

HQBOR 10/7.13-C



**U.S. Customs and
Border Protection**

MAR 13 2020

MEMORANDUM FOR: All Chief Patrol Agents
All Directorate Chiefs
FROM: Rodney S. Scott
Chief
U.S. Border Patrol
SUBJECT: N-95 Respirator Use and Facial Hair

(b)(6); (b)(7)(C)

The purpose of this memorandum is to serve as a reminder to U.S. Customs and Border Protection (CBP) employees to take the necessary precautions in the workplace due to the risks associated with the Coronavirus (COVID-19), which the World Health Organization (WHO) declared as a global pandemic on March 11, 2020.

Maintaining CBP's essential functions and services due to the pandemic, emerging infectious diseases or adversarial biological attacks require considerations beyond the traditional scope of continuity planning. The safety and wellness of our personnel, and of the people in our care and custody are our top priority. It is CBP's policy to provide Personal Protective Equipment (PPE), including respiratory safeguards, to employees when necessary.

The N-95 Respirator is an air purifying respirator certified by the National Institute of Occupational Safety and Health (NIOSH). The respirator has a filter efficiency rate of 95 percent or greater against oil-free particulate aerosols. It can filter against contaminants, which may include: tuberculosis (TB); particulates; viruses; bacteria; dust; fumes; and mist. In addition, fit testing is conducted to achieve a proper fit. Correct usage and maintenance are also integral to the respirator's performance.

Note that the N-95 Respirator will filter particulates only, and **will not** protect Border Patrol Agents (BPAs) against gases, vapors, and oil mists (chemicals). BPAs should also be cognizant that the presence of certain styles of facial hair **will** render the mask less effective. Other impediments such as facial scars, pseudo-folliculitis barbae, wearing jewelry, and/or the use of headgear, may also interfere with the integrity of the respirator's seal. BPAs with neatly trimmed facial hair may undergo fit testing, with the understanding that they will be required to be clean-shaven if they do not pass the initial fit test.

Employees must complete the appropriate fit testing, including an online medical evaluation, prior to wearing the equipment to ascertain if it interferes with the seal in accordance with the manufacturer's protocols for donning the N-95 Respirator. In the event of an immediate and

N-95 Respirator Use and Facial Hair

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urgent need to fit test BPAs to prepare for possible mandatory N-95 Respirator usage, the requirement for an online medical evaluation prior to fit testing may be waived at the discretion of management. In the event that an employee requests either a medical or religious exception to said requirement, the employee must submit a formal request through their chain of command. Employees that receive an approved exemption, should note that they assume a level of risk associated with their personal health and safety.

Management will make reasonable efforts to inform employees of anticipated respirator use, such as fit tests, as far in advance as possible. This would allow the employee a reasonable amount of time to comply with these protective policies and procedures. Upon management direction, in certain situations, such as alien processing and detention, BPAs will be required to use the N-95 Respirator and other appropriate PPE.

Please ensure that this memorandum is disseminated to all sectors and briefed at musters.

Additional information regarding the Respiratory Protection Program can be located in Chapter 26 of the *HB 5200-08B Occupational Safety and Health Handbook, dated September 2012*.

For any questions concerning this topic, contact the USBP HQ Policy Division at (b)(6)

(b)(6)

From: (b)(6); (b)(7)(C)
To: TFO, PORT DIRECTOR, APD
Cc: (b)(6); (b)(7)(C)
Subject: Novel coronavirus muster for CBP personnel
Date: Wednesday, January 22, 2020 9:17:58 AM
Attachments: [PROAHEDR Novel coronavirus \(12\) China \(HU\) new fatality healthcare workers WHO.msg](#)
[CBP Muster Pneumonia Wuhan China 01.11.20.pdf](#)
Importance: High

Novel coronavirus muster for CBP personnel

“It is highly recommended that this muster is delivered jointly, with CDC Quarantine Officers, at locations where coordination is feasible. Further, in addition to exposed travelers, CBP personnel should be aware of a traveler’s potential to have diagnostic specimens e.g. tissue culture, blood samples, etc in personal or hand-carry baggage. Strongly advise the use of personal protective equipment (PPE) when conducting examinations of travelers’ baggage.”

Please muster this at your briefings this week and weekend and send to your frontline employees by email for further reading. We have no CDC representatives physically located at our ports in Arizona. Our CDC contact is at the San Diego office.

(b)(6); (b)(7)(C)
Epidemiologist/ Quarantine Public Health Officer
CDC/DGMO/ San Diego Quarantine Station

24/7 CDC Duty Officer 1-866-6389753

Further recommendations are below.

(b)(6); (b)(7)(C)
*Supervisory Program Manager – Agriculture
Tucson Field Office
Office of Field Operations
U.S. Customs and Border Protection*

(b)(6); (b)(7)(C) (c)
(c)

From: (b)(6); (b)(7)(C)

From: (b)(6)
Sent: 21 Jan 2020 15:40:08 +0000
To: (b)(6)
(b)(6)

Subject: PRO/AH/EDR> Novel coronavirus (12): China (HU) new fatality, healthcare workers, WHO

NOVEL CORONAVIRUS (12): CHINA (HUBEI) NEW FATALITY, HEALTHCARE WORKERS, WHO

A ProMED-mail post

<http://www.promedmail.org>

ProMED-mail is a program of the International Society for Infectious Diseases
<http://www.isid.org>

In this update:

- [1] China (Wuhan): update, 4th fatality, Wuhan Municipal Health Commission
- [2] China Country update: government of China
- [3] Other provinces confirming cases: Shanghai, Anhui
- [4] Cases in healthcare workers, person-to-person transmission
- [5] WHO to convene IHR emergency committee meeting
- [6] Other countries testing suspected cases

[1] China (Wuhan): update, 4th fatality, Wuhan Municipal Health Commission

Date: Tue 21 Jan 2020 04:18:02 CST

Source: Wuhan Municipal Health Commission [in Chinese, machine trans., edited]

<http://wjw.wuhan.gov.cn/front/web/showDetail/2020012109083>

>From 12:00 on [19 Jan 2020] to 14:00 on [20 Jan 2020?], there was one death, no discharged cases, and no new cases.

The deceased, an 89-year-old male, developed symptoms on [13 Jan 2020], was admitted to the hospital for severe breathing difficulties on [18 Jan 2020], and died on [19 Jan 2020] at 23:39. The patient had underlying diseases such as hypertension, diabetes, coronary heart disease, and frequent ventricular premature beats.

As of 24:00 on [19 Jan 2020], 198 cases of pneumonia of new coronavirus infection have been reported in our city [Wuhan], 25 cases have been cured, and 4 cases have been discharged. Currently, 169 patients are still being treated in the hospital, of which 35 are seriously ill and 9 are critically ill. They are all under isolation treatment at designated medical institutions in Wuhan.

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Communicated by:
ProMED-mail (b)(6)

[This is now the 4th death reported associated with infection with the 2019-nCoV. High risk factors for a severe disease presentation included his age and history of pre-existing chronic comorbidities. It would be of interest to learn if those individuals described as in serious condition and those in critical condition have significant high risk factors such as increased age, and pre-existing co-morbidities that might pre-dispose to impaired immunity. - Mod.MPP]

[2] China Country update: government of China
Date: Mon 20 Jan 2020 19:29 CST
Source: Government of China [in Chinese, mach. trans., abridged, edited]
<http://www.gov.cn/xinwen/2020-01/20/content_5471057.htm>

In recent [weeks?], an epidemic of infectious pneumonia transmitted by a new type of coronavirus has been reported from Wuhan, Hubei Province, and other regions. As of 18:00 on [20 Jan 2020], a total of 224 cases were reported in China, including 217 confirmed cases (198 in Wuhan, 5 in Beijing, and 14 in Guangdong Province); 7 suspected cases (in Sichuan Province) 2 cases, 1 case in Yunnan Province, 2 cases in Shanghai, 1 case in Guangxi Zhuang Autonomous Region, and 1 case in Shandong Province). One confirmed case was reported in Japan, 2 confirmed cases were reported in Thailand, and one confirmed case was reported in South Korea.

[There is a discussion on the need for increased surveillance and infection control measures with the coming holiday season, when there will be a massive population movement in the country. There is also mention of the need for dissemination of information on preventive measures and of scientific information, at both the national as well a provincial levels. - Mod.MPP]

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Communicated by:

ProMED-mail (())

[The announcement above contains information on the number of confirmed cases in the country with cases in Wuhan, Beijing and Guangdong, but also of suspected cases elsewhere (Sichuan, Yunnan, Shanghai, Guangxi Autonomous region, and Shandong provinces), as well as cases in Japan, Thailand, and South Korea).

A map of China showing provinces can be found at:
<<https://www.chinadiscovery.com/china-maps/china-provincial-map.html>>.
- Mod.MPP]

[3] Other provinces confirming cases: Shanghai, Anhui
Date: Tue 21 Jan 2020
Source: Sino Weibei [in Chinese, machine trans., edited]
<https://www.weibo.com/2372649470/lqsPVIHZm?from=page_1001062372649470_profile&wvr=6&mo d=weibotime&type=comment>

Health Shanghai 12320

Tue 21 Jan 2020 07:32 CST from the micro-blog weibo.com

Second case of imported new coronavirus pneumonia confirmed in Shanghai. The patient is a 35-year-old male resident in Shanghai. He went to Wuhan on the evening of [8 Jan 2020] and returned to Shanghai on [11 Jan 2020]. He developed fever, cough, and runny nose. He was admitted to the hospital for isolation and treatment after attending a fever clinic on [16 Jan 2020]. After detection by the city's disease control department, the new coronavirus nucleic acid test result was positive. Expert evaluation confirmed that the case is a confirmed case of pneumonitis infection by a new coronavirus. At present, the patient's temperature is normal and his vital signs are stable. Close contacts are undergoing medical observation.

In addition, 4 suspected cases are under investigation in this city.

Hefei City, Anhui

<https://twitter.com/RFAChinese/status/1219510424623861760>

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Communicated by:

ProMED-mail

promed@promedmail.org

[Cases are being confirmed around China, as the Lunar New Year people movement begins. - Mod.MPP]

[4] Cases in healthcare workers, person-to-person transmission

Date: Tue 21 Jan 2020

Source: NHK [in Japanese, machine trans., edited]

https://www3.nhk.or.jp/news/html/20200121/k10012252861000.html?utm_int=news_contents_news_main_001

A Chinese expert investigating pneumonia that is thought to be caused by a new type of coronavirus that spreads in China says that "human-to-human transmission was confirmed", revealing 14 cases of transmission to healthcare professionals.

In response to an interview with China Central Television, Zhong Nanshan, head of a team of experts from the Chinese health authorities, said that 95% of the patients were linked to Wuhan in Hubei Province and Guangdong Province have already confirmed human-to-human transmission."

He also clarified that there were 14 cases of transmission to healthcare professionals, and from this point that human-to-human transmission has been confirmed.

As for the case in Guangdong Province, Zhong said, "2 patients have never been to Wuhan, and their families have been infected."

To date, health authorities in Wuhan have only stated that "the possibility of human-to-human transmission cannot be ruled out," and the Chinese government has not yet officially announced the route.

Regarding the source of the virus, Zhong said that Wuhan has a large seafood market in the area where patients are concentrated, and that there are shops that feed wild animals in the market. He said that it was highly probable.

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Communicated by:

ProMED-mail (b) (6)

and

(b)(6)

[The occurrence of 14 cases in healthcare workers is most likely due to person-to-person transmission of the 2019-nCoV and is not surprising. The rapid increase in cases both in Wuhan City and elsewhere in China has been highly suggestive of person-to-person transmission as well. Prior experience with the SARS-CoV in 2002-2003 including initial "species jump" from intermediary animal hosts to humans working in close contact with these animals (civet cats/palm civets) followed by person-to-person transmission and nosocomial transmission with healthcare workers disproportionately represented among the cases. Similarly, the MERS-CoV has a background endemic rate with sporadic "species jump" from camels to humans, and periodic outbreaks when infection control procedures are compromised. With both the SARS-CoV and the MERS-CoV, superspreaders (individuals shedding high virus loads) were also significant sources of transmission of the coronaviruses in outbreaks.

Right now there is a heightened awareness focusing on individuals travelling from Wuhan City. One can't help but wonder if the net should be cast wider and case definitions should focus on the clinical presentation of cases, not just limiting suspicion to those individuals with a history of being in Wuhan City. - Mod.MPP]

[5] WHO to convene IHR emergency committee meeting

Date: Mon 20 Jan 2020 02:57 PM EST

Source: The Hill [edited]

<https://thehill.com/policy/healthcare/479057-who-calls-emergency-meeting-as-mystery-virus-spreads>

The World Health Organization (WHO) called for an emergency meeting on [Mon 20 Jan 2020] as a mysterious virus spreads across China.

The meeting on [Wed 22 Jan 2020] will assess whether the outbreak of the new coronavirus constitutes an international health emergency and what measures should be taken, Reuters reports.

The health organization said "an animal source" appeared to likely be the primary source of the outbreak, adding that some "limited human-to-human transmission" occurred between close contacts, according to Reuters.

WHO has not yet recommended trade or travel restrictions.

On [Mon 20 Jan 2020], Chinese officials also confirmed the 1st case of human-to-human transmission of the deadly virus. The virus, which was first discovered in China's Wuhan province, has spread to more Chinese cities including in Beijing and Shanghai, authorities reportedly said [Mon 20 Jan 2020].

South Korea confirmed its 1st case of the virus [Mon 20 Jan 2020], marking the 4th case reported outside of China's borders, according to Reuters. The new cases bring the total known worldwide to 222, according to the newswire.

[Byline: (b) (6)]

Communicated by:
ProMED-mail (b) (6)

and

(b)(6)

[We await the discussions and conclusions of the expert committee as to whether this outbreak constitutes a Public Health Emergency of International Concern (PHEIC). - Mod.MPP]

[6] Other countries testing suspected cases: as of early 21 Jan 2020 (GMT-5)

Philippines, twitter feed - Child positive for coronavirus not SARS, not MERS, pending other tests.
<<https://twitter.com/raphbosano/status/1219494219179446274>>

Taiwan, twitter feed - 1 ruled out, 1 pending
<https://twitter.com/TW_nextmedia/status/1219490582327783424>
[Chinese]

Australia - multiple media sources - suspected case in Brisbane
<<https://www.sbs.com.au/news/brisbane-man-reportedly-being-tested-for-coronavirus-after-trip-to-china>>

South Korea - 3 suspected cases
<<http://www.donga.com/news/article/all/20200121/99337814/1>> [Korean]

[HealthMap/ProMED-mail map of China:
<<http://healthmap.org/promed/p/155>>]

[See Also:
Novel coronavirus (11): China (HU), South Korea ex China
<http://promedmail.org/post/20200120.6899007>
Novel coronavirus (10): China (HU, GD, BJ)

<http://promedmail.org/post/20200119.6898567>
Novel coronavirus (09): China, 1st diagnostic test
<http://promedmail.org/post/20200119.6897998>
Novel coronavirus (08): China (HU) more cases, Nepal susp, modeling
<http://promedmail.org/post/20200118.6897282>
Novel coronavirus (07): China (HU), Thailand ex China, Japan ex China, WHO
<http://promedmail.org/post/20200117.6895647>
Novel coronavirus (06): China (HU) fatality, Japan ex China, antipyretic use
<http://promedmail.org/post/20200116.6893471>
Novel coronavirus (05): China (HU), Japan ex China
<http://promedmail.org/post/20200115.6891515>
Novel coronavirus (04): China (HU), Thailand ex China, WHO
<http://promedmail.org/post/20200114.6889527>
Novel coronavirus (03): China (HU) animal reservoir suggested, RFI
<http://promedmail.org/post/20200114.6887480>
Novel coronavirus (02): Thailand ex China (HU) WHO
<http://promedmail.org/post/20200113.6886644>
Novel coronavirus (01): China (HU) WHO, phylogenetic tree
<http://promedmail.org/post/20200112.6885385>
Undiagnosed pneumonia - China (HU) (10): genome available, Hong Kong surveil.
<http://promedmail.org/post/20200111.6883998>
Undiagnosed pneumonia - China (HU) (09): novel coronavirus, more info, fatality
<http://promedmail.org/post/20200110.6883253>
Undiagnosed pneumonia - China (HU) (08): novel coronavirus, WHO
<http://promedmail.org/post/20200110.6881082>
Undiagnosed pneumonia - China (HU) (07): official confirmation of novel coronavirus
<http://promedmail.org/post/20200108.6878869>
Undiagnosed pneumonia - China (06): (HU) Hong Kong surveillance, USA CDC alert
<http://promedmail.org/post/20200108.6876648>
Undiagnosed pneumonia - China (05): (HU) novel coronavirus identified
<http://promedmail.org/post/20200108.6877694>
Undiagnosed pneumonia - China (04): (HU) Hong Kong surveillance
<http://promedmail.org/post/20200106.6874277>
Undiagnosed pneumonia - China (03): (HU) updates, SARS, MERS ruled out, WHO, RFI
<http://promedmail.org/post/20200105.6872267>
Undiagnosed pneumonia - China (02): (HU) updates, other country responses, RFI
<http://promedmail.org/post/20200103.6869668>
Undiagnosed pneumonia - China (01): (HU) wildlife sales, market closed, RFI
<http://promedmail.org/post/20200102.6866757>
2019

Undiagnosed pneumonia - China: (HU) RFI
<http://promedmail.org/post/20191230.6864153>

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[<postmaster@promedmail.org>](mailto:postmaster@promedmail.org).

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List-Unsubscribe: <https://join.isid.org/promed/>

CBP Muster: CDC Recommendations on the Novel Coronavirus in Wuhan, China

Please direct any questions to the CDC quarantine station responsible for your port.

With this muster, the Centers for Disease Control and Prevention (CDC) updates CBP about an outbreak of pneumonia cases and a novel coronavirus in Wuhan, China.

Situation update

- There is an outbreak of pneumonia in Wuhan, China
- On January 10, 2020, Chinese health officials reported 41 cases of pneumonia, 7 with severe illness, and one death.
- No new cases have been identified since January 3, 2020.
- The outbreak is preliminarily identified to be caused by a novel (or new) coronavirus.
- Coronaviruses are a large family of viruses. There are several known human coronaviruses that usually only cause mild respiratory disease, such as the common cold. However, at least twice previously, coronaviruses have emerged to infect people and cause severe disease, such as has been seen with severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). These cases tested negative for both SARS and MERS. The characteristics of this virus and how it may affect people are still unclear.
- Chinese health officials report no confirmed human-to-human spread with this novel coronavirus and no health care workers caring for patients have been reported ill.
- Reportedly, most patients have had links to a large seafood and live animal market. The market has been closed since January 1, 2020, for cleaning and disinfection.
- The situation is evolving. CDC will update this muster as more information becomes available.

About pneumonia and the Wuhan symptoms

- Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages.
- The main symptoms in the Wuhan pneumonia cases include:
 - Fever
 - Cough
 - Difficulty breathing

How can CBP officers protect themselves?

- Avoid direct physical contact with sick travelers. If you encounter a traveler with fever, persistent cough, or difficulty breathing, maintain a distance of about 6 feet, if possible, and follow CBP protocols for use of personal protective equipment.
- Wash your hands often with soap and water or an alcohol-based hand sanitizer, especially after interacting with a sick traveler or touching potentially contaminated surfaces (e.g., touched by someone who is sick). Wash your hands even if you wore gloves.

What does CBP need to do?

- **Remain especially alert for sick travelers with fever, persistent cough, or difficulty breathing who have been in Wuhan, China in the past 2 weeks.**
- Follow instructions on the **RING card** or poster: **Recognize • Isolate • Notify • Give support.**
- Give the sick person a face mask, if available and can be tolerated, or ask them to cover their nose and mouth with a tissue when coughing or sneezing. Consider placing the sick person in a private room, if available.
- Call your CDC quarantine station (www.cdc.gov/quarantine/quarantinestationcontactlistfull.html) to notify CDC of any sick traveler with symptoms listed on the RING card, or if you have any questions.

For more information:

- Novel Coronavirus 2019, Wuhan, China: <https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>
- CDC Travel Health Notice for Novel Coronavirus in China: <https://wwwnc.cdc.gov/travel/notices/watch/novel-coronavirus-china>
- WHO, Coronavirus: <https://www.who.int/health-topics/coronavirus>

Sent: Tuesday, January 21, 2020 2:04 PM
Subject: FW: Novel coronavirus muster for CBP
Importance: High

Good afternoon,

CDC has prepared a muster for CBP regarding the newly discovered corona virus, see attached.

Also, please see the email chain below. Note that we recommend a joint presentation with CDC when possible. If that isn't feasible at some ports in you AOR, we encourage questions and follow up should there be any questions.

This is a public health concern based on knowledge at the date of publication (01/11/20).

As of today, the first case of the novel Wuhan Coronavirus has been diagnosed in Seattle. The infected individual is an international traveler from China.

Please encourage Recognize, Isolate, Notify and Give support to the person (RING) procedures:

- **Recognize;** identify an ill person by visual recognition of signs of illness or appearance of sickness. The person may also tell you he or she is not feeling well voluntarily or when asked.
- **Isolate;** separate an ill person from other people, including yourself, by at least six (6) feet. Isolation will help reduce the risk of transmission of respiratory and other communicable illness. If the person is coughing or sneezing, offer a tissue or surgical mask and ask him or her to cover his or her nose and mouth.
- **Notify;** notify your supervisor, who may contact 911, the local CDC Quarantine Station personnel, and/or the USPS Postal Agent on duty.
- **Give;** a supervisor will give you any additional instructions to assist the person and provide a response.

As stated in the muster, this situation is evolving and CDC will provide more information as it becomes available.

Regards,

(b)(6); (b)(7)(C)

Senior Operations Manager | Agro/Bio-Terrorism Countermeasures Division

Phone: (b)(6); (b)(7)(C)

Vigilance | Service to Country | Integrity
U. S. Customs and Border Protection

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From: (b)(6); (b)(7)(C)

Sent: Monday, January 20, 2020 9:15 AM

To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C) APTL ABTC (b)(6) (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Subject: RE: CDC Muster - Pneumonia in Wuhan, China

Importance: High

Good day,

You may proceed with this muster. A copy will be shared with all Ag Ops Managers to support consistency. It is highly recommended that this muster is delivered jointly, with CDC Quarantine Officers, at locations where coordination is feasible. Further, in addition to exposed travelers, CBP personnel should be aware of a traveler's potential to have diagnostic specimens e.g. tissue culture, blood samples, etc in personal or hand-carry baggage. Strongly advise the use of personal protective equipment (PPE) when conducting examinations of travelers' baggage.

Regards,

(b)(6); (b)(7)(C)

Branch Chief, Ag/Bio-Terrorism Countermeasures
Agriculture Programs and Trade Liaison
Office of Field Operations
U.S. Customs and Border Protection
Washington, D.C.

(b)(6); (b)(7)(C)

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**U.S. Customs and
Border Protection**

MAY 18 2020

MEMORANDUM FOR: Directors, Field Operations (b)(6);
Executive Directors (b)(7)(C)

FROM: Todd C. Owen (b)(6); (b)(7)(C)
Executive Assistant Commissioner
Office of Field Operations

SUBJECT: Cooperation with the Department of Homeland Security, Office of the
Inspector General and the U.S. Government Accountability Office

This memorandum contains information regarding the Office of Field Operation (OFO) policies, procedures, and related guidance regarding cooperation with the Department of Homeland Security (DHS), Office of the Inspector General (OIG) and the U.S. Government Accountability Office (GAO) for audits, inspections, and special reviews.

- **DHS-OIG:** In accordance with the Inspector General Act of 1978, all DHS employees are required to cooperate fully with the OIG in its work, and to provide prompt access to requested materials and information. It is within the purview of the OIG to contact the OFO Headquarters and Field Office subject matter experts (SMEs) directly to request information or schedule meetings and site visits to assess OFO programs and operations. The OFO Audit Program Management Branch (APMB) must be notified of any requests that are made directly to SMEs in order to properly support the programs that are impacted by these audits, and to adequately track the overall audit progress. OFO supports external OIG teams when necessary.
- **GAO:** DHS Management Directive 077-02, "Relations with the U.S. Government Accountability Office" requires components to utilize Designated Program Officials (DPOs) who will serve as the GAO review team's primary source and contact for information during a review. There can be multiple component DPOs for any audit depending on the subject matter, and they can include both OFO Headquarters and Field Office personnel. DPOs are defined as DHS employees whom GAO may contact directly for records, information, data, documents, and the scheduling of interviews during a GAO audit.

OFO anticipates more audits as our mission continues to expand. Cooperation with the above listed offices, to include timely responses of requests for information, interviews, and site visits, will continue to be paramount to ensure audit teams receive the requested data necessary to convey OFO's mission and accomplishments.

The Planning, Program Analysis and Evaluation (PPAE) Directorate, Quality Assurance Enterprise Division (QAED), APMB is responsible for providing audit guidance and managing the daily activities associated with OIG and GAO audits. The OFO APMB serves as the central point of

contact between OFO SMEs and the auditors. While working with the OIG and GAO the following must be observed:

- The OFO APMB oversees all OFO-related OIG and GAO audits, and serves as the primary point-of-contact with OIG and GAO auditors.
- Generally, all requests for documents by OIG or GAO should be honored, and SMEs are required to determine if the requested documents contain For Official Use Only—Law Enforcement Sensitive (FOUO-LES) information, and to ensure that documents are marked accordingly. Electronic files should be password-protected, as appropriate, in accordance with current policy.
- Any issues experienced by OFO personnel when interacting with OIG and GAO should be raised through the proper chain-of-command and include the OFO APMB. Depending on the subject matter of the audit, the APMB may have to intervene and mitigate any potential issues that may gain unnecessary political or other high-level attention.

You can find additional written guidance pertaining to audit matters in the following documents:

- *Inspector General Act of 1978*, Public Law 95-452, October 1, 1978;
- Department of Homeland Security Directive 077-02, *Relations with the U.S. Government Accountability Office*, June 8, 2010;
- U.S. Customs and Border Protection Directive 1310-005B, *U.S. Customs and Border Protection and Office of the Inspector General Audit Coordination*, December 19, 2011;
- Department of Homeland Security Memorandum, *Cooperation with the Office of Inspector General*, May 20, 2014;
- Department of Homeland Security Memorandum, *Cooperation with the U.S. Government Accountability Office (GAO) and the Sharing of Deliberative Process Privilege Information*, March 19, 2020

Any questions or concerns regarding OIG and GAO audits can be directed to

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Director, QAED, or by e-mailing the group mailbox at

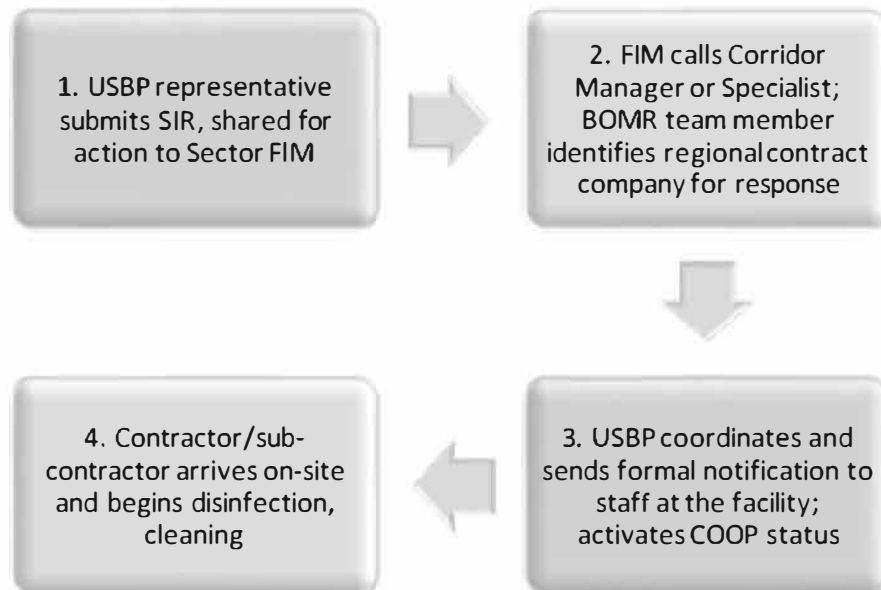
(b)(6)

Procedures for Responsive Facilities Cleaning – COVID-19

Criteria: An individual (CBP federal or contractor employee OR a detainee) who works in or is being detained within a CBP-owned facility has a suspected or confirmed case of COVID-19.

Official BPAM PMO Procedure:

1. A suspected COVID-19 case is identified and communicated by the US Border Patrol (USBP) or Air and Marine via a Significant Incident Report (SIR). The SIR is shared with the sector FIM.
2. The Sector FIM alerts the Corridor Manager (CM) or Corridor Specialist (CS)¹ to the suspected case and facility need for cleaning and disinfection. The CM/CS will use existing regional contract to identify and contact a contractor.
3. Station will coordinate and send formal notification to the USBP facility personnel and activate the COOP status for all personnel and operations. The Sector BPAM FIM will send formal notification of the facility status to the local BPAM maintenance staff.
4. The BPAM BOMR contractor/sub-contractor will arrive on-site and fulfill the cleaning requirement.



(b)(6); (b)(7)(C)

Branch Chief, will serve as the on-call back-up for all CM/CS personnel.

Last Updated: 13 March 2020

Questions and Answers

- Q: What is the estimated response time from when a FIM declares the need for cleaning and when the regional contractor arrives onsite?
- A: In the past, many BOMR regional contractors have been able to respond on site within a couple of hours. All of the BOMR staff is on call at this time, and will coordinate services from regional contractors ASAP.
- Q: Is the area scope of cleaning already established in the regional contracts? Will the contractor only clean certain areas, or entire facilities?
- A: The contract cleaning crew deployed to your site will clean any area you direct them to.
- Q: If a detention space must be cleaned and sanitized, where will detainees be moved during the process? Will that space also need to be cleaned?
- A: Secondary quarantine solutions are still being determined by FM&E and USBP. More information is forthcoming.
- Q: What is the process for cleaning GSA leased facilities where there is a suspected case exposure? Will BPAM provide that cleaning, or will GSA?
- A: More information is forthcoming. (b)(6); (b)(7)(C) will coordinate with GSA and communicate the process for leased facilities as soon as the process has been determined.
- Q: Do regional contractors already have standardized procedures for sanitization? Is there a federal standard they are adhering to, or a standard that needs to be communicated when they arrive?
- A: The regional contractors are established as experts in the Scope of Work. Each contractor is aware of OSHA, CDC and EPA cleaning standards and will utilize those standards while the cleaning work is performed.
- Q: Does BPAM PMO need to specify which chemicals may be used during the cleaning/sanitization process?
- A: The SOW refers to the FDA's list of key disinfection products. The regional contractors arrive on site with those products.
- Q: How can we demonstrate the facility has been cleaned sufficiently if a customer asks?
- A: BPAM PMO is currently developing a process for documenting that a space is deemed safe for reoccupation. More information is forthcoming.

Q: Is BPAM PMO obligated to provide cleaning services for fleet vehicles that had suspected case exposure?

A: BPAM PMO is not cleaning fleet vehicles.

Q: Is BPAM PMO providing any maintenance support for isolation centers? Is there elevated health concern for BPAM employees working in such a facility?

A: BPAM is currently working with USBP to get more information about facilities they have deemed "isolation areas," as we currently do not have such facilities in our inventory. More information is forthcoming.

Q: If there is a challenge with using an existing BOMR regional contract for cleaning, are there other acquisition options?

A: In such a case, the Basic Ordering Agreement (BOA) option may be used to acquire cleaning services in an exposed area. Please contact your Division Director and (b)(6); (b)(7)(C) to discuss this option.

Q: My customers are requesting special accommodations, like extra hand sanitizing stations and air quality tests. Is BPAM obligated to fulfill these requests?

A: USBP headquarters has communicated that as long as BPAM fulfills the obligation of providing contractual cleaning in the event of suspected case exposure, USBP is on the hook for providing safety precautions like hand sanitizing stations. Air quality test requests should be fulfilled on a case-by-case basis.

Q: Will FM&E/BPAM receive any of the \$8.3B Emergency Spending for COVID-19 response activities?

A: At this time, we know the bill funding will be dispersed directly to FEMA; at this time we do not have details on disbursement from FEMA to other agencies. As of March 12, BPAM leadership has been informed that CBP has begun planning to build approximately 9 Quarantine Spaces within the US. We do not yet have information about the facility types, specific locations or expected timing.

Q: Will the funding ceilings for regional contracts be raised this option year due to COVID-19?

A: In most cases yes. Please contact (b)(6); (b)(7)(C) to discuss your specific Sector's regional contract funding.

RGV 10/7.13-C



**U.S. Customs and
Border Protection**

May 6, 2020

MEMORANDUM FOR: All Employees
Rio Grande Valley Sector

FROM: Brian S. Hastings
Chief Patrol Agent
Rio Grande Valley Sector

(b)(6); (b)(7)(C)

SUBJECT Mandatory Use of Personal Protective Equipment

On May 6, 2020, Chief Rodney S. Scott disseminated guidance (attached) regarding the use of Personal Protective Equipment (PPE) to all U.S. Border Patrol (USBP) frontline personnel. The purpose of this memorandum is to serve as a notice to all Rio Grande Valley (RGV) Sector employees that we must take the necessary precautions in the workplace to minimize the risks associated with the spread of the Coronavirus (COVID-19).

At this time, CBP is mandating that all USBP frontline personnel utilize the proper level of PPE, referenced in the current CBP Occupational Safety and Health Division (OSH) Job Hazard Analysis (JHA), and PPE Assessment for the operations being conducted. This means that in addition to the potential use of disposable nitrile gloves, outer garments and eye protection, N95 masks must be worn by agents conducting operations in categories that may result in a very high risk or high risk of exposure.

- Very High Risk categories include all employees who are in extended close contact (less than 6 feet) with symptomatic persons or those suspected of having COVID-19; and
- High Risk categories include line watch operations where an arrest is imminent, transport, processing, and detention. High risk also includes checkpoint operations that place agents (including canine handlers) within limited close contact (within 6 feet) to the motoring public, or potentially contaminated surfaces, as conducting primary and secondary inspections.

Agents assigned to canine operations, while conducting pre-primary inspections, are considered medium risk and may don surgical masks in lieu of N95 masks. As always, our agents and professional employees can choose to wear surgical masks in certain other medium or low risk operations where the necessary level of social distancing can be well maintained. These may include horse patrol, riverine patrol and other patrol operations or in low risk categories such as administrative office settings. As the level of risk exposure changes, so should the level of PPE used by our employees. In all cases, only CBP approved and provided facial coverings are authorized for use by on duty personnel.

Mandatory Use of Personal Protective Equipment

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Safety remains a top priority for all RGV employees. As a reminder, employees must remain in a constant state of preparedness to don PPE at a moment's notice in response to operational needs. Thank you for your continued resilience and commitment to protecting the health and well-being of our workforce.

Questions regarding this directive should be directed to Assistant Chief Patrol Agent

(b)(6); (b)(7)(C)

(b)(6);
(b)(7)(C)

via e-mail to

(b)(6); (b)(7)(C)

HQBOR 10/7.13-C



**U.S. Customs and
Border Protection**

MAY 05 2020

MEMORANDUM FOR: All Chief Patrol Agents
All Directorate Chiefs

FROM: Rodney S. Scott
Chief
U.S. Border Patrol

(b)(6); (b)(7)(C)

SUBJECT: Mandatory Use of Personal Protective Equipment

This memorandum provides direction to U.S. Border Patrol (USBP) frontline personnel concerning the mandatory use of Personal Protective Equipment (PPE). Maintaining U.S. Customs and Border Protection's (CBP) essential functions and services, in the event of an emerging infectious disease, requires considerations beyond traditional continuity planning. The safeguarding of our personnel and those in our care and custody is paramount. It is the policy of CBP to provide PPE to employees, when necessary.

At this time, CBP is mandating that all USBP frontline personnel utilize the proper level of PPE, referenced in the current CBP Occupational Safety and Health Division (OSHA) Job Hazard Analysis and PPE Assessment (JHA), for the operations being conducted. In addition to the potential use of disposable nitrile gloves and outer garments, and eye protection, N95 masks must be worn by agents conducting operations in categories that may result in high risk or very high risk exposure, such as line watch, transport, processing, detention, and check points. Additionally, surgical masks may be worn by employees engaged in operations in categories that are considered low risk, such as administrative office settings within Headquarters, Sectors, Stations, and CBP facilities. Employees may also wear surgical masks in certain medium risk operations where the necessary level of social distancing can be maintained. For N95 masks, supervisors are required to ensure that a proper seal test is conducted by the employee, and their equipment remains in operational condition.

To ensure consistent levels of protection, CBP personnel must use only approved PPE and approved surgical masks provided by CBP. The use of alternate face coverings (i.e., homemade masks, bandanas, kerchiefs, etc.) is not currently permitted.

Based on multiple encounter scenarios requiring PPE, as outlined in the JHA, employees must remain in a constant state of preparedness to don PPE at a moment's notice in response to operational needs. These needs include maintaining appropriate facial hair that does not impede the seal of the N95 respirator in accordance with current policies, regulations, and standards. While applying appropriate protective measures, including engineering, administrative, work practice controls, and PPE guidance, employees must consider the level and extent of immediate personal contact associated with potential hazards and threats.

Mandatory Use of Personal Protective Equipment

Page 2

If an employee requests a medical or a non-medical (religious) waiver to this requirement, they must submit a formal request through their chain of command. An employee's current waivers remain in effect.

Safety remains a top priority for all USBP men and women. Thank you for your continued resilience and commitment to protecting the health and well-being of our workforce.

Staff may direct additional questions to USBP Headquarters, Strategic Planning and Analysis Directorate, at ^{(b)(6)} [redacted] or to Assistant Chief ^{(b)(6), (b)(7)(C)} [redacted] at

^{(b)(6), (b)(7)(C)} [redacted]

Attachment

CBP Job Hazard Analysis (JHA) & PPE Assessment	Job Title: Exposure to Coronavirus "COVID-19"		Date: 16 April 2020 FINAL	New Revised X
	Title: All CBP Personnel in Affected Areas	Supervisor: All	Prepared By: HRM, Occupational Safety and Health (OSH) Division CBP Senior Medical Advisor	
Offices: AIIICBP	Locations: CBP Wide	Departments: All	Reviewed By: Office of Field Operations, USBP, AMO, and Operations Support	
Required or Recommended Personal Protective Equipment: surgical masks, nitrile gloves, N95 respirators, protective outer garments, gowns, shoe coverings, face shield or non-vented goggles			Approved by: OSH Division Director CBP Senior Medical Advisor	
<p>Note: This JHA only applies to the 2019 Novel Coronavirus (SARS-CoV-2) or the disease known as "COVID-19." The Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), World Health Organization (WHO), and other public health agencies are now categorizing the outbreak of COVID-19 that has spread to countries around the globe, including here in the United States, as a global pandemic. While the general risk to CBP personnel and the public for serious harm from COVID-19 is still considered LOW at this point, risk of exposure does vary by geographic location, age, underlying health risk factors, and the nature of work being performed. It is CRITICAL that all personnel take standard precautions recommended in this JHA, along with other credible public health entities. The information, used to develop this JHA, along with additional informative links can be found on the CBP Safety and Health COVID-19 Resource Page on CBPnet. For the purposes of CBP guidance and protocol, this JHA should be considered CBP policy, and should be implemented accordingly.</p> <p><u>Risk Assessment:</u> Incomplete information regarding incubation, infectious period, and transmissibility, as well as evolving circumstances make a definitive risk assessment challenging. In light of this, awareness and operationally-informed precautions are warranted. The overall risk to CBP personnel is still assessed to be low for serious harm from COVID-19. However, risk increases with increased exposure to persons potentially infected with COVID-19, warranting enhanced precautions described herein. CBP personnel should continue to maintain situational awareness regarding this outbreak. Of note, with the growing incidence of COVID-19 in the United States, there is less of an exposure risk distinction between high risk foreign travelers and US residents; CBP employees need to be vigilant regarding workplace, home, and potential off-duty exposure.</p> <p>While COVID-19 is a respiratory disease, the use of N95 respirators is one component in preventing the transmission of COVID 19. Other PPE may be needed under certain conditions and in some work environments as outlined in this JHA. The use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel should take these basic steps to prevent exposure to and transmitting COVID-19 (1) Practice good hygiene; (2) Washing hands frequently; (3) Covering your cough or sneeze; (4) Stay away from work if you are ill and contact your health provider for guidance; (5) Avoiding unnecessary congregate settings where COVID-19 exposure is more probable; (6) Follow CDC and Agency guidance for the use of "face coverings"; and (7) avoid touching your face.. Follow state/local/national social-distancing guidance off-duty and at home. The use of N95 respirators should be limited to front line personnel and those high risk work situations. See "Notes" Page for more information.</p> <p>Note: Risk categories (Very High, High, Medium, and Low) are used in conjunction with this document. These categories refer to the mission-specific risk relative to the hazard identified. Risk categories do not correlate to the overall risk of contracting COVID-19 disease. Additionally, these risk categories are not the same as those used by other agencies such as the CDC, etc.</p>				

Operations	Risk Categories	Hazards	Protective Measures/PPE Guidance
<p>1. HQ Offices, CBP Facilities, Office Settings, Mission Support, and other Administrative Settings</p> <p>Note: This is intended for ALL CBP facilities where administrative work is being conducted and exposure to COVID-19 from a traveler, passenger, or detainee is NOT expected.</p>	<p>Low</p>	<p>Casual or Close Contact of Coronavirus cases is not expected.</p> <p>Signs and Symptoms of COVID-19 include:</p> <ul style="list-style-type: none"> • Fever • Cough • Difficulty breathing • Other Flu-like Symptoms <p>Note: While most COVID-19 lab confirmed cases do display these type symptoms, SOME persons may only display mild symptoms and they may appear at different stages of the disease.</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use the following disease prevention practices in ALL activities. • Frequent hand washing. • Stay home if you are ill and contact your health provider right away if you notice any signs or symptoms similar to COVID-19. • If you think you have been exposed to someone with COVID-19, notify your supervisor and your health provider. • KEEP YOUR HANDS BELOW YOUR CHIN and avoid touching mouth, nose, and eyes. • Cover your cough/sneeze with a tissue or cuff of your elbow. NOT your hands. • Use of N95 respirators is NOT recommended. • Voluntary use of surgical masks may be approved by supervisors, supplies permitting, and should be in accordance with CBP voluntary use policies. • Surgical masks may also be permitted to meet CDC recommendations for the use of "face coverings" in public or congregate settings. See "Notes" page and CDC guidance on "face coverings" in congregate settings. • Medical Clearance and Fit Testing are NOT required for voluntary use. • All use of N95 respirators should be reserved for front line personnel performing work for which they were intended, in accordance with OSHA 1910.134, and CBP OSH 5200-08B policies.
<p>2. Port of Entry Operations</p> <p>Primary Passenger Processing</p> <p>Note: This includes casual contact (>6 feet) or brief periods of close contact with a person at increased risk of COVID-19 during Port Operations (<6 feet) for short periods of time, e.g. escorting a person from one area to another during screening process, or briefly entering a room with a higher risk person.</p> <p>This section is intended for the processing and handling of persons during primary who are higher risk, but not symptomatic.</p>	<p>Medium</p>	<p><u>Casual Contact (Greater than 6 ft.)</u> with passengers or persons with increased risk of COVID-19;</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Passive observation of persons for signs of illness. • Use COVID-19 R.I.N.G. Card and general precautions. • Separate persons with symptoms of illness or a high risk country travel nexus, and send to secondary for additional processing and CDC consultation. • Avoid close or direct contact with passengers having a travel nexus to a high risk country within the past 14 days or suspected of having COVID-19. • Wear disposable nitrile gloves. • Provide surgical masks to any persons with signs of illness. • Voluntary use of N95 respirators by front line personnel may be considered with supervisor approval per CBP policy. (See HB 5200-08B, Ch. 26).

<p>3. Port of Entry Operations</p> <p>Secondary Processing, holding, and escorting of persons suspected of having COVID-19</p> <p>Note: This includes limited periods of closer (<6 feet) contact with a person at increased risk of having COVID-19 during the secondary phases of screening, and also includes holding, transportation operations where limited close contact would apply.</p>	<p>High</p>	<p><u>Limited Close Contact</u> Within six (6) feet of a person with travel nexus to high-risk country within 14 days or with signs/symptoms of illness.</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic passengers from others. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Passive observation of persons for signs of illness. • Avoid direct contact and keep close contact to a minimum. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days or suspected of having COVI-19 to CDC for consultation. • Contact EMS for severely ill passengers or persons suspected of having COVID-19 (high fever, uncontrollable coughing, difficulty breathing, etc.). • Provide surgical masks to symptomatic persons/travelers. • Wear disposable nitrile gloves. • Officer wear N95 respirator within six (6) feet of symptomatic passenger. • Wear goggles or face shield to protect eyes.
<p>4. Port of Entry Operations</p> <p>Direct Contact or Extended (greater than 10 min) close contact (within 6 feet) in an enclosed room/space where person with suspected COVID-19 is being held or evaluated by CDC, including transporting or guarding a person with suspected COVID-19</p>	<p>Very High</p>	<p><u>Extended Close Contact or Direct Contact</u></p> <p>Direct contact or Prolonged periods (greater than 10 min) or close contact (within 6 ft.) of a person at high risk for or with known or suspected COVID-19</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic passengers from others. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days and symptoms to CDC for consultation. • Contact EMS for severely ill passengers or persons suspected of having COVID-19 (high fever, uncontrollable coughing, difficulty breathing, etc.). • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination.

<p>5. U.S. Border Patrol Operations</p> <p>Line Watch, Transport, Processing, Detention, and Check Points</p> <p>Primary Interdiction/processing of persons, vehicles or cargo.</p> <p>(Persons, drivers, passengers, or stowaways with travel nexus to high risk country within 14 days)</p>	<p>Medium</p>	<p>Casual Contact (outside 6 feet.) with passengers or persons with increased risk of COVID-19;</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Wear disposable nitrile gloves. • Passive observation of persons for signs of illness. • Use COVID-19 R.I.N.G. Card and general precautions. • Separate persons with symptoms of illness or a high risk country travel nexus and send to secondary for additional processing and CDC consultation. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Avoid close or direct contact with passengers with a travel nexus to high risk country within the past 14 days. • Provide surgical masks to any persons with signs of illness. • Voluntary use of N95 respirators may be considered per CBP policy and supervisor approval. (See HB 5200-08B, Ch. 26).
<p>6. U.S. Border Patrol Operations</p> <p>Line Watch, Escort, Processing, Detention, and Check Points</p> <p>Secondary Interdiction/processing of persons, vehicles or Cargo (Persons, driver, passengers, or stowaways with travel nexus to high risk country within 14 days)</p>	<p>High</p>	<p>Limited Close Contact (within 6 feet) of a person with travel nexus to high-risk country within 14 day or with signs/symptoms of illness.</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic persons from others. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Avoid direct contact and keep close contact to a minimum. • Agent wear N95 respirator within six (6) feet of symptomatic passenger. • Wear goggles or face shield to protect eyes. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days and symptoms to CDC for consultation. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.).

<p>7. U.S. Border Patrol Operations</p> <p>Being in an enclosed room/space where symptomatic person with suspected COVID-19 is being held or evaluated by CDC, or transporting a person with suspected COVID-19</p> <p>Note: Suspected COVID-19 cases refers to those that are symptomatic, from a high risk country and have not been lab confirmed or tested yet. This does NOT apply to persons who are from high risk countries and displaying NO symptoms or to contacts of cases of NOT lab confirmed.</p>	<p>Very High</p>	<p><u>Extended Close Contact. (less than 6 feet)</u> with symptomatic persons or those suspected of having COVID-19</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See page 8. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • For symptomatic persons, use negative pressure ventilated rooms/holding facilities whenever available/possible. • During transportation of symptomatic persons from affected country use USBP vehicles designed for prisoner/detainee transport with separate compartment between driver/detainees (when driver and detainee cannot be separated, place a surgical mask on symptomatic detainee, driver will wear an N95 respirator) • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.) • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Use COVID-19 R.I.N.G. Card for general precautions.
<p>8. Air & Marine Operations</p> <p>Air Branches/Stations/and All AMO Facilities and Operations</p>	<p>Medium</p>	<p>Exposure to symptomatic persons is NOT expected during most Air Interdiction/Marine Interdiction Operations</p> <p>Note: When apprehensions or personal contacts result in Close Personal Contact (Less than 6 Feet) the following guidance applies.</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See page 8. • Frequent hand washing. • Provide surgical masks to any symptomatic persons during apprehension. • Wear disposable nitrile gloves. • When interdiction Agent/Officer is exposed to symptomatic person then wear N95 respirator and goggles or face shield. • Avoid direct contact and keep close contact to a minimum. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.) • Use COVID-19 R.I.N.G. Card for general precautions.

<p>9. Disinfection and Cleanup of Contaminated Surfaces –</p> <p>General Guidance</p>	<p>Low</p>	<p>Risk of exposure expected to be low during routine disinfection and cleaning of COVID-19</p> <p>Where known COVID-19 cases have recently been within the past few hours up to a maximum of seven days. Virus viability on surfaces past seven days is highly unlikely and should be factored into facility cleaning decisions.</p>	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from a few hours up to a maximum of seven days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a workshift. Refer to <u>GSA Cleaning and Disinfection Procedures</u>. • There are everyday products as Clorox® and Lysol® wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • If apprehension was made and individual was symptomatic, Officers/Agents duty gear and equipment should be disinfected in accordance with CDC guidelines for Law Enforcement personnel see Page 8. (Follow Agency Specific Policy for Firearms). • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for disinfectants being used, especially where COVID-19 is known or suspected to have been present with the past seven days. • For a complete list of Environmental Protection Agency (EPA) Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf.
<p>10. Cleaning and Disinfection of CBP Facilities to Include POEs, USBP Stations and Check Points, Holding and Detention Areas</p>	<p>High</p>	<p>Potential exposure to COVID-19 contaminated areas in general.</p> <p>Where known COVID-19 cases have recently been within the past few hours up to a maximum of seven days. Virus viability on surfaces past seven days is highly unlikely and should be factored into facility cleaning decisions.</p>	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a workshift. Refer to <u>GSA Cleaning and Disinfection Procedures</u>. • There are products such as Clorox® and Lysol®wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf. • Wear an N95 respirator if cleaning and disinfection an area where COVID-19 was known to be present or suspected.

			<ul style="list-style-type: none"> • Wear non-vented goggles or face shield to cover face and eyes. • Wear a liquid impermeable gown (for large cleanup jobs wear liquid impermeable suit/coveralls). • Dispose of all infectious material as biohazardous waste in accordance with local, state, and federal guidelines.
<p>11. Cleaning and Disinfection of Vessels and Ships</p> <p>Note: Cruise ships have higher incidence of exposure and risk levels may go up.</p>	Medium	Potential exposure to COVID-19 contaminated areas in general.	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. • There are products such as Clorox® and Lysol® wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at: https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf • Follow general precautions outlined above for general areas. • Wear nitrile or fluid impermeable gloves while cleaning and follow all manufacturers' guidelines for cleaning products.
<p>12. Cleaning and Disinfection of Kojak Fingerprint Kiosks</p>	Low	Low Risk of Exposure Due to Persons Who May Have Used Kojak or Crossmatch (finger) scanners.	<ul style="list-style-type: none"> • General cleaning and disinfection of these areas MUST be done in accordance with manufacturers recommendations in order to avoid damage to equipment. • Specific guidance for cleaning and disinfection of Kojak Fingerprint Kiosks can be found at https://cbpgov.sharepoint.com/sites/oit/pspo/training/catalog/kojak.aspx • The use of alcohol based hand sanitizers or wipes will BURN the platen and void the manufacturer's warranty. • General cleaning and disinfection of these areas MUST be done in accordance with manufacturers recommendations in order to avoid damage to equipment. • The use of alcohol based hand sanitizers or wipes will BURN the Platen and void the manufacturer's warranty. • Only use the following moisturizers with the Kojak/Crossmatch Fingerprint Stations: Nivea® Soft Moisturizing Cream, Aveeno® Daily Moisturizing Lotion and Gold Bond® Ultimate Healing Hand Cream.

Notes:

1. This JHA and PPE Assessment only applies to CBP operations related to exposure to 2019 Novel Coronavirus or COVID-19). At the time of developing this JHA, new cases are being reported in countries around the globe, including the United States. See below links to CDC, DHS, OSHA, WHO, and other reliable COVID-19 resources and information.
2. **CBP Respiratory Protection.** All CBP Frontline Personnel, Officers, and Agents who may be in work situations that place them at increased risk of exposure to COVID-19, due to processing passengers or travelers with a nexus to COVID-19 affected countries, and may have to wear an N95 respirator as outlined in the above risk-based scenarios are considered to be in "mandatory use" N95 Respirator Programs. The mandatory use of an N95 respirator requires a medical clearance, fit testing, and have a clean shaven face, with no facial hair between the mask seal and the face, in accordance with OSHA 1910.134 and CBP HB 5200-08B policies. Frontline and uniformed personnel have had these programs in place for years due to other work situations that also require an N95, such as exposure to TB, handling of Fentanyl and other narcotics, Ebola response, Pandemic and PEID Response Plans, and now COVID-19.
3. **Voluntary Use of N95 Respirators.** The voluntary use of N95 respirators or surgical masks is allowed by employers when there is no work task that makes the N95 use "mandatory." In situations such as allowing mission support, administrative, or headquarters personnel that do not typically wear a mask, who would like to wear one for protection to exposures that are not related to specific work tasks, such as traveling to and from work, in congregate settings such as large metropolitan transit systems, buses, etc., use of a **surgical mask** would be considered "Voluntary Use." In these cases, "Voluntary Use" of surgical masks may be allowed to meet the requirement of CDC recommendations for "Face Coverings" in social settings outside of work to protect others, since surgical masks are not designed to protect the wearer, they are designed to protect others (see CDC "Face Covering" Reference below for more guidance). Such use requires approval from a supervisor to ensure the use will not create a hazard for the employee, impact PPE supplies needed for critical front line "Mandatory Use" situations, or cause undue confusion and conflicting policy guidance, such as "Voluntary Use" of N95 respirators by front line officers in primary passenger processing areas when they aren't performing any work that requires "Mandatory Use" as outlined above. All Respiratory Protection Programs, whether "Mandatory Use" or "Voluntary Use," situations will be run in accordance with OSHA 1910.134 standards and policies outlined in CBP Handbook 5200-08B, Chapter 26. The use N95 respirator should be reserved for those front line personnel and high risk work situations for which they were intended.

While COVID-19 is a respiratory disease, the use of N95 respirators is one component in preventing the transmission of COVID 19. Other PPE may be needed under certain conditions and in some work environments as outlined in this JHA. The use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel should take these basic steps to prevent exposure to and transmitting COVID-19 (1) Practice good hygiene; (2) Washing hands frequently; (3) Covering your cough or sneeze; (4) Stay away from work if you are ill and contact your health provider for guidance; (5) Avoiding unnecessary congregate settings where COVID-19 exposure is more probable; (6) Follow CDC and Agency guidance for the use of "face coverings"; and (7) avoid touching your face. Follow state/local/national social-distancing guidance off-duty and at home. The use of N95 respirators should be limited to front line personnel and those high risk work situations. These basic preventative measures will greatly reduce the exposure potential for ALL personnel and slow the spread of communicable diseases.

References:

- CBP COVID-19 Resource Portal: http://cbpnet.cbp.dhs.gov/HRM/Pages/covid19_resources.aspx
- CDC COVID-19 Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC COVID-19 Frequently Asked Questions (FAQ's): <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
- OSHA COVID-19 Web page: https://www.osha.gov/SLTC/novel_coronavirus/
- CBP Respirator Medical Clearance's Website <https://resp-eval.foh.psc.gov/login/>
- CDC Guidance For Law Enforcement Personnel: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>
- OSHA Guidance For Border Workers: <https://www.osha.gov/SLTC/covid-19/controlprevention.html#border>;
- CDC Guidance for "Face Coverings" : <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

**DEPARTMENT OF HOMELAND SECURITY
U.S. CUSTOMS AND BORDER PROTECTION OFFICE OF BORDER PATROL
STATEMENT OF WORK (SOW) FOR
UNITED STATES BORDER PATROL BORDER STATION FIRST AID UNITS**

1.0 BACKGROUND

With more than 60,000 employees, The United States (U.S.) Customs and Border Protection (CBP) is one of the world's largest law enforcement organizations and is charged with keeping terrorists and their weapons out of the U.S. while facilitating lawful international travel and trade. CBP takes a comprehensive approach to border management and control, combining customs, immigration, border security, and agricultural protection into one coordinated and supportive activity.

Within CBP, the United States Border Patrol (USBP) is responsible for patrolling the 6,000 miles of Mexican and Canadian international land borders, and 2,000 miles of coastal waters surrounding the Florida Peninsula and the island of Puerto Rico. The Office of Field Operations (OFO) regulates and facilitates the flow of trade and travel at Ports of Entry (POE) along these same borders. The USBP/OFO apprehend a significant number of illegal aliens each fiscal year (FY). The estimated number of illegal alien screenings is projected to be between 400-3,000 daily through the spring and summer of 2015, though this number is subject to fluctuations.

As this population transits to the U.S., they endure physically demanding and poor living conditions that adversely affect their health and well-being and pose increased public health concern upon apprehension and processing. The majority of USBP Agents and OFO Officers are not medically trained to screen for, and/or treat, medical/public health concerns. As a result, CBP's USBP and OFO have a need for healthcare professionals, to include but not limited to: Physicians, Pediatric Review Officers, Clinical Psychologists, Physicians Assistants (PAs), Nurse Practitioners (NPs), Emergency Medical Technicians (EMTs), Patient Safety Risk Managers, Certified Medical Assistants (CMAs), and Certified Nursing Assistants (CNAs), to manage minor health complaints.

2.0 SCOPE OF WORK

The USBP and OFO require healthcare practitioners to work out of Border Station First Aid Units (BSFAUs), potentially other forward deployed locations, as well as designated POE's to: address medical and public health concerns, provide first aid and triage, provide some secondary medical evaluation and provide low acuity treatment of detainees within CBP custody. This work increases efficiencies in processing and decreases the amount of time detainees are in USBP/OFO custody. Locations may include USBP stations/OFO POE's, processing facilities and other forward deployed USBP/OFO sites managing illegal alien detainee populations. Any detainee that requires treatment beyond the capabilities of contracted medical staff will be referred to a local medical treatment facility (MTF) for further medical assessment and/or care.

3.0 TASK OVERVIEW

The contractor shall fulfill the requirements identified in this Statement of Work (SOW) through the implementation of the tasks outlined in the below categories. Specific duties and responsibilities of contract staff, based on position, are detailed in Attachment 1, entitled "Position Descriptions and Requirements."

TASK CATEGORY 1: Administrative Requirements

TASK CATEGORY 2: Logistics Support

TASK CATEGORY 3: Medical Screening, Evaluation and Treatment

TASK CATEGORY 4: Reporting Tasks

TASK CATEGORY 5: Program Management Support

3.1 Task Category 1: Administrative Requirements

3.1.1 The contractor will identify a National Program Director and National Deputy Director to oversee staff and manage administrative aspects of the contract. The National Program Director is considered Key Personnel (see section 4.2.1) and may at the request of the Sector Chief Patrol Agent or his designee be required to be present at any of the USBP facilities along the Southwest border at any time during the contract period. The OFO Field Office Director will have similar authority. The National Deputy Director is also considered Key Personnel and during any absences must be capable of filling all program management requirements. Program managers will also be identified to provide regional contract management to USBP Sectors and OFO POEs. Where identified, program managers are also designated as key personnel.

3.1.2 Contractor shall conduct site survey/assessments for each potential new location where medical services may be established to determine appropriate staffing levels and logistical requirements. Once a start date is determined for a new location, contractor shall recruit, vet and retrofit space for clinical operations. Contractor shall also meet with local leadership to discuss associated tasks and operational needs. Contractor shall ensure all supplies and equipment are procured as needed to meet activation timeline. Contractor shall establish local inventory procurement and management strategies to ensure just-in-time inventory needs are addressed as well as the appropriate bio-hazardous waste disposal services.

3.1.3 The contractor shall obtain copies of all appropriate credentials for contract healthcare practitioners and submit to the government for verification and approval in accordance with medical credentialing management system as outlined in the current Department of Homeland Security (DHS) System of Record Notice (SORN) Directive.

3.1.4 The contractor shall ensure all contract healthcare practitioners complete the appropriate medical credentialing forms provided by the Government (DHS Form 5206 or 5207). The contractor shall submit the required documents to the DHS ohacredentialing@hq.dhs.gov. Upon verification and approval, the Government will send a DHS Verification of Credentials to the staffing contract management staff.

3.1.5 The contractor shall ensure the healthcare practitioners are provided comprehensive awareness of the physical, environmental, and detainee capacity conditions.

3.1.6 The Government shall provide medical oversight of all medical activities carried out within BSFAUs, processing centers and other forward deployed USBP/OFO sites.

3.1.7 The contractor shall ensure all contractor healthcare practitioners have applicable insurance coverage to include malpractice insurance. Minimum coverage shall be \$1 million per occurrence and \$2 million per aggregate.

3.1.8 The contractor shall ensure all personnel issues are resolved in coordination with the COR/TOM or their Government designee within five (5) business days of the issue being reported to the COR.

3.1.9 Based on operational need, more specialized healthcare practitioners and/or non medical personnel may be requested.

3.1.10 Based on operational need, the Government may add or delete positions at any time. Any request by the government to add additional personnel, shall be met by the contractor within a five (5) day period with the credentialed personnel reporting to the requested Border Patrol location, dependent on CBP OPR's vetting timeline requirements. Any request by the government to scale back and eliminate certain positions shall also be met by the contractor within a five (5) day period.

3.1.11 The contractor shall pre-establish and maintain a list of reserve contractor personnel who are credentialed by DHS, Office of Health Affairs and cleared by CBP OPR who can be brought on board to meet any Government request to staff new locations or increase staffing needs at existing locations.

3.1.12 The Government shall notify the contractor three (3) days in advance if existing healthcare practitioners are no longer needed in a given facility or location.

3.2 Task Category 2: Logistics Support

3.2.1 The USBP/OFO may need to expand or reduce the number of geographic locations where contract personnel are needed depending on operational requirements.

3.2.2 The contractor will be expected to maintain recruiting capabilities for all types of healthcare practitioners to meet the Governments staffing requirements.

3.2.3 BSFAUs may at times be in operation 24/7 and require the contract employees to work days, evenings, nights, weekends and/or holidays. During expansion period, contractor may be required to activate facilities at a reduced manning level, as approved by the SOH Medical Program Manager.

3.2.4 The contractor shall provide each healthcare practitioner with the necessary equipment and administrative support needed to perform a public health, triage, and secondary medical evaluation, to include all computer and IT needs for data capture and storage.

3.2.5 The contractor shall be responsible for ensuring the medications and supplies identified in the Medical Formulary and Supplies List (Appendix G) provided by the Government are in adequate supply at each designated USBP Station or POE with contract healthcare practitioners to meet anticipated demand. Throughout the period of performance (POP) the Medical Formulary and Supplies list may be updated based on new operational needs or requirements. The Medical Formulary and Supplies list will define the inventory levels at which the contractor shall be responsible for maintaining during the performance of a task order.

3.2.6 The contractor shall restock any Government supplies used, within the POP.

3.2.7 The contractor shall comply with all Federal regulations governing controlled medication to include securing and handling of these materials.

3.2.8 The contractor shall ensure proper disposal of biohazard material to include waste incurred during medical and public health screening, the provision of first aid, secondary medical evaluation and low acuity treatment in accordance with all state and federal regulations.

3.3 Task Category 3: Medical Screening, Evaluation and Treatment

3.3.1 The contractor healthcare professionals shall conduct medical operations as described by current CBP policy, which may include a health interview, medical evaluation and assessment, public health screening, triage and provide limited treatment for low acuity medical complaints within the detainee population at USBP stations/OFO POE's, as well as DHS personnel. Any deviation from established medical protocols must be approved by the National Medical Program Manager. DHS personnel seen by contract medical staff will be limited to health concerns unrelated to Workman's Compensation claims.

~~—PROCUREMENT SENSITIVE—~~

3.3.2 The contractor shall identify detainees that require treatment outside the scope of practice (see Attachment 2) of the BSFAU staff or capabilities and shall refer identified detainees to a local Medical Treatment Facility (MTF) for further medical assessment and/or care.

3.3.3 The contractor healthcare practitioners shall comply with all Government supplied medical screening standard operating procedures (SOPs and protocols).

3.3.4 The contractor healthcare practitioners shall not disclose patient data with persons outside of an official need to know. The contractor must comply with password encryption protocols when sending PII data via email.

3.3.5 Contractor personnel (healthcare practitioners and/or non-medical personnel) will be required to participate in all emergency drills.

3.3.6 The contractor shall provide a Supervising Physician for mid-level provider oversight, control and direction for all medical services provided in accordance with rules and regulations for the particular state where services are being rendered.

3.3.7 The Contractor shall establish a Medical Quality Management Program in accordance with the Department of Homeland Security (DHS) Medical Quality Management (MQM) Instruction, 248-01-001, Revision #1, Section VI.C2, DHS Components providing healthcare services, as part of its mission and incidental to ongoing operations (whether directly, by Federal contract, detail or via Inter/Intra Agency Agreement) shall have a quality assurance, performance improvement, and risk management program in place. The Quality Assurance plan shall be a living document updated as needed to incorporate lessons learned, best practices, and any new requirements that are mutually agreed upon by the contractor and government.

3.3.8 8. The Contractor shall provide medical recommendations on specific topics, course of action (COA) recommendations, feedback on pilot program suggestions, and other short medical written and verbal expertise and advice upon request by the National Medical Program Manager.

3.4 Task Category 4: Reporting Tasks

3.4.1 The contract healthcare practitioners shall record and report all medical screening/assessment data in accordance with the instructions provided by the National COR. The COR will provide all necessary documents/electronic software systems to complete this task.

3.4.2 The contractor shall provide the COR and/or designee the tabulated patient tracking sheet activity reports by shift for each USBP station, processing facility and any forward deployed locations each month after the medical chart reviews have been completed by the Supervising Physician.

3.4.3 The contractor shall provide itemized monthly financial invoices that include:

- Itemized cost for each healthcare practitioner labor category by location,
- Itemized report of equipment purchased, medical supplies, and consumables used to include product description, quantity and pricing information for each product type used,
- Itemized cost (including miscellaneous expenses) for administrative support to include local and incident command,
- Itemized cost for all travel associated the provision of services in support of this contract.

3.4.4 The Government shall provide the contractor with the necessary reporting forms to include but not limited to (forms may be approved and discontinued based on medical recommendations from USBP Leadership at any time during the course of the contract period):

~~—PROCUREMENT SENSITIVE—~~

- Daily Patient Tracking Sheet and Disease Surveillance Reporting Requirements,
- Secondary Medical Screening & Evaluation Form,
- Medical Intake Interview,
- Mental Health Assessments and Questionnaire,
- Travel Clearance.

3.5 TASK CATEGORY 5: Program Management Support

3.5.1 The contractor shall provide management support for specific programmatic or management needs required for this SOW. The resources expended for this function may include special studies and analyses relative to organization and procedural personnel needs, resources, training and utilization, which may be prepared for external or internal use. Services may also include working with individual senior staff members to make recommendations regarding realignment of functions, provide proposals on new initiatives and programs, operating procedures, or more efficient utilization of staff and other resources.

3.5.2 The National Program Director shall ensure all actions under this contract adhere to the State or jurisdiction in which the medical personnel will be providing care, as well as, the U.S. Department of Homeland Security Medical Management Directives and Instructions.

3.5.3 The National Program Director shall ensure the healthcare professionals participate in the appropriate CBP Medical Orientation Training and document their attendance.

3.5.4 The National Program Director shall schedule healthcare professional shift coverage to meet the needs of USBP, based on operational and expansion requirements in each location, and in coordination with the National COR.

3.5.5 The National Program Director shall provide a monthly staffing schedule to the regional CORs. The Sector COR will provide, in writing, changes to the contract medical schedules that increase or descope mission requirements to the National COR for concurrence or non-concurrence.

3.5.6 The National Program Director may be required to perform reviews of management documents, assist in the preparation of various reports, and participate in conducting management studies.

3.5.7 The National Program Director shall develop briefings as requested from the Government that interpret medical case data in order to inform the workforce on occupational health and safety issues. The National Program Director may designate the appropriate National Director (Medical/Patient Safety Quality Management Director) to prepare and brief appropriate findings, as necessary to meet the requirements.

4.0 PERIOD OF PERFORMANCE

The anticipated Base Year POP will include a transition period of approximately 45 days (see section 3.2) and an operational period of 320 days followed by four (4) subsequent twelve (12) month option periods.

Transition Period: Anticipated Award Date is September 30, 2015

Base Period: Anticipated POP is September 30, 2015 – September 29, 2016

Option Year 1: Anticipated POP is September 30, 2016 – September 29, 2017

Option Year 2: Anticipated POP is September 30, 2017 – September 29, 2018

Option Year 3: Anticipated POP is September 30, 2018 – September 29, 2019

Option Year 4: Anticipated POP is September 30, 2019 – September 29, 2020

The contractor will be expected to participate in a “transition out” period during the last sixty (60) days of the contract. A “transition out” period could occur in any one of the period of performances shown above.

5.0 TRANSITIONAL PLANNING SUPPORT

5.1 Incoming Transition

The contractor shall assume support responsibilities in accordance with its Incoming Transition Plan, processes, procedures, and schedule. The Incoming Transition Plan shall include, at a minimum:

- Overview of the transition effort;
- A detailed summary of all transition events and estimated milestone dates;
- Submission of all CBP BI packages, 5 days after award;
- Date by which the contractor will have sufficient, properly trained personnel to meet all Government SOW requirements;
- Coordination with Government representatives;
- Risks associated with the transition and the contractor’s plan to mitigate such risks;
- Review, evaluation and transition of current support services;
- Review contractor training and certification process for CBP required training;
- Transfer of all necessary business and/or technical documentation to the National COR;
- Orientation phase and program to introduce contractor staff to the Government personnel, such as tools, methodologies, and business processes, equipment, furniture, phone lines, and computer equipment;
- Receipt of Government Furnished Equipment (GFE), Government Furnished Information (GFI) and Government Furnished Supplies;
- GFE inventory management assistance;
- Incoming Transition tasks to be executed;
- A graphic depicting with supporting narrative, a schedule of the timing, sequence and interdependencies of tasks to be completed;
- Identification of the principal Incoming Transition team members by name, position, starts date, and responsibilities;
- Identification of the risks to the Incoming Transition effort, and mitigation and contingency plans in the event that the Incoming Transition cannot be executed on schedule;
- A work plan that identifies milestones, measurable tasks, and resources required; and

- Contractor staff shall be trained and capable of utilizing all of DHS/CBP documentation, forms and electronic tools.

A Final Revised Incoming Transition Plan is due ten (10) business days after the contractor-government kick-off meeting. The Final Incoming Transition Plan will be executed without disruption to USBP operations. The contractor is fully responsible for all aspects of the work throughout the Incoming

Transition period (not to exceed six (6) months) in accordance with the contractor's Incoming Transition Plan. The contractor shall make all necessary preparations to begin Task Order performance in accordance with its Incoming Transition Plan in order to ensure no impact to daily operations or scheduled critical activities.

5.2 Outgoing Transition

The contractor shall provide an Exit Transition Plan that shall identify transition support activities for all transition efforts for follow-on requirements to minimize disruption of services. The outgoing contractor shall work with the new contractor to provide knowledge transfer and transition support as required by the National COR PMO. The Exit Transition Plan and support shall include the following areas:

- Coordination with Government Representatives;
- Review, evaluation and transition of current support services;
- Transfer of all necessary business and/or technical documentation;
- Inventory and return all Government Furnished Equipment (GFE), Government Furnished Information (GFI), and Government Furnished Supplies in Contractor possession;
- Return all Government keys, ID/access cards, and security codes;
- Provide report on status of all deliverables;
- Provide report on problems encountered during period of performance;
- Provide report on current issues, problems, or activities in process that require immediate action;
- Delivery of all documentation, including all updates to Standard Operating Procedures, in hard copy and electronic formats;
- The plan on how the contractor intends to transition follow-on requirements, and the list of key personnel involved in this effort;
- Applicable debriefing and personnel out-processing procedures; and
- Identify and provide a schedule of routine events for continuity of program (e.g., reports and processes).

