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# Directive to Minnesota Healthcare Providers to Adopt and Implement Best Practices for Patients in Immigration and Customs Enforcement (ICE) Detention in Healthcare Facilities

**Healthcare Providers are directed to protect the legal rights of patients while in the presence of Immigration and Customs Enforcement.** The following policies and protocols regarding interactions with ICE officers differ from current norms and practices regarding interactions with municipal and state law enforcement. Patients in ICE detention are under civil detention, not criminal custody, and thus must be treated accordingly.

**When ICE arrives without a patient:**

- Greet agent
- Gather and document information, including ICE officer's name and DHS photo ID
- Notify site or clinic leadership and security
- DO NOT give out patient information
- DO NOT answer questions about employees or patients
- DO NOT consent to searches or document seizures
- DO NOT allow access to patient/employee areas without a warrant signed by a judge

**When ICE brings a patient to the hospital under civil detention:**

*Federal Agent Protocol*

- Confirm the identity of the ICE officer, including their name and DHS photo ID.
- Notify the entire care team, charge nurse, and on-call administrator when ICE enters the healthcare facility.
- ICE officers will be prohibited from any measures to hide or obscure their identity while in healthcare settings, with the exception of medical masks.
- Officers must sign-in and be treated with the same regard as other visitors at the facility.
- Confirm that the ICE officer has a valid judicial warrant signed by a judge, for the specific patient that they are accompanying.
    - Take proactive measures to assure that confirmed ICE officers do not have access to patients other than those identified on a validated judicial warrant.
        - Redirect patient and staff traffic away from ICE officers, as able.
        - Surveil ICE officers while they are present in the facility at all times with facility security.
    - Ensure that ICE agents do not access private spaces without presenting a valid judicial warrant.
    - Notify administration and immigration organizations if ICE officers attempt collateral arrests.

*Privacy Considerations*

- DO NOT share any Protected Health Information (PHI) with ICE officers, whether or not the officer has a valid judicial warrant.
    - This includes patient location, medical records, any identifiable information, and demographic information including but not limited to addresses or family members.
    - DO NOT utilize the electronic medical record to document legal or immigration status of patients.
- Establish privacy, ensuring that ICE officers leave the bedside during any communication, interaction or procedure with patients regarding their care.

*Patient Care*

- DO NOT use shackles, physical or chemical restraints unless deemed medically necessary per the healthcare team.
- Notify the patient's family or next of kin when appropriate or requested.
- Ensure family visitation rules are upheld as they are for any other patient.
- Utilize social work services to connect patients to immigrant rights organizations, attorneys or other supportive services.
- DO NOT utilize ICE agents as healthcare surrogates or decision makers, nor as healthcare interpreters.

*Discharge*

- DO NOT discharge the patient to ICE detention if there is a reasonable expectation that the patient will need acute medical, nursing, or rehabilitative care to treat an acute ailment or establish management of a chronic illness.
- Provide 90 days worth of any necessary medications or supplies on discharge.
- Admit patients to the hospital when these assurances are not guaranteed.

*Staffing Considerations*

- Staff requests for patient or unit reassignment when ICE is present must be accommodated immediately.
- DO NOT allow ICE into staff-only spaces including, but not limited to parking lots, break rooms, bathrooms, locker rooms, or employee exits.

*Preparation and Training*

- Facilities must have an internally published algorithm that details who will be reviewing warrants for authenticity and completeness.
- Improve designation of private vs. public spaces throughout the healthcare setting.
- Healthcare institutions shall provide the aforementioned directive alongside training for all healthcare personnel that interact directly with patients or with PHI.