

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

SIGNIFICANT DETAINEE ILLNESS (SDI)

IHSC Directive: 03-32

ERO Directive Number: 11853.3

Federal Enterprise Architecture Number: 306-112-002b

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

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1. **PURPOSE:** The purpose of this directive is to set forth the policy and procedures for detainees and residents who have significant illnesses 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, U.S. Public Health Service (PHS) officers and civil service 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 U.S.C. §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;
 - 3-5. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC 252); Medical Examination of Aliens; and
 - 3-6. ICE Policy 11304: Assessment and Accommodation for Detainees with

Disabilities.

4. **POLICY:** IHSC provides medical care to detainees/residents with an illness. A significant illness is a serious or potentially life-threatening illness, injury, or impairment that may involve inpatient care in a hospital or other extended care facility, periods of incapacity due to the illness, or an illness that has continuity of care needs requiring significant coordination with external partners. The IHSC Medical/Psychiatric (Med-Psych) alert documents significant illness, injury or impairment that may affect detainee housing, work assignments, program assignments or selection, disciplinary measures, all transportation, facility transfers or admissions, clothing, and activities of daily living.
 - 4-1. The Health Services Administrator (HSA) and the Clinical Director (CD) at IHSC-staffed facilities, and medical staff at non-IHSC staffed facilities via their Field Medical Coordinators (FMCs), should request to place any detainee/resident with a significant illness on the significant detainee illness (SDI) list for review. The SDI list ensures ICE Enforcement and Removal Operations (ERO) HQ is aware of detainees or residents with significant medical conditions and the potential effect on enforcement actions.
 - 4-2. The SDI meeting is a collaborative effort involving IHSC, ERO Field Operations, ERO Disability Access Coordinator, and the Office of the Principal Legal Advisor (OPLA). The IHSC Assistant Director (AD), the Deputy Assistant Director (DAD) of Clinical Services/Medical Director, Associate Medical Director (AMD), or Regional CDs may approve the addition of any detainee or resident to the SDI list.
 - 4-3. Criteria for placement on the SDI List: Detainees/residents who meet the SDI criteria may be added to the SDI list based on, but not limited to, the following qualifying conditions:
 - 4-3.1. Critical illness due to a life-threatening condition, such as any terminal illness, cardiac arrest, life-threatening cardiac arrhythmias, coma, severe sepsis, severe diabetic ketoacidosis, fulminant hepatitis, brain mass, pulmonary embolus, significant intracranial bleeding, stroke, a condition requiring intubation/mechanical ventilation, terminal cancer, post-surgical complications posing risk to life.
 - 4-3.2. When a person is placed in the intensive care unit (ICU) for 24 hours or more. (Note: Some smaller hospitals may place a detainee/resident in the ICU to ensure necessary services are provided, but the detainee/resident may not be critically ill. The patients are placed there because of the hospital's limitations.

Therefore, ICU patients should be viewed in terms of the severity of their condition for SDI list consideration).

- 4-3.3. Potentially life-threatening medical condition requiring urgent action to prevent deterioration. This includes a detainee or resident who will need to undergo a medical procedure that poses a significant risk of possible complications (cardiac valve replacement, coronary artery bypass grafting, intracranial surgery, carotid endarterectomy, aortic aneurysm repair).
- 4-3.4. Significant coordination required to repatriate or to release a detainee or resident in the United States due to his or her medical condition (e.g., end-stage liver disease, end-stage congestive heart failure, ongoing cancer treatment, acute infectious disease, unstable or uncontrolled psychiatric conditions, or oxygen-dependent condition).
- 4-3.5. When a person has cancer and is requiring or receiving treatment (e.g., easily treated cancers like basal cell or squamous cell carcinoma do not necessarily require SDI monitoring).
- 4-3.6. Extended hunger strike with deteriorating condition.
- 4-3.7. Current significant complications associated with Acquired Immuno-Deficiency Syndrome (AIDS), severe opportunistic infections, tuberculosis, or failing treatment.
- 4-3.8. Multi-drug-resistant (MDR) or extensively drug-resistant (XDR) tuberculosis disease.
- 4-3.9. A detainee with a communication disability (e.g., mute, deaf, blind, cognitively impaired) and/or a mobility disability who is unable to be reasonably accommodated.
- 4-3.10. Severe cognitive impairment where detention poses a significant risk to the detainee's or resident's wellbeing (e.g., dementia, encephalopathy, moderate to severe intellectual disability).
- 4-3.11. Infirmity requiring continuous or near-continuous medical care: (e.g., bedbound, status-post stroke with permanent deficits rendering the detainee or resident incapable of caring for self).
- 4-3.12. Mental health conditions that are not controlled and require prolonged ongoing inpatient hospitalization or that present significant detention management concerns. The significant mental illness (SMI) directive further defines the criteria for detainees/residents who have significant mental health conditions.

