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Guidance for Covered Care Providers Related to Interacting with Civil Law Enforcement

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The Governor's Office, the Executive Office of Health and Human Services ("EOHHS"), the Department of Public Health ("DPH"), the Department of Mental Health ("DMH"), and the Department of Developmental Services ("DDS") issue this guidance and accompanying model policy pursuant to *An Act promoting rule of law, oversight, trust and equal constitutional treatment* ("PROTECT Act" or "Act"). Stat. 2026, c. 163, §§ 1–24.

In preparing this guidance and model policy, EOHHS and the respective agencies consulted with the Attorney General's Office and organizations representing staff at covered care providers (as defined below). As to the recommendations and obligations for covered care providers, this guidance supersedes the *Recommendations Related to Interacting with Federal Immigration Officers* issued in May 2026 pursuant to the Governor's Executive Order 650: Protecting Access to Essential Services and Keeping Massachusetts Communities Safe.

I. Introduction

On August 5, 2026, Governor Maura Healey signed the PROTECT Act. It is now the law in Massachusetts that, except as required by state or federal law or as required for the Commonwealth or its subdivisions to administer a state or federally supported or funded program, civil arrests, including for federal immigration enforcement, are not allowed in areas designated as "nonpublic" by covered care providers, without a Judicial Warrant or Judicial Order.

The Act requires that each covered care provider licensed by DPH or DMH, licensed or funded by DDS, or funded by MassHealth, and each covered health care entity that is a non-hospital-based physician practice with not less than $500,000,000 in annual gross patient service revenue adopt a policy appropriate for their service setting regarding interactions with law

enforcement officers engaged in civil law enforcement.[1] Under the Act, the policy must include, at a minimum: (1) the designation of a contact person or persons to be notified of the presence of, or information requests from, law enforcement officers engaged in civil law enforcement; (2) the designation of nonpublic areas (where civil arrests would be prohibited, without a Judicial Warrant or Judicial Order); and (3) procedures for how staff and volunteers should respond to requests relating to civil law enforcement. The policy may address other topics as well, including the ones discussed in this guidance and the model policy.

We know that many covered care providers already have policies or procedures for interacting with law enforcement. Please make sure that any new or existing policies include the three topics required by the PROTECT Act, as described in (1)-(3) in the paragraph above.[2]

The information contained in this document is provided for informational purposes only and should not be construed as legal advice. Covered care providers should consult with their legal counsel, as needed, about their specific obligations under the PROTECT Act.

II. Definitions

This guidance uses the following words and phrases consistent with the PROTECT Act.

"Civil arrest" means an arrest that is not for the purpose of preparing the person subject to such arrest for criminal prosecution for an alleged violation of a state or federal criminal law. Civil arrests may be authorized by, among other things: (1) a parole warrant issued under G.L. c. 127, § 149A, or a probation warrant issued under G.L. c. 279, § 3; (2) state law permitting protective custody for incapacitated and intoxicated persons, G.L. c. 111B § 8, or (3) an administrative warrant issued by a federal agency like the United States Immigration and Customs Enforcement (ICE) agency for violations of the federal Immigration and Nationality Act, or related civil immigration enforcement efforts.

"Civil law enforcement" means efforts to investigate, enforce or assist in the investigation or enforcement of state or federal civil law, including, but not limited to, any federal civil immigration law. For added context, civil law enforcement often relates to preventative detention for an individual's safety or security, enforcement of civil actions in court, or immigration law enforcement. In contrast, criminal law enforcement involves the investigation and enforcement of state or federal criminal laws (like those outlawing theft and

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[1] While the PROTECT Act does not require other covered care providers to adopt such policies, we encourage them to do so, consistent with this guidance and the *Recommendations Related to Interacting with Federal Immigration Officers* issued in May 2026.

[2] The PROTECT Act and thus this guidance do not prohibit or otherwise restrict service of civil legal process (such as subpoenas for records, guardianship paperwork, etc.) at covered care service sites. Those activities should be handled in accordance with existing policy.

assault). Note that law enforcement officers (defined below) can engage in civil law enforcement and/or criminal law enforcement.