Updates to the Outgoing Transition plan are due sixty calendar days prior to the end of the base and any option period, unless otherwise directed by the Contracting Officer. The National COR shall approve this plan and transition support. Upon government approval of this plan, the contractor shall execute the exit transition support to commence 30 days prior to the expiration of this TO.

6.0 CONTRACT VEHICLE/ CONTRACT TYPE

~~—PROCUREMENT SENSITIVE—~~

The Government intends to award a single award Blanket Purchase Agreement (BPA) as a result of the solicitation. The Blanket Purchase Agreement will be established in accordance with the requirements of FAR subpart 8.405-3. The task orders issued against the BPA shall be a combination of fixed price and time and materials type orders. The fixed price portion of this requirement will be identified in the pricing schedule along with the time and material requirements. An award of the BPA does not bind the Government to any contractual obligation as it shall only represent an agreement of terms, conditions, and pricing established between the contractor and Government to enter into individual task orders. A contractual obligation will be entered into between both parties when a task order is issued by the Government and accepted by the contractor.

7.0 PLACE(S) OF PERFORMANCE

CBP will require healthcare practitioners at locations to include but not limited to those listed below which may include: BP stations, processing facilities, forward deployed locations and OFO POE's. Depending on the operational tempo the place of performance may be modified. Possible expansion locations are provided however, their utilization is at the discretion of the Government. The contractor shall also be capable of expanding to other geographical locations within the United States, including areas along the Northern Border or U.S. Airports. Any locations added will be done via bi-lateral modification to the BPA.

Anticipated Performance Locations:

Rio Grande Valley Sector			
Donna Station	Ursula CPC	McAllen Station	Weslaco Station
Rio Grande City	Harlingen	Brownsville St	Kingsville Station
Corpus Christi St	Falfurias	Fort Brown Station	Hidalgo OFO
Brownsville OFO			
Laredo Sector			
Laredo North	Laredo South	Cotulla	Laredo OFO
Hebbronville			
Del Rio Sector			
Del Rio Station	Eagle Pass Station	Brackettville St	Comstock Station
Big Bend Sector			
Alpine Station	Van Horne Station	Presidio	Sierra Blanca
El Paso Sector			
Paso De Norte PDT	Clint Station	Station 1	Ysleta
Santa Teresa	Tornillo	Lordsburg	
Demming	Las Cruces	El Paso OFO	Santa Teresa OFO
Tucson Sector			
Tucson Station	Nogales	Ajo	Nogales OFO
Yuma Sector			
Yuma Station	Wellton	San Luis OFO	

El Centro Sector			
El Centro Station	Calexico	Calexico OFO	
San Diego Sector			
Imperial Beach St	El Campo Station	El Cajon Station	Boulevard Station
Chula Vista Station			

8.0 TRAINING

Any training, necessary for licensure and credentialing, that is required for contactor personnel to perform the tasks defined in this SOW will be at the expense of the employee or contractor. Any new or specialized training, mandated by CBP and approved by the National COR, during the performance of the contract may be considered an allowable cost-reimbursable item. The contractor will be responsible for ensuring each employee completes all new employee orientation requirements and will provide a summary of USBP specific training monthly or at the request of National COR. During expansion periods, the contractor may be required to ensure staff is orientated and acclimated to the CBP medical programs at other locations where contract medical staff are fully functional and for a period designated and approved by the National COR.

9.0 GOVERNMENT-FURNISHED EQUIPMENT (GFE)

The contractor staff shall work in designated USBP/OFO or other Government facilities. The contractor's staff shall use equipment and supplies provided by the government. All government and/or facility provided equipment and supplies shall remain the property of the government.

10.0 RECOGNIZED FEDERAL HOLIDAYS

Listed below are recognized Government holidays; however, the USBP screening is a 24/7 operation:

- New Year's Day
- Labor Day
- Martin Luther King Jr. Birthday
- Columbus Day
- President's Day
- Veteran's Day
- Memorial Day
- Thanksgiving Day
- Independence Day
- Christmas Day

11.0 CONTRACT EMPLOYEE IDENTIFICATION

In accordance with FAR 37.114 (c), Special Acquisition Requirements, all contractor personnel attending meetings, answering Government telephones, and working in other situations where their contractor status is not obvious to third parties, are required to identify themselves as contractor employees, including email signature blocks and voicemail, to avoid creating an impression in the minds of members of the public or Congress that they are Government employees. They must also

ensure that all documents or reports produced by contractors are suitably marked as contractor products, or that contractor participation is appropriately disclosed.

12.0 CONTRACTOR REQUIREMENTS

CBP requires the services outlined in this SOW in order to increase efficiencies in processing and decrease the amount of time detainees are in USBP custody by conducting medical and public health intake interviews, screening, triage and provide limited treatment for low acuity medical complaints within the detainee population at USBP stations, processing facilities and other forward deployed locations.

13.0 LABOR LAWS AND REGULATIONS

The contract personnel who furnish services under this contract shall not be considered employees of the Government for any purposes. The contractor shall be responsible for ensuring that the contract personnel and/or the individual service provider comply with all laws and regulations applicable to labor and employment including but not limited to the following:

1. Workers compensation,
2. Professional liability insurance,
3. Health examinations,
4. Income tax withholding,
5. Social security withholding.

14.0 CONTRACTOR CORPORATE EXPERIENCE/ CAPABILITY REQUIREMENTS

The contractor must have the following corporate experience and capabilities:

1. Documented experience in managing Government healthcare contracts.
2. Demonstrated competency in Government clinical support and healthcare practitioner contract management.
3. Dedicated Contract and Program Management staff who have a track record of being responsive and providing accurate deliverables.
4. Documented experience in managing healthcare practitioners credentialing processes to include the successful tracking of licenses, certifications, continuing education and immunization requirements related to healthcare practitioners.
5. Demonstrated ability to rapidly recruit, screen and track credentialed healthcare practitioner in remote, austere locations similar to those where the CBP operates in TX, AZ, NM and CA.
6. Documented experience utilizing trained healthcare recruiters with established contacts in place to fill physician, pediatric review officers, clinical psychologists, physician assistant, nurse practitioner, patient safety risk managers, paramedics, emergency medical technician, nursing assistant, and medical assistant positions.
7. Documented ability to maintain fill rates that exceed 90% aggregate for the task orders.
8. Documented high incumbent retention rates.

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9. Demonstrated past performance in placing healthcare practitioners in government operated agencies.
10. Demonstrated capability to rapidly and effectively select and qualified healthcare practitioners to meet narrow lead time requirements ensuring credentialing and qualifications verification is performed accurately in a timely manner.
11. Demonstrated capability to effectively provide in house screening and thorough background check of all contract personnel for evidence of criminal records, credit issues, and other potentially disqualifying information to include clinical verifications.
12. Proven track record on contracts that requires coverage for schedule and unscheduled absences maintaining a fill rate of greater than 90% for all positions.
13. Experience providing healthcare practitioners, in the same labor categories as identified in this SOW, who are bilingual (English and Spanish). All healthcare practitioners provided must be bilingual (English and Spanish) and meet the following linguistic proficiency levels:
 - English Proficiency: Interagency Language Roundtable (ILR) Level 3–5
 - Spanish Proficiency: Spanish proficiency will be required for all support staff (EMT, CMA, CNA). Understanding the limited population of Spanish proficient providers, the contractor will make every effort to ensure Spanish does not impact mission requirements and support staff is available to provide translation.
14. Demonstrate capability of fit-testing healthcare practitioners for N95 respirators or, when identified by the National COR; higher levels of PPE. Verification of fit testing should be performed annually by vendor in accordance with the Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Organization (OSHA) regulations.

Preference will be given to contractors with the following experience:

1. Experience and proven success providing triage, screening and medical treatment to the illegal immigrant population.
2. Prior experience with, and existing medical care staff affiliations with hospitals in the areas where the CBP operates along the Southwest border.

14.1 KEY PERSONNEL

The Government considers certain positions as critical. For this contract, the position of the National Program Director, National Program Deputy Director, National Medical and Patient Safety Quality Management Director are considered key personnel. Key Personnel will serve for the life of the contract task order, or until replacements with equivalent skills are submitted by the contractor and approved by the National COR, in accordance with Homeland Security Acquisition Regulation (HSAR) 3052.215-70. The National COR will confer with the Program Office and will use his/her best efforts to accept or reject the résumé of proposed key personnel replacements within 3 working days. Approved key personnel changes will be incorporated into the relevant provisions of the contract. The request for a key personnel change should provide a short explanation of the circumstances necessitating the proposed substitution and a complete resume of the proposed new personnel. The qualifications of proposed substitute key personnel must meet or exceed the qualifications of personnel who filled the position at time of contract award. Substitute Key Personnel must be approved by the Government.

14.2 MEDICAL STAFFING SUPPORT

The contractor shall provide supplemental staffing at Border Stations, processing facilities, other

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forward deployed locations, and OFO POE's to assist in the medical/public health interviews/screening, first aid and triage as well as secondary medical evaluations and low acuity treatment. Staff positions may include, but are not limited to: Physicians, Pediatric Review Officers, Clinical Psychologists, Patient Safety Manager, Program Support Specialist, Physicians Assistants (PAs), Nurse Practitioners (NPs), Clinical Psychologists, Paramedics, Emergency Medical Technicians (EMTs), Certified Medical Assistants (CMAs), and Certified Nursing Assistants (CNAs).

14.3 OTHER RELATED SERVICES

During the course of the contract, U.S. Customs and Border Protection may add or delete positions to meet agency requirements, and a modification of the contract may be necessary. The contractor shall provide sufficient staffing flexibility and capability to meet the needs of the CBP as required. Medical staffing needs could potentially expand to other geographical locations of the United States, including areas along the Northern Border and United States Airports. The contractor shall be capable of meeting any expansion r of CBP in the event it is required. All contractor staff are required to meet requirements of existing Federal CBP full time staff. This includes but is not limited to credentialing/licensure, employee health requirements, security clearance, facility and security training, emergency call back requirements, and any refresher training deemed necessary.

15.0 CONTRACTOR SUPPORT LABOR CATEGORIES

The following positions will be needed to support this requirement:

- Program Management Staff
- National Program Director (Key Personnel) (Open Market)
- National Deputy Director (Key Personnel) (Open Market)
- National Medical Director (Key Personnel) (Open Market)
- National Patient Safety – Quality Management Director (Key Personnel) (Open Market)
- Sector Program Manager (Open Market)
- Sector Deputy Program Manager (Open Market)
- Physician (SIN 621-001)
- Pediatric Review Officer (Open Market)
- Clinical Psychologist (SIN 621-018)
- Physician Assistant (SIN 621-030)
- Nurse Practitioner (SIN 621-054)
- Emergency Medical Technician (SIN 621-032)
- Certified Nursing Assistant (SIN 621-040)
- Certified Medical Assistant (SIN 621-039)
- Patient Safety Risk Manager (Open Market)

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- Program Support Specialists (Open Market)

Attachment 1 contains detailed Position Descriptions and requirements for each labor category listed above.

16.0 DELIVERABLES

The items specified for delivery below are subject to the review and approval of the COR, National Medical Program Manager and/or designee before final acceptance. For any rejected deliverables, the contractor shall be required to make revisions deemed necessary by the COR, National Medical Program Manager and/or designee within three (3) working days. The contractor shall submit all items, except as noted below, to the COR, National Medical Program Manager and/or designee. The COR, National Medical Program Manager and/or designee shall be designated by a separate correspondence. This contract prohibits the contractor from publicizing or disseminating any information pertaining to the supplies, services, or equipment furnished under this contract without first obtaining explicit written consent to do so from the COR. All products and reports produced under this contract shall be the property of CBP. The Government reserves the right to discontinue any contractor employee from this contract when in the judgment of the Government it is necessary to ensure services listed in this contract will operate in a safe and effective manner in support of the mission.

Refer to the below tables (“Service Delivery and Management” and “Performance Deliverables”) for information describing all required deliverables and service standards the contractor will be responsible for providing/maintaining as well as the respective schedules and specific requirements for each quality assurance assessment factor. The Quality Assurance Surveillance Plan (QASP) outlined in “Attachment H” provides additional information on how contractor performance will be assessed.

Service Delivery and Management

Number	Performance metric	Description	Review Frequency	Government Reviewer
1	Regional Level Management and Customer Service	Contractor addresses government customer questions and concerns in a timely and responsive fashion and works towards collaborative solutions. Contractor conducts duties with operational safety and efficiency.	Quarterly Rating by COR or upon COR request at close of Task order period	COR (with input from Task Order Monitors)
2	Inventory Management Strategy	Contractor maintains an effective and efficient inventory management strategy to ensure the right amount of supplies are available when needed and purchased at a reasonable price. Contractor also ensures an appropriate sub-contractor	Quarterly Rating by COR or upon COR request at close of Task order period	COR (with input from Med PM and Task Order Monitors)

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Number	Performance metric	Description	Review Frequency	Government Reviewer
		strategy is in place to safely and properly dispose of biohazardous waste.		
3	Adherence to Work Schedule	Contract employees adhere to the schedule established and agreed to at the National Medical Program level. This schedule will be sent out every two weeks, two weeks in advance of the scheduling period. Planned changes to the schedule must be approved by the Medical Program Manager.	Quarterly Rating by COR or upon COR request at close of Task order period	COR (with input from Med PM and Task Order Monitors)
4	Professionalism	Contractors maintain a professional and courteous bearing while performing their duties. No substantiated and documented cases of unprofessional contractor behavior at any time while they are on duty.	Quarterly Rating by COR or upon COR request at close of Task order period	COR (with input from Med PM and Task Order Monitors)
5	Adherence to medical protocols and Medical Quality Management and Control Practices	Contractor adheres to bi-laterally agreed upon medical protocols and scripts and quality management practices as outlined in the Quality Control Plan (QCP)	Quarterly Rating by Medical Program Manager with input from CBP Medical Advisor	Medical Program Manager
6	National Level Management and Customer Service	Contractor is responsive to Headquarters level requests for information and requests to develop medical reports and opinions	Quarterly Rating by Medical Program Manager with input from CBP Medical Advisor	Medical Program Manager

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Number	Performance metric	Description	Review Frequency	Government Reviewer
7	Patient Intake Data Quality Assurance <i>(This is a future requirement once Electronic Health Records system goes live)</i>	Patient intake data is input accurately and completely	Quarterly Rating by Medical Program Manager with input from CBP Medical Advisor	Medical Program Manager

Government Evaluation will be accomplished by the government COR

Performance Deliverables

Item	Deliverable	Description	Delivery Date/Frequency	Recipient(s) to review deliverables/performance
1	Designate a contract program management point of contact (POC) at each site.	Provide name of onsite contract staff that will provide onsite assistance for contract staff, serve as a liaison to the COR (PM or DPM should be the only contractors speaking to the COR) and will be in charge of all administrative functions for the contract staff at each site.	No later than 5 working days (WD) after contract award for existing sites or within 5 WD of new site activation and within 5 WD for a change in personnel. Compliance standard: 100% of the time	COR
2	Post Award Conference (One time requirement, post award)	The Post Award Conference will be chaired by the COR and is held to discuss technical and contracting objectives of this contract, review the contractors draft project plan and address any questions.	No later than 7 days after Date of Award (DOA) 1 electronic copy of meeting summary generated by the contractor will be provided to the COR. Compliance standard: 100% of the time	COR

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3	Credentialed/licensed and vetted contractor staff as required	Provide Credentialing Letter from DHS Medical Quality & Risk Reduction Branch and verification of vetting status (See Attachment 1 for licensure requirements)	Compliance standard: 100% of the time. No later than 5 working days	COR
4	Credentialing and validation report of all licensed staff	Contractor must monitor and report the status of credentials of all healthcare practitioners to the National Level COR on a quarterly basis to ensure all licensed contract staff remain in compliance with certification requirements.	Quarterly to COR. Compliance standard: 100% of the time.	COR
5	Conduct new orientation on medical policies and procedures for contract staff	Contractor will be required to complete all necessary orientation within 5 days after reporting to the worksite. If required, orientation can be completed on-site by their designated POC. Contractor will provide evidence of this orientation having been completed.	Within five (5) WD after reporting on site. Compliance standard: 100% of the time.	COR
6	Performance review for contract employee	Contractor will perform an annual review of their employees to ensure compliance with SOW and professional standards, with input from the government COR.	Annually. Compliance standard: 100% of the time.	COR
7	Monthly Staffing	Contractor will	5th work day of each	COR

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	Report	provide a monthly staffing report to include incumbent positions and vacancies by location and position.	month. Compliance standard: 100% of the time	
8	Monthly Invoice (One (1) copy of each monthly report shall be submitted to the COR.)	A separate, accurate and comprehensive monthly invoice, including all prime and subcontractor labor costs, supplies, direct costs, travel and other fees for the month of the service period indicated, shall be submitted on official company letterhead no later than 45 days after the last date of service that Contractor is billing for on the invoice in order for it to be processed. Invoices submitted after that time frame will not be accepted. No partial invoices will be accepted. Invoices will be evaluated for clarity, accuracy and timeliness.	Invoices must be submitted to the COR by facility to include: employee, position classification, total hours worked, overtime hours, casual or any other total charges for the site and. Due to the COR within 45 days of the last day of the monthly period worked. Compliance standard: 100% of the time	COR
9	Operational SOPs	Contractor shall submit to the Government for approval all SOPs relating to the education and retention of licensure/certification as well as the assessment and delivery of medical screening, evaluation and/or treatment at Border stations/POEs	One electronic copy provided to the COR no later than 7 days after the Date of Award and provide updates as requested by Medical PM. Compliance standard: 100% of the time.	COR, (with input from National Medical Program Manager)

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		and Forward Deployed Locations.		
10	Medical Liability Malpractice Insurance	Contractor shall provide a certificate of medical liability malpractice insurance. Minimum coverage shall be \$1 million per occurrence and \$2 million per aggregate.	No later than 5 WD after contract award. Annually, within 7 days of contract renewal. Compliance standard: 100% of the time.	COR
11	Quality Control Plan and Updates (Medical Quality Management Plan)	Contractor shall develop, implement, and maintain a Quality Control Plan that may be referred to as a Medical Quality Management (MQM) that describes the methods it will use to review its performance to ensure it conforms to performance. This plan will need to be reviewed and updated on a quarterly basis as required.	No later than 5 WD after contract award. Updated Quarterly as needed to incorporate MQM updates Compliance standard: 100%	National Medical Program Manager (with input from CBP Medical Advisor)

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12	Bi-weekly Schedule for all sites	Contractor shall provide a two week schedule to the COR and TOMs two weeks in advance of the scheduled period. Changes or adjustments to this schedule shall be approved by the Medical Program Manager.	Recurring bi-weekly schedule to be sent to COR and TOMs 2 weeks prior to date of scheduled work period Compliance Standard: 100%	COR (with input from TOMs)
13	Medical Quality Surveillance Report	Contractor shall provide a medical quality surveillance report every week to the Medical Program Manager	Recurring weekly report. Format may change upon request. Most recent format is attached in ** Compliance Standard: 100%	Medical Program Manager

Government Evaluation will be accomplished by the government COR

Deliverable #8 - Invoicing Requirements

- Contractor shall perform thorough quality assurance/management review of all invoices before submission to the government.
- Each invoice shall be accompanied by the following supporting information, organized by sector/POE location, as described below.
- Period of service and government's cost by location to include labor costs of both prime and subcontractors, inventory costs, other direct costs, and travel costs incurred.
- Program management and other overhead labor category (non-medical personnel) hours, other direct costs, and travel cost incurred.
 - Receipts supporting travel costs shall be attached to the applicable expense
 - report. Expense report number will be clearly written on every receipt.
 - Travel costs will be rejected should attached receipt values not add up to expense report values; Billable amounts shall be clearly marked should receipt values exceed allowable/billable limit.
- Invoice documentation will also include a quality checked, itemized spreadsheet clearly illustrating all labor hours by day, time, and location. The spreadsheet shall include the following fields: Labor Category, Name of Contractor, Weekly Total Hours Worked, and Week Ending Date.
- Any deviations from the format indicated here must be requested and receive prior approval from the COR.
- All invoices are for final payment and no charges are to be incurred for the performance

period indicated on the invoice, once issued to the government.

17.0 ACCEPTANCE CRITERIA

The COR will review all deliverables submitted to ensure accuracy, functionality, completeness, professional quality, and overall compliance within the guidelines/requirements of the SOW. The Government will consider errors, misleading or unclear statements, incomplete or irrelevant information, and or excessive rhetoric, repetition, and “padding” to be deficiencies. The contractor will correct these at no additional cost to the Government. Unless otherwise indicated, the Government will attempt to review and comment on all deliverables within 10 days, but that deliverables are not accepted until the Government formally accepts such deliverable pursuant to FAR 52.246-4 Inspection of Services – Fixed- Price and FAR 52.246-6, Inspection of Services – Time and Materials. If the deliverable does not meet the noted criteria, the Government will return it.

18.0 REJECTION PROCEDURES

If the Government rejects any deliverable, the COR will notify the contractor. The contractor will resubmit an updated/corrected version within three (3) business days after receipt of Government comments. Upon re-submission by the contractor, the Government will reapply the same acceptance criteria. If the deliverable does not meet the acceptance criteria a second time, the Government will require re-performance and may consider the contractor as having deficient performance with respect to the subject task/subtask.

19.0 SPECIAL CONSIDERATIONS

19.1 CONTRACTOR’S REPRESENTATIVE

The contractor shall identify corporate representatives (National Program Director and National Deputy Director) who shall be responsible for the performance of all work under this contract. The National Program Director shall have full authority to act for the contractor on all matters relating to the daily operation of this contract. An alternate (Deputy Program Director) shall also be designated, but the contractor shall identify those times when the alternate shall be the primary point of contact.

19.2 SUBCONTRACTING

The contractor shall not contract out any portion of contractor’s performance of this contract without prior written approval from the COR. This section does not pertain to subcontracting plans submitted with the contractor’s proposal.

19.3 OTHER CONSIDERATIONS

1. The contractor shall provide a certificate of medical liability malpractice insurance. Minimum coverage shall be \$1 million per occurrence and \$2 million per aggregate. The contractor shall provide a certificate of insurance each policy year for the duration of the contract.
2. The contractor will ensure that on-call support is available for all levels of health care practitioners included in this SOW.
3. All contractors must comply with the Employee Health Program designated by Customs and Border Protection. Prior to performing any duties, all personnel must provide the following documentation to

the Health Services Administrator: history of testing for tuberculosis (TB), including tuberculin skin testing (TST) or interferon gamma release assay (IGRA), testing for latent TB infection (LTBI), or chest x-ray if employee has a history of LTBI, treatment history for LTBI or TB disease, if applicable; Hepatitis B vaccination, and evidence of immunity to measles, mumps, and rubella (MMR), varicella, and Hepatitis A.

Additionally, on an annual basis and at own expense, the contractor shall provide a current TST or IGRA test result if the employee previously tested negative for LTBI, evaluation for TB symptoms if the employee previously tested positive for LTBI, and follow up as appropriate in accordance with CDC guidelines. Contract healthcare practitioners shall encourage annual influenza vaccination unless medically contraindicated. Where vaccination is required to confer immunity, refusals shall be documented on a declination form.

4. At the contractor's own expense, all contractor healthcare practitioners and non-medical personnel that are involved in any patient care duties must be medically cleared for use of and successfully fit-tested for one or more N-95 respirators prior to performing any duties on this contract and annually in accordance with CBP requirements, CDC guidelines, and OSHA regulations. The contractors shall provide the HSA with documentation of the specific make, model, and size of each respirator for which he or she was successfully fit-tested. If special equipment is required that is not used at the site then the contractor shall be responsible for providing such to their employee.

5. All contractor healthcare practitioners requiring professional licensure must have a valid and current state license in the state in which they will be working.

6. All healthcare practitioners must possess a current cardiopulmonary resuscitation (CPR) card.

7. All healthcare practitioners are required to be Basic Life Support (BLS) certified at all times while performing on this contract and must provide to USBP, proof of certification prior to first day of work. The contractor will be responsible for providing required BLS training and certification at the contractor's expense.

8. Some sites may require some healthcare practitioners to also be Advanced Cardiac Life Support (ACLS) certified and in which case, the contractor, at their own expense, will provide the required training for their employees.

9. Employees will be asked to work differing shifts based on the facility. The shifts will most likely vary between 8 hour and 12 hour based on the location and facility processing type. Administrators are encouraged to use 8 hour shifts during the week and 12 hours on weekends and holidays at facilities at locations where that is permitted.

20.0 GENERAL SECURITY

20.1 GENERAL CLAUSE

All on-site contractor staff are required to have a CBP security investigation prior to starting work at the facility or headquarters. Consultants will be required to have a CBP security investigation prior to providing services at the facility. The investigation process includes but is not limited to a security questionnaire, a credit check and fingerprints. The anticipated time to complete the process for the security investigation may exceed eight weeks; therefore, the contractor must start the CBP security investigation application process as soon as possible upon selection of a suitable candidate for a

vacant position.

21.0 SECURITY REQUIREMENTS

22.0 GENERAL REQUIREMENTS

The DHS has determined that performance of the tasks as described in this Contract requires that the contractor, subcontractor(s), vendor(s), etc. (herein known as contractor) have access to sensitive DHS information, and that the contractor will adhere to the following.

22.1 SUITABILITY DETERMINATION

DHS will exercise full control over granting; denying, withholding or terminating unescorted Government facility and/or sensitive Government information access for contractor employees, based upon the results of a background investigation. DHS may, as it deems appropriate, authorize and make a favorable expedited entry on duty (EOD) decision based on preliminary investigation checks through CBP Office of Professional Responsibility (OPR), Personnel Security Division (PSD) The expedited OPR EOD decision will allow the employees to commence work temporarily prior to the completion of the full investigation. The granting of a favorable OPR EOD decision shall not be considered as assurance that a favorable full employment suitability authorization will follow as a result thereof. The granting of a favorable OPR EOD decision or a full employment suitability determination shall in no way prevent, preclude, or bar the withdrawal or termination of any such access by DHS, at any time during the term of the contract. No employee of the contractor shall be allowed to EOD and/or access sensitive information or systems without a favorable OPR EOD decision or suitability determination. No employee of the contractor shall be allowed unescorted access to a Government facility without a favorable EOD decision, limited clearance, or a provisional clearance by the CBP OPR PSD..

22.2 BACKGROUND INVESTIGATIONS

Contract employees (to include applicants, temporaries, part-time and replacement employees) under the contract, needing access to sensitive information, shall undergo a position sensitivity analysis based on the duties each individual will perform on the contract. The results of the position sensitivity analysis shall identify the appropriate background investigation to be conducted. Background investigations will be processed through the BP Sector Personnel Security Coordinator.

Contractor shall submit the following completed forms to the Office of Professional Responsibility:

1. CBP Form 77 - Contractor Employee Initial Background Investigation
2. CBP Form 78 - Background Investigation Requirements Determination (BIRD)
3. Standard Form 85P, "Questionnaire for Public Trust Positions" Form will be submitted via e-IP (electronic Questionnaires for Investigation Processing)
4. Fair Credit Reporting Act (FCRA) Disclosure Form
5. SF 87 or FD Form 258, "Fingerprint Card" (2 copies) or electronic submission at sectors
6. Foreign National Relatives or Associates Statement
7. DHS 11000-9, "Disclosure and Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act"

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8. Optional Form 306 Declaration for Federal Employment (applies to contractors as well)
9. Authorization for Release of Medical Information.

Prospective contractor employees who need their eQip reactivated shall contact the regional sector/POE COR to request re-initiation through CBP OIT/WMD.

Prospective contractor employees who currently have an adequate current investigation and security clearance issued by another Federal Agency may be required to submit complete security packages, and the investigation will be accepted for adjudication under reciprocity. An adequate and current investigation is one where the investigation is not more than five years old and the subject has not had a break in service of more than two years.

Required forms will be provided by DHS at the time of award of the contract. Only complete packages will be accepted. Specific instructions on submission of packages will be provided upon award of the contract.

Be advised that unless an applicant requiring access to sensitive information has resided in the U.S. for three of the past five years, the Government may not be able to complete a satisfactory background investigation. In such cases, DHS retains the right to deem an applicant as ineligible due to insufficient background information.

The use of Non-U.S. citizens, including Lawful Permanent Residents (LPRs), is not permitted in the performance of this contract for any position that involves access to DHS IT systems and the information contained therein, to include the development and/or maintenance of DHS IT systems or access to information contained in and/or derived from any DHS IT system.

22.3 TRANSFERS FROM OTHER DHS CONTRACTS:

Personnel may transfer from other DHS Contracts provided they have an adequate and current investigation (see section 11.3). If the prospective employee does not have an adequate and current investigation, an eQip Worksheet will be submitted to the COR to initiate a new investigation.

22.4 CONTINUED ELIGIBILITY

If a prospective employee is found to be ineligible for access to Government facilities or information, the COR will advise the contractor that the employee shall not continue to work or to be assigned to work under the contract. CBP may require drug screening for probable cause at any time and/or when the contractor independently identifies, circumstances where probable cause exists.

CBP may require reinvestigations when derogatory information is received and/or every 5 years. CBP reserves the right and prerogative to deny and/or restrict the facility and information access of any contractor employee whose actions are in conflict with the standards of conduct, 5 CFR 2635 and 5 CFR 3801, or whom DHS determines to present a risk of compromising sensitive Government information to which he or she would have access under this contract.

The contractor will report any adverse information coming to their attention concerning contractor employees under the contract to the BP management through the COR. Reports based on rumor or innuendo should not be made. The subsequent termination of employment of an employee does not obviate the requirement to submit this report. The report shall include the employees' name and social security number, along with the adverse information being reported.

The COR must be notified of all terminations/resignations within five days of occurrence. The contractor will return any expired DHS issued identification cards and building passes, or those of terminated employees to the COR. If an identification card or building pass is not available to be returned, a report must be submitted to the COR, referencing the pass or card number, name of

individual to whom issued, the last known location and disposition of the pass or card. The COR will return the identification cards and building passes to the responsible ID Unit.

22.5 EMPLOYMENT ELIGIBILITY

The contractor shall agree that each employee working on this contract will successfully pass the DHS Employment Eligibility Verification (E-Verify) program operated by USCIS to establish work authorization.

The E-Verify system, formerly known as the Basic Pilot/Employment Eligibility verification Program, is an Internet-based system operated by DHS USCIS, in partnership with the Social Security Administration (SSA) that allows participating employers to electronically verify the employment eligibility of their newly hired employees. E-Verify represents the best means currently available for employers to verify the work authorization of their employees.

The contractor must agree that each employee working on this contract will have a Social Security Card issued and approved by the SSA. The contractor shall be responsible to the Government for acts and omissions of his own employees and for any subcontractor(s) and their employees.

Subject to existing law, regulations and/ or other provisions of this contract, illegal or undocumented aliens will not be employed by the contractor, or with this contract. The contractor will ensure that this provision is expressly incorporated into any and all Subcontracts or subordinate agreements issued in support of this contract.

22.6 SECURITY MANAGEMENT

The contractor Sector Program Manager or Deputy Program Manager will interface with the COR on all security matters, to include physical, personnel, and protection of all Government information and data accessed by the contractor.

The COR shall have the right to inspect the procedures, methods, and facilities used by the contractor in complying with the security requirements under this contract. Should the COR determine the contractor is not complying with the security requirements of this contract, the contractor will be informed in writing by the COR of the proper action to be taken in order to effect compliance with such requirements.

The Government shall provide the following:

- A security briefing to all contract staff on handling detainee or CBP data and/or information.
- A security background and criminal vetting of all contract staff associated with this SOW, to include a non-disclosure form.

The contractor shall ensure the following relative to security management:

- The contractor shall ensure personnel photos shall be provided to the Government for badging and building access requirements as operationally required by CBP.
- The contractor shall ensure all Government issued IDs and access cards are returned to the COR and/or his/her designee.
- The contractor shall adhere to all Government Law Enforcement Sensitive (LES) and For Official

Use Only (FOUO) information regulations as required by federal regulations.

- The contractor shall safeguard all CBP information against unauthorized disclosure or dissemination.

The following specific computer security requirements apply to both Department of Homeland Security (DHS) operations and to the Former Immigration and Naturalization Service operations (FINS). These entities are hereafter referred to as the Department.

22.7 DISCLOSURE OF INFORMATION

Any information made available to the contractor by the Government or its customers shall be used only for the purpose of carrying out the provisions of this contract. This information shall not be divulged or made known in any manner to any persons except as may be necessary in the performance of the contract. Contract staff shall not respond to any media inquiries and/or interview requests, unless authorized by the government Contracting Officer or Contract COR. Contract staff shall refrain from using social media to leak information related to the contract work.

In the performance of this contract, the contractor assumes responsibility for the protection of the confidentiality of Government records.

The contractor will adhere to the requirements found in Part 24 of the Federal Acquisition Regulation, Protection of Privacy and Freedom of Information.

When sensitive government information is processed on Department telecommunications and automated information systems, the contractor agrees to provide for the administrative control of sensitive data being processed and to adhere to the procedures governing such data as outlined in DHS IT Security Program Publication DHS MD 4300.Pub. or its replacement. Contractor personnel must have favorably adjudicated background investigations commensurate with the defined sensitivity level.

Contractors who fail to comply with Department security policy are subject to having their access to Department IT systems and facilities terminated, whether or not the failure results in criminal prosecution. Any person who improperly discloses sensitive information is subject to criminal and civil penalties and sanctions under a variety of laws (e.g., Privacy Act).

22.8 INFORMATION TECHNOLOGY SECURITY TRAINING AND OVERSIGHT

All contract employees using Department automated systems or processing Department sensitive data will be required to receive Security Awareness Training. This training will be provided by the appropriate component agency of DHS.

All contract employees who are involved with management, use, or operation of any IT systems that handle sensitive information within or under the supervision of the Department, shall receive periodic training at least annually in security awareness and accepted security practices and systems rules of behavior.

Department contractors, with significant security responsibilities, shall receive specialized training specific to their security responsibilities annually. The level of training shall be commensurate with the individual's duties and responsibilities and is intended to promote a consistent understanding of the principles and concepts of telecommunications and IT systems security.

All personnel who access Department information systems will be continually evaluated while performing these duties. Supervisors should be aware of any unusual or inappropriate behavior by personnel accessing systems. Any unauthorized access, sharing of passwords, or other

questionable security procedures should be reported to the local Security Office or Information System Security Officer (ISSO).

22.9 ACCESS TO GOVERNMENT FACILITIES/SENSITIVE INFORMATION

contractors requiring recurring access to Government facilities or access to sensitive but unclassified information and/or logical access to IT resources shall verify minimal fitness requirements for all persons/candidates designated for employment under any DHS contract by pre-screening the person/candidate prior to submitting their name for consideration to work on the contract. Pre-screening the candidate ensures that minimum fitness requirements are considered and mitigates the burden of DHS having to conduct background investigations on objectionable candidates. The contractor shall submit only those candidates that have not had a felony conviction within the past 36 months, illegal drug use within the past 12 months, or misconduct such as criminal activity on the job relating to fraud or theft within the past 12 months from the date of submission of their name as a candidate to perform work under this contract. Pre-screening shall be conducted within 15 days after contract award. The fitness determination does not impact the candidate's fitness for employment with your firm on other assignments unrelated to this contract. This requirement shall be placed in all subcontracts if the subcontractor requires routine physical access, access to sensitive but unclassified information, and/or logical access to IT resources.

Failure to comply with the pre-screening requirement will result in the COR taking the appropriate remedy (i.e. recording non-compliance into the Past Performance Database, contract termination).

Logical access means providing an authorized user the ability to access one or more computer system resources such as a workstation, network, application, or database through automated tools. A logical access control system (LACS) requires validation of an individual's identify through some mechanism such as a personal identification number (PIN) card, username and password, biometric, or other token. The system has the capability to assign different access privileges to different persons depending on their roles and responsibilities in an organization.

23.0 FUNDING STATUS

The contractor should immediately notify the CO (with a copy to the COR), in writing, when billing under a period of performance has reached 25, 50, 75, 85 percent of the contract not-to-exceed (NTE) amount(s) or whenever remaining funds are not sufficient to cover anticipated performance through to the order's expiration date, whichever is sooner. The contractor is cautioned that performance of work above the order's ceiling is at the contractor's own risk.

24.0 OTHER APPLICABLE CONDITIONS

24.1 TRAVEL

Contractor travel may be required to support this requirement.

- All travel required by the Government outside the local commuting area(s) will be reimbursed to the contractor in accordance with the Federal Travel Regulations.
- The contractor shall be responsible for obtaining COR approval for all reimbursable travel in advance of each travel event.

Requests must identify:

- The name of the traveler
- Destination (s) including itinerary
- Purpose of the travel
- Estimated cost breakdown

25.0 POINTS OF CONTACT

BP POCs for this contract are as follows:

National Contracting Officer Representative

(b) (6) (7) (C) Mission Support Specialist, USBP Rio Grande Valley Sector

(b) (6) (7) (C)

All Contract Regional Task Order Monitors (TOM)

Sector/POE	COR / TOM	Local Leadership	Alternates
USBP San Diego	(b) (6) (7) (C) (A) Director of Logistics U.S. Customs & Border Protection San Diego Sector Border Patrol Headquarters Mission Readiness Operations Division – Logistics (b) (6) (7) (C)	ACPA (b) (6) (7) (C) (A) Assistant Chief Patrol Agent Le Operational Programs (b) (6) (7) (C)	DC (b) (6) (7) (C) Acting Division Chief San Diego Border Patrol Sector (b) (6) (7) (C)
USBPEI Centro			
USBP Yuma	(b) (6) (7) (C) Mission Support Specialist Lead, Mission Readiness Operations (b) (6) (7) (C) (office) (b) (6) (7) (C)	(b) (6) (7) (C) (ret. Aug) Supervisory Mission Support Specialist, Mission Readiness Operations (b) (6) (7) (C)	
USBP Tucson	(b) (6) (7) (C) Management Program Analyst, Mission Readiness Operations (b) (6) (7) (C)	(A) ACPA (b) (6) (7) (C) (A) Assistant Chief Patrol Agent Le Operational Programs (b) (6) (7) (C)	DC (b) (6) (7) (C) Supervisory Border Patrol Agent Le Operational Programs (b) (6) (7) (C)
USBPEL Paso	(b) (6) (7) (C) Mission Support Specialist Special Operations Detachment (b) (6) (7) (C)	(b) (6) ; Operations Officer El Paso Sector EMS Coordinator (b) (6) (7) (C)	(b) (6) (7) (C) Mission Support Specialist Special Operations Detachment (b) (6) (7) (C)
USBP Big Bend Texas			

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Sector/POE	COR/ TOM	Local Leadership	Alternates
USBP Del Rio	(b) (6) (b) (7) (C) Patrol Agent in Charge Special Operations Detachment Serving as (I)PAIC Eagle Pass South Del Rio Sector (b) (6) (b) (7) (C)	(b) (6) (b) (7) (C) 2 nd Level Supervisor EAGLE PASS SOUTH STATION (b) (6) (b) (7) (C)	
USBP Laredo	(b) (6) (b) (7) (C) Mission Support Specialist, Mission Readiness Operations (b) (6) (b) (7) (C)	(b) (6) (b) (7) (C) Watch Commander, Mission Readiness Operations (b) (6) (b) (7) (C)	Poss. (b) (6); (b) (7) (C)
USBP Rio Grande Valley	(b) (6) (b) (7) (C) Mission Support Specialist, Le Operational Programs (b) (6) (b) (7) (C)	(b) (6) (b) (7) (C) DPAIC, Weslaco Station (b) (6); (b) (7) (C)	(b) (6) (b) (7) (C) Special Operations Supervisor Le Operational Programs (b) (6) (b) (7) (C)
OFO Tucson Field Office	(b) (6) (b) (7) (C) Supervisory Program Mgr Border Security Div (b) (6) (b) (7) (C)		(b) (6) (b) (7) (C) Program Manager Border Security Div (b) (6) (b) (7) (C)
OFO Lukeville (Tucson Field Office)	(b) (6) (b) (7) (C) Supervisory CBP Officer Port of Lukeville AZ (b) (6) (b) (7) (C)	(b) (6) (b) (7) (C) Border Security Coordinator Border Security Div (b) (6) (b) (7) (C)	(b) (6) (b) (7) (C) Assistant Port Director 2nd level Port of Lukeville AZ (b) (6) (b) (7) (C)
OFO Nogales (Tucson Field Office)	(b) (6) (b) (7) (C) CBP tech. Inspection BR (b) (6) (b) (7) (C)	(b) (6) (b) (7) (C) Border Security Coordinator Border Security Div (b) (6) (b) (7) (C)	(b) (6) (b) (7) (C) 1st Level Supvr Inspection BR (b) (6); (b) (7) (C)
OFO San Luis (Tucson Field Office)	(b) (6) (b) (7) (C) CBP Supervisor-PCU Port of San Luis AZ (b) (6) (b) (7) (C)	(b) (6) (b) (7) (C) Assistant Port Director PORT OF SAN LUIS AZ (b) (6) (b) (7) (C)	(b) (6) (b) (7) (C) CBP Officer Port of San Luis AZ (b) (6) (b) (7) (C)
OFO Douglas (Tucson Field Office)	(b) (6) (b) (7) (C) Chief Supvy Cbp Offcr Port of Douglas Az (b) (6) (b) (7) (C)	(b) (6) (b) (7) (C) Border Security Coordinator Border Security Div (b) (6) (b) (7) (C)	(b) (6) (b) (7) (C) Mission Support Assistant Port of Douglas AZ (b) (6); (b) (7) (C)
OFO El Paso (El Paso Field Office)	Pending: (b) (6) (b) (7) (C) Mission Support Speclst (HC) Mission Support Div (b) (6) (b) (7) (C)	(b) (6) (b) (7) (C) Border Patrol Agent (Intelligence) Sector Intelligence I Unit (b) (6) (b) (7) (C)	

Sector/POE	COR/ TOM	Local Leadership	Alternates
OFO Laredo (Laredo Field Office)	(b)(6); (b)(7)(C) Mission Support Specialist Mission Support Div (b)(6); (b)(7)(C)		
OFO Hildago (Laredo Field Office)	(b)(6); (b)(7)(C) Mission Support Specialist Mission Support Div (b)(6); (b)(7)(C)	(b)(6); (b)(7)(C) Chief Program Manager Border Security Div (b)(6); (b)(7)(C)	
OFO Brownsville (Laredo Field Office)	(b)(6); (b)(7)(C) Mission Support Specialist Mission Support Div (b)(6); (b)(7)(C)		

Medical Program Manager

(b)(6); (b)(7)(C) **United States Border Patrol Paramedic**

Assistant Chief, USBP Headquarters

1300 Pennsylvania Avenue NW Washington DC 20229 (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

• Office of Field Operations HQ Medical Program Lead

(b)(6) **NREMT, MEP**

U.S. Customs and Border Protection

Office of Field Operations

1300 Pennsylvania Ave NW

(b)(6) (Mailstop 1010)

Washington, DC 20229

(b)(6)

(b)(6)

• DHS - CBP Contracting Officer (b)(6); (b)(7)(C)

Customs Border Protection

Department of Homeland Security (b)(6); (b)(7)(C)

E-mail: (b)(6); (b)(7)(C)

• DHS – CBP Contract Specialist (b)(6)

Customs and Border Protection Department of Homeland Security (b)(6) Office

(b)(6)

Office of Health Affairs (OHA) Credentialing POCs for this contract are as follows:

• OHA Credentialing (b)(6)

Emergency Management Specialist Office of Health Affairs Washington, DC

(b)(6) Office
BlackBerry (b)(6)

• OHA Credentialing (b)(6) Nurse Specialist

Office of Health Affairs Washington, DC

(b)(6) Office
BlackBerry (b)(6)

• OHA Credentialing (b)(6)

Program Manager/Nurse Specialist

Office of Health Affairs Washington, DC

(b)(6) Office

(b)(6) Attachment 1

Position Descriptions and Requirements

The following positions will be needed to support this requirement:

- Program Management Staff
- National Program Director (Key Personnel) (Open Market)
- National Deputy Director (Key Personnel) (Open Market)
- National Medical Director (Key Personnel) (Open Market)
- National Patient Safety – Quality Management Director (Key Personnel) (Open Market)
- Program Manager
- Deputy Program Manager

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- Physician (SIN 621-001)
- Pediatric Review Officer (Open Market)
- Clinical Psychologist (SIN 621-018)
- Physician Assistant (SIN 621-030)
- Nurse Practitioner (SIN 621-054)
- Emergency Medical Technician (SIN 621-032)
- Certified Nursing Assistant (SIN 621-040)
- Certified Medical Assistant (SIN 621-039)
- Patient Safety Manager (Open Market)
- Program Support Specialist (Open Market)

National Program Director (Key Personnel)
Position Description

The National Program Director (NPD) provides director level management expertise and oversight for the U.S. Customs and Border Protection (CBP), U.S. Border Patrol Border Station First Aid Units and medical services contract. The NPD is also responsible for ensuring successful completion of administrative and program management tasks outlined in the Statement of Work (SOW). The NPD may be required to be onsite at the request of the Government. This position will provide strategic level management to the effort, ensuring that all the program goals and objectives are achieved in an efficient and effective manner. The NPD will oversee the planning and execution strategy for the contract program management team across all United States Border Patrol (USBP) sectors and Office of Field Operations (OFO) field offices.

Qualifications

- Bachelor's degree in management, human resources or related field required and 5 years management experience managing multiple tasks required.
- Background/experience in immigration, criminal justice, military or healthcare management.
- Experience with medical screening/triage in an operational environment, with a chain of command structure, similar to that of CBP's.
- Excellent past performance reviews on similar contracts.
- Experience successfully managing multi-task projects in various locations and supervising 100+ employees.
- Demonstrated ability to ascertain relevant facts and information; prepare executive level summaries; and analyze management and financial reports to identify trends, performance gaps and contract status information.
- Demonstrated experience in collaborative planning and relationship building across organizational boundaries.
- Experienced in successfully developing and managing logistical plans and providing operational support.
- Excellent customer service and interpersonal skills.
- Demonstrated success in managing large and diverse teams in high pressured environments that require rapid and collaborative decision making.
- Must be available to CBP personnel to contact at all times 24/7, 365 days per year.
- Must be experienced at discussing and negotiating collaborative solutions in high pressured, preferably, operational environments.
- Must be adept at preparing and delivering clear and concise executive-level presentations and decision briefs.
- Must demonstrate effective leadership and oral and written communication skills.
- Should possess (or qualify for) relevant management or Human Resources certifications, such as PMP, CPC, CSP, etc.

Physical Demands

1. Able to bend, stand and sit for extended periods of time.
2. Able to reach to retrieve documents.
3. Able to carry materials and/or file boxes up to 20 pounds.

National Program Deputy Director
Position Description

The National Program Deputy Director (NPDD) assists the National Program Director (NPD) in providing director level management expertise and oversight for the U.S. Customs and Border Protection (CBP), U.S. Border Patrol Border Station First Aid Units and medical services contract. The NPDD is also responsible for ensuring successful completion of administrative and program management tasks outlined in the Statement of Work (SOW). The NPDD may be required to be onsite at the request of the Government. This position will provide strategic level management to the effort, ensuring that all the program goals and objectives are achieved in an efficient and effective manner.

The NPDD will help oversee and track the progress of program wide personnel, ensuring that personnel are vetting and attend orientation in a timely fashion as well as help manage and oversee the scheduling process and day-to-day management across program regions. The NPDD will also help to formulate and manage the logistics/procurement strategy program wide. The NPDD will help to develop and enact the risk management, quality assurance and medical surveillance plans across all regions (sectors and field offices.) This position will also help to conduct analyses to ensure continuous process improvement and development of best practices. The NPDD will help to ensure reporting requirements and timelines are achieved program wide.

●Qualifications

- 5 years management experience managing multiple tasks required.
- Background/experience in immigration, criminal justice or healthcare management required.
- Experience supervising personnel on a similar healthcare project in an operational environment with a chain of command structure.
- 5 years' experience overseeing the provision of healthcare services required.
- Experience with medical screening/triage in an operational environment, similar to that of CBP's.
- Excellent past performance reviews on similar contracts.
- Experience successfully managing multi-task projects.
- Demonstrated ability to ascertain relevant facts and information; prepare executive level summaries; and analyze management and financial reports to identify trends, performance gaps and contract status information.
- Demonstrated experience in collaborative planning and relationship building across organizational boundaries.
- Experienced in successfully developing and managing logistical plans and providing operational support.
- Excellent customer service and interpersonal skills.
- Demonstrated success in managing large and diverse teams in high pressured environments that require rapid and collaborative decision making.
- Must be available to CBP personnel to contact at all times 24/7, 365 days per year.
- Must be experienced at discussing and negotiating collaborative solutions in high pressured, preferably, operational environments.
- Must be adept at preparing and delivering clear and concise executive-level presentations and decision briefs Must demonstrate effective leadership and possess effective oral and written communication skills.
- Should possess (or qualify for) relevant management or Human Resources certifications, such as PMP, CPC, CSP, etc.

Physical Demands

1. Able to bend, stand and sit for extended periods of time.
2. Able to reach to retrieve documents.
3. Able to carry materials and/or file boxes up to 20 pounds.

National Medical Director (Key Personnel)
Position Description

Under the general direction of the National Program Director and in collaboration with USBP HQ, the Medical Director develops, implements, and evaluates the medical practice delivery model in accordance with the polices and protocols listed in the statement of work and Department of Homeland Security directives for detainee healthcare. The National Medical Director shares the administrative functions that directly impact medical services and collaborates with the management team in overall planning and execution of program directives. The National Medical Director assures delivery of quality services to all detainees within USBP facilities where contract employees are performing medical activities in accordance with the statement of work. Performs the clinical responsibilities as agreed upon by the National Program Director.

Duties and Responsibilities

- Participates in the recruitment and selection process for mid-level providers and state Supervising Physicians.
- Provide oversight and direction of the state and sector Supervising Physicians and participate in scope of practice development and changes, as necessary.
- Participate in disease surveillance activities and public health and epidemiology studies/efforts, as needed.
- Performs clinical supervision of clinic staff, including regular performance appraisals and feedback.
- Collaborates on the integration of new medical services and/or changes to existing protocols with the competent medical authorities for establishing best business practices.
- Advise on the purchase and utilization of medical equipment and devices.
- Review patient medical charts for understanding detainee care needs and make recommendations for changes to existing USBP protocols, as necessary.
- Supervise state chart reviews conducted by the Supervising Physician, as necessary.
- Provide medical in-service training to physicians and nursing staff, as necessary.
- Performs or delegates responsibility for the monthly record review for all clinic staff focusing on quality of care and appropriate documentation and physical assessments.
- Supervise Physician Assistants and Nurse Practitioners under the contract.
- Assist with the treatment modalities pertinent to detainee patient populations.
- Demonstrate an understanding of the USBP medical mission in performing all aspects of the position.
- Demonstrate a caring and helpful attitude when interacting with patients, vendors and fellow employees.
- Participate in medical conference calls and deliberate or rapid response planning sessions as necessary to meet mission requirements.
- Assist in promoting a medical staff environment in which the providers retain independent judgement and responsibility in the practice of medicine.

Minimum Qualifications

- M.D. or D.O. degree from an accredited medical school.
- Board Certified/Board Eligible in one of the primary care specialties with a heavy concentration in family practice.
- Significant public and humanitarian experience.
- Licensed in one of the 50 states.

Preferred Qualifications

1. At least 10 years' experience working in a community-based experience.

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2. At least 5-years of humanitarian medical service.
3. Medical Quality Management (MQM) experience.
4. Spanish preferred but not required.

National Patient Safety -Quality Management Director
Position Description

Under the general direction of the National Program Director and in collaboration with the National Medical Director, execute the of nursing services and risk management policies in accordance with Department of Homeland Security directives for detainee healthcare. The National Clinic Director will be responsible for the professional management of a comprehensive health and safety/risk management program and, in particular, for the introduction and/or implementation of measures to ensure the Border Station First Aid Unit's (BSFAU) obligations under prevailing state and federal patient safety guidelines. Ensure a proactive approach to incident and risk management across each BSFAU with consistent application of the Risk and Incident Management Policies and Guidance. This will involve implementation of the Risk and Incident management policy and guidance, including:

- Manage the activities of the Sector Patient Safety Risk Manager
- Implement and execute the risk and quality assessment process
- Monitor incident management activity system and processes
- Tracking Implementation of major reports/investigations recommendations
- Sharing of learning across the organization through defined process
- Preparation of risk and incident activity and assurance reports, as directed.

Qualifications

Must possess a current nursing license in any of the 50 states as a Registered Nurse and have graduated from an accredited school of nursing. Two years of professional nursing experience in an acute care setting is required, and a minimum of three years' experience in nursing administration or a comparable management position. Must possess and demonstrate a high degree of leadership, organizational ability, and communication skills. Knowledge of long-term care management, policies, budgeting, personnel management, and census development is required.

The employee must also be able to perform each essential function effectively to be successful in this position.

- Develops, maintains, and implements risk and quality management policies and procedures that conform to current standards of medical practice, facility philosophy, and operational policies while maintaining compliance with state and federal laws and regulations.
- Communicates and interprets policies and procedures to the medical staff, and monitors staff practices and implementation.
- Participates in daily or weekly management team meetings to discuss current and relative medical practices in all USBP facilities, as necessary.
- Ensures delivery of compassionate quality care and medical supervision as evidenced by adequate services and staff coverage in the BSFAU.
- Oversees or is responsible for the support staff certification programs, competency testing, and all related records.
- Collaborates with physicians, mid-level providers and management teams to improve the quality of services and to resolve identified problems.
- Participates in the recruitment and selection of medical personnel and assures sufficient staff are hired.
- Oversees and supervises development and delivery of in-service education to equip support staff with sufficient knowledge and skills to provide compassionate, quality care and respect for detainee healthcare.
- Proactively develops positive employee relations, incentives, and recognition programs. Promotes teamwork, mutual respect, and effective communication.
- Monitors staff for compliance with OSHA mandates and facility policies on workplace safety. Proactively develops procedures and incentives to promote workplace safety and safe work practices.

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- Establishes, implements, and monitors the infection control program designed to provide a safe, sanitary, and comfortable environment designed to prevent the devilmint and transmission of disease and infection.
- Prepares or reviews infection control surveillance reports to identify trends and to develop effective actions to control and prevent infections. Submits an infection control report to the National Program and Medical Director, as necessary.
- Coordinates and/or develops on-going quality assurance activities for medical services to monitor nursing compliance with standards and regulatory requirements through rounds, interviews, and record reviews. Helps the National Program Director prepare staff for inspection surveys, instructing staff on matters of conduct and disclosure, being interviewed by inspectors, immediate corrections of problems noted by surveyors, etc. Reviews and reinforces important standards previously cited.
- Participates in the preparation of the Plan of Correction response to an inspection survey and implements any follow-up quality assurance required for any medical allegations.
- Promotes compliance with accident prevention procedures, safety rules, and safe work practices to prevent employee injury and illness and control worker's compensation costs.
- Participates in medical conference calls, as necessary.
- Travel and conduct site assessments to all USBP sectors where contract personnel are providing medical services.
- Prepare trip reports to highlight risk management and nursing activities to the National Program Director and Medical Director, as necessary.
- Participate and collaborate in all medical activities and deliberate planning sessions, as necessary to meet mission objectives.

Additional Knowledge, abilities and skills

Knowledge of current federal and state laws and regulations that apply to the practice of medical in a long-term care setting. Has strong organizational and time management skills and the ability to prioritize responsibilities. Ability to make presentations before top management, public groups, and staff. Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to read, analyze, and interpret journals, financial reports, and legal documents. Ability to apply mathematical concepts such as fractions, percentages, ratios, and proportions to practical situations. Spanish preferred but not required.

Physical Demands

The physical demands below are typical of those that must be met by the employee to successfully perform the essential functions of the position. Reasonable accommodations may be available for individuals with disabilities.

Pediatric Review Officer
Position Description

Under the general direction of the National Program Director and Medical Director, the Pediatrician physician provides consulting and supervisory medical support as part of the medical team providing services to US Customs and Border Protection detainee population in the state/sector.

Primary Functions

- Provide expert pediatric supervisory and consultation support to mid-level providers in the provision of care to pediatric patients in CBP custody.
- Contribute to medical quality management program efforts with focus on quality of pediatric care. To include Participation in professional practice, evaluation, chart reviews, sentinel event review, and other program elements.
- Provide advice on scope of practice and clinical protocols with focus on pediatric care.
- Develop and provide training to mid-level providers with focus on pediatric assessment and care.
- Participate in regular in-service meetings, courses, trainings, as necessary to meet statement of work (SOW) requirements.
- When appropriate, provide periodic, direct, onsite medical care for pediatric patients in CBP custody and direct on-site supervision and assessment of providers as determined by National Program Director.
- Collaborate with National Medical Director and Patient Safety-Quality Management Director on overall pediatric care within the scope of practice in the contract statement of work.
- Confers with consulting physicians, mid-level providers, nurses, support staff, patients, and families concerning treatment and care of patients.
- Participates in regular call coverage.
- Participates in health promotion/disease prevention activities. Stresses the importance of preventive health care measures.
- Attends and participates in strategy planning sessions and activities, as requested.
- Other duties as assigned by the National Medical Director to meet the goal of providing excellent health care.
- Maintains and acquires knowledge and skills to perform required duties to meet all state, organizational and licensure requirements.
- Follows established guidelines for use and/or disclosure of protected health information. Employees should report any breaches of the Health Insurance Portability and Accountability Act (HIPAA) rules to the Privacy Officer (Vice President of Patient Services) immediately. Failure to comply with HIPAA policies and procedures will result in disciplinary action, up to and including termination of employment.

Qualifications

- License to practice medicine in one of the 50 US states as an MD/DO.
- Qualified in Basic Life Support.
- Board Certified in Pediatrics.
- Must be able to read and interpret clinical data.

**CONTRACT PSYCHOLOGIST/CLINICIAN
POSITION DESCRIPTION**

INTRODUCTION:

The intent of this position is twofold: to provide early access to a mental health professional for those in Border Patrol custody, and to provide professional counseling and training to U.S. Border Patrol (USBP) and other Department of Homeland Security (DHS) employees to better cope with work-life stressors due to the humanitarian crisis.

The candidate will also conduct advanced analysis to assess behavioral health characteristics of the current work environment for both detainee and employees, and recommend changes to processes that strengthen environmental resilience and wellness. Upon request, the candidate will conduct secondary screening of detainees that appear to have mental health challenges and make referrals for additional mental health assistance.

DUTIES AND RESPONSIBILITIES:

- 1.) Provide professional psychological treatment for CBP employees coping with mental health issues resulting from the impact of critical incidents.
- 2.) Provide mental health screenings on detainees that present with possible mental health issues, and makes referrals as necessary for additional mental health assistance or treatment.
- 3.) Conduct individual counseling for employees who are coping with work-life stressors.
- 4.) Assess the current working environment and provide leaders and managers with oral and written reports on effective methods to approaching situations related to employee and detainee stressors.
- 5.) Educate the workforce on stress coping mechanisms, and supports resiliency programs by providing training and muster briefings.
- 6.) Promote and preserve a psychotherapeutic atmosphere, and functions as an authoritative source of information in the areas of psychology.
- 7.) Travel to locations within the sector area of operations as assigned to conduct climate assessments, provide counseling, training, and muster briefings on mental stress coping techniques.
- 8.) Collaborate with sector Peer Support and Chaplain Programs to support workforce through joint resiliency training and messaging initiatives.
- 9.) Responds to critical incidents as requested by local leadership to support the mental and emotional recovery efforts of the employees involved.

KNOWLEDGE REQUIRED:

- 1.) It is preferred that the counselor have obtained a doctoral degree in clinical psychology, but candidates with a master's degree in psychology or social work are also acceptable.
- 2.) The counselor's degree must be from a U.S. or Canadian school, and have an unrestricted license to practice counseling in a State, the District of Columbia, or a territory of the United States. The counselor must provide proof of a current license when applying, prior to commencing, and on an annual basis.
- 3.) The counselor must have a minimum of three years of full-time work providing counseling to military and/or law enforcement personnel engaged in critical incident response.
- 4.) The counselor must be versed in identifying and addressing emergent needs of those experiencing PTSD to provide appropriate care to those in short-term CBP custody.

- 5.) The counselor may not have any professional licenses withheld, suspended, revoked, or denied, surrendered, or allowed a license to expire or lapse as a result of an investigation or disciplinary action.
- 6.) The counselor must not have been convicted of, pled guilty to or pled nolo contendere to, or received probation before judgment for any crime other than a minor traffic violation the record of which has not been expunged.
- 7.) Shall comply with all state and federal laws governing patient care privacy regulations.
- 8.) Knowledge of general mental health procedures, including coping mechanisms, approaches to addressing work-life related stressors.
- 9.) Advanced skill and ability associated with complex and sophisticated mental health issues related to law enforcement activities and their recovery after critical incidents.
- 10.) Ability to apply a professional knowledge of psychological methods, principles, theories to practical situations or problems in order to address personal stressors.

SUPERVISORY CONTROLS:

- 1.) Works under the direction of a designated National Program Director.
- 2.) Works independently without regular onsite supervision to accomplish tasks, duties, and responsibilities.
- 3.) Oversight and direction is provided by the USBP.

PHYSICAL DEMANDS & WORK ENVIRONMENT:

- 1.) The majority of the work is sedentary, but may require some walking, standing and bending.
- 2.) The work is performed in many settings throughout USBP and DHS areas of operation. Incumbent will generally work in an office setting, but will also be required to provide training in a classroom environment, deploy to critical incident scenes in a multitude of topographic environments, and enter processing and holding facilities that temporarily house detainees.

Geographic Assignments: Primary focus should be staffing locations in El Paso and McAllen.

Hours of Operation: Eight hour shift with rotating schedule to address personnel assigned to 24/7 operations. Required to be available for response to critical incidents during hours while not assigned to work.

Drug testing: Yes

Sector Program Manager Description

INTRODUCTION:

The Sector Program Manager provides senior management expertise and oversight for the U.S. Customs and Border Protection, U.S. Border Patrol Border Station First Aid Units and medical services contract. The Program Manager is also responsible for ensuring successful completion of administrative and program management tasks outlined in the Statement of Work (SOW). The Program Manager may be required to be onsite at the request of the Government. The Program Manager shall possess the following minimum qualifications:

- Bachelor's degree (or in degree completion plan) in management, human resources or related field required and 5 years management experience managing multiple tasks required.
- Background/experience in immigration, criminal justice or healthcare management required. 5 years' experience overseeing the provision of healthcare services required.
- Experience with medical screening/triage in an operational environment.
- Excellent past performance reviews on similar contracts.
- Experience successfully managing multi-task projects in various locations and supervising 100+ employees.
- Demonstrated ability to ascertain relevant facts and information; prepare executive level summaries; and analyze management and financial reports to identify trends, performance gaps and contract status information.
- Must demonstrate effective leadership and possess effective oral and written communication skills.
- Should possess (or qualify for) relevant management or Human Resources certifications, such as PMP, CPC, CSP, etc.

PHYSICAL DEMANDS:

1. Able to bend, stand and sit for extended periods of time.
2. Able to reach to retrieve documents.
3. Able to carry materials and/or file boxes up to 20 pounds.

Sector Deputy Project Manager

Position Description

INTRODUCTION:

Under the direction of the Sector Program Manager, the Deputy Program Manager provides day-to-day oversight and management of contract activities. This will include performing administrative and program management tasks outlined in the SOW. The incumbent of this position works at the Border Patrol facility or at another approved location. The Deputy Program Manager may be required to be onsite at the request of the Government.

The Deputy Program Manager shall possess the following minimum qualifications:

1. A Bachelor's degree (or in degree completion plan) in business administration, healthcare administration, human resources or related field is preferred but not required. Significant management experience in a related field will be taken into consideration in lieu of education requirements.
2. Minimum of five years supervisory experience, including experience working or overseeing healthcare staff, or working in a healthcare environment.
3. Knowledge of recruiting and credentialing medical and nursing staff required.
4. Excellent organizational skills are required; including the ability to coordinate multiple tasks concurrently.
5. Excellent interpersonal skills required with the ability to communicate effectively and interact with people of diverse backgrounds.
6. Experience successfully managing remote staff and multiple locations required.
7. Should possess (or qualify for) relevant management or Human Resources certifications, such as PMP, CPC, CSP, etc.

PHYSICAL DEMANDS:

1. Able to bend, stand and sit for extended periods of time.
 2. Able to reach to retrieve documents.
 3. Able to carry materials and/or file boxes up to 20 pounds.
-

PHYSICIAN

INTRODUCTION

Position Description

The incumbent is responsible for the provision of direct medical supervision of physician assistants including care, mental health care, and

referrals to local healthcare of alien detainees in the clinical setting at a designated BP facility to the degree that supervision and oversight of physician assistants is required by state law in the area of operations.

DUTIES AND RESPONSIBILITIES:

1. Conducts a program supervising primary medical care provided by physician assistants with responsibility for oversight of examination, diagnosis and treatment of detainee patients and documentation of care provided.
2. Ensures medical oversight is consistent with state medical and public health statutes and requirements in which the medical practice is conducted.
3. Under certain operational conditions requiring a medical surge capability, may provide direct medical care to detainees.
 - a) Provides medical treatment and advice to patients as indicated. Secures case history and related pertinent information. Examines patients, utilizes laboratory and x-ray diagnostic tests, interpreting results for differential diagnosis; diagnoses ailment(s) and performs necessary treatment, carrying out such follow-up treatment as may be medically indicated. Refers patients with conditions/treatments which are beyond scope of the on-site first aid services to an appropriate off-site medical facility for care or refers for consultation to medical, surgical or other adjunct services those patients the Physician is not qualified to treat or for confirmation of diagnosis and treatment procedures.
 - b) Prescribes and/or dispenses required medication to patients.
 - c) Seeks advice and consultation as required.
4. Provides professional supervision to the assigned staff of nurses, physician assistants and other para-professionals.
5. Directs and participates in preventive health programs such as immunization, disease detection and disease prevention activities.
6. Participate in Quality Assurance program. Provides spot checks and chart reviews monthly.

KNOWLEDGE REQUIRED: Incumbent must meet one of the following requirements:

1. Graduation with a degree of Doctor of Medicine or Doctor of Osteopathy from a U.S. or Canadian school as approved by the Council on Medical Education and Hospitals, American Medical Association in the list published for the incumbent's year of graduation, and have an unrestricted license to practice medicine or surgery in a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.

~~—PROCUREMENT SENSITIVE—~~

2. Graduation with a degree of Doctor of Medicine or equivalent degree from a medical school other than one covered by the above (including foreign schools), provided that the medical education and the knowledge acquired is substantially comparable and equivalent to that of graduates of approved medical schools as described in #1 above. Such comparability may be evidenced by permanent and full or unrestricted license to practice medicine or surgery in the state in which the medical care is provided.
3. The Physician must possess an unrestricted license to practice medicine and be a member of the State medical board providing licensure for Physicians, in Texas, Arizona, New Mexico, or California as appropriate. A temporary license will not be accepted.
4. The physician may not have any healthcare licenses withheld, suspended, revoked, or denied, surrendered, or allowed a license to expire or lapse as a result of an investigation or disciplinary action.
5. The Physician must not have been convicted of, or pled guilty to, or pled nolo contendere to, or received probation before judgment for any crime other than a minor traffic violation the record of which has not been expunged.
6. The Physician shall have 5+ years, to include residency training, practicing in any combination of family medicine, emergency medicine, acute care, ambulatory care, and/or public/community health medicine.
7. The Physician shall be in compliance with state and federal laws and regulations relating to prescription of dangerous drugs and controlled substances.
8. Shall comply with all state and federal laws governing patient care privacy regulations.

SUPERVISORY CONTROLS:

1. Works under the administrative direction of the National Program Director and National Deputy Director. .
2. Works independently without day to day medical supervision.
3. Oversees other healthcare practitioners as assigned.

PHYSICAL DEMANDS:

1. Work requires walking, standing, bending, and some lifting, for example to assist patients out of wheelchairs.

PHYSICIAN ASSISTANT

Position Description

INTRODUCTION:

The incumbent serves as a Physician Assistant for the Medical Department at the designated BP First Aid Unit.

DUTIES & RESPONSIBILITIES:

1. Initiates and maintains compliance with CBP/BP policies for accreditation.
2. Provides direct care to detainees.
3. Works within Scope of Practice and performs functions outlined in the Protocols for Physician Assistants, BSFAU Standard Operating Procedures.
4. Performs medical histories on detainees entering the processing center and completes necessary paperwork on them.
5. Evaluates and provides care to detainees per SOP, with medical follow-up, on sick call, or who are walk-ins.
6. Serves as a shift supervisor on duty to other subordinate contracted medical personnel.
7. Provides emergency and First Aid treatment within Scope of Work until care is transferred to local healthcare system as appropriate.
8. Performs limited, minor surgical procedures that do not require extensive care, labs, or radiographic studies. These might include such things as simple suturing of uncomplicated lacerations, incision and drainage of simply cysts.
9. Reviews/reevaluates daily or as necessary, those cases requiring ongoing medical/pharmaceutical attention.
10. Carries out orders authorized by the physician supervisor.
11. Provides relevant patient health education to detainees verbally and/or with handouts.

Documentation of this is reflected in the Progress Notes.

12. Documents all detainee contacts.
13. Documents using provided format, followed by the PA's signature and name stamp.
14. Documents medical/psychiatric problems on the Problem List in the detainee's chart and initiates a plan of treatment, referring for further medical treatment as appropriate.

~~—PROCUREMENT SENSITIVE—~~

15. Coordinates health care needs of detainees with other staff members and coordinates referrals to off-site providers as required.
16. Performs record keeping functions in accordance with program policies.
17. Maintains patient confidentiality and confidentiality of medical records.
18. Applies knowledge of drugs and therapeutics when prescribing and dispensing medication.
19. Maintains safety when dispensing medications and is continually cognizant of the potential hazard of drug hoarding and trafficking among detainees.
20. Destroys and properly disposes of all needles/syringes.
1. Maintains non-involvement in the security aspects of detainee care and custody.
- 21.
22. Assists in the disposal of biologically hazardous wastes on a regular basis.
23. In certain circumstances, as deemed necessary, may take blood, urine specimens, sputum samples, etc. for laboratory analysis (examples might include such things as glucose finger sticks, pregnancy tests); however, in most cases, detainees will be referred to local healthcare if laboratory or radiological studies are required. Interprets selected laboratory findings.
24. Takes direct and indirect action to isolate and quarantine cases and provide health safety and treatment for all employees and detainees at the facility when contagious diseases or chronic health problems are evident.
25. Assists in maintenance of medical equipment and quality control of laboratory reagents.
26. Attends general/medical staff meetings.
27. Participates in QA/I activities as assigned.
28. May assist in maintaining medical supply stock level, restocking as needed. May order supplies (lab and otherwise) from the allowable supplies list as appropriate.
29. May serve at numerous BP medical facilities as needed.
30. Performs other duties and responsibilities as assigned.
31. If an Infirmary (Short-Stay Unit) is onsite, may do daily rounds on patients and notify the Physician, or Clinical Director of any abnormal findings.
32. Participate and conduct staff orientation as directed by the Sector Program Manager and Deputy Project Manager.