- 4-3.13. Detainees or residents are added and removed from the SDI list, as directed by the IHSC Medical Case Management Unit, which collaborates with ICE Field Operations and OPLA.
- 4-3.14. Criteria for detainee or resident removal from the SDI List: The following reasons may warrant the removal of detainees or residents from the SDI list:
 - 4-3.15. The acute medical condition stabilizes or resolves with treatment.
 - 4-3.16. The detainee or resident is no longer deemed to be critically ill or to have a life-threatening condition.
 - 4-3.17. The detainee or resident is released from ICE custody.
 - 4-3.18. The detainee or resident is deceased.
 - 4-3.19. The communication or mobility disability has been successfully addressed.
- 4-6. Significant Historical Physical Findings:** SDIs are brought to the attention of the appropriate medical provider immediately, if an emergent condition exists.
- 4-7. Entry into the Health Record:** The nature of the SDI is entered in the detainee's or resident's health record. Any detainee or resident with an SDI must have a Medical or Psychiatric Alert documented in their health record. IHSC personnel must document the health record in Medical or Psychiatric Alert when the detainee or resident is removed from the SDI list.
- 4-8. Reporting:** The FMC, HSA, or designee must provide daily updates on detainees or residents with serious medical conditions via email to the Managed Care Coordinator(s) (MCC) managing the SDI list. The reporting can be through the MCC, if they are managing the SDI list for the field (i.e., IHSC-staffed facilities), or directly to the Regional CDs.
 - 4-8.1. The FMC, HSA, or designee must provide daily updates of detainees or residents placed on the SDI list by close of business each duty day.
 - 4-8.2. The FMC, HSA, or designee must provide an update more frequently for those detainees or residents in the intensive care unit, or in critical condition depending on the condition of the detainee or resident.
- 4-9.** If a detainee or resident's condition is identified as being terminal, or if the detainee or resident has executed a do not resuscitate (DNR) order, IHSC SDI team members will notify ERO HQ to consider an expedited release of

the detainee or resident from ICE custody.

5. **PROCEDURES:** The IHSC AD, DAD of Clinical Services/Medical Director, AMD, or Regional CD approves or disapproves the HSA, CD, or FMC's request. The HSA, CD, and/or FMC request(s) to add the detainee or resident to the SDI list should be based on the criteria mentioned in section 4-3 of this directive.

- 5-1. If the request for the detainee or resident with a significant illness is approved to be added to the SDI list:

- 5-1.1. The MCC must add the detainee or resident with the significant illness to the SDI list.

- 5-1.2. Once a detainee's or resident's name is entered on the SDI list, IHSC should collaborate with ICE ERO Field Operations and OPLA.

- 5-1.3. Removal of a detainee's or resident's name from the SDI list should be based on the criteria listed in section 4-5 of this policy.

6. **HISTORICAL NOTES:** This directive replaces the previous version dated October 5, 2017 and aligns with NCCHC 2018 standards.

7. **DEFINITIONS:** See definitions for this policy at [IHSC Glossary](#).

8. **APPLICABLE STANDARDS:**

- 8-1. **Performance-Based National Detention Standards (PBNDS)2011, Revised 2016:**

- 8-1.1. Part 4: Care; 4.3 Medical Care; N. Medical/Psychiatric Alerts and Holds.

- 8-1.2. Part 4: Care; 4.3 Medical Care; X. Notifications of Detainees with Serious Illnesses and Other Specified Conditions

- 8-2. **Family Residential Standards:**

- 8-2.1. Part 4: Care; 4.3 Health Care; N. Medical/Psychiatric Alerts and Holds

- 8-2.2. Part 4: Care; 4.3 Health Care; Q. Notice of Residents with Serious Illnesses and Other Specified Conditions

- 8-3. **American Correctional Association (ACA):**

- 8-3.1. Performance-Based Standards for Adult Local Detention Facilities, 4th edition; 4-ALDF-4C-40 Special Needs Inmates.

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

Standards for Health Services in Jails, 2018:

- 8-4.1. J-B-07 *Communication on Patients' Health Needs*. Compliance

Indicators #1-3 are documented in IHSC directive 03-25,
Transgender Care and Management.

9. **PRIVACY AND RECORDKEEPING.** ICE uses detainee 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 detainees. IHSC limits access to detainee 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.
 - 9-1. IHSC staff complete annual training on the protection of patient health information and Sensitive Personally identifiable information.
 - 9-2. 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.
 - 9-3. 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.
10. **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.
11. **POINT OF CONTACT.** Chief, Medical Services Unit.