"Covered care provider" includes any of the following:

- A DPH- or DMH-licensed hospital, community health center, clinic, mobile clinic, free medical group, convalescent or nursing home, rest home, charitable home for the aged, emergency medical service, adult day health center or substance use disorder treatment program.
- A DPH- or DMH-operated public hospital.
- A health care practice operated by physicians licensed to practice medicine by Board of Registration in Medicine ("BORIM") (as set forth in c. 111, section 251).
- A health care practice of an independently practicing, Board of Registration in Nursing ("BORIN")-licensed nurse practitioner, psychiatric nurse mental health clinical specialist or nurse anesthetist.
- Any DDS-licensed provider of services or treatment to persons with intellectual or developmental disabilities.
- Any provider that DDS pays to provide services or treatment to persons with intellectual or development disabilities, even if DDS does not license that provider.
- A MassHealth-enrolled day habilitation services provider.

"Covered care service site" means the building(s) or parts thereof owned, leased, or otherwise controlled by a covered care provider and in which services are provided, including any connected walkways, parking lots, courtyards, and other property owned, leased or controlled by the covered care provider.

"Front-line staff" means employees, volunteers, or contractors who greet, register, or interact with visitors or recipients in public areas of the covered care provider and who may be the first individuals to encounter a law enforcement officer entering the service site or requesting information about a patient or other person affiliated with the covered care provider. Front-line staff include but are not limited to: people working at reception, an information desk, or outpatient check-in desk; security officers stationed at entrances or public desks; greeters; and switchboard operations.

"Judicial Warrant" or **"Judicial Order"** refers to an arrest warrant or other judicial order, signed by a judge or magistrate sitting in the judicial branch of a local or state government or of the federal government, authorizing an arrest. *See* Appendix A for Sample Judicial Warrants and Administrative Warrants.

"Law enforcement officer" or **"officer"** means any agent or officer of a federal, state, county, municipal, or district law enforcement agency, including but not limited to local police

departments, sheriffs, constables, the Massachusetts State Police, the United States Immigration and Customs Enforcement (ICE) agency, the United States Customs and Border Protection (CBP) agency, and the United States Department of Homeland Security (DHS).

"Recipient" means any person seeking or receiving care or services from a covered care provider, including, but not limited to, a patient, client, or resident.

III. Designating Nonpublic Areas of the Covered Care Service Site

Except as required by state or federal law or as required for the Commonwealth or any of its subdivisions to administer a state or federally supported or funded program, civil arrests are not allowed without a Judicial Warrant or Judicial Order in areas designated by the covered care provider as "nonpublic." *See* Section IV(F) and Appendix A below, for identifying a Judicial Warrant or Judicial Order. Policies required by the PROTECT Act must include the designation of nonpublic areas.

To operationalize this provision, covered care providers should evaluate their service sites and designate specific areas as "nonpublic" and "public," using the guidelines below. Covered care providers must make these designations known in written policy, in staff training, and, where feasible, signage throughout their service sites.

Which areas qualify as "nonpublic" or "public" may vary across covered care providers, depending upon the type of service site or locations they operate and service(s) they provide. We strongly encourage covered care providers to apply the following guidelines in a manner that reflects the nature of their sites and the services rendered therein.[3]

Nonpublic areas are defined in the PROTECT Act as areas (1) where individuals are receiving treatment, services or care; (2) where individuals discuss protected health information, or (3) that are not open to the public. This includes, but is not limited to, the following areas commonly seen in covered care service sites:

- **Recipient care areas and clinical support areas that involve direct care or support that care and may contain sensitive information or equipment**. This includes but is not limited to inpatient units, ambulatory clinic care units, operating and procedure suites, radiology, dialysis and infusion suites, laboratories, pharmacies, blood banks, sterile processing, therapy rooms, community-based residential settings (including group homes, community residences), intermediate care facilities, day habilitation and day program service locations, behavioral support areas, and areas where confidential records or

[3] We recognize that many covered care providers have already designated areas as nonpublic and public. Those providers may maintain the same designations, or revisit them, following passage of the PROTECT Act.

information are maintained or discussed. All the spaces associated with these functions are also nonpublic, including nurses' stations, medication rooms, supply rooms, and clean and dirty rooms.

- **Residential rooms/spaces**, including, but not limited to, resident bedrooms and resident bathrooms.
- **Staff-only areas**, including, but not limited to: staff lounges, break rooms, on-call rooms, locker rooms, IT offices, engineering spaces, mechanical spaces, security spaces, and administrative offices and hallways not open to the public.