REQUIREMENTS:

1. The incumbent shall be currently licensed in, and a member of the State medical board providing licensure for PAs, in the state in which he/she will be practicing medicine. A temporary license will not be accepted. Incumbent shall meet continuing education requirements for the State(s) licensed in.
2. The candidate must meet one of the following: (1) A bachelor's degree from a PA training program which is certified by the Accreditation Review Commission on Education of the

—PROCUREMENT SENSITIVE—

Physician Assistant (ARC-PA); or (2) Graduation from a PA training program which is certified by the ARC-PA and a bachelor's degree in a health care occupation or a health-related science; or (3) Graduation from a PA training program which is certified by the ARC-PA and a period of progressively responsible health care experience such as an independent duty medical corpsman, licensed practical nurse, medical technologist, or medical technician. Education must be accredited by an accrediting institution recognized by the U.S. Department of Education in order for it to be credited towards qualifications.

3. The PA must be certified by the National Commission on Certification of Physician Assistants (NCCPA).
4. Knowledge of and participation in established clinic and NCCHC requirements on safety, infection control, quality assurance, maintenance of records of patients seen, statistical information gathering, etc.
5. The PA shall be in compliance with state and federal laws and regulations relating to prescription of dangerous drugs and controlled substances.
6. Shall comply with all state and federal laws governing patient care privacy regulations.
7. The duration of clinical experience must total at least 1 year.
8. Knowledge of and ability to apply professional medical principles, procedures, and techniques to patient care.
9. Alertness and skill in providing care and reacting to emergency situations.
10. Knowledge of training methods and sufficient interpersonal skills to develop a rapport with patients and co-workers during which instructional and educational information is presented.
11. Practical knowledge of laboratory procedures and guidelines; skill in collecting a variety of samples.
12. Knowledge of supply requisition procedure and ability to complete requests for equipment repair and maintenance.
13. Maintain current CPR certification.
14. The PA must not have any healthcare certifications or licenses withheld, suspended, revoked, or denied, and the PA must not have surrendered, or allowed a license or certificate to expire or lapse as a result of an investigation or disciplinary action.
15. The PA must not have been convicted of, or pled guilty to, or pled nolo contendere to, or received probation before judgment for any crime other than a minor traffic violation the record of which has not been expunged. PA Experience –In any combination of family medicine, emergency medicine, acute care, ambulatory care, and/or public/community health medicine.

SUPERVISORY CONTROLS:

1. Works under the administrative direction of the Program Manager or Deputy Program Manager.
2. The clinical supervision is provided by the Physician Supervisor.

PHYSICAL DEMANDS:

1. Work requires walking, standing, bending, and some lifting, for example to assist patients out of wheelchairs.

NURSE PRACTITIONER

Position Description

INTRODUCTION:

The incumbent serves as a Nurse Practitioner at the designated BP First Aid Unit.

DUTIES & RESPONSIBILITIES:

1. Initiates and maintains compliance with policies for accreditation.
2. Provides direct care to detainees.
3. Works within Scope of Practice and performs functions outlined in the Protocols for Nurse Practitioners. Works within the BP First Aid Unit's Standard Operating Procedures(SOP).
4. Performs medical histories on detainees entering the Processing Center or Border Station and completes necessary paperwork on them.
5. Evaluates and provides care to detainees per SOP, with medical follow-up, on sick call, or who are walk-ins.
6. Provides emergency and First Aid treatment within Scope of Work until care is transferred to a local healthcare system as appropriate.
7. Performs limited, minor surgical procedures that do not require extensive care, labs, or radiographic studies. These might include such things as simple suturing of uncomplicated lacerations, incision and drainage of simple cysts.
8. Reviews/reevaluates daily or as necessary, those cases requiring ongoing medical/pharmaceutical attention.
9. Carries out orders authorized by the physician supervisor.
10. Provides relevant patient health education to detainees verbally and/or with handouts.

Documentation of this is reflected in the Progress Notes.

11. Documents all detainee medical treatment contacts.
12. Documents using proper format, followed by the NP's signature and name stamp.
13. Documents medical/psychiatric problems on the Problem List in the detainee's chart and initiates a plan of treatment, referring for further medical treatment as appropriate.
14. Coordinates health care needs of detainees with other staff members and coordinates referrals to off-site providers as required.
15. Performs record keeping functions in accordance with program policies and procedures.
16. Maintains patient confidentiality and privacy of medical records.

~~—PROCUREMENT SENSITIVE—~~

17. Applies knowledge of drugs and therapeutics when prescribing and dispensing medication.
18. Maintains safety when dispensing medications and is continually cognizant of the potential hazard of drug hoarding and trafficking among detainees.
19. Destroys and properly disposes of all needles/syringes.
20. Maintains non-involvement in the security aspects of detainee care and custody.
21. Assists in the disposal of biologically hazardous wastes on a regular basis.
22. In rare circumstances, may take blood, urine specimens, sputum samples, etc. for laboratory analysis (examples might include such things as glucose finger sticks, pregnancy tests); however, in most cases, detainees will be referred to local healthcare if laboratory or radiological studies are required.
23. Interprets selected laboratory findings.
24. Takes direct and indirect action to isolate and quarantine cases and provide health safety and treatment for all employees and detainees at the facility when contagious diseases or chronic health problems are evident.
25. Assists in maintenance of medical equipment and quality control of laboratory reagents.
26. Attends general/medical staff meetings.
27. Participates in QA/I activities as assigned.
28. May assist in maintaining medical supply stock level, restocking as needed. May order supplies (lab and otherwise) on the allowable supplies list as necessary.
29. May serve at other Immigrations and Customs Enforcement (ICE) medical facilities on temporary duty.
30. Performs other duties and responsibilities as assigned.
31. If an Infirmary (Short Stay Unit) is onsite, may do daily rounds on patients and notify the Physician, or Clinical Director of any abnormal findings.
32. Participate and conduct staff orientation as directed by the Sector Program Manager and Deputy Project Manager.

KNOWLEDGE REQUIRED:

1. NP Education or Training: Graduate of a school of professional nursing approved by the appropriate State-accrediting agency and accredited by one of the following accrediting bodies at the time the program was completed by the applicant: The National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE). Education must be accredited by an accrediting institution recognized by the U.S. Department of Education.
2. The NP shall maintain a current license by the State Board of Nursing by the state that the nurse is practicing in and meet continuing education requirements for the State(s) licensed in. A temporary license will not be accepted.

~~—PROCUREMENT SENSITIVE—~~

3. The duration of clinical experience must total at least 1 year.
4. Knowledge of and ability to apply professional nursing principles, procedures, and techniques to patient care.
5. Alertness and skill in providing care and reacting to emergency situations.
6. Knowledge of training methods and sufficient interpersonal skills to develop a rapport with patients and co-workers during which instructional and educational information is presented.
7. Practical knowledge of laboratory procedures and guidelines; skill in collecting a variety of samples.
8. Maintains current CPR certification.
9. The NP must not have any healthcare certifications or licenses withheld, suspended, revoked, or denied, and the NP must not have surrendered, or allowed a license or certificate to expire or lapse as a result of an investigation or disciplinary action.
10. The NP must not have been convicted of, or pled guilty to, or pled nolo contendere to, or received probation before judgment for any crime other than a minor traffic violation the record of which has not been expunged.
11. The NP Experience: In any combination of family medicine, emergency medicine, acute care, ambulatory care, and/or public/community health medicine.
12. The NP shall be in compliance with state and federal laws and regulations relating to prescription of dangerous drugs and controlled substances.
13. Shall comply with all state and federal laws governing patient care privacy regulations.

SUPERVISORY CONTROLS:

1. Works under the administrative direction of the Program Manager or Deputy Program Manager.
2. Clinical supervision is provided by the Physician Supervisor.

PHYSICAL DEMANDS:

1. Work requires walking, standing, bending, and some lifting, for example to assist patients out of wheelchairs.

Emergency Medical Technician

Position Description

INTRODUCTION:

The incumbent serves as an Emergency Medical Technician (EMT) at designated USBP Facilities. As assistants to a PA/NP and under their supervision EMTs perform a wide variety of general medical duties, of which the following are representative but not all-inclusive examples. These duties are performed throughout the BSFAU. EMTs interview to obtain medical history, and make preliminary screening examinations of detainees and DHS personnel. They perform such tasks as taking blood pressure and temperature; checking eyes, ears, nose, and throats for gross abnormalities and inspecting for other conditions which are obvious. They appraise the reported symptoms, and classify conditions, discriminating between those which are indicative of an emergency or serious nature and those which are chronic.

DUTIES & RESPONSIBILITIES:

1. Initiates and maintains compliance with CBP/USBP policies for accreditation.
2. Works within Scope of Practice and performs functions outlined in the Guidelines for the EMTs. Works within the BSFAU SOPs.
3. Obtains medical histories and completes necessary paperwork on detainees entering the facilities including vital signs. Any medical problems are referred to the Physician, and/or NP/PA.
4. Assists with medical appointments, emergencies and sick call to include taking vital signs and documenting detainee's medical complaints.
5. Documents all detainee contacts, followed by their signature and name stamp.
6. Ensures the medical provider's orders are implemented.
7. Coordinates health care needs of detainees with other staff members.
8. Coordinates referrals to off-site providers as required.
9. Performs record keeping functions in accordance with program policies.
10. Maintains patient confidentiality and privacy of medical records.
11. Maintains non-involvement in the security aspects of detainee care and custody.
12. Assures a safe and clean working environment.
13. Assists with the disposal of biologically hazardous wastes on a regular basis.
14. Assists with maintenance of medical equipment and quality control of laboratory reagents.
15. Restocks clinic forms in medical provider's offices.
16. May assist in maintaining medical supply inventory to include, ordering and restocking supplies.

~~—PROCUREMENT SENSITIVE—~~

17. Attends general/medical staff meetings.
18. Performs other duties and responsibilities as assigned.
19. If A BSFAU is onsite, provides daily care as needed and notifies the physician, PA or NP of any abnormal findings..
20. Provides direct care to detainees.
 - a. Meals: Feeding responsibilities direct or meal set up.
 - c. Bathing and dressing in the form of a bed, bath, shower, or tub.
 - d. Toileting or changing diapers.
 - e. Ambulation and transfer assistance in and out of beds, wheelchairs, and/or showers, etc.
 - f. Taking vital signs: Blood pressure, pulse, and temperature monitoring.
 - g. Changing bed, clothes, and collecting soiled laundry.
 - h. Communicating an end of shift report to the next CNA on shift, or to the nurse's in charge.
 - i. Participates in QA/I activities as assigned.
 - j. Provides post mortem care.

KNOWLEDGE REQUIRED:

1. Assists with non-invasive procedures.
2. Application of medical principles, clinical procedures, and techniques
3. Alertness and skill in providing care and reacting to emergency situations.
4. Interpersonal skills to develop a rapport with patients and co-workers during which instructional and educational information is presented.
5. Requirements on safety, infection control, quality assurance, maintenance of records of patients seen, statistical information gathering, etc.
6. Skill in collecting a variety of samples.
7. Supply requisition procedure and ability to complete requests for equipment repair and maintenance.
8. CPR/ BLS certification required.

SUPERVISORY CONTROLS:

1. Works under the medical direction of the mid-level providers and administrative direction of the Sector Program Manager or Deputy Program Manager.

~~—PROCUREMENT SENSITIVE—~~

2. Works under the clinical direction of a nurse (RN/LPN), NP, PA, or physician.

PHYSICAL DEMANDS:

1. Work requires walking, standing, bending, and some lifting (for example to assist patients with wheelchairs)

CERTIFIED NURSING ASSISTANT

Position Description

INTRODUCTION:

The incumbent serves as a Certified Nursing Assistant at designated BP Facilities.

DUTIES & RESPONSIBILITIES:

1. Initiates and maintains compliance with CBP/BP policies for accreditation.
2. Works within Scope of Practice and performs functions outlined in the Guidelines for the Nursing Assistant. Works within the BSFAU SOPs.
3. Obtains medical histories and completes necessary paperwork on detainees entering the facilities including vital signs. Any medical problems are referred to the Physician, and/or NP/PA.
4. Assists with medical appointments, emergencies and sick call to include taking vital signs and documenting detainee's medical complaints.
5. Documents all detainee contacts, followed by their signature and name stamp.
6. Ensures the medical provider's orders are implemented.
7. Coordinates health care needs of detainees with other staff members.
8. Coordinates referrals to off-site providers as required.
9. Performs record keeping functions in accordance with program policies.
10. Maintains patient confidentiality and privacy of medical records.
11. Maintains non-involvement in the security aspects of detainee care and custody.
12. Assures a safe and clean working environment.
13. Assists with the disposal of biologically hazardous wastes on a regular basis.
14. Assists with maintenance of medical equipment.
15. Restocks clinic forms in medical provider's offices.
16. May assist in maintaining medical supply inventory to include, ordering and restocking supplies.
17. Attends general/medical staff meetings.
18. Performs other duties and responsibilities as assigned.
19. If A BSFAU is onsite, provides daily care as needed and notifies the physician, PA or NP of any abnormal findings.
20. Provides direct care to detainees.
 - a. Meals: Feeding responsibilities direct or meal set up.
 - b. Oral care, nail care, washing hair and basic hygiene.

~~—PROCUREMENT SENSITIVE—~~

- c. Bathing and dressing in the form of a bed, bath, shower, or tub.
- d. Toileting or changing diapers.
- e. Ambulation and transfer assistance in and out of beds, wheelchairs, and/or showers, etc.
- f. Taking vital signs: Blood pressure, pulse, and temperature monitoring.
- g. Changing bed, clothes, and collecting soiled laundry.
- h. Communicating an end of shift report to the next CNA on shift, or to the nurse's incharge.
- i. Participates in QA/I activities as assigned.
- j. Provides post mortem care.

KNOWLEDGE REQUIRED:

- 1. Assists with non-invasive procedures.
- 2. Application of medical principles, clinical procedures, and techniques
- 3. Alertness and skill in providing care and reacting to emergency situations.
- 4. Interpersonal skills to develop a rapport with patients and co-workers during which instructional and educational information is presented.
- 5. Requirements on safety, infection control, quality assurance, maintenance of records of patients seen, statistical information gathering, etc.
- 6. Skill in collecting a variety of samples.
- 7. Supply requisition procedure and ability to complete requests for equipment repair and maintenance.
- 8. CPR/ BLS certification required.
- 9. Certification as nursing assistant.

SUPERVISORY CONTROLS:

- 1. Works under the medical direction of the mid-level providers, and the administrative direction of the Sector Program Manager or Deputy Program Manager.
- 2. Works under the clinical direction of a nurse (RN/LPN), NP, PA, or physician.

PHYSICAL DEMANDS:

- 2. Work requires walking, standing, bending, and some lifting (for example to assist patients with wheelchairs).

CERTIFIED MEDICAL ASSISTANT

Position Description

INTRODUCTION:

The incumbent serves as a Medical Assistant at the designated BP Facility.

DUTIES & RESPONSIBILITIES:

1. Initiates and maintains compliance with CBP/BP policies for accreditation.
2. Provides direct care to detainees.
3. Works within Scope of Practice and performs functions outlined in the Guidelines for the Medical Assistant and the BP First Aid Unit SOP.
4. Obtains medical histories and completes necessary paperwork on detainees entering the processing centers by completing necessary paperwork on them including vital signs. Any medical problems are referred to the Physician and/or NP/PA.
5. Assists with medical appointments, emergencies and sick call such as taking vital signs and documenting detainee medical complaints.
6. Assists with minor low acuity treatments.
7. Perform phlebotomy
8. Documents all detainee contacts.
9. Documents using provided format, followed by their signature and name stamp.
10. Ensures the medical provider orders are implemented.
11. Coordinates health care needs of detainees with other staff members and coordinates referrals to off-site providers as required.
12. Performs record keeping functions in accordance with program policies.
13. Maintains patient confidentiality and privacy of medical records.
14. Maintains safety when dispensing medications and is continually cognizant of the potential hazard of drug hoarding and trafficking among detainees.
15. Maintains non-involvement in the security aspects of detainee care and custody.
16. Assures a safe and clean working environment.
17. Assists in the disposal of biologically hazardous wastes on a regular basis.
18. Assists in maintenance of medical equipment and quality control of laboratory reagents.
19. Restocks clinic forms in medical provider offices.
20. May assist in maintaining medical supply stock level, restocking as needed. May order supplies (lab and otherwise) from allowable supplies list as appropriate.

—PROCUREMENT-SENSITIVE—

21. Attends general/medical staff meetings.
22. Performs other duties and responsibilities as assigned.
23. In the event that an Infirmity Short-Stay Unit is onsite, provides daily nursing care as needed and notifies Physician or PA/NP of any abnormal findings.
24. Provides direct care to detainees.
 - a. Meals: Feeding responsibilities direct or meal set up.
 - b. Oral care, nail care, washing hair and basic hygiene.
 - c. Bathing and dressing in the form of a bed, bath, shower, or tub.
 - d. Toileting or changing diapers.
 - e. Ambulation and transfer assistance in and out of beds, wheelchairs, and/or showers, etc.
 - f. Taking vital signs: Blood pressure, pulse, and temperature monitoring.
 - g. Changing bed, clothes, and collecting soiled laundry.
 - h. Communicating an end of shift report to the next CNA on shift, or to the nurse's in charge.
 - i. Participates in ●A/I activities as assigned.
 - j. Provides post mortem care.

KNOWLEDGE REQUIRED:

1. The incumbent has documentation of certification as a Medical Assistant.
2. Knowledge of and ability to apply medical principles, clinical procedures, and techniques to patient care.
3. Alertness and skill in providing care and reacting to emergency situations.
4. Knowledge of training methods and sufficient interpersonal skills to develop a rapport with patients and co-workers during which instructional and educational information is presented.
5. Knowledge of and participation in established clinic and NCOCHC requirements on safety, infection control, quality assurance, maintenance of records of patients seen, statistical information gathering, etc.
6. Practical knowledge of laboratory procedures and guidelines; skill in collecting a variety of samples.
7. Knowledge of supply requisition procedure and ability to complete requests for equipment repair and maintenance.
8. Maintain current CPR certification.

SUPERVISORY CONTROLS:

~~—PROCUREMENT SENSITIVE—~~

1. Works under the medical direction of the mid-level providers, and administrative direction of the Sector Program Manager or Deputy Program Manager.
2. Works under the clinical direction of a physician.
3. May work under the immediate supervision of an NP or PA.

PHYSICAL DEMANDS:

1. Work requires walking, standing, bending, and some lifting, for example to assist patients out of wheelchairs, moving supplies, etc.

Patient Safety Risk Manager

Position:

The Customs and Border Protection Sector Patient Safety Risk Manager will be responsible for the professional management of a comprehensive health and safety/risk management program and, in particular, for the introduction and/or implementation of measures to ensure the Border Station First Aid Unit's (BSFAU) obligations under prevailing state and federal patient safety guidelines. The Patient Safety Risk Manager will report to the National Patient Safety Quality Management Director to ensure sectors contract management staff are compliant with the directives.

To ensure a proactive approach to Incident and Risk management across each BSFAU with consistent application of the Risk and Incident Management Policies and Guidance. This will involve implementation of the Risk and Incident management policy and guidance, including:

- Risk and Quality Management Assessment process
- Monitoring on incident management activity system and processes
- Tracking Implementation of major reports/investigations recommendations
- Sharing of Learning across the organization through defined process
- Preparation of risk and incident activity and assurance reports.

Main Duties and Responsibilities:

- Undertake duties appropriate to the position and as assigned by the National Patient and Quality Management Director.
- Keep up to date with health & safety legislation and guidelines and advise management on legislative developments which may affect Safety, Health and Welfare at Work.
- Establish appropriate structures and processes in relation to risk reporting, incident management and Health and Safety within each BSFAU.
- Review contract safety statement and related policies/procedures/guidelines, in consultation with relevant personnel and with due regard to prevailing legislation and make recommendations to the National Patient Safety-Quality Management Director, as necessary.
- Coordinate the development and review of relevant/required risk and incident management policies, procedures and guidelines.
- In conjunction with appropriate staff, assist in identification of potential risk through risk assessment, analysis of accidents/incidents and near miss incidents, periodic safety inspections and/or audits. Make recommendations to reduce, prevent or eliminate risks identified.
- Maintain a risk audit database and liaise with management in relation to issues arising.
- Provide quarterly and ad hoc reports to management, as necessary
- Executive highlighting trends in relation to accidents/incidents.

~~—PROCUREMENT SENSITIVE—~~

- Liaise with the federal risk management and patient safety subject matter experts (SMEs) on aspects of Health, Safety and Security.
- Make arrangements for health and safety training as required.
- Maintain records of all health and safety training.
- Promote an awareness of health and safety in the workplace.
- Collaborate and participate in federal risk management and patient safety meetings/ initiatives, if applicable, to share and benchmark best practices.
- Any other risk and quality management related duties as may be assigned from time to time by the Sector Program Manager and in collaboration with the National Patient Safety – Quality Management Director.
- Promote and maintain a safe working environment for all staff and ensure that all Risk Management Health and Safety strategies, policies and procedures are implemented.
- All other duties as assigned.

Qualifications:

- 3-5 yrs of Risk Management and Patient Safety experience;
- Demonstrate a high degree of leadership, motivation, self-direction, and initiative to achieve goals of the mission; self-motivated, able to work independently and stay organized; and Demonstrate the ability to collaborate with stakeholders.

Preferred:

- 3-5 yrs Healthcare Quality;
- Healthcare Risk Management certification; and
- Ability to leverage statistical tools and techniques to analyze, interpret, display, and present data.

Physical Demands

- Be able to lift 30 pounds
- Drive to various locations within each sector

PROGRAM SUPPORT SPECIALIST (PSS)

Position Description

Under the direction of the National Program Director, the Program Support Specialist (PSS) provides day-to-day assistance in support of the Customs and Border Protection facilities in each sector, as necessary to ensure mission success. The incumbent of this position will work at the contractor's corporate office to support administrative functions that support the sector program management staff and is consistent with the tasks as outlined in the SOW. Those duties include but not limited to the following functions at corporate level:

- Manage multiple schedules at multiple locations to ensure accurate coverage
- Manage travel scheduling and coordination and for traveling employees including booking travel accommodations
- Conduct interviews and make hiring decisions
- Assist with processing background investigation screening and paperwork
- Vendor management with medical supplies for each facility and process supply orders
- Weekly and monthly timesheet verification which may include communication to employees to confirm and adjust timesheets in a timely manner.
- Manage training compliance by ensuring employees have completed required training and scheduling future training by meeting deadline requirements
- Assist employees with any payroll concerns and assist navigation to the HR system to review paystubs
- Complete employee retention calls
- Assist Program Management with collecting and filing invoices
- Assist employees with general employee relations questions pertaining to the contract or client and escalating employee related concerns to the Human Resources department as necessary
- Schedule new hire orientation and communicate with employees on scheduled orientation and provide documents pertaining to orientation.
- Updating employee and staffing tracker spreadsheets
- Attend CBP conference calls hosted by Program Management
- Additional duties in supporting the operations and program management in ensuring contract compliance

The Program Support Specialist shall also possess the following minimum qualifications:

1. Minimum of one years of administrative and/or program support experience in healthcare staffing, office management; or working in a similar healthcare environment. Uniformed military service experience may be considered in lieu of professional experience.
2. Excellent organizational skills are required; including the ability to coordinate multiple tasks concurrently.
3. Excellent interpersonal skills required with the ability to communicate effectively
4. Demonstrate the propensity for higher learning and analytical thinking.

PHYSICAL DEMANDS:

1. Able to bend, stand and sit for extended periods of time.
2. Able to reach to retrieve documents.
3. Able to carry materials and/or file boxes up to 20 pounds.

~~—PROCUREMENT SENSITIVE—~~

**ATTACHMENT 2
STANDARD OPERATING PROCEDURE
FOR
HEALTH SCREENING AND MEDICAL EVALUATION
OF
DETAINEES IN THE CARE AND CUSTODY OF THE U.S. BORDER PATROL**

HSBP1015Q0078

June 20, 2014

I. Purpose.

This SOP identifies the policy, protocols, and procedures for conducting health screening and medical evaluation of detainees in the custody of the Department of Homeland Security (DHS) Customs and Border Protection (CBP) United States Border Patrol (USBP).

II. Scope.

This SOP addresses the current surge of undocumented aliens (UDAs) and does not set a precedent for long-term planning. Any future standard operating procedure (SOP) for full-time staffing of Border Station First Aid Units (BSFAUs) will need to take into account full responsibilities of interagency partners. This SOP applies to the USBP stations where detainees are initially screened for public health concerns, triaged, then if necessary, medically evaluated and treated within Border Station First Aid Units (BSFAUs), or transferred to a local Medical Treatment Facility (MTF).

III. Authorities.

Post-Katrina Emergency Management Reform Act of 2006

DHS Delegation No. 5001, Delegation to the Assistant Secretary for Health Affairs and Chief Medical Officer (CMO) (July 24, 2008)

VI. Background.

USBP interdicts and apprehends UDAs year-round along the southwest border, including a growing population of unaccompanied alien children (UAC). Apprehensions have been increasing over the past few years, and the volume of apprehensions has reached a critically high level in 2014, particularly within the CBP Rio Grande Valley Sector along the southern tip of Texas. There is an expectation that this number will continue to rise.

The UDA population endures physically demanding and poor living conditions as they transit to the United States, which can lead to negative health impacts and pose increased health concern upon apprehension and processing. Detainees are screened, and if necessary, medically evaluated and treated after coming into CBP custody at the Border Patrol (BP) stations. Given the rise in apprehensions, CBP, with medical policy guidance by OHA, has brought medical assets to the southwest border and established BSFAUs. The BSFAUs are staffed to conduct health screening, triage, medical evaluation, and provide treatment for low acuity medical complaints USBP stations in the southwest border. Detainees found to be suffering from serious medical conditions that cannot be managed in BSFAUs are transported to a local MTF for treatment.

HSBP1015Q0078

The SOP (through the attached appendices) outlines the reporting requirements for personnel functioning in BSFAUs, to include: conducting health screening, triage, medical evaluation, medical recordkeeping, storage of medications and medical supplies, treatment for scabies, and the handling of emergent exposure to Varicella. They build on existing CBP protocols and are modified to take into account the new BSFAU medical capabilities.

V. Appendices

Appendix A: Protocol for Intake

Appendix B: Protocol for Scabies Treatment

Appendix C: Scabies Information Sheet (English & Spanish)

Appendix D: Protocol for Handling and Storage of Detainee Medications

Appendix E: Emergency Medical Treatment Report Form

Appendix F: Patient Encounter Tracking Sheet

Appendix G: Formulary and Medical Supplies List

Appendix A: Protocol for Intake**Initial Intake Processing:**

- A. Border Patrol Agents (BPAs) separate detainees by age (adult/juvenile—unaccompanied alien children (UAC), sex (male/female), and family unit. The following is a layout of how detainees are separated into various holding facilities.
- a. Adult (18 years and older)
 - i. Male
 - ii. Female
 - iii. Special needs
 - b. Juvenile—UAC (up to 18 years old)
 - iv. Male
 - v. Female
 - vi. Special needs
 - c. Family Units

Health Screening:

DEFINITION: A cursory screening by authorized personnel during the initial arrival to border stations to identify detainees who might have illness caused by a communicable disease of public health concern. Detainees are screened for rash, fever, night sweats, persistent cough, diarrhea, vomiting, and other obvious illness, injury or disability, and are referred for a medical evaluation if the screen is positive.

- B. All detainees shall receive a cursory health screen provided by BSFAU medical practitioners and EMTs upon arrival at border stations to identify detainees who may have a communicable disease of public health concern. The process for conducting the health screening is outlined below:
- a. Apprehended detainees arrive at the Border Patrol (BP) station.
 - b. Detainees are separated by age, sex, and family unit.
 - c. Special needs detainees are identified for rapid screening and/or medical evaluation and expedited placement. Special needs detainees include, but are not limited to, the following categories:
 - i. Pregnant women
 - ii. Nursing mothers
 - iii. Individual UAC with a permanent disability or inability to care for self

- iv. Persons with acute or chronic illnesses not fully controlled on current medications
- d. The cursory health screen is to identify the following signs and/or symptoms:
 - i. Rash
 - ii. Fever/Night Sweats
 - iii. Cough
 - iv. Diarrhea/Vomiting
 - v. Other obvious illness, injury, abnormality or disability

*******DECISION POINT*******

CALL 911 IN THE EVENT OF SERIOUS ILLNESS OR OTHER EMERGENCY

- e. If none of the above signs and/or symptoms are present, then detainees continue intake processing.
- f. If chief complaint, signs, and/or symptoms are present, but non-urgent:
 - i. BSFAU providers separate detainees with potential diseases from the general population. Detainees suspected of having an active communicable disease – including Scabies, Chickenpox, or symptoms of an active communicable diseases such as diarrhea or vomiting – should be isolated from the general population and from each other.
 - ii. Detainees proceed to the BSFAU for further medical evaluation, or are transported to the local MTF if a more serious medical condition develops.
- g. Engage with CBP personnel to ensure nutritional needs are met.
- h. Water should be freely available at all times.

C. Detainees apprehended with medications.

- i. BSFAU personnel will examine all prescription and non-prescription medications in the possession of detainees. Detainees with a chronic medical condition based on medications found on their person at the time of apprehension should be prioritized for processing. If the need for a medication cannot be determined at the BSFAU, the detainee will be sent to the local MTF for evaluation.

- a. If deemed appropriate for continued use, the medication will be replaced with the U.S. equivalent formulation of the medication.
- b. All medications shall be handled according to Appendix E (Protocol for Handling and Storage of Detainee Medications).
- c. If a prescription is warranted by a particular medical condition, and the BSFAU does not have an adequate supply of the required medication available, the BSFAU provider will write a prescription. The BSFAU provider is not authorized to prescribe medications scheduled under the Controlled Substances Act.
- d. Once written, the prescription will be submitted to the USBP station supervisor in the processing center to complete a Medicare Provider Analysis and Review (MEDPAR) in order to fill the prescription at a local pharmacy.
- e. Upon approval of the MEDPAR, either a BPA or BSFAU EMT will pick up the prescribed medication for the detainee. It is acceptable to group batches of prescriptions, to ensure efficiency for USBP and BSFAU personnel.

Medical Evaluation:

DEFINITION: An assessment conducted with the patient in the physical presence of the mid-level practitioner. Within the BSFAU this process includes a directed exam of the detainee based on a chief complaint, signs and/or symptoms identified during the Public Health Screening

D. All detainees identified with a non-urgent chief complaint, signs, and/or symptoms during the health screening shall receive a medical evaluation by a mid-level practitioner (Physician Assistant or Nurse Practitioner). The process for conducting the medical evaluation is outlined below:

- E. The following steps will be completed in the medical evaluation of each detainee.
- j. Obtain vital signs, as guided by chief complaint or signs of injury or illness.
 - k. Conduct directed exam to determine severity of illness or injury.
 - l. Determine whether sufficient care can be delivered by BSFAU or referral to an emergency department (ED) is needed.
 - i. Specific care for scabies/lice will take place at existing border patrol facilities and/or contract detention centers and will follow the scabies and lice protocols developed by OHA for treatment. (Appendix B).
 - m. If a detainee is referred to the ED, a BSFAU provider is required to follow-up with the detainee's BPA escort upon return to ensure prescribed medications were filled and can be dispensed as prescribed.
 - i. Dispensing of prescriptions should follow the protocols as defined in Appendix E (Protocol for Handling and Storage of Detainee Medications).

- n. The BSFAU provider is also required to capture the medical complaint and Medical Clearance/Referral to ED within the Patient Tracking Sheet (Appendix H).
 - i. Refer to Patient Encounter Tracking Sheet (Appendix H) for further instruction.

- F. Medical evaluations of identified special needs detainees should be handled according to the following procedure.
 - o. Special Needs are defined as:
 - i. Detainees with a constant need for advanced medical care and/or support for a permanent medical condition.
 - ii. Detainees with severe permanent physical and/or mental impairment that require special assistance and support.

 - p. Designation of a Special Needs UAC:
 - i. The BSFAU provider will notify the Border Patrol Station supervisor and that supervisor will notify the Health and Human Services (HHS) Administration for Children and Families (ACF) Office of Refugee Resettlement (ORR).
 - ii. The Border Patrol Station supervisor will include the following information when contacting ORR:
 - a. Age
 - b. Sex
 - c. Special Needs
 - Health concern (physical/mental)
 - d. Traveling status
 - Alone
 - With family member: (e.g. sibling, cousin, etc.)
 - iii. The detainee will remain in USBP custody while he/she awaits ORR placement and shelter designation.
 - iv. BSFAU providers will ensure medical clearance for travel upon ORR placement for the special need UAC. This information is captured in the United States Coast Guard (USCG) Form 5214.

 - q. Designation of a Special Needs Adult:
 - v. The BSFAU provider will notify the Border Patrol Station supervisor.

- vi. The Border Patrol Station supervisor will notify DHS Immigration Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) in the appropriate sector.
 - vii. The Border Patrol Station supervisor shall include the following information when contacting ERO:
 - a. Age
 - b. Sex
 - c. Special Needs
 - Health concern (physical/mental)
 - d. USBP will then arrange travel on the next available transportation option to an appropriate DHS ICE facility.
 - r. BSFAU providers will ensure medical clearance for travel to the ICE/ERO, which is captured in the USCG Form 5214.
- G. The medical evaluation will include completion of a USCG Form 5214 (See Appendix F) to capture the medical record/evaluation performed.
- a. One copy shall be placed in the detainee's file (A-File) as submitted
 - b. A second copy shall be provided to the medical coordinator
 - c. See attached USCG Form 5214 for additional details
- H. The medical evaluation will be documented on the USCG Form 5214 (see Appendix F) or other Government-approved form, until such time that an approved electronic health records system can be put into service.
- I. The BPA processing the detainee will make a brief entry in E3DM (the USBP detention module) regarding the overall health of the detainee, including medical findings, care provided, medications, and/or ongoing treatment requirements, in accordance with current requirements.

Appendix B: Protocol for Scabies Treatment

This protocol:

- Cannot be implemented until the BSFAU provider has documented that active transmission of scabies is occurring within a cohort
- CBP USBP EMTs who have successfully completed the scabies protocol training may use this protocol.

CBP USBP EMTs may not administer Permethrin to patients younger than one year of age or to patients with a confounding skin rash or other medical complaints. Also, pregnant and nursing mothers will be excluded and should be sent for further medical evaluation. Prior to administering Permethrin, document a history of a normal menstrual period within the preceding 30 days.

Personal protective equipment:

Exam gloves should be used any time direct contact will be made with any subjects that are confirmed or suspected of having scabies.

The following medications for the treatment of scabies shall be used:

Prescription:

Permethrin cream 5%; Brand name product: Elimite*

Permethrin is approved by the U.S. Food and Drug Administration (FDA) for the treatment of scabies in persons who are at least 2 months of age. Permethrin is a synthetic pyrethroid similar to naturally occurring pyrethrins which are extracts from the chrysanthemum flower. Permethrin is safe and effective when used as directed. It kills the scabies mite and eggs and is the drug of choice for the treatment of scabies. Two (or more) applications, each about a week apart, may be necessary to eliminate all mites, particularly when treating crusted (Norwegian) scabies. Treatment for confirmed or suspected cases of scabies will be Permethrin 5% lotion. The medication should be applied directly to the skin on all areas of the body except the head. On infants, the medicine is also applied to the scalp, face, and neck, taking care to avoid the area around the mouth and eyes; however, use in this protocol is restricted to age 12 months and up. After application, the medication will be left on the skin for 8-24 hours before being washed off. During application and rinsing contact with the eyes, the inside of the mouth, nose and vagina should be avoided as it will cause irritation. Due to potential complications, treatment for pregnant females is optional. Prescription permethrin, such as Elimite cream, is the most commonly used medicine to treat scabies. Unlike the more toxic lindane, permethrin is

considered safe for infants as young as two months old. Only permethrin, crotamiton, and sulfur ointment are considered safe for treating children below age two.

Provide patient (or guardian) the Scabies Information Sheet (Attachment D).

For Itching:

Use of the following over-the-counter medicines can help relieve itching from scabies:

- Oral antihistamines (such as Benadryl). These medicines will not interfere with the diagnosis or treatment of scabies.
- Corticosteroid creams (such as hydrocortisone cream). This type of medicine may make the scabies sores look different and make it harder for to diagnose the problem.

Hygiene Guidance:

Immediately after starting treatment for scabies, clean all the affected person's bedding and the clothing that he or she has worn during the past 2 to 3 days (48 to 72 hours). Wash all items in hot water and dry them in a hot dryer, or dry-clean them.

Appendix C: Scabies Information Sheet (English & Spanish)**Scabies Patient Information Sheet**

You have been diagnosed with Scabies (La Sarna), a skin rash caused by a mite, contracted by being in close contact with others who have the infection. The infection is easily treated with medicine called "Permethrin Cream 5%".

For everyone 10 years and older, you should apply the cream on all areas of your skin from your chin to your toes, avoiding getting it in your eyes, nose, and mouth. Leave the lotion on your skin for at least 8 hours, but not longer than 24 hours, then wash it off. You should also put on a clean set of clothes after you wash it off.

For children under 10 years old, apply the cream to their scalp as well as indicated above, avoiding the eyes, nose, and mouth. Leave it on for at least 8 hours but not longer than 24 hours, then wash it off. Replace clothes with a clean set.

Tratamiento de La Sarna

Para todos los mayores de 10 años, usted ha sido diagnosticado con sarna, una erupción en la piel causada por un ácaro, contraído por estar en contacto cercano con otras personas que tienen la infección. La infección se trata fácilmente con medicamentos recetados para usted llamado "Permetrina 5% crema".

Debe aplicar la crema en todas las áreas de su piel de la barbilla hasta los pies, evitando que éste entre en los ojos, la nariz, o la boca. . Deje la loción en su piel durante al menos 8 horas, pero no más de 24 horas, luego lávelo. También debe poner en un conjunto de ropa limpia después de que se la quite.

Para niños menores de 10 años de edad, aplique la crema a su cuero cabelludo, así, evitar los ojos, nariz y boca. Dejar actuar durante al menos 8 horas, pero no más de 24 horas, luego lávelo. Vuelva a colocar la ropa con un juego limpio.

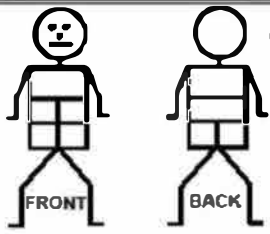
Appendix D: Protocol for Handling and Storage of Detainee Medications

- A. Each individual's medications will be placed into a single property bag and the detainee given a plastic receipt.
- B. Both the bag and the receipt will have the detainee's name, date, and the word "Meds" written on them. The property bag should not be sealed, to ensure ease of dispensing.
- C. Medication will be stored in the Property Custodian's (PC) property room's "Medication Bin" by the designated property agent.
- D. When a BPA needs to dispense medication to a detainee, the BPA will retrieve the "Meds" property receipt from the detainee and request the medication from the property agent.
- E. The BPA will dispense the medication to the detainee as per the prescribed dosage annotated on the medication.
- F. The BPA will then return the receipt to the detainee, and the medication property bag to the property agent.
- G. The BPA who dispensed the medication will fill out the Medication Log located in the property room.
- H. The following minimum general requirements for the storage and handling of prescription:
 - Locations at which prescription drugs are stored, warehoused, and handled, shall be of suitable size and construction to provide necessary space, lighting, temperature, humidity, and security conditions.
 - Storage areas shall be maintained in a clean and orderly condition and be free from infestation by insects, rodents, birds, or vermin.
 - There shall be a designated separate area for storage of prescription drugs that are outdated, damaged, deteriorated, or adulterated.
 - The number of personnel with access from outside the storage area shall be kept to a minimum however, redundancy of personnel with authorized access should be provided.
 - Storage areas shall be secured in a manner that will provide protection against theft and diversion. All prescription drugs should be secured and maintained behind locked doors or cabinets.

Appendix E: Emergency Medical Treatment Report form

Instructions: Ctrl + Click on link or object to open form

EMERGENCY MEDICAL TREATMENT REPORT

VICTIM IDENTIFICATION	1. Name _____ 2. Sex (check one) male _____ female _____ 3. Estimated age yrs _____ mos _____	RESCUER INFORMATION	10. Name: _____ 11. Level: _____ 12. UNIT: _____ 13. OPFAC #: _____ 14. Rescue Vehicle: _____ 15. Receiving Unit: _____ 16. Time Patient Transferred: _____																																																																																																																																				
DESCRIPTION OF INCIDENT	4. Date: _____ 6. Time on scene: _____ 7. Time of incident: _____ 8. Location: _____	5. Type of incident a) marine _____ b) aviation _____ c) industrial _____ d) auto _____ e) domestic _____ f) other _____	NATURE OF EMERGENCY / MECHANISM OF INJURY																																																																																																																																				
OBSERVATION OF VICTIM	 <p style="text-align: center;">FRONT BACK</p>		TREATMENT (circle as needed) 1 - dressing _____ 2 - tx splint _____ 3 - splint _____ 4 - collar _____ 5 - back board _____ 6 - tourniquet _____ 7 - CPR _____ 8 - airway _____ 9 - oxygen _____ 10 - MAST _____ 11 - Miller B/B _____ 12 - edra tissue injury _____ 13 - O2 Uters _____																																																																																																																																				
SKIN	(Circle appropriate number or numbers) 1 - normal 4 - cyanotic 7 - cold 2 - pale/ashen 5 - dry 8 - warm 3 - flushed 6 - moist 9 - hot		MEDICATIONS: ALLERGIES: _____ MEDICAL HISTORY / COMMENTS / ETC. (include additional vitals, oxygen, fluids, etc.)																																																																																																																																				
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**Appendix F: Patient Encounter Tracking Sheet
Rio Grande Valley Sector - 2014
Patient Encounter Tracking Sheet**

Station: _____

Date: _____

Shift:

Medical Staff on Duty:

Physician:

USCG HS:

CBP EMT:

#	FINS/A#	Sex	Age	Chief Complaint – Reason for Treatment	Medically Cleared	Referred to Hospital
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Appendix G: Medications and Medical Supplies

The BSFAU provider shall be responsible for maintaining the existing Medical Formulary and Supplies list and ensuring operational availability of supplies listed within border stations.

The BSFAU provider shall submit formal requests to expand the supplies and medications provided based on the operational need. If the BSFAU provider is a contractor, the request must be made to the contracting officer (CO) and/or contracting officer's representative (COR). The following information should be provided when requesting an expansion of need:

- The quantity requested, including a simple justification.
- The unit cost of the item(s). The anticipated duration for which this re-supply will cover.
- The mean logistics delay time expected for the acquisition.
- The operational impact resulting from this inclusion and/or removal.

Where requests are made by contractor BSFAU providers, the CO and/or COR will seek verification of the request and approval of the need for the requested supplies and medications from the DHS CMO and/or designee and inform the contractor directly of whether the request is approved by DHS. Only the CO may obligate additional funds under the contract to fulfill the requested supplies and medication.

Appendix G - Medical Formulary and Supplies List
 Acceptable Range of Inventory Levels

TYPE	ITEM	PACKAGING	MIN	MAX	AVG
S	Alcohol Prep Pads Sterile 2Ply Med	200/Bx	4	20	15
S	Antiseptic Towelette BZK HSI f/ General Use	100/Bx	4	10	8
S	ARM SLING ENVELOPE LARGE,	EACH	2	5	4
S	Ankle Support Lift Medium, Each	Each	2	5	4
S	Ankle Support Lift Large/X-Large, Each	Each	2	2	2
S	BANDAGE ACE-WRAP 2 INCH NONSTERILE	10/Box (each)	2	4	3
S	BANDAGE ACE-WRAP 3 INCH NONSTERILE	10/BOX (each)	2	4	3
S	Bandage Ace-Wrap 4 Inch Nonsterile	10/Box (each)	2	4	3
S	Bandage Gauze LF Sterile Cotton Fluff 4.5"x4.1yd 6 Ply Roll	EACH	2	20	15
S	AAA BATTERIES	4\PK	2	8	4
s	AA BATTERIES	4\PK	2	5	4
S	BANDAIDS	1 BOX	4	8	6
S	Gauze Roll (3 Inch)	EACH	20	20	20
S	Body & Hair Shampoo 1gal	4/Case (each)	1	3	3
S	CUP 5 OUNCES BLUE DISPOSABLES	100/ sleeve	5	20	15
S	Cup Medicine 1oz Plastic Graduated Clear Disposable	100/Bg	5	15	10
S	Coban Wrap Latex NS Elastic 4"x5yds Self Adherent Tan Roll Each	Each	3	5	4
S	Dispenser Syringe Plastic 5mL f/ Oral Medication	50/Pk	4	12	10
S	GAUZE 2"X2" NW COTTON 4PLY	100/SLEEVE	2	8	6
S	GAUZE SPONGE NON-STERILE 12PLY 4"X4"	200/SLEEVE	2	8	6
S	GLOVE NITRILE P/F LATEX-FREE LARGE	100/BOX	20 BOXES MONTHLY	40 BOXES AT PEAK	30 BOXES OF GLOVES MONTHLY
S	GLOVE NITRILE P/F LATEX-FREE MEDIUM	100/BOX	20 BOXES MONTHLY	40 BOXES AT PEAK	30 BOXES OF GLOVES MONTHLY
S	GLOVE NITRILE P/F LATEX-FREE SMALL	100/BOX	20 BOXES MONTHLY	40 BOXES AT PEAK	30 BOXES OF GLOVES MONTHLY
S	GLOVE NITRILE P/F LATEX-FREE X-LARGE	100/BOX	20 BOXES MONTHLY	40 BOXES AT PEAK	30 BOXES OF GLOVES MONTHLY
S	Hand Sanitizer 2oz	144/case (each)			1
S	Hydrogen Peroxide 3%	16 oz/Each			1
S	Paper Towel	12/Pack	1	3	2
S	Freezer ICE BAG 10"x16"	100/BOX	3	6	5
S	Disinfectant Spray	4/Pack	2	1	2
S	Inhaler Spacer-Chamber Diamond Valved OptiChamber Handheld Reclosable Bag E	Each	10	60	30
S	LANCET SAFETY 23G X 1.8mm MEDIUM FLOW	100/BOX	6	10	8
S	Paper Table 21"x225' RL Essentials Smooth White	12/Case (each)	2 CASES	2 CASES	4 CASES
S	Quickvue One Step HCG Test Kit Pregnancy Urine Cassette	25/B (each)	20	20	20
S	Sani-Cloth Plus Germicidal Surface Wipes Large	160/tub	4 TUBS	10 TUBS	8 TUBS MONTHLY
S	Splint Sam Roll Gray 36"x4.25" Each	Each	4	6	5
S	Sports Wrap Reversible		3	3	3
S	Strip Test Clarity Plus Blood Glucose	50/Bx	4	4	4
S	SWABSTICK COTTON TIP 6 INCH	Each	4	10	8
S	TAPE TRANSPARENT 1" X 10 YDS	12/BOX (each)	4	8	5
S	THERMOSCAN PROBE COVERS PRO4000	200/BX	6	14	10
S	Tip Ear HSI Otoscope 2.5mm Tip Disposable	1000/Bx (sleeve)	3 BOX	3 BOXES	3 BOXES
S	Tip Ear HSI Otoscope 4mm Tip Disposable	1000/Bx (sleeve)	3 BOX	3 BOXES	3 BOXES
S	TONGUE DEPRESSOR NON-STERILE ADULT	500/BOX	4	8	5
S	.5 ml Insulin Syringes	10/bag	1 BAG	1BAG	1BAG
S	Triangle Bandages- given to us?	each	0	0	0
S	Disposable Under pads (prep pads)	200/case			1 Case
S	Zip Lock Bag (1 Quart)	500/bag	2	6	3

TYPE	ITEM	PACKAGING	MIN	MAX	AVG
M	ACETAMINOPHEN ELIXIR 4OZ 160MG/5ML	BOTTLE EACH	4	8	6
M	ACETAMINOPHEN LIQUID 500MG	16OZ EA	4	8	6
M	ACETAMINOPHEN TABLET 500 MG 250X2 (X-STRENGTH TYLENOL)	250X2	3	5	4
M	ACETAMINOPHEN TABLETS 80MG CHEWABLE	30/BOTTLE	4	8	6
M	Acyclovir Capsules 200mg	100/Bt	3	5	4
M	Amoxicillin /Clavulanate Tablets 500mg/125mg	20/Bt	10	10	10
M	Amoxicillin/Clavul Chew Tabs 400/57MG	20/Bt	10	10	10
M	ANTACID TABLETS 250X2 (TUMS)	250x2/ Box	2	4	4
M	Artificial Tear Ophth Solution	15mL/Bt	10	10	10
M	Aspirin	Bottle Each	4	8	6
M	Azithromycin Tablets 250MG 3X6UD/	Bx	18	30	25
M	Benadryl Cream Allergy 1oz ExtraStrength Topical	Tb Ea	10	40	30
M	BENADRYL GEL STOP ITCH	3.5OZ EA	10	20	15
M	Benadryl Chewable	18/ Box	4 BOXES	10 BOXES	10 BOXES
M	Benadryl Liquid	16 oz Bottle	6	3	4
M	BISACODYL TABLETS DULCOLAX 5MG TABLET-	100/BOTTLE	8	8	8
M	Caplets Allergy Diphenhydramine HCl 25mg Oral (Benadryl)	100/ Bt Ea	4	6	6
M	Calamine Lotion	Bt Ea	15	30	25
M	CEPHALEXIN CAPSULES 500MG	100/BT	4	10	8
M	Clotrimazole 1% Cream Anti-Fungal 1oz Topical	Tube Ea	10	35	20
M	DAYQUIL COLD AND FLU LIQUID	8OZ EACH	8	12	10
M	DIAMODE ANTIDIARRHEAL 100X1 (LOPERADMIDE)	BOX	2	4	3
M	DIAPER RASH OINTMNT A&D VIT/ALOE/ZINC F/ IRRITTD SKIN	4OZTB	20	30	25
M	DIPHENHYDRAMINE HCL ELIXIR ALLERGY 12.5MG/5ML (Q-Dryl)	4OZ ORAL BT	10	20	15
M	DOCUSATE SODIUM (COLACE) CAPSULE 100MG	100/BOTTLE	4	4	4
M	Doxycycline Hyclate Capsules 100mg	50/Bt	4	8	5
M	Erythromycin Ophthalmic Ointment Sterile Tube .5%	3.5gm EA	30	60	40
M	Eye Wash 4oz Irrigating Saline	Bt	10	20	15
M	GUAIFENESIN IR TABLETS 400MG (Mucosa)	60/BOTTLE	4	8	5
M	HYDROCORTISONE CREAM 1% -	144 /BX	4	8	5
M	Ibuprofen Suspension Child 4oz 100mg/ 5mL Berry	4 OZ BT	15	30	24
M	IBUPROFEN TABLETS JUNIOR 100MG CHEWABLE	24/Box	8	16	12
M	IBUPROFEN TABLETS USP 200 MG	250x2	3	5	4
M	Lotion Burn Pramoxine Zinc	6oz Clear Bt	4	16	12
M	MUPIROCIN (BACTROBAN) OINTMENT 2% TOPICAL	22GM EACH	10	30	20
M	NYQUIL COLD AND FLU LIQUID CHERRY	12OZ EACH	8	12	10
M	Ondansetron HCl Oral Solution 4mg/5mL	50mL/Bt	4	8	6
M	Pedialyte	14/Pack	2	2	2
M	PEPTO BISMOL SUSPENSION	16OZ EA	4	8	6
M	Permethrin 5% Cream	24\CASE	20CASES	50 CASES	50 CASES
M	PETROLEUM JELLY NON STERILE EA	13OZ JAR			1 13OZ Jar
M	phenylephrine (sudafed)	box	2	5	4
M	SHAMPOO- LICE (NIX)	24/CASE	10 CASES A MONTH	40 CASES A MONTH	30 CASES A MONTH
M	SINUS DECONGESTANT TABLETS 250X1 (PHENYLEPHRINE) (Sudafed)	250 ct/ Box	2	5	4
M	Sodium Chloride .9% Irrigation Solution 100mL in Bottle	48/C (each)	10 CASES A MONTH	20 CASES A MONTH	15 CASES
M	Sulfa-Trimethoprim Tabs 800/160MG (Bactrim)	100/Bt	10 BOTTLES	10 BOTTLES	10 BOTTLES
M	Rapid Flu Test Kit	25 Test/Box	4	8	6
M	TERBINAFINE (LAMISIL) CREAM 1%	1OZ TUBE	15 TUBES	30TUBES	20 TUBES
M	TRIPLE ANTIBIOTIC OINTMENT 0.9GM	144/BOX	4	4	4 BOXES
M	TYLENOL INFANT DROPS GRAPE	1OZ BOTTLE	4	12	10
M	Ventolin HFA Inhaler 8gm	Ea	20 MONTHLY	50 MONTHLY	45 MONTHLY
M	Zinc Ointment 1 oz tube	Each	10	10	10

TYPE	ITEM	PACKAGING	MIN	MAX	AVG
E	CHINOOK TACTICAL MEDICAL KIT - MEDIC , COYOTE BROWN (TMK-ME)	Each	4	4	4
E	CLARITY METER KIT BLOOD GLUCOSE	EACH	7 METERS	7 METERS	7 METERS
E	Cuff BP FlexiPort Sm Set Inf/Sm Chld/Chld/Sm Adlt LF Assorte		4	4	4
E	Blood Pressure Monitor 3 Series Upper Arm		2	2	2
E	Exam Tables		6	6	6
E	Forcep Splinter Vantage 3-1/2" Straight Fine/ Serrated SS- Tweezer	Each	3	5	4
E	HON® Brigade® 700 Series Lateral File With Binder Storage, 3				1 time purchase
E	Magnifying Glass	Each	2 per location		4
E	Oximeter Pulse Fingertip Pocket Size	Each	4	4	4
E	STOREX 1-DRAWER FILE	Each			1 time purchase
E	Scale Floor 330lb Capacity 2/Pack	2/pk			1 per location
E	Thermometer (Oral)	Each	2		2 per location
E	Thermometer Patient ThermoScan PRO4000 Ear Digital LCD Ea	Each	4	4	4
E	Temporal Thermometer		2		2 per location
E	5 Gallon Water Cooler	Each	3	3	3

TYPE	ITEM	PACKAGING	MIN	MAX	AVG
PPE	SAFETY GLASSES CLEAR LENS SIDE SHIELD	Each	10	30	20
PPE	MASK FACE HSI SENSITIVE EARLOOP WHITE 50/BX	22/ Box	3 boxes	10 boxes	10 boxes
PPE	SHIELD FACE SPLASH HEADSTRAP ANTI-FOG CLEAR 24/BX	48/ Box	2 boxes	2 boxes	2 boxes
PPE	SHOE COVER UNISEX BLUE ONE SIZE 50 PAIRS/BOX	22/ Box	4 boxes	4 boxes	4 boxes

Type	Item	Packaging	PAR LEVEL
EME	Adult Backboard/Pedi Board	1 each	2
EME	C-Collar Adjustable (Adult/Child/Pedi)	1 each	2
EME	Head Blocks	1	2
EME	Spider Straps	1	2
EME	Automated External Defibrillator	1	2
EME	OB Kits	1	4
EME	BVM (Adult/Child/Infant)	1	3
EME	OPA/NPA	1 set each	3
EME	Suction Unit	1	2

DURABLE MEDICAL EQUIPMENT

Type	Item	Packaging	PAR LEVEL
DME	Wheelchair (Adult/Child)	1 each	4
DME	Crutches (Adult/Child)	1 each	4
DME	Cast Boots (Adult/Child)	1 each	4

Acronym Key	
S	Supplies
M	Medication
E	Equipment
PPE	Personal Protective Equipment
EME	Emergency Medical Equipment
DME	Durable Medical Equipment

Attachment H

ATTACHMENT H

Quality Assurance Surveillance Plan (QASP) U.S. Customs and Border Protection Southwest Border Medical Services Contract

1. Purpose

This Quality Assurance Surveillance Plan (QASP) is a Government-developed and applied document used to ensure that systematic quality assurance methods are used in the administration of this performance-based service contract. The intent is to ensure that the contractor performs in accordance with the performance metrics and the Government receives the quality of services called for in the contract.

The contract requirement is for Customs and Border Protection's (CBP) U.S. Border Patrol (USBP) and the Office of Field Operations support services. USBP is responsible for providing contract oversight.

The contractor's performance will be monitored by the Contracting Officer's (CO) Representative (COR). A properly executed QASP will assist the Government in achieving the objectives of this procurement.

2. Scope

To fully understand the roles and responsibilities of the parties, it is important to first define the distinction in terminology between Quality Control Plan and the QASP. The contractor, and not the Government, is responsible for management and quality control actions necessary to meet the quality standards set forth by the contract.

The QASP on the other hand, is put in place to provide Government surveillance oversight of the contractor's efforts to assure that they are timely, effective and are delivering the results specified in the contract.

3. Government Resources

The following definitions for Government resources are applicable to this plan:

Contracting Officer - A person duly appointed with the authority to enter into contracts and make related determination and findings on behalf of the Government. The CO for this contract is Amanda Freeman, or any CBP CO with a written warrant, which sets forth limitations of authority.

Contracting Officer's Representative - An individual appointed in writing by the CO to act as their authorized representative to assist in the technical administration of the contract. The COR is Normalinda Gonzalez. The limitations of authority are contained in a written letter of appointment.

Task Order Manager/Monitor (TOM) – A USBP Agent is designated by the Chief Patrol Agent in each Southwest Border Sector or Port Of Entry leadership to work with the COR and assist in the day-to-day technical execution and administration of the contract. The TOM may be supported by one or more designated On-Duty Supervisors (ODS) to provide coverage for each work shift.

4. Responsibilities

Attachment H

The following Government resources shall have responsibility for the implementation of this QASP:

Contracting Officer – The CO ensures performance of all necessary actions for effective contracting, ensures compliance with the terms of the contract, and safeguards the interests of the United States in the contractual relationship. It is the CO that assures the contractor receives impartial, fair and equitable treatment under the contract. The CO is ultimately responsible for the final determination of the adequacy of the contractor's performance.

Contracting Officer's Representative – The COR is responsible for technical administration of the contract and assures proper Government surveillance of the contractor's performance. The COR is not empowered to make any contractual commitments or to authorize any changes on the Government's behalf. Any changes that the contractor deems may affect contract price, terms, or conditions shall be referred to the CO for action. The Medical Program Manager, with the input of the CBP Medical Advisor, will support the COR in performing his/her duties by providing input into contractor assessment factors that require medical quality surveillance input from medical Subject Matter Experts.

Task Order Manager/Monitor – The TOM is responsible for day-to-day technical execution and administration of the contract. The TOM provides direct Government surveillance of the contractor's performance and provides regular input to the COR for quality assurance reporting. The TOM verifies the Metrics Reporting System is accurately reporting routes and hours delivered. The TOM or their designated ODS' are not empowered to make any contractual commitments or to authorize any changes on the Government's behalf. Any changes that the contractor deems may affect contract price, terms, or conditions shall be referred to the CO for action.

5. Methods of Quality Assurance Surveillance

Contractor Performance Assessment – The annual Government assessment will be used appropriately as an additional performance oversight and communication tool with the QASP.

QASP - The below listed methods of surveillance will be used by the COR in the technical administration of this QASP. In addition to the below instructions, the form to be used for documentation of quality assurance surveillance is the Surveillance Activity Checklist, Enclosure (5).

6. Surveillance

Enclosures (1), (2), (3) set forth the performance standards, definitions, and checklist for the COR to document the results of the surveillance.

7. Documentation

In addition to providing monthly reports to the CO, the COR will maintain a complete Quality Assurance file. The file will contain copies of all reports, evaluations, recommendations, and any actions related to the Government's performance of the quality assurance function, including the originals of the Quality Assurance Checklists. All such records will be maintained for the life of the contract. The COR shall forward these records to the CO at termination or completion of the contract.

8. Enclosures

Enclosure (1) - Performance Standards and Performance Deliverables Tables

Enclosure (2) - Definitions for Evaluation Areas and Ratings

Enclosure (3) - Surveillance Activity Checklist

QASP – Enclosure (1)

Service Delivery and Management

Number	Performance metric	Description	Review Frequency	Government Reviewer
1	Regional Level Management and Customer Service	Contractor addresses government customer questions and concerns in a timely and responsive fashion and works towards collaborative solutions. Contractor conducts duties with operational safety and efficiency.	Quarterly Rating by COR or upon COR request at close of Task order period	COR (with input from Task Order Monitors)
2	Inventory Management Strategy	Contractor maintains an effective and efficient inventory management strategy to ensure the right amount of supplies are available when needed and purchased at a reasonable price. Contractor also ensures an appropriate sub-contractor strategy is in place to safely and properly dispose of biohazardous waste.	Quarterly Rating by COR or upon COR request at close of Task order period	COR (with input from Med PM and Task Order Monitors)
3	Adherence to Work Schedule	Contract employees adhere to the schedule established and agreed to at the National Medical Program level. This schedule will be sent out every two weeks, two weeks in advance of the scheduling period. Planned changes to the schedule must be approved by the Medical Program Manager.	Quarterly Rating by COR or upon COR request at close of Task order period	COR (with input from Med PM and Task Order Monitors)

QASP – Enclosure (1)

4	Professionalism	Contractors maintain a professional and courteous bearing while performing their duties. No substantiated and documented cases of unprofessional contractor behavior at any time while they are on duty.	Quarterly Rating by COR or upon COR request at close of Task order period	COR (with input from Med PM and Task Order Monitors)
5	Adherence to medical protocols and Medical Quality Management and Control Practices	Contractor adheres to bi-laterally agreed upon medical protocols and scripts and quality management practices as outlined in the Quality Control Plan (QCP)	Quarterly Rating by Medical Program Manager with input from CBP Medical Advisor	Medical Program Manager
6	National Level Management and Customer Service	Contractor is responsive to Headquarters level requests for information and requests to develop medical reports and opinions	Quarterly Rating by Medical Program Manager with input from CBP Medical Advisor	Medical Program Manager
7	Patient Intake Data Quality Assurance <i>(This is a future requirement once Electronic Health Records system goes live)</i>	Patient intake data is input accurately and completely	Quarterly Rating by Medical Program Manager with input from CBP Medical Advisor	Medical Program Manager

- Government Evaluation will be accomplished by the government COR

QASP– Enclosure (1)

Performance Deliverables

Item	Deliverable	Description	Delivery Date/Frequency	Recipient(s) to review deliverables/performance
1	Designate a contract program management point of contact (POC) at each site.	Provide name of onsite contract staff that will provide onsite assistance for contract staff, serve as a liaison to the COR (PM or DPM should be the only contractors speaking to the COR) and will be in charge of all administrative functions for the contract staff at each site.	No later than 5 working days (WD) after contract award for existing sites or within 5 WD of new site activation and within 5 WD for a change in personnel. Compliance standard: 100% of the time	COR
2	Post Award Conference (One time requirement, post award)	The Post Award Conference will be chaired by the COR and is held to discuss technical and contracting objectives of this contract, review the contractors draft project plan and address any questions.	No later than 7 days after Date of Award (DOA) 1 electronic copy of meeting summary generated by the contractor will be provided to the COR. Compliance standard: 100% of the time	COR
3	Credentialed/licensed and vetted contractor staff as required	Provide Credentialing Letter from DHS Medical Quality & Risk Reduction Branch and verification of vetting status (See Attachment 1 for licensure requirements)	Compliance standard: 100% of the time. No later than 5 working days	COR
4	Credentialing and validation report of all licensed staff	Contractor must monitor and report the status of credentials of all healthcare practitioners to the National Level COR on a quarterly basis to ensure all licensed contract staff remain in compliance with certification requirements.	Quarterly to COR. Compliance standard: 100% of the time.	COR

QASP– Enclosure (1)

5	Conduct new orientation on medical policies and procedures for contract staff	Contractor will be required to complete all necessary orientation within 5 days after reporting to the worksite. If required, orientation can be completed on-site by their designated POC. Contractor will provide evidence of this orientation having been completed.	Within five (5) WD after reporting on site. Compliance standard: 100% of the time.	COR
6	Performance review for contract employee	Contractor will perform an annual review of their employees to ensure compliance with SOW and professional standards, with input from the government COR.	Annually. Compliance standard: 100% of the time.	COR
7	Monthly Staffing Report	Contractor will provide a monthly staffing report to include incumbent positions and vacancies by location and position.	5th work day of each month. Compliance standard: 100% of the time	COR

QASP– Enclosure (1)

8	<p>Monthly Invoice (One (1) copy of each monthly report shall be submitted to the COR.)</p>	<p>A separate, accurate and comprehensive monthly invoice, including all prime and subcontractor labor costs, supplies, direct costs, travel and other fees for the month of the service period indicated, shall be submitted on official company letterhead no later than 45 days after the last date of service that Contractor is billing for on the invoice in order for it to be processed. Invoices submitted after that time frame will not be accepted. No partial invoices will be accepted. Invoices will be evaluated for clarity, accuracy and timeliness.</p>	<p>Invoices must be submitted to the COR by facility to include: employee, position classification, total hours worked, overtime hours, casual or any other total charges for the site and. Due to the COR within 45 days of the last day of the monthly period worked. Compliance standard: 100% of the time</p>	COR
9	Operational SOPs	<p>Contractor shall submit to the Government for approval all SOPs relating to the education and retention of licensure/certification as well as the assessment and delivery of medical screening, evaluation and/or treatment at Border stations/POEs and Forward Deployed Locations.</p>	<p>One electronic copy provided to the COR no later than 7 days after the DOA? and provide updates as requested by Medical PM. Compliance standard: 100% of the time.</p>	COR, (with input from National Medical Program Manager)
10	Medical Liability Malpractice Insurance	<p>Contractor shall provide a certificate of medical liability malpractice insurance. Minimum coverage shall be \$1 million per occurrence and \$2 million per aggregate.</p>	<p>No later than 5 WD after contract award. Annually, within 7 days of contract renewal. Compliance standard: 100% of the time.</p>	COR

QASP– Enclosure (1)

11	Quality Control Plan and Updates (Medical Quality Management Plan)	Contractor shall develop, implement, and maintain a Quality Control Plan which may be referred to as a Medical Quality Management (MQM) that describes the methods it will use to review its performance to ensure it conforms to performance. This plan will need to be reviewed and updated on a quarterly basis as required.	No later than 5 WD after contract award. Updated Quarterly as needed to incorporate MQM updates Compliance standard: 100%	National Medical Program Manager (with input from CBP Medical Advisor)
12	Bi-weekly Schedule for all sites	Contractor shall provide a two week schedule to the COR and TOMs two weeks in advance of the scheduled period. Changes or adjustments to this schedule shall be approved by the Medical Program Manager.	Recurring bi-weekly schedule to be sent to COR and TOMs 2 weeks prior to date of scheduled work period Compliance Standard: 100%	COR (with input from TOMs)
13	Medical Quality Surveillance Report	Contractor shall provide a medical quality surveillance report every week to the Medical Program Manager	Recurring weekly report. Format may change upon request. Most recent format is attached in ** Compliance Standard: 100%	Medical Program Manager

- Government Evaluation will be accomplished by the government COR

QASP – Enclosure (2)

Enclosure (2) - Definitions for Evaluation Areas and Ratings - All Performance Work Statement will be assessed based on the following definitions:

Rating Criteria: For contractor performance rating purposes, the following rating criteria will be used: “Exceptional”, “Very Good”, “Satisfactory”, “Marginal”, or “Unsatisfactory.” Definitions are provided below. A PWS reference and examples of performance must be included for any evaluation area rated other than satisfactory. This information simplifies the verification process for reviewers and when necessary, hastens corrective action by the contractor. When determining ratings take into consideration all sources of contract performance indicators, e.g., results of contractor self-inspections, government inspections, contractor reports, government correspondence to the contractor, etc. This section may also include comments regarding mitigating circumstances to contract performance issues beyond the control of the contractor, comments regarding progress, and other performance related comments.

5 - Exceptional – Performance meets contractual requirements and exceeds

expectations to the Government’s benefit. The contractual performance of the task and sub-task being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective. Note: To justify an Exceptional rating, significant events in the evaluation area shall be identified and how it was a benefit to the Government shall be stated. However, a singular event could be of such magnitude that it alone constitutes an Exceptional rating.

4 - Very Good – Performance meets contractual requirements and exceeds some expectations to the Government’s benefit. The contractual performance of the task and sub-task being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective. Note: To justify a Very Good rating, a significant event in the evaluation area shall be identified and how it was a benefit to the Government shall be stated.

3 - Satisfactory – Performance meets contractual requirements. The contractual performance of the task and sub-task contain some minor problems for which corrective actions taken by the contractor appear or were satisfactory. Note: To justify a Satisfactory rating, there should have been only minor problems, or major problems the contractor recovered from without impact to the contract. A fundamental principle of assigning ratings is that contractor will not be assessed a rating lower than Satisfactory solely for not performing beyond the requirements of the contract.

2 - Marginal – Performance does not meet some contractual requirements. The contractual performance of the task and sub-task being assessed reflect a serious problem for which the contractor has not yet identified corrective actions. The contractor’s proposed actions appear only marginally effective or were not fully implemented. Note: To justify Marginal performance, a significant event in the evaluation area that the contractor had trouble overcoming shall be identified and how it impacted the Government shall be stated. A Marginal rating should be supported by providing the correspondence used to notify the contractor of the contractual deficiency (e.g., Corrective Action Requests; Government Inspection Reports, etc.).

1 - Unsatisfactory – Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the task or sub-task contains a serious problem(s) for which the contractor’s actions appear or were ineffective. Note: To justify an Unsatisfactory rating, multiple significant events in each category that the contractor had trouble overcoming shall be identified and how it impacted the Government shall be stated. However, a singular problem could be of such serious magnitude that it alone constitutes an unsatisfactory rating. An Unsatisfactory rating should be supported by providing the correspondence used to notify the contractor of the contractual deficiencies (e.g., Corrective Action Requests; Government Inspection Reports; etc.)

QASP – Enclosure (2)

Note 1: N/A (not applicable) should be used if the ratings are not going to be applied to a particular area for evaluation.

Enclosure (3) - Surveillance Activity Checklist Surveillance:

The COR will perform assessments utilizing the contractor performance evaluation rating definitions listed in Enclosure (3).

Surveillance Period (Quarterly)	Technical/Performance Deliverables										Management Metrics				
	Designate site Program Management POCs	Post Award Conference	Credentialed and Licensed Providers	Credentialed and Validating Report	Performance Reviews for employees	Monthly Staffing Report	Monthly Invoice	Operational SOPs	Regional Level Mgmt/Service	Inventory Magement	Adherence to Work Schedule	Professionalism	Adherence to Medical Protocols	Nat Level Management/Service	Patient Intake Data Quality
First Quarter															
Second Quarter															
Third Quarter															
Fourth Quarter															

Mandatory Requirements:

- One Time Requirement: Post Award Conference (100% compliance required)
- Annual Requirement: Medical Malpractice Liability Insurance Certificate (100% compliance required)

Annual Surveillance:

The COR will perform an annual assessment of overall contract performance factors in the table above utilizing the contractor performance evaluation rating definitions listed in enclosure (1) and enclosure (2).

1. ATTACHMENTS

- A Contract Discrepancy Report

Attachment A - Performance Requirements Summary

~~(Continued on next page)~~

Attachment A

CONTRACT DISCREPANCY REPORT		1. CONTRACT NUMBER	
Report Number:		Date:	
2. TO: (contractor and Manager Name)		3. FROM: (Name of COR)	
DATES			
CONTRACTOR NOTIFICATION	CONTRACTOR RESPONSE DUE BY	RETURNED BY CONTRACTOR	ACTION COMPLETE
4. DISCREPANCY OR PROBLEM <i>(Describe in Detail; Include reference in PWS / Directive; Attach continuation sheet if necessary.)</i>			
5. SIGNATURE OF CONTRACTING OFFICER'S REPRESENTATIVE (COR)			
6. TO: (COR)		7. FROM: (contractor)	
8. CONTRACTOR RESPONSE AS TO CAUSE, CORRECTIVE ACTION AND ACTIONS TO PREVENT RECURRENCE. ATTACH CONTINUATION SHEET IF NECESSARY. <i>(Cite applicable Q.A. program procedures or new A.W. procedures.)</i>			
9. SIGNATURE OF CONTRACTOR REPRESENTATIVE			9. DATE

11. GOVERNMENT EVALUATION OF CONTRACTOR RESPONSE/RESOLUTION PLAN: (Acceptable response, plan, partial acceptance of response/ plan, rejection: attach continuation sheet if necessary)

12. GOVERNMENT ACTIONS (Payment withholding, cure notice, show cause, other:)

CLOSE OUT			
	NAME AND TITLE	SIGNATURE	DATE
CONTRACTOR NOTIFIED			
COR			
CONTRACTING OFFICER			

ATTACHMENT 4

Border Patrol Monthly Staffing Report

(Month) (Year)

CLEARED - START DATES PENDING

<u>Name</u>	<u>Location</u>	<u>Discipline</u>	<u>Pending Start Date/Availability</u>
1. XXXX XXX	McAllen	PA	1 Jan 2013
2.			

