

ICE Officers in the Healthcare Setting: What Nurses Need to Know



As of January 20, 2025, U.S. Immigration and Customs Enforcement (ICE) agents can now enter hospitals (as well as schools and churches) for enforcement actions. In the case of ICE agents in healthcare settings, nurses must follow the law while also ensuring patient safety and privacy. This can prove difficult as nurses are caught between their ethical duty to protect patients (and to provide optimal care to all patients, regardless of immigration status) and their

responsibility to comply with the law.

Nurses can take action to protect patients to the extent possible, while adhering to legal requirements. Although finding this balance can be challenging, it is important for nurses to avoid becoming victims of legal action themselves.

Effects of ICE enforcement

One of the most problematic effects of ICE enforcement in general is fear—pa-

tients may avoid seeking healthcare because of deportation concerns, which can lead to worsening of chronic healthcare conditions and delayed treatment of new ones.

In the healthcare setting, ICE agents can disrupt care and increase stress for all patients, even those who aren't targeted by the agents. Stress isn't limited to patients: Healthcare staff who are noncitizen immigrants may worry about deportation.

Rights and requirements

Nurses need to understand their patients' rights. A guide for healthcare providers from the Physicians for Human Rights and National Immigration Law Center (NILC) notes that all patients, regardless of immigration status, have the right to emergency care (under the Emergency Medical and Labor Act); the right to privacy (under HIPAA [Health Insurance Portability and Accountability Act of 1996]); and the right to equal protection (under the Constitution).

In the case of HIPAA, patient information is protected and can only be disclosed with the patient's consent or a valid court order. (HIPAA protections also cover those in ICE custody.)

The National Immigration Law Center notes another patient protection: The Fourth Amendment prohibits illegal searches or seizures. Legality is based on whether someone has a "reasonable expectation of privacy," such as in a hospital room.

However, nurses should be aware that ICE agents can review any information that is in "plain view" (such as a computer screen with a patient's record visible to someone standing in front of a desk).

About warrants

The National Immigration Law Center notes the differences between two types of warrants: judicial and administrative.

A judicial warrant is issued by a judicial court and is signed by a judge or magistrate judge. It formally authorizes a law enforcement officer to make an arrest, seize property, or conduct a search. Judicial warrants must be complied with. Note, however, that a warrant signed by an immigration judge is not a judicial warrant.

To be valid, a judicial warrant must be issued by a judicial court, signed by a state or federal judge or magistrate, state the address of the premises to be searched, and be executed within the time period specified on the warrant.

Clinicians should check the scope of the search area. For example, in a hospital setting, it might state the emergency department, which means the agents cannot search other areas of the hospital.

An administrative warrant authorizes a law enforcement officer from a designated federal agency, such as ICE agent, to make an arrest or seizure. It can be signed by an "immigration judge" or "immigration officer." It does not authorize a search, but in certain circumstances, it may authorize a civil arrest or seizure.

In addition to these, ICE agents may present an arrest warrant. If it meets the requirements noted in the judicial warrant section above, do not interfere with the arrest of the person. However, you may document or record the interaction in case excessive force or violation of civil rights occurs.

Sources: National Immigration Law Center. Warrants and subpoenas: what to look out for and how to respond. 2025. https://www.nilc.org/wp-content/uploads/2025/01/2025-Subpoenas-Warrants_.pdf; Physicians for Human Rights, National Immigration Law Center. Health care and U.S. immigration enforcement: what providers need to know. 2025.

This concept extends to anything within “plain hearing” (such as two clinicians discussing a patient in a public hallway).

Finally, the Physicians for Human Rights/NILC guide notes that although some states now have legal requirements to ask about immigration status, patients are not required to answer.

Advance preparation

Organizations need to establish policies for handling visits by ICE agents. Nicole Exeni McAmis, MD, suggests including these elements:

- designated point of contact, such as an administrator or legal counsel
- a detailed protocol as to how initial interactions with ICE should be handled, including verifying the warrant
- the need for HIPAA compliance (not disclosing information without a valid warrant or patient consent)
- not documenting immigration status in the medical record unless it’s medically relevant
- informing patients of their rights
- training and education of staff, including HIPAA compliance, de-escalation techniques, and how to recognize a valid warrant (see sidebar #1). (Organizations should document education provided.)
- Documentation requirements for ICE interactions.

The NILC notes that agents can enter public areas such as lobbies and waiting areas but can be barred from private areas such as the OR unless they have a valid warrant. This makes it essential for hospitals to clearly label public and private areas.

At the individual level, the Physicians for Human Rights/NILC guide notes that nurses and other clinicians can

- Reassure patients that their immigration status does not affect the care they receive. Explain HIPAA and other privacy requirements.
- Avoid asking patients about their immigration status. If the information is

What if...

Here are some recommendations on what to do if ICE agents enter the clinical setting.

- Stay calm and speak professionally. Avoid escalating tensions.
- Notify the organization’s designated point of contact.
- Request identification and ask the agents for their purpose. If it is to detain someone, ask to see a judicial warrant signed by a judge or magistrate. Administrative warrants or subpoenas issued by ICE or the Department of Homeland Security do not automatically grant permission, but the hospital may choose to comply.
- Inform the agents that you are not authorized to provide information or access to private areas but have contacted the designated representative per protocol. (For example, you could say: “I’m not authorized to provide that information. Let me notify the appropriate person to help you.” Direct the agents to a non-patient care area and have authorized personnel stay with them.
- Protect patient care. Ensure that medical care is not interrupted or delayed for all patients. If the patient ICE is seeking is critically ill, notify the agents that medical care must take priority over enforcement actions.
- Advocate for patients. Inform them of their rights, including the right to remain silent and the option to decline speaking to ICE agents without an attorney present. Advise patients not to run from or confront the agents. You might offer contact information for local immigration legal aid organizations.
- If agents remove a patient (or employee), ask the agents where they are being taken.
- Document the incident. Record agent names, departments, badge numbers, times, purpose of the visit, warrant details, how agents were dressed, actions taken and/or outcomes, and any deviations from the scope of the warrant or other possible misconduct by agents.

It’s important to prioritize patient safety while adhering to organizational policy and the law.

Sources: McAmis NE. Responding to ICE in emergency departments: protecting patients and navigating legal obligations. EMResident. 2025; Physicians for Human Rights, National Immigration Law Center. Health care and U.S. immigration enforcement: what providers need to know. 2025.

needed, keep it separate from the medical record. If state law requires asking a patient about immigration status, let them know they are not required to answer.

- Address misinformation. For example, dispel rumors about hospitals reporting immigrants, which can inhibit people from seeking the care they need.
- Share information about patients’ rights in languages spoken by those served by the organization.
- Keep records secure and be careful that computers and patient information are not visible (in “plain view”).

Nurses in leadership and educational roles should ensure that staff receive training on how to respond to an ICE agent (see sidebar #2).

Protecting patients, following the law

It can be difficult for nurses, who are

committed to caring for patients, to remain calm when ICE agents arrive in the healthcare setting seeking to detain a patient. Having a policy in place and providing education before this situation occurs can ease anxiety and also facilitate patients’ understanding of their rights. Ultimately, nurses have a responsibility to protect patients while adhering to the law. In fulfilling this responsibility, nurses can help patients, while protecting themselves from legal action. ■

Cynthia Saver, MS, RN, is a medical writer in Columbia, Md.

Note: This article does not constitute legal advice.

References online:
myamericannurse.com/?p=424939

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