Public areas are accessible to members of the general public; anyone can enter without permission or special access requirements (such as signing in). Public areas may include main lobbies and waiting rooms that do not require special access, cafeterias, gift shops, public restrooms, information desks, and hallways leading to these areas. Importantly though, covered care providers may choose to designate these areas as nonpublic and thus reserve their use for persons affiliated with the covered care providers (such as recipients and employees). Thus, a main lobby, waiting room, or entrance may be designated as a nonpublic area, and the covered care provider may determine or restrict who may enter or remain in the area, the purpose and activities for which the area may be used, and who may be asked to leave, subject to applicable law.

Please note: covered care providers should be mindful that, while the PROTECT Act prohibits warrantless civil arrests in nonpublic areas of covered care service sites, there may be situations in which covered care providers are required to admit law enforcement officers into nonpublic areas without a Judicial Warrant or Judicial Order—for instance, when covered care providers are treating recipients in the custody of law enforcement officers and officers must be admitted to nonpublic areas for security purposes. *See* Section IV(I) for further guidance about this situation.

IV. Guidance on Interacting with Law Enforcement Officers Engaged in Civil Law Enforcement

A. Guiding Principles

Written policies on interacting with law enforcement officers engaged in civil law enforcement should apply equally to all forms of law enforcement. They should provide general

advice for employees, volunteers, contractors, and administrators about how to interact with law enforcement officers engaged in civil law enforcement, including:

1. **Care first**: Recipient health and safety are the top priorities. Providers must provide competent care and treatment, respect the rights of patients, and regard their responsibility to the recipient as paramount.

2. **Supportive environment**: Staff are not expected to make legal judgments, confront law enforcement, or place their own immigration status, mental health, or well-being at risk.

3. **Consistency**: Responses to civil law enforcement should follow a clear, delineated process. We include a recommended "escalation protocol" below, Section IV(C) and in the accompanying model policy.

4. **Privacy**: Recipient information is protected by law and by ethical obligations. Information should not be released to law enforcement officers engaged in civil law enforcement, except as outlined below.

5. **Physical safety**: Staff should never physically interfere with law enforcement or place themselves in physical danger.

Civil arrests are not allowed in nonpublic areas of covered care service sites, as designated by the covered care provider, unless law enforcement officers have a Judicial Warrant or Judicial Order.[4] If law enforcement officers proceed to conduct a civil arrest in these areas in violation of the PROTECT Act, no one should attempt to physically interfere with them; rather, on-site staff should follow the guidance to document an interaction, included in Section IV(H) (Documentation of Interactions) below. After law enforcement has left the covered care service site, staff should report the incident to the Attorney General's Office Civil Rights Division.

B. Designated Contact Person(s)

Under the PROTECT Act, covered care providers must designate a contact person to be notified if law enforcement officers engaged in civil law enforcement arrive on site or request information. Different people may serve as the designated contact person at different times throughout the day, and you should strongly consider naming at least one "back up" contact person for each covered care service site. We recommend that covered care providers designate the on-site Supervisor, Administrator on Call (AOC), or someone in a similarly high-level position, responsible for handling emergencies, to serve as the designated contact person.

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[4] As noted in Section IV(K) (Existing Obligations), nothing in this guidance prohibits appropriate cooperation with authorities, including police, fire departments, emergency medical services, child protective authorities, or other public safety officials, responding to an emergency, protecting a child from abuse or neglect, or otherwise exercising lawful authority unrelated to civil law enforcement.

The written policy required by the PROTECT Act must include the name(s) and contact information for the designated contact person(s). If multiple people will share this role, you may consider giving them a shared cell phone or telephone number, to make it easier for front-line staff to reach them in case of an emergency.

C. Escalation Protocol for Law Enforcement Officers Engaged in Civil Law Enforcement

The written policy required by the PROTECT Act must address how front-line staff and other employees, volunteers, contractors, or administrators should respond if law enforcement officers engaged in civil law enforcement arrive on site, and whom to notify (the "escalation protocol"). Covered care providers should make sure those groups are aware of the protocol, and how to contact the relevant individuals. This protocol should be simple, easy to remember, and consistent with procedures used in other circumstances. An escalation protocol should include the following instructions:

1. **All visitors**, including law enforcement officers engaged in civil law enforcement, must follow the covered care provider's existing visitor policy, including registering with the reception desk or other sign-in procedure as required. The covered care provider shall post signs at all entrances to the service site to notify outsiders of the hours of operations and requirements for visitor registration. Absent an emergency requiring immediate entrance to the site for safety and well-being, all visitors shall be screened in accordance with the existing visitor policy at each service site.