Total 1

EOD CLEARED - WAITING ON PRIVILEGE LETTER

<u>Name</u>	<u>Location</u>	<u>Discipline</u>	<u>Pending Start Date/Availability</u>
1. ZZZZ ZZZZZ	Harlingen	EMT	1 Jan 2013
2.			

Total 1

EOD PENDING

<u>Name</u>	<u>Location</u>	<u>Discipline</u>	<u>Pending Start Date/Availability</u>
1. Aaaa Aaaaa	Weslaco	CNA	12 Dec 2012 2.

SOW ACRONYMS

For the purposes of this SOW the following acronyms shall apply:

ACF	Administration for Children and Families
ALS	Advanced Life Support
BLS	Basic Life Support
BP	Border Patrol
BPA	Border Patrol Agent
BSFAU	Border Station First Aid Unit
CBP	Customs and Border Protection
CDC	Centers for Disease Control and Prevention
CMA	Certified Medical Assistants
CMO	Chief Medical Officer
CNA	Certified Nursing Assistant
COR	Contracting Officer Representative
CPR	Cardiopulmonary Resuscitation
DHS	Department of Homeland Security
DISCO	Defense Industrial Security Clearance Office
ED	Emergency Department
EOD	Expedited Entry on Duty
EMT	Emergency Medical Technician
FAR	Federal Acquisition Regulation
FOUO	For Official Use Only
FY	Fiscal Year
HHS	Department of Health and Human Services
ICE	Immigrations and Customs Enforcement
ID	Identification
IGRA	Interferon Gamma Release Assay
ILR	Interagency Language Roundtable
ISSO	Information Security System Officer
IT	Information Technology
LAC	Logical Access Control System
LPR	Lawful Permanent Resident
LTBI	Latent TB Infection
MMR	Measles, Mumps and Rubella
MQM	Medical Quality Management
MTF	Medical Treatment Facility
NP	Nurse Practitioner
NTE	Not to Exceed
USBPHQ	United States Border Patrol Headquarters
OHA	Office of Health Affairs
OSHA	Occupational Safety and Health Administration

PA	Physician's Assistant
PAIC	Patrol Agent in Charge
PIN	Personal Identification Number
PM	Program Manager
POP	Period of Performance
PPD	Presidential Policy Directive
PPE	Personal Protective Equipment
SOP	Standard Operating Procedures
SOW	Statement of Work
SSA	Social Security Administration
TB	Tuberculosis
TST	Tuberculin Skin Test
UAC	Unaccompanied Alien Children
UDA	Undocumented Alien
U.S.	United States
USBP	United States Border Patrol
USCG	United States Coast Guard
USCIS	United States Citizenship and Immigration Services
WD	Working Day

GLOSSARY

For the purposes of this SOW the following definitions shall apply:

Acceptable Quality Level: The minimum level of quality that will be accepted by the Government in order to meet the performance requirement. Meeting these levels consistently will result in positive performance ratings.

Acute Respiratory Disease: The presence of a fever AND illness with at least 2 of the following: Tachypnea (increased respiratory rate), Dyspnea (difficulty breathing or shortness of breath), Cough, Hemoptysis (coughing up blood), Sputum production, Chest pain.

Basic Life Support: A standardized, basic level of care provided by prehospital EMS that consists of essential medical interventions including but not limited to CPR, bleeding control, splinting broken bones, artificial ventilation, and basic airway management.

Behavioral Health Screening: The identification of “immediate/current” behavioral health (mental health or substance use) needs in an identified population.

Border Station First Aid Unit: A fixed or temporary CBP facility established to provide treatment for low-activity medical complaints.

Care and Custody: Categories of individuals under the care and custody of DHS for the purposes of this document are as follows:

- **Protectees:** Any individual under the protection of a DHS Component and/or for whom DHS is responsible for the well-being of safeguarding. This term includes individuals under the protection of the U.S. Secret Service and individuals offered protection by a law enforcement Component in the course of discharging its investigative and enforcement duties.
- **Detainees:** Any individual detained by a DHS Component, contractor detainment facility, or intergovernmental service agreement facility, including for confinement, arrest, charging, questioning, investigation, identity verification, transfer of disposition of status, or otherwise held pursuant to DHS authorities. This term excludes individuals present at a U.S. port of entry who are undergoing border processing in primary or other restricted areas leading up to primary.
- **Students:** Any individual, other than DHS personnel, officially participating in training with DHS headquarters or a Component.
- **Emergency Operation Center (EOC) Participants:** Any individual admitted or assigned to a DHS emergency operations center. This term includes individuals training or participating in operations at a DHS EOC.

Catastrophic Incident: Any natural or manmade incident, including terrorism, that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population,

infrastructure, environment, economy, national morale, and/or government functions. A catastrophic incident could result in sustained nationwide impacts over a prolonged period of time; almost immediately exceeds resources normally available to state, local, tribal, territorial, and private sector authorities in the impacted area; and significantly interrupts governmental operations and emergency services to such an extent that national security could be threatened. These factors drive the urgency for coordinated national planning to provide for accelerated federal and/or national assistance.

Component: Organization or office that is a member of DHS and under the direction and authorities of the Secretary of Homeland Security. This includes both operational and support DHS Components of DHS (Management Directive 252-01).

Conjunctivitis: Redness or pinkness in the white of the eye or without discharge or crusting.

Contracting Officer's Representative: The COR interacts with the service provider to inspect and accept services/work performed in accordance with the performance measures prescribed.

Credentialing: The process by which DHS assesses the qualifications and background of professional or para-professional personnel prior to permitting the individual to practice designated medical services/skills on behalf of the organization. Such assessment includes, but is not limited to, the primary source verification of professionals' or para-professionals' education, licenses of certifications/registrations. It does not include the issuing of licenses, certifications or registrations to professionals and para-professionals for the practice of designated medical health services.

Critical Information Requirements: Information needed by senior executives to support situational awareness and formulate decisions within the context of expected operations.

Deficient or At-Risk: A pattern or frequency of At-Risk and Deficient performance will put the contractor at risk for an adverse performance rating in CPARs. The COR and Contracting Officer will confirm resolution/correction of any corrective actions.

DHS Personnel: Full-time DHS employees and temporary and part-time DHS employees, including, but not limited to, summer hires, detailees from other agencies, interns, and fellows.

Diarrhea: The history of 3 or more loose or liquid stools in the last 24 hours (occurring within the last 7 days).

Direct (online) Medical Control: The oversight of prehospital medical care by a physician onsite, or through some mode of communication.

Emergency Medical Services: A system consisting of a team of health care professionals who, in each area or jurisdiction, are responsible for and provide emergency care and transportation to the sick and injured.

Emergency Medical Technician: An individual trained and certified to provide basic prehospital emergency medical treatment in accordance with current NREMT or appropriate State standards.

Emerging Infectious Disease: Infection that recently appeared within a population or whose incidence or geographic range is rapidly increasing or threatens to increase in the near future. It can be caused by: 1) previously-undetected or unknown infectious agents; 2) known agents that spread to new geographic locations or new populations; 3) previously-known agents whose role in specific diseases went unrecognized; and/or 4) re-emergence of agents after the incidence of disease significantly declined but reappears. This class of diseases is known as re-emerging infectious diseases.

Exposure: One-on-one contact (regardless of duration) with the case; direct contact with the case's lesions; in the same room greater than 1 hour with the case.

Fever: The measured temperature 100°F (37.8°C) or greater.

Flight Pre-Screening: An ICE CRO assessment conducted to evaluate a UAC for febrile respiratory illness prior to transfer from CBP to an ORR shelter IAW Pre-Transport Screening Protocol.

Functional Area: A logical grouping of performance requirements.

Healthcare Practitioner: An individual who is authorized to practice by a State and is performing within the Scope of Practice as defined by State Law who provides preventive, curative, promotional or rehabilitative health care services in a systematic way to people, families or communities.

Hepatitis: Jaundice (yellowish skin or eyes) or dark urine or Illness of 6 or more days without jaundice and at least 3 of the following; Abdominal pain, Alcoholic (pale or clay-colored) stool, Nausea and/or vomiting, Fever, Anorexia (loss of appetite).

Infection: Invasion and multiplication of microorganisms in body tissues; an infectious disease.

Interagency: For the purposes of this plan, the term "interagency" is used to refer to the federal departments and agencies listed in HSPD-1 having a substantial role in homeland security.

Illegal Alien: Also known as an "Undocumented Alien," is an alien (An individual who is not a U.S. citizen or U.S. national) who has entered the United States illegally and is deportable if apprehended, or an alien who entered the United States legally but who has fallen "out of status" and is deportable.

Infectious Neurologic Syndrome: Having a fever and headache, confusion/ altered mental status, or neck stiffness.

Influenza-like Illness: Having a fever And Cough or sore throat (occurring within the last 10 days).

Injury: Fracture, dislocation, broken bone, or open wound.

Initial Screening: The first step in the medical clearance process.

Measures: The method for evaluating compliance with the requirements.

Medical Clearance: An ongoing process that happens at various stages of intake of any UAC, to determine whether or not they can move forward with the intake process.

Medical Direction: The authority responsible for ensuring that actions taken by EMS providers on behalf of ill or injured patients are medically appropriate.

Medical Evaluation: A directed exam conducted in the BSFAU of the UAC based as a chief complaint, signs and/or symptoms identified during the initial health screening.

Medical Protocols: Written guidelines that direct the delivery of prehospital emergency care, treatment and procedures used by USBP EMS providers within their scope of practice.

Medical Screening: An ORR assessment that includes standardized questions and observations, assessments that includes examinations, laboratory tests and the administering of immunizations.

Medical Treatment Facility: They can range from small clinics and doctor's offices to urgent care centers and large hospitals with elaborate emergency rooms and trauma centers.

Medical Waste: Treated and untreated special waste that is comprised of: animal waste, bulk blood, bulk human blood, human body fluids (bodily fluids such as blood, urine, sputum, and feces), microbiological waste, pathological waste, and sharps, as well as “regulated medical waste”.

Mid-Level Practitioner: Includes, but is not limited to, health care providers such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists and physician assistants who are authorized to dispense controlled substances by the state in which they practice.

Nurse Practitioners: A nurse who is qualified to treat certain medical conditions without the direct supervision of a doctor.

Paramedic: A person who is trained to do medical work, especially emergency first aid, but is not usually a fully qualified physician.

Patient Care Report: An emergency prehospital care report that is completed by EMS providers to document an emergency response. May be completed electronically and referred to as an ePCR.

Performance Requirements Summary: The Performance Requirements Summary (PRS) communicates what the Government intends to qualitatively inspect. The PRS is based on the requirements in the Statement of Work (SOW). The PRS identifies performance requirements grouped into six, major functional areas, and quality levels essential for successful performance of each requirement. The PRS is used by the Government (or its designated representative) when conducting quality assurance surveillance to guide them through the inspection and review processes for assessing compliance in meeting Government standards.

Performance Requirements: The performance requirements are established in the SOW. Other standards may also be defined in the agreement.

Personal Protective Equipment: Clothing or specialized equipment that provides protection against substances to the EMS provider.

Protection: Actions or measures taken to cover or shield from exposure, injury, or destruction. Protection safeguards citizens and their freedoms, critical infrastructure, property, and the economy from acts of terrorism, natural disasters, or other emergencies.

Physician: A skilled health-care professional trained and licensed to practice medicine.

Physicians Assistants: A person certified to provide basic medical services usually under the supervision of a licensed physician.

Primary Medical Screening: A CBP assessment conducted upon initial arrival at border stations to identify UAC with overt signs of illness that require immediate evaluation or treatment.

Public Health Surveillance: Is the detection and enumeration of diseased of public health concern in order to allow for timely control measures and for planning purposes.

Scope of Practice: The EMS procedures that a covered individual is permitted and authorized to perform, pursuant to his or her certification, by medical direction or protocol.

Senior Medical Advisor: A Federal employee who is a licensed physician that is recognized by the DHS Office of Health Affairs and has been authorized by the CMO to strategically oversee all medical and health programs (in part or whole) in a given component.

Steady State: Normal program operations.

Surge: A large number of UAC entering within a short period of time.

Surge Shelter: A shelter located on a DOD installation.

Unified Coordination Group: The UCG Public Health and Medical services Branch provides overall coordination of public health and medical operations and of resource allocation across the

entire UAC response. This includes coordination of public health risk messaging, health information sharing and communications, surge staffing for health aspects of the overall UAC mission, and protocol development and refinement.

Unaccompanied Children: Foreign nationals or stateless persons below the age of 18, who arrive on the territory of a state unaccompanied by a responsible adult, and for as long as they are not effectively taken into care of such a person.

UAC Medical Screening Form: A form completed by staff (including contractors) to document medical encounters in order to enter the information into the ORR database.

United States: Any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, any possession of the United States, and any waters within the jurisdiction of the United States.

Virus: Any of a large group of submicroscopic infective agents that are capable of growth and multiplication only in living cells and cause various important diseases in humans, lower animals, or plants.

From: (b)(6); (b)(7)(C)
To: EGS Supervisors; EGT-Supervisors
Cc: EGS_STAFF; EGT_STAFF
Subject: FW: UPDATED 02/12/2020: USBP REPORTING REQUIREMENT & ACTIONS - NOVEL CORONA VIRUS
Date: Wednesday, February 12, 2020 10:14:00 AM
Attachments: Guidance to BP Sectors on Novel Coronavirus_02112020.pdf
UPDATED 02062020 USBP REPORTING REQUIREMENT ACTIONS - NOVEL CORONA VIRUS.msg
Importance: High

All,

UPDATED guidance with the reporting requirements on nationals from China.

- A new distro mailbox has been created (b)(6) for reporting BP encounters with potential Coronavirus cases
- Agents do not have to contact CDC unless the person has positive travel through China within the last 14 days

Unless there are some concerns the agents on the ground feel based on their observations and they want to clear through CDC just to be on the safe side. But there is no requirement beyond that.

Everything else remains the same.

V/r,

(b)(6); (b)(7)(C)

(A)DPAIC

Eagle Pass Centralized Processing Center

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)

Sent: Wednesday, February 12, 2020 8:28 AM

To: DRT-PAICS (b)(6) DRT-DPAICS (b)(6)

DRT EXEC STAFF (b)(6)

Subject: FW: UPDATED 02/12/2020: USBP REPORTING REQUIREMENT & ACTIONS - NOVEL CORONA VIRUS

Good morning

Please see below updated message regarding Coronavirus reporting:

- a new distro mailbox has been created (b)(6) for reporting BP encounters with potential Coronavirus cases
- agents do not have to contact CDC unless the person has positive travel through China within the last 14 days

Guidance to BP Sectors on Novel Coronavirus, Wuhan, China

CBP Senior Medical Advisor

2/6/20 - Situation Summary

CBP is working with The Centers for Disease Control and Prevention (CDC) to closely monitor an outbreak caused by a novel (new) coronavirus (2019-nCoV) first identified in Wuhan City, Hubei Province, China. The situation is evolving. For the most current information, monitor DHS and CBP messages and check the CDC information page at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> frequently for updates.

While most of the people identified with 2019-nCoV have association with Wuhan City, there has been significant spread throughout China and increasingly to other countries around the world. To date there have been multiple confirmed cases in the United States; this number is expected to continue to increase. The USG has enacted strict entry restriction and screening measures for persons with travel to China.

I. CBP Workforce Health Protection Guidance

- CBP Senior Medical Advisor continues to work with CBPOSH, DHS OCHCO, BP Safety, and BP operational leadership to monitor workforce health protection issues and PPE recommendations and requirements
- *Updated CBP Job Hazard Analysis and PPE Assessment attached*
- *Agents may print attached pocket cards for distribution as appropriate*
- The situation and information continue to evolve rapidly. Additional guidance or modifications will be provided as appropriate.

II. Reporting Requirements (Applies to all detainees with potential/suspected nCoV). Reports must be made within 1-hour or as soon as operationally practicable.

EVERY DETAINEE FROM CHINA OR WITH HISTORY OF TRAVEL TO CHINA:

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

a) travel within mainland China within last 14 days: Y/N

b) Details

Symptoms (fever/cough/difficulty breathing): Y/N

Consulted with CDC (required if positive travel history in China within last 14 days): Y/N

Disposition:

a) Referred to hospital: Y/N

b) Quarantined (per CDC): Y/N

- c) Transferred: Y/N To: _____
- d) Released: Y/N

- **REPORTS MUST BE ROUTED THROUGH: the CoC, USBP CORRIDOR with a CC to the following EMAIL DISTRO:** (b)(6)

III. Guidance for Border Patrol encounters with potential nCoV cases

1. During Field Encounter/Intake Processing

- a. **Ask detainees if they have traveled from or through China in the past 14 days**
 - b. **If no**, continue regular processing to include health intake interview and medical assessment as appropriate.
 - c. **If yes**, provide surgical mask, segregate (as a group if necessary), refer detainee to medical personnel onsite if available for health intake interview/medical assessment as appropriate, contact CDC quarantine station, and follow guidance below in consultation with medical personnel
 - i. If no medical personnel available onsite => place surgical mask, segregate (as a group if necessary), contact CDC quarantine station, and follow guidance below.
 - d. **For detainees with recent travel to China AND signs/symptoms of illness → refer to #2 below**
 - e. **For detainees with recent travel to China AND NO signs/symptoms of illness → provide surgical mask, segregate (as a group if necessary), monitor for flu-like symptoms (cough, difficulty breathing, shortness of breath, complains of fever).**
 - i. Ensure appropriate workforce PPE (Section 1 above and JHA attached)
 - ii. If detainee develops flu-like symptoms, then see #2 below
 - iii. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station to determine disposition prior to transfer or release**
 - iv. Continue processing and coordinate expedited transfer to ICE or HHS as appropriate with proper notification and documentation of circumstances.
2. ***For detainees with recent travel to China AND symptoms of respiratory illness:***
- a. Ensure a tight-fitting surgical mask is on the detainee.
 - b. Isolate the detainee to the extent possible. Practice social distancing.
 - c. Ensure appropriate workforce PPE (Section 1 above and JHA attached) and notify local collateral duty safety officer if additional PPE is required
 - d. Promptly consult with local medical contract personnel if available
 - e. Coordinate transfer to hospital for evaluation with advanced notification of circumstances (if seriously ill – activate 911/EMS with notification of circumstances)
 - f. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station for disposition**

3. *For close contacts of detainees with travel to China within 14 days*

- a. Provide surgical mask
- b. Implement segregation (as a group if necessary) with restricted movement
- c. **Contact CDC EOC Watch Desk/local CDC quarantine station to determine disposition**
- d. Monitor segregated detainees to observe for flu-like symptoms, if symptoms develop – see #2 above
- e. Coordinate expedited transfer to ICE or HHS as appropriate

CDC Points of Contact:

- CDC EOC/Watch Desk – 1-866-638-9753 Opt # 0 (24 hour ops)
- El Paso Quarantine Station – 1-915-834-5950
- San Diego Quarantine Station – 1-619-692-5665

CBP Medical Points of Contact:

- Dr. Dave Tarantino, CBP Senior Medical Advisor - [redacted]
[redacted]
- SOS [redacted] CBP Operational Medicine Advisor - [redacted]
[redacted]
- [redacted], CBP Medical Planner - [redacted]
[redacted]

From: (b)(6); (b)(7)(C)
Sent: 8 Feb 2020 13:01:54 +0000
To: DRT-PAICS;DRT-DPAICS
Subject: UPDATED 02/06/2020: USBP REPORTING REQUIREMENT & ACTIONS - NOVEL CORONA VIRUS
Attachments: Guidance to BP Sectors on Novel Coronavirus_02062020.pdf, CoronaVirus Pocket Cards.pdf, CBP Coronavirus JHA 4 Feb 2020 V2 Final.pdf
Importance: High

Good morning,

CBP Medical submitted updated guidance to USBP to incorporate ongoing enhanced actions and a **mandatory reporting requirement** of **persons apprehended** that are suspected potential cases of Novel Coronavirus based on travel history.

Effective immediately, the below information must be reported for every detainee from China or with history of travel to China within 1-hour or as soon as operationally practicable.

REPORTING REQUIREMENT:

Reporting Requirements (Applies to all detainees with potential/suspected nCoV).

A Report (via email with the below questions and answers) must be made within 1-hour or as soon as operationally practicable.

Ensure contact is made with the CDC EOC Watch Desk as outlined in the attached *Guidance to BP Sector on Novel Coronavirus*.

REPORT OUTLINE FOR EVERY DETAINEE FROM CHINA OR WITH HISTORY OF TRAVEL TO CHINA:

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

- a) travel within mainland China within last 14 days: Y/N
- b) Details

Symptoms (fever/cough/difficulty breathing): Y/N

Consulted with CDC (required if positive travel history in China within last 14 days): Y/N

Disposition:

- a) Referred to hospital: Y/N
- b) Quarantined (per CDC): Y/N
- c) Transferred: Y/N To: _____
- d) Released: Y/N

Please provide the information to DRT OPS DIV for reporting to HQ with a courtesy copy to DRT-BIC for tracking purposes.

Attached document titled *Guidance to BP Sector on Novel Coronavirus* also provides guidance for Border Patrol encounters with potential Coronavirus cases (Section III).

Any questions please let me know.

[Redacted]

Executive Officer
Del Rio Sector

[Redacted]



From: [Redacted]
Sent: Friday, February 7, 2020 9:31 PM
To: OPS WEST SECTORS [Redacted] OPS CENTRAL SECTORS [Redacted]
[Redacted] OPS EAST SECTOR [Redacted]
Cc: Ops ACC Distro [Redacted] [Redacted]
[Redacted]
Subject: UPDATED 02/06/2020: USBP REPORTING REQUIREMENT & ACTIONS - NOVEL CORONA VIRUS

Corridor Chiefs,

Please disseminate the below message with attachments to all USBP Sectors. This a slight modification from previous guidance and must be adhered to during this containment effort for the Novel Coronavirus. A confirmation email from each sector that the guidance has been received, understood, and decimated within each sector is required no later than 1700 hours EST on 2/8/2020. ASCs are to send the replies from Sectors to ASC [Redacted] at

[Redacted] for record.

On 01/31/2020, CBP Medical submitted guidance to USBP sectors on the handling of persons suspected of potentially meeting the guidelines of CDC further screening and reporting on the Novel Coronavirus. Since then, the guidance has been updated to incorporate ongoing enhanced actions and a **mandatory reporting requirement of persons apprehended** that are suspected potential cases of Novel Coronavirus based on travel history.

All USBP Sectors must review and adhere to the attached guidance and report as directed in the documents through their sector CoC in the field to their USBP HQ Corridor Assistant Chiefs, with CC to specified personnel as stipulated below.

REPORTING REQUIREMENT:

Reporting Requirements (Applies to all detainees with potential/suspected nCoV).

A Reports (via email with the below questions and answers) must be made within 1-hour or as soon as operationally practicable.

Ensure contact is made with the CDC EOC Watch Desk as outlined in the attached *Guidance to BP Sector on Novel Coronavirus.*

REPORT OUTLINE FOR EVERY DETAINEE FROM CHINA OR WITH HISTORY OF TRAVEL TO CHINA:

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

- a) travel within mainland China within last 14 days: Y/N
- b) Details

Symptoms (fever/cough/difficulty breathing): Y/N

Consulted with CDC (required if positive travel history in China within last 14 days): Y/N

Disposition:

- a) Referred to hospital: Y/N
- b) Quarantined (per CDC): Y/N
- c) Transferred: Y/N To: _____
- d) Released: Y/N

Reports must be routed through the CoC, USBP corridors with a cc to the following personnel:

- (A)ACC [redacted]
- Dr. DAVID A. TARANTINO: [redacted]
- CBP Medical Planner: [redacted]
- ASC [redacted]

POC for any specific reporting requirements / guidance is:

Assistant Chief (b)(6); (b)(7)(C) **Emergency Manager**

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Associate Chief

LEOD OPs Cell

(b)(6); (b)(7)(C)

Guidance to BP Sectors on Novel Coronavirus, Wuhan, China

CBP Senior Medical Advisor

2/6/20 - Situation Summary

CBP is working with The Centers for Disease Control and Prevention (CDC) to closely monitor an outbreak caused by a novel (new) coronavirus (2019-nCoV) first identified in Wuhan City, Hubei Province, China. The situation is evolving. For the most current information, monitor DHS and CBP messages and check the CDC information page at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> frequently for updates.

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I. CBP Workforce Health Protection Guidance

- CBP Senior Medical Advisor continues to work with CBPOSH, DHS OCHCO, BP Safety, and BP operational leadership to monitor workforce health protection issues and PPE recommendations and requirements
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- *Agents may print attached pocket cards for distribution as appropriate*
- The situation and information continue to evolve rapidly. Additional guidance or modifications will be provided as appropriate.

II. Reporting Requirements (Applies to all detainees with potential/suspected nCoV). Reports must be made within 1-hour or as soon as operationally practicable.

EVERY DETAINEE FROM CHINA OR WITH HISTORY OF TRAVEL TO CHINA:

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

a) travel within mainland China within last 14 days: Y/N

b) Details

Symptoms (fever/cough/difficulty breathing): Y/N

Consulted with CDC (required if positive travel history in China within last 14 days): Y/N

Disposition:

a) Referred to hospital

b) Quarantined (per CDC)

- c) Transferred to: _____
- d) Released

- **Reports must be routed through the CoC, USBP corridors with a cc to the following personnel:**

- (A)ACC (b)(6); (b)(7)(C)
- **Dr. DAVID A. TARANTINO;** (b)(6); (b)(7)(C)
- **CBP Medical Planner;** (b)(6); (b)(7)(C)
- **ASC** (b)(6); (b)(7)(C)

III. **Guidance for Border Patrol encounters with potential nCoV cases**

1. **During Field Encounter/Intake Processing**

- a. **Ask detainees if they have traveled from or through China in the past 14 days**
- b. **If no**, continue regular processing to include health intake interview and medical assessment as appropriate.
- c. **If yes**, provide surgical mask and refer detainee to medical personnel onsite if available for health intake interview/medical assessment as appropriate and contact CDC quarantine station. Follow guidance below in consultation with medical personnel
 - i. If no medical personnel available onsite => place surgical mask, isolate, contact CDC quarantine station. Based on CDC guidance, contact local health system
- d. **For detainees with recent travel to China AND signs/symptoms of illness → refer to #2 below**
- e. **For detainees with recent travel to China AND NO signs/symptoms of illness → provide surgical mask, isolate, monitor for flu-like symptoms (cough, difficulty breathing, shortness of breath, complains of fever).**
 - i. Ensure appropriate workforce PPE (Section 1 above and JHA attached)
 - ii. If detainee develops flu-like symptoms, then see #2 below
 - iii. **Ensure contact CDC EOC Watch Desk/local CDC quarantine station to determine disposition prior to transfer or release**
 - iv. Continue processing and coordinate expedited transfer to ICE or HHS as appropriate with proper notification and documentation of circumstances.

2. **For detainees with recent travel to China AND symptoms of respiratory illness:**

- a. Ensure a tight-fitting surgical mask is on the detainee.
- b. Isolate the detainee to the extent possible. Practice social distancing.
- c. Ensure appropriate workforce PPE (Section 1 above and JHA attached) and notify local collateral duty safety officer if additional PPE is required
- d. Promptly consult with local medical contract personnel if available

- e. Coordinate transfer to hospital for evaluation with advanced notification of circumstances (if seriously ill – activate 911/EMS with notification of circumstances)
 - f. Ensure contact with CDC EOC Watch Desk/local CDC quarantine station for disposition
- 3. For close contacts (all persons) with detainees with travel to China within 14 days**
- a. Provide surgical mask
 - b. Implement isolation/separation with restricted movement
 - c. **Contact CDC EOC Watch Desk/local CDC quarantine station to determine disposition**
 - d. Monitor isolated detainees to observe for flu-like symptoms, if symptoms develop – see #2 above
 - e. Coordinate expedited transfer to ICE or HHS as appropriate

CDC Points of Contact:

- CDC EOC/Watch Desk – 1-866-638-9753 Opt # 0 (24 hour ops)
- El Paso Quarantine Station – 1-915-834-5950
- San Diego Quarantine Station – 1-619-692-5665

CBP Medical Points of Contact:

- Dr. Dave Tarantino CBP Senior Medical Advisor, (b)(6), (b)(7)(C)
(b)(6); (b)(7)(C)
- SOS (b)(6); (b)(7)(C) CBP Operational Medicine Advisor,
(b)(6); (b)(7)(C)
- (b)(6); (b)(7)(C) CBP Medical Planner, (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)



CORONAVIRUS

RECOGNIZE
■ SYMPTOMS
(SEE REVERSE)

ISOLATE
■ SEPARATE ILL TRAVELERS
■ ALWAYS USE APPROPRIATE PPE

NOTIFY
■ YOUR DUTY SUPERVISOR

GIVE SUPPORT
■ FOLLOW STATION INSTRUCTIONS



CORONAVIRUS

RECOGNIZE
■ SYMPTOMS
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RECOGNIZE
■ SYMPTOMS
(SEE REVERSE)

ISOLATE
■ SEPARATE ILL TRAVELERS
■ ALWAYS USE APPROPRIATE PPE

NOTIFY
■ YOUR DUTY SUPERVISOR

GIVE SUPPORT
■ FOLLOW STATION INSTRUCTIONS



CORONAVIRUS

RECOGNIZE
■ SYMPTOMS
(SEE REVERSE)

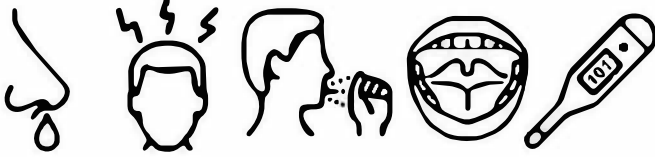
ISOLATE
■ SEPARATE ILL TRAVELERS
■ ALWAYS USE APPROPRIATE PPE

NOTIFY
■ YOUR DUTY SUPERVISOR

GIVE SUPPORT
■ FOLLOW STATION INSTRUCTIONS

CORONAVIRUS SYMPTOMS

Common signs:



Runny Nose Headache Cough Sore Throat Fever

Severe signs:

- Pneumonia
- Breathing Difficulties
- Kidney Failure
- Diarrhea

Treatment:

There is currently no specific antiviral treatment. People infected with the Coronavirus should receive supportive care to help relieve symptoms.

REFER SUSPECT CASES TO:



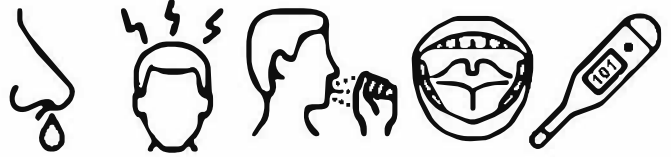
CENTERS FOR DISEASE CONTROL AND PREVENTION

1-866-638-9753

OPTION "0"

CORONAVIRUS SYMPTOMS

Common signs:



Runny Nose Headache Cough Sore Throat Fever

Severe signs:

- Pneumonia
- Breathing Difficulties
- Kidney Failure
- Diarrhea

Treatment:

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REFER SUSPECT CASES TO:



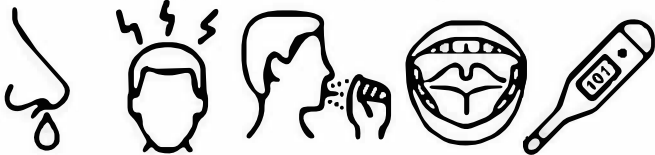
CENTERS FOR DISEASE CONTROL AND PREVENTION

1-866-638-9753

OPTION "0"

CORONAVIRUS SYMPTOMS

Common signs:



Runny Nose Headache Cough Sore Throat Fever

Severe signs:

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There is currently no specific antiviral treatment. People infected with the Coronavirus should receive supportive care to help relieve symptoms.

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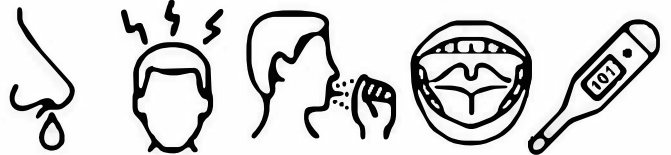
CENTERS FOR DISEASE CONTROL AND PREVENTION

1-866-638-9753

OPTION "0"

CORONAVIRUS SYMPTOMS

Common signs:



Runny Nose Headache Cough Sore Throat Fever

Severe signs:

- Pneumonia
- Breathing Difficulties
- Kidney Failure
- Diarrhea

Treatment:

There is currently no specific antiviral treatment. People infected with the Coronavirus should receive supportive care to help relieve symptoms.

REFER SUSPECT CASES TO:



CENTERS FOR DISEASE CONTROL AND PREVENTION

1-866-638-9753

OPTION "0"

Job Hazard Analysis (JHA) & PPE Assessment	Job Title: Exposure to 2019 Novel Coronavirus (nCoV)		Date: February 4, 2020	New Revised X
	Title of person who does job: All CBP Personnel in Affected Areas.	Supervisor: All	Prepared By: HRM, Occupational Safety and Health (OSH) Division CBP Senior Medical Advisor	
Office: All CBP	Location: CBP Wide	Department: All	Reviewed By: Office of Field Operations United States Border Patrol	
Required or Recommended Personal Protective Equipment: surgical masks, nitrile gloves, N95 respirator, protective outer garments, gown, shoe coverings, face shield or non-vented goggles			Approved by: OSH Division Director CBP Senior Medical Advisor	
<p>Note: This JHA only applies to the 2019 Novel Coronavirus (nCoV) outbreak linked to Wuhan, China which is being investigated by the Centers for Disease Control (CDC), World Health Organization, (WHO), Occupational Health Administration (OSHA), and other public health agencies. Although the initial outbreaks of the 2019 novel Coronavirus are believed to be linked to exposure to shellfish and meat markets in Wuhan, China, new cases of the 2019-nCoV disease have been confirmed in neighboring countries, including some as far away as here in the United States. Cases of person-to-person transmission have been increasing, with spread to multiple countries, including 11 confirmed cases in the USA.. Health authorities in Wuhan, China and surrounding areas are monitoring this disease closely and steps are being taken to contain the disease locally. As of February 4, 2020 all modes of transportation leaving China (air, rail, sea, etc.) are being restricted and every effort is being taken to conduct exit screening at surrounding area airports. Additional restrictions have been implemented in the United States to prevent the spread of disease including flight restrictions into a limited number of airports and self-monitored home quarantine for 14 days for anyone returning from affected areas.</p> <p>More information about Coronavirus can be found here at the CDC Coronavirus link https://www.cdc.gov/coronavirus/index.html</p> <p>Summary Risk Assessment: Incomplete information regarding incubation, infectious period, and transmissibility, as well as evolving circumstances make a definitive risk assessment challenging. In light of this, awareness and operationally-informed precautions are warranted. In general, the overall risk to CBP personnel is assessed to be low. However, risk increases with increased exposure to persons potentially infected with nCoV, warranting enhanced precautions described herein. CBP will continue to monitor the situation closely in coordination with appropriate stakeholders and will adjust guidance as appropriate. CBP personnel should continue to maintain situational awareness regarding this outbreak.</p> <p>Note: Risk categories (Very High, High, Medium, and Low) are to be used in conjunction with this document only. They refer to the risk relative to the hazard identified; they do not correlate to overall risk of contracting Coronavirus Disease or risk categories used by other agencies such as the Centers for Disease Control (CDC), or in other documents such as the Workforce Health and Safety Coronavirus Health Advisories Screening Guidance, CDC Coronavirus Advisories, or Health Alert Notices (HAN) meant for other audiences.</p>				

Operations	Risk Category	Hazards	PPE/Recommendations
1. Office Settings, Administrative, and HQ Staff	Low	Casual or Close Contact of Coronavirus cases is not expected.	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Frequent hand washing. • Stay home if you are ill. • Cover your cough/sneeze. • Use of surgical mask or N95 is NOT recommended. • Voluntary use of surgical masks is allowed with supervisor approval, widespread use NOT recommended. See Page 5 Notes.
2. Airport Operations Primary Passenger Processing	Medium	<u>Casual Contact</u> with passengers or persons with increased risk of exposure; <ul style="list-style-type: none"> • Who may have had a travel nexus to China within the past 14 days • May be able to transmit disease while asymptomatic 	<ul style="list-style-type: none"> • Frequent hand washing. • Wear disposable nitrile gloves. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Passive screening of passengers for signs of illness. • Use R.I.N.G. Card and general precautions. • Separate passengers with a China travel nexus and send to CDC, other medical screeners, or secondary • Avoid close or direct contact with passengers with a travel nexus to China within the past 14 days. • Provide surgical masks to any passengers with signs of illness. • Voluntary use of N95 respirators may be considered per CBP policy and supervisor approval. (See HB 5200-08B, Ch. 26).
3. Airport Operations Secondary Passenger Processing	High	<u>Limited Close Contact</u> Within six (6) feet of any traveler from anywhere in China within 14 days	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Quickly identify and separate symptomatic passengers from others. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Avoid direct contact and keep close contact to a minimum. • Officer/Agent wear N95 respirator within six (6) feet of symptomatic passenger. • Use R.I.N.G. Card for general precautions. • Refer/escort any travelers from China within 14 days to CDC for evaluation/interview. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.).

Operations	Risk Category	Hazards	PPE/Recommendations
<p>4. Airport Operations Secondary Passenger Processing</p> <p>“Entering an enclosed room/space where symptomatic person is being held or evaluated by CDC”</p>	Very High	<p>Extended Close Contact Within six (6) feet of any Symptomatic or ill passengers with travel to China within 14 days</p> <ul style="list-style-type: none"> • Runny Nose • Coughing • Headache • Sore Throat • Fever • Flu Like Symptoms 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer/Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • Use R.I.N.G. Card for general precautions.
<p>5. Land Border Operations/ Border Patrol Check Points</p> <p><u>Primary</u> Interdiction/processing of persons, vehicles or cargo.</p> <p>(Persons, Drivers, passengers, or stowaways with travel nexus to China within 14 days)</p>	Medium	<p>Casual Contact with passengers or persons with increased risk of exposure;</p> <ul style="list-style-type: none"> • Who may have had a travel nexus to China within the past 14 days • May be able to transmit disease while asymptomatic 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Wear disposable nitrile gloves. • Passive lookout for signs of illness. • Use R.I.N.G. Card for general precautions. • Refer persons with travel to China within 14 days to medical personnel, local health system, CDC as appropriate for risk assessment. • Avoid close or direct contact with persons with a travel nexus to China within 14 days.
<p>6. Land Border Operations/ Border Patrol Check Points</p> <p><u>Secondary</u> Interdiction/processing of persons, vehicles or Cargo (Persons, driver, passengers, or stowaways with travel nexus to China within 14 days)</p>	High	<p>Limited Close Contact Within six (6) feet of any traveler from</p>	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Quickly identify and separate symptomatic persons from others. • Provide surgical masks to symptomatic persons. • Avoid direct contact or extended close contact. • Wear disposable nitrile gloves. • Officer/Agent wears N95 respirator within 6 (six) feet of symptomatic persons. • Use R.I.N.G. Card for general precautions • Refer persons with travel to China within 14 days to medical personnel, local health system, CDC as appropriate for risk assessment

<p>7. Land Border Operations/ Border Patrol Check Points</p> <p>“Entering an enclosed room/space where symptomatic person is being held pending evaluation by CDC or public health personnel”</p>	<p>Very High</p>	<p><u>Extended Close Contact</u> Within six (6) feet of Symptomatic or ill travelers from China within 14 days</p> <ul style="list-style-type: none"> • Runny Nose • Coughing • Headache • Sore Throat • Fever • Flu Like Symptoms 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer/Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • Use R.I.N.G. Card for general precautions.
<p>8. Disinfection and cleanup of Contaminated Surfaces</p>	<p>High</p>	<p>Exposure to potentially harmful pathogens (Microorganisms) and disinfectant chemicals.</p>	<ul style="list-style-type: none"> • Coronaviruses can live for long periods on surfaces, so regular cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. • Use an EPA-registered disinfectant suitable for non-enveloped viruses (e.g. adenovirus, norovirus, poliovirus) to treat spills and to disinfect surfaces after bulk spill material has been removed. See https://www.epa.gov/sites/production/files/2016-12/documents/list_a_sterilizer.pdf • If an EPA-registered disinfectant is not available, use a 10% common household bleach-water solution (one (1) part chlorine bleach to nine (9) parts of water) to treat spills and to disinfect surfaces. • Nitrile or fluid impermeable gloves. • Wear an N95 respirator. • Eye protection (non-vented goggles) or face shield to cover nose and mouth. • Liquid impermeable gown (for large cleanup jobs wear liquid impermeable suit/coveralls). • Closed toe shoes and fluid impermeable shoe covers. • Dispose of all infectious material as bio hazardous waste in accordance with existing guidance.

Notes:

1. This JHA and PPE Assessment only applies to CBP operations related to exposure to 2019 Novel Coronavirus (2019-nCoV). This JHA only applies to operations that involve travelers and people who have traveled to, from or through countries identified as being affected by the Novel Coronavirus (2019-nCoV). At the time of developing this JHA, cases were being reported daily. See the CDC website below for current information on the 2019-nCoV Coronavirus Disease.
2. **CBP Respiratory Protection**. All CBP Officers and Agents who wear a respirator must be medically cleared and fit tested per the CBP Respiratory Protection Program Policy (See HB 5200-08B) and below link for respirator clearances website. All Voluntary Use of respirators will be per CBP policy as outlined in HB 5200-08B, CH 26.
3. The highest risk of contracting the 2019-nCoV Coronavirus Disease appears to be from it spreading from persons infected by the disease through coughing/sneezing in close contact with other people. Protecting yourself through droplet and respiratory protection much like other respiratory illnesses such as influenza is the best way to prevent the spread of Coronavirus Disease.
4. The HRM, OSH Division will monitor the 2019-nCoV Coronavirus Disease outbreak and will make recommendations to CBP leadership based on information received from DHS Workforce Health and Safety (WHS), CDC, OSHA, WHO and others.

References:

- CBP Muster on Coronavirus: [CBP/CDC Muster 2019 Coronavirus](#)
- CDC Coronavirus Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC Coronavirus Frequently Asked Questions (FAQ's): <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
- OSHA Coronavirus Webpage: https://www.osha.gov/SLTC/novel_coronavirus/
- CBP Respirator Medical Clearance's Website <https://resp-eval.foh.psc.gov/login/>
- EPA List of Disinfectants for Coronavirus: https://www.epa.gov/sites/production/files/2016-12/documents/list_a_sterilizer.pdf
- OSHA Fact Sheet – Protecting Workers During Pandemics: <https://www.osha.gov/Publications/OSHA-FS-3747.pdf>

Everything else remains the same (last guidance from 2/8/2020 attached)

Any questions let me know.

(b)(6); (b)(7)(C)

Executive Officer
Del Rio Sector

(b)(6); (b)(7)(C)



From: (b)(6); (b)(7)(C)
Sent: Wednesday, February 12, 2020 7:59 AM
To: OPS WEST SECTORS (b)(6); OPSCENTRALSECTORS (b)(6)
Cc: Ops ACC Distro (b)(6); OPS EAST SECTOR (b)(6); (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: UPDATED 02/12/2020: USBP REPORTING REQUIREMENT & ACTIONS - NOVEL CORONA VIRUS

Corridor Chiefs,

Please disseminate the below update to all USBP Sectors. A new distro mailbox has been created to eliminate the individual emails and single points for failure when reporting encounters related to the Novel Corona Virus. All other requirements remain the same. The attached guidance has been updated with the new updated distro mailbox.

- **NEW UPDATED DISTRO:** (b)(6) (has all required personnel outside of USBP CoC, Corridors)

- **REMINDER: CONSULTATION W/ CDC:** USBP Agents do not have to contact CDC unless the person meets the below requirement, positive travel history in China (from or through) within the last 14 days. Unless there are some concerns the agents on the ground feel based on their observations and they want to clear through CDC just to be on the safe side. But there is no requirement beyond that.
 - ✓ Consulted with CDC (required if positive travel history in China within last 14 days): Y/N

MANDATORY REPORTING REQUIREMENT:

Reporting Requirements (Applies to all detainees with potential/suspected nCoV).

A Reports must be made within 1-hour or as soon as operationally practicable.

Ensure contact is made with the CDC EOC Watch Desk as outlined in the attached *Guidance to BP Sector on Novel Coronavirus*.

(b)(6); (b)(7)(C)

Associate Chief

LEOD OPs Cell

(b)(6); (b)(7)(C)

From:
To:

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Cc:

Subject:

FW: Updated: CBP Job Hazard Analysis (JHA) & Personal Protective Equipment (PPE) Assessment issued April 16, 2020

Date:

Monday, April 20, 2020 1:02:14 PM

Attachments:

CBP COVID-19 JHA 16 April 2020 Final.pdf

Importance:

High

It is important that all personnel take the standard precautions recommended in the revised JHA, along with other credible public health entities. For the purpose of CBP guidance and protocol, the JHA should be considered CBP policy, and should be implemented accordingly. The attached JHA replaces all previous versions issued and contains specific recommendations which apply to CBP operations related to COVID-19.

Respectfully,

(b)(6); (b)(7)(C)

Supervisory Program Manager
CBP Field Operations, Tucson Field Office
4760 N. Oracle Rd., Ste 316, Tucson, AZ 85705

(b)(6); (b)(7)(C)

From: CBP OFO CCC (b)(6)

Sent: Monday, April 20, 2020 11:36 AM

To:

Subject: Updated: CBP Job Hazard Analysis (JHA) & Personal Protective Equipment (PPE) Assessment issued April 16, 2020

ALCON,

Please find attached the updated guidance to the CBP Job Hazard Analysis (JHA) & Personal Protective Equipment (PPE) Assessment.

The Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), World Health Organization (WHO), and other public health agencies are now categorizing the outbreak of COVID-19, that has spread to countries around the globe, including here in the United States, as a global pandemic. While the general risk from COVID-19 to CBP personnel and the public is still considered low, risk of exposure does vary by geographic location, age, underlying health risk factors, and the nature of work being performed.

It is important that all personnel take the standard precautions recommended in the revised JHA, along with other credible public health entities. For the purpose of CBP guidance and protocol, the JHA should be considered CBP policy, and should be implemented accordingly. The attached JHA replaces all previous versions issued and contains specific recommendations which apply to CBP operations related to COVID-19.

If there are any questions please contact your local Safety and Occupational Health Specialist within your respective Field Office, the CBP, Occupational Safety and Health Division at

(b)(6)

the OFO Coronavirus Coordination Cell,

Best Regards,

OFO, Coronavirus Coordination Cell

(b)(6)

From: (b)(6); (b)(7)(C)
To: TFO PORT DIRECTOR APD
Subject: Fwd: PDO Memo COVID-19 and Confidential Medical Information
Date: Tuesday, March 17, 2020 3:56:50 PM
Attachments: 2020-03-17 PDO - Confidential Medial Info.pdf
ATT00001.htm

FYI

(b)(6); (b)(7)(C)

ADFO Border Security
Tucson Field Office

Begin forwarded message:

From: CBP OFO CCC <cbpofoccc@cbp.dhs.gov>
Date: March 17, 2020 at 15:53:51 MST

To: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

[Redacted content]



**U.S. Customs and
Border Protection**

March 17, 2020

MEMORANDUM FOR: See Distribution

FROM:

Rebekah A. Salazar
Executive Director
Privacy and Diversity Office

(b)(6); (b)(7)(C)

SUBJECT: COVID-19 and Confidential Medical Information

With the designation of the COVID-19 virus as a global pandemic, I want to remind CBP leadership of the legal requirements and resources available for collecting and sharing information about CBP personnel (employees and contractors) regarding their health and wellness.

Whether or not a specific employee or contractor has contracted COVID-19, the information pertaining to the individual must be treated as Sensitive Personally Identifiable Information (Sensitive PII) and as a confidential medical record. As a reminder, medical information about CBP personnel is protected and confidential pursuant to the *Privacy Act of 1974*. In certain circumstances, supervisors and managers may be told about necessary restrictions on work duties and about necessary accommodations; and first responders and safety personnel may be told if the condition might require emergency treatment.

Despite the heightened interest, do not disclose medical information about individual employees or contractors outside of CBP without authorization from the Privacy and Diversity Office (PDO), pursuant to CBP Directive 2120-10. The sharing of aggregate data related to the number of impacted personnel within an office that does not include PII, does not need specific PDO authorization.

When collecting and sharing information related to individual employees who may have been exposed to or contracted COVID-19:

1. Anonymize information about personnel to the extent practicable when notifying others of their possible exposure to a positive COVID-19 patient.
2. Collect only the minimum information necessary to respond to official requests or tasks – this should not include names, ages, or other identifying information.
3. Do not share any identifying information about specific employees or contractors outside of CBP without explicit authorization from PDO.
4. Anonymize all information about impacted employees and contractors whenever possible.
5. Only use authorized methods to share identifying information about specific employees beyond the employee or contractor's local chain of command.

6. Keep confidential any additional medical information an employee or contractor voluntarily discloses.

Supervisors may frequently check in on employees and may ask employees if they are experiencing influenza-like symptoms, such as fever or chills and a cough or sore throat. Supervisors must maintain all information about employee illness as a confidential medical record.

For questions regarding information sharing and sensitive PII contact (b)(6)
For questions regarding reasonable accommodations during a pandemic please contact (b)(6)
If you are concerned that sensitive PII may have been disclosed without proper authorization as a result of the agency's response to this pandemic event, please contact the (b)(6)

Distribution: All Executive Assistant Commissioners
Chief, U.S. Border Patrol
All Assistant Commissioners
Chief Counsel
Executive Director, Privacy and Diversity Office
Executive Director, Policy Directorate
Executive Director, Planning, Analysis and Requirements Evaluations
Executive Director, Laboratories and Scientific Services
Executive Director, Intergovernmental Public Liaison
Director, Information and Incident Coordination Center
Director, Law Enforcement Officer/Agent Safety and Compliance
Director, Office of the Executive Secretariat
Senior Advisor, Office of Trade Relations
Chief of Staff
Deputy Chief of Staff
Deputy Chief of Staff (Policy)

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Subject: PDO Memo COVID-19 and Confidential Medical Information

Hello All -

For your awareness the attached memo was sent out earlier today by the Privacy and Diversity Office entitled "COVID -19 and Confidential Medical Information". The memo provides guidance when collecting and sharing information related to individual employees who may have been exposed to or contracted COVID-19.

Best Regards,

OFO Coronavirus Coordination Cell

From: (b)(6); (b)(7)(C)
To: [Redacted]
Subject: Fwd: Public Health Outreach for Eagle Pass and Del Rio
Date: Wednesday, January 29, 2020 3:26:08 PM

Gents,

See below. Ensure all precautionary measures are taken.

Thank you,

(b)(6); (b)(7)(C)

(A)DPAIC
Eagle Pass Centralized Processing Center

(b)(6); (b)(7)(C)
[Redacted]

From: (b)(6); (b)(7)(C)
Sent: Wednesday, January 29, 2020 1:41:59 PM
To: DRT-PAICS (b)(6); DRT-DPAICS (b)(6)
DRT-SOS (b)(6)
Cc: DRT OPS DIV (b)(6); (b)(6); (b)(7)(C)
Subject: Public Health Outreach for Eagle Pass and Del Rio

ALL,

Please see PAIC (b)(6); (b)(7)(C) outreach information concerning transport of any aliens suspected of having been exposed to Novel Corona Virus that are showing symptoms, to include fever of 100 degrees or higher. Communication will be key and screening for those suspected of exposure before allowing entry into detention areas is critical should this health issue progress to our borders.

Thanks

(b)(6); (b)(7)(C)
[Redacted]

Good Afternoon,

Various public healthcare providers were contacted concerning the potential of persons infected with or having been exposed to Novel Coronavirus, namely VVRMC/FDRMC and LSGS personnel. Their main recommendation was to follow CDC guidelines **and immediately notify the infection control personnel at the local hospital / medical facility prior to arrival. The more time the better, in order to coordinate procedures for screening/admission.** The following personnel were contacted and are the POCs for infectious disease protocols at their respective locations or offices:

1. (b)(6)
 ■ Air Evac Program Director
 (b)(6)
2. (b)(6)

- Val Verde Hospital Infection Control Officer
 - (b)(6)
3. (b)(6)
- Fort Duncan Hospital Infection Control Officer
 - (b)(6)

For additional information the CDC website keeps the most current information on the virus at:
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

To reiterate as with other potential communicable health risks the most important thing we can do is minimize exposure. This could be done by good field interviews and initial medical/health evaluations outside of our holding facilities in order to identify potential cases.

(b)(6); (b)(7)(C)

Patrol Agent in Charge
Special Operations Detachment
Del Rio Sector

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
To:
Subject: Fwd: UPDATED 01/29/2020 - *****USBP REPORTING REQUIREMENT - NOVEL CORONA VIRUS***** -
UPDATED 01/29/2020
Date: Wednesday, January 29, 2020 6:08:42 PM
Attachments: image001.png
[CDC QUARANTINE STATIONS.pdf](#)
[CDC Traveler Health Advisory.pdf](#)
[CDC EOC_CONTACT.pdf](#)

Gentlemen,

For immediate implementation.

See below.

(b)(6); (b)(7)(C)

(A)DPAIC
Eagle Pass Centralized Processing Center

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)

Sent: Wednesday, January 29, 2020 5:06:44 PM

To: DRT-PAICS (b)(6) DRT-DPAICS (b)(6)

Subject: FW: UPDATED 01/29/2020 - *****USBP REPORTING REQUIREMENT - NOVEL CORONA VIRUS***** - UPDATED 01/29/2020

Good Afternoon,

USBP Headquarters requires notification of persons encountered who travelled through or from China and may or may not be exhibiting signs and symptoms of Coronavirus>

If your station has a person that meet the following criteria

- If traveled through or from Wuhan, China
- If traveled through China and showing visual signs and symptoms of Coronavirus

Provide the below information to the DRT-BIC:

SECTOR:

STATION:

WHERE CURRENTLY IN USBP CUSTODY: (physical location/address and name of facility)

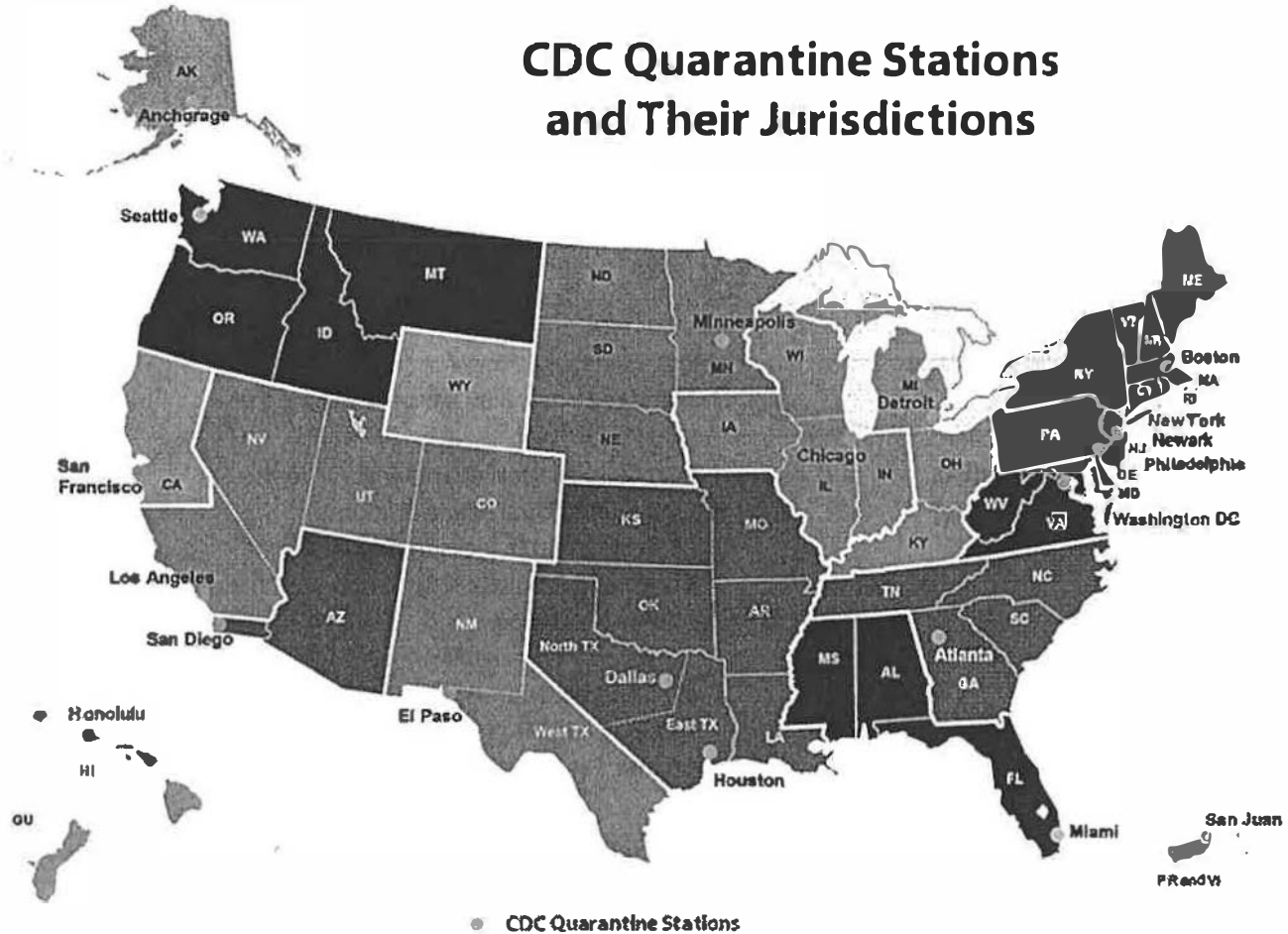
LOCATION OF ARREST: zone of apprehension plus X miles East or West of X POE



Quarantine and Isolation

Quarantine Station Contact List, Map, and Fact Sheets

On the map below, click on a color-coded region to get the contact information of the quarantine station for that region. Fact sheets are available for most stations.



DGMQ currently staffs 18 of CDC's 20 quarantine stations. Dallas and Boston fall under the jurisdiction of the quarantine stations in Houston and New York respectively.

CDC Anchorage Quarantine Station

Hours:

Monday-Friday, 8:00 a.m. – 4:30 p.m. AKT

Location/Inside Deliveries (FedEx):

CDC Anchorage Quarantine Station
 4600 Postmark Drive, North Terminal
 Suite NA-212
 Anchorage, AK 99502

U.S. Mailing Address:

CDC Anchorage Quarantine Station
 4600 Postmark Drive, North Terminal
 Suite NA-212
 Anchorage, AK 99502

Phone:

907-271-6301 (24-hour access)

Fax:

907-271-6325

Jurisdiction:

All ports in Alaska.

Anchorage Quarantine Station Fact Sheet

CDC Atlanta Quarantine Station**Hours:**

Monday-Friday, 8:00 a.m. – 4:30 p.m. ET

Location/Inside Deliveries (FedEx):

Hartsfield-Jackson Atlanta Intl. Airport
 CDC Atlanta Quarantine Station
 2600 Maynard H. Jackson Boulevard
 Concourse F, Suite 2425J
 Atlanta, GA 30354

U.S. Mailing Address:

CDC Atlanta Quarantine Station
 P.O. Box 45256
 Atlanta, GA 30320

Phone:

404-639-1220 (24-hour access)

Fax:

404-209-3937

Jurisdiction:

All ports in:

- *Georgia*
- *North Carolina*
- *South Carolina*
- *Tennessee*

CDC Boston Quarantine Station

Hours: Monday-Friday, 8:00 a.m. – 5:00 p.m. ET

Location/Inside Deliveries (FedEx): c/o CDC New York Quarantine Station
JFK International Airport
Room 219.016 Terminal 4 (E)
Jamaica, NY 11430-1081

U.S. Mailing Address: c/o CDC New York Quarantine Station
JFK International Airport
Terminal 4, Room 219.016
2nd Floor, East Concourse
Jamaica, NY 11430-1081

Phone: 617-561-5701 (24-hour access)

Fax: 617-561-5708

Jurisdiction: All ports in:

- Massachusetts
- Maine
- New Hampshire, and
- Rhode Island.

NY Station is temporarily covering Boston.

CDC Chicago Quarantine Station

Hours: Monday-Friday, 8:00 a.m. – 4:30 p.m. CT

Location/Inside Deliveries (FedEx): O'Hare International Airport
International Terminal Number 5
U.S. Customs Hall Area, Lower Lvl.
Chicago, IL 60666

U.S. Mailing Address: CDC Chicago Quarantine Station
O'Hare International Airport
AMC O'Hare, POB 66012
Chicago, IL 60666-0012

Phone: 773-894-2960 (24-hour access)

Fax: 773-894-2970

Jurisdiction:

All ports in:

- Illinois
- Indiana
- Iowa
- Wisconsin

Canadian pre-clearance port: Toronto

CDC Dallas Quarantine Station

Hours:	Monday-Friday, 8:00 a.m. – 4:30 p.m. CT
Location/Inside Deliveries (FedEx):	c/o CDC Houston Quarantine Station George Bush Intercontinental Airport 3870 North Terminal Road (c/o CBP) Houston, TX 77032
U.S. Mailing Address:	c/o CDC Houston Quarantine Station P.O. Box 60366 Houston, TX 77205
Phone:	281-230-3874 (24-hour access)
Fax:	281-230-3879
<i>Jurisdiction:</i>	<i>All ports in:</i> <ul style="list-style-type: none">• <i>Kansas</i>• <i>Missouri</i>• <i>Oklahoma</i>• <i>Arkansas</i>• <i>North Texas</i>

Health Districts 1, 2 and 3 (See list of counties). Houston Quarantine Station is temporarily covering Dallas's jurisdiction.

Dallas Quarantine Station Fact Sheet

CDC Detroit Quarantine Station

Hours:

Monday-Friday, 8:00 a.m. – 5:00 p.m. ET

Location/Inside Deliveries (FedEx):

CDC Detroit Quarantine Station
 2613 World Gateway Place
 Detroit Metro Airport
 McNamara Terminal, Bldg. 830
 Detroit, MI 48242

U.S. Mailing Address:

CDC Detroit Quarantine Station
 2613 World Gateway Place
 McNamara Terminal, Bldg. 830
 Detroit, MI 48242

Phone:

734-955-6197 (24-hour access)

Fax:

734-955-7790

Jurisdiction:

All ports in Michigan, Kentucky and Ohio

Detroit Quarantine Station Fact Sheet

CDC El Paso Quarantine Station

Hours:

Monday-Friday, 8:00 a.m. - 5:00 p.m. MT

Location/Inside Deliveries (FedEx):

CDC El Paso Quarantine Station
 700 E. San Antonio Ave
 Room E-105
 El Paso, TX 79901

U.S. Mailing Address:

CDC El Paso Quarantine Station
 700 E. San Antonio Ave
 Box 200
 El Paso, TX 79901

Phone:

915-834-5950 (daytime)
 866-638-9753 (24-hour access)

Fax:

915-834-5973

Jurisdiction:***All ports in:***

- *West Texas*
(Health Districts 8, 9, 10, and 11)
- *New Mexico*
- *the U.S.-Mexico border in both states*

(See list of counties).

El Paso, U.S.-Mexico Unit (English) Quarantine Station Fact Sheet

CDC Honolulu Quarantine Station

Hours:	Monday-Friday, 7:00 a.m. – 3:00 p.m. HT
Location/Inside Deliveries (FedEx):	CDC Honolulu Quarantine Station c/o Daniel K. Inouye International Airport International Arrivals 2nd Level, Ewa End Honolulu, HI 96819
U.S. Mailing Address:	CDC Honolulu Quarantine Station c/o Daniel K. Inouye International Airport 300 Rodgers Blvd. #67 Honolulu, HI 96819-1897
Phone:	808-861-8530 (24-hour access)
Fax:	808-861-8532 OR 808-861-8533
<i>Jurisdiction:</i>	<i>All ports in:</i> <ul style="list-style-type: none"> • <i>Hawaii</i> • <i>Guam</i> • <i>Pacific Trust Territories</i>

Honolulu Quarantine Station Fact Sheet

CDC Houston Quarantine Station

Hours:	Monday-Friday, 8:00 a.m. – 4:30 p.m. CT
Location/Inside Deliveries (FedEx):	CDC Houston Quarantine Station 3870 North Terminal Road (c/o CBP) Bush Intercontinental Airport Houston, Texas 77032
U.S. Mailing Address:	CDC Houston Quarantine Station P.O. Box 60366 Houston, TX 77205
Phone:	281-230-3874 (24-hour access)
Fax:	281-230-3879

Jurisdiction:

- The entire Texas coastline
- all ports in East Texas
(Health Districts 4, 5, 6 and 7)
- Louisiana

(See list of counties). Houston Quarantine Station is also temporarily covering Dallas Quarantine Station's jurisdiction: all ports in Kansas, Missouri, Oklahoma, Arkansas and North Texas (Health Districts 1, 2 and 3).

Houston Quarantine Station Fact Sheet

CDC Los Angeles Quarantine Station

Hours:

Monday-Friday, 7:30 a.m. – 4:00 p.m. PT

Location/Inside Deliveries (FedEx):

Heavy (over 10 lbs) Deliveries:
CDC Los Angeles Quarantine Station
Tom Bradley International Terminal
380 World Way
5th Floor Room 5118 (North Side)
Los Angeles, CA 90045
Light (under 10 lbs) Deliveries:
CDC Los Angeles Quarantine Station
Tom Bradley International Airport
Public Information Office (PIO desk)
Bureau of Customs and Border Protection
Departure Level
Los Angeles, CA 90045

U.S. Mailing Address:

CDC Los Angeles Quarantine Station
Tom Bradley International Airport
380 World Way, Box N-19
Los Angeles, CA 90045
(envelopes only)

Phone:

310-215-2365 (24-hour access)

Fax:

310-215-2285

Jurisdiction:

All ports in:

- *Southern California
(excluding the US-Mexico border counties)*
- *Nevada*
- *Utah*
- *Colorado*

Southern California counties include Los Angeles, Orange, San Bernardino, Riverside, Ventura, Santa Barbara, San Luis Obispo, Inyo and Kern
(See list of counties).

Los Angeles Quarantine Station Fact Sheet

CDC Miami Quarantine Station

Hours:	Monday-Friday, 7:00 a.m. – 4:00 p.m. ET
Location/Inside Deliveries (FedEx):	CDC Miami Quarantine Station Miami International Airport Terminal D – 3rd Floor Miami, Florida 33122
U.S. Mailing Address:	CDC Miami Quarantine Station P.O. Box 260100 Miami, FL 33126
Phone:	305-526-2910 (24-hour access)
Fax:	305-869-1495
Jurisdiction:	<i>All ports in:</i> <ul style="list-style-type: none"> • Florida • Alabama • Mississippi • pre-clearance ports in the Bahamas

Miami Quarantine Station Fact Sheet

CDC Minneapolis-St. Paul Quarantine Station

Hours:	Monday-Friday, 8:00 a.m. – 4:30 p.m. CT
Terminal 1 Mailing Address:	CDC MSP International Airport Terminal 1 CDC MSP Quarantine Station c/o CBP 4300 Glumack Dr., Suite G-2260 St. Paul, MN 55111

Terminal 2 Mailing Address: Minneapolis St Paul International Airport
Terminal 2
CDC MSP Quarantine Station c/o CBP
7150 Humphrey Dr., Suite 2168
Minneapolis, MN 55450

Phone: 612-725-3005 (24-hour access)

Fax: Terminal 1: 612-725-3006
Terminal 2: 612-725-3029

Jurisdiction: *All ports in:*

- *Minnesota*
- *Nebraska*
- *North Dakota*
- *South Dakota*

Minneapolis-St. Paul Quarantine Station Fact Sheet

CDC New York Quarantine Station

Hours: Monday-Friday, 8:00 a.m. – 5:00 p.m. ET

Location/Inside Deliveries (FedEx): CDC New York Quarantine Station
JFK International Airport
Room 219.016 Terminal 4 (E)
Jamaica, NY 11430-1081
Note: Ship only via FedEx Express (not ground)
so packages arrive directly to the office

U.S. Mailing Address: CDC New York Quarantine Station
JFK International Airport
Terminal 4, Room 219.016
2nd Floor, East Concourse
Jamaica, NY 11430-1081

Phone: 617-561-5701 (24-hour access)

Fax: 617-561-5708

Jurisdiction:

All ports in:

- New York
- Connecticut
- Vermont
- Pre-clearance ports:
 - Montreal
 - Bermuda
 - Shannon and Dublin, Ireland

New York Quarantine Station is also temporarily covering Boston Quarantine Station's jurisdiction: all ports in Massachusetts, Maine, New Hampshire, and Rhode Island.

New York Quarantine Station Fact Sheet

CDC Newark Quarantine Station

Hours:	Monday-Friday, 7:30 a.m. – 4:00 p.m. ET
Location/Inside Deliveries (FedEx):	CDC Newark Quarantine Station 52 Terminal B – CBP Ships Office Newark, NJ 07114
U.S. Mailing Address:	CDC Newark Quarantine Station 52 Terminal B Newark Liberty International Airport Newark, NJ 07114
Phone:	973-368-6200 (24-hour access)
Fax:	973-368-6204
Jurisdiction:	<i>All ports in New Jersey.</i>

Newark Quarantine Station Fact Sheet

CDC Philadelphia Quarantine Station

Hours: Monday-Friday, 7:30 a.m. – 4:00 p.m. ET

Location/Inside Deliveries (FedEx):

CDC Philadelphia Quarantine Station
Philadelphia International Airport,
c/o CBP
Terminal A West, 3rd floor
International Arrivals
Philadelphia, PA 19153

U.S. Mailing Address:

CDC Philadelphia Quarantine Station
Philadelphia International Airport,
c/o CBP
Terminal A West
3rd floor, International Arrivals
Philadelphia, PA 19153

Phone:

215-365-6401 (24-hour access)

Fax:

215-365-5419

Jurisdiction:

All ports in Pennsylvania and Delaware.

