



**U.S. Immigration
and Customs
Enforcement**

**ICE Health Service Corps (IHSC)
Enforcement and Removal Operations
Immigration and Customs Enforcement**

Sick Call Process

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Foreword

This IHSC Sick Call Guide supplements the following IHSC Directives:

- IHSC Directive # 03 -02 *Sick Call*

This Guide explains concepts, assigns responsibilities, and details procedures for performing Sick Call within the IHSC staffed facilities.

The intended audience is IHSC Field Health staff.

I. Sick Call (Non-emergency Health Care Requests and Services)

- A. Each IHSC facility has a defined process that provides detainees/residents with an unrestricted (can come any day at the designated time) daily opportunity to request health care services using a face-to-face sick call process. Sick Call should occur during the morning hours to maximize the availability of health care providers. The Health Services Administrator (HSA) or Assistant Health Services Administrator (AHSA) designates the most appropriate time for sick call, in collaboration with local ICE and custody leadership, to ensure that the time selected does not conflict with other facility activities.
- B. Healthcare providers routinely conduct sick call in the medical clinic. If this is not possible, sick call will be conducted in a location that affords adequate sight and sound privacy, adequate access to hand washing stations, and adequate equipment available (i.e. equipment to take vital signs, a weight scale, otoscope, etc.). Ideally, this area should be a designated area specifically for use by healthcare providers.
- C. Sick call is not meant to take the place of urgent/emergent access to care. All medical emergencies are immediately addressed consistent with IHSC 03-02 and ICE Standards.

II. Sick Call Process

(b)(7)(E)

As an example:

<500 beds – 1-2 RNs

501-1000 beds – 3-4 RNs

1001 > - 4-5 RNs

B. STEP-BY-STEP PROCESS:

(b)(7)(E)

(b)(7)(E)

(b)(7)(E)

III. SEGREGATION SICK CALL

Detainees/residents housed in segregation and other specialty housing units access the sick call process via face-to-face encounters with an RN during daily segregation rounds. Based on the clinical or administrative request, the RN may request that the detainee/resident be escorted to the clinic. For requests that do not involve medical concerns and are of an administrative nature, at the discretion of the HSA/AHSA or designee, the detainee/resident will be scheduled for an appointment on the next business day. Administrative requests can include medical records requests, special needs changes, etc.

IV. DOCUMENTATION

(b)(7)(E)

(b)(7)(E)

V. DETAINEE NOTIFICATION

Daily sick call times are established based on the above guidelines. The timeframes are communicated by healthcare providers to detainees/residents, and staff. The detainees/residents receive education on the sick call process, both in writing in the detainee handbook and verbally, during intake screening and the initial physical examination. Notification of sick call times are posted in the housing units in an area that is easily visible by all detainees. Notifications will be in English and the language of the most common non-English speaking population at the facility.

The written information given during the intake process includes:

- How to access emergency and routine medical, dental, and mental health services
- The grievance process for health-related complaints

Detainees/residents who have difficulty communicating, i.e. language, physiologic condition, etc.; IHSC medical staff shall ensure the detainee/resident is provided with instructions on how to access health services.

VI. TRAINING

The HSA ensures that all medical staff receives initial training on the face-to-face sick call process during orientation and healthcare staff are required to annually review policy and guides. In addition, nurses are required to review the IHSC Nursing Clinical Guidelines.

The HSA ensures that all applicable staff and detainees/residents are educated on the implemented process. Training of this policy shall be documented in the local medical personnel file.

VII. REFERENCES

- A. ICE Performance-Based National Detention Standards 2011, 4.3 *Medical Care (Q) Sick Call; Emergency Medical Services and First Aid*
- B. ICE Family Residential Standards, 4.3 *Medical Care*; 3. *Notifying Residents about Health Care Services*, and 12. *Sick Call*
- C. National Commission on Correctional Health Care (NCCHC). *Standards for Health Services in Jails. Standard J-E-07 Non-Emergency Health Care Requests and Services*. 2014
- D. American Correctional Association. *Access to Care*
- E. IHSC Clinical Nursing Guidelines