2. **Front-line staff:** When a law enforcement officer engaged in civil law enforcement arrives on site, front-line staff should follow the covered care provider's existing visitor policy, ask the officer to wait in a public area, and inform the officer that the staff person will contact an administrator to assist them. Front-line staff should then contact the designated contact person.
    - **Front-line staff should never physically interfere with law enforcement.**
    - Front-line staff should not be expected to interpret legal documents or make decisions about access.
    - If the officer does not answer questions or comply with directions, front-line staff should refrain from further engagement and await the arrival of the designated contact person. Front-line staff should document, in writing, an officer's refusal to provide requested information or comply with applicable site procedure and communicate the same to the designated contact person.

3. **Designated contact person**: Once notified by front-line staff, the designated contact person should immediately notify the covered care provider's legal counsel and/or Risk Management Office (or similar body), at the covered care provider's discretion. If the designated contact person is someone other than the AOC, they may be instructed to

contact the AOC at this time, too. The designated contact person should then immediately go to the location where the law enforcement officers are waiting.

- If the front-line staff has not already done so, and the officer is not in a public area, the designated contact person should ask the officer to continue to wait in a public area pending approval of the entry.[5]
- The designated contact person should ask to see the law enforcement officer's credentials (name, badge number, or other identifying information). The designated contact person should ask for a copy of any warrant or other documentation. The designated contact person—with assistance, as feasible, from an attorney, Risk Management officer, and/or high-level administrator—should review the documents to determine whether the document is a valid Judicial Warrant or Judicial Order. *See* Section IV(F) (Review of Warrants) for tips on reviewing a warrant.
- If the officers do not appear to have a valid Judicial Warrant or Judicial Order, or they have only an administrative warrant (see Appendix A for an example), the designated contact person should advise the officers that they cannot enter nonpublic areas of the covered care provider for purposes prohibited by this guidance and ask them to remain in the public area or leave the location, as appropriate.
- If a valid Judicial Warrant or Judicial Order is presented, the designated contact person must comply with the terms of the warrant or order.[6] The designated contact person should request that, where feasible, law enforcement officers avoid any nonpublic areas where patients are receiving treatment.
- Note: If the documents cannot be verified, their meaning or scope is unclear, or staff are uncertain as to their validity or the appropriate response, the designated contact person should promptly contact the covered care provider's legal counsel for guidance, if legal counsel has not yet been contacted.

If at any point in the interaction, the officer disregards staff instruction that the officer cannot enter nonpublic areas for civil law enforcement purposes and/or orders staff to provide immediate access (without satisfying the above steps and/or without a Judicial Warrant or Judicial Order), no one should attempt to physically interfere with the officer. Rather, the designated contact person should immediately notify the covered care provider's legal counsel, if they have not yet been notified, and staff should follow the guidance below about documenting an interaction. *See* Section IV(H) (Documentation of Interactions) and Section V(B) (Rights of Bystanders). If there is an imminent threat to the safety of any individual/person, a covered care provider staff should not hesitate to call 9-1-1 for assistance.

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[5] In rare circumstances, law enforcement officers may identify an immediate health or safety threat that qualifies as an exception to the warrant requirement.

[6] In the drafting of specific policies, covered care providers should be mindful of their applicable state and federal laws and regulations. For example, substance use disorder (SUD) treatment programs subject to 42 C.F.R. Part 2 should consult their legal counsel to confirm court orders/warrants meet the specific requirements under that federal regulation.

In addition to the procedures described above, covered care providers are encouraged to consider the various scenarios in which interactions with law enforcement officers engaged in civil law enforcement may occur at their service sites and prepare escalation protocols for these particular scenarios. Covered care providers should also consider tailoring procedures to certain staff positions, such as front-line staff, that may be more likely to interact with law enforcement officers engaged in civil law enforcement. As noted, covered care providers may incorporate these procedures relating to civil law enforcement activities into existing policies.

D. Checklists and Approved Language

Covered care providers are encouraged to develop checklists and draft approved language for front-line staff, employees, volunteers, contractors, and administrators to use when interacting with law enforcement officers engaged in civil law enforcement. These checklists can include clear instructions about whom employees/staff should contact if law enforcement officers are on site or making requests.

Examples of "Approved Language" may include:

- "I am not authorized to allow you to enter the service site."
- "Please wait here while I contact a supervisor."
- "I am not authorized to discuss specific individuals or to speak with you about the patient/recipient of care. I am going to contact an administrator who will discuss this further with you."
- "I am not permitted to discuss/disclose nonpublic information to you."

