.a BHCMs must submit clinical updates into the (b)(7)(E) daily for suicide attempts at non-IHSC-staffed facilities. BHCMs must enter medical updates into the (b)(7)(E) within 12-hours after receipt of the SEN notification from the MCC. BHCM must notify FMC when to close the case.
 - 6-4.3.b The BHCM must complete all mental health emergencies and psychiatric hospital admission clinical updates for non-IHSC-staffed facilities in the (b)(7)(E) at a minimum of one update weekly on Fridays.

6-4.3.c BHCM must notify FMC when to close the case.

6-4.3.d Regional behavioral health consultants, regional clinical directors, or the behavioral health unit chief may request more frequent updates, as necessary.

6-4.4 SEN Closure: The nurse manager, or designee, or FMC must ensure the closure of the (b)(7)(E) case, as appropriate.

6-4.5 Staff can find additional information on procedures in IHSC 01-25 G-01, *Significant Event Notification Guide* located in the IHSC Policy Library.

7. HISTORICAL NOTES: This directive replaces IHSC Directive 01-25, *Significant Event Notification and Significant Medical Case Reporting*, dated March 4, 2016.

7-1. Summary of Changes:

7-1.1 Updated Section 3-6, ICE Policy 14011.1 Reporting Guidelines for Significant Incident Reports (SIRs) and Significant Prospective Enforcement Activity Reports (b)(7)(E)

7-1.2 Updated language clarifies the roles and responsibilities of IHSC staff in Section 5.

7-1.3 Updated language clarifies BH CM SEN notifications in Section 5.5.

7-1.4 Removed non-applicable Performance-Based National Detention Standards (PBNDS) 2011, National Detention Standards (NDS) 2000, ICE Family Residential Standards, National Commission on Correctional Health Care (NCCHC), 2014.

7-1.5 Added PREA reference.

8. DEFINITIONS:

8-1. Mental health-related cases include, but are not limited to, cognitive impairments such as: developmental disabilities, autism, dementia, traumatic brain injury, stroke, Alzheimer's disease, and attention deficit hyperactive disorder; emergency department referrals for mental health emergencies, psychiatric hospital admissions, suicide attempts, and death by suicide.

8-2. (b)(7)(E) An information technology platform that supports SEN and SIR reporting. It uses clinical case data input from IHSC-staffed and non-IHSC-staffed facilities; it provides automated notifications and generates clinical case reports (b)(7)(E)

(b)(7)(E)

- 8-3. Significant Event Notification (SEN):** An electronic reporting system designed to notify ICE HQ officials of incidents that impact ICE staff in detention facilities or involve noncitizens in ICE custody. The SEN platform allows for time sensitive, secure, and accurate reporting of significant incident reports (SIR).
- 8-4. Pre-Significant Event Notification (pre-SEN):** IHSC established the pre-SEN notification process for incidents where staff become aware of an incident, but have not yet entered a formal significant incident report (SIR) into the SEN system. IHSC cannot enter SIRs into the SEN platform; therefore, to avoid reporting delays, a pre-SEN is generated within 12 hours once a significant case is identified.
- 8-5. Significant Incident Reports (SIR):** SIRs include incidents of detained noncitizen abuse, neglect, severe injury, medical and psychiatric emergency, suicide attempt, hunger strike, hospital admission and discharge, death, and sexual assault.
- 8-6. Reportable Incidents:** Significant medical and/or mental health incidents for the purpose of this directive include, but are not limited to, the following:
- 8-6.1 Abuse. Physical or emotional injury inflicted with the intent to cause harm.
 - 8-6.2 Neglect. The willful withholding of basic needs and care of a detained noncitizen in ICE custody.
 - 8-6.3 Serious injury. Injury that results in serious physical damage or pain to the body that requires medical intervention.
 - 8-6.4 Medical or psychiatric emergency. An urgent need for a higher level of care for medical or mental health conditions.
 - 8-6.5 Suicide attempt. The planned act of attempting to end one's life. Daily medical updates required until the patient is released from suicide watch and/or discharged from the hospital.
 - 8-6.6 Hunger strike. The willful act of not ingesting food and or water or supplements, usually as a sign of protest. A hunger strike is a significant event when the patient misses nine consecutive meals within 72 hours. Daily medical updates required until hunger strike is ended and the patient is medically stable.
 - 8-6.7 Hospital admission and discharge. Admission to an inpatient facility where the length of stay exceeds 24 hours. Discharge from an

inpatient facility after treatment.

Daily medical updates required until patient is discharged and returned to the facility or released from custody.

8-6.8 Death. The irreversible cessation of functioning of the whole brain, including the brainstem. Only the initial SEN must be entered into (b)(6),(b)(7)(C) no medical updates required.

8-6.9 Sexual Assault. Any type of sexual activity or perceived sexual contact that occurs without consent. Only the initial SEN must be entered into (b)(6),(b)(7)(C); no medical updates required unless the non-citizen is transferred to the emergency department for evaluation.

9. APPLICABLE STANDARDS:

9-1. **Performance-Based National Detention Standards (PBNDS):** 2011 with 2016 revisions.

9-1.1 Part 4: Care; 4.3 Medical Care; X. Notifications of Detainees with Serious Illnesses and Other Specified Conditions.

9-2. **Family Residential Standards (FRS) 2020:**

9-2.1 Part 4: Care; 4.3 Health Care; Q. Notice of Residents with Serious Illnesses and Other Specified Conditions.

9-3. **2008 Operations Manual ICE Performance-Based National Detention Standards:**

9-3.1 Part 4: Care; 22. Medical Care.

9-4. **2000 National Detention Standards for Non-Dedicated Facilities:**

9-4.1 Health Services; Medical Care.

10. **PRIVACY AND RECORDKEEPING:** ICE uses patient health records and information maintained in accordance with the DHS/ICE-013 Alien Health Records System of Records to provide for the care and safety of patients. IHSC limits access to patient health records and information to those individuals who need to know the information for the performance of their official duties, and who have appropriate clearances or permissions. IHSC secures paper records in a locked cabinet or room when not under the direct control of an officer or employee with a need for the paper record to perform their duties. In addition, IHSC secures Personally Identifiable information using password protected electronic devices.

10-1. IHSC staff complete annual training on the protection of patient health information and Sensitive Personally identifiable information.

- 10-2.** IHSC staff reference the Department of Homeland Security Handbook for Safeguarding Sensitive PII (Handbook) at DHS Handbook for Safeguarding Sensitive PII for additional information concerning safeguarding sensitive PII.
- 10-3.** 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.
- 11. NO PRIVATE RIGHT STATEMENT:** This directive is an internal 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.
- 12. POINT OF CONTACT:** Chief, Medical Case Management Unit.