Philadelphia Quarantine Station Fact Sheet

CDC San Diego Quarantine Station

Hours:

Monday-Friday, 8:00 a.m. – 5:00 p.m. PT

Location/Inside Deliveries (FedEx):

CDC San Diego Quarantine Station
MS P575
3851 Rosecrans St., Suite #715
San Diego, CA 92110-3115

U.S. Mailing Address:

CDC San Diego Quarantine Station
MS P575
3851 Rosecrans St., Suite #715
San Diego, CA 92110-3115

Phone:

619-692-5665 (daytime)
866-638-9753 (24-hour access)

Fax:

619-692-8821

Jurisdiction:

All ports in:

- *Arizona*
- *San Diego*
- *Imperial counties of California*
- *U.S. – Mexico border for both states*
(See list of counties)

CDC San Francisco Quarantine Station

Hours:	Monday-Friday, 8:00 a.m. – 4:30 p.m. PT
Location/Inside Deliveries (FedEx):	CDC San Francisco Quarantine Station San Francisco International Airport International Arrival Area Terminal G – 2nd Level, US Customs Area San Francisco, CA 94128-0548
U.S. Mailing Address:	CDC San Francisco Quarantine Station P.O. Box 280548 San Francisco, CA 94128-0548
Phone:	650-876-2872 (24-hour access)
Fax:	650-876-2796
<i>Jurisdiction:</i>	<i>All ports in:</i> <ul style="list-style-type: none"> • <i>Central and Northern California (46 counties)</i> • <i>Wyoming (See list of counties)</i>

San Francisco Quarantine Station Fact Sheet

CDC San Juan Quarantine Station

Hours:	Monday-Friday, 8:00 a.m. – 4:30 p.m. ET
Location/Inside Deliveries (FedEx):	CDC San Juan Quarantine Station Luis Munoz Marin International Airport Terminal D, 3rd Fl, Immigration Area Carolina, PR 00979
U.S. Mailing Address:	CDC San Juan Quarantine Station P.O. Box 37197 San Juan, PR 00937-0197
Phone:	787-253-7880 (24-hour access)

Fax: 787-253-4671

Jurisdiction:

All ports in:

- *Puerto Rico*
- *the U.S. Virgin Islands*

San Juan Quarantine Station Fact Sheet

CDC Seattle Quarantine Station

Hours:	Monday-Friday, 7:30 a.m. – 4:00 p.m. PT
Location/Inside Deliveries (FedEx):	CDC Seattle Quarantine Station Seattle-Tacoma International Airport 17801 International Blvd. Room S-2067 M Seattle, WA 98158-1250
U.S. Mailing Address:	CDC Seattle Quarantine Station c/o CBP 19339 28th Ave South Building D SeaTac, WA 98158
Phone:	206-553-4519 (24-hour access)
Fax:	206-553-0855

Jurisdiction:

All ports in:

- *Washington*
- *Idaho*
- *Montana*
- *Oregon*
- *Canadian pre-clearance ports:*
 - *Edmonton*
 - *Calgary*
 - *Vancouver*
 - *Victoria*

Seattle Quarantine Station Fact Sheet

CDC Washington D.C. Quarantine Station

Hours:

Monday-Friday, 8:30 a.m. – 5:00 p.m. ET

Spanish version: U.S. - Mexico Unit: El Paso & San Diego Quarantine Stations Fact Sheet

U.S.- Mexico Unit: El Paso & San Diego Quarantine Stations Fact Sheet

<p><i>All ports in:</i></p> <ul style="list-style-type: none"> • Arizona • San Diego • Imperial counties of California • the U.S.-Mexico border for both states <p><i>(See list of counties)</i></p>	<p><i>Jurisdiction (San Diego):</i></p>
<p><i>All ports in:</i></p> <ul style="list-style-type: none"> • West Texas • Health Districts 8, 9, 10, and 11 • New Mexico • the U.S.-Mexico border in both states <p><i>(See list of counties)</i></p>	<p><i>Jurisdiction (El Paso):</i></p>
<p>619-692-8821</p>	<p>Fax (San Diego):</p>
<p>915-834-5973</p>	<p>Fax (El Paso):</p>
<p>866-638-9753 (24-hour access)</p>	<p>Phone:</p>
<p>CDC El Paso Quarantine Station 601 Sunland Park Drive, Suite 200 El Paso, TX 79912</p>	<p>U.S. Mailing Address (El Paso):</p>
<p>CDC San Diego Quarantine Station 3851 Rosecrans St., Suite # 715 San Diego, CA 92110-3115</p>	<p>U.S. Mailing Address (San Diego):</p>
<p>Monday-Friday, 8:00 a.m. – 5:00 p.m. MT</p>	<p>Hours (El Paso):</p>
<p>Monday-Friday, 8:00 a.m. – 5:00 p.m. PT</p>	<p>Hours (San Diego):</p>
<p>Refer to El Paso/San Diego Quarantine Stations</p>	<p>Location/Inside Deliveries (Fedex):</p>

Location/Inside Deliveries (FedEx):

Include Recipient's Name and Phone #

CDC Washington DC Quarantine Station
Dulles International Airport
C Terminal, Gate C-1
Mezzanine Level
Dulles, VA 20166

U.S. Mailing Address:

CDC Washington DC Quarantine Station
Dulles International Airport
P.O. Box 20081
Washington, DC 20041

Phone:

703-661-1320 (24-hour access)

Fax:

703-661-5095

Jurisdiction:

All ports in:

- *Washington DC*
- *Maryland*
- *Virginia*
- *West Virginia*

Washington D.C. Quarantine Station Fact Sheet

Page last reviewed: July 30, 2019

Content source: Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ)

HEALTH ALERT: *Travelers from Wuhan, China*

There is an outbreak of pneumonia in **Wuhan, China** caused by a new type of coronavirus.

If you have been in Wuhan within the past 2 weeks and develop a fever, cough, or have difficulty breathing, seek medical care right away.

- Call ahead before going to see a doctor or emergency room.
- Tell them your symptoms and that you were in Wuhan.
- Give them this card.

Triage Staff/Clinicians:

- Use standard, contact, and airborne precautions, and eye protection.
- Notify infection control and your state/local health department immediately.

For more information: www.cdc.gov/wuhan



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健康预警：来自中国武汉的旅客请注意

近期，在中国武汉爆发了一种由新型冠状病毒所引起的肺炎。

如果您在过去两周内曾到过武汉，并出现发烧，咳嗽，或呼吸困难的症状，请立即与医生联系。

- ✓ 请在看医生或去急诊室之前打电话咨询。
- ✓ 告知医生您的症状，并让医生知道您曾到过武汉。
- ✓ 请把此卡片交给医生。

分诊人员/临床医生：

- ✓ 请采取标准预防，接触隔离，空气传播预防，以及眼部防护措施。
- ✓ 请立即通知传染病防控机构和您所在州/地方的卫生部门。

详细信息请参见www.cdc.gov/wuhan



健康预警：来自中国武汉的旅客请注意

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- ✓ 请立即通知传染病防控机构和您所在州/地方的卫生部门。

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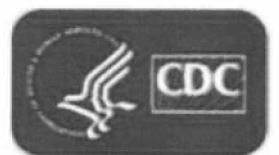
如果您在过去两周内曾到过武汉，并出现发烧，咳嗽，或呼吸困难的症状，请立即与医生联系。

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详细信息请参见www.cdc.gov/wuhan





**CENTERS FOR DISEASE
CONTROL AND PREVENTION**

1-866-638-9753

ALL IMMIGRATION BIOGRAPHICAL INFORMATION: NAME, DOB, SEX, RACE, ETC...POB, NATIONALITY, CITIZENSHIP, ROUTE OF TRAVEL


ANY COMPANIONS: INCLUDING OTHER ALIENS FROM CHINA OR OTHER COUNTRIES

CIRCUMSTANCES OF ARREST: (in a short narrative provide circumstances of arrest)

Notifications to CDC EOC must also need to be made within 1 hour of encounter or as soon as possible.

See below message for more details.

Any questions let me know.

(b)(6); (b)(7)(C)
Executive Officer
Del Rio Sector
(b)(6); (b)(7)(C) Office
(b)(6); (b)(7)(C) G-cell
(b)(6); (b)(7)(C)
DRT coin1


From: (b)(6); (b)(7)(C)
Sent: Wednesday, January 29, 2020 4:46 PM
To: OPS EAST SECTOR (b)(6); OPS WEST SECTORS (b)(6)
(b)(6); OPSCENTRALSECTORS (b)(6)
LEOD-OPS-CELL (b)(6) >
Cc: USBP HQ EM (b)(6); (b)(7)(C)
Subject: UPDATED 01/29/2020 - *****USBP REPORTING REQUIREMENT - NOVEL CORONA VIRUS***** - UPDATED 01/29/2020

USBP CORRIDORS

C-1 provided enhanced requirements which updates the previously sent guidance dated 01/25/2020. This guidance aligns OFO and USBP's handling of persons who traveled through or from China and may or may not be exhibiting signs and symptoms of Coronavirus.

CBP Joint Operational Component Guidance:

- If traveled through or from Wuhan, China - **Refer to CDC EOC - Quarantine Station 1-866-638-9753** for further interview/determination – report encounter and actions **within 1-hour** or as soon as practicable to chain of command, corridor, and to the below distro
- If traveled through China and showing visual signs and symptoms of Coronavirus - **Refer to CDC EOC - Quarantine Station 1-866-638-9753** for further interview/determination – report encounter and actions **within 1-hour** or as soon as practicable to chain of command, corridor, and to the below distro
- If from China and not showing signs and symptoms - Provide CDC Traveler Health Advisory (see attached document) (no report required)

Please continue reporting **only new cases** of persons apprehended who have been identified as having **traveled through or from Wuhan, China within 14 DAYS of their apprehension and have been referred to CDC for further action**. Additionally, **report on persons referred to CDC** who may have **traveled through or from China and appear to be exhibiting the signs and symptoms of Coronavirus**.

This is not a one-time current state, rather ongoing reporting to identify and act upon any potential new cases we come in contact with so that CBP/CDC can coordinate an appropriate response to minimize impacts on USBP Operations and properly quarantine or ascertain a potential threat of spread.

Reports must be made within 1-hour or as soon as operationally practicable. Negative reporting is NOT necessary and already reported cases do not need to be repeated.

Reporting requirements are subject to change and are based on C-1 requirements as this incident evolves or expands.

The following information will be required:

SECTOR:

STATION:

WHERE CURRENTLY IN USBP CUSTODY: (physical location/address and name of facility)

LOCATION OF ARREST: zone of apprehension plus X miles East or West of X POE

ALL IMMIGRATION BIOGRAPHICAL INFORMATION: NAME, DOB, SEX, RACE, ETC...POB, NATIONALITY, CITIZENSHIP, ROUTE OF TRAVEL

ANY COMPANIONS: INCLUDING OTHER ALIENS FROM CHINA OR OTHER COUNTRIES

CIRCUMSTANCES OF ARREST: (in a short narrative provide circumstances of arrest)

Submit reporting through your chain of command/corridor with a Cc to the personnel listed in the Cc line of this email:

Dr. DAVID A. TARANTINO: [redacted]

ASC [redacted]

(A) ACC [redacted]

Attached to this e-mail is a list of **CDC Quarantine Stations, CDC EOC 1-866 Printable Contact Number Sign, and the CDC Traveler Health Advisory**

Respectfully,

[redacted] **MEP | Assistant Chief | Emergency Manager | Special Operations
Headquarters | U.S. Border Patrol | Washington D.C.**

[redacted] **Desk** | [redacted] **Cell** | [redacted]



From: (b)(6); (b)(7)(C)
To: EGT-Supervisors; EGS Supervisors
Cc: EGS STAFF; EGT STAFF
Subject: Fwd: UPDATED 01/31/2020 - *****USBP REPORTING REQUIREMENT & ACTIONS - NOVEL CORONA VIRUS***** - UPDATED 01/31/2020
Date: Friday, January 31, 2020 7:06:20 PM
Attachments: CDC QUARANTINE STATIONS.pdf
CDC Traveler Health Advisory.pdf
CDC EOC CONTACT.pdf
image002.png

All,

Ensure the additional Corona Virus reporting requirements are completed on subjects that meet the following criteria.

- If traveled through or from Wuhan, China
- If traveled through China and showing visual signs and symptoms of Coronavirus
- In addition to the above procedures, CBP Medical requires a call for awareness regarding incident.

o Contact CBP Medical Planner: (b)(6); (b)(7)(C) - Provide Call 24-hours

V/r,

(b)(6); (b)(7)(C)

(A)DPAIC

Eagle Pass Centralized Processing Center

C (b)(6); (b)(7)(C)



From: (b)(6); (b)(7)(C)

Sent: Friday, January 31, 2020 5:14 PM

To: DRT-PAICS; DRT-DPAICS

Cc: DRT EXEC STAFF

Subject: FW: UPDATED 01/31/2020 - *****USBP REPORTING REQUIREMENT & ACTIONS - NOVEL CORONA VIRUS***** - UPDATED 01/31/2020

In addition to the procedures disseminated on Wednesday regarding reporting requirements, the below has been added (third bullet below):

If your station has a person that meet the following criteria

- If traveled through or from Wuhan, China
- If traveled through China and showing visual signs and symptoms of Coronavirus
- **In addition to the above procedures, CBP Medical requires a call for awareness regarding incident.**

- o **Contact CBP Medical Planner:** (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) - **Provide Call 24-hours**

Thank you.

(b)(6); (b)(7)(C)

Executive Officer

Del Rio Sector

(b)(6); (b)(7)(C) Office
G-cell

(b)(6); (b)(7)(C)

DRTcoin1



From: (b)(6); (b)(7)(C)
Sent: Friday, January 31, 2020 11:00 AM
To: OPS EAST SECTOR (b)(6) OPS WEST SECTORS
(b)(6) OPSCENTRALSECTORS (b)(6)
LEOD-OPS-CELL (b)(6) >
Cc: USBP HQ EM (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) TARANTINO, DAVID A
(b)(6); (b)(7)(C)

Subject: UPDATED 01/31/2020 - *****USBP REPORTING REQUIREMENT & ACTIONS - NOVEL CORONA VIRUS***** - UPDATED 01/31/2020

UPDATES ENHANCED GUIDANCE:

FOR IMMEDIATE DISSEMINATION DOWN THROUGH ALL USBP LEADERSHIP TO FIRST LINE SBPA/BPAs – PER CBP MEDICAL

USBP CORRIDORS

CBP Medical has asked to provide enhanced requirements which updates the previously sent guidance dated 01/29/2020. This guidance aligns OFO and USBP's handling of persons who traveled through or from China and may or may not be exhibiting signs and symptoms of Coronavirus.

CBP Joint Operational Component Guidance:

- If traveled through or from Wuhan, China - **Refer to CDC EOC - Quarantine Station 1-**
[Redacted]

866-638-9753 for further interview/determination – report encounter and actions **within 1-hour** or as soon as practicable to chain of command, corridor, and to the below distro – if CBP Contract Medical is onsite, facilitate initial assessment of vitals and potential risks as with any other alien regardless of nationality

- If traveled through China and showing visual signs and symptoms of Coronavirus - **Refer to CDC EOC** - Quarantine Station **1-866-638-9753** for further interview/determination – report encounter and actions **within 1-hour** or as soon as practicable to chain of command, corridor, and to the below distro – if CBP Contract Medical is onsite facilitate initial assessment of vitals and potential risks as with any other alien regardless of nationality
- If traveled through or from China and not showing signs and symptoms - Provide CDC Traveler Health Advisory flyer (see attached document) (no report required nor notification)

In addition to the above procedures, CBP Medical requires a call for awareness regarding incident.

Contact CBP Medical Planner: (b)(6); (b)(7)(C) - **Provide Call 24-hours**

Please continue reporting **only new cases** of persons apprehended who have been identified as having **traveled through or from Wuhan, China within 14 DAYS of their apprehension and have been referred to CDC for further action.** Additionally, **report on persons referred to CDC** who may have **traveled through or from China and appear to be exhibiting the signs and symptoms of Coronavirus.**

This is not a one-time current state, rather ongoing reporting to identify and act upon any potential new cases we come in contact with so that CBP/CDC can coordinate an appropriate response to minimize impacts on USBP Operations and properly quarantine or ascertain a potential threat of spread.

Reports must be made within 1-hour or as soon as operationally practicable. Negative reporting is NOT necessary and already reported cases do not need to be repeated.

Reporting requirements are subject to change and are based on C-1 requirements as this incident evolves or expands.

The following information will be required:

SECTOR:

STATION:

WHERE CURRENTLY IN USBP CUSTODY: (physical location/address and name of facility)

LOCATION OF ARREST: zone of apprehension plus X miles East or West of X POE

ALL IMMIGRATION BIOGRAPHICAL INFORMATION: NAME, DOB, SEX, RACE, ETC...POB, NATIONALITY, CITIZENSHIP, ROUTE OF TRAVEL

ANY COMPANIONS: INCLUDING OTHER ALIENS FROM CHINA OR OTHER COUNTRIES

CIRCUMSTANCES OF ARREST: (in a short narrative provide circumstances of arrest)

Submit reporting through your chain of command/corridor with a Cc to the personnel listed in the Cc line of this email:

Dr. DAVID A. TARANTINO: (b)(6); (b)(7)(C)

CBP Medical Planner: (b)(6); (b)(7)(C) - **Provide Call 24-hours**

ASC (b)(6); (b)(7)(C)

(A) ACC (b)(6); (b)(7)(C)

Attached to this e-mail is a list of **CDC Quarantine Stations, CDC EOC 1-866 Printable Contact Number Sign, and the CDC Traveler Health Advisory**

Respectfully,

(b)(6); (b)(7)(C) **MEP | Assistant Chief | Emergency Manager | Special Operations Headquarters | U.S. Border Patrol | Washington D.C.**

(b)(6); (b)(7)(C) **Desk |** (b)(6); (b)(7)(C) **Cell |** (b)(6); (b)(7)(C)



From: (b)(6); (b)(7)(C)
To: EGT-Supervisors; EGS Supervisors
Cc: EGS_STAFF; EGT_STAFF
Subject: Fwd: UPDATED 02/06/2020: USBP REPORTING REQUIREMENT & ACTIONS - NOVEL CORONA VIRUS
Date: Saturday, February 8, 2020 8:07:25 AM
Attachments: Guidance to BP Sectors on Novel Coronavirus_02062020.pdf
CoronaVirus Pocket Cards.pdf
CBP_Coronavirus_JHA 4 Feb 2020_V2_Final.pdf

All,

See mandatory reporting requirement below on subjects apprehended that are suspected potential cases of Novel Coronavirus based on travel history.

Effective immediately, the below information must be reported for every detainee from China or with history of travel to China within 1-hour or as soon as operationally practicable.

V/r,

(b)(6); (b)(7)(C)

(A)DPAIC

Eagle Pass Centralized Processing Center

C (b)(6); (b)(7)(C)

O

From: (b)(6); (b)(7)(C)

Sent: Saturday, February 8, 2020 7:01 AM

To: DRT-PAICS; DRT-DPAICS

Subject: UPDATED 02/06/2020: USBP REPORTING REQUIREMENT & ACTIONS - NOVEL CORONA VIRUS

Good morning,

CBP Medical submitted updated guidance to USBP to incorporate ongoing enhanced actions and a **mandatory reporting requirement** of **persons apprehended** that are suspected potential cases of Novel Coronavirus based on travel history.

Effective immediately, the below information must be reported for every detainee from China or with history of travel to China within 1-hour or as soon as operationally practicable.

REPORTING REQUIREMENT:

Reporting Requirements (Applies to all detainees with potential/suspected nCoV).

A Report (via email with the below questions and answers) must be made within 1-hour or as soon as operationally practicable.

Ensure contact is made with the CDC EOC Watch Desk as outlined in the attached *Guidance to BP Sector on Novel Coronavirus*.

Guidance to BP Sectors on Novel Coronavirus, Wuhan, China

CBP Senior Medical Advisor

2/6/20 - Situation Summary

CBP is working with The Centers for Disease Control and Prevention (CDC) to closely monitor an outbreak caused by a novel (new) coronavirus (2019-nCoV) first identified in Wuhan City, Hubei Province, China. The situation is evolving. For the most current information, monitor DHS and CBP messages and check the CDC information page at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> frequently for updates.

While most of the people identified with 2019-nCoV have association with Wuhan City, there has been significant spread throughout China and increasingly to other countries around the world. To date there have been multiple confirmed cases in the United States; this number is expected to continue to increase. The USG has enacted strict entry restriction and screening measures for persons with travel to China.

I. CBP Workforce Health Protection Guidance

- CBP Senior Medical Advisor continues to work with CBPOSH, DHS OCHCO, BP Safety, and BP operational leadership to monitor workforce health protection issues and PPE recommendations and requirements
- *Updated CBP Job Hazard Analysis and PPE Assessment attached*
- *Agents may print attached pocket cards for distribution as appropriate*
- The situation and information continue to evolve rapidly. Additional guidance or modifications will be provided as appropriate.

II. Reporting Requirements (Applies to all detainees with potential/suspected nCoV). Reports must be made within 1-hour or as soon as operationally practicable.

EVERY DETAINEE FROM CHINA OR WITH HISTORY OF TRAVEL TO CHINA:

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

a) travel within mainland China within last 14 days: Y/N

b) Details

Symptoms (fever/cough/difficulty breathing): Y/N

Consulted with CDC (required if positive travel history in China within last 14 days): Y/N

Disposition:

a) Referred to hospital

b) Quarantined (per CDC)

- c) Transferred to: _____
- d) Released

- **Reports must be routed through the CoC, USBP corridors with a cc to the following personnel:**

- **(A)ACC** (b)(6), (b)(7)(C)
- **Dr. DAVID A. TARANTINO:** (b)(6), (b)(7)(C)
- **CBP Medical Planner:** (b)(6), (b)(7)(C)
- **ASC** (b)(6), (b)(7)(C)

III. **Guidance for Border Patrol encounters with potential nCoV cases**

1. **During Field Encounter/Intake Processing**

- a. **Ask detainees if they have traveled from or through China in the past 14 days**
- b. **If no**, continue regular processing to include health intake interview and medical assessment as appropriate.
- c. **If yes**, provide surgical mask and refer detainee to medical personnel onsite if available for health intake interview/medical assessment as appropriate and contact CDC quarantine station. Follow guidance below in consultation with medical personnel
 - i. If no medical personnel available onsite => place surgical mask, isolate, contact CDC quarantine station. Based on CDC guidance, contact local health system
- d. **For detainees with recent travel to China AND signs/symptoms of illness → refer to #2 below**
- e. **For detainees with recent travel to China AND NO signs/symptoms of illness → provide surgical mask, isolate, monitor for flu-like symptoms (cough, difficulty breathing, shortness of breath, complains of fever).**
 - i. Ensure appropriate workforce PPE (Section 1 above and JHA attached)
 - ii. If detainee develops flu-like symptoms, then see #2 below
 - iii. **Ensure contact CDC EOC Watch Desk/local CDC quarantine station to determine disposition prior to transfer or release**
 - iv. Continue processing and coordinate expedited transfer to ICE or HHS as appropriate with proper notification and documentation of circumstances.

2. **For detainees with recent travel to China AND symptoms of respiratory illness:**

- a. Ensure a tight-fitting surgical mask is on the detainee.
- b. Isolate the detainee to the extent possible. Practice social distancing.
- c. Ensure appropriate workforce PPE (Section 1 above and JHA attached) and notify local collateral duty safety officer if additional PPE is required
- d. Promptly consult with local medical contract personnel if available

- e. Coordinate transfer to hospital for evaluation with advanced notification of circumstances (if seriously ill – activate 911/EMS with notification of circumstances)
 - f. Ensure contact with CDC EOC Watch Desk/local CDC quarantine station for disposition
- 3. For close contacts (all persons) with detainees with travel to China within 14 days**
- a. Provide surgical mask
 - b. Implement isolation/separation with restricted movement
 - c. **Contact CDC EOC Watch Desk/local CDC quarantine station to determine disposition**
 - d. Monitor isolated detainees to observe for flu-like symptoms, if symptoms develop – see #2 above
 - e. Coordinate expedited transfer to ICE or HHS as appropriate

CDC Points of Contact:

- CDC EOC/Watch Desk – 1-866-638-9753 Opt # 0 (24 hour ops)
- El Paso Quarantine Station – 1-915-834-5950
- San Diego Quarantine Station – 1-619-692-5665

CBP Medical Points of Contact:

- Dr. Dave Tarantino, CBP Senior Medical Advisor, (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
- SOS (b)(6); (b)(7)(C) CBP Operational Medicine Advisor,
(b)(6); (b)(7)(C)
- (b)(6); (b)(7)(C) CBP Medical Planner, (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)



CORONAVIRUS

RECOGNIZE
■ SYMPTOMS
(SEE REVERSE)

ISOLATE
■ SEPARATE ILL TRAVELERS
■ ALWAYS USE APPROPRIATE PPE

NOTIFY
■ YOUR DUTY SUPERVISOR

GIVE SUPPORT
■ FOLLOW STATION INSTRUCTIONS



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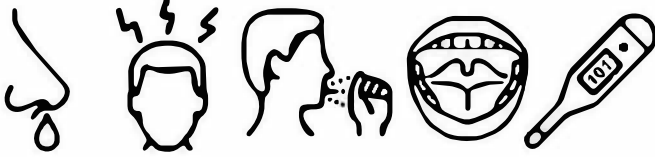
ISOLATE
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■ YOUR DUTY SUPERVISOR

GIVE SUPPORT
■ FOLLOW STATION INSTRUCTIONS

CORONAVIRUS SYMPTOMS

Common signs:



Runny Nose Headache Cough Sore Throat Fever

Severe signs:

- Pneumonia
- Breathing Difficulties
- Kidney Failure
- Diarrhea

Treatment:

There is currently no specific antiviral treatment. People infected with the Coronavirus should receive supportive care to help relieve symptoms.

REFER SUSPECT CASES TO:



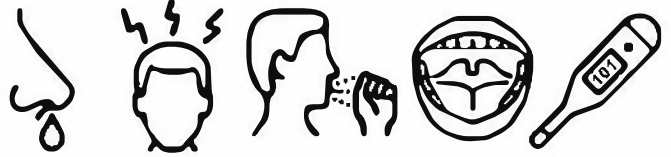
CENTERS FOR DISEASE CONTROL AND PREVENTION

1-866-638-9753

OPTION "0"

CORONAVIRUS SYMPTOMS

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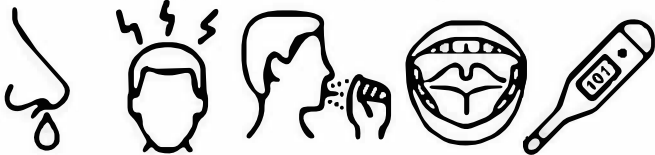
CENTERS FOR DISEASE CONTROL AND PREVENTION

1-866-638-9753

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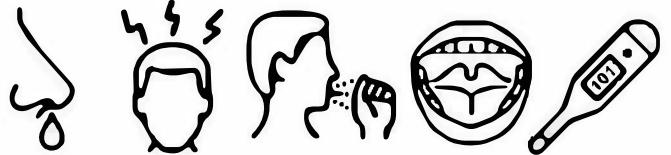
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REFER SUSPECT CASES TO:



CENTERS FOR DISEASE CONTROL AND PREVENTION

1-866-638-9753

OPTION "0"

Job Hazard Analysis (JHA) & PPE Assessment	Job Title: Exposure to 2019 Novel Coronavirus (nCoV)		Date: February 4, 2020	New Revised X
	Title of person who does job: All CBP Personnel in Affected Areas.	Supervisor: All	Prepared By: HRM, Occupational Safety and Health (OSH) Division CBP Senior Medical Advisor	
Office: All CBP	Location: CBP Wide	Department: All	Reviewed By: Office of Field Operations United States Border Patrol	
Required or Recommended Personal Protective Equipment: surgical masks, nitrile gloves, N95 respirator, protective outer garments, gown, shoe coverings, face shield or non-vented goggles			Approved by: OSH Division Director CBP Senior Medical Advisor	
<p>Note: This JHA only applies to the 2019 Novel Coronavirus (nCoV) outbreak linked to Wuhan, China which is being investigated by the Centers for Disease Control (CDC), World Health Organization, (WHO), Occupational Health Administration (OSHA), and other public health agencies. Although the initial outbreaks of the 2019 novel Coronavirus are believed to be linked to exposure to shellfish and meat markets in Wuhan, China, new cases of the 2019-nCoV disease have been confirmed in neighboring countries, including some as far away as here in the United States. Cases of person-to-person transmission have been increasing, with spread to multiple countries, including 11 confirmed cases in the USA.. Health authorities in Wuhan, China and surrounding areas are monitoring this disease closely and steps are being taken to contain the disease locally. As of February 4, 2020 all modes of transportation leaving China (air, rail, sea, etc.) are being restricted and every effort is being taken to conduct exit screening at surrounding area airports. Additional restrictions have been implemented in the United States to prevent the spread of disease including flight restrictions into a limited number of airports and self-monitored home quarantine for 14 days for anyone returning from affected areas.</p> <p>More information about Coronavirus can be found here at the CDC Coronavirus link https://www.cdc.gov/coronavirus/index.html</p> <p>Summary Risk Assessment: Incomplete information regarding incubation, infectious period, and transmissibility, as well as evolving circumstances make a definitive risk assessment challenging. In light of this, awareness and operationally-informed precautions are warranted. In general, the overall risk to CBP personnel is assessed to be low. However, risk increases with increased exposure to persons potentially infected with nCoV, warranting enhanced precautions described herein. CBP will continue to monitor the situation closely in coordination with appropriate stakeholders and will adjust guidance as appropriate. CBP personnel should continue to maintain situational awareness regarding this outbreak.</p> <p>Note: Risk categories (Very High, High, Medium, and Low) are to be used in conjunction with this document only. They refer to the risk relative to the hazard identified; they do not correlate to overall risk of contracting Coronavirus Disease or risk categories used by other agencies such as the Centers for Disease Control (CDC), or in other documents such as the Workforce Health and Safety Coronavirus Health Advisories Screening Guidance, CDC Coronavirus Advisories, or Health Alert Notices (HAN) meant for other audiences.</p>				

Operations	Risk Category	Hazards	PPE/Recommendations
1. Office Settings, Administrative, and HQ Staff	Low	Casual or Close Contact of Coronavirus cases is not expected.	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Frequent hand washing. • Stay home if you are ill. • Cover your cough/sneeze. • Use of surgical mask or N95 is NOT recommended. • Voluntary use of surgical masks is allowed with supervisor approval, widespread use NOT recommended. See Page 5 Notes.
2. Airport Operations Primary Passenger Processing	Medium	<u>Casual Contact</u> with passengers or persons with increased risk of exposure; <ul style="list-style-type: none"> • Who may have had a travel nexus to China within the past 14 days • May be able to transmit disease while asymptomatic 	<ul style="list-style-type: none"> • Frequent hand washing. • Wear disposable nitrile gloves. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Passive screening of passengers for signs of illness. • Use R.I.N.G. Card and general precautions. • Separate passengers with a China travel nexus and send to CDC, other medical screeners, or secondary • Avoid close or direct contact with passengers with a travel nexus to China within the past 14 days. • Provide surgical masks to any passengers with signs of illness. • Voluntary use of N95 respirators may be considered per CBP policy and supervisor approval. (See HB 5200-08B, Ch. 26).
3. Airport Operations Secondary Passenger Processing	High	<u>Limited Close Contact</u> Within six (6) feet of any traveler from anywhere in China within 14 days	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Quickly identify and separate symptomatic passengers from others. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Avoid direct contact and keep close contact to a minimum. • Officer/Agent wear N95 respirator within six (6) feet of symptomatic passenger. • Use R.I.N.G. Card for general precautions. • Refer/escort any travelers from China within 14 days to CDC for evaluation/interview. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.).

Operations	Risk Category	Hazards	PPE/Recommendations
<p>4. Airport Operations Secondary Passenger Processing</p> <p>“Entering an enclosed room/space where symptomatic person is being held or evaluated by CDC”</p>	Very High	<p>Extended Close Contact Within six (6) feet of any Symptomatic or ill passengers with travel to China within 14 days</p> <ul style="list-style-type: none"> • Runny Nose • Coughing • Headache • Sore Throat • Fever • Flu Like Symptoms 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer/Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • Use R.I.N.G. Card for general precautions.
<p>5. Land Border Operations/ Border Patrol Check Points</p> <p><u>Primary</u> Interdiction/processing of persons, vehicles or cargo.</p> <p>(Persons, Drivers, passengers, or stowaways with travel nexus to China within 14 days)</p>	Medium	<p>Casual Contact with passengers or persons with increased risk of exposure;</p> <ul style="list-style-type: none"> • Who may have had a travel nexus to China within the past 14 days • May be able to transmit disease while asymptomatic 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Wear disposable nitrile gloves. • Passive lookout for signs of illness. • Use R.I.N.G. Card for general precautions. • Refer persons with travel to China within 14 days to medical personnel, local health system, CDC as appropriate for risk assessment. • Avoid close or direct contact with persons with a travel nexus to China within 14 days.
<p>6. Land Border Operations/ Border Patrol Check Points</p> <p><u>Secondary</u> Interdiction/processing of persons, vehicles or Cargo (Persons, driver, passengers, or stowaways with travel nexus to China within 14 days)</p>	High	<p>Limited Close Contact Within six (6) feet of any traveler from</p>	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Quickly identify and separate symptomatic persons from others. • Provide surgical masks to symptomatic persons. • Avoid direct contact or extended close contact. • Wear disposable nitrile gloves. • Officer/Agent wears N95 respirator within 6 (six) feet of symptomatic persons. • Use R.I.N.G. Card for general precautions • Refer persons with travel to China within 14 days to medical personnel, local health system, CDC as appropriate for risk assessment

<p>7. Land Border Operations/ Border Patrol Check Points</p> <p>“Entering an enclosed room/space where symptomatic person is being held pending evaluation by CDC or public health personnel”</p>	<p>Very High</p>	<p><u>Extended Close Contact</u> Within six (6) feet of Symptomatic or ill travelers from China within 14 days</p> <ul style="list-style-type: none"> • Runny Nose • Coughing • Headache • Sore Throat • Fever • Flu Like Symptoms 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer/Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • Use R.I.N.G. Card for general precautions.
<p>8. Disinfection and cleanup of Contaminated Surfaces</p>	<p>High</p>	<p>Exposure to potentially harmful pathogens (Microorganisms) and disinfectant chemicals.</p>	<ul style="list-style-type: none"> • Coronaviruses can live for long periods on surfaces, so regular cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. • Use an EPA-registered disinfectant suitable for non-enveloped viruses (e.g. adenovirus, norovirus, poliovirus) to treat spills and to disinfect surfaces after bulk spill material has been removed. See https://www.epa.gov/sites/production/files/2016-12/documents/list_a_sterilizer.pdf • If an EPA-registered disinfectant is not available, use a 10% common household bleach-water solution (one (1) part chlorine bleach to nine (9) parts of water) to treat spills and to disinfect surfaces. • Nitrile or fluid impermeable gloves. • Wear an N95 respirator. • Eye protection (non-vented goggles) or face shield to cover nose and mouth. • Liquid impermeable gown (for large cleanup jobs wear liquid impermeable suit/coveralls). • Closed toe shoes and fluid impermeable shoe covers. • Dispose of all infectious material as bio hazardous waste in accordance with existing guidance.

Notes:

1. This JHA and PPE Assessment only applies to CBP operations related to exposure to 2019 Novel Coronavirus (2019-nCoV). This JHA only applies to operations that involve travelers and people who have traveled to, from or through countries identified as being affected by the Novel Coronavirus (2019-nCoV). At the time of developing this JHA, cases were being reported daily. See the CDC website below for current information on the 2019-nCoV Coronavirus Disease.
2. **CBP Respiratory Protection**. All CBP Officers and Agents who wear a respirator must be medically cleared and fit tested per the CBP Respiratory Protection Program Policy (See HB 5200-08B) and below link for respirator clearances website. All Voluntary Use of respirators will be per CBP policy as outlined in HB 5200-08B, CH 26.
3. The highest risk of contracting the 2019-nCoV Coronavirus Disease appears to be from it spreading from persons infected by the disease through coughing/sneezing in close contact with other people. Protecting yourself through droplet and respiratory protection much like other respiratory illnesses such as influenza is the best way to prevent the spread of Coronavirus Disease.
4. The HRM, OSH Division will monitor the 2019-nCoV Coronavirus Disease outbreak and will make recommendations to CBP leadership based on information received from DHS Workforce Health and Safety (WHS), CDC, OSHA, WHO and others.

References:

- CBP Muster on Coronavirus: [CBP/CDC Muster 2019 Coronavirus](#)
- CDC Coronavirus Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC Coronavirus Frequently Asked Questions (FAQ's): <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
- OSHA Coronavirus Webpage: https://www.osha.gov/SLTC/novel_coronavirus/
- CBP Respirator Medical Clearance's Website <https://resp-eval.foh.psc.gov/login/>
- EPA List of Disinfectants for Coronavirus: https://www.epa.gov/sites/production/files/2016-12/documents/list_a_sterilizer.pdf
- OSHA Fact Sheet – Protecting Workers During Pandemics: <https://www.osha.gov/Publications/OSHA-FS-3747.pdf>

REPORT OUTLINE FOR EVERY DETAINEE FROM CHINA OR WITH HISTORY OF TRAVEL TO CHINA:

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

- a) travel within mainland China within last 14 days: **Y/N**
- b) Details

Symptoms (fever/cough/difficulty breathing): **Y/N**

Consulted with CDC (required if positive travel history in China within last 14 days): **Y/N**

Disposition:

- a) Referred to hospital: **Y/N**
- b) Quarantined (per CDC): **Y/N**
- c) Transferred: **Y/N** To: _____
- d) Released: **Y/N**

Please provide the information to DRT OPS DIV for reporting to HQ with a courtesy copy to DRT-BIC for tracking purposes.

Attached document titled *Guidance to BP Sector on Novel Coronavirus* also provides guidance for Border Patrol encounters with potential Coronavirus cases (Section III).

Any questions please let me know.

(b)(6); (b)(7)(C)

Executive Officer

Del Rio Sector

(b)(6); (b)(7)(C) Office
G-cell

(b)(6); (b)(7)(C)



From: (b)(6); (b)(7)(C)

Sent: Friday, February 7, 2020 9:31 PM

To: OPS WEST SECTORS (b)(6) OPSCENTRALSECTORS

(b)(6) OPS EAST SECTOR (b)(6)

Cc: Ops ACC Distro

(b)(6)

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Subject: UPDATED 02/06/2020: USBP REPORTING REQUIREMENT & ACTIONS - NOVEL CORONA VIRUS

Corridor Chiefs,

Please disseminate the below message with attachments to all USBP Sectors. This a slight modification from previous guidance and must be adhered to during this containment effort for the Novel Coronavirus. A confirmation email from each sector that the guidance has been received, understood, and decimated within each sector is required no later than 1700 hours EST on 2/8/2020. ASCs are to send the replies from Sectors to ASC

(b)(6); (b)(7)(C)

at

(b)(6); (b)(7)(C)

for record.

On 01/31/2020, CBP Medical submitted guidance to USBP sectors on the handling of persons suspected of potentially meeting the guidelines of CDC further screening and reporting on the Novel Coronavirus. Since then, the guidance has been updated to incorporate ongoing enhanced actions and a **mandatory reporting requirement** of **persons apprehended** that are suspected potential cases of Novel Coronavirus based on travel history.

All USBP Sectors must review and adhere to the attached guidance and report as directed in the documents through their sector CoC in the field to their USBP HQ Corridor Assistant Chiefs, with CC to specified personnel as stipulated below.

REPORTING REQUIREMENT:

Reporting Requirements (Applies to all detainees with potential/suspected nCoV).

A Reports (via email with the below questions and answers) must be made within 1-hour or as soon as operationally practicable.

Ensure contact is made with the CDC EOC Watch Desk as outlined in the attached *Guidance to BP Sector on Novel Coronavirus*.

REPORT OUTLINE FOR EVERY DETAINEE FROM CHINA OR WITH HISTORY OF TRAVEL TO CHINA:

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

a) travel within mainland China within last 14 days: Y/N

b) Details

Symptoms (fever/cough/difficulty breathing): Y/N

Consulted with CDC (required if positive travel history in China within last 14 days): Y/N

Disposition:

a) Referred to hospital: Y/N

- b) Quarantined (per CDC): Y/N
- c) Transferred: Y/N To: _____
- d) Released: Y/N

Reports must be routed through the CoC, USBP corridors with a cc to the following personnel:

- (A)ACC (b)(6); (b)(7)(C)
- Dr. DAVID A. TARANTINO: (b)(6); (b)(7)(C)
- CBP Medical Planner: (b)(6); (b)(7)(C)
- ASC (b)(6); (b)(7)(C)

POC for any specific reporting requirements / guidance is:

Assistant Chief (b)(6); (b)(7)(C) **Emergency Manager**

(b)(6); (b)(7)(C) **Office**
Cell

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Associate Chief

LEOD OPs Cell

(b)(6); (b)(7)(C) office
cell

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
To: EGS-PROS; EGT-PROS; CAR-SUPS; UVA-MANAGERS
Cc: (b)(6); (b)(7)(C)
Subject: Fwd: Vehicle Decontamination/Disinfecting Procedures
Date: Monday, March 30, 2020 6:27:46 PM
Attachments: EPCPC.pdf
PP7 NG Decon Schedule.xlsx

All,

Starting tomorrow at 0700 hrs, NG soldier's will be conducting vehicle Decontamination / Disinfecting Procedures at the soft sided structures area.

The process is to have all transport vehicles disinfected once finished with the transportation of detainees.

The NGs will be set up at the second guard shack for easy access to this procedure.

This cleaning/ disinfecting process will only take several minutes and should not hinder EPCPC or field operations.

Upon apprehension of a group, Agents would drive into the facility, unload the subjects and would properly screen them as per previous instructions.

- **They would then re-load their transport vehicle and transport the subjects to the POE.**
- **Agents would then stop by the EPCPC on their way back to the field where the NG personnel would be waiting to disinfect the transport cab of the vehicle.**

The disinfection process would entail NG personnel using the manual pump sprayer to spray the bleach/water solution as recommended by the CDC into the transport cab of the unit while standing outside the unit. The substance would then be allowed to "air-out" for no less than ten (10) minutes prior to using it to transport another subject/group of subjects.

Thank you,

(b)(6); (b)(7)(C)

(A)DPAIC

Eagle Pass Centralized Processing Center

C (b)(6); (b)(7)(C)
O

From: (b)(6); (b)(7)(C)

Sent: Monday, March 30, 2020 5:02 PM

To: (b)(6); (b)(7)(C)

DUTY ASSIGNMENT SHEET

UNITED STATES BORDER PATROL

National Guard DECON Unit

STANDARD SHIFTS:

SPECIAL ASSIGNMENTS OR LEAVE:

25 0600-1400 129 0500-1500
 57 1400-2200 177 1300-2300
 89 2200-0600 225 2100-0700

AL Annual Leave
 TR Training
 X Off Duty

From (date)

To (date)

March 29, 2020

April 11, 2020

NAME	No.	STANDARD SHIFT NO.	VARIATIONS							STANDARD SHIFT NO.	VARIATIONS								
			Sun	Mon	Tue	Wed	Thu	Fri	Sat		Sun	Mon	Tue	Wed	Thu	Fri	Sat		
Carrizo Springs (b)(6); (b)(7)(C)			29	0/20	1/20	1/20	2/20	2/20	3/20	4/20		5/20	6/20	7/20	8/20	9/20	10/20	11/20	20
	SGT		-	-	-	-	-	-	-	-							X	X	X
	SGT	129	-	-	-	-	-	-	-	-	129	X	X	X					
	SPC	129	-	-	-	-	-	-	-	-	129			X	X	X			
Eagle Pass South			29	0/20	1/20	1/20	2/20	2/20	3/20	4/20		5/20	6/20	7/20	8/20	9/20	10/20	11/20	20
NG1		57	-	-	-	-	-	-	-	-	57	X	X						
NG2		57	-	-	-	-	-	-	-	-	57							X	X
Eagle Pass North			29	0/20	1/20	1/20	2/20	2/20	3/20	4/20		5/20	6/20	7/20	8/20	9/20	10/20	11/20	20
NG1		89	-	-	-	-	-	-	-	-	89	X	X						
NG2		89	-	-	-	-	-	-	-	-	89							X	X

This schedule is subject to change _____
 to meet the needs of the service. Prepared by: _____ Approved by: _____

(b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Subject: FW: Vehicle Decontamination/Disinfecting Procedures

Good Afternoon,

Per the email below, NG leadership has approved the plan to utilize their personnel to help with the decontamination of transport units in the southern corridor. As indicated in the previous emails, this will be taking place at the EPCPC. This has been discussed with EGS and EGT PAICs as well as EPCPC (A)DPAIC and they are all onboard with the plan.

I have attached a proposed schedule for NG personnel to follow. The schedule shows a start date of Sunday April 5, 2020. However, CAR plans on starting tomorrow at 0600 with our soldiers. They will receive instructions here at that time and then travel to the EPCPC (they should be there by 0700). In order to begin during the next couple of days, EGS and EGT may have to allow their assigned NG personnel to take the day off tomorrow and then push through the rest of the week.

I have also attached an aerial map of the facility at the EPCPC. The decontamination station is at the top of the picture. CAR SBPA (b)(6); (b)(7)(C) will drive to the EPCPC with the CAR NG team to make sure they are set up with the proper PPE, equipment, and instructions. Each station will provide 5 boxes of N95 Respirators, 4 pairs of goggles and 2 boxes of Large/2 boxes of Medium latex gloves (4 total).

As you know, DRT is working on the procurement of other decontamination equipment. Adjustments will have to be made once we receive such equipment.

Please advise when your NG teams will be ready to begin the vehicle decontamination mission. Call me at any time if there are any questions or concerns.

Respectfully,

(b)(6); (b)(7)(C)

Watch Commander
U.S. Border Patrol
Carrizo Springs, TX

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)

Sent: Monday, March 30, 2020 10:42 AM

To: (b)(6); (b)(7)(C)

Cc:

Subject: RE: Vehicle Decontamination/Disinfecting Procedures

NG command approved this plan, I need to know when you plan to start and if you have the personnel already in place or we need to shift some NG.

Thank you,

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)

Sent: Friday, March 27, 2020 5:44 PM

To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Subject: FW: Vehicle Decontamination/Disinfecting Procedures

Good Evening, (b)(6); (b)(7)(C)

Below is a plan we are working on for decontamination of transport units in the southern corridor. We are requesting the support of the National Guard to help us complete this mission on a daily basis at the Eagle Pass Centralized Processing Center (EPCPC).

The request is for National Guard Personnel from CAR, EGS and EGT, (2 per station) to cover the three shifts (Days, Swings, Mids). Each of the two soldiers per shift would have different days off and this would ensure coverage every day.

I have attached an aerial picture of the EPCPC, which illustrates the proposed decontamination station where NG personnel would be performing their duties.

Leadership from the three stations all support the plan and the three stations will provide the PPE and equipment necessary for the NG personnel to perform their mission in a safe manner.

Further details regarding this request for support are listed below.

Please call me at any time if there are any questions.

Respectfully,

(b)(6); (b)(7)(C)

Watch Commander

U.S. Border Patrol

Carrizo Springs, TX

(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)

Sent: Friday, March 27, 2020 2:00 PM

To: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Subject: Vehicle Decontamination/Disinfecting Procedures

Good Afternoon,

After discussion with Occupational Safety and Health Specialist (OSH) (b)(6); (b)(7)(C) and per the guidance from the Centers for Disease Control, it has been determined that the steps below will be taken when disinfecting transport vehicles each time they are used to transport subjects.

- Designated personnel will disinfect the transport cab of the transport unit after each time the vehicle is used to transport detainees regardless of suspicion of possible contamination.
- Designated personnel will use a manual pump sprayer with a mixture of One 1/3 cup of bleach into one gallon of water.
- Designated personnel will don the appropriate PPE to include N-95 respirators, Protective gloves and Goggles for eye protection.
- The bleach/water mixture will be sprayed into the transport area of the vehicle and will be allowed to “air-out” for no less than 10 minutes prior to transporting a different group of subjects.
- If the use of the entire gallon is not necessary during each shift, that solution will be discarded at the end of the shift and a new gallon will be mixed every 24 hours.

We recommend the deployment of NG personnel from CAR, EGS and EGT, two (2) per station to cover the three shifts (Days, Swings, Mids). Each of the two soldiers per shift would have different days off and this would ensure coverage every day.

I recommend they be staged at the soft sided processing area at the EPCPC with the proper PPE and equipment necessary to complete their daily mission. CAR has purchased manual pump sprays and bleach to help complete this task daily. We have also put together small booklets with instructions for mixing the solution, usage of the manual spray pump, CDC recommendations, and a Safety Data Sheet to be used as a reference. Below is what we expect would happen after a subject or group of subjects is encountered.

- Upon apprehension of a group, Agents would drive into the facility, unload the subjects and would properly screen them as per previous instructions.
- They would then re-load their transport vehicle and transport the subjects to the POE.
- Agents would then stop by the EPCPC on their way back to the field where the NG personnel would be waiting to disinfect the transport cab of the vehicle.

The disinfection process would entail NG personnel using the manual pump sprayer to spray the bleach/water solution as recommended by the CDC into the transport cab of the unit while standing outside the unit. The substance would then be allowed to “air-out” for no less than ten (10) minutes prior to using it to transport another subject/group of subjects. PPE would be provided by the three stations to ensure NG personnel are able to perform their mission in a safe manner.
SBPA [REDACTED] has discussed this with [REDACTED] and we will forward this email to him so he may reach out the NG leadership to see if they are able to support.

Respectfully,

[REDACTED]

Watch Commander
U. S. Border Patrol
Carrizo Springs, TX
[REDACTED]

From: [REDACTED]
Sent: Thursday, March 26, 2020 6:04 PM
To: [REDACTED]
Subject: Re: Vehicle Decontamination/Disinfecting Procedures

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact the [CBP Security Operations Center](#) with questions or concerns.

Everything looks good, even though you may be overdoing it a bit on the amount of bleach (1/2 cup). CDC web site says 1/3 cup (<https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-your-home.html>). As far as the Simple Green d Pro 3 Plus, is what the manufacturer suggests as a disinfectant (<https://simplegreen.com/products/disinfecting/>), so that is what I would recommend also. On both, the bleach and simple green, you are required to obtain and follow the manufacturers' directions and the Safety Data Sheet. Any other questions, give me a holler before 1 April 2020 (retirement date).

[REDACTED] Safety and Health Specialist, Del Rio sector, [REDACTED]

On Thu, Mar 26, 2020 at 1:06 PM [REDACTED] wrote:

Good Afternoon, [REDACTED]

As discussed, we are working on providing a set of instructions for personnel to follow when disinfecting a transport unit.

Agents are to disinfect transport cab of their assigned unit after each time the vehicle is

used to transport detainees regardless of suspicion of possible contamination.

The agent will use a manual pump sprayer with a mixture of One 1/2 cup of bleach into one gallon of water.

Agents will don the appropriate PPE to include N-95 respirators, Protective gloves and Goggles for eye protection.

The bleach/water mixture will be sprayed into the transport area of the vehicle and will be allowed to "air-out" for no less than 10 minutes prior to transporting a different group of subjects.

If the use of the entire gallon is not necessary during each shift, that solution will be discarded at the end of the shift and a new gallon will be mixed every 24 hours.

Please advise if there is anything you deem unsafe about the disinfecting procedure; all suggestions are welcome.

Respectfully,

(b)(6); (b)(7)(C)

Watch Commander
U.S. Border Patrol
Carrizo Springs, TX

(b)(6); (b)(7)(C)

Muster

Date: Immediate upon receipt

Topic: Guidance on Preventing Community Spread of COVID-19

Headquarters POC: Coronavirus Coordination Cell
(b)(6)

Office: Office of Field Operations, Operations Directorate

To reduce the risk of community spread of Coronavirus Disease (COVID-19), if you have been potentially exposed to someone suspected of having COVID-19, you may be asked to remain at home and requested to self-observe, self-monitor or self-quarantine. The World Health Organization (WHO) believes COVID-19 does not transmit as easily as influenza, however, experts agree that the following measures play a critical role in slowing the spread of the virus.

What can CBP employees do to protect themselves from getting the COVID-19 virus?

- Officers should continue to adhere to the CBP Job Hazard Analysis (JHA) for protective measures and Personal Protective Equipment (PPE) requirements.
- Be vigilant in hand washing, covering your mouth when coughing and sneezing, and avoiding touching your face, especially your nose, mouth or eyes. Wash your hands with soap and water for a minimum of 20 seconds or use an alcohol-based hand sanitizer if soap and water are not available.
- Look out for the health and welfare of your coworkers and family by frequently cleaning and disinfecting your home, work area, and break area.
- Practice *social distancing* and voluntarily minimize congregate settings. Keep six feet from other people whenever possible and when in settings such as grocery stores, houses of worship, and others. Minimize congregate settings to essential activities. For those settings deemed essential, choose less frequented times such as going to the grocery store in early hours or late at night.
- Stay alert for development of flu-like symptoms. If you, or a household member, develop flu-like symptoms (e.g. fever, cough, difficulty breathing, malaise, etc.) follow high risk guidance.
 - High-Risk is defined as someone with flu-like symptoms or living in the same household, intimate partner of, or providing care in a home setting for a person with flu-like symptoms, suspicious or laboratory-confirmed COVID-19 infection.
- If a traveler is symptomatic, follow standard 'Recognize, Isolate, Notify, Give Support' (R.I.N.G.) notification procedures, and refer the traveler to the Center for Disease Control (CDC) for inspection.

What should a CBP employee do if they have come in contact with a high-risk traveler or a fellow CBP employee tests positive for COVID-19?

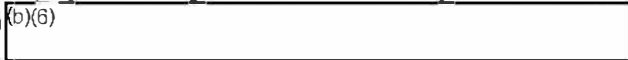
- **DON'T PANIC.** The WHO has stated that the COVID-19 virus does not appear to be transmitted by people who are not currently showing symptoms. If a traveler was processed, and **later** becomes symptomatic, the likelihood of transmission is very low.
- CBP has published a COVID-19 specific JHA, which is risk and exposure based. CBP personnel should continue to consult and adhere to the JHA guidance.
- A COVID-19 workforce Resource Portal with all relevant information is available [here](#). These resources are accessible through the CBPnet, and additional information will be updated to this location and provided to the field, as soon as it becomes available.

What should you do if you or a family member begin to exhibit symptoms of COVID-19?

Actions: Self-Monitoring and Self-Quarantine

- Stay home until **all** symptoms of illness have resolved and no fever is registered for 24 hours *without the use of medications*.
- Separate the family member exhibiting symptoms from the rest of the family, if possible.
- Record your temperature twice daily; seek medical care if shortness of breath or illness worsens and you (or your family member) need additional care. Contact the local hospital prior to arriving and notify them of suspicion of COVID-19.
- No public activities in congregate settings (e.g. movie theaters, places of worship, grocery stores, etc.).
- No domestic or international travel, unless approved by local public health authorities.
- Contact Local Public Health: the local public health department may check in daily to assess for symptoms and fever. Check-ins are through daily phone calls, interactive voice response, internet reporting, or via Skype or other video conferencing, with possible follow-up home visits as needed.

If there are any questions please contact the Operations Coronavirus Coordination Cell (CBP OFO CCC) ^{(b)(6)}





**United States Border Patrol
Rio Grande Valley Sector**



**GUIDANCE FOR BORDER PATROL ENCOUNTERS WITH
POTENTIAL COVID-19**

To the extent operationally feasible, agents must conduct a quick field health assessment of all persons arrested in the field during the pat down frisk and prior to transport. Detainees displaying any signs/symptoms of a respiratory illness such as the flu or potentially the coronavirus (COVID-19) employment of the R.I.N.G. protocols is required. Recognize the symptoms (runny nose, headache, cough, sore throat, fever or severe symptoms like difficulty breathing, pneumonia, kidney failure and or diarrhea), Isolate from others to the extent possible (use appropriate PPE, provide detainee a surgical mask and transport separately from others), Notify a station supervisor, and Give support by following instructions from medical or public health authority. Have detainees suspected of a respiratory illness taken for a formal medical evaluation by onsite contract medical personnel or a nearby medical facility to determine whether or not detainee is infected and/or contagious.

Immediately notify the RGV OPCEN of any **employee** that tests positive for COVID-19.

Immediately notify the RGC OPCEN of any **subjects** in custody that tests positive for COVID-19.

Do not make any public statements without specific approval from PAO, AND ask hospital staff/medical personal to do the same. Until, at a minimum, DHS/CBP and CDC leadership have been notified.

Public statements and/or social media postings/comments about any detained subject who shows signs of being ill are strictly prohibited without HQ approval.

1. During Field Encounter/Intake Processing

- a. Ask detainees if they have traveled to/through/from an affected country (China) in the past 14 days (see updated country list below)
- b. If no, continue regular processing to include health intake interview and medical assessment as appropriate
- c. If yes, provide surgical mask and refer detainee to medical personnel onsite if available for health intake interview/medical assessment as appropriate and **contact CDC quarantine station**. Follow guidance below in consultation with medical personnel.
 - i. If no medical personnel available onsite => place surgical mask on detainee, isolate, **contact CDC quarantine station**. Based on CDC guidance, contact local health system.

RGV OPCEN
Last update: 6/24/2020

~~FOR OFFICIAL USE ONLY~~

d. For detainees with recent travel to/through/from an affected country (China) AND signs/symptoms of illness → refer to #2 below

e. For detainees with recent travel to/through/from an affected country (China) AND NO signs/symptoms of illness → provide surgical mask, isolate, monitor for flu-like symptoms (cough, difficulty breathing, shortness of breath, fever, etc.)

- i. Ensure appropriate workforce PPE (nitrile gloves, N-95 respirator within six feet, frequent hand washing/see JHA attached)
- ii. If detainee develops flu-like symptoms, then refer to #2 below
- iii. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station to determine disposition prior to transfer or release**
- iv. Continue processing and coordinate expedited transfer to ICE or HHS as appropriate with proper advanced notification and documentation of circumstances.

2. For detainees with recent travel to/through/from an affected country (China) AND symptoms of respiratory illness:

- a. Ensure a tight-fitting surgical mask is on the detainee.
- b. Isolate the detainee to the extent possible. Practice social distancing (six feet/+if feasible).
- c. Ensure appropriate workforce PPE (nitrile gloves, N-95 respirator within six feet, frequent hand washing/see JHA attached) and notify local collateral duty safety officer if additional PPE is required
- d. Promptly consult with local medical contract personnel if available
- e. Coordinate transfer to hospital for evaluation with advanced notification of circumstances (if seriously ill – activate 911/EMS with notification of circumstances)
- f. Ensure contact with CDC EOC Watch Desk/local CDC quarantine station for disposition

3. For close contacts (all persons) with detainees with travel to/through/from an affected country (China) within 14 days

- a. Provide surgical mask
- b. Implement isolation/separation with restricted movement
- c. **Contact CDC EOC Watch Desk/local CDC quarantine station to determine disposition**
- d. Monitor isolated detainees to observe for flu-like symptoms, if symptoms develop – **refer to #2 above**
- e. Coordinate expedited transfer to ICE or HHS as appropriate

CDC POINTS OF CONTACT:

- CDC 24 Hour EOC/Watch Desk: 1-866-638-9753, Opt #0
- El Paso Quarantine Station: 1-915-8345950

Reporting requirements apply to:

- A. ALL NATIONALS FROM AFFECTED COUNTRIES (CHINA/IRAN),
- B. ALL SUBJECTS WITH A TRAVEL HISTORY IN/FROM/THROUGH AN AFFECTED COUNTRY China - Iran - Austria - Belgium - Czech Republic - Denmark – Estonia - Finland - France - Germany - Greece - Hungary - Iceland - Italy - Latvia – Liechtenstein - Lithuania - Luxembourg - Malta - Netherlands - Norway - Poland - Portugal - Slovakia - Slovenia - Spain - Sweden - Switzerland - Ireland - United Kingdom
- C. ALL SUBJECTS SHOWING SIGNS OF NOVEL CORONAVIRUS,
- D. ALL SUBJECTS TRAVELING/CONTACT WITH ALL THE ABOVE.

***REPORT WITHIN 1-HR OR AS SOON AS OPERATIONALLY PRACTICABLE**

When stations apprehend groups with Chinese/Iranian nationals and/or any of the other categories listed above, there are a few things to remember:

1. When answering the questionnaire and any of the responses are yes, the next step is to contact the CDC. **The station will contact the CDC directly.** (CDC will ask specific questions concerning the encounter that OPCEN will not have knowledge of, ensure to document accordingly)

The station will then contact Hidalgo County Health Department (956) 318-2426 0800–1700 Monday– Friday and after hours (956)318-2432 or Cameron County Health Department (956) 247-3650, 24 hours a day, leave a message after hours with information below for quick response.

- Information to relay
 - Hospital subject is being transported to
 - Subject name, COB, DOB and A#
2. All subjects within the group will need to be identified on the questionnaire and sent to the RGV OPCEN. **Remember RGV OPCEN will forward the information to HQ.**
 3. List subjects from affected countries (China) first and then all other subjects in the group regardless of nationality.
 4. **Document the name of the CDC personnel contacted and add it to the timeline in the ESR.**

5. Be very specific in the ESR and questionnaire about any recommendations from the CDC to monitor, isolate or quarantine. These are very different procedures and medical staff will need to know as well.

Note: In nearly all situations, there has been a reason to create an ESR other than apprehensions from China/Iran (alien smuggling, tractor-trailer cases, etc.). If there is a situation where there is not a case, but the CDC made a recommendation to monitor, isolate or quarantine, an ESR will be needed to keep track of the custody and transfers to report to HQ.

If the TOCs have any additional questions, please contact the duty supervisor in the OPCEN for further guidance.

ANSWER ALL THE QUESTIONS AND ENSURE ALL STEPS/PROCEDURES ARE FOLLOWED AS INSTRUCTED. ONCE A SIGNIFICANT UPDATE OR FINAL DISPOSITION OCCURS, UPDATE THE INITIAL REPORT WITH THE NEW INFORMATION.

REQUIRED INFORMATION:

1. SECTOR:
2. STATION:
3. WHERE CURRENTLY IN USBP CUSTODY:
4. CIRCUMSTANCES OF ARREST:
5. CURRENT STATUS/DISPOSITION:
6. NAME:
7. A#:
8. DOB:
9. DATE OF APPREHENSION:
10. LOCATION OF APPREHENSION:
11. TRAVEL HISTORY:
 - a.) TRAVEL IN/TRHOUGH/FROM AN AFFECTED COUNTRY (CHINA/IRAN) WITHIN LAST 14 DAYS: Y/N
 - b.) DETAILS:
12. SYMPTOMS (FEVER/COUGH/DIFFICULTY BREATHING): Y/N
13. CONSULTED WITH CDC: Y/N
 - a.) CDC contact name/ID#:
(Required if positive travel history in/through/from affected an country within last 14 days)
14. DISPOSITION:
 - a.) Referred to hospital: Y/N
 - b.) Quarantined (per CDC): Y/N
 - c.) Transferred: Y/N To: _____
 - d.) Released: Y/N
15. ANY COMPANIONS (I.E., ARRESTED/DETAINED WITH OTHER SUBJECTS?)
 - 1.) NAME / COC / A#
 - 2.) NAME / COC / A#



Communications Plan

Coronavirus COVID-19

Updated March 4, 2020

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I. BACKGROUND

U.S. Customs and Border Protection (CBP) is supporting the U.S. Government's response to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in Wuhan City, Hubei Province, China and which subsequently spread to at least 70 countries worldwide. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a "public health emergency of international concern" (PHEIC). On January 31, 2020, Health and Human Services (HHS) Secretary, Alex M. Azar II, declared a public health emergency (PHE) for the United States to aid the nation's healthcare community in responding to COVID-19. On the same day, the President issued a proclamation suspending the entry of aliens who were physically present in China during the 14-day period preceding their attempted entry to the United States. DHS issued supplemental guidance with instructions on implementation. On February 29, the President issued a second proclamation that suspended the entry of aliens who were physically present in Iran during the 14-day period preceding their attempted entry to the United States.

As of March 4, the Centers for Disease Control and Prevention (CDC) considered the risk of COVID-19 to the general American public to be **LOW**. CBP continues to monitor the situation closely as part of a whole-of-government approach to protecting the American people. CBP will update this guidance as the situation evolves.

CBP employees can find additional health and safety information on the DHS Employee Resources site and the CBP COVID-19 Resource Portal.

The CDC's latest coronavirus situation summary is available at:
<https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>.

II. OBJECTIVES

- Enhance employee and public awareness and understanding of CBP's roles and responsibilities in responding to COVID-19.
- Ensure that employees are aware of and have access to the resources and information that they may need to ensure their own and their families' health and safety.
- Emphasize protective measures that CBP is taking to ensure the safety of its workforce and the public.
- Clarify the measures CBP is responsible for versus the role of CDC and other partner agencies.

III. STRATEGY

As the lead office for agency communications, the CBP Office of Public Affairs (OPA) will work closely with the CBP Emergency Operations Center (EOC) to coordinate all internal and external messaging related to COVID-19. OPA will also coordinate closely with the Office of Information and Technology (OIT) to ensure 24/7 communications capability.

OPA will maintain a proactive communications posture and leverage all available communications platforms to execute this communications plan.

INTERNAL COMMUNICATIONS PLATFORMS

- **CBPNet**
 - Action: Provide information and resources to the workforce via the (b)(6)
(b)(6) The Portal will include:
 - Frequently asked questions for the CBP workforce, to include mechanisms for employees to ask questions and receive responses.
 - Links to situation reports; leadership messages; health and safety information for employees and their families; incident reporting mechanisms; and human resources info.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: CBP Workforce
 - Messaging Frequency: Daily
- **myCBP App**
 - Action: Upload leadership messages, video shorts, graphics and news to the myCBP App. Utilize push notifications to alert CBP employees to urgent updates and information.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: CBP Workforce
 - Frequency: OPA uploads new content to the myCBP App daily and will include relevant COVID-19 information
- **Employee E-mail**
 - Action: Develop and disseminate e-mail updates from the Acting Commissioner, the Deputy Commissioner, and the Senior Medical Advisor.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: CBP Workforce
 - Frequency: Weekly or as needed
- **CBPNow**
 - Action: Prepare and broadcast videos and Information Display System (IDS) slides to COVID-19 updates and information about preventive measures.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: CBP Workforce
 - Frequency: Daily or as needed

- **Muster Modules**
 - Action: Develop and disseminate muster modules to provide operational guidance.
 - Lead Office: Operational offices in coordination with the EOC, the Senior Medical Advisor and OPA
 - Target Audience: CBP Workforce
 - Frequency: As needed
- **ENS Regional Crisis Messaging**
 - Action: Prepare and disseminate regional emergent notifications to ensure situational awareness.
 - Lead Office: Operational offices in coordination with the EOC, the Senior Medical Advisor and OPA
 - Target Audience: CBP Workforce
 - Frequency: Daily or as needed

EXTERNAL COMMUNICATIONS PLATFORMS

- **CBP.gov**
 - Action: Publish videos, graphics, and other content to provide timely and accurate information about CBP efforts to prevent the spread of COVID-19.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: American Public, International Travelers, Industry Stakeholders, CBP Workforce
 - Frequency: Daily or as needed
- **Social Media**
 - Action: Publish videos, graphics, and other content to @CBP and @CBPMarkMorgan accounts to provide timely and accurate information about CBP efforts to prevent the spread of COVID-19.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: American Public (Primary), International Travelers (Primary), CBP Workforce (Secondary)
 - Frequency: As needed
- **Traditional Media**
 - Action: Provide timely and accurate information about CBP efforts to prevent the spread of COVID-19 to television, radio, print, and web media outlets. Information will be provided via OPA response to media inquiries or, when appropriate, through Commissioner, Deputy Commissioner, or Senior Medical Advisor media engagement.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: American Public, International Travelers
 - Frequency: Daily. Specific actions will be taken based on immediate agency needs and external requests for information.

IV. INTERNAL COMMUNICATIONS

GUIDANCE

During an emergency situation or pandemic impacting CBP operations, affected employees, the public and the news media will depend on both the CBP internal and public communications platforms for official and timely information. OPA will coordinate with OIT to ensure 24/7 internal communications capability.

There are several key elements that must be followed to ensure consistency and relevance of messaging:

Internal Message Coordination

To ensure the appropriate level of coordination and to ensure consistent, credible, comprehensive and accurate messaging, both internal and external information must be coordinated within a single CBP source, specifically OPA.

OPA will coordinate closely with the Senior Medical Advisor, EOC, and the Office of Human Resources Management (HRM) to manage a process to ensure all non-operational communications from CBP office are coordinated and approved through the Senior Medical Advisor before dissemination through OPA internal communication channels.

Incoming Message Request

- If a CBP office has non-operational communications that need to be disseminated to the CBP workforce, the requesting office will send their EAC/AC approved message or information to OPA for initial review and approval (b)(6) OPA will advise the requestor that the request is moving forward to the EOC for approval (b)(6)

Messages will be distributed using:

- CBP Postmaster (all employees), Ronald Reagan Building-only message, Component-only message, supervisor/manager message, CBP Central (weekly message to all employees).
 - OPA will establish a new COVID-19 messaging title to ensure consistency and a high level of awareness of important, relevant information.
- Postings on CBPnet – (b)(6)
 - Employee safety/protection information
 - Latest updates from CDC
 - Frequently Asked Questions – email address for employee questions
- CBPNow screens
- myCBP App – encourage employees to download the app
- Muster modules
- Short videos – topic specific
- Teleconferencing – localized and national
- ENS Regional Crisis Messaging – the CBP SITROOM will manage distribution of regional emergent notifications to employees but will coordinate through OPA to ensure overall awareness and the need to message to the full CBP workforce.

EOC Determination

- The EOC will provide OPA with the final approved message or information along with approval for distribution to either (1) the whole workforce; or (2) specific segments thereof.
- Based on that determination, OPA will ensure that the message or information is distributed through the appropriate internal communication channel or will request the component to send the message/information out directly if specific to that organization only.
- The EOC or Public Affairs Assistant Commissioner/Deputy Commissioner, will determine if further approvals are required by the Commissioner's Office or DHS Public Affairs.
- OPA will advise all parties once the message or information is distributed.

Internal and External Communication Spokespersons

OPA recommends that key leadership and subject matter specialists be identified as the primary spokespersons during the pandemic crisis. Clear internal communication channels must be used to ensure CBP employees are notified first of any emergent situation.

WORKFORCE MESSAGES (INTERNAL)

- CBP's highest priority is the health and safety of our employees and their families.
- We are taking every available precaution, in coordination with the CBP Senior Medical Advisor, the CDC, and other expert guidance, to protect you – our workforce – so you can continue your important mission of protecting our nation.
- CBP has a national pandemic plan and continuity of operations plans that we are prepared to implement based on exposure and risk.
- CBP has procured plenty of Personal Protective Equipment (PPE) to keep our workforce safe. We have issued guidance to all employees on the appropriate use of this equipment. CBP has also set aside funding to procure additional PPE if needed.
- The immediate health risk from COVID-19 is **LOW** for the general American public and the general CBP workforce.
- It is important to remember that *individual* risk is based on exposure, which may vary across the workforce.
- CBP has developed a COVID-19 specific Job Hazard Analysis and PPE Assessment, which is exposure and risk-based, consistent with CBP's operational mission.
- In addition, CBP has developed a COVID-19 Resource Portal where you can find relevant health and safety information.

- CBP also has a Medical Surveillance Program to help identify and prevent adverse health effects that may result from work activities.
- If you feel you may have been exposed, please alert your chain of command immediately.
- If you become sick, stay home and consult your medical provider.
- The CDC recommends taking everyday preventive actions to help prevent the spread of respiratory diseases. Please take these precautions to limit the possibility of spread to your family or community:
 - Avoid close contact with people who are sick.
 - Avoid touching your eyes, nose, and mouth.
 - Cover your cough or sneeze with a tissue or your elbow, then throw the tissue in the trash.
 - After contact with “high-touch” or shared surfaces (counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, etc.), wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 - 95% alcohol. Always wash hands with soap and water if hands are visibly dirty. Washing of hands is especially important after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- Please remain cognizant of the health and safety of your colleagues:
 - If you become sick, stay home.
 - Become familiar with leave flexibilities that permit staying home for a sick family member.
 - Emphasize respiratory etiquette and hand hygiene at home and work.
 - Reconsider in-person meetings and business formalities.
 - Use Personal Protective Equipment (PPE) as appropriate.
 - Check the CBP and CDC websites regularly for updated information.
- As part of our mission to protect this country, your communities, and your families, CBP will continue to support the robust interagency response to COVID-19.
- CBP has been through these kind of challenges before, and we know how to handle them. CBP is ready, and we will do whatever is necessary to protect the men and women on the frontline.

WORKFORCE QUESTIONS AND ANSWERS

Q: What is the novel coronavirus?

A: Coronaviruses are a family of viruses that can cause respiratory illness in people. Coronaviruses circulate among animals, including camels, cattle, cats, and bats.

A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold. Patients with COVID-19 will be evaluated and cared for differently than patients with common coronavirus diagnosis.

Additional information about COVID-19 can be found on the [CDC website](#).

Q: What are the symptoms of the novel coronavirus?

A: According to the CDC reported illnesses have ranged from mild symptoms to severe illness and death for confirmed COVID-19 cases. The following symptoms may appear 2-14 days after exposure:

- Fever
- Cough
- Shortness of breath

Employees should call their healthcare professional if: (1) they develop symptoms and have been in close contact with a person known to have COVID-19; or (2) if they have recently traveled from an area with widespread or ongoing community spread of COVID-19. Employees should visit the [CDC website](#) for more information.

Q: How dangerous is the novel coronavirus?

A: The immediate health risk from COVID-19 is **LOW** for the general American public and the general CBP workforce. Individual risk depends on exposure, which may vary across the workforce.

Q: How can employees keep themselves and their families safe?

A: The most effective way to prevent the spread of COVID-19 and all diseases similar to influenza are the measures outlined below:

- **Get Vaccinated** against influenza. Although COVID-19 is a different type of respiratory illness, the influenza vaccine can still help prevent seasonal influenza, which can avoid potential confusion with COVID-19.
- **Avoid ALL Touching** of your eyes, nose and mouth with your hands. The COVID-19 virus can stay viable on hard surfaces such as door knobs, hand rails, bathroom fixtures and faucet handles for up to 12 hours. Touching surfaces that may have been previously touched by individuals in early stages of COVID-19 can result in the indirect spreading from person to person.
- **Stay Home** when you are sick and consult your health care provider. If you notice any symptoms of fever, sore throat or trouble breathing and you have been in contact with anyone who has traveled to any region affected by COVID-19 or you are a close contact of some diagnosed with COVID-19, alert your health care provider prior to arrival.
- **Cover your Cough or Sneeze** with a tissue or the cuff of your elbow and immediately throw the tissue in the trash. NEVER cover your cough with your hands.
- **Clean and Disinfect**. After contact with “high-touch” or shared surfaces (counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, etc.), wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-

based hand sanitizer with at least 60 - 95% alcohol. Always wash hands with soap and water if hands are visibly dirty. Washing of hands is especially important after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. Any commonly touched surfaces should be cleaned and disinfected with EPA registered disinfectants such as Lysol or Clorox disinfecting wipes and sprays. There is also a CDC Disinfecting and Cleaning page with a list of EPA registered disinfectants.

- **N95 Respirator/Surgical Mask Use** by the general public is not generally being recommended by CDC, the World Health Organization (WHO), the Occupational Health and Safety Administration (OSHA), or any public health authorities at this time. CBP leadership is determined to ensure N95 respirators are available to the workforce should the situation change and their use becomes necessary, to include CBP Headquarters staff, mission support personnel, and personnel working in office settings who have traditionally not been provided N95 respirators in the past. Personnel need to understand the difference between a surgical mask (which is primarily for ill passengers/travelers), which will not generally provide the user with adequate protection from exposure and the use of an N95 respirator. The CBP Coronavirus Job Hazard Analysis (JHA) provides detailed guidance for all personnel on when N95 respirators are considered mandatory and when they would be considered “voluntary use.” An example of voluntary use would include situations where CBP provides an N95 respirator for administrative and support personnel using mass transit to and from work when the risk level is increased. Such use would fall into “Voluntary Use” and CBP would follow existing “Voluntary Use” protocols. Those protocols involve providing an N95 at CBP expense, providing a short educational video on N95 voluntary use (which can be found on the COVID-19 Resource Page), and providing those personnel a copy of Appendix D of 29 CFR 1910.134 (which is an OSHA requirement for any employer who allows “Voluntary Use”). This could be provided personally by the individual’s supervisor or via email, and Appendix D as well as this guidance will be posted on the COVID-19 Resource Page along with the current JHA.
- **Additional Information** on these topics and updated COVID-19 status can be found on the OSH Division COVID-19 Safety and Health Resource Page Here.

Q. What should an employee do if he or she becomes ill or is suspected to have or tested positive for COVID-19?

A: If a person becomes ill with any of the COVID-19 symptoms (fever, sore throat, difficulty breathing), they should stay home and contact their health care provider right away. Most health care providers are taking precautions to prevent the further spread of disease within the healthcare system. Employees should let their health care provider know if they have traveled to any area affected by COVID-19 or had any contact with confirmed COVID-19 cases. Health care providers will determine the need for further testing/confirmation. Individuals may be designated as a ‘Person Under Investigation’ and may be referred for further evaluation and confirmatory testing.

Employees should notify their CBP supervisor that they are being evaluated and should follow up after they have been evaluated by a health care provider. If employees are considered to be at risk for COVID-19, are identified as a ‘Person Under Investigation’, or test positive for COVID-19, they will be placed on OPM weather and safety leave. See OPM guidance on workplace flexibilities for

employees impacted by COVID-19. This information and more can be found on the [CBP COVID-19 Resource Portal](#).

Q: How long should employees stay home if they are exposed to the coronavirus?

A: If an employee has been potentially exposed to someone who is at a high risk of having or who is suspected of having COVID-19, the employee may be asked to remain at home and may be asked to self-observe, self-monitor or self-quarantine for up to 14 days, or longer in specific circumstances, before returning to work. Employees should always consult their healthcare provider and notify their supervisor for more specific guidance.

Q: What measures is CBP taking to ensure the health and safety of employees?

A: CBP has national pandemic plans and continuity of operations plans in place and a comprehensive [Job Hazard Analysis \(JHA\)](#) has been conducted based on risk. We have appropriate Personal Protective Equipment (PPE) N95 at all ports, stations, air branches and every place we operate around the globe. CBP has also set aside funding to procure additional PPE if needed. CBP has HRM Safety and Occupational Health Specialist located in every Field Office and Sector to assist operational components complete the mission of CBP while ensuring that our employees remain safe.

Q: An employee at my office tested positive for coronavirus. Will CBP close my office?

A: Such decisions will be made on a case-by-case basis, depending upon specific circumstances and based on consultation and guidance from appropriate authorities. Some facilities may be closed out of an abundance of caution. Employees should contact their direct supervisor for further instruction. If a supervisor is aware that someone in their facility has tested positive for the coronavirus, they should contact the nearest CDC office and notify CBP COVID-19 EOC. The CDC's state and local Quarantine Officer at the [Division of Global Migration and Quarantine](#) will work to identify which facilities, if any, need to be closed. The CDC will work with CBP if they have identified a facility for closure.

Q: Will employees be expected to work if their office is closed?

A: If a facility is closed, program offices are encouraged to use telework to the extent that doing so is appropriate. The CBP Telework Policy guidance is as follows:

- a. An employee who participates in the telework program would generally be expected to perform telework at home as long as the employee is asymptomatic. (See 5 CFR 630.1605.) If a telework program participant in these circumstances needs time off for personal reasons, then the employee would be expected to take other personal leave or paid time off (e.g., annual leave or sick leave to care for a family member).
- b. A telework-ready* employee who is quarantined at a location other than the employee's home is not eligible to telework because the quarantine location is likely not an approved work location for the employee. This employee should receive weather and safety leave as long as the employee is asymptomatic.
- c. A telework-ready employee who is restricted from the workplace because of the potential to infect others would generally be expected to perform telework at home as long as the employee is asymptomatic.

- d. An employee who is not a telework program participant would be granted weather or safety leave for quarantine periods based on potential exposure and an inability to perform work at an approved location. Telework is not an option.
- e. There is currently no provision within the CBP Telework Policy, or applicable Collective Bargaining Agreement (CBA), which would allow or require an employee without a telework agreement to work while quarantined or restricted from the workplace for safety reasons.

* Telework-ready is defined as an employee who has a current approved telework agreement, and is equipped with the appropriate secure and approved technology equipment, and has an approved telework agreement to work from an alternate worksite location. If an employee has a telework agreement but does not have the necessary equipment, (e.g., lap top at their telework location), then they are not telework ready.

Q: What code should I use in WebTA to report absence due to coronavirus?

A: Employees would enter their leave category (annual, sick, or other type of leave) normally in WebTA utilizing their designated APC and CMIS code and entering the project code 4VR to link the use of leave to the coronavirus project code.

Q: Will workers' compensation be available to employees who contract coronavirus during the course of their duties?

A: Employees have the right to file a workers' compensation claim for illnesses that have been diagnosed as the direct result of performing work duties. If an employee believes they have been exposed to people potentially infected with the novel coronavirus, such as travelers who may have contracted the disease while on travel, they should contact their local Safety and Workers' Compensation Offices for further assistance and take the following steps:

1. Notify your supervisor.
2. Supervisor files an incident report (CBP Form 502) in CBP eCOMP.
3. Next, contact your local workers' compensation point of contact (Injury Compensation Coordinator) to guide you on the process to file a workers' compensation claim and which form to use. (Note: Filing a claim is an employee driven action and you must elect to file a claim CA-1 or CA-2).
4. Choose which type of claim to file.
 - a. CA-1 - claim of traumatic injury (exposure on a specific date, time and location, within one 8-hour shift); or
 - b. CA-2 - claim of occupational disease (exposure over time or multiple exposures on more than one date, time and location).
5. Choose whether you want to seek medical attention.

Supervisors or Managers must complete their portion of the CA-1 or CA-2 in CBP eCOMP as soon as possible, but no later than 24 hours after the employee completes their portion of the claim.

Supervisor completion of their portion of the claim sends an alert to Managed Care Advisors (MCA), who will assign a nurse case manager. For potential coronavirus exposure, the nurse case manager will contact the employee and ask the following questions of the employee.

1. Did you file a form CA-1 or CA-2?
2. Are you ill/ have you sought medical attention?
3. Has the Public Health Service contacted you as part of an investigation or are you classified as a “Person Under Investigation”?
4. What, if any, Personal Protective Equipment were you wearing during the potential exposure event?
5. Did you get a flu vaccination this year?

For specific Department of Labor (DOL) information on COVID-19, please visit:
<https://www.dol.gov/owcp/dfec/InfoFECACoverageCoronavirus.htm>

V. EXTERNAL COMMUNICATIONS

PRESS GUIDANCE

National media inquiries and requests for leaders should be directed to OPA Headquarters for coordination. Public Affairs Officers and Public Affairs Liaisons may respond to local media inquiries using approved messaging.

Requests for on-camera interviews and filming related to COVID-19 should be declined at this time.

Requests regarding enhanced health screening or quarantine measures should be directed to CDC.

KEY MESSAGES

- CBP’s highest priority is the health and safety of our employees and their families and we are taking every available precaution to protect our workforce.
- The immediate health risk from COVID-19 is **LOW** for the general American public and the general CBP workforce. It is important to remember that *individual* risk is based on exposure, which may vary across the workforce.
- U.S. Customs and Border Protection continues to facilitate the Centers for Disease Control and Prevention’s (CDC) enhanced health screening of travelers entering or attempting to enter the United States with a nexus to mainland China or Iran due to the outbreak of coronavirus (COVID-19).
- This enhanced health screening is for symptoms specifically related to the novel coronavirus and is conducted by CDC personnel upon a traveler’s arrival.
- On January 31, 2020, the President of the United States signed a Presidential Proclamation entitled: “Suspension of Entry as Immigrants and Nonimmigrants of Persons Who Pose a Risk of Transmitting 2019 Novel Coronavirus.”
- Effective February 2, 2020, 5 p.m. EST, the Proclamation restricted and suspended the entry into the United States, as immigrants or nonimmigrants, of certain aliens who were physically present within the People’s Republic of China, excluding the Special Autonomous Regions of Hong

Kong and Macau, during the 14-day period immediately preceding their entry or attempted entry into the United States.

- On February 29, 2020, the President signed a Presidential Proclamation entitled: “Suspension of Entry as Immigrants and Nonimmigrants of Certain Additional Persons Who Pose a Risk of Transmitting Coronavirus.”
- Effective March 2, 2020 at 5:00 p.m. EST, the Proclamation suspended the entry into the United States, as immigrants or nonimmigrants, of all aliens who were physically present within the Islamic Republic of Iran during the 14-day period preceding their entry or attempted entry into the United States.
- Consistent with CBP’s procedures, and in accordance with the January 31 and February 29 Presidential Proclamations, exempted individuals encountered by CBP with a nexus to China or Iran within 14 days of the encounter or with symptoms of illness are referred to CDC or local health officials for additional health screening.

MEDIA QUESTIONS AND ANSWERS

Q. Is CBP screening travelers? What is the process travelers will encounter when they get off the airplane?

A. CDC personnel are responsible for the enhanced health screening of travelers in all locations. CBP is working with the CDC to identify arriving travelers who have been in mainland China or Iran within the previous 14 days, as they require enhanced health screening. Those travelers are identified by CBP officers during their primary inspection and are referred for secondary screening where CDC personnel conduct the enhanced health screening. CDC makes any determination from there as to whether any additional measures must be taken.

Q: How does CBP identify travelers who need additional screening?

A: CBP officers use a combination of traveler history records, officer questioning and observation, and self-declarations to identify individuals requiring additional health screening.

Q: Will individuals denied entry under the Presidential Proclamations be permitted to withdraw their application for admission?

A: Individuals arriving at a land port of entry who are denied entry under the proclamations may be allowed to withdraw their application for admission, at the discretion of the CBP officer.

Q. What protective measures are being taken?

A. Consistent with existing procedures to prevent the spread of communicable disease, travelers identified with symptoms may be provided with a mask and referred to CDC or EMS personnel for additional health screening.

CBP has issued guidance to all employees that outlines the current comprehensive use of Personal Protective Equipment including guidance regarding wearing masks in the appropriate circumstances (using a risk-based approach).

Q. Are you expanding screening to land ports of entry or other airports?

A: All CBP ports of entry are following the same operational guidance as issued by the Presidential Proclamations and the Department of Homeland Security.

With exceptions specified in the Proclamations, foreign nationals (other than immediate family of U.S. citizens, permanent residents, and flight crew) who have been physically present in China or Iran within 14 days of their arrival at a U.S. port of entry will be denied entry into the United States.

Additionally, any traveler exempted from the Proclamations who has been in anywhere in mainland China or Iran within 14 days of their return will be referred to CDC for additional health screening.

Preclearance locations are following the same protocols as the land border ports and referring individuals requiring additional screening to CDC or local health officials.

Q: Is this being expanded to Border Patrol?

A: Consistent with existing CBP procedures, individuals apprehended by U.S. Border Patrol between the ports of entry with symptoms of illness are referred to CDC or local health officials for additional health screening.

Additionally, all persons in U.S. Border Patrol custody who meet the CDC's coronavirus travel history and enhanced screening guidelines are being referred to CDC for additional screening.

Q: Is CBP expanding referrals of individuals from other countries affected like Italy?

A: CBP employees are encouraged to maintain situational awareness while processing individuals who have traveled from or transited through affected countries. If individuals are observed with symptoms of COVID-19 we will continue to work with the CDC to determine if a traveler is a possible public health risk by referring them for enhanced screening. As the COVID-19 epidemic progresses, we are reminding all CBP employees to use proper procedures to prevent the spread of communicable disease.

Q. Are flights being re-routed or funneled into specific locations?

A. Yes, travelers flying into the U.S. who have been physically present in China (excluding Hong Kong and Macau) or Iran within the past 14 days will be re-routed through one of the following airports:

- Hartsfield-Jackson Atlanta International Airport (ATL), Georgia
- Dallas/Ft. Worth International Airport (DFW), Texas
- Detroit Metropolitan Airport (DTW), Michigan
- Newark Liberty International Airport (EWR), New Jersey
- Daniel K. Inouye International Airport (HNL), Hawaii
- Washington-Dulles International Airport (IAD), Virginia
- John F. Kennedy International Airport (JFK), New York
- Los Angeles International Airport (LAX), California
- Chicago O'Hare International Airport (ORD), Illinois
- Seattle-Tacoma International Airport (SEA), Washington
- San Francisco International Airport (SFO), California

<https://www.dhs.gov/news/2020/02/02/dhs-issues-supplemental-instructions-inbound-flights-individuals-who-have-been-china>

Q: Has CBP deployed additional staff to the 11 airports receiving arriving flights?

A: Not at this time.

Q. What happens if a carrier cannot make a determination as to whether to board a passenger?

A. Through the Immigration Advisory Program and Regional Carrier Liaison Groups, CBP assesses electronic passenger information and passenger reservation data to provide air carriers with boarding recommendations, but the carriers are ultimately responsible for identifying passengers subject to current travel restrictions to the United States.

Q: How many flights have arrived since the new travel restrictions went into place and how many travelers have been referred for additional screening?

A: Statement attributable to a CBP official:

“CBP continues to actively work with its partners to identify and refer individuals arriving to the U.S. requiring additional health screening in accordance with the Presidential Proclamations and supplemental guidance issued by DHS. Specific data or details on flight arrivals, travelers referred to CDC or individuals deemed inadmissible under the new travel restriction is not available at this time due to operational sensitivities and because information such as flight schedules and arriving passenger data changes rapidly.”

Q: How many individuals from China and Iran did CBP process at ports of entry/apprehend between ports of entry in FY19 and FY20 to date?

A: Admissions statistics by country of citizenship are published annually in the DHS Yearbook of Immigration Statistics.

CBP publishes apprehension statistics by country of citizenship annually. Please see [here](#) for the latest available figures.

Q: What is CBP doing to address additional screening if the virus to spread to Central and South America?

A: U.S. Customs and Border Protection’s highest priority is to ensure the health, safety and security of our workforce and the American people. Agents and officers will maintain situational awareness while identifying individuals who have traveled from or transited through affected countries. If individuals are observed with symptoms of COVID-19 we will continue to work with the CDC to determine if a traveler is a possible public health risk by referring them for enhanced screening. As the COVID-19 epidemic progresses, we are reminding all CBP employees to use proper procedures to prevent the spread of communicable disease.

Q: Is there any impact on Trade/Cargo screening?

A: CBP continues to process cargo at its normal rate as there has been no identified threat as it relates to cargo shipments. Vessels or embarked crewmembers or passengers that have recently been

in China will have their arrivals fully vetted to safeguard the American public yet facilitate trade. This safety protocol is not anticipated to slow down the movement of cargo.

Refer to CDC or USCG for any additional information.

Q: Is there any impact on International Mail Processing and/or Express Consignment operations?

A: CBP continues to process international mail and express consignment packages as normal and CDC has not identified any threat as it relates to these shipments.

Q: Is this something CBP has ever dealt with before?

A: Yes, we have dealt with outbreak of communicable diseases before including tuberculosis, SARS and Ebola and remain ready and vigilant to protect against the spread of any illness we encounter.



Communications Plan

Novel Coronavirus (COVID-19)

Updated May 11, 2020

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I. BACKGROUND

U.S. Customs and Border Protection (CBP) is supporting the U.S. Government's response to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in Wuhan City, Hubei Province, China and which subsequently spread to more than 185 countries and all 50 states. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a "public health emergency of international concern" (PHEIC). On January 31, 2020, Health and Human Services (HHS) Secretary, Alex M. Azar II, declared a public health emergency (PHE) for the United States to aid the nation's healthcare community in responding to COVID-19. On the same day, the President issued a proclamation suspending the entry of aliens (with certain exceptions) who were physically present in China during the 14-day period preceding their attempted entry into the United States. DHS issued supplemental guidance with instructions for implementation.

On February 29, the President issued a second proclamation that suspended the entry of aliens (with certain exceptions) who were physically present in Iran during the 14-day period preceding their attempted entry into the United States.

On March 11, the World Health Organization declared the outbreak of COVID-19 to be a pandemic. On the same day, the President issued a third proclamation to suspend the entry of aliens (with certain exceptions) who were physically present in the 26 European countries that comprise the Schengen Area¹ during the 14-day period preceding their attempted entry into the United States. On March 14, the President issued a fourth proclamation that expanded the travel restrictions to include certain aliens who were physically present in Ireland and the United Kingdom in the 14-day period preceding their attempted entry into the United States.

On March 16, the White House announced "15 Days to Slow the Spread," a nationwide effort to slow the spread of COVID-19 through the implementation of social distancing at all levels of society. The COVID-19 social distancing guidelines were subsequently extended through April 30. On April 16, the President Trump announced Guidelines for Opening Up America Again. On April 27, the White House unveiled the Opening Up America Again Testing Overview and Testing Blueprint designed to facilitate development and implementation of the robust testing plans and rapid response programs described in the President's Guidelines for Opening Up America Again.

On March 20, CBP implemented its authority under 42 USC § 265 to immediately expel illegal border crossers to their country of last transit whenever possible. Additional public affairs guidance on this subject may be found in the *CBP Communications Plan for the Implementation of Title 42 USC § 265 at the Northern and Southern Land Borders*.

¹ The Schengen Area consists of 26 European countries that have generally eliminated passport controls at their internal borders. The Schengen countries are: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and Switzerland.

Also on March 20, the President temporarily restricted non-essential travel across the U.S.-Canada and U.S.-Mexico land borders to prevent the further introduction of COVID-19 into the United States. The temporary land border restrictions were extended for an additional 30 days beginning on April 20, 2020. The land borders remain open to lawful trade and travel for emergency response, public health, and other essential purposes.

On April 3, the President issued a memorandum instructing the Federal Emergency Management Agency (FEMA), in consultation with the U.S. Department of Health and Human Services (HHS), to use the Defense Production Act to keep certain scarce and threatened personal protective equipment (PPE) materials within the United States for domestic use. CBP is supporting this effort by temporarily holding shipments of specified PPE so that FEMA may determine whether to issue a rated order under the Defense Production Act to purchase the PPE, return it to the sender for use within the United States, or allow part or all of the PPE to be exported. More information about the memorandum may be found in the *CBP Public Affairs Guidance for the Presidential Memo on the Allocation of Scarce or Threatened Health and Medical Resources to Domestic Use, April 8, 2020*.

Also on April 3, the CDC issued a recommendation that all Americans wear cloth face coverings in public settings where social distancing measures are difficult to maintain.

On April 18, the President signed a proclamation to provide additional economic support to U.S. businesses during the COVID-19 pandemic. The order gives the Administration flexibility to allow a 90-day deferment period on certain payments for importers who have faced a significant financial hardship (i.e., who have at least a 40% year-to-year reduction in gross receipts) due to COVID-19.

On April 22, the President signed a proclamation entitled: “Proclamation Suspending Entry of Immigrants Who Present Risk to the U.S. Labor Market During the Economic Recovery Following the COVID-19 Outbreak.” Effective April 23, the EO restricted and suspended the entry into the United States of certain classes of immigrant aliens.

As of April 19, the CDC reported that cases of COVID-19 and community spread have been observed in all 50 states and that the country as a whole is in the acceleration phase of the outbreak. Close contacts of persons with COVID-19, healthcare workers, people in places where there is ongoing community spread of the virus, and travelers returning from affected international locations where community spread is occurring are at elevated risk of exposure, with the level of risk dependent on location. The CDC also reported that the following groups are at higher risk of severe illness from COVID-19: people age 65 and older; people who live in a nursing home or long-term care facility; and people of all ages with serious underlying health conditions.

CBP employees can find additional health and safety information on the CBP COVID-19 Resource Portal, the DHS Employees website, the CDC website and coronavirus.gov.

CBP Facilities Management & Engineering’s map of U.S. coronavirus cases is available here.

The CDC’s latest coronavirus situation summary is available here. Information about symptoms and testing is available here.

CBP continues to monitor the situation closely and will update this plan as the situation evolves.

II. OBJECTIVES

- Enhance employee and public awareness and understanding of CBP's roles and responsibilities in responding to COVID-19.
- Ensure that employees are aware of, and have access to resources and information that they may need to ensure their own and their families' health and safety.
- Emphasize protective measures that CBP is taking to ensure the safety of its workforce and the public.
- Clarify the measures CBP is responsible for versus the role of CDC and other partner agencies.
- Communicate that CBP will continue to fulfill its critical border security and trade facilitation missions throughout the COVID-19 outbreak.

III. STRATEGY

As the lead office for agency communications, the CBP Office of Public Affairs (OPA) will work closely with the CBP Emergency Operations Center (EOC) to coordinate all internal and external communications related to COVID-19. OPA will also coordinate closely with the Office of Information and Technology (OIT) to ensure 24/7 communications capability.

OPA will maintain a proactive communications posture and leverage all available communications platforms to provide timely, accurate and consistent information to the CBP workforce and the American public.

INTERNAL COMMUNICATIONS PLATFORMS

- **CBPNet**
 - Action: Provide information and resources to the CBP workforce via the COVID-19 Resource Portal. The Portal will include:
 - Frequently asked questions, to include mechanisms for employees to ask questions and receive responses;
 - A Job Hazard Analysis and PPE Assessment;
 - Exposure Risk Decision Guidance; and
 - Links to situation reports; leadership messages; health and safety information for employees and their families; incident reporting information; and human resources info.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: CBP Workforce
 - Messaging Frequency: Daily
- **COVID-19 Incident Tracker**
 - Action: Develop an easily-accessible electronic tracking tool for incidents of known and potential workforce exposure to COVID-19.

- Lead Office: OPA in coordination with the Senior Medical Advisor, the EOC, and OSH
- Target Audience: CBP Workforce
- Frequency: As incidents arise

- **myCBP App**
 - Action: Upload leadership messages, video shorts, graphics and news to the myCBP App. Utilize push notifications to alert CBP employees to urgent updates and new information.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: CBP Workforce
 - Frequency: OPA uploads new content to the myCBP App daily and will include relevant COVID-19 information

- **CBP Postmaster (Employee E-mail)**
 - Action: Develop and disseminate e-mail updates from the Acting Commissioner, the Deputy Commissioner, and the Senior Medical Advisor.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: CBP Workforce
 - Frequency: Weekly or as needed

- **CBPNow**
 - Action: Prepare and broadcast videos and Information Display System (IDS) slides to COVID-19 updates and information about preventive measures.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: CBP Workforce
 - Frequency: Daily or as needed

- **Muster Modules**
 - Action: Develop and disseminate muster modules to provide operational guidance to front-line personnel.
 - Lead Office: Operational offices in coordination with the EOC, the Senior Medical Advisor and OPA
 - Target Audience: CBP Workforce
 - Frequency: As needed

- **ENS Regional Crisis Messaging**
 - Action: Prepare and disseminate regional emergent notifications to ensure situational awareness.
 - Lead Office: Operational offices in coordination with the EOC, the Senior Medical Advisor and OPA
 - Target Audience: CBP Workforce
 - Frequency: Daily or as needed

EXTERNAL COMMUNICATIONS PLATFORMS

- **CBP.gov**
 - Action: Publish videos, graphics, and other content to provide timely and accurate information about CBP efforts to prevent the spread of COVID-19.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: American Public, International Travelers, Industry Stakeholders, CBP Workforce
 - Frequency: Daily or as needed

- **Social Media**
 - Action: Publish videos, graphics, and other content to @CBP and @CBPMarkMorgan accounts to provide timely and accurate information about CBP efforts to prevent the spread of COVID-19. To ensure consistency of messaging, regional, field office and field leadership social media accounts will not post COVID-19 specific information.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: American Public (Primary), International Travelers (Primary), CBP Workforce (Secondary)
 - Frequency: As needed

- **Traditional Media**
 - Action: Provide timely and accurate information about CBP efforts to prevent the spread of COVID-19 to television, radio, print, and web media outlets. Information will be provided via OPA response to media inquiries or, when appropriate, through Commissioner, Deputy Commissioner, or Senior Medical Advisor media engagement. Additional press guidance can be found in Section V of this document.
 - Lead Office: OPA in coordination with the Senior Medical Advisor and the EOC
 - Target Audience: American Public, International Travelers
 - Frequency: Daily. Specific actions will be taken based on immediate agency needs and external requests for information.

IV. INTERNAL COMMUNICATIONS

GUIDANCE

During an emergency situation or pandemic impacting CBP operations, affected employees, the public and the news media will depend on both the CBP internal and public communications platforms for official and timely information. OPA will coordinate with OIT to ensure 24/7 internal communications capability.

There are several key steps that must be followed to ensure consistency and relevance of messaging.

Internal Message Coordination

To ensure the appropriate level of coordination and to maintain consistent, credible, comprehensive and accurate messaging, both internal and external information must be coordinated within a single CBP source, specifically OPA.

OPA will coordinate closely with the Senior Medical Advisor, EOC, and the Office of Human Resources Management (HRM) to manage a process to ensure that all non-operational communications concerning COVID-19 from CBP offices are coordinated and approved through the Senior Medical Advisor before dissemination through OPA internal communication channels.

Incoming Message Request

- If a CBP office has non-operational communications related to COVID-19 that need to be disseminated to the CBP workforce, the requesting office will send their Executive Assistant Commissioner/Assistant Commissioner approved message or information to OPA for initial review and approval (b)(6) OPA will advise the requestor that the request is moving forward to the EOC for approval (b)(6) Messages will be distributed using:
 - CBP Postmaster (all employees), (b)(7)(E) only messages, Component-only messages, supervisor/manager messages, CBP Central (weekly message to all employees).
 - OPA will establish a new COVID-19 messaging title to ensure consistency and a high level of awareness of important, relevant information.
 - Postings on CBPnet – CBP COVID-19 Resource Portal
 - Employee safety/protection information
 - Latest updates from CDC
 - Frequently Asked Questions
 - CBPNow screens
 - myCBP App – encourage employees to download the app
 - Muster modules
 - Short, topic-specific videos, including a series on protecting employee health
 - Localized and national teleconferencing
 - ENS Regional Crisis Messaging – the CBP SITROOM will manage distribution of regional emergent notifications to employees but will coordinate through OPA to ensure overall awareness and the need to message to the full CBP workforce.

EOC Determination

- The EOC will provide OPA with the final approved message or information along with approval for distribution to either (1) the whole workforce; or (2) specific segments thereof.
- Based on that determination, OPA will either: (1) ensure that the message or information is distributed through the appropriate internal communication channel; or (2) advise the requesting component to convey the message/information directly to its staff.
- The EOC or Public Affairs Assistant Commissioner/Deputy Assistant Commissioner will determine if further approvals are required by the Commissioner's Office or DHS Public Affairs.
- OPA will advise all parties after the message or information is distributed.

Internal and External Communication Spokespersons

OPA recommends that key leadership and subject matter specialists be identified as the primary spokespersons during the pandemic crisis. Clear internal communication channels must be used to ensure CBP employees are notified first of any emergent situation.

WORKFORCE MESSAGES (INTERNAL)

- CBP's highest priority is the health and safety of our employees and their families.
- We are taking every necessary precaution, in coordination with the CBP Senior Medical Advisor, the CDC, and other expert guidance, to protect you – our workforce – so you can continue your important mission of protecting our nation.
- CBP has a national pandemic plan and continuity of operations plans that we are prepared to implement based on exposure and risk.
- It is important to remember that *individual* risk is based on exposure, which may vary across the workforce.
- CBP is taking every necessary precaution to minimize the risk of COVID-19 exposure to our workforce and members of the public with whom we interact.
- CBP has developed a COVID-19 specific Job Hazard Analysis and PPE Assessment, which is exposure-based, risk-based, and consistent with CBP's operational mission.
- CBP has ensured that each Sector and Field Office has a supply of Personal Protective Equipment (PPE) that is readily available to employees. We have issued guidance to all employees on the risk-based, job-specific use of that equipment. CBP has also set aside funding to procure additional PPE if needed.
- The CBP Senior Medical Advisor and Occupational Safety and Health team established robust procedures and guidance for supervisors and personnel to assess risk from potential COVID-19

exposure, inform recommended actions and ensure mission continuity during a complex, novel and evolving pandemic.

- To protect CBP employees and their families, CBP has developed a COVID-19 incident tracking tool. This tool is a step toward ensuring employee safety. It will raise awareness of any potential or confirmed exposure and help alleviate the spread of the virus. Anyone who knows – or even thinks – that they have been exposed to COVID-19 needs to use this important tracking tool.
- If you feel you may have been exposed, please alert your chain of command immediately and report the exposure via CBP’s COVID-19 incident tracker.
- All employees at facilities where an exposure has occurred are notified at the earliest opportunity. Employees who have been in direct contact with a colleague who has tested positive for COVID-19 are provided with guidance based on the specific risks associated with the exposure.
- CBP has developed a COVID-19 Resource Portal where employees can find relevant and up-to-date health and safety information.
- On April 16, the President released Guidelines for Opening America Up Again, providing a plan for rolling back social distancing measures and reopening the country’s economy in several phases, depending on location.
- During each phase of the President’s guidelines, you should:
 - Continue to practice good hygiene.
 - Wash your hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60 – 95% alcohol, especially after touching frequently used items or surfaces.
 - Avoid touching your face.
 - Sneeze or cough into a tissue, or the inside of your elbow. Throw the tissue in the trash.
 - Disinfect frequently used items and surfaces as much as possible.
 - Strongly consider using face coverings while in public, and particularly when using mass transit.
 - Stay home if you feel sick.
 - Do not go to work or school.
 - Contact and follow the advice of your medical provider.
 - Continue to adhere to state and local guidance, as well as complementary CDC guidance, particularly with respect to face coverings.
- The CDC also recommends taking everyday preventive actions to help combat the spread of COVID-19. Please take the following precautions to limit the possibility of spread to your family or community:

- Avoid close contact and large gatherings, adhere to social distancing guidelines whenever possible, and remember that not all COVID-19 victims show outward signs of illness. Some people may only have some or none of the following symptoms: fever, cough, difficulty breathing, shaking with chills, muscle pain, sore throat, new loss of taste or smell.
 - Avoid touching your eyes, nose, and mouth.
 - Cover your cough or sneeze with a tissue or your elbow, then throw the tissue in the trash.
 - After contact with “high-touch” or shared surfaces (counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, etc.), wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 - 95% alcohol. Always wash hands with soap and water if hands are visibly dirty. Washing of hands is especially important after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - Wear cloth face coverings in public settings where other social distancing measures are difficult to maintain. More information is available here.
- Please remain cognizant of the health and safety of your colleagues:
 - If you become sick, stay home.
 - Become familiar with leave flexibilities that permit staying home for a sick family member.
 - Emphasize respiratory etiquette and hand hygiene at home and work.
 - Consider alternatives to in-person meetings and business formalities.
 - Use Personal Protective Equipment (PPE) as appropriate.
 - Check the CBP and CDC websites regularly for updated information.
 - As part of our mission to protect this country, your communities, and your families, CBP will continue to support the whole of America response to COVID-19.
 - CBP has been through these kind of challenges before, and we know how to handle them. We are ready, and we will do whatever is necessary to protect the men and women of CBP.

WORKFORCE QUESTIONS AND ANSWERS

Symptoms and Risk

1. What is the novel coronavirus?

A: Coronaviruses are a family of viruses that can cause respiratory illness in people. Coronaviruses circulate among animals, including camels, cattle, cats, and bats.

A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19) is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold. Patients with COVID-19 will be evaluated and cared for differently than patients with common coronavirus diagnosis.

Additional information about COVID-19 can be found on the CDC website and in the CDC FAQ.

2. What are the symptoms of the novel coronavirus?

A: People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. People with these symptoms or combinations of symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Employees should call their healthcare provider if: (1) they develop symptoms and have been in close contact with a person known to have COVID-19; or (2) if they have recently traveled from an area with widespread or ongoing community spread of COVID-19. Employees should visit the [CDC website](#) for more information.

3. How dangerous is the novel coronavirus?

A: According to the CDC, COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- [People aged 65 years and older](#)
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, are also at higher risk, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] ≥ 40)

- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

It is important for all CBP employees to stay informed about the outbreak, maximize social distancing efforts at work and at home, and continue standard disease prevention practices.

Workforce Health and Safety

4. How can employees keep themselves and their families safe?

A: The most effective ways to prevent the spread of COVID-19 are to:

- **Get Vaccinated** against influenza. Although COVID-19 is a different type of respiratory illness, the influenza vaccine can still help prevent seasonal influenza. This can help ensure COVID-19 symptoms aren't confused with influenza.
- **Avoid ALL Touching** of your eyes, nose and mouth with your hands. Details regarding virus viability on surfaces are still being determined, but current evidence suggests the COVID-19 virus can remain viable on surfaces for hours to days depending on the surface and environmental conditions. Touching surfaces that may have been previously touched by individuals in early stages of COVID-19 can result in the indirect spreading from person to person.
- **Stay Home** when you are sick and consult your health care provider. If you notice any symptoms of fever, sore throat or trouble breathing and you have been in contact with anyone who has traveled to any region affected by COVID-19 or you are a close contact of some diagnosed with COVID-19, alert your health care provider prior to arrival.
- **Cover your Cough or Sneeze** with a tissue or the cuff of your elbow and immediately throw the tissue in the trash. NEVER cover your cough with your hands.
- **Clean and Disinfect**. After contact with "high-touch" or shared surfaces (counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, etc.), wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 - 95% alcohol. Always wash hands with soap and water if hands are visibly dirty. Washing of hands is especially important after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. Any commonly touched surfaces should be cleaned and disinfected with EPA registered disinfectants such as Lysol or Clorox disinfecting wipes and sprays. There is also a CDC "Cleaning and Disinfection" web page with a list of EPA registered disinfectants.
- **N95 Respirator/Surgical Mask Use** by the general public is not generally being recommended by the CDC, the World Health Organization (WHO), the Occupational Health and Safety Administration (OSHA), or any public health authorities at this time. CBP leadership is determined to ensure N95 respirators are available to the workforce should the situation change

and their use becomes necessary, to include CBP Headquarters staff, mission support personnel, and personnel working in office settings who have traditionally not been provided N95 respirators in the past. Personnel need to understand the difference between a surgical mask, which will not generally provide the user with adequate protection from exposure and the use of an N95 respirator. The CBP Coronavirus Job Hazard Analysis and PPE Assessment (JHA) provides detailed guidance for all personnel on when N95 respirators are considered mandatory and when they would be considered “voluntary use.” An example of voluntary use would include situations where CBP provides an N95 respirator or surgical mask for administrative and support personnel using mass transit to and from work when the risk level is increased. Such use would fall into “Voluntary Use” and CBP would follow existing “Voluntary Use” protocols. The use of N95 respirators should be reserved for front line personnel and high risk work situations for which they were intended. Those protocols involve providing an N95 at CBP expense, providing a short educational video on N95 voluntary use (which can be found on the COVID-19 Resource Page), and providing those personnel a copy of Appendix D of 29 CFR 1910.134 (which is an OSHA requirement for any employer who allows “Voluntary Use”). This could be provided personally by the individual’s supervisor or via email, and Appendix D as well as this guidance will be posted on the COVID-19 Resource Page along with the current JHA.

- Additional Information on these topics and updated COVID-19 status can be found on the CBP COVID-19 Resources Portal.

5. What measures is CBP taking to ensure the health and safety of employees?

A: CBP has national pandemic plans and continuity of operations plans in place and a comprehensive Job Hazard Analysis and PPE Assessment (JHA) has been conducted based on risk. We have also developed COVID-19 Exposure Risk Determination Guidance. CBP has appropriate Personal Protective Equipment (PPE), including N95 respirators, at all ports, stations, air branches and every place we operate around the globe. CBP has also set aside funding to procure additional PPE if needed. CBP has HRM Safety and Occupational Health Specialists located in every Field Office and Sector to assist operational components as they fulfill CBP’s mission while ensuring that our employees remain safe. Additional information can be found on the CBP COVID-19 Resources Portal.

6. What resources are available for employees who are coping with increased stress and anxiety?

A: There are several resources available to help employees and their family members cope with the uncertainty about the emergence of COVID-19. The Employee Assistance Program (EAP) is available via telephone, video, and web chat for employees and their dependents for up to twelve sessions per issue per person, 24/7. Call (b)(6) visit (b)(6) and use the login password CBPEAP; or download the EAP Web app onto your work-issued mobile phone via the CBP Catalog Icon. Employees can also find a chaplain or peer support member using this interactive map. For more resources, visit CBP’s Resilience Website to find information about the Veteran Support Program, tips to reduce stress, helpful mental health apps, and more. Please also visit the Substance Abuse and Mental Health Services Administration (SAMSA) website.

7. What programs or resources is CBP providing to assist CBP employees' families?

A: HRM will continue to provide services to employees who are working from home and their families by telephone and by video. The Employee Assistance Program (EAP) will be the primary resource for stress, anxiety, and financial wellness for CBP employees and families. In-person counseling services may be impacted and, if so, services will be available via telephone, video and web chat. EAP is available 24/7 by calling (b)(6) by visiting (b)(6) and using the login password CBPEAP; or downloading the EAP Web app onto your work-issued mobile phone via the CBP Catalog Icon.

CBP Backup Care could be an option in the event of school and care facility closures. In-home and in/out of network providers may also be impacted. The Friends and Family option is still available because, for this option, you will identify who will provide care. CBP employees are also encouraged to engage in self-care to boost their immune systems and help alleviate any stress.

Personal Protective Equipment

8. Is the use of personal protective equipment (PPE) required?

A: In certain work situations, PPE is required when there is a hazard that cannot be controlled by other engineering or administrative controls. In accordance with OSHA 29 CFR 1910.131 – 1910.134 standards and the CBP Safety and Occupational Health HB 5200-08B, a Job Hazard Analysis and PPE Assessment (JHA) is a tool used to identify hazards and levels of risk for certain jobs or work tasks that require PPE. In the case of COVID-19, CBP has completed a comprehensive JHA which outlines what PPE is required and when its use is considered mandatory.

An example of this could be frontline CBP personnel conducting processing of persons and being in close contact (within 6 feet) of someone who is displaying symptoms and is suspected of having COVID-19. In these types of work situations the use of PPE outlined in the COVID-19 JHA would be required and considered “mandatory use”. There are also situations in which CBP may authorize “voluntary use” of PPE even when there is no actual hazard that would require its use.

Both “mandatory use” and “voluntary use” of PPE are outlined in the “notes” page of the JHA as well as CBP HB 5200-08B and OSHA 29 CFR 1910.134.

9. Do I have to be clean-shaven to wear a N95 respirator?

A: Any time the use of an N95 respirator is required, the wearer must have a clean-shaven face around the entire area where the seal of the N95 mask touches the face, nose, and chin. This requirement also applies anytime an employee needs to be fit-tested or wear an N95 for work tasks as outlined in the COVID-19 Job Hazard Analysis and PPE Assessment (JHA) or any other work task where an N95 is required by policies or other JHAs (e.g., working in close contact within 6 feet of someone with signs/symptoms and suspected of having COVID-19, working in close contact within 6 feet of someone with active tuberculosis, handling Fentanyl and other loose powder narcotics).

The “mandatory use” of N95 respirators also requires a medical clearance and fit-testing as outlined in [OSHA 29 CFR 1910.134](#) and [CBP OSH HB 5200-08B](#). The “voluntary use” of N95 respirators does not require medical clearances or fit-testing in accordance with OSHA 29 CFR 1910.131 – 1910.134, however Appendix D of 1910.134 shall be provided to all employees who use N95 respirators under “voluntary use” policies. This can be emailed or provided in hard copy. See [CDC](#), [OSHA](#), [CBP](#) and other links regarding N95 respirators on the Safety and Health [COVID-19 Resource Page](#) for more information.

Exposure

10. What should an employee do if he or she becomes ill or is suspected to have or tested positive for COVID-19?

A: If an employee becomes ill with any of the COVID-19 symptoms (fever, sore throat, difficulty breathing), the employee should stay home and contact his or her healthcare provider immediately. Most healthcare providers are taking precautions to prevent the further spread of disease within the healthcare system, so employees should let their provider know if they have traveled to an area impacted by COVID-19, or have had contact with known COVID-19 confirmed cases. Healthcare providers will determine the need for further testing/confirmation and individuals may be designated as a “person under investigation,” and referred for further evaluation and confirmatory testing.

Employees should notify their CBP supervisor that they are being evaluated and should follow up after they have been evaluated by a health care provider. Additionally, all incidents of known or suspected exposure to COVID-19 should be reported via the [incident incident tracking tool](#) in the [COVID-19 Resource Portal](#). If employees are considered to be at risk for COVID-19, and/or are identified as a ‘person under investigation’, they will be placed on OPM weather and safety leave.

In accordance with OPM guidance, use of weather and safety leave would supersede the use of sick leave for employees identified as persons under investigation. Use of weather and safety leave would be subject to the normal conditions—for example, weather and safety leave may be granted only if an employee is not able to safely perform work at an approved location. Thus, an employee who is not a telework program participant would be granted weather/safety leave for quarantine periods based on potential exposure. However, in the case of telework program participants, the employee’s home is generally an approved location. Thus, the employee would generally be expected to perform telework at home as long as the employee is asymptomatic. If a telework program participant in these circumstances needs time off for personal reasons, then the employee would be expected to take other personal leave or paid time off (e.g., annual leave or sick leave to care for a family member).

If an employee (whether or not a telework program participant) is diagnosed as being infected, or likely has been infected, with a quarantinable communicable disease, such as COVID-19, use of weather and safety leave would be inappropriate. Accrued or advanced sick leave would normally be used to cover such a period of sickness. CBP must grant sick leave when an illness prevents an employee from performing work. If the employee exhausts the available sick leave, other paid leave or paid time off may also be available to an employee. See [OPM guidance](#) on workplace flexibilities

for employees impacted by COVID-19. This information and more can be found in the [CBP COVID-19 Resource Portal](#).

11. If I were to get a coronavirus test, what would that entail? How long would it take to obtain results?

A: CBP employees should call ahead to their doctor or a healthcare facility if they are concerned that they may need to be tested. Based on symptoms and exposure, healthcare professionals will determine if the employee needs to be tested in person and may confer with state authorities about where and how to conduct the testing. Healthcare professionals will provide instructions on how to arrive at the test site in a way that limits exposure. Medical facilities and doctors' offices ask that everyone call ahead so they can make arrangements to protect others when people come in for testing.

The type of test will be determined by the healthcare professionals; however, the most common test is a nasopharyngeal sample. A sterile, cotton-tipped swab is gently passed through the nostril and into the nasopharynx. This is the part of the pharynx that covers the roof of the mouth. The swab is then sent to a lab for analysis. All states now have a public health lab testing for coronavirus, and an increasing number of commercial and academic labs are testing as well. Although results times vary depending on how and where you tested, lab results can normally be confirmed within 24 hours of receiving the samples taken at the time of testing.

12. How long should employees stay home if they are exposed to the coronavirus?

A: If an employee has been potentially exposed to someone who is at a high risk of having or who is suspected of having COVID-19, the employee may be asked to remain at home and may be asked to self-observe, self-monitor or self-quarantine for up to 14 days, or longer in specific circumstances, before returning to work. Employees should always consult their healthcare provider and notify their supervisor for more specific guidance.

13. If an employee at my office tested positive for coronavirus, will I be informed that I might need to take additional precautions?

A: If a CBP employee at your office building tests positive for COVID-19 and you were in direct contact with that employee, you will be notified by your supervisor and given additional guidance based on the risks associated with the exposure. If you were not directly in contact with the employee, self-observe for symptoms for 14 days from the day of last exposure. If you develop symptoms, isolate yourself at home, contact your healthcare provider, and notify your supervisor.

Following the incident, all employees in the building will be notified by HRM through a CBP Postmaster message indicating the level of risk to others in the building.

14. What do supervisors need to keep in mind when handling information related to employees who may have contracted or been exposed to the coronavirus?

A: Whether or not a specific employee or contractor has contracted COVID-19, the information pertaining to the individual must be treated as Sensitive Personally Identifiable Information (Sensitive PII)²² and as a confidential medical record. As a reminder, medical information about CBP personnel is protected and confidential pursuant to the *Privacy Act of 1974*. In certain circumstances, supervisors and managers may be told about necessary restrictions of work duties and about necessary accommodations; and first responders and safety personnel may be told if the condition might require emergency treatment.

Despite the heightened interest, do not disclose medical information about individual employees or contractors without authorization from the Privacy and Diversity Office (PDO), pursuant to CBP Directive 2120-10. The sharing of aggregate data related to the number of impacted personnel within an office that does not include PII does not need specific PDO authorization.

When collecting and sharing information related to individual employees who may have been exposed to or contracted COVID-19:

1. Anonymize information about personnel to the extent practicable when notifying others of their possible exposure to a positive COVID-19 patient.
2. Collect only the minimum information necessary to respond to official requests or taskers – this should not include names, ages, or other identifying information.
3. Do not share any identifying information about specific employees or contractors outside of CBP without explicit authorization from PDO.
4. Anonymize all information about impacted employees and contractors whenever possible.
5. Only use authorized methods to share identifying information about specific employees beyond the employee or contractor's local chain of command.
6. Keep confidential any additional medical information an employee or contractor voluntarily discloses.

Supervisors may frequently check in on employees and may ask employees if they are experiencing influenza-like symptoms, such as fever or chills and a cough or sore throat. Supervisors must maintain all information about employee illness as a confidential medical record.

For questions regarding information sharing and sensitive PII contact (b)(6)

For questions regarding reasonable accommodations during a pandemic please contact

(b)(6)

²² Personally identifiable information, which if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual.

If you are concerned that sensitive PII may have been disclosed without proper authorization as a result of the agency's response to this pandemic event, please contact the

(b)(6)

Office Closures

15. An employee at my office tested positive for coronavirus. Will CBP close my office?

A: Such decisions will be made on a case-by-case basis, depending upon specific circumstances and based on consultation and guidance from appropriate authorities. Some facilities may be closed out of an abundance of caution. Employees should contact their direct supervisor for further instructions.

If a supervisor is aware that someone in their facility has tested positive for the coronavirus, they should contact the nearest CDC office and notify the CBP COVID-19 EOC

(b)(6)

The CDC's state and local Quarantine Officer at the Division of Global Migration and Quarantine will work to identify which facilities, if any, need to be closed. The CDC will work with CBP if they have identified a facility for closure.

16. Will employees be expected to work if their office is closed?

A: If a facility is closed, program offices are encouraged to use telework to the extent that doing so is appropriate. The CBP Telework Policy guidance is as follows:

- a. An employee who participates in the telework program would generally be expected to perform telework at home as long as the employee is asymptomatic (See 5 CFR 630.1605). If a telework program participant in these circumstances needs time off for personal reasons, then the employee would be expected to take other personal leave or paid time off (e.g., annual leave or sick leave to care for a family member).
- b. A telework-ready* employee who is quarantined at a location other than the employee's home is not eligible to telework because the quarantine location likely is not an approved work location for the employee. This employee should receive weather and safety leave as long as the employee is asymptomatic.
- c. A telework-ready employee who is restricted from the workplace because of the potential to infect others would generally be expected to perform telework at home as long as the employee is asymptomatic.
- d. An employee who is not a telework program participant would be granted weather or safety leave for quarantine periods based on potential exposure and an inability to perform work at an approved location. Telework is not an option.
- e. There is currently no provision within the CBP Telework Policy, or applicable Collective Bargaining Agreement (CBA), which would allow or require an employee without a telework agreement to work while quarantined or restricted from the workplace for safety reasons.
- f. Supervisors should prepare their staff members who are telework-ready to take equipment home and work remotely, when possible.

* Telework-ready is defined as an employee who has a current, approved telework agreement to work from an alternate worksite location and is equipped with the appropriate secure and approved technology equipment. If an employee has a telework agreement but does not have the necessary equipment (e.g., a laptop at their telework location), then they are not telework ready.

Leave

17. Will I be required to use leave if I can't report to work due to coronavirus?

A: Below is the guidance issued by the Office of Personnel Management for employees who are affected by COVID-19, regardless of whether the impact is related to job duties.

- a. An employee who is diagnosed to have been infected by COVID-19 or who is symptomatic and is diagnosed as likely to have the COVID-19 infection may request sick leave, annual leave, leave without pay, or another accrued absence/leave type, or may invoke Family Medical Leave Act rights. Such an employee may no longer be eligible for telework and will not be eligible for weather and safety leave based solely on this situation.
- b. An employee who has a family member who is diagnosed to have been infected by COVID-19 or who is diagnosed as likely to have the COVID-19 infection may request sick leave, annual leave, leave without pay, or another accrued absence/leave type, or may invoke Family Medical Leave Act rights in order to care for the affected family member. Such an employee would not be eligible for weather and safety leave based solely on this situation.
- c. A telework ready employee whose child or adult family member who requires in person care and may have been affected by a school, day care, elder care facility, or similar closure because of the COVID-19 issue, may request sick leave, annual leave, leave without pay, or another accrued absence/leave type if the child or family member cannot care for themselves. Such an employee may not be eligible for telework and is not eligible for weather and safety leave.

18. What code should I use in WebTA to report absence due to coronavirus?

A: Employees would enter their leave category (annual, sick, or other type of leave) normally in WebTA utilizing their designated APC and CMIS code and entering the project code 4VR to link the use of leave to the coronavirus project code.

Pay and Benefits

19. If I am required to work in an area where my exposure to COVID-19 is high, can I get hazard pay? Including apprehending/transporting/processing potentially infected aliens?

A: CBP is working with the Department of Homeland Security to determine if hazardous duty pay is available. In general, General Schedule (GS) employees may receive additional pay for the performance of hazardous duty or duty involving physical hardship (5 U.S.C. 5545(d) and 5 CFR part 550, subpart I). Appendix A to subpart I of part 550 of title 5, Code of Federal Regulations, contains a list of approved hazard pay differentials. For example, a 25 percent hazard pay differential is authorized for employee exposure to "virulent biologicals," which is defined as "work with or in

close proximity to...[m]aterials of micro-organic nature which when introduced into the body are likely to cause serious disease or fatality and for which protective devices do not afford complete protection.’

To be eligible for the hazard pay differential, the agency must determine that the employee is exposed to a qualifying hazard through the performance of his or her assigned duties and that the hazardous duty has not been taken into account in the classification of the employee’s position. A hazard pay differential is not payable if safety precautions have reduced the element of hazard to a less than significant level of risk, consistent with generally accepted standards that may be applicable (see 5 CFR 550.904-550.906 for further information and exceptions). Agency managers, in consultation with occupational safety and health experts, must determine whether an employee is entitled to hazard pay on a case-by-case basis.

Prevailing rate (wage) employees may receive an environmental differential when exposed to a working condition, physical hardship, or hazard of an unusually severe nature (see 5 U.S.C. 5343(c) (4) and 5 CFR 532.511). A list of approved differentials is contained in Appendix A to subpart E of part 532, of title 5, Code of Federal Regulations. As with hazard pay differentials, determinations as to whether an employee qualifies for an approved environmental differential must be made by agencies on a case-by-case basis.

20. Will workers’ compensation be available to employees who contract coronavirus during the course of their duties?

A: Employees have the right to file a workers’ compensation claim for illnesses that have been diagnosed as the direct result of performing work duties. If an employee believes they have been exposed to people potentially infected with the novel coronavirus, such as travelers who may have contracted the disease while on travel, they should contact their local Safety and Workers’ Compensation Offices for further assistance and take the following steps:

1. Notify your supervisor.
2. Supervisor files an incident report (CBP Form 502) in CBP eCOMP.
3. Next, contact your local workers’ compensation point of contact (Injury Compensation Coordinator) to guide you on the process to file a workers’ compensation claim and which form to use. (Note: Filing a claim is an employee driven action and you must elect to file a claim CA-1 or CA-2).
4. Choose which type of claim to file.
 - a. CA-1 - claim of traumatic injury (exposure on a specific date, time and location, within one 8-hour shift); or
 - b. CA-2 - claim of occupational disease (exposure over time or multiple exposures on more than one date, time and location).
5. Choose whether you want to seek medical attention.

Supervisors or Managers must complete their portion of the CA-1 or CA-2 in CBP eCOMP as soon as possible, but no later than 24 hours after the employee completes their portion of the claim.

Supervisor completion of their portion of the claim sends an alert to Managed Care Advisors (MCA), who will assign a nurse case manager. For potential coronavirus exposure, the nurse case manager will contact the employee and ask the following questions of the employee.

1. Did you file a form CA-1 or CA-2?
2. Are you ill/ have you sought medical attention?
3. Has the Public Health Service contacted you as part of an investigation or are you classified as a “Person Under Investigation”?
4. What, if any, Personal Protective Equipment were you wearing during the potential exposure event?
5. Did you get a flu vaccination this year?

For specific Department of Labor (DOL) information on COVID-19, please visit:
<https://www.dol.gov/owcp/dfec/InfoFECACoverageCoronavirus.htm>

21. Will workers’ compensation be available to employees who are exposed to coronavirus during the course of their duties?

A: Under 20 C.F.R. § 10.303, exposure to COVID-19 alone does not constitute a work-related injury entitling an employee to medical treatment under the FECA. The employee must actually be diagnosed with COVID-19 to potentially be afforded coverage.

In all cases where an employee reports potential exposure, the supervisor must document the exposure on CBP Form 502. The employee has up to three years to file for workers’ compensation benefits as long as a CBP Form 502 is documented in the system.

While an employee has the right to file a workers’ compensation claim if they believe they have been exposed, it may be in their best interest to wait to file until a confirmed diagnosis is provided by their physician of choice. Please provide guidance and counsel to employees and supervisors on this matter. If an employee elects to file a claim for exposure without diagnosis, then we must process it with OWCP and notify the CE that there is no confirmed diagnosis.

When an employee chooses to self-isolate or is quarantined without a medical diagnosis, lost time is incurred by that employee and the claim form must be submitted to OWCP for processing. Under 20 CFR 10.303, a claim filed for exposure without confirmed diagnosis, would most likely be denied if transmitted to OWCP for adjudication.

22. Will workers’ compensation be available to employees who are quarantined because of coronavirus?

A: The FECA does not authorize payment for preventive measures such as quarantines. Therefore, use of form CA-16, *Authorization for Medical Examination and/or Treatment*, is not authorized for simple exposure cases filed on CA-1; and is never authorized for occupational diseases filed on CA-2 unless OWCP directs us to issue the form.

V. EXTERNAL COMMUNICATIONS

PRESS GUIDANCE

All media inquiries and requests for leadership interviews must be directed to CBP OPA Headquarters for coordination (b)(6). CBP OPA in turn will coordinate all media responses with DHS OPA.

Media interviews concerning COVID-19 should be conducted remotely whenever possible. Requests for on-camera interviews and filming related to COVID-19 should generally be declined at this time.

Inquiries related to the following topics should be addressed with the statements provided below:

- Congressional correspondence: “As a matter of policy, CBP does not comment on Congressional correspondence.”
- Litigation: “As a matter of policy, CBP does not comment on pending litigation.”

Media inquiries related to the following topics should be referred to the appropriate agencies:

- Inquiries regarding health screenings or quarantine measures should be directed to the CDC (media@cdc.gov).
- Inquiries regarding disembarkation from cruise ships should be directed to USCG and the CDC (mediarelations@uscg.mil and media@cdc.gov).
- Inquiries regarding repatriation flights for American citizens should be directed to the State Department (CAPRESSREQUESTS@state.gov).
- Inquiries regarding medical evaluations during removal procedures should be directed to ICE (icemedia@ice.dhs.gov).

KEY MESSAGES

- U.S. Customs and Border Protection’s highest priority is to ensure the health, safety and security of our workforce and the American people.
- CBP has implemented robust policies and is using a variety of tools to support the whole of America response to the COVID-19 pandemic.
- CBP’s dedicated agents, officers, and mission support personnel are working tirelessly to protect America’s borders, slow the spread of the virus and facilitate the cross-border flow of food, medicine and other essential commerce.

- If CBP observes an individual who has symptoms of COVID-19 or who otherwise meets the CDC's COVID-19 screening guidelines, we will refer the individual to the CDC, DHS medical contractors, or local health officials for enhanced health screening.
- While confronting the many operational challenges posed by the COVID-19 pandemic, CBP remains steadfast in its commitment to facilitating lawful trade and ensuring the security of America's supply chains.

Implementation of Title 42 USC Section 265

- Every week, Border Patrol Agents encounter thousands of un-screened, un-vetted and unauthorized migrants from dozens of countries affected by COVID-19 who have crossed our borders illegally between ports of entry.
- The Centers for Disease Control and Prevention determined that the introduction and spread of COVID-19 in CBP stations and temporary holding facilities presents a danger to illegal border crossers, our frontline agents and officers, doctors and nurses, and the American people.
- It would take just a small number of individuals with COVID-19 to infect a large number of detainees and CBP personnel and potentially overwhelm local healthcare systems along the border.
- On March 21, 2020, CBP began implementing legal authorities held by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention to ensure that COVID-19 is not further introduced into the United States.
- Under Title 42 of the U.S. Code, illegal border crossers are, to the maximum extent possible, immediately expelled to their country of last transit (Canada or Mexico). These illegal border crossers are not held in congregate areas for processing.
- When immediate expulsion is not possible, the U.S. Government expeditiously returns illegal border crossers to their country of origin.
- Since implementing these measures, the number of migrants in CBP custody has fallen to the lowest level since we began tracking this figure.
- By reducing the number of migrants in custody and minimizing physical contact during processing, these measures protect illegal border crossers, CBP agents and officers, U.S. healthcare workers, and the American public from exposure to COVID-19.

Land Border Travel Restrictions

- CBP has been working closely with our partners in Canada and Mexico since the earliest days of this pandemic to establish a North American approach to containing COVID-19 at our shared borders.

- On March 21, CBP introduced temporary restrictions that limit entry at the U.S. northern and southern land borders to persons engaged in essential travel, including lawful trade, emergency response, and public health purposes. On April 20, the travel restrictions were extended for an additional 30 calendar days.
- U.S. citizens, lawful permanent residents and certain other travelers are exempt from the restrictions on entry at U.S. land borders. These individuals will receive the same processing, evaluation and potential CDC medical screening that all entrants undergo at U.S. ports of entry.
- Supply chains, including trucking, are not subject to the new travel restrictions. CBP remains steadfast in its commitment to facilitate the cross-border movement of food, fuel, workers and lifesaving medicines that are needed to protect our nation

Presidential Proclamations

- The President signed proclamations on January 31, February 29, March 11 and March 14 to suspend the entry into the United States of persons who pose a risk of transmitting the disease caused by the novel coronavirus (COVID-19).
- The presidential proclamations prohibit the entry into the United States of certain foreign nationals who have been physically present in mainland China, Iran, Ireland, the United Kingdom or Europe's 26-country Schengen Area in the 14 days preceding their attempted entry into the United States.
- U.S. citizens, lawful permanent residents and certain foreign nationals are exempted from the proclamations and may continue to travel from China, Iran, Ireland, the United Kingdom, or the Schengen Area to the United States. These travelers are subject to CDC enhanced health screening upon arrival at a U.S. port of entry.
- Any flight to the United States from China, Iran, Ireland, the United Kingdom or the Schengen Area will be funneled to 13 U.S. airports.
- CBP is following CDC guidelines and supporting the CDC's enhanced health screening of returning travelers at the 13 funneling airports.
 - CBP officers continue to identify and refer travelers subject to the presidential proclamations or who exhibit symptoms of COVID-19 to the CDC or DHS contract medical personnel for enhanced health screening.
 - Specific procedures may vary by location based on operational needs, the flow of passengers, and whether health screening occurs before travelers reach CBP primary inspection.
- All travelers should heed State Department and CDC travel advisories prior to planning travel.

MEDIA FAQ

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Workforce Health and Safety

Q: How many CBP employees have tested positive for COVID-19? Can you break this information down by component agency, port of entry, etc.?

A: CBP is taking every available precaution to minimize the risk of exposure to our workforce and to members of the public with whom we interact. We have published information about employees who have tested positive for COVID-19 at <https://www.cbp.gov/newsroom/coronavirus>.

Q: How is CBP tracking interactions between employees who test positive for COVID-19 and their colleagues?

A: The CBP Senior Medical Advisor and Occupational Safety and Health team established robust procedures and guidance for supervisors and personnel to assess risk from potential COVID 19 exposure, recommend actions and ensure mission continuity during this complex, novel and evolving pandemic. All employees at facilities where an exposure has occurred are notified at the earliest opportunity. Employees who have been in direct contact with a colleague who has tested positive for COVID-19 are provided with guidance based on the specific risks associated with the exposure.

Q: What is CBP doing to protect its workforce?

A: CBP has implemented a proactive, multi-layered approach to minimize our employees' exposure to COVID-19 as they fulfill CBP's critical national security mission.

Consistent with the Administration's social distancing guidelines, the CBP workforce is teleworking to the extent possible. CBP has ensured that personnel who cannot telework have ready access to Personal Protective Equipment (PPE), including nitrile gloves and N95 respirators, as well as comprehensive guidance for the use of that equipment. We have also issued cleaning guidelines to all CBP facilities specifically to prevent the spread of COVID-19.

All CBP employees have access to an online resource portal that was established in the early days of the COVID-19 outbreak to provide up-to-date health and safety information. Among other information, the resource portal contains risk exposure guidance, job-specific PPE guidelines, workforce support resources, and CDC prevention guidance. CBP leadership, including the Senior Medical Advisor, are providing frequent video and written updates to keep employees informed about this quickly evolving pandemic.

The CBP Senior Medical Advisor and Occupational Safety and Health team established robust procedures and guidance for supervisors and personnel to assess risk from potential COVID 19 exposure, recommend actions and ensure mission continuity during this complex, novel and evolving pandemic. All employees at facilities where an exposure has occurred are notified at the earliest opportunity. Employees who have been in direct contact with a colleague who has tested positive for COVID-19 are provided with guidance based on the specific risks associated with the exposure.

Nothing is more important than the safety of our workforce and the American people. CBP will continue to take every necessary precaution in order to keep our employees, their families and the American people safe during the COVID-19 pandemic.

Q: What specific protective equipment is CBP providing to agents and officers?

A: CBP took early action to ensure that all Sectors and Field Offices have a ready supply of Personal Protective Equipment (PPE), including nitrile gloves, N95 respirators, eye protection, and disposable outer garments. CBP also provided comprehensive guidance to all personnel on using PPE based on infectious disease risks, job functions and job settings.

Preparedness

Q: Has CBP ever dealt with something like this?

A: Yes, we have dealt with the past outbreaks of tuberculosis, SARS, Ebola and other communicable diseases. CBP remains vigilant and is ready to prevent the spread of any communicable disease that we encounter.

Q: Does CBP have a contingency plan in place to continue to process trade/travel if a majority of its workforce becomes infected with COVID-19?

A: Yes. CBP has business continuity plans in place to address the effects of pandemics, natural disasters and other events. CBP continuously monitors staffing levels and will make adjustments, as needed, to accomplish the CBP mission and protect the American people.

President's Guidelines for Opening Up America Again

Q: What additional screening measures and procedures will CBP take to prevent the spread of COVID-19 as travel restrictions ease and passenger volumes increase?

A: U.S. Customs and Border Protection continues to coordinate daily with the Centers for Disease Control and Prevention and other interagency and industry partners to ensure that travel to and from the United States proceeds in the safest and most efficient manner possible. CBP officers remain vigilant and are prepared to address potential increases in travel volumes if and when governments ease COVID-19 travel restrictions.

Q: What measures is CBP taking to prepare its workforce to resume normal operations at CBP facilities?

A: CBP is prepared to resume normal operations consistent with the President's Guidelines on Opening Up America Again and supplemental guidance from the CDC, FEMA and other agencies. CBP has ensured that all of its employees have ready access to on-the-job health and safety information that the CDC, OSHA, and other federal agencies prepared to combat COVID-19. All CBP facilities have a ready supply of Personal Protective Equipment and all employees have been issued guidance for the risk-based, job-specific use of that equipment. Furthermore, CBP has issued comprehensive cleaning guidance to all of its facilities specifically to prevent the spread of COVID-19.

Title 42

(For additional information, see the CBP Communications Plan for the Implementation of Title 42 USC 265 at the Southern and Northern Land Borders, March 21, 2020)

Q: Why is CBP implementing Title 42 USC § 265?

A: This strategy will allow the U.S. government to help slow the introduction of COVID-19 into the United States by expelling inadmissible individuals who have transited through countries experiencing outbreaks of the virus. This will reduce the CBP workforce's risk of exposure during processing and operations. At the same time, CBP will devote resources to combating the criminal element that may try to take advantage of the crisis to further their illegal enterprises.

Q: How is CBP processing Unaccompanied Alien Children under 42 USC § 265?

A: All aliens that CBP encounters may be subject to the CDC's *Order Suspending Introduction Of Persons From A Country Where A Communicable Disease Exists* (March 20, 2020), including minors. When minors are encountered without adult family members, CBP works closely with their home countries to transfer them to the custody of government officials and reunite them with their families quickly and safely, if possible. CBP also may, on a case-by-case basis, such as when return to the home country is not possible or an agent suspects trafficking or sees signs of illness, except any alien from the CDC order. Minors excepted from the CDC order who are encountered without a parent or legal guardian will be processed as unaccompanied alien children under Title 8 and will be turned over to HHS/ORR. During any time spent in CBP facilities, minors processed under either Title 42 or Title 8 will receive amenities and services consistent with applicable law and policy.

Q: What is going to happen to USBP's normal processing pathways (PACR, MPP, etc.)?

A: Border Patrol agents will be given the tools necessary to identify individuals at the border and to adjudicate some cases in the field at initial encounter. This will enable our agents to rapidly make a decision whether to take someone into administrative custody, or to send them without any further Title 8 processing to the nearest port of entry to expel them to Mexico or Canada.

Q: Are individuals claiming asylum sent back to the country they are claiming fear of returning to?

A: These instances are handled on a case-by-case basis.

Q: How many individuals has CBP expelled under Title 42?

A: Information concerning Title 42 expulsions may be found on the [CBP website](#).

Q: How many migrants does CBP currently have in custody?

A: Since implementing Title 42, there has been an average of 147 migrants in CBP custody. For comparison, the daily average of migrants in CBP custody was 3,466 in February 2020 and 20,000 at the peak of the migration crisis in 2019.

Land Border Travel Restrictions

Q: When will the temporary land border travel restrictions expire?

A: The temporary restrictions on non-essential travel at U.S. land borders will remain in effect until at least 11:59 p.m. EDT on May 20, 2020.

Additional information can be found in the Federal Register Notices for the temporary travel restrictions on the [U.S.-Canada](#) and the [U.S.-Mexico](#) land borders.

Q: Has CBP closed the border?

A: The U.S.-Canada and U.S.-Mexico borders remain open to essential travel, including lawful trade, emergency response and public health purposes. CBP remains steadfast in its commitment to facilitate the cross-border movement of food, fuel, workers and life-saving medicines that are needed to protect our nation.

Q: How much has traffic across the land border declined since the implementation of the travel restrictions?

A: Overall traffic at land ports of entry decreased by nearly 67% in April 2020 when compared to April 2019. That represents an average daily decline of approximately 470,000 crossings. The decline was driven largely by reductions in personal vehicles and pedestrian border crossers as a result of the COVID-19 travel restrictions at U.S. land borders.

The land borders remain open to essential travel, and CBP remains steadfast in its commitment to facilitate the cross-border movement of food, fuel, workers and life-saving medicines that are needed to protect our nation.

Q: What qualifies as “essential travel”?

A: Essential travel includes, but is not limited to:

- Individuals traveling to receive medical treatment;
- Individuals traveling to attend educational institutions;
- Individuals traveling to work in the United States;
- Individuals traveling for emergency response and public health purposes;
- Individuals engaged in lawful cross-border trade (truck drivers);
- Individuals engaged in official government travel or diplomatic travel;
- Members of the U.S. Armed Forces, and the spouses and children of members of the U.S. Armed Forces, returning to the United States; and
- Individuals engaged in military-related travel or operations.

More information can be found in the Federal Register Notices for temporary travel limitations on the U.S.-Canada and U.S.-Mexico land borders.

Q: Are U.S. citizens be able to return to the United States via the land borders?

A: Yes. U.S. citizens and lawful permanent residents may return to the United States via the U.S.-Canada and U.S.-Mexico borders.

Q: Is cross-border travel permitted for purchasing fuel, groceries and other supplies?

A: Cross-border travel for the purpose of purchasing supplies generally is not permissible under the current travel restrictions, unless the traveler seeks to purchase supplies not readily available where they reside in Canada or Mexico. Please refer to the Federal Register Notices regarding temporary travel restrictions on the U.S.-Canada and U.S.-Mexico borders for activities that qualify as essential travel.

Q: Is cross-border travel permitted for the purpose of visiting minor children or other immediate family members in the United States?

A: Cross-border travel for the purpose of visiting immediate family members generally is not permissible under the new travel restrictions. Limited exceptions may be granted for individuals who serve as caretakers or who are providing transport to a medical appointment.

Please refer to the Federal Register Notices regarding temporary travel restrictions on the U.S.-Canada and U.S.-Mexico borders for purposes that qualify as essential travel.

Q: Will CBP close any ports of entry due to reduced traveler volumes?

A: CBP is reducing the hours of operation at certain ports of entry along both land borders, which will allow CBP to continue to provide service to border communities while minimizing the risk of COVID-19 exposure to our workforce and to members of the public.

CBP recognizes the importance of maintaining a strong and secure economic supply chain and commercial trucks crossing the border will not be largely impacted by these reduced hours. We have also taken measures to ensure that the limited closures will not significantly impact critical infrastructure support or health and safety support.

Q: Does CBP plan to furlough any employees because of decreasing travel volumes and reduced hours at ports of entry?

A: CBP does not have plans to furlough employees due to the travel restrictions. As traveler volumes fall at some ports of entry, CBP officers are focusing on other vital aspects of our mission, such as facilitating the entry of medical supplies and disrupting the flow of illicit narcotics.

Presidential Proclamations on Suspending Entry of Persons At Risk of Transmitting COVID-19

Q: Are there any exceptions to the presidential proclamations?

A: The January 31, February 29, March 11 and March 14 presidential proclamations do **not** apply to U.S. citizens. There are also exceptions for:

- Lawful Permanent Residents (LPR) of the United States;
- Spouses of U.S. citizens and LPRs;
- Parents and legal guardians of U.S. citizens and LPRs who are under age 21;
- Children, foster children, and wards of U.S. citizens and LPRs;
- Siblings of U.S. citizens and LPRs that are unmarried and under age 21;
- Foreign nationals traveling as nonimmigrants pursuant to a C-1, D, or C-1/D nonimmigrant visa as crewmember or any foreign national otherwise traveling to the U.S. as air or sea crew;
- Certain categories of diplomatic visa holders; and
- Certain other foreign nationals.

Q: Which countries do the presidential proclamations affect?

A: The proclamations apply to travelers who have been present within the following countries in the 14 days preceding their entry or attempted entry to the United States:

- | | | |
|-------------------|-------------|-------------------|
| 1. Austria | 8. France | 15. Italy |
| 2. Belgium | 9. Germany | 16. Latvia |
| 3. China | 10. Greece | 17. Liechtenstein |
| 4. Czech Republic | 11. Hungary | 18. Lithuania |
| 5. Denmark | 12. Iceland | 19. Luxembourg |
| 6. Estonia | 13. Iran | 20. Malta |
| 7. Finland | 14. Ireland | 21. Netherlands |

22. Norway
23. Poland
24. Portugal

25. Slovakia
26. Slovenia
27. Spain

28. Sweden
29. Switzerland
30. United Kingdom

Q: What is CBP doing about travelers from South Korea and other countries affected by COVID-19 that aren't included in the Presidential Proclamations?

A: CBP agents and officers are encouraged to maintain situational awareness while processing individuals who have traveled from or transited through countries affected by COVID-19. If CBP agents or officers observe an individual with symptoms of COVID-19, they will refer the individual to the CDC, DHS medical contractors or local health officials for enhanced health screening. As the COVID-19 epidemic progresses, we are reminding all CBP employees to use proper procedures to prevent the spread of communicable disease.

Q: How many travelers has CBP referred for enhanced health screening at ports of entry?

A: U.S. Customs and Border Protection's highest priority is to ensure the health, safety and security of our workforce and the American people. Agents and officers will maintain situational awareness while identifying individuals who have traveled from or transited through countries affected by COVID-19. As of May 11, 2020, CBP had referred more than 290,000 travelers at the 13 U.S. funneling airports to DHS medical contractors for enhanced health screening.

CBP has issued guidance to all employees that outlines the current comprehensive, risk-based use of Personal Protective Equipment, including guidance for wearing masks in the appropriate circumstances. CBP has also issued comprehensive sanitary guidance to its facilities specifically to prevent the spread of COVID-19.

Q: How many inadmissibility determinations has CBP made as a result of the presidential proclamations?

A: Specific data or details on individuals deemed inadmissible under the new travel restrictions are not available at this time due to operational sensitivities.

Airport Procedures

Q: Are flights being re-routed or funneled into specific locations?

A: Yes. Travelers flying into the U.S. from mainland China, Iran, Ireland, the United Kingdom or the Schengen Area within the past 14 days will be routed through one of the following airports:

1. Hartsfield-Jackson Atlanta International Airport (ATL), Georgia
2. Boston Logan International Airport (BOS), Massachusetts
3. Dallas/Ft. Worth International Airport (DFW), Texas
4. Detroit Metropolitan Airport (DTW), Michigan
5. Newark Liberty International Airport (EWR), New Jersey
6. Daniel K. Inouye International Airport (HNL), Hawaii
7. Washington-Dulles International Airport (IAD), Virginia
8. John F. Kennedy International Airport (JFK), New York
9. Los Angeles International Airport (LAX), California
10. Miami International Airport (MIA), Florida

11. Chicago O’Hare International Airport (ORD), Illinois
12. Seattle-Tacoma International Airport (SEA), Washington
13. San Francisco International Airport (SFO), California

Q: Has CBP deployed additional staff to the 13 airports receiving arriving flights?

A: CBP remains prepared to fully and expeditiously implement the presidential proclamations.

Q: Is CBP screening travelers for COVID-19 at the 13 funneling airports? What is the process travelers will encounter when they get off the airplane?

A: The CDC and DHS conduct the enhanced health screening of travelers at the 13 funneling airports. CBP supports both agencies by identifying arriving travelers who have been in mainland China, Iran, Ireland, the United Kingdom or the Schengen Area within the 14 days prior to their arrival in the United States. Those travelers and travelers who exhibit symptoms of COVID-19 will be referred to the CDC or DHS contract medical personnel for enhanced health screening. Specific procedures may vary by location based on operational needs, the flow of passengers, and whether health screening occurs before travelers reach CBP primary inspection.

Q: How does CBP identify travelers who need additional screening?

A: CBP officers use a combination of traveler history records, officer questioning and observation, and self-declarations to identify individuals requiring enhanced health screening.

Q: Will individuals denied entry under the presidential proclamations be permitted to withdraw their application for admission?

A: Individuals arriving at U.S. ports of entry who appear to be inadmissible under the presidential proclamations may be allowed to withdraw their application for admission at the discretion of the CBP officer.

Q: What happens if a carrier cannot make a determination as to whether to board a passenger?

A: Through the Immigration Advisory Program and Regional Carrier Liaison Groups, CBP assesses electronic passenger information and passenger reservation data to provide air carriers with boarding recommendations, but the carriers are ultimately responsible for identifying passengers subject to current travel restrictions to the United States.

Q: How many flights have arrived since the new travel restrictions took effect?

A: Please see the table below for the total number of arrivals at U.S. air ports of entry in February, March and April 2020 and for the corresponding period of time in 2019.

Total CBP Air Arrivals by Month & Fiscal Year

Fiscal Year	Month		
	FEBRUARY	MARCH	APRIL
FY 2019	9,216,496	11,359,056	11,561,131
FY 2020	9,227,654	5,464,062	234,475

Data or details on specific flight arrivals or individuals deemed inadmissible under the new travel restrictions are not available at this time due to operational sensitivities and because information such as flight schedules and arriving passenger data changes rapidly.

Q: What are the health screening procedures at Preclearance ports?

A: Most Preclearance locations are following the same protocols as the land border ports and are referring individuals who meet the CDC's COVID-19 travel history and enhanced health screening guidelines to the CDC or DHS contract medical screeners.

At the Preclearance facilities in Ireland, U.S.-bound travelers who are not subject to the new travel restrictions will proceed as usual for inspection by a CBP officer. CBP will refer travelers who exhibit symptoms of COVID-19 to local health officials for enhanced health screening. Precleared travelers who are permitted to board the aircraft will be required to complete a written health declaration prior to arrival in the United States. DHS contract medical screeners will assess the health of the precleared travelers as they exit the aircraft upon arrival at a U.S. airport.

Land POE Procedures

Q: Is CBP conducting health screenings at the land POEs?

A: CBP will follow normal protocols in collaboration with our partners at CDC and public health authorities. If CBP identifies an individual who exhibits symptoms of COVID-19 or who otherwise meets the CDC's COVID-19 screening guidelines, then CBP will refer that individual to the CDC or local health officials for enhanced health screening. CBP also provides tear sheets to further educate the public about this public health threat.

Q: How is CBP implementing the presidential proclamations at land ports of entry?

A: All CBP ports of entry are following operational guidance consistent with the January 31, February 29, March 11 and March 14 presidential proclamations and Department of Homeland Security directives.

With exceptions specified in the proclamations, foreign nationals who have been physically present in mainland China, Iran, Ireland, the United Kingdom or the Schengen Area within 14 days of their arrival at a U.S. port of entry will be denied entry into the United States. The proclamations include exceptions for immediate family members of U.S. citizens, lawful permanent residents, flight crew and certain other travelers.

Additionally, any traveler exempted from the proclamations who has been anywhere in mainland China, Iran, Ireland, the United Kingdom or the Schengen Area within 14 days of their return or who exhibits symptoms of COVID-19 will be referred to the CDC or local health officials for enhanced health screening.

Seaport Procedures

Q: Is CBP screening passengers for COVID-19 at seaports?

A: U.S. Customs and Border Protection continues to process cruise ship passengers and crew members in the safest manner possible in close coordination with the Centers for Disease Control

and Prevention, the U.S. Coast Guard and other federal, state and local partners. CBP will refer travelers who exhibit symptoms of COVID-19 or who otherwise meet the CDC's COVID-19 screening guidelines to the CDC or DHS contract medical screeners for additional health screening.

Q: How is CBP processing crew members at seaports?

A: U.S. Customs and Border Protection continues to process cruise ship passengers and crew members in the safest manner possible in close coordination with the Centers for Disease Control and Prevention, the U.S. Coast Guard and other federal, state and local partners.

For questions about the *No Sail Order and Other Measures Related to Operations Order* that was renewed on April 15, 2020, please contact the CDC.

For questions regarding the movements of crewmembers and passengers we recommend reaching out to the individual cruise lines.

Q: What guidelines has CBP established for returning offshore workers?

A: Offshore workers are inspected just as any arriving traveler into the United States when they return from offshore duty. CBP will refer any traveler who exhibits symptoms of COVID-19 to the CDC or local health officials for additional health screening.

Procedures between Ports of Entry

Q: How are the travel restrictions being enforced between ports of entry?

A: Under Title 42 of the U.S. Code, illegal border crossers are, to the maximum extent possible, being immediately expelled to their country of last transit to help prevent the introduction of COVID-19 into our border facilities and into our country.

Additionally, all persons currently in CBP custody who meet the CDC's COVID-19 travel history and enhanced screening guidelines are being referred to the CDC or local health officials for additional screening.

Q: What measures is CBP taking to prevent an outbreak of COVID-19 in CBP temporary holding facilities?

A: Under Title 42 of the U.S. Code, illegal border crossers are, to the maximum extent possible, being immediately expelled to their country of last transit. These illegal border crossers are held in congregate areas for processing. When immediate expulsion is not possible, the U.S. Government expeditiously returns illegal border crossers to their country of origin.

All persons in CBP custody who meet the CDC's COVID-19 travel history and enhanced screening guidelines are being referred to the CDC or local health officials for additional screening. CBP takes all necessary precautions to ensure that no communicable diseases are spread across populations in custody.

CBP has issued guidance to all employees that outlines the current comprehensive, risk-based use of Personal Protective Equipment including guidance regarding wearing masks in the appropriate

circumstances. CBP has also issued comprehensive sanitary guidance to its facilities specifically to prevent the spread of COVID-19.

Trade and Cargo

Additional messaging concerning the impact of COVID-19 on trade can be found in the Public Affairs Guidance for the Presidential Memorandum on the Allocation of Scarce or Threatened Health and Medical Resources to Domestic Use (dated April 8, 2020) and the Public Affairs Guidance for Deferred Duty Payments (dated April 18, 2020).

Q: How are the new travel restrictions affecting trade on the northern and southern borders?

A: CBP will continue to protect the economic security of the United States by processing cargo at a normal rate, as there has been no identified threat of COVID-19 transmission from cargo shipments. Trade will continue across our northern and southern borders to ensure the people of the United States have access to necessary goods and supplies as this pandemic goes on.

Q: Do the presidential proclamations have any impact on Trade/Cargo screening?

A: CBP continues to process cargo, international mail and express consignment packages. The CDC has not identified any threat as it relates to these shipments. All CBP ports of entry are following operational guidance consistent with the recent presidential proclamations and Department of Homeland Security directives.

Given the ongoing and rapidly changing situation, CBP is closely monitoring changes to trade volumes and will release those data when they are available and as appropriate. CBP is working to expand efforts to monitor broader effects to import trade activity as the COVID-19 outbreak continues.

Q: Is CBP seizing exports of critical medical supplies?

A: No. CBP is not seizing exports of critical medical supplies. On April 3, the President issued a memorandum instructing the Federal Emergency Management Agency (FEMA), in consultation with the U.S. Department of Health and Human Services (HHS), to use the Defense Production Act to keep certain scarce and threatened personal protective equipment (PPE) materials within the United States for domestic use. CBP's role in this effort is to temporarily detain shipments of the PPE specified in the President's Memorandum so that FEMA may determine whether to issue a rated order under the Defense Production Act to purchase the PPE, return it to the sender for use within the United States, or allow part or all of the PPE to be exported.

Q: Will CBP be confiscating / seizing goods destined for our trade partners and other countries battling COVID-19?

A: As our nation continues to respond to this pandemic, we need to ensure that our government is flexible and responsive to the needs of the American people. The President has been very clear from the start that maintaining the flow of cargo and trade is critical during this crisis. Ensuring the American people have the right medical supplies and goods available while helping other countries respond to the pandemic is going to be a very delicate balancing act over the next few months. The direction provided by the President allows the flexibility to manage that balance.

Working with partner government agencies, CBP will conduct focused operations to identify specific Personal Protective Equipment (PPE) destined for export. If products are identified as subject to the Presidential Memorandum, shipments will be detained and referred to FEMA for a determination. FEMA will notify CBP of its determination and shipments subject to allocation will be detained until they are turned over to FEMA.

Q: There are reports of the U.S. seizing PPE shipments from international ports. Is this true?

A: CBP does not have the authority to seize, commandeer, or otherwise take goods from a foreign port and has not done so. FEMA and CBP have seen the reporting but have no further information on this outside of what was reported in the open press.

Q: What is the process for importing PPE?

A: The U.S. Food and Drug Administration is providing instruction to the import community regarding the submission of entry information for personal protective equipment and certain other devices. Following the instructions will help facilitate the import process for all; especially for products related to the Coronavirus Disease-2019 (COVID-19) public health emergency. It is in the best interest of the U.S. to facilitate and expedite the importation of products into the U.S. market that address immediate, urgent public health needs.

Q: What is CBP doing to ensure the timely importation of PPE?

A: CBP continues to work extremely hard, in coordination with our FDA, EPA and other interagency partners to ensure that personal protective equipment, medical devices and pharmaceuticals related to the COVID-19 response are cleared for entry as expeditiously as possible while verifying that they are authorized and safe for use. In addition to our standard messaging system, CBP has had multiple calls with our trade community, to make sure information and updates are communicated. We've also added a COVID-19 specific Trade Announcements and Advisories website.

Q: Why is CBP holding up imports of critical medical supplies?

A: CBP has been working extremely hard, in coordination with our partners at the U.S. Food and Drug Administration, to ensure that medical devices related to the COVID-19 response are cleared for entry as expeditiously as possible while verifying that the devices are authorized and safe for use.

Q: What volume of PPE imports has CBP processed during the COVID-19 pandemic?

A: CBP is committed to ensuring that consumers continue to get the goods they need without interruption despite significant upticks in certain shipment types within the first few months of 2020. Data from February 2020 suggests the value of these shipments has skyrocketed including:

- A 161.6% increase in diagnostic and testing shipments;
- A 647.6% increase personal protective equipment shipments; and
- A 6,215% in medical equipment since Fiscal Year 2019.

Q: How is CBP addressing the importation of counterfeit/unauthorized COVID-19 test kits?

A: In February 2020, CBP Field Operations issued guidance to all ports to increase vigilance for possible counterfeit, improperly imported or unauthorized merchandise, especially in the international mail and express consignment cargo environments.

In accordance with Section 111 of the Trade Facilitation and Trade Enforcement Act, CBP has also issued a Trade Alert to the field directing further inspection, physical examination, or testing of specific merchandise to ensure compliance with trade laws.

Examples of CBP seizures of suspect COVID-19 test kits may be reviewed [here](#), [here](#), [here](#) and [here](#).

CBP continues to work closely with the FDA to facilitate importation of legitimate health related products.

Q: How many counterfeit/unauthorized goods has CBP seized in relation to the COVID-19 response?

A: As of May 1, CBP had recorded:

- 245 seizures of FDA-prohibited COVID-19 test kits, resulting in over 83,500 tests seized
- 21 seizures of counterfeit face masks, resulting in over 425,000 masks seized
- 63 seizures of EPA-prohibited anti-virus lanyards, resulting over 2,200 lanyards seized
- 51 seizures of FDA-prohibited chloroquine tablets, resulting in over 8,700 tablets seized
- 14 seizures of Herbal Medicines that included 3,000 tablets.

Q: Do the Presidential Proclamations have any impact on International Mail Processing and/or Express Consignment operations?

A: CBP continues to process cargo, international mail and express consignment packages. The CDC has not identified any threat as it relates to these shipments. All CBP ports of entry are following operational guidance consistent with the recent presidential proclamations and Department of Homeland Security directives.

Q: Is CBP offering any relief to importers who are facing financial hardship due to the COVID-19 pandemic?

A: On April 19, President Trump signed an executive order that gives the Administration the flexibility to allow for a 90-day deferment period on certain payments for importers who have faced a significant financial hardship (defined as having at least a 40% year-to-year reduction in gross receipts) due to the COVID-19 response.

This payment flexibility will be available only for importers with a significant financial hardship and will apply to payments for goods imported in March and April. Imports subject to duties associated with antidumping and countervailing duties (AD/CVD), and Section 201, 232 and 301 Trade Remedies are not included in this relief effort.

CBP has been working closely with the trade community throughout the COVID-19 pandemic. This order helps address many of the growing concerns raised by importers and manufacturers, by giving the Administration the flexibility to reduce the financial burden of the pandemic on American businesses affected by changes in the current supply chain.

Q: Why is the executive order on deferred duty payments necessary?

A: Introducing some flexibility into the duty collection process will help address severe economic burdens companies are experiencing due to COVID-19.

Q: How long will the executive order on deferred duty payments be in effect?

A: This postponement applies to merchandise entered, or withdrawn from warehouse, for consumption in March or April 2020.

Q: How does CBP respond to claims that the executive order on deferred duty payments comes at the detriment to U.S. business?

A: The President has been very clear from the start that maintaining economic stability is critical during this crisis. It should be emphasized that duties are merely deferred, not forgiven. They will be paid at the 90 day deferral period for each entry.

Q: The president has said repeatedly that duty payments would not be deferred. Why the change in policy?

A: We would refer you to the White House for specifics. This is a limited deferment for stakeholders under extreme financial hardship due to COVID-19.

Trusted Traveler Programs

(Additional information can be found in this [press release](#) and at <https://ttp.dhs.gov>)

Q: Why can't I schedule an interview to complete the TTP enrollment process?

A: U.S. Customs and Border Protection temporarily suspended operations at Trusted Traveler Program enrollment centers nationwide from March 19 until at least June 1, 2020. CBP is taking this precautionary measure to minimize the exposure of CBP personnel and the public to the novel coronavirus (COVID-19).

This temporary closure includes all public access Global Entry enrollment centers, NEXUS enrollment centers, SENTRI enrollment centers and FAST enrollment locations. Global Entry mobile enrollment events are also paused until further notice. Conditionally-approved applicants who seek an enrollment center interview will need to reschedule online after June 1.

Q: My appointment interview was cancelled and my TTP application will expire before May 1. Will CBP refund my application?

A: CBP extended the validity periods for TTP applications by six months. Applicants now have a total of 18 months to complete the enrollment process from the date of their application.

Visa Waiver Program

(Visit esta.cbp.dhs.gov for a full [FAQ](#) on this topic)

Q: How will the new travel restrictions affect Visa Waiver Program travelers?

A: Any traveler with a valid ESTA who attempts to travel the United States in violation of the presidential proclamations will have his or her ESTA canceled.

Q: Will travelers whose ESTAs are cancelled because of the travel restrictions be able to apply for an ESTA in the future?

A: Yes. Any traveler whose ESTA is cancelled solely because of the presidential proclamations will be eligible to re-apply for an ESTA. Such travelers will have to submit a new application and pay all applicable fees.

Q: Will CBP refund travelers whose ESTAs are cancelled because of the travel restrictions?

A: No. CBP will not refund application fees for ESTAs that are canceled due to the presidential proclamations.

Border Wall

Q: What effect has COVID-19 had on construction of the border wall?

A: At this time there have been no construction delays of the Border Wall System due to COVID-19. The Border Wall System is a key element of the U.S. Border Patrol's long-term strategy to gain operational control of the border. While day-to-day operations have been adjusted in response to COVID-19, it remains important to simultaneously continue these long-term efforts as safely as possible.

Immigration Proclamation

(For additional information, see the CBP Public Affairs Guidance for the Presidential Proclamation Suspending Entry of Immigrants Who Present Risk to the U.S. Labor Market During the Economic Recovery Following the COVID-19 Outbreak, April 23, 2020)

Q: How does the proclamation affect CBP operations at ports of entry?

A: Most individuals impacted under this order will not have valid travel documents to board an aircraft or vessel bound for the United States. CBP will rely on existing procedures to process impacted individuals who appear at ports of entry.

Q: What happens at ports of entry when an alien arrives with a travel document issued prior to the date of the proclamation?

A: Aliens who arrive at the port of entry with an immigrant visa or travel documents issued prior to the date of the EO do not fall within the scope of the EO.

Q: What happens at ports of entry when an alien arrives with a travel document issued after the date of the proclamation?

A: Aliens who arrive at the port of entry with an immigrant visa or travel doc issued after the date of the EO should fall within one of the exceptions. Department of State Consular officers will determine whether an alien seeking an immigrant visa meets an exception. Non-excepted aliens should not be able to get a visa in the first place in accordance with section one of the EO and should not be arriving and applying for admission at ports of entry. Aliens who arrive at the land border ports of entry without any documents will be processed under prior Title 42 guidance.

Q: Will aliens currently in the country on visas that expire while they are waiting on a green card decision be deported?

A: The proclamation applies to aliens who are outside of the United States on the applicable effective date. It does not apply to aliens who are in the United States on the effective date and have a pending application for permanent residence.

Eagle Pass South
Muster Module : COVID-19

Instructions: This information will be read and discussed at each muster for all different work schedules or at unit/program meetings as appropriate, until the next update is provided. Hard copies of the muster module should be posted in all muster areas, breakrooms, and common areas.

Date of Issuance: Monday, March 16, 2020

Reference Materials:
Guidance to BP Sectors on Novel Coronavirus_03142020
POTUS PROCLAMATION COVID-19_MAR 14 IRELAND UK
CBP COVID-19 JHA 12_03132020
CBP COVID-19 Exposure Risk Decision Guidance_03132020
[Safety and Health COVID-19 Resource Page](#)
[CDC: Coronavirus Disease 2019 \(COVID-19\)](#)

Top Line Message: The safety of our workforce and the American people remains our top priority.

Frequency of Updates: Updates are expected each Monday; the frequency can and will increase as information updates are provided.

Message:

- **Symptoms:** Mild to severe respiratory illness with fever, cough, and difficulty breathing.
- **Disease Spread:** Close contact (about 6 feet) with infected persons increases the risk of contracting disease; transmission occurs via respiratory droplets, i.e., coughing/sneezing.
- **Protection Protocols:**
 - Clean your hands often, avoid close contact with others, stay home if you're sick, ○ Cover coughs and sneezes, increase the regularity of your work area sanitization, and ○ Exercise social distancing to protect yourself and to prevent spread.
 - Each station has personal protection equipment (PPE) on hand to include:
 - N95 Masks, Nitrile gloves for employees, and
 - Surgical masks for persons suspected of being infected.
 - All employees should have unfettered access to PPE, and ○ All Agents should have PPE with them at the *point of first contact*. ○ Utilization of PPE can and should be used at employee discretion for all operations, including primary inspection at our Immigration Checkpoints. ○ An inventory of PPE available should be conducted weekly at each location.
 - Any low supplies should be reported to the TCA Health and Safety POCs.
- **As of March 14, 2020, at risk countries include:**
China - Iran - Austria - Belgium - Czech Republic - Denmark - Estonia- Finland - France -

For further questions or concerns, please contact EGS Staff:

Eagle Pass South
Muster Module: COVID-19

Germany - Greece - Hungary - Iceland - Italy - Latvia - Liechtenstein - Lithuania
Luxembourg - Malta - Netherlands - Norway - Poland - Portugal - Slovakia - Slovenia Spain
- Sweden - Switzerland - *Ireland - United Kingdom*

• ***Field Encounter/Intake Processing Guidance:***

1. Ask detainees if they have traveled to/through/from at risk country in the past 14 days

- **If no**, continue regular processing to include health intake interview and medical assessment as appropriate.
- **If yes**, provide surgical mask, segregate (as a group if necessary), refer detainee to medical personnel onsite if available for health intake interview/medical assessment as appropriate, contact CDC quarantine station, and follow guidance below in consultation with medical personnel
- If no medical personnel available onsite => place surgical mask, segregate (as a group if necessary), contact CDC quarantine station, and follow guidance below.
 - For detainees with recent travel to/through/from at risk country AND signs/symptoms of illness → refer to #2 below
 - For detainees with recent travel to/through/from at risk country AND NO signs/symptoms of illness → provide surgical mask, segregate (as a group if necessary), monitor for flu-like symptoms (cough, difficulty breathing, shortness of breath, complains of fever).
- Ensure appropriate workforce PPE (Section 1 above and JHA attached)
- If detainee develops flu-like symptoms, then see #2 below
- Ensure contact with CDC EOC Watch Desk/local CDC quarantine station to determine disposition prior to transfer or release
- Continue processing and coordinate expedited transfer to ICE or HHS as appropriate with proper notification and documentation of circumstances.

2. For detainees with recent travel to/through/from at risk nation AND symptoms of respiratory illness:

- Ensure a tight-fitting surgical mask is on the detainee.
- Isolate the detainee to the extent possible. Practice social distancing.
- Ensure appropriate workforce PPE (Section 1 above and JHA attached) and notify local collateral duty safety officer if additional PPE is required
- Promptly consult with local medical contract personnel if available
- Coordinate transfer to hospital for evaluation with advanced notification of circumstances (if seriously ill – activate 911/EMS with notification of circumstances)
- Ensure contact with CDC EOC Watch Desk/local CDC quarantine station for disposition

3. For close contacts of detainees with travel to/through/from at risk country within 14 days

- Provide surgical mask
- Implement segregation (as a group if necessary) with restricted movement

For further questions or concerns, please contact EGS Staff:

**Eagle Pass South
Muster Module: COVID-19**

- Contact CDC EOC Watch Desk/local CDC quarantine station to determine disposition
 - Monitor segregated detainees to observe for flu-like symptoms, if symptoms develop – see #2 above
 - Coordinate expedited transfer to ICE or HHS as appropriate.
 - Additionally, every detainee from any country with nexus and travel history to/through/from at risk countries outlined in Presidential Proclamations related to COVID-19 must answer questionnaire and be reported within one hour to (b)(6)
 - *More information listed in the “Guidance to BP Sectors on Novel Coronavirus” as attached.*
- **Reporting Requirements: Applies to all detainees with potential/suspected COVID-19**
 - ALL USBP sites **MUST** report USBP employees or contractors who have been ordered quarantined, self-quarantined, placed on administrative leave, or are teleworking now due to a potential exposure to the COVID-19 through direct or indirect contact with a family member or other person (s) who may have been exposed to someone who had a positive COVID-19 test result.
 - Immediately notify (*means a phone call at any hour*) Division Chief of Operations of *any employee or subject in custody that tests positive* for COVID-19.
 - *Written reports must be made within 1-hr or as soon as operationally practicable;*
 - Ensure contact is made with the CDC EOC Watch Desk as outlined in the attached *Guidance to BP Sector on Novel Coronavirus*,
 - *Guidance to BP Sectors on COVID-19 Encounters - Applies to at risk countries identified in Presidential Proclamations (template is below):*

Biographical Information:	
Name:	
A#:	
DOB:	
Date of Apprehension:	
Location of Apprehension:	
Travel History:	
a) Travel within to/through/from at risk country within the last 14 days: Y/N	
b) Details	
Symptoms:	
Symptoms (fever/cough/difficulty breathing): Y/N	
Consulted with CDC (if positive travel within at risk country within last 14 days): Y/N	

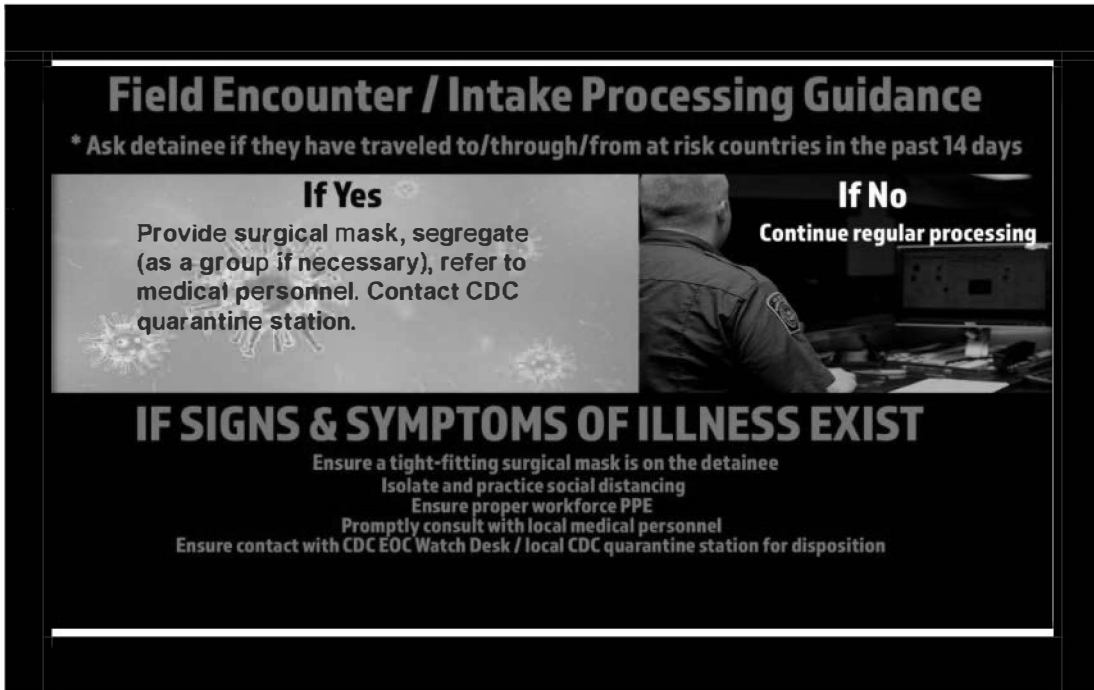
For further questions or concerns, please contact EGS Staff:

**Eagle Pass South
Muster Module: COVID-19**

Disposition:	
a)	Referred to hospital: Y/N
b)	Segregated/Monitored: Y/N
c)	Quarantined (per CDC): Y/N
d)	Transferred to ICE/ERO: Y/N
e)	Released: Y/N

• **Additional information:**

- For more information, visit the [Safety and Health COVID-19 Resource Page](#).
- COVID-19 Dashboard by Johns Hopkins University:
<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>
- Centers for Disease Control (CDC) and Prevention COVID-19:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC FAQs: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>



Field Encounter / Intake Processing Guidance

* Ask detainee if they have traveled to/through/from at risk countries in the past 14 days

If Yes	If No
Provide surgical mask, segregate (as a group if necessary), refer to medical personnel. Contact CDC quarantine station.	Continue regular processing

IF SIGNS & SYMPTOMS OF ILLNESS EXIST

- Ensure a tight-fitting surgical mask is on the detainee
- Isolate and practice social distancing
- Ensure proper workforce PPE
- Promptly consult with local medical personnel
- Ensure contact with CDC EOC Watch Desk / local CDC quarantine station for disposition

For further questions or concerns, please contact EGS Staff:

As of 3/14/2020

CURRENT AT RISK COUNTRY GUIDANCE:

China - Iran - Austria - Belgium - Czech Republic - Denmark - Estonia- Finland
France - Germany - Greece - Hungary - Iceland - Italy - Latvia - Liechtenstein - Lithuania
Luxembourg - Malta - Netherlands - Norway - Poland - Portugal - Slovakia- Slovenia - Spain
Sweden - Switzerland - Ireland - United Kingdom

Guidance to BP Sectors on COVID-19 Encounters

Applies to at risk countries identified in Presidential Proclamations

Situation Summary

CBP is working with The Centers for Disease Control and Prevention (CDC) to closely monitor an outbreak caused by a novel (new) coronavirus (2019-nCoV) first identified in Wuhan City, Hubei Province, China. The situation is evolving. For the most current information, monitor DHS and CBP messages and check the CDC information page at <https://www.cdc.gov/coronavirus/2019ncov/index.html> frequently for updates.

While most of the people identified with 2019-nCoV have association with Wuhan City, there has been significant spread throughout China and increasingly to other countries around the world. To date there have been multiple confirmed cases in the United States; this number is expected to continue to increase. The USG has enacted strict entry restriction and screening measures for persons with travel to China and this scope will increase to other at risk countries identified in Presidential Proclamations with direct nexus to the COVID-19.

I. CBP Workforce Health Protection Guidance

- CBP Senior Medical Advisor continues to work with CBP OSH, DHS OCHCO, BP Safety, and BP operational leadership to monitor workforce health protection issues and PPE recommendations and requirements
- *Updated CBP Job Hazard Analysis and PPE Assessment attached* □ *Agents may print attached pocket cards for distribution as appropriate*
- The situation and information continue to evolve rapidly. Additional guidance or modifications will be provided as appropriate. If additional countries are added based on Presidential Proclamations or other orders as received through the CBP chain of command you will be notified in future versions of this document.

II. Reporting Requirements (Applies to all detainees with potential/suspected COVID-19). Reports must be made within 1-hour or as soon as operationally practicable.

EVERY DETAINEE FROM ANY COUNTRY WITH NEXUS AND TRAVEL HISTORY TO/THROUGH/FROM AT RISK COUNTRIES OUTLINED IN PRESIDENTIAL PROCLAMATIONS RELATED TO COVID-19:

Name

A#

DOB

Date of Apprehension:

Location of Apprehension: Travel

History:

- a) Travel within **to/through/from at risk country** within the last 14 days: Y/N b) Details

Symptoms (fever/cough/difficulty breathing): Y/N

Consulted with CDC (if positive travel within at risk country within last 14 days): Y/N

Disposition:

- a) Referred to hospital: Y/N
- b) Segregated/Monitored: Y/N
- c) Quarantined (per CDC): Y/N
- d) Transferred to ICE/ERO: Y/N
- e) Released: Y/N

REPORTS MUST BE ROUTED THROUGH: the CoC, USBP CORRIDOR with a CC to the following EMAIL DISTRO: (b)(6)

III. Guidance for Border Patrol encounters with potential nCoV cases

1. During Field Encounter/Intake Processing

- a. Ask detainees if they have traveled **to/through/from at risk country** in the past 14 days
- b. If no, continue regular processing to include health intake interview and medical assessment as appropriate.
- c. If yes, provide surgical mask, segregate (as a group if necessary), refer detainee to medical personnel onsite if available for health intake interview/medical assessment as appropriate, contact CDC quarantine station, and follow guidance below in consultation with medical personnel
 - i. If no medical personnel available onsite => place surgical mask, segregate (as a group if necessary), contact CDC quarantine station, and follow guidance below.

- d. **For detainees with recent travel to/through/from at risk country AND signs/symptoms of illness → refer to #2 below**
 - e. **For detainees with recent travel to/through/from at risk country AND NO signs/symptoms of illness → provide surgical mask, segregate (as a group if necessary), monitor for flu-like symptoms (cough, difficulty breathing, shortness of breath, complains of fever).**
 - i. Ensure appropriate workforce PPE (Section 1 above and JHA attached)
 - ii. If detainee develops flu-like symptoms, then see #2 below
 - iii. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station to determine disposition prior to transfer or release**
 - iv. Continue processing and coordinate expedited transfer to ICE or HHS as appropriate with proper notification and documentation of circumstances.
2. ***For detainees with recent travel to/through/from at risk nation AND symptoms of respiratory illness:***
- a. Ensure a tight-fitting surgical mask is on the detainee.
 - b. Isolate the detainee to the extent possible. Practice social distancing.
 - c. Ensure appropriate workforce PPE (Section 1 above and JHA attached) and notify local collateral duty safety officer if additional PPE is required
 - d. Promptly consult with local medical contract personnel if available
 - e. Coordinate transfer to hospital for evaluation with advanced notification of circumstances (if seriously ill – activate 911/EMS with notification of circumstances)
 - f. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station for disposition**
3. ***For close contacts of detainees with travel to/through/from at risk country within 14 days***
- a. Provide surgical mask
 - b. Implement segregation (as a group if necessary) with restricted movement
 - c. **Contact CDC EOC Watch Desk/local CDC quarantine station to determine disposition**
 - d. Monitor segregated detainees to observe for flu-like symptoms, if symptoms develop – see #2 above
 - e. Coordinate expedited transfer to ICE or HHS as appropriate

CDC Points of Contact:

- CDC EOC/Watch Desk–
24/7 Public Health Response Line 1 866 638 9753
POC:
(b)(6)
Public Health Advisor / Quarantine Public Health Officer

El Paso Quarantine Station
U.S. Mexico Unit / Division of Global Migration and Quarantine
National Center for Emerging and Zoonotic Infectious Diseases
Center for Disease Control Prevention
915-834-5962 office
915-834-5973 fax
Nka5@cdc.gov
QS-EIPaso@cdc.gov

- Eagle Pass South Quarantine Station
24/7 Duty Watch Commander or Duty Supervisor

(b)(6); (b)(7)(C)

POC:

(b)(6); (b)(7)(C)

Acting Deputy Patrol Agent in Charge
Eagle Pass Centralized Processing Center

(b)(6); (b)(7)(C)

CBP Medical Points of Contact:

- (b)(6); (b)(7)(C) CBP Senior Medical Advisor (b)(6); (b)(7)(C)
- (b)(6); (b)(7)(C) CBP Medical Planner (b)(6); (b)(7)(C)



PROCLAMATIONS

**Proclamation on the Suspension of Entry as
Immigrants and Nonimmigrants of Certain
Additional Persons Who Pose a Risk of Transmitting
Coronavirus**

— HEALTHCARE

Issued on: March 14, 2020



On January 31, 2020, I issued Proclamation 9984 (Suspension of Entry as Immigrants and Nonimmigrants of Persons Who Pose a Risk of Transmitting 2019 Novel Coronavirus and Other Appropriate Measures To Address This Risk). I found that the potential for widespread transmission of a novel (new) coronavirus (which has since been renamed “SARS-CoV-2” and causes the disease COVID-19) (“SARS-CoV-2” or “the virus”) by infected individuals seeking to enter the United States threatens the security of our transportation system and infrastructure and the national security. Because the outbreak of the virus was at the time centered in the People’s Republic of China, I suspended and limited the entry of all aliens who were physically present within the People’s Republic of China, excluding the Special Administrative Regions of Hong Kong and Macau, during the 14-day period preceding their entry or attempted entry into the United States, subject to certain exceptions. On February 29, 2020, in recognition of the sustained person-to-person transmission of SARS-CoV-2 in the Islamic Republic of Iran, I issued Proclamation 9992 (Suspension of Entry as Immigrants and Nonimmigrants of Certain Additional Persons Who Pose a Risk of Transmitting 2019 Novel Coronavirus), suspending and limiting the entry of all aliens who were physically present within the Islamic Republic of Iran during

the 14-day period preceding their entry or attempted entry into the United States, subject to certain exceptions. And, most recently, on March 11, 2020, I issued Proclamation 9993 (Suspension of Entry as Immigrants and Nonimmigrants of Certain Additional Persons Who Pose a Risk of Transmitting 2019 Novel Coronavirus), suspending and limiting the entry of all aliens who were physically present within the Schengen Area during the 14-day period preceding their entry or attempted entry into the United States, subject to certain exceptions.

The Centers for Disease Control and Prevention (CDC), a component of the Department of Health and Human Services, has determined that the virus presents a serious public health threat, and CDC continues to take steps to prevent its spread. But CDC, along with State and local health departments, has limited resources, and the public health system could be overwhelmed if sustained human-to-human transmission of the virus occurred in the United States on a large scale. Sustained human-to-human transmission has the potential to cause cascading public health, economic, national security, and societal consequences.

CDC has determined that the United Kingdom is experiencing widespread, ongoing person-to-person transmission of SARS-CoV-2. As of March 13, 2020, the World Health Organization reported that the United Kingdom had 594 cases of COVID-19, 5 times more cases than there were 7 days prior.

The Republic of Ireland has an open border with the United Kingdom in that persons can generally move freely between the Republic of Ireland and the United Kingdom — by land to and from Northern Ireland and by ferry or aircraft to and from Wales, England, and Scotland. This general ability to travel freely between the United Kingdom and the Republic of Ireland poses the same challenges that the Schengen Area posed for suspending and limiting entry to the United States by travelers who had been physically present within any of the Schengen Area countries. CDC has also determined that the Republic of Ireland is experiencing ongoing sustained person-to-person transmission of SARS-CoV-2. As of March 13, 2020, the World Health Organization reported that the Republic of Ireland had 70 cases of COVID-19, 5 times more cases than there were 7 days prior.

The United States Government is unable to effectively evaluate and monitor all of the travelers continuing to arrive from the United Kingdom and the Republic of Ireland. The potential for undetected transmission of the virus by infected individuals seeking to enter the United States from the United Kingdom and the Republic of Ireland threatens the security of our transportation system and infrastructure and the national security. Given the importance of protecting persons within the United States from the threat of this harmful communicable disease, I have determined that it is in the interests of the United States to take action to restrict and suspend the entry into the United States, as immigrants or nonimmigrants, of all aliens who were physically present within the United Kingdom, excluding overseas territories outside of Europe, or the Republic of Ireland during the 14-day period preceding their entry or attempted entry into the United States. The free flow of commerce between the United States and the United Kingdom and the Republic of Ireland remains an economic priority for the United States, and I remain committed to facilitating trade between our nations.

NOW, THEREFORE, I, DONALD J. TRUMP, President of the United States, by the authority vested in me by the Constitution and the laws of the United States of America, including sections 212(f) and 215(a) of the Immigration and Nationality Act, 8 U.S.C. 1182(f) and 1185(a), and section 301 of title 3, United States Code, hereby find that the unrestricted entry into the United States of persons described in section 1 of this proclamation would, except as provided for in section 2 of this proclamation, be detrimental to the interests of the United States, and that their entry should be subject to certain restrictions, limitations, and exceptions. I therefore hereby proclaim the following:

Section 1. Suspension and Limitation on Entry. The entry into the United States, as immigrants or nonimmigrants, of all aliens who were physically present within the United Kingdom, excluding overseas territories outside of Europe, or the Republic of Ireland during the 14-day period preceding their entry or attempted entry into the United States is hereby suspended and limited subject to section 2 of this proclamation.

Sec. 2. Scope of Suspension and Limitation on Entry.

(a) Section 1 of this proclamation shall not apply to:

- (i) any lawful permanent resident of the United States;
- (ii) any alien who is the spouse of a U.S. citizen or lawful permanent resident;
- (iii) any alien who is the parent or legal guardian of a U.S. citizen or lawful permanent resident, provided that the U.S. citizen or lawful permanent resident is unmarried and under the age of 21;
- (iv) any alien who is the sibling of a U.S. citizen or lawful permanent resident, provided that both are unmarried and under the age of 21;
- (v) any alien who is the child, foster child, or ward of a U.S. citizen or lawful permanent resident, or who is a prospective adoptee seeking to enter the United States pursuant to the IR-4 or IH-4 visa classifications;
- (vi) any alien traveling at the invitation of the United States Government for a purpose related to containment or mitigation of the virus;
- (vii) any alien traveling as a nonimmigrant pursuant to a C-1, D, or C-1/D nonimmigrant visa as a crew member or any alien otherwise traveling to the United States as air or sea crew;
- (viii) any alien
 - (A) seeking entry into or transiting the United States pursuant to one of the following visas: A-1, A-2, C-2, C-3 (as a foreign government official or immediate family member of an official), E-1 (as an employee of TECRO or TECO or the employee's immediate family members), G-1, G-2, G-3, G-4, NATO-1 through NATO-4, or NATO-6 (or seeking to enter as a nonimmigrant in one of those NATO categories); or

- (B) whose travel falls within the scope of section 11 of the United Nations Headquarters Agreement;

- (ix) any alien whose entry would not pose a significant risk of introducing, transmitting, or spreading the virus, as determined by the Secretary of Health and Human Services, through the CDC Director or his designee;

- (x) any alien whose entry would further important United States law enforcement objectives, as determined by the Secretary of State, the Secretary of Homeland Security, or their respective designees, based on a recommendation of the Attorney General or his designee;

- (xi) any alien whose entry would be in the national interest, as determined by the Secretary of State, the Secretary of Homeland Security, or their designees; or

- (xii) members of the U.S. Armed Forces and spouses and children of members of the U.S. Armed Forces.

(b) Nothing in this proclamation shall be construed to affect any individual's eligibility for asylum, withholding of removal, or protection under the regulations issued pursuant to the legislation implementing the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, consistent with the laws and regulations of the United States.

Sec. 3. Implementation and Enforcement. (a) The Secretary of State shall implement this proclamation as it applies to visas pursuant to such procedures as the Secretary of State, in consultation with the Secretary of Homeland Security, may establish. The Secretary of Homeland Security shall implement this proclamation as it applies to the entry of aliens pursuant to such procedures as the Secretary of Homeland Security, in consultation with the Secretary of State, may establish.

(b) Consistent with applicable law, the Secretary of State, the Secretary of Transportation, and the Secretary of Homeland Security shall ensure that any alien subject to this proclamation does not board an aircraft traveling to the United States.

(c) The Secretary of Homeland Security may establish standards and procedures to ensure the application of this proclamation at and between all United States ports of entry.

(d) An alien who circumvents the application of this proclamation through fraud, willful misrepresentation of a material fact, or illegal entry shall be a priority for removal by the Department of Homeland Security.

Sec. 4. Termination. This proclamation shall remain in effect until terminated by the President. The Secretary of Health and Human Services shall recommend that the President continue, modify, or terminate this proclamation as described in section 5 of Proclamation 9984, as amended.

Sec. 5. Effective Date. This proclamation is effective at 11:59 p.m. eastern daylight time on March 16, 2020. This proclamation does not apply to persons aboard a flight scheduled to arrive in the United States that departed prior to 11:59 p.m. eastern daylighttime on March 16, 2020.

Sec. 6. Severability. It is the policy of the United States to enforce this proclamation to the maximum extent possible to advance the national security, public safety, and foreign policy interests of the United States. Accordingly:

(a) if any provision of this proclamation, or the application of any provision to any person or circumstance, is held to be invalid, the remainder of this proclamation and the application of its provisions to any other persons or circumstances shall not be affected thereby; and

(b) if any provision of this proclamation, or the application of any provision to any person or circumstance, is held to be invalid because of the lack of certain procedural requirements, the relevant executive branch officials shall implement those procedural requirements to conform with existing law and with any applicable court orders.

Sec. 7. General Provisions. (a) Nothing in this proclamation shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This proclamation shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This proclamation is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

IN WITNESS WHEREOF, I have hereunto set my hand this fourteenth day of March, in the year of our Lord two thousand twenty, and of the Independence of the United States of America the two hundred and forty-fourth.

DONALD J. TRUMP

CBP Job Hazard Analysis (JHA) & PPE Assessment	Job Title : Exposure to Coronavirus "COVID-19"		Date : March 12, 2020	New Revised X
	Title: All CBP Personnel in Affected Areas	Supervisor: All	Prepared By: HRM, Occupational Safety and Health (OSH) Division CBP Senior Medical Advisor	
Offices: AII CBP	Locations: CBP Wide	Departments: All	Reviewed By: Office of Field Operations United States Border Patrol Air and Marine Operations Operations Support	
Required or Recommended Personal Protective Equipment: surgical masks, nitrile gloves, N95 respirator, protective outer garments, gown, shoe coverings, face shield or non-vented goggles			Approved by: OSH Division Director CBP Senior Medical Advisor	

Note: This JHA only applies to the 2019 Novel Coronavirus (SARS-CoV-2) or the disease known as “COVID-19”. The Centers for Disease Control and Prevention (CDC), World Health Organization, (WHO), Occupational Safety and Health Administration (OSHA), and other public health agencies are now considering the outbreak of COVID-19 that has spread to countries around the globe, including here in the United States, to be a Pandemic. Although the general risk to CBP personnel and the public is still considered LOW at this point, it is CRITICAL that all personnel take standard precautions recommended by CDC, outlined in this JHA and found on the [Safety and Health COVID-19 Resource Page](#) on CBPnet. References to guides, additional information and material, links, and other resources can be found on “Notes” page at the end of this document.

For the most up to date information about COVID-19 visit the [Centers for Disease Control \(CDC\) COVID-19 page](#).

Risk Assessment: Incomplete information regarding incubation, infectious period, and transmissibility, as well as evolving circumstances make a definitive risk assessment challenging. In light of this, awareness and operationally-informed precautions are warranted. In general, the overall risk to CBP personnel is still assessed to be low. However, risk increases with increased exposure to persons potentially infected with COVID-19, warranting enhanced precautions described herein. CBP will continue to monitor the situation closely in coordination with appropriate stakeholders and will adjust guidance as appropriate. CBP personnel should continue to maintain situational awareness regarding this outbreak.

While COVID-19 is a respiratory disease and the use of N95 respirators and other PPE is needed in certain conditions and work environments as outlined in this JHA, the use of PPE is but one component of COVID-19 disease prevention and the use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel can take these basic steps to prevent exposure to and transmission of COVID-19. All personnel should practice good hygiene, wash hands frequently, cover your cough or sneeze, stay away from work if you are ill and contact your health provider for guidance, avoid unnecessary congregate settings where COVID-19 exposure is more probable, KEEP YOUR HANDS BELOW YOUR CHIN and avoid touching mouth, eyes, nose and mucous membranes where contaminated hands can spread the disease to your respiratory system. These basic preventative measures will greatly reduce the exposure potential for ALL personnel and slow the spread of communicable diseases.

Note: Risk categories (Very High, High, Medium, and Low) are to be used in conjunction with this document only. They refer to the mission-specific risk relative to the hazard identified; they do not correlate to overall risk of contracting COVID-19 Disease or risk categories used by other agencies such as the Centers for Disease Control and Prevention (CDC), or in other documents such as the Workforce Health and Safety Coronavirus Health Advisories Screening Guidance, CDC Coronavirus Advisories, or Travel Health Alert Notices (THAN) meant for other audiences.

Operations	Risk Categories	Hazards	Protective Measures/PPE Guidance
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<p>1. HQ Offices, CBP Facilities, Office Settings, Mission Support, and other Administrative Settings</p> <p>Note: This is intended for ALL CBP facilities where administrative work is being conducted and exposure to COVID-19 from a traveler, passenger, or detainee is NOT expected.</p>	<p>Low</p>	<p>Casual or Close Contact of Coronavirus cases is not expected.</p> <ul style="list-style-type: none"> • Signs and Symptoms of COVID-19 include; • Fever • Cough • Difficulty breathing • Other Flu Like Symptoms <p>Note: While most COVID-19 lab confirmed cases do display these type symptoms, SOME persons may only display mild symptoms and they may appear at different stages of the disease.</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use the following disease prevention practices in ALL activities. • Frequent hand washing. • Stay home if you are ill and contact your health provider right away if you notice any signs or symptoms similar to COVID-19. • If you think you have been exposed to someone with COVID-19, notify your supervisor and your health provider. • KEEP your hands BELOW your chin and avoid touching mouth, nose, and eyes. Cover your cough/sneeze with a tissue or cuff of your elbow, NOT your hands • Use of N95 respirators or surgical masks is NOT recommended. • Voluntary use of N95 respirators, although not recommended at the time of development of this JHA, is allowed with supervisor approval and in accordance with existing CBP policies on the use of respirators. • Medical Clearance and Fit Testing are NOT required for voluntary use. See Page 8 Notes. • All use of N95 respirators should be in accordance with OSHA 1910.134 and CBP OSH 5200-08B policies.
<p>2. Port of Entry Operations</p> <p>Primary Passenger Processing</p> <p>Note: This includes casual contact (>6 feet) or brief periods of close contact with a person at increased risk of COVID-19 during Port Operations (<6feet) for short periods of time, e.g. escorting a person from one area to another during screening process, or briefly entering a room with a higher risk person.</p> <p>This section is intended for the processing and handling of</p>	<p>Medium</p>	<p>Casual Contact with passengers or persons with increased risk of COVID-19;</p> <ul style="list-style-type: none"> • Casual contact (outside 6 feet) with persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing • Passive observation of persons for signs of illness. • Use COVID-19 R.I.N.G. Card and general precautions. • Separate persons with symptoms of illness or a high risk country travel nexus and send to secondary for additional processing and CDC consultation. • Avoid close or direct contact with passengers with a travel nexus to high risk country within the past 14 days or with symptoms • Wear disposable nitrile gloves • Provide surgical masks to any persons with signs of illness. • Voluntary use of N95 respirators may be considered per CBP policy and supervisor approval. (See HB 5200-08B, Ch. 26).

<p>persons during primary who are higher risk, but not symptomatic.</p>			
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<p>3. Port of Entry Operations</p> <p>Secondary Processing, holding, and escorting of persons suspected of having COVID-19</p> <p>Note: This includes limited periods of closer (<6 feet) contact with a person at increased risk of having COVID-19 during the secondary phases of screening, and also includes holding, transportation operations where limited close contact would apply.</p>	<p>High</p>	<p>Limited Close Contact Within six (6) feet of a person with travel nexus to high-risk country within 14 days or with signs/symptoms of illness.</p> <p>Note: This includes processing, escorting, or spending brief periods of time with more than casual contact with persons suspected of having COVID-19</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic passengers from others. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Avoid direct contact and keep close contact to a minimum. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days or symptoms to CDC for evaluation/interview. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer/Agent wear N95 respirator within six (6) feet of symptomatic passenger. • Wear goggles or face shield to protect eyes.
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<p>4. Port of Entry Operations</p> <p>Spending time within 6 ft. in an enclosed room/space where symptomatic person with suspected COVID-19 is being held or evaluated by CDC, including transporting or guarding a person with suspected COVID-19</p> <p>Note: Suspected COVID-19 cases refers to those that are symptomatic, from a high risk country and have not been lab confirmed or tested yet. This does NOT apply to persons who are from high risk countries and displaying NO symptoms or to contacts of cases of NOT lab confirmed.</p>	<p>Very High</p>	<p><u>Extended Close Contact</u></p> <p>Prolonged periods within close contact (6 ft.) of a person with a travel nexus to high risk country and with symptoms</p> <p>Signs and Symptoms of COVID-19 include;</p> <ul style="list-style-type: none"> • Fever • Cough • Difficulty breathing • Other Flu Like Symptoms <p>Note: While most COVID-19 lab confirmed cases do display these type symptoms, SOME persons may only display mild symptoms and they may appear at different stages of the disease</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic passengers from others. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Avoid direct contact and keep close contact to a minimum. Limit time in room to critical functions. • Use COVID-19 R.I.N.G. Card for general precautions. Refer/escort any persons with travel nexus to high risk country within 14 days and symptoms to CDC for evaluation/interview. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Provide surgical masks to symptomatic passengers. Wear disposable nitrile gloves. Officer/Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination.
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<p>5. U.S. Border Patrol Operations</p> <p>Line Watch, Transport, Processing, Detention, and Check Points</p> <p><u>Primary</u> Interdiction/processing of persons, vehicles or cargo.</p> <p>(Persons, Drivers, passengers, or stowaways with travel nexus to high risk country within 14 days)</p>	<p>Medium</p>	<p><u>Casual Contact</u> with passengers or persons with increased risk of COVID-19;</p> <ul style="list-style-type: none"> • Casual contact (outside 6 feet) with persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Wear disposable nitrile gloves. • Passive observation of persons for signs of illness. • Use COVID-19 R.I.N.G. Card and general precautions. Separate persons with symptoms of illness or a high risk country travel nexus and send to secondary for additional processing and CDC consultation. Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. Avoid close or direct contact with passengers with a travel nexus to high risk country within the past 14 days. • Provide surgical masks to any persons with signs of illness.
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			<ul style="list-style-type: none"> • Voluntary use of N95 respirators may be considered per CBP policy and supervisor approval. (See HB 5200-08B, Ch. 26).
<p>6. U.S. Border Patrol Operations</p> <p>Line Watch, Escort, Processing, Detention, and Check Points</p> <p>Secondary Interdiction/processing of persons, vehicles or Cargo (Persons, driver, passengers, or stowaways with travel nexus to high risk country within 14 days)</p>	High	<p>Limited Close Contact</p> <p>Within six (6) feet of a person with travel nexus to high-risk country within 14 day or with signs/symptoms of illness.</p> <p>Note: This includes escorting, processing, or spending more than casual contact with persons suspected of having COVID-19</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic persons from others. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Avoid direct contact and keep close contact to a minimum. • Officer/Agent wear N95 respirator within six (6) feet of symptomatic passenger. • Wear goggles or face shield to protect eyes. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days and symptoms to CDC for evaluation/interview. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.).

<p>7. U.S. Border Patrol Operations</p> <p>Being in an enclosed room/space where symptomatic person with suspected COVID-19 is being held or evaluated by CDC, or transporting a person with suspected COVID-19</p> <p>Note: Suspected COVID-19 cases refers to those that are symptomatic, from a high risk country and have not been lab confirmed or tested yet. This does NOT apply to persons who are from high risk countries and displaying NO symptoms or to contacts of cases of NOT lab confirmed.</p>	<p>Very High</p>	<p><u>Extended Close Contact</u></p> <p>Within six (6) feet of Symptomatic or ill travelers from any affected country within the past 14 days and</p> <ul style="list-style-type: none"> • Fever • Cough • Difficulty breathing • Flu Like Symptoms 	<ul style="list-style-type: none"> • Frequent hand washing. Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See page 8. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination. • Avoid direct contact and keep close contact to a minimum. Limit time in room to critical functions. For symptomatic persons, use negative pressure ventilated rooms/holding facilities whenever available/possible. • During transportation of symptomatic persons from affected country use USBP vehicles designed for prisoner/detainee transport with separate compartment between driver/detainees (when driver and detainee cannot be separated, place a surgical mask on symptomatic detainee and driver will wear an N95 respirator) Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Use COVID-19 R.I.N.G. Card for general precautions.
<p>8. Air & Marine Operations</p> <p>Air Branches/Stations/and All AMO Facilities and Operations</p>	<p>Medium</p>	<p>Exposure to Symptomatic Persons is NOT expected During Most Air Interdiction/Marine Interdiction Operations</p> <p>Note: When apprehensions or personal contacts result in Close Personal Contact (Less than <6 Feet) Follow the following guidance.</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See page 8. • Frequent hand washing. • Provide surgical masks to any symptomatic persons during apprehension. • Wear disposable nitrile gloves. • When Interdiction Agent/Officer is exposed to symptomatic person then wear N95 respirator and goggles or/face shield. • Avoid direct contact and keep close contact to a minimum. Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Use COVID-19 R.I.N.G. Card for general precautions.

<p>9. Disinfection and cleanup of Contaminated Surfaces–</p> <p>General Guidance</p>	<p>Low</p>	<p>Risk of Exposure Expected To Be Low During Routine Disinfection and Cleaning of COVID-19</p> <p>General exposure potential where no lab confirmed cases of COVID-19 persons have occupied.</p>	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. There are everyday products such as Clorox and Lysol wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • If apprehension was made and individual was symptomatic, Officers/Agents Duty Gear and Equipment should be disinfected IAW CDC guidelines for Law Enforcement personnel see Page 8. (Follow Agency Specific Policy for Firearms). • Always follow manufacturers’ cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2list_03-03-2020.pdf.
<p>10. Cleaning and Disinfection of CBP facilities to include POEs, USBP Stations and Check Points, Holding and Detention Areas–</p>	<p>High</p>	<p>Potential exposure to COVID-19 contaminated areas in general.</p> <p>Where known lab confirmed COVID-19 cases have recently been within the past 872 hours</p>	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. • There are products such as Clorox and Lysol wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • Always follow manufacturers’ cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_0303-2020.pdf.

			<ul style="list-style-type: none"> • Wear an N95 respirator if cleaning and disinfection an area where COVID-19 was known to be present or suspected. • Wear non-vented goggles or face shield to cover face and eyes. • Wear a liquid impermeable gown (for large cleanup jobs wear
			<ul style="list-style-type: none"> • liquid impermeable suit/coveralls). • Dispose of all infectious material as bio hazardous waste in accordance with local, State, or Federal guidelines.
<p>11. Cleaning and Disinfection of Vessels and Ships</p> <p>Note: Cruise ships have higher incidence of exposure and risk levels may go up.</p>	Med	Potential exposure to COVID-19 contaminated areas in general.	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. • There are products such as Clorox and Lysol wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2list_03-03-2020.pdf • Follow CDC guidance for ships/vessels here https://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html • Follow general precautions outlined above for general areas. • Wear nitrile or fluid impermeable gloves while cleaning and follow all manufacturers' guidelines for cleaning products.

<p>12. Cleaning and Disinfection of Kojak Fingerprint Kiosks</p> <p>General cleaning and disinfection of these areas MUST be done in accordance with manufacturers recommendations in order to avoid damage to equipment</p>	<p>LOW</p>	<p>Low Risk of Exposure Due to Persons Who May Have Used Kojak Fingerprint Kiosks</p>	<ul style="list-style-type: none"> • General cleaning and disinfection of these areas MUST be done in accordance with manufacturers recommendations in order to avoid damage to equipment. • Specific Guidance for Cleaning and Disinfection of Kojak Fingerprint Kiosks can be found at https://cbpgov.sharepoint.com/sites/oit/pspo/training/catalog/kojak.aspx The use of alcohol based hand sanitizers or wipes will BURN the Platen and void the manufacturer's warranty. • Only Use the following moisturizers with the Kojak Fingerprint Kiosks <ul style="list-style-type: none"> • Nivea Soft Moisturizing Cream • Aveeno Daily Moisturizing Lotion • Gold Bond Ultimate Healing Hand Cream
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Notes:

1. This JHA and PPE Assessment only applies to CBP operations related to exposure to 2019 Novel Coronavirus or COVID-19). At the time of developing this JHA, new cases are being reported in countries around the globe, including the United States. See below links to CDC, WHO, OSHA, DHS, and other COVID-19 resources and information.
2. **CBP Respiratory Protection.** All CBP Frontline Personnel, Officers, and Agents who may be in work situations that place them at increased risk of exposure to COVID-19 due to processing passengers or travelers from COVID-19 affected countries who may have to wear an N95 respirator as outlined in the above risk based scenarios are considered to be in "mandatory use" N95 Respirator Programs. As such, the mandatory use of an N95 respirators requires a medical clearance, fit testing, and have a clean shaven face and no facial hair between the mask seal and the face in accordance with OSHA 1910.134 and CBP HB 5200-08B. Frontline and uniformed personnel have had these programs in place for years within CBP due to other work situations that also require an N95, such as exposure to TB, Handling of Fentanyl and other Narcotics, Ebola Response, Pandemic and PEID Response Plans, and now COVID-19.
3. **Voluntary Use of N95 Respirators.** The voluntary use of N95 respirators is allowed by employers when there is no work task that makes the N95 use "mandatory", however circumstances such as allowing mission support, administrative, or HQ personnel that do not typically wear a respirator, who would like to wear one for protection to exposures that are not related to specific work tasks such as traveling to and from work in congregate settings such as large metropolitan transit systems, buses, etc. would be considered "Voluntary Use". In these cases, "Voluntary Use" of N95 Respirators does not require a medical clearance or a fit test, however it does require approval from a supervisor to ensure the use won't create a hazard for the employee, impact N95 supplies needed for critical frontline "Mandatory Use" situations, or that would cause undue confusion and conflicting policy guidance such as "Voluntary Use" by frontline officers in primary passenger processing when they aren't performing any work that requires "Mandatory Use" as outlined above. All Respiratory Protection Program, whether "Mandatory Use" or "Voluntary Use", situations will be run in accordance with OSHA 1910.134 standards and policies outlined in CBP HB 5200-08B, Chapter 26.
4. While COVID-19 is a respiratory disease and the use of N95 respirators and other PPE is needed in certain conditions and work environments as outlined in this JHA below, the use of PPE is but one component of COVID-19 disease prevention and the use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel can take these basic steps to prevent exposure to and transmission of COVID-19. All personnel should practice good hygiene, wash hands frequently, cover their cough, stay away from work if ill and contact their health provider for guidance, avoid unnecessary congregate settings where COVID-19 exposure is more probable. KEEP YOUR HANDS BELOW YOUR CHIN and avoid touching mouth, eyes, nose and mucous membranes where contaminated hands can spread the disease to your respiratory system. These basic preventative measures will greatly reduce the exposure potential for ALL personnel and slow the spread of communicable diseases.

References:

- CBP COVID-19 Resource Portal: http://cbpnet.cbp.dhs.gov/HRM/Pages/covid19_resources.aspx
- CDC COVID-19 Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

- CDC COVID-19 Frequently Asked Questions (FAQ's): <https://www.cdc.gov/coronavirus/2019-ncov/fag.html>
- OSHA COVID-19 Webpage: https://www.osha.gov/SLTC/novel_coronavirus/
- CBP Respirator Medical Clearance's Website <https://resp-eval.foh.psc.gov/login/>
- CDC Guidance For Law Enforcement Personnel: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>
- OSHA Guidance For Border Workers: <https://www.osha.gov/SLTC/covid-19/controlprevention.html#border>

U. S. Customs and Border Protection (CBP)
COVID-19 Exposure-Risk-Decision Guidance

U.S. Customs and Border Protection’s (CBP) Occupational Safety and Health (OSH) Division and CBP Senior Medical Advisor have developed a comprehensive coronavirus disease 2019 (COVID19) Job Hazard Analysis (JHA)/PPE Assessment to identify specific work tasks, risk categories, and recommendations for Personal Protective Equipment (PPE) measures, to mitigate occupational exposure to COVID-19. The CBP JHA is posted on the CBP COVID-19 Dashboard.

http://cbpnet.cbp.dhs.gov/HRM/Pages/covid19_resources.aspx

This document serves as an adjunct to the CBP JHA and provides guidance for supervisors and personnel to assess risk from potential COVID-19 exposure and inform recommended actions based on the Center for Disease Control and Prevention’s (CDC) risk assessment guidance and adapted for CBP mission environment. Due to the nature of the evolving situation, not every scenario can be accounted for. In the event of a concern regarding potential COVID-19 exposure, employees and supervisors should use the guidance below to determine risk level and recommended actions. For further questions or clarification, contact the CBP COVID-19 Emergency Operations Center (EOC) at (b)(6)

Exposure / Risk Level	Recommended Action - Workplaces
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<p style="text-align: center;"><u>Low Risk Exposure</u></p> <p>The overall risk for exposure to COVID-19 at work or home remains low for CBP personnel.</p> <p>NOTE: COVID-19 may be able to be transmitted while a person is asymptomatic, but the preponderance of risk for exposure occurs while persons are actively symptomatic.</p> <p>NOTE: Symptoms of COVID-19 include fever, cough, difficulty breathing, or general flu-like symptoms</p> <p>Low risk exposure – at work or home – is generally characterized as:</p> <ul style="list-style-type: none"> • Being in general proximity (beyond 6 feet) to someone with suspected, or confirmed COVID-19, who is either asymptomatic, or symptomatic. • Being in close proximity (within six feet) to someone who has or may 	<p style="text-align: center;"><u>Recommended Actions for Low Risk Exposure EMPLOYEE:</u></p> <p>Continue standard precautions (NOTE 1)</p> <p>Notify Supervisor • If symptoms develop: ○</p> <ul style="list-style-type: none"> ○ Stay home; notify supervisor; consult medical provider • If asymptomatic: ● Continue normal work and home routine <ul style="list-style-type: none"> ○ Self-observation (Definitions) for symptoms until 14 days after exposure • If exposure was work-related: ○ <ul style="list-style-type: none"> ○ Notify your supervisor. ○ Contact your Injury Compensation Coordinator – (NOTE 2) <p>SUPERVISOR:</p> <ul style="list-style-type: none"> • If employee is symptomatic:
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<p>have COVID-19, but is not symptomatic at the time of exposure.</p> <ul style="list-style-type: none"> • Being exposed to someone who may have been exposed to someone with COVID-19, but is asymptomatic. <p>Examples of low risk exposure include:</p> <ul style="list-style-type: none"> • Being in the same building with someone with COVID-19, but not within 6 feet or direct contact. • Being on the same airplane as someone with COVID-19, but not within 3 seats/rows of the person. 	<ul style="list-style-type: none"> ○ Advise employee to stay home and consult medical provider ○ Leave guidance – (NOTE 3) • If employee is asymptomatic: ○ <ul style="list-style-type: none"> ○ Advise employee to continue normal work and home routine <ul style="list-style-type: none"> ○ Self-observation (See Definitions) for symptoms until 14 days after exposure • If exposure was work-related: (NOTE 4)
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Moderate Risk Exposure

Moderate risk exposure is generally characterized as:

- Being in an enclosed space (e.g. room), beyond 6 feet, with a symptomatic person with COVID-19 for a prolonged period of time, while not wearing appropriate PPE.
- Close contact (within 6 feet) with a symptomatic person with COVID-19, with appropriate PPE
- Direct contact (touching) with a person symptomatic with COVID-19 or with their secretions, while wearing appropriate PPE.