E. Proactive Discussions with Legal Counsel

Where applicable, the covered care provider should confer with its attorney(s) about the best and most expedient way to reach them in an emergency, including the arrival of law enforcement officers engaged in civil law enforcement to a covered care service site. The covered care provider should make sure that the designated contact person(s) has means to reach the attorney immediately if necessary. The covered care provider may also want to consult its attorney as part of establishing the procedures outlined in this guidance.

F. Review of Warrants

The designated contact person, AOC, and any other administrators/supervisors likely to interact with law enforcement officers engaging in civil law enforcement (including all backups) should receive training, consistent with this guidance, on how to identify a valid Judicial Warrant or Judicial Order. See Appendix A (Sample Judicial Warrants and Administrative Warrants) below for sample warrants.

Judicial Warrants and Judicial Orders are documents issued by a judge or magistrate sitting in the judicial branch of state or federal government. These documents authorize a search of a specific place or an arrest of a specific person based on sufficient information to support that a crime has been committed ("probable cause").

A Judicial Warrant is: (1) signed by a judge, magistrate, or assistant clerk magistrate and dated; (2) issued by a court; and (3) includes the location to be searched or the persons or items to be seized/arrested.

A Judicial Order may take many forms but should include: (1) the caption of a court case; (2) the name of the court; and (3) a judge, clerk magistrate, or assistant clerk magistrate's signature, with a date.

As stated above in Section IV(C) (Escalation Protocol), if law enforcement officers arrive on-site, front-line staff should contact the designated contact person who will contact the covered care provider's attorney, if applicable, and then proceed to the location where the law enforcement officers are waiting. Once the designated contact person has arrived at the location, the designated contact person should describe any warrants or orders over the phone to the attorney, who will evaluate the documents and advise the designated contact person on their validity. If the designated contact person feels safe doing so, they may ask the law enforcement officer if they may send a photo of the warrant or order to the attorney or show the warrant or order to the attorney via a video call. If the covered care provider does not have access to an attorney, or cannot reach the attorney, the designated contact person should use this guidance and Appendix A to determine whether the law enforcement officers have a valid Judicial Warrant or Judicial Order. See Appendix A (Sample Judicial Warrants and Administrative Warrants).

G. Requests for Information/Confidential or Personally Identifying Information

Law enforcement officers engaged in civil law enforcement may request information about recipients, employees, and other persons affiliated with a covered care provider. Many covered care providers already have privacy, health information management, and/or human resources policies governing how to handle these requests. If you do not have any such policy, consider adopting one, in consultation with legal counsel, that includes the following:

- Staff should promptly refer any requests for protected information made by law enforcement officers engaged in civil law enforcement to a designated contact person. This may be the same designated contact person identified for purposes of the escalation protocol above.
- The designated contact person should immediately notify the covered care provider's legal counsel, health information management office (or similar body), or human resources department at the covered care provider's discretion. If the designated contact person is someone other than the AOC, they may be instructed to contact the AOC at this time, too.
- Applicable privacy laws or regulations must be considered and followed when responding to requests for information. For instance, personal information may be confidential or otherwise protected from disclosure under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Massachusetts Fair

Information Practices Act (FIPA), and other applicable federal[7] or state privacy and confidentiality laws and regulations. Such information should not be disclosed unless disclosure is authorized or required by applicable law or supported by appropriate legal authority.

H. *Documenting Interactions*

Written policies should advise front-line staff, the designated contact person, and others involved in interactions with law enforcement officers engaged in civil law enforcement to document the interaction, in as much detail as possible, as soon as it is safe to do so, and without interfering with the officer's movements. Covered care providers may instruct staff to use existing forms, such as a critical incident report, or create a new form for this purpose. In either circumstance, confidential patient/resident information, including protected health information, should be excluded from reporting about interactions with law enforcement officers engaged in civil law enforcement, unless that information is specifically authorized by the patient/resident or legally required. Covered care providers should instruct staff where to submit information about interactions with law enforcement officers engaged in civil law enforcement and keep those records in the normal course.

Covered care providers should consider collecting the following information about these interactions, via an existing or newly created form:

- Date and time when law enforcement officers arrived at the covered care site or made the information request;
- The names and badge numbers of the officers, and the agency they represented;
- The number of vehicles and license plate numbers, if visible;
- The names of others involved in, impacted by or witnessing the event. Recipients or other individuals whose identity is protected by privacy or confidentiality requirements should be identified only when the individual has provided the authorization or consent required for such disclosure;
- Steps taken to notify the designated contact person, AOC, and/or legal counsel, as the case may be, about the presence of civil law enforcement;
- The actions of the law enforcement officers, including whether the officers complied with instructions;

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[7] 42 U.S.C. § 290dd-2 protects "[r]ecords of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States." *See also* 42 C.F.R. Part 2.

- Whether the law enforcement officers had a valid Judicial Warrant or Judicial Order, or some other documentation;
- Whether a civil arrest was made in a nonpublic area; and
- Impact on any individuals receiving care, staff or bystanders (after any immediate issues have been addressed) and any follow-up actions needed to support them.

I. *Care for Recipients in Custody*

Recipients may seek care from a covered care provider while in custody of law enforcement officers engaged in civil law enforcement. Under applicable law, covered care providers have the exclusive authority to recommend treatment options to such recipients and to provide such treatment to them.

Covered care providers should include in their written policies under the PROTECT Act procedures for caring for patients in custody of law enforcement officers engaged in civil law enforcement. We recommend the following:

Guiding principles:

- Clinical care takes precedence. Medical decisions are made by licensed clinicians based on the recipient's health needs.
- Law enforcement officers engaged in civil law enforcement retain custody, not clinical authority. Officers may maintain security supervision but may not direct, delay, or override medical care.
- Recipients in custody are entitled to the same standard of care, privacy protections, and respect as any other individual.
- Staff should not engage in enforcement activity. Their role is clinical, not custodial.

With these principles in mind, staff and supervisors should do the following when the covered care provider provides care to recipients in the custody of law enforcement officers engaged in civil law enforcement:

1. In the intake process, the covered care provider's clinicians should establish clear expectations with law enforcement officers engaged in civil law enforcement.

2. This discussion is to coordinate clinical and security roles to allow all recipient needs to be safely met. Topics may include:
    - Clarify the clinical plan and anticipated care needs;
    - Clarify the security plan and use of restraints;
    - Identify any additional security concerns officers may have;

- Establish shared expectations for how officers will be present during the provision of clinical care;
- Establish communication protocols to prevent misunderstandings that could disrupt treatment or compromise safety;
- Reinforce covered care provider expectations of respectful treatment of recipients and staff by all other providers;

3. Notwithstanding this focus on collaboration at the bedside, clinical decisions are **made exclusively** by the care team. These include but are not limited to:
    - Determining the recipient's triage level;
    - Deciding what tests, procedures, or treatments are needed;
    - Deciding who may be present during examinations, including whether family members or other visitors need to be present for clinical medical reasons;
    - Determining when restraints are clinically appropriate;
    - Maintaining the clinically appropriate dietary, sanitary, accessibility, and communications standards required by accreditation;
    - Deciding when a recipient is medically stable for discharge (if applicable);
    - Protecting recipient privacy during care

4. Law enforcement officers engaged in civil law enforcement may not:
    - Direct or influence medical treatment;
    - Delay or prevent necessary care;
    - Access PHI without proper legal authority;
    - Remain in the room during sensitive exams unless the recipient consents or the clinician determines it is clinically necessary for safety;
    - Impose new restrictions on access, either in person or by phone, to an attorney, family member, or other representative beyond what would apply in the detention facility.

5. If an officer attempts to influence clinical decisions, staff should calmly remind the officer that treatment decisions are made by the clinical team and promptly notify the highest-ranking on-site Supervisor. Sample language to this effect:

    "Treatment decisions are made by the clinical team. We will keep you informed of the recipient's discharge status."

6. Law enforcement officers engaged in civil law enforcement retain authority over:
    - Maintaining custody of the recipient;
    - Applying or removing security restraints (unless clinically contraindicated);
    - Determining officer positioning for safety;

- Transporting the recipient once medically cleared

7. Provider staff on the care team are responsible for maintaining the clinical integrity of the care they provide and coordinating with law enforcement officers engaged in civil law enforcement, as needed. All staff should interact with the officers professionally and notify supervisors if officers interfere with care.

8. For recipients in custody, the care team should document the names or badge numbers of accompanying officers, any efforts to establish collaboration, any significant interactions affecting care, and any conflicts between clinical and security decisions.

J. *Minor and Adult Recipients with Legal Representatives/Guardians*

Covered care providers should consider including in their written policy a section dedicated to requests for information or access to recipients who are (1) minors or (2) adults with a legal representative or guardian.

Without a Judicial Warrant or Judicial Order, covered care providers are not authorized to give consent for a minor, or adult with legal guardianship to be subjected to a law enforcement search, arrest, seizure or interview.

Covered care provider staff shall immediately notify a minor recipient's parent or guardian, or legal representative/guardian of an adult recipient under guardianship, when a law enforcement officer requests access to the recipient for civil law enforcement purposes, unless the request was made pursuant to a Judicial Warrant or Judicial Order (including a subpoena) that prohibits or restricts such notification.

A minor recipient's parent or guardian, or the guardian of an adult with legal guardianship, may provide consent or authorization for access by or disclosure of information to law enforcement, as permitted by applicable law. If this consent is provided, staff should notify the designated contact person of the consent and nature of the interaction with law enforcement. Any such consent or authorization shall be documented, including the scope of consent or authorization and the date, time and identity of the individual providing it.

K. *Existing Obligations*

Nothing in this guidance alters the covered care provider's obligations to comply with state and federal laws or existing policies or procedures. Nothing in this guidance prohibits appropriate cooperation with authorities, including police, fire departments, emergency medical services, child protective authorities, or other public safety officials responding to an emergency, protecting a child from abuse or neglect, or otherwise exercising lawful authority unrelated to civil law enforcement.

If there is an imminent threat to the safety of a recipient of care, resident, patient, staff member, family member, or other person, the covered care provider staff should not hesitate to call 9-1-1 for assistance.

V. Rights of a Person Being Arrested/Detained and Rights of a Bystander

A. Rights of the Person Being Arrested or Detained

Right to Remain Silent: A person being arrested or detained by law enforcement officers engaged in civil law enforcement, including federal immigration officers, does not have to answer questions about their immigration status, citizenship, where they were born, or how they entered the United States. The person can say, "I am exercising my right to remain silent," and refuse to speak with the law enforcement officer until they have spoken with an attorney. Beginning on September 4, 2026, the PROTECT Act prohibits law enforcement officers from asking about immigration status or citizenship, except as required by state or federal law, or materially related to a specific criminal offense.

Right to Hire/Consult Attorney: A person being arrested or detained has the right to retain and speak with an attorney, but the government is not generally required to provide one in immigration proceedings.

Right to Refuse to Sign Documents: A person being arrested or detained has the right to refuse to sign documents (e.g., waiver of rights, voluntary departure forms). The person has a right to read and understand any document before signing it.

B. Rights of Bystanders

Law enforcement officers engaged in civil law enforcement may encounter staff, recipients, and the general public at covered care service sites. "Bystanders"—those who are not directly involved in the interaction with law enforcement—have certain rights, some of which are described below for your awareness.

Covered care providers should remove recipient bystanders (e.g., those not involved in the law enforcement activity) from the immediate area of the activity. They also should instruct employees, volunteers, contractors, and staff not directly involved in the matter to continue performing their assigned work duties, unless directed otherwise by management. Professional duties and patient care must take priority over engaging in bystander activity, as described below.

Right to Observe: Bystanders to civil law enforcement actions, including federal immigration enforcement, have the right to observe officers from a reasonable distance, as long as they do not interfere with the officers. Bystanders might attempt to videorecord interactions with law enforcement officers; privacy laws and electronic use policies, however, may restrict that ability at covered care service sites due to the additional need for security and privacy.

Covered care providers are free to enforce existing electronic use policies, as they deem appropriate.

Right to Remain Silent: Bystanders have the right to remain silent if/when questioned by law enforcement. Bystanders are not required to answer questions about their own immigration status or the status of anyone else. As noted above, beginning on September 4, 2026, the PROTECT Act prohibits law enforcement officers from asking about immigration status or citizenship, except as required by other laws or specifically related to a potential criminal violation.

VI. Staff Training and Support

The covered care provider is encouraged to provide job aids, point of service signages, and ongoing training to support this guidance and related policies, tailored as appropriate for supervisors and front-line staff, including:

- Recognizing judicial vs. administrative warrants;
- Responding calmly and safely to law enforcement;
- Protecting recipient privacy;
- Understanding public vs. nonpublic areas;
- Documentation and reporting procedures

Under the PROTECT Act, personnel of a covered care provider, including administrative staff and volunteers, shall not be subject to discipline, retaliation, or adverse action by the covered care provider or any licensing authority for acting in good faith compliance with M.G.L. c. 111, § 251 or a policy adopted thereunder. Such personnel shall not be subject to retaliation or adverse action for making a complaint under M.G.L. c. 111, § 251 or a policy adopted thereunder.

For awareness, the PROTECT Act also provides that personnel of a covered care provider, including administrative staff and volunteers, are immune from civil, criminal or administrative liability for actions or omissions taken in good faith and within the scope of their duties in compliance with M.G.L. c. 111, § 251 or a policy adopted thereunder.

APPENDIX A

Sample Judicial Warrants and Administrative Warrants

Figure 1: State Court Judicial Warrant

APPLICATION FOR SEARCH WARRANT G.L. c. 276, §§ 1-7	TRIAL COURT OF MASSACHUSETTS
NAME OF APPLICANT [redacted]	SUPERIOR ESSEX **COURT DEPT.** **DIVISION**
POSITION OF APPLICANT Trooper, Massachusetts State Police	**SEARCH WARRANT DOCKET NUMBER**

I, the undersigned APPLICANT, being duly sworn, depose and say that:

1. I have the following information based upon the attached affidavit(s), consisting of a total of 77 pages, which is (are) incorporated herein by reference.

2. Based upon this information, there is PROBABLE CAUSE to believe that the property decribed below:
   - [ ] *has been stolen, embezzled, or obtained by false pretenses.*
   - [X] *is intended for use or has been used as the means of committing a crime.*
   - [ ] *has been concealed to prevent a crime from being discovered.*
   - [X] *is unlawfully possessed or concealed for an unlawful purpose.*
   - [X] *is evidence of a crime or is evidence of criminal activity.*
   - [ ] *other (specify):*

3. I am seeking the issuance of a warrant to search for the following property (*describe the property to be searched for as particularly as possible*):
   See Addendum A, which is incorporated herein by reference.

4. Based upon this information, there is also probable cause to believe that the property may be found (*check as many as apply*):
   - [X] *at (identify the exact location or description of the place(s) to be searched):* _____

Figure 2: Federal Court Judicial "search warrant" (left) & Administrative "ICE Warrant" (right)

UNITED STATES DISTRICT COURT

for the

Southern District of California

In the Matter of the Search of

(Briefly describe the property to be searched or identify the person by name and address)

2963 Hayward Avenue
San Diego, California

Case No.

'14 MJ0396

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the Southern District of California

(identify the person or describe the property to be searched and give its location):

See Attachment A-2

The person or property to be searched, described above, is believed to conceal (identify the person or describe the property to be seized):

See Attachment B-2

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property.

YOU ARE COMMANDED to execute this warrant on or before [redacted]

(not to exceed 10 days)

☑ in the daytime 6:00 a.m. to 10 p.m. ☐ at any time in the day or night as I find reasonable cause has been established.

Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to United States Magistrate Judge

(Hon. David H. Bartick)

(Date)

☐ I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay of trial), and authorize the officer executing this warrant to delay notice to the person who, or whose property, will be searched or seized (check the appropriate box) ☐ for days (not to exceed 30)

☐ until, the facts justifying, the later specific date of

Date and time issued: [redacted]

City and state: San Diego, California

Hon. David H. Bartick, U.S. Magistrate Judge

Printed name and title

U.S. DEPARTMENT OF HOMELAND SECURITY Warrant for Arrest of Alien

File No. _____

Date: _____

To: Any immigration officer authorized pursuant to sections 236 and 287 of the Immigration and Nationality Act and part 287 of title 8, Code of Federal Regulations, to serve warrants of arrest for immigration violations

I have determined that there is probable cause to believe that _____ is removable from the United States. This determination is based upon:

☐ the execution of a charging document to initiate removal proceedings against the subject;

☐ the pendency of ongoing removal proceedings against the subject;

☐ the failure to establish admissibility subsequent to deferred inspection;

☐ biometric confirmation of the subject's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or

☐ statements made voluntarily by the subject to an immigration officer and/or other reliable evidence that affirmatively indicate the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

YOU ARE COMMANDED to arrest and take into custody for removal proceedings under the Immigration and Nationality Act, the above-named alien.

_____
(Signature of Authorized Immigration Officer)

_____
(Printed Name and Title of Authorized Immigration Officer)

SAMPLE

Certificate of Service

I hereby certify that the Warrant for Arrest of Alien was served by me at _____ (Location)

on _____ (Name of Alien) on _____ (Date of Service), and the contents of this notice were read to him or her in the _____ (Language) language.

_____ Name and Signature of Officer

_____ Name or Number of Interpreter (if applicable)