Recommended Actions for Moderate Risk Exposure

EMPLOYEE:

Continue standard precautions – (NOTE 1)

Notify supervisor

Stay at home

Practice social distancing(Definitions)

- **If symptomatic:**
 - Notify supervisor
 - Consult medical provider
 - Home isolation (Definitions) pending guidance from medical provider/health department
- **If asymptomatic:**
 - Home quarantine/Self monitoring (Definitions) for symptoms until 14 days after exposure
- **If exposure was work-related:** ●
Notify your supervisor.
 - Contact Injury Compensation Coordinator – (NOTE 2)

SUPERVISOR:

- **If employee symptomatic:**

	<ul style="list-style-type: none"> ○ Direct employee to stay home, practice social distancing, consult medical provider ○ Leave guidance– (NOTE 3) • If employee is asymptomatic: ○ Direct employee to stay home, practice social distancing, self monitor for symptoms until 14 days after exposure (see definitions) ○ Provide telework guidance– (NOTE 5) ● If exposure was work-related: (NOTE 4)
<p style="text-align: center;"><u>High Risk Exposure</u></p> <p>A high-risk exposure is generally characterized as:</p> <ul style="list-style-type: none"> • Close (within 6 ft) or direct (touching) contact with a person symptomatic with COVID-19, while not wearing appropriate PPE. <p>Examples of High Risk Exposure:</p> <ul style="list-style-type: none"> • Living in the same household as, an intimate partner of, or caring for a person in a non-healthcare setting (such as a home) to a person symptomatic with COVID-19, while not wearing appropriate PPE. • Direct contact with secretions from a person with COVID-19 	<p style="text-align: center;"><u>Recommended Actions for High Risk Exposure</u></p> <p>EMPLOYEE: Stay at home Continue standard precautions– (NOTE 1) Practice social distancing Notify supervisor •</p> <p>If Symptomatic: ○ Home isolation (Definitions) ○ Consult medical provider/local health department for guidance/disposition</p> <ul style="list-style-type: none"> • If Asymptomatic ○ Home quarantine/self monitoring (Definitions) <ul style="list-style-type: none"> ○ Consult medical provider/local health department for guidance/disposition • If exposure was work-related: ○ Notify your supervisor. <ul style="list-style-type: none"> ○ Contact Injury Compensation Coordinator – (NOTE 2) <p>SUPERVISOR:</p> <ul style="list-style-type: none"> • If employee is Symptomatic: Home isolation (Definitions)

	<ul style="list-style-type: none"> ○ Ensure employee contacts medical provider/local health department for guidance/disposition • If employee is Asymptomatic <ul style="list-style-type: none"> ○ Home quarantine/selfmonitoring (Definitions) ○ Ensure employee contacts medical provider/local health department for guidance/disposition ○ Leave guidance– (NOTE 3) ○ Provide telework guidance – (NOTE 5) ○ If exposure was work-related: (NOTE 4)
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NOTES:

NOTE 1: Standard infection precautions:

- Avoid contact with sick persons
- Wash hands frequently for 20 seconds with soap and water (or use alcohol-based hand sanitizer)
- Cover coughs or sneezes with a tissue or elbow
- Keep hands below chin – avoid touching eyes, nose, mouth
- If you are sick – stay home, notify supervisor, consult medical provider

NOTE 2: Exposure Claim/Worker’s Compensation Guidance – EMPLOYEE

- Contact your local workers’ compensation point of contact (Injury Compensation Coordinator) to guide you on the process to file a workers’ compensation claim and which form to use.
 - CA-1 - claim of traumatic injury (exposure on a specific date, time and location, within one 8-hour shift); or
 - CA-2 - claim of occupational disease (exposure over time or multiple exposures on more than one date, time and location).

NOTE 3: Leave Procedures – SUPERVISOR

- Approve weather and safety leave until it is determined whether the employee has COVID-19. If diagnosed with COVID-19, approve sick leave, annual leave, or other absence category available to the employee such as compensatory time off, credit time, etc.

NOTE 4: Exposure Claim/Worker's Compensation Guidance – SUPERVISOR

- Complete an incident report (CBP Form 502) in CBP eCOMP.
 - Complete supervisor portion of the CA-1 or CA-2 in CBP eCOMP as soon as possible, but no later than 24 hours after the employee completes their portion of the CA-1 or CA-2

NOTE 5: Telework Guidance – SUPERVISOR

- If not telework ready, approve weather and safety leave until it is determined whether the employee has COVID-19. ○ If diagnosed with COVID-19, approve sick leave, annual leave, or other absence category available to the employee such as compensatory time off, credit time, etc.

Definitions Used in this Guidance:

Note: *Definitions listed below are adapted from CDC guidance and may or may not fit exactly into each CBP specific work environment or job requirement.*

Symptoms compatible with COVID-19 infection: Include subjective or measured fever, cough, or difficulty breathing, general flu-like symptoms

Self-observation: Remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, limit contact with others, and seek health advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self-monitoring: Monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever, cough, or difficulty breathing during the self-monitoring period to determine whether medical evaluation is needed.

Home Isolation: Separation, at home, of a person or group of people known or reasonably believed to be *infected with a communicable disease and potentially infectious* from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Home Quarantine: Separation, at home, of a person or group of people reasonably believed to have been *exposed to a communicable disease but not yet symptomatic*, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

Social distancing: Remaining out of congregate settings, avoiding local public transportation (e.g., bus, subway, taxi, ride share), and maintaining distance (approximately 6 feet or 2 meters) from others. If social distancing is recommended, presence in congregate settings or use of local public transportation should only occur with approval of local or state health authorities.

COVID-19

CBP Guidance for Leadership, Medical Officers, and Supervisors

May 15, 2020



U.S. Customs and Border Protection

As COVID-19 continues to spread throughout the Homeland, the concentration of community spread will vary from state, city, and county. To avoid illness and slow the spread, please continue to practice good hand hygiene, cover your cough with your elbow, practice social distancing, and when job duties allow, telework whenever possible. In addition, employees' personal risk factors should be taken into account to reduce their risk of exposure.

State and local public health officials in affected regions may further close schools and institute other containment and mitigation measures to slow the spread. CBP employees should monitor all state and local public health direction; however, local shelter-in-place orders do not apply to CBP mission-critical employees for work-related activities.

This package of guidance is to help CBP workforce management ensure mission continuity during a complex, novel, and evolving pandemic. Please use this guidance in conjunction with the CBP Job Hazard Analysis and other relevant guidance documents, available on the **[COVID-19 Resource page](#)**. All employees should continue to follow all guidance from their component leadership. For further questions or clarification, contact the CBP COVID-19 Emergency Operations Center (EOC) at

(b)(6)

The following guidance is included:

EXPOSURE DECISION TREE FOR SUPERVISORS

If an employee is exposed to a suspected or confirmed COVID-19 person while on or off duty, the Exposure Decision Tree for Supervisors provides you with appropriate actions. This guidance can also be applied to persons in custody.

EXPOSURE GUIDANCE FOR MISSION-CRITICAL EMPLOYEES

If a mission-critical employee has been exposed to COVID-19 but is not symptomatic, the Exposure Guidance for Mission-Critical Employees provides recommendations for having them continue to work to maintain the mission.

RETURN TO WORK GUIDANCE

If an employee experiences symptoms consistent with COVID-19 or tests positive for COVID-19, the Return to Work Guidance helps you decide when an employee is safe to return to duty without requiring clearance from a medical provider.

REPORTING GUIDANCE FOR SUPERVISORS

The Reporting Guidance for Supervisors outlines steps to report all confirmed and suspected medium to high risk exposure cases.

This guidance was originally issued by the Management Office of the Chief Human Capital Officer (OCHCO) Workforce Health and Safety Division (WHS) and has been adapted to apply to the CBP workforce. CBP employees will need to remain flexible as the entire Nation recovers from this crisis. The Management OCHCO WHS will continue to monitor Centers for Disease Control (CDC) COVID-19 guidance and update Department guidance as the situation evolves.

GLOSSARY



U.S. Customs and
Border Protection

ACTIVE MONITORING	Local public health authorities actively monitor close contact cases in the affected community/locale. Involves daily telephone, text, or in-person inquiries about fever or other symptoms for 14 days following the last known exposure to a person with confirmed COVID-19.
CONFIRMED CASE	An employee who has received a positive diagnostic/viral result from their COVID-19 test.
CONTACT	<p>Direct Contact: Direct physical contact with an infectious person or infectious secretions.</p> <p>Close Contact: Being within approximately 6 feet of an infectious person.</p> <p>Limited Close Contact: Less than approximately 10 minutes of close contact.</p> <p>Extended Close Contact: More than approximately 10 minutes of close contact.</p> <p>Casual Contact: Being in general proximity beyond 6 feet of an infectious person.</p> <p>Includes living, visiting, working with, or sharing a healthcare waiting room with someone who is known to have COVID-19. If you have been coughed on (direct contact with infectious secretions) by a known COVID-19 case.</p>
EXPOSURE	<p>High Risk Exposure: Extended (more than 10 minutes) close (less than 6 feet) or direct contact with symptomatic person with suspected or known COVID-19 without PPE.</p> <p>Medium Risk Exposure: Limited (less than 10 minutes) close contact (less than 6 feet) without PPE or extended close or direct contact with PPE OR extended time in enclosed space with suspected or confirmed (symptomatic or asymptomatic) COVID-19 case.</p> <p>Low Risk Exposure: Casual contact (greater than 6 feet) with or without PPE or secondhand contact with a suspected or confirmed (symptomatic or asymptomatic) COVID-19 case.</p>
FACE COVERING	Recommended for preventing community spread of disease. They are not N-95 respirators. While on duty, a surgical mask can be used in any situation where an N-95 respirator is not required. When worn, face coverings should cover nose and mouth.
FFRCA	Families First Coronavirus Response Act.
ISOLATION	<p>The separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.</p> <p>In home/quarters isolation: staying home or in quarters; separating yourself from other people (i.e., trying not to be in the same room as other people at the same time; asking friends, family– not to visit unless necessary).</p> <p>In hospital isolation: when you are ill and receiving medical care, you may be placed in a specialized room designed to separate you from other patients and visitors, while decreasing risk of spread.</p>
LOCAL/PUBLIC HEALTH AUTHORITY	An agency or authority of the U.S. Government, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, that is responsible for public health matters as part of its official mandate, has quarantine authority. Examples are state and local public health departments, CDC, Occupational Safety and Health Administration (OSHA), and CBP.

GLOSSARY



U.S. Customs and Border Protection

PUBLIC HEALTH ORDERS

Legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting the public's health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine or conditional release.

The local public health department may issue a public health order to prevent people from leaving a local area, their home, or require monitoring to protect the public's health.

QUARANTINE

Separation, at home, of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

SELF-OBSERVATION

Individuals stay alert for developing signs and symptoms during self-observation period. If symptoms develop during this time, check temperature, self-isolate, limit contact with others, and seek medical advice by telephone or local public health department to determine if a medical evaluation is needed. Continue social distancing as directed.

SELF-MONITORING

People should monitor themselves for fever by taking their temperatures twice daily and remain alert for cough or difficulty breathing. Take temperature twice daily and record.

- Make note of any changes in how you feel (particularly if you start to have trouble breathing).
- Keep your health care provider's contact information handy.
- If your condition worsens, ask your healthcare provider to call the local or state health department.

SIGNS AND SYMPTOMS

The common symptoms, which may appear in some combination within 2-14 days after exposure to the virus, are cough, shortness of breath or difficulty breathing, fever (100.4°F [38°C] or higher), chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.

SOCIAL DISTANCING

Means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.

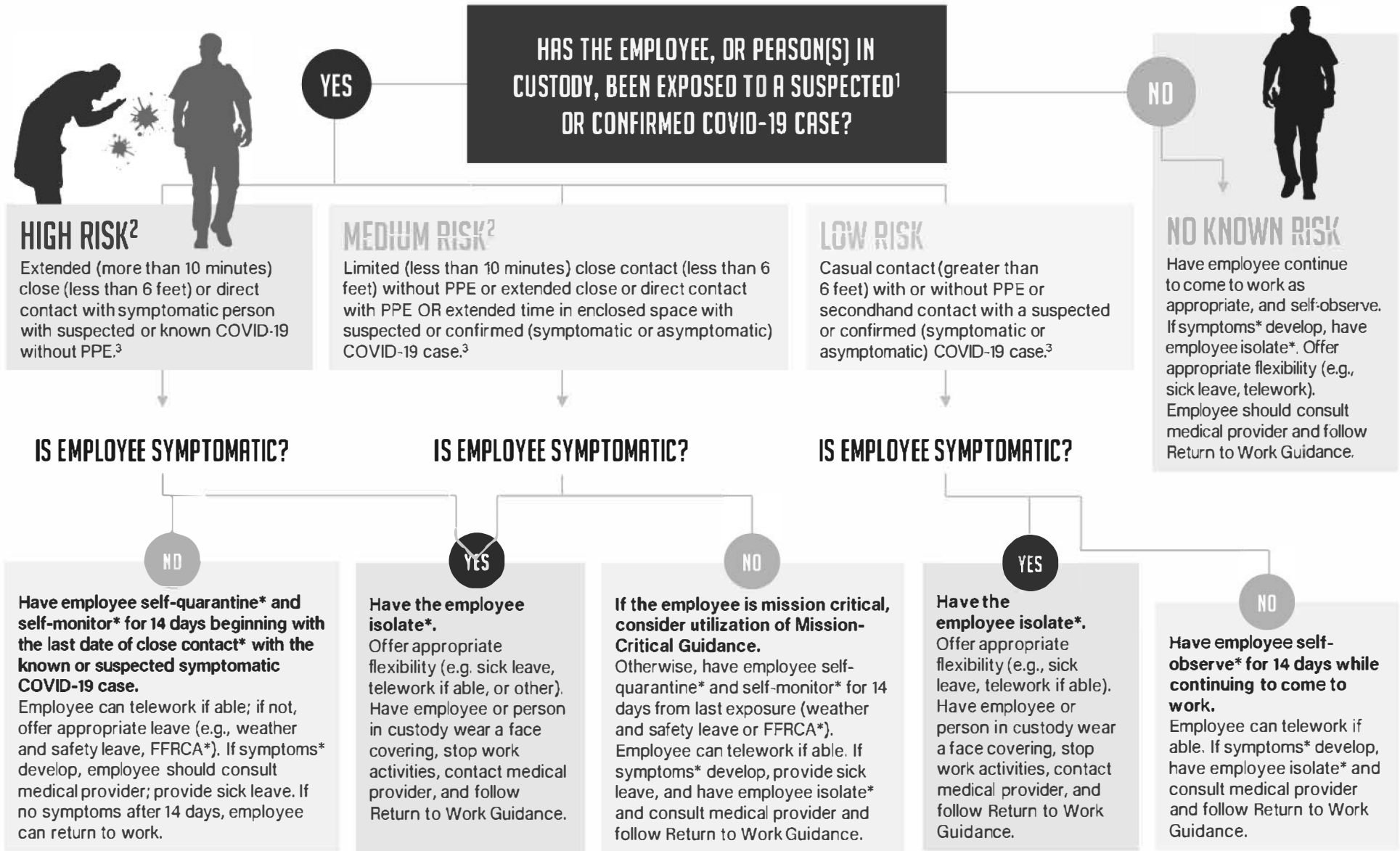
- Telework and teleconferences are an acceptable alternative
- Work space modifications for business transactions (glass barriers, moving workspace for added distance, etc.)
- School closure (proactive or reactive)
- Workplace closure including closure of "non-essential" businesses and social services
- Cancellation of mass gathering events
- Voluntary isolation of contacts
- Voluntary quarantine of contacts

TESTING

Diagnostic Testing (Viral/PCR): Test requiring a respiratory specimen (nasal or throat swab) that measures the amount of COVID-19 virus in an individual. The Viral/PCR test is currently the only way to confirm an active infection in an individual.

Antibody Testing (Serology/Ab): Test that measures COVID-19 antibody levels after an exposure/infection. A positive result does not indicate the individual has an active COVID-19 infection, only that they have been exposed. A diagnostic test will be required to determine if the individual has an active infection. Any positive antibody test will be treated as a presumed positive case until a diagnostic test confirms if there is/is not an active infection

EXPOSURE DECISION TREE FOR SUPERVISORS



¹ If the source of the suspected exposure tests negative then follow No Known Risk box guidance.

² Refer to Reporting Guidance for Supervisors for processes on how to report confirmed cases and medium to high risk exposure cases.

³ Identify employees with exposure to symptomatic employee or person in custody 48 hours prior to employee or person in custody showing symptoms.

* See Glossary for definition.

EXPOSURE GUIDANCE FOR MISSION-CRITICAL PERSONNEL



U.S. Customs and Border Protection

WHAT IF A MISSION-CRITICAL EMPLOYEE IS EXPOSED* TO SUSPECTED OR CONFIRMED* COVID-19?

IF THE EMPLOYEE:

- Performs mission-critical activities
- Has had a **medium-risk exposure*** in the last 14 days
- But has not had symptoms*



THEN THE EMPLOYEE:

- CAN** continue mission-critical activities at DHS facilities
- BUT** he or she **MUST** meet all listed requirements specified in this guidance



REQUIREMENTS CHECKLIST

Applies to the first 14 days after exposure.

- Practice social distancing*. Remain at least 6 feet, or two arm lengths away, from others when possible.
- Prior to coming into work, verify that you do not have any symptoms*.
- Prior to leaving for work, you must take your temperature and it must be lower than 100.4°F (38°C) without fever-reducing medication. (If taking temperature by mouth, do not drink anything for 30 minutes prior to taking your temperature.) If you have a fever, do not go to work.
- When possible, avoid carpooling or taking public transportation to commute to and from work (e.g. bus, metro, train).
- Prior to entering the DHS facility, a surgical mask may be provided for voluntary use as appropriate.
- Prior to entering the DHS facility, sanitize your hands (e.g. hand sanitizer, hand wipes). As soon as possible, once in the facility, wash your hands with soap and water for at least 20 seconds.
- While in the DHS facility, limit your contacts and movement. Do not eat or socialize in the community kitchen, lounge, or cafeteria. If at all possible, exercise telework options.
- Prior to using communal bathrooms, sanitize your hands. Prior to leaving the restroom, wash your hands with soap and water and use a paper towel to open the door to leave the restroom.
- Prior to leaving the facility, put on your face mask (if provided/available) and wipe down your workstation (e.g. keyboard, monitor, mouse, desktop, phone, door knob, light fixtures, etc.) with disinfectant. Wash or sanitize your hands and leave the facility. Limit your contacts and avoid socializing in communal areas as you exit the facility.

IF YOU DEVELOP FLU-LIKE SYMPTOMS WHILE AT WORK:

- Put on surgical/procedure mask (if available), stop work activities, and notify your supervisor.
- Prior to leaving, wipe down workstation, door knobs, and light switches with disinfectant.
- Limit your contacts and avoid socializing in communal areas as you exit facility.
- Wash or sanitize your hands and leave the facility.
- Go directly home, do not stop for errands on the way home, consult your medical provider, and follow the Return to Work Guidance. To prevent disease spread in your household, please follow the **CDC Guidance for Implementing Home Care.**

* See Glossary for definition.

REPORTING GUIDANCE FOR SUPERVISORS



Supervisors must report all confirmed* and suspected medium to high risk exposure* cases. The below guidance should be followed in addition to any component-specific reporting requirements.

REPORTING CONFIRMED* COVID-19 DIAGNOSES

1. All cases of employees with confirmed* COVID-19 diagnoses are required to be reported to the SITROOM, using normal reporting procedures and a Significant Incident Report (SIR) will be generated.
 - Employees with symptoms* or pending results do not require reporting until/if they receive a positive test result, unless they have been directed by a supervisor to quarantine or isolate.
2. When reporting, the initial notification should include (1) presumed work exposure* or presumed home exposure* and (2) date of diagnosis.
3. The SIR will be categorized as: "Employee Issues-Employee Injury/Illness: Other" in the SIR module.
4. The SITROOM Call Summary will be categorized as: Employee Issues-Employee Injury/Illness: COVID-19.
5. The SIR shall be updated for the following milestones:
 - I. Admission to hospital,
 - II. Change in prognosis (e.g. transfer to ICU),
 - III. Discharge from hospital or death,
 - IV. Begin quarantine* or isolation*,
 - V. Finish quarantine* or isolation*,
 - VI. Recovery from illness as deemed by medical professional or per CBP/CDC Return to Work Guidance, AND
 - VII. Return to work.
6. In addition to the SIR, the CBP Incident Tracker is available to all employees and supervisors and should be utilized for reporting suspected or known exposures* of COVID-19.

REPORTING EMPLOYEE QUARANTINE* OR HOME ISOLATION* AT DIRECTION OF SUPERVISOR

1. All cases where an employee has been directed to quarantine* or isolate* at home by a CBP supervisor as a result of a medium to high risk exposure* to COVID-19 are required to be reported to the SITROOM using normal reporting procedures and an SIR will be generated.
 - ONLY instances where supervisors have directed an employee(s) to quarantine* or isolate* need to be reported. Employees with symptoms* or pending results do not require reporting until/if they receive a positive test* result.
 - Group exposures* that result in direction from supervisors that impact multiple CBP employees only require one report.
2. When reporting, the initial notification should include (1) presumed work exposure* or presumed home exposure*, and (2) impact on operations – i.e. can employee telework while under quarantine*.
3. The SIR will be categorized as: "Employee Issues-Employee Injury/Illness: Other" in the SIR module.
4. The SITROOM Call Summary will be categorized as: Employee Issues-Employee Injury/Illness: COVID-19.
5. The SIR shall be updated for the following milestones:
 - I. Admission to hospital,
 - II. Change in prognosis (e.g. transfer to ICU),
 - III. Discharge from hospital or death,
 - IV. Begin quarantine* or isolation*,
 - V. Finish quarantine* or isolation*,
 - VI. Recovery from illness as deemed by medical professional or per CBP/CDC Return to Work Guidance, AND
 - VII. Return to work.
6. In addition to the SIR, the CBP Incident Tracker is available to all employees and supervisors and should be utilized for reporting suspected or known exposures* of COVID-19.

* See Glossary for definition.

RETURN TO WORK GUIDANCE FOR EMPLOYEES



U.S. Customs and
Border Protection

WHEN SHOULD AN EMPLOYEE WHO HAS RECOVERED FROM SUSPECTED OR CONFIRMED* COVID-19 RETURN TO WORK?

All employees with COVID-19 should consult their medical provider. **HOWEVER**, formal clearance from a medical provider or health department is not required to return to work if the below guidelines are followed.

Follow-up testing* is not required to return to work. If an employee is directed to receive follow-up testing*, use the Alternate Return to Work Approach below.

- All employees must consult with their supervisor before returning to work.

PRIMARY RETURN TO WORK APPROACH (RECOMMENDED)

If you were diagnosed with COVID-19, with or without a diagnostic laboratory test*, you may return to work:

- If you were diagnosed by a diagnostic test*, your last positive test* was at least 10 days ago.

AND

- If you had symptoms*, your symptoms* first appeared at least 10 days ago.

OR

- If you did not have symptoms*, it has been at least 10 days since your diagnosis or last positive test*.

AND

- If you have had no additional symptoms* for at least 3 days.
- If you have had no fever¹ for at least 72 hours (3 days), without medicine that reduces fevers.
- If your respiratory symptoms² (if any) have improved.

ALTERNATE RETURN TO WORK APPROACH

If you were directed to receive follow-up testing, return to work:

- If you no longer have a fever¹,
- If your respiratory symptoms² have improved, AND
- If you have had two negative diagnostic tests* more than 24 hours apart.
 - If you have a positive follow-up diagnostic test*, use the Primary Return to Work Approach, or if necessary, use the Alternate Return to Work Approach.

RETURN TO WORK AFTER POSITIVE ANTIBODY TEST

Antibody testing* should not be used to determine return to work status.

If you have a positive antibody test*:

- Get a confirmatory diagnostic test*.
 - If positive, use the Primary Return to Work Approach.
 - If negative, you may return to work.
- OR**
- If a confirmatory diagnostic test* is not available, use the Primary Return to Work Approach.

¹ Defined as subjective fever (feeling feverish) or a measured temperature of 100.4°F (38°C) or higher.

² Cough or shortness of breath.

* See Glossary for definition.

CLEANING GUIDANCE FOR MANAGEMENT



U.S. Customs and Border Protection

WHAT NEEDS TO BE DONE IF A SUSPECTED OR CONFIRMED* CASE OF COVID-19 ENTERS A CBP FACILITY?

Components must report to GSA potential and confirmed cases in Federal buildings and GSA-leased commercial buildings as soon as they are identified. Potential and confirmed cases* in DHS direct leases should be communicated to the building owner.

RETURN TO NORMAL OPERATIONS, FOLLOW SCOPE OF REGULAR CUSTODIAL DUTIES.

IDENTIFY POTENTIAL OR CONFIRMED CASE* WITHIN PAST 7 DAYS.

DETERMINE IMPACTED AREA.

CBP can only make determinations on the reporting status of their own employees to impacted workspaces in Federal buildings and commercial leases.

DHS CLEANING AND DISINFECTION GUIDANCE (PDF)

FOLLOW GSA CLEANING AND DISINFECTION PROCEDURES SCOPE.

For above standard services in all facilities under GSA's jurisdiction, additional cleaning services that exceed CDC guidance, increased frequency of cleaning services, and the use of special cleaning supplies and materials must be paid by the requesting agency.

REPORT TO THE SITUATION ROOM.

CONSULT APPROPRIATE AUTHORITIES.

NOTIFY EMPLOYEES NOT TO RETURN TO IMPACTED AREA IF POSSIBLE.

Potential authorities:

- Owner/Facility Manager
- Real Property Authority
- Health Department (if applicable)
- Federal Protective Service
- GSA/DHS
- CBP - OFAM
- CBP - SOHS/OSH Division

This process flow is meant to apply to any CBP workspace that is currently operational and has experienced a potential or confirmed* exposure* incident but cannot account for every scenario. Please review the [DHS Cleaning and Disinfection Guidance \(PDF\)](#). The process does not account for determining mission criticality to remain open within an area of responsibility prior to an exposure* incident or decisions about limiting access to a building or having employees telework to slow the spread of COVID-19. The DHS Cleaning and Disinfection Guidance has additional communication examples to follow for notification of employees. Follow all DHS, GSA, CBP policy.

* See Glossary for definition.

EXPOSURE DOCUMENTATION GUIDANCE



U.S. Customs and
Border Protection

FOR EMPLOYEES

1. Notify supervisor.
2. Initiate CA-1.
3. Complete CBP-554 (Employee Report of an Exposure Incident).



FOR SUPERVISORS

1. Notify leadership and contact local health authorities* (if necessary).
2. Complete CA-1.
3. Complete CBP-502.
4. Complete CBP-555 (Supervisors Report of an Exposure Incident).
5. Offer EAP Assistance.
6. Initiate SIR/ESR (if necessary).

CONTACT TRACING

IDENTIFY PERSONNEL WITH EXPOSURE* TO THE SYMPTOMATIC* INDIVIDUAL 48 HOURS PRIOR TO EMPLOYEE SHOWING SYMPTOMS*

Contact tracing refers to the identification and management of persons with potential exposure* to a known or suspected case of an infectious disease (such as COVID-19).

Formal contact tracing is a public health function, conducted by state/local health authorities* or the CDC.

CBP should facilitate/assist/support public health authorities* with contact tracing efforts in general and specifically related to COVID-19.

From a CBP perspective, as a law enforcement agency, CBP conducts Exposure Risk Assessment and Management, which is similar to public health contact tracing and can be conducted as an adjunct to public health contact tracing.

1. **Review schedule: identify personnel with exposure* to the symptomatic* individual 48 hours prior to employee showing symptoms*.** People, locations and equipment impacted employee or person(s) in custody came into contact* with.
2. **Review detention log: identify personnel with exposure* to the symptomatic* individual 48 hours prior to employee showing symptoms*.** CBP personnel, contract employees and person(s) in custody.
3. **Determine exposure* risk level per Exposure Decision Tree for Supervisors.**
4. **Take appropriate steps per the Exposure Decision Tree for Supervisors, include persons in custody – with isolation* or quarantine* in custody or at home.**
5. **Contact and advise others who came into contact* with person(s) in custody.** G4S, ERO, Processing/Transportation agents, CBP Attachés as necessary.
6. **Identify, clean, and sanitize assigned equipment/locations per CBP/OSHA, GSA, and OFAM guidance.**
7. **Report as required per Reporting Guidance for Supervisors.**

* See Glossary for definition.

N95 RE-USE AND ROTATION GUIDANCE



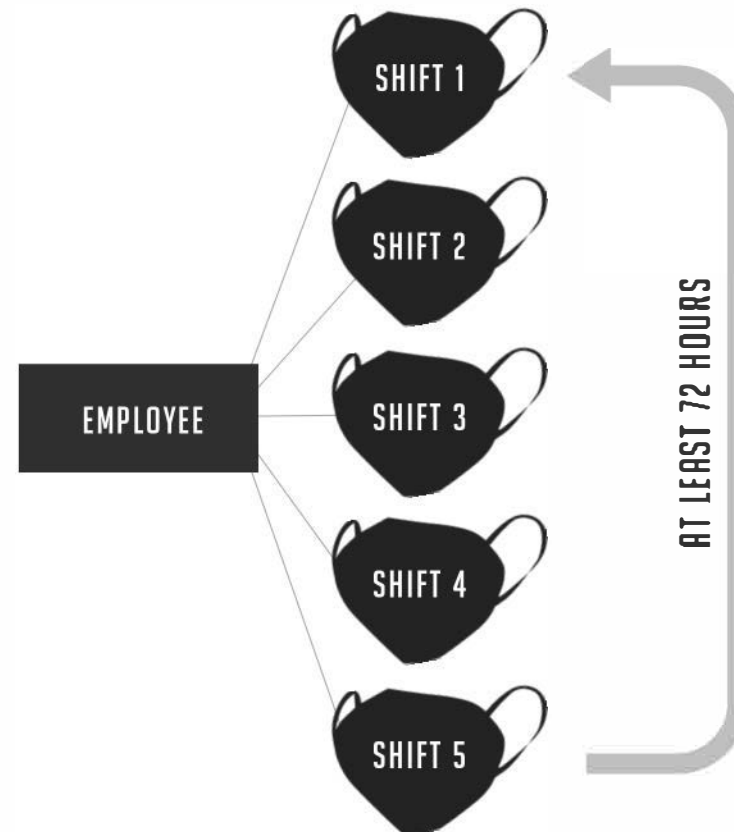
U.S. Customs and Border Protection

HOW CAN I MANAGE MY LIMITED SUPPLY OF N95 RESPIRATORS?

The COVID-19 pandemic in the United States is causing limited availability and expected delivery delays of filtering face piece respirators (FFRs), including N95 respirators, for CBP locations. Local management can employ re-use strategies to reduce mask usage and help combat supply shortages.

MULTI-DAY ROTATION

- Issue 5 or more N95s to each worker under mandatory use.
- Wear one mask each day/shift.
- Each mask is stored alone in a breathable paper bag.
- Each bag/container is clearly marked with the day or shift and employees name.
- Mask rotation is repeated in this order with a minimum of five days between each mask use.
- Masks can be re-used until they are visibly contaminated, show signs of breakage, or wear to face piece, straps, or components.
- There is not a set number of times the mask can be worn.



DONNING AND DOFFING

- Treat masks as though they are contaminated.
- Clean hands with soap and water or alcohol-based hand sanitizer before and after touching mask.
- Avoid touching inside of mask.
- Check components such as straps, nose bridge, and nose foam material for degradation.
- Use a pair of clean disposable gloves when donning and performing a user seal check.
- Perform a user seal check immediately after donning, if a successful user seal check cannot be performed, discard the mask.

Re-use of Filtering Facepiece Respirators (FFRs) is only allowed in times of crisis-level supply shortages and under certain conditions. Filtering Facepiece Respirators (FFRs) are normally disposed of whenever removed for breaks, other duties, or at the end of a shift. Re-use refers to wearing the mask for a period of work, taking it off (doffing), and later putting it on (donning) for another period. The time between doffing and donning can be just for breaks to allow for a whole shift of wear, or it can be several days – whether caused by work schedule, infrequent need, or for decontamination processes. When not in use, the respirator will be stored in a secured location, in a breathable paper sack, labeled with the wearer's name. Reference: "DHS Guidance for Extended Use and Re-Use of Filtering Facepiece Respirators (N95, etc.)" April 17, 2020.

* See Glossary for definition.

RELATIONS WITH THE U.S. GOVERNMENT ACCOUNTABILITY OFFICE

I. Purpose

- A. This Directive establishes policy for relations between the Department of Homeland Security (DHS) and the United States Government Accountability Office (GAO).
- B. This Directive requires DHS employees to cooperate with GAO to the fullest extent in accordance with the law. This Directive contains expedited timeframes to provide GAO access to records and interviews of DHS employees, and streamlines departmental review of such records and interview requests. The Directive is intended to promote the objective that GAO have timely and complete access to appropriate records and DHS employees.

II. Scope

- A. This Directive applies throughout DHS with the exception of the Office of Inspector General.
- B. DHS Management Directive 0820, General Accounting Office Relations, is superseded by this Directive.

III. Authorities

- A. Public Law 110-161, Division E, Department of Homeland Security Appropriations Act, 2008 of the Consolidated Appropriations Act, 2008
- B. Title 31, United States Code, Sections 712, Investigating the use of public money, 717, Evaluating programs and activities of the United States Government, 718, Availability of draft reports, 719, Comptroller General reports, 720, Agency reports, 3523, General audit authority of the Comptroller General, and 3529, Requests for decisions of the Comptroller General
- C. Title 31, United States Code, Section 716, Availability of information and inspection of records

D. Office of Management and Budget (OMB) Circular A-50 (Revised), Audit Followup

E. OMB Circular A-11 Section 22, Communications with the Congress and the Public and Clearance Requirements

IV. Responsibilities

A. **Under Secretary for Management**: Has overall management responsibility for DHS relations with GAO and for implementation of this Directive. The Under Secretary for Management serves as the Department's designated audit follow-up official, and also ensures that there are sufficient resources within DHS dedicated to the management of the Department's relations with GAO. In conjunction with the Office of the General Counsel, the Under Secretary for Management ensures appropriate training of the Departmental Audit Liaison and Component Audit Liaisons.

B. **Office of the General Counsel (OGC)**: Provides legal advice and guidance on matters involving relations with GAO to ensure that the Department meets its legal obligations and that the scope of GAO audit and investigative activities is appropriate. OGC provides appropriate legal advice and guidance to Component heads, the Departmental Audit Liaison, and Component Audit Liaisons on GAO activities and, in conjunction with the Under Secretary for Management, ensures appropriate training of the Liaisons.

C. **Departmental Audit Liaison (DAL)**: The management official within DHS designated to implement this Directive on behalf of the Under Secretary for Management. The DAL monitors and tracks the status of GAO and department activities, including the status of responses to GAO requests for departmental records or interviews and DHS comments on GAO draft reports and testimony. The DAL implements this Directive consistent with the objective that GAO be given timely and complete access to appropriate records and DHS employees.

D. **DHS Component heads**: Ensure compliance with this Directive within each Component, and designate Component Audit Liaisons to assist the DAL in carrying out the DAL's responsibilities. Component heads are responsible for meeting expedited timeframes to furnish GAO with access to records and Component employees, and streamlining the review process for such records and interview requests consistent with the objective that GAO be given timely and complete access to appropriate records and employees. Component heads ensure that there are sufficient resources within the Component dedicated to the management of the Component's relations with GAO.

E. **Component Audit Liaisons (CALs)**: Serve as the Component's primary liaison to the DAL, and the management official within the Component responsible for assisting the DAL in implementation of this Directive.

F. **DHS Program Points of Contact**: DHS officials with knowledge of the program that GAO is reviewing may be designated by the DAL or CALs at or following the entrance conference to serve as Program Points of Contact for follow-up with GAO. The Program Points of Contact may, in coordination with the DAL or CALs, assist GAO in identifying and obtaining appropriate records and interviews. Requests for records and interviews should be in writing and directed to the DAL or CAL identified at the entrance conference.

G. **DHS Employees**: Work cooperatively with representatives of GAO, DAL, CALs, Program Points of Contact (when designated), and the Office of the General Counsel (including Counsel for the Components) to comply with the requirements of this Directive.

V. Policy and Requirements

A. Department employees provide GAO with access to records and interviews of DHS employees in response to written requests from GAO in accordance with the Department's obligations under the law. Where a GAO request clearly identifies the records requested, Department employees provide GAO with access to the records as soon as possible and not more than 20 calendar days from the date of the written request, unless there is a reasonable basis for not being able to meet the required timeframe. When GAO requests to interview a DHS employee, the DAL or CAL arranges a mutually-agreeable appointment for such interview as soon as possible after receiving the request. Such an arrangement should normally be reached within seven calendar days from the date of the written request, although the requested interview need not necessarily occur within those seven calendar days. Where these guidelines cannot reasonably be met, the DAL or CAL notifies GAO of an alternative timeframe for providing the requested records or interview.

B. In an effort to improve the effectiveness and efficiency of the Department, DHS employees comply with the principles of audit follow-up in accordance with the law and OMB guidance.

VI. Questions

Any questions or concerns regarding this Directive should be addressed to the DAL or appropriate CAL.

(b)(6)

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Michael Chertoff
Secretary of Homeland Security

7/1/08
Date

CBP Job Hazard Analysis (JHA) & PPE Assessment	Job Title: Exposure to Coronavirus "COVID-19"		Date: March 12, 2020	New Revised X
	Title: All CBP Personnel in Affected Areas	Supervisor: All	Prepared By: HRM, Occupational Safety and Health (OSH) Division CBP Senior Medical Advisor	
Offices: All CBP	Locations: CBP Wide	Departments: All	Reviewed By: Office of Field Operations United States Border Patrol Air and Marine Operations Operations Support	
Required or Recommended Personal Protective Equipment: surgical masks, nitrile gloves, N95 respirator, protective outer garments, gown, shoe coverings, face shield or non-vented goggles			Approved by: OSH Division Director CBP Senior Medical Advisor	

Note: This JHA only applies to the 2019 Novel Coronavirus (SARS-CoV-2) or the disease known as "COVID-19". The Centers for Disease Control and Prevention (CDC), World Health Organization, (WHO), Occupational Safety and Health Administration (OSHA), and other public health agencies are now considering the outbreak of COVID-19 that has spread to countries around the globe, including here in the United States, to be a Pandemic. Although the general risk to CBP personnel and the public is still considered LOW at this point, it is CRITICAL that all personnel take standard precautions recommended by CDC, outlined in this JHA and found on the [Safety and Health COVID-19 Resource Page](#) on CBPnet. References to guides, additional information and material, links, and other resources can be found on "Notes" page at the end of this document.

For the most up to date information about COVID-19 visit the [Centers for Disease Control \(CDC\) COVID-19 page](#).

Risk Assessment: Incomplete information regarding incubation, infectious period, and transmissibility, as well as evolving circumstances make a definitive risk assessment challenging. In light of this, awareness and operationally-informed precautions are warranted. In general, the overall risk to CBP personnel is still assessed to be low. However, risk increases with increased exposure to persons potentially infected with COVID-19, warranting enhanced precautions described herein. CBP will continue to monitor the situation closely in coordination with appropriate stakeholders and will adjust guidance as appropriate. CBP personnel should continue to maintain situational awareness regarding this outbreak.

While COVID-19 is a respiratory disease and the use of N95 respirators and other PPE is needed in certain conditions and work environments as outlined in this JHA, the use of PPE is but one component of COVID-19 disease prevention and the use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel can take these basic steps to prevent exposure to and transmission of COVID-19. All personnel should practice good hygiene, wash hands frequently, cover your cough or sneeze, stay away from work if you are ill and contact your health provider for guidance, avoid unnecessary congregate settings where COVID-19 exposure is more probable, KEEP YOUR HANDS BELOW YOUR CHIN and avoid touching mouth, eyes, nose and mucous membranes where contaminated hands can spread the disease to your respiratory system. These basic preventative measures will greatly reduce the exposure potential for ALL personnel and slow the spread of communicable diseases.

Note: Risk categories (Very High, High, Medium, and Low) are to be used in conjunction with this document only. They refer to the mission-specific risk relative to the hazard identified; they do not correlate to overall risk of contracting COVID-19 Disease or risk categories used by other agencies such as the Centers for Disease Control and Prevention (CDC), or in other documents such as the Workforce Health and Safety Coronavirus Health Advisories Screening Guidance, CDC Coronavirus Advisories, or Travel Health Alert Notices (T-HAN) meant for other audiences.

Operations	Risk Categories	Hazards	Protective Measures/PPE Guidance
<p>1. HQ Offices, CBP Facilities, Office Settings, Mission Support, and other Administrative Settings</p> <p>Note: This is intended for ALL CBP facilities where administrative work is being conducted and exposure to COVID-19 from a traveler, passenger, or detainee is NOT expected.</p>	<p>Low</p>	<p>Casual or Close Contact of Coronavirus cases is not expected.</p> <ul style="list-style-type: none"> • Signs and Symptoms of COVID-19 include; <ul style="list-style-type: none"> • Fever • Cough • Difficulty breathing • Other Flu Like Symptoms <p>Note: While most COVID-19 lab confirmed cases do display these type symptoms, SOME persons may only display mild symptoms and they may appear at different stages of the disease.</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use the following disease prevention practices in ALL activities. • Frequent hand washing. • Stay home if you are ill and contact your health provider right away if you notice any signs or symptoms similar to COVID-19. • If you think you have been exposed to someone with COVID-19, notify your supervisor and your health provider. • KEEP your hands BELOW your chin and avoid touching mouth, nose, and eyes. • Cover your cough/sneeze with a tissue or cuff of your elbow, NOT your hands • Use of N95 respirators or surgical masks is NOT recommended. • Voluntary use of N95 respirators, although not recommended at the time of development of this JHA, is allowed with supervisor approval and in accordance with existing CBP policies on the use of respirators. • Medical Clearance and Fit Testing are NOT required for voluntary use. See Page 8 Notes. • All use of N95 respirators should be in accordance with OSHA 1910.134 and CBP OSH 5200-08B policies.
<p>2. Port of Entry Operations</p> <p>Primary Passenger Processing</p> <p>Note: This includes casual contact (>6 feet) or brief periods of close contact with a person at increased risk of COVID-19 during Port Operations (<6feet) for short periods of time, e.g. escorting a person from one area to another during screening process, or briefly entering a room with a higher risk person.</p> <p>This section is intended for the processing and handling of persons during primary who are higher risk, but not symptomatic.</p>	<p>Medium</p>	<p>Casual Contact with passengers or persons with increased risk of COVID-19;</p> <ul style="list-style-type: none"> • Casual contact (outside 6 feet) with persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing • Passive observation of persons for signs of illness. • Use COVID-19 R.I.N.G. Card and general precautions. • Separate persons with symptoms of illness or a high risk country travel nexus and send to secondary for additional processing and CDC consultation. • Avoid close or direct contact with passengers with a travel nexus to high risk country within the past 14 days or with symptoms • Wear disposable nitrile gloves • Provide surgical masks to any persons with signs of illness. • Voluntary use of N95 respirators may be considered per CBP policy and supervisor approval. (See HB 5200-08B, Ch. 26).

<p>3. Port of Entry Operations</p> <p>Secondary Processing, holding, and escorting of persons suspected of having COVID-19</p> <p>Note: This includes limited periods of closer (<6 feet) contact with a person at increased risk of having COVID-19 during the secondary phases of screening, and also includes holding, transportation operations where limited close contact would apply.</p>	<p>High</p>	<p>Limited, Close Contact Within six (6) feet of a person with travel nexus to high-risk country within 14 days or with signs/symptoms of illness.</p> <p>Note: This includes processing, escorting, or spending brief periods of time with more than casual contact with persons suspected of having COVID-19</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic passengers from others. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Avoid direct contact and keep close contact to a minimum. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days or symptoms to CDC for evaluation/interview. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer/Agent wear N95 respirator within six (6) feet of symptomatic passenger. • Wear goggles or face shield to protect eyes.
<p>4. Port of Entry Operations</p> <p>Spending time within 6 ft. in an enclosed room/space where symptomatic person with suspected COVID-19 is being held or evaluated by CDC, including transporting or guarding a person with suspected COVID-19</p> <p>Note: Suspected COVID-19 cases refers to those that are symptomatic, from a high risk country and have not been lab confirmed or tested yet. This does NOT apply to persons who are from high risk countries and displaying NO symptoms or to contacts of cases of NOT lab confirmed.</p>	<p>Very High</p>	<p>Extended, Close Contact</p> <p>Prolonged periods within close contact (6 ft.) of a person with a travel nexus to high risk country and with symptoms</p> <p>Signs and Symptoms of COVID-19 include;</p> <ul style="list-style-type: none"> • Fever • Cough • Difficulty breathing • Other Flu Like Symptoms <p>Note: While most COVID-19 lab confirmed cases do display these type symptoms, SOME persons may only display mild symptoms and they may appear at different stages of the disease</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic passengers from others. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days and symptoms to CDC for evaluation/interview. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer/Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination.

<p>5. U.S. Border Patrol Operations</p> <p>Line Watch, Transport, Processing, Detention, and Check Points</p> <p><u>Primary</u> Interdiction/processing of persons, vehicles or cargo.</p> <p>(Persons, Drivers, passengers, or stowaways with travel nexus to high risk country within 14 days)</p>	<p>Medium</p>	<p><u>Casual Contact</u> with passengers or persons with increased risk of COVID-19;</p> <ul style="list-style-type: none"> • Casual contact (outside 6 feet) with persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Wear disposable nitrile gloves. • Passive observation of persons for signs of illness. • Use COVID-19 R.I.N.G. Card and general precautions. • Separate persons with symptoms of illness or a high risk country travel nexus and send to secondary for additional processing and CDC consultation. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Avoid close or direct contact with passengers with a travel nexus to high risk country within the past 14 days. • Provide surgical masks to any persons with signs of illness. • Voluntary use of N95 respirators may be considered per CBP policy and supervisor approval. (See HB 5200-08B, Ch. 26).
<p>6. U.S. Border Patrol Operations</p> <p>Line Watch, Escort, Processing, Detention, and Check Points</p> <p><u>Secondary</u> Interdiction/processing of persons, vehicles or Cargo (Persons, driver, passengers, or stowaways with travel nexus to high risk country within 14 days)</p>	<p>High</p>	<p><u>Limited Close Contact</u></p> <p>Within six (6) feet of a person with travel nexus to high-risk country within 14 day or with signs/symptoms of illness.</p> <p><u>Note:</u> This includes escorting, processing, or spending more than casual contact with persons suspected of having COVID-19</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic persons from others. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Avoid direct contact and keep close contact to a minimum. • Officer/Agent wear N95 respirator within six (6) feet of symptomatic passenger. • Wear goggles or face shield to protect eyes. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days and symptoms to CDC for evaluation/interview. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.).

<p>7. U.S. Border Patrol Operations</p> <p>Being in an enclosed room/space where symptomatic person with suspected COVID-19 is being held or evaluated by CDC, or transporting a person with suspected COVID-19</p> <p>Note: Suspected COVID-19 cases refers to those that are symptomatic, from a high risk country and have not been lab confirmed or tested yet. This does NOT apply to persons who are from high risk countries and displaying NO symptoms or to contacts of cases of NOT lab confirmed.</p>	<p>Very High</p>	<p><u>Extended Close Contact</u></p> <p>Within six (6) feet of Symptomatic or ill travelers from any affected country within the past 14 days and</p> <ul style="list-style-type: none"> • Fever • Cough • Difficulty breathing • Flu Like Symptoms 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See page 8. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • For symptomatic persons, use negative pressure ventilated rooms/holding facilities whenever available/possible. • During transportation of symptomatic persons from affected country use USBP vehicles designed for prisoner/detainee transport with separate compartment between driver/detainees (when driver and detainee cannot be separated, place a surgical mask on symptomatic detainee and driver will wear an N95 respirator) • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Use COVID-19 R.I.N.G. Card for general precautions.
<p>8. Air & Marine Operations</p> <p>Air Branches/Stations/and All AMO Facilities and Operations</p>	<p>Medium</p>	<p>Exposure to Symptomatic Persons is NOT expected During Most Air Interdiction/Marine Interdiction Operations</p> <p>Note: When apprehensions or personal contacts result in Close Personal Contact (Less than <6 Feet) Follow the following guidance.</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See page 8. • Frequent hand washing. • Provide surgical masks to any symptomatic persons during apprehension. • Wear disposable nitrile gloves. • When Interdiction Agent/Officer is exposed to symptomatic person then wear N95 respirator and goggles or/face shield. • Avoid direct contact and keep close contact to a minimum. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Use COVID-19 R.I.N.G. Card for general precautions.

<p>9. Disinfection and cleanup of Contaminated Surfaces –</p> <p>General Guidance</p>	<p>Low</p>	<p>Risk of Exposure Expected To Be Low During Routine Disinfection and Cleaning of COVID-19</p> <p>General exposure potential where no lab confirmed cases of COVID-19 persons have occupied.</p>	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. • There are everyday products such as Clorox and Lysol wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • If apprehension was made and individual was symptomatic, Officers/Agents Duty Gear and Equipment should be disinfected IAW CDC guidelines for Law Enforcement personnel see Page 8. (Follow Agency Specific Policy for Firearms). • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf.
<p>10. Cleaning and Disinfection of CBP facilities to include POEs, USBP Stations and Check Points, Holding and Detention Areas –</p>	<p>High</p>	<p>Potential exposure to COVID-19 contaminated areas in general.</p> <p>Where known lab confirmed COVID-19 cases have recently been within the past 8-72 hours</p>	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. • There are products such as Clorox and Lysol wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf. • Wear an N95 respirator if cleaning and disinfection an area where COVID-19 was known to be present or suspected. • Wear non-vented goggles or face shield to cover face and eyes. • Wear a liquid impermeable gown (for large cleanup jobs wear

			<p>liquid impermeable suit/coveralls).</p> <ul style="list-style-type: none"> Dispose of all infectious material as bio hazardous waste in accordance with local, State, or Federal guidelines.
<p>11. Cleaning and Disinfection of Vessels and Ships</p> <p>Note: Cruise ships have higher incidence of exposure and risk levels may go up.</p>	Med	Potential exposure to COVID-19 contaminated areas in general.	<ul style="list-style-type: none"> COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. There are products such as Clorox and Lysol wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf Follow CDC guidance for ships/vessels here https://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html Follow general precautions outlined above for general areas. Wear nitrile or fluid impermeable gloves while cleaning and follow all manufacturers' guidelines for cleaning products.
<p>12. Cleaning and Disinfection of Kojak Fingerprint Kiosks</p> <p>General cleaning and disinfection of these areas MUST be done in accordance with manufacturers recommendations in order to avoid damage to equipment</p>	LOW	Low Risk of Exposure Due to Persons Who May Have Used Kojak Fingerprint Kiosks	<ul style="list-style-type: none"> General cleaning and disinfection of these areas MUST be done in accordance with manufacturers recommendations in order to avoid damage to equipment. Specific Guidance for Cleaning and Disinfection of Kojak Fingerprint Kiosks can be found at https://cbpgov.sharepoint.com/sites/oit/pspo/training/catalog/kojak.aspx The use of alcohol based hand sanitizers or wipes will BURN the Platen and void the manufacturer's warranty. Only Use the following moisturizers with the Kojak Fingerprint Kiosks <ul style="list-style-type: none"> Nivea Soft Moisturizing Cream Aveeno Daily Moisturizing Lotion Gold Bond Ultimate Healing Hand Cream

Notes:

1. This JHA and PPE Assessment only applies to CBP operations related to exposure to 2019 Novel Coronavirus or COVID-19). At the time of developing this JHA, new cases are being reported in countries around the globe, including the United States. See below links to CDC, WHO, OSHA, DHS, and other COVID-19 resources and information.
2. **CBP Respiratory Protection**. All CBP Frontline Personnel, Officers, and Agents who may be in work situations that place them at increased risk of exposure to COVID-19 due to processing passengers or travelers from COVID-19 affected countries who may have to wear an N95 respirator as outlined in the above risk based scenarios are considered to be in "mandatory use" N95 Respirator Programs. As such, the mandatory use of an N95 respirators requires a medical clearance, fit testing, and have a clean shaven face and no facial hair between the mask seal and the face in accordance with OSHA 1910.134 and CBP HB 5200-08B. Frontline and uniformed personnel have had these programs in place for years within CBP due to other work situations that also require an N95, such as exposure to TB, Handling of Fentanyl and other Narcotics, Ebola Response, Pandemic and PEID Response Plans, and now COVID-19.
3. **Voluntary Use of N95 Respirators**. The voluntary use of N95 respirators is allowed by employers when there is no work task that makes the N95 use "mandatory", however circumstances such as allowing mission support, administrative, or HQ personnel that do not typically wear a respirator, who would like to wear one for protection to expositors that are not related to specific work tasks such as traveling to and from work in congregate settings such as large metropolitan transit systems, buses, etc. would be considered "Voluntary Use". In these cases, "Voluntary Use" of N95 Respirators does not require a medical clearance or a fit test, however it does require approval from a supervisor to ensure the use won't create a hazard for the employee, impact N95 supplies needed for critical frontline "Mandatory Use" situations, or that would cause undue confusion and conflicting policy guidance such as "Voluntary Use" by frontline officers in primary passenger processing when they aren't performing any work that requires "Mandatory Use" as outlined above. All Respiratory Protection Program, whether "Mandatory Use" or "Voluntary Use", situations will be run in accordance with OSHA 1910.134 standards and policies outlined in CBP HB 5200-08B, Chapter 26.
4. While COVID-19 is a respiratory disease and the use of N95 respirators and other PPE is needed in certain conditions and work environments as outlined in this JHA below, the use of PPE is but one component of COVID-19 disease prevention and the use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel can take these basic steps to prevent exposure to and transmission of COVID-19. All personnel should practice good hygiene, wash hands frequently, cover their cough, stay away from work if ill and contact their health provider for guidance, avoid unnecessary congregate settings where COVID-19 exposure is more probable. KEEP YOUR HANDS BELOW YOUR CHIN and avoid touching mouth, eyes, nose and mucous membranes where contaminated hands can spread the disease to your respiratory system. These basic preventative measures will greatly reduce the exposure potential for ALL personnel and slow the spread of communicable diseases.

References:

- CBP COVID-19 Resource Portal: http://cbpnet.cbp.dhs.gov/HRM/Pages/covid19_resources.aspx
- CDC COVID-19 Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC COVID-19 Frequently Asked Questions (FAQ's): <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
- OSHA COVID-19 Webpage: https://www.osha.gov/SLTC/novel_coronavirus/
- CBP Respirator Medical Clearance's Website <https://resp-eval.foh.psc.gov/login/>
- CDC Guidance For Law Enforcement Personnel: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>
- OSHA Guidance For Border Workers: <https://www.osha.gov/SLTC/covid-19/controlprevention.html#border>

03/03/2020

CURRENT AT RISK COUNTRY GUIDANCE: (subject to change)

CHINA

IRAN

Guidance to BP Sectors on COVID-19 Encounters

Applies to at risk countries identified in Presidential Proclamations

Situation Summary

CBP is working with The Centers for Disease Control and Prevention (CDC) to closely monitor an outbreak caused by a novel (new) coronavirus (2019-nCoV) first identified in Wuhan City, Hubei Province, China. The situation is evolving. For the most current information, monitor DHS and CBP messages and check the CDC information page at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> frequently for updates.

While most of the people identified with 2019-nCoV have association with Wuhan City, there has been significant spread throughout China and increasingly to other countries around the world. To date there have been multiple confirmed cases in the United States; this number is expected to continue to increase. The USG has enacted strict entry restriction and screening measures for persons with travel to China and this scope will increase to other at risk countries identified in Presidential Proclamations with direct nexus to the COVID-19.

I. CBP Workforce Health Protection Guidance

- CBP Senior Medical Advisor continues to work with CBP OSH, DHS OCHCO, BP Safety, and BP operational leadership to monitor workforce health protection issues and PPE recommendations and requirements
- *Updated CBP Job Hazard Analysis and PPE Assessment attached*
- *Agents may print attached pocket cards for distribution as appropriate*
- The situation and information continue to evolve rapidly. Additional guidance or modifications will be provided as appropriate. If additional countries are added based on Presidential Proclamations or other orders as received through the CBP chain of command you will be notified in future versions of this document.

II. Reporting Requirements (Applies to all detainees with potential/suspected COVID-19). Reports must be made within 1-hour or as soon as operationally practicable.

EVERY DETAINEE FROM ANY COUNTRY WITH NEXUS AND TRAVEL HISTORY TO/THROUGH/FROM AT RISK COUNTRIES OUTLINED IN PRESIDENTAL PROCLAMATIONS RELATED TO COVID-19:

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

a) Travel within to/through/from at risk country within the last 14 days: Y/N

b) Details

Symptoms (fever/cough/difficulty breathing): Y/N

Consulted with CDC (if positive travel within at risk country within last 14 days): Y/N

Disposition:

a) Referred to hospital: Y/N

b) Segregated/Monitored: Y/N

c) Quarantined (per CDC): Y/N

d) Transferred to ICE/ERO: Y/N

e) Released: Y/N

REPORTS MUST BE ROUTED THROUGH: the CoC, USBP CORRIDOR with a CC to the following EMAIL DISTRO: ^{(b)(6)}

III. Guidance for Border Patrol encounters with potential nCoV cases

1. During Field Encounter/Intake Processing

- a. **Ask detainees if they have traveled to/through/from at risk country in the past 14 days**
- b. **If no**, continue regular processing to include health intake interview and medical assessment as appropriate.
- c. **If yes**, provide surgical mask, segregate (as a group if necessary), refer detainee to medical personnel onsite if available for health intake interview/medical assessment as appropriate, contact CDC quarantine station, and follow guidance below in consultation with medical personnel
 - i. **If no medical personnel available onsite => place surgical mask, segregate (as a group if necessary), contact CDC quarantine station, and follow guidance below.**
- d. **For detainees with recent travel to/through/from at risk country AND signs/symptoms of illness → refer to #2 below**
- e. **For detainees with recent travel to/through/from at risk country AND NO signs/symptoms of illness → provide surgical mask, segregate (as a group if**

necessary), monitor for flu-like symptoms (cough, difficulty breathing, shortness of breath, complains of fever).

- i. Ensure appropriate workforce PPE (Section I above and JHA attached)
- ii. If detainee develops flu-like symptoms, then see #2 below
- iii. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station to determine disposition prior to transfer or release**
- iv. Continue processing and coordinate expedited transfer to ICE or HHS as appropriate with proper notification and documentation of circumstances.

2. For detainees with recent travel to/through/from at risk nation AND symptoms of respiratory illness:

- a. Ensure a tight-fitting surgical mask is on the detainee.
- b. Isolate the detainee to the extent possible. Practice social distancing.
- c. Ensure appropriate workforce PPE (Section I above and JHA attached) and notify local collateral duty safety officer if additional PPE is required
- d. Promptly consult with local medical contract personnel if available
- e. Coordinate transfer to hospital for evaluation with advanced notification of circumstances (if seriously ill – activate 911/EMS with notification of circumstances)
- f. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station for disposition**

3. For close contacts of detainees with travel to/through/from at risk country within 14 days

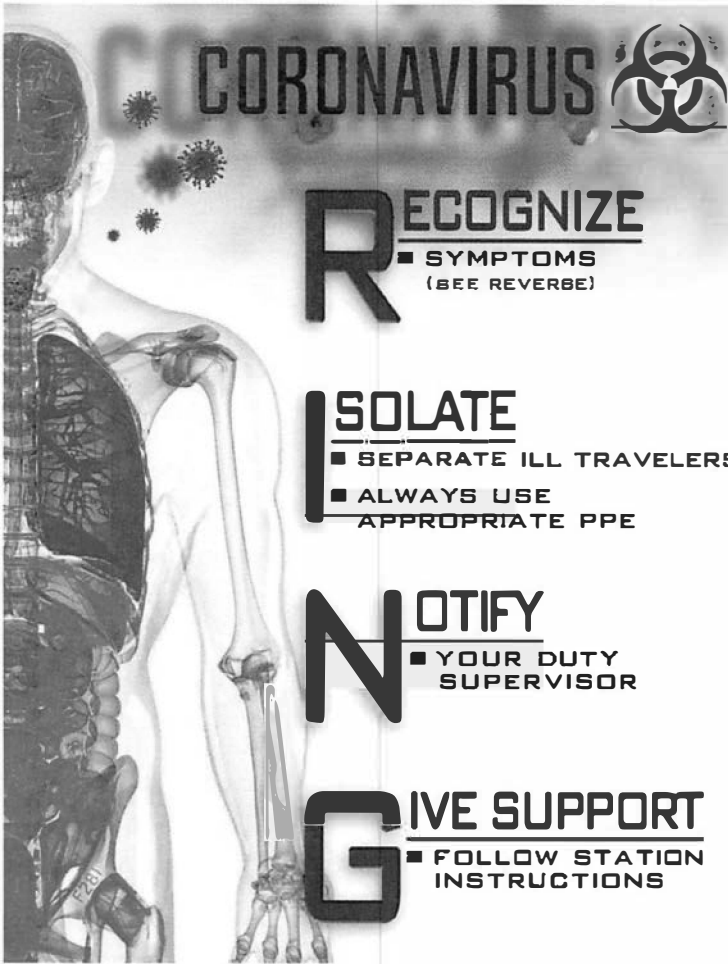
- a. Provide surgical mask
- b. Implement segregation (as a group if necessary) with restricted movement
- c. **Contact CDC EOC Watch Desk/local CDC quarantine station to determine disposition**
- d. Monitor segregated detainees to observe for flu-like symptoms, if symptoms develop – see #2 above
- e. Coordinate expedited transfer to ICE or HHS as appropriate


CDC Points of Contact:

- CDC EOC/Watch Desk – 1-866-638-9753 Opt # 0 (24 hour ops)
- El Paso Quarantine Station – 1-915-834-5950
- San Diego Quarantine Station – 1-619-692-5665

CBP Medical Points of Contact:

- Dr. Dave Tarantino, CBP Senior Medical Advisor - (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
- (b)(6); (b)(7)(C) CBP Medical Planner - (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)



CORONAVIRUS 

R ECOGNIZE
■ SYMPTOMS
(SEE REVERSE)

I SOLATE
■ SEPARATE ILL TRAVELERS
■ ALWAYS USE
APPROPRIATE PPE

N OTIFY
■ YOUR DUTY
SUPERVISOR

G IVE SUPPORT
■ FOLLOW STATION
INSTRUCTIONS



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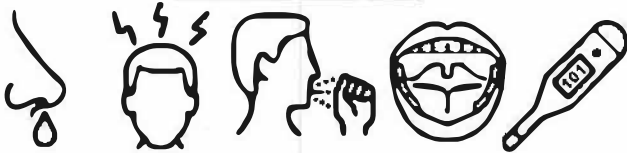
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CORONAVIRUS **SYMPTOMS**

Common signs:



Runny Nose Headache Cough Sore Throat Fever

Severe signs:

- Pneumonia
- Breathing Difficulties
- Kidney Failure
- Diarrhea

Treatment:

There is currently no specific antiviral treatment. People infected with the Coronavirus should receive supportive care to help relieve symptoms.

REFER SUSPECT CASES TO:



CENTERS FOR DISEASE
CONTROL AND PREVENTION

1-866-638-9753

OPTION "0"

CORONAVIRUS **SYMPTOMS**

Common signs:



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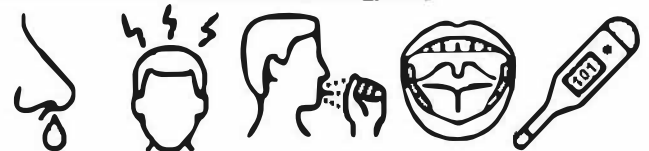
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CENTERS FOR DISEASE
CONTROL AND PREVENTION

1-866-638-9753

OPTION "0"

U. S. Customs and Border Protection (CBP)
COVID-19 Exposure-Risk-Decision Guidance

U.S. Customs and Border Protection’s (CBP) Occupational Safety and Health (OSH) Division and CBP Senior Medical Advisor have developed a comprehensive coronavirus disease 2019 (COVID-19) Job Hazard Analysis (JHA)/PPE Assessment to identify specific work tasks, risk categories, and recommendations for Personal Protective Equipment (PPE) measures, to mitigate occupational exposure to COVID-19. The CBP JHA is posted on the CBP COVID-19 Dashboard. http://cbpnet.cbp.dhs.gov/HRM/Pages/covid19_resources.aspx

This document serves as an adjunct to the CBP JHA and provides guidance for supervisors and personnel to assess risk from potential COVID-19 exposure and inform recommended actions based on the Center for Disease Control and Prevention’s (CDC) risk assessment guidance and adapted for CBP mission environment. Due to the nature of the evolving situation, not every scenario can be accounted for. In the event of a concern regarding potential COVID-19 exposure, employees and supervisors should use the guidance below to determine risk level and recommended actions. For further questions or clarification, contact the CBP COVID-19 Emergency Operations Center (EOC) at (202) 325-2228.

Exposure / Risk Level	Recommended Action - Workplaces
<p align="center"><u>Low Risk Exposure</u></p> <p>The overall risk for exposure to COVID-19 at work or home remains low for CBP personnel.</p> <p>NOTE: COVID-19 may be able to be transmitted while a person is asymptomatic, but the preponderance of risk for exposure occurs while persons are actively symptomatic.</p> <p>NOTE: Symptoms of COVID-19 include fever, cough, difficulty breathing, or general flu-like symptoms</p> <p>Low risk exposure – at work or home – is generally characterized as:</p> <ul style="list-style-type: none"> • Being in general proximity (beyond 6 feet) to someone with suspected, or confirmed COVID-19, who is either asymptomatic, or symptomatic. • Being in close proximity (within six feet) to someone who has or may 	<p align="center"><u>Recommended Actions for Low Risk Exposure</u></p> <p>EMPLOYEE:</p> <p>Continue standard precautions (NOTE 1) Notify Supervisor</p> <ul style="list-style-type: none"> • If symptoms develop: <ul style="list-style-type: none"> ○ Stay home; notify supervisor; consult medical provider • If asymptomatic: <ul style="list-style-type: none"> ○ Continue normal work and home routine ○ Self-observation (Definitions) for symptoms until 14 days after exposure • If exposure was work-related: <ul style="list-style-type: none"> ○ Notify your supervisor. ○ Contact your Injury Compensation Coordinator – (NOTE 2) <p>SUPERVISOR:</p> <ul style="list-style-type: none"> • If employee is symptomatic:

<p>have COVID-19, but is not symptomatic at the time of exposure.</p> <ul style="list-style-type: none"> • Being exposed to someone who may have been exposed to someone with COVID-19, but is asymptomatic. <p>Examples of low risk exposure include:</p> <ul style="list-style-type: none"> • Being in the same building with someone with COVID-19, but not within 6 feet or direct contact. • Being on the same airplane as someone with COVID-19, but not within 3 seats/rows of the person. 	<ul style="list-style-type: none"> ○ Advise employee to stay home and consult medical provider ○ Leave guidance – (NOTE 3) • If employee is asymptomatic: <ul style="list-style-type: none"> ○ Advise employee to continue normal work and home routine ○ Self-observation (See Definitions) for symptoms until 14 days after exposure • If exposure was work-related: (NOTE 4)
<p style="text-align: center;"><u>Moderate Risk Exposure</u></p> <p>Moderate risk exposure is generally characterized as:</p> <ul style="list-style-type: none"> • Being in an enclosed space (e.g. room), beyond 6 feet, with a symptomatic person with COVID-19 for a prolonged period of time, while not wearing appropriate PPE. • Close contact (within 6 feet) with a symptomatic person with COVID-19, with appropriate PPE • Direct contact (touching) with a person symptomatic with COVID-19 or with their secretions, while wearing appropriate PPE. 	<p style="text-align: center;"><u>Recommended Actions for Moderate Risk Exposure</u></p> <p>EMPLOYEE: Continue standard precautions – (NOTE 1) Notify supervisor Stay at home Practice social distancing (Definitions)</p> <ul style="list-style-type: none"> • If symptomatic: <ul style="list-style-type: none"> ○ Notify supervisor ○ Consult medical provider ○ Home isolation (Definitions) pending guidance from medical provider/health department • If asymptomatic: <ul style="list-style-type: none"> ○ Home quarantine/Self-monitoring (Definitions) for symptoms until 14 days after exposure • If exposure was work-related: <ul style="list-style-type: none"> ○ Notify your supervisor. ○ Contact Injury Compensation Coordinator – (NOTE 2) <p>SUPERVISOR:</p> <ul style="list-style-type: none"> • If employee symptomatic:

	<ul style="list-style-type: none"> ○ Direct employee to stay home, practice social distancing, consult medical provider ○ Leave guidance – (NOTE 3) ● If employee is asymptomatic: <ul style="list-style-type: none"> ○ Direct employee to stay home, practice social distancing, self-monitor for symptoms until 14 days after exposure (see definitions) ○ Provide telework guidance – (NOTE 5) ○ If exposure was work-related: (NOTE 4)
<p style="text-align: center;"><u>High Risk Exposure</u></p> <p>A high-risk exposure is generally characterized as:</p> <ul style="list-style-type: none"> ● Close (within 6 ft) or direct (touching) contact with a person symptomatic with COVID-19, while not wearing appropriate PPE. <p>Examples of High Risk Exposure:</p> <ul style="list-style-type: none"> ● Living in the same household as, an intimate partner of, or caring for a person in a non-healthcare setting (such as a home) to a person symptomatic with COVID-19, while not wearing appropriate PPE. ● Direct contact with secretions from a person with COVID-19 	<p style="text-align: center;"><u>Recommended Actions for High Risk Exposure</u></p> <p>EMPLOYEE: Stay at home Continue standard precautions – (NOTE 1) Practice social distancing Notify supervisor</p> <ul style="list-style-type: none"> ● If Symptomatic: <ul style="list-style-type: none"> ○ Home isolation (Definitions) ○ Consult medical provider/local health department for guidance/disposition ● If Asymptomatic <ul style="list-style-type: none"> ○ Home quarantine/self-monitoring (Definitions) ○ Consult medical provider/local health department for guidance/disposition ● If exposure was work-related: <ul style="list-style-type: none"> ○ Notify your supervisor. ○ Contact Injury Compensation Coordinator –(NOTE 2) <p>SUPERVISOR:</p> <ul style="list-style-type: none"> ● If employee is Symptomatic: <ul style="list-style-type: none"> ○ Home isolation (Definitions)

	<ul style="list-style-type: none"> ○ Ensure employee contacts medical provider/local health department for guidance/disposition • If employee is Asymptomatic <ul style="list-style-type: none"> ○ Home quarantine/self-monitoring (Definitions) ○ Ensure employee contacts medical provider/local health department for guidance/disposition ○ Leave guidance – (NOTE 3) ○ Provide telework guidance – (NOTE 5) ○ If exposure was work-related: (NOTE 4)
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NOTES:

NOTE 1: Standard infection precautions:

- Avoid contact with sick persons
- Wash hands frequently for 20 seconds with soap and water (or use alcohol-based hand sanitizer)
- Cover coughs or sneezes with a tissue or elbow
- Keep hands below chin – avoid touching eyes, nose, mouth
- If you are sick – stay home, notify supervisor, consult medical provider

NOTE 2: Exposure Claim/Worker’s Compensation Guidance – EMPLOYEE

- Contact your local workers’ compensation point of contact (Injury Compensation Coordinator) to guide you on the process to file a workers’ compensation claim and which form to use.
 - CA-1 - claim of traumatic injury (exposure on a specific date, time and location, within one 8-hour shift); or
 - CA-2 - claim of occupational disease (exposure over time or multiple exposures on more than one date, time and location).

NOTE 3: Leave Procedures – SUPERVISOR

- Approve weather and safety leave until it is determined whether the employee has COVID-19. If diagnosed with COVID-19, approve sick leave, annual leave, or other absence category available to the employee such as compensatory time off, credit time, etc.

NOTE 4: Exposure Claim/Worker's Compensation Guidance – SUPERVISOR

- Complete an incident report (CBP Form 502) in CBP eCOMP.
 - Complete supervisor portion of the CA-1 or CA-2 in CBP eCOMP as soon as possible, but no later than 24 hours after the employee completes their portion of the CA-1 or CA-2

NOTE 5: Telework Guidance – SUPERVISOR

- If not telework ready, approve weather and safety leave until it is determined whether the employee has COVID-19.
 - If diagnosed with COVID-19, approve sick leave, annual leave, or other absence category available to the employee such as compensatory time off, credit time, etc.

Definitions Used in this Guidance:

Note: Definitions listed below are adapted from CDC guidance and may or may not fit exactly into each CBP specific work environment or job requirement.

Symptoms compatible with COVID-19 infection: include subjective or measured fever, cough, or difficulty breathing, general flu-like symptoms

Self-observation: Remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, limit contact with others, and seek health advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self-monitoring: Monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever, cough, or difficulty breathing during the self-monitoring period to determine whether medical evaluation is needed.

Home Isolation: Separation, at home, of a person or group of people known or reasonably believed to be *infected with a communicable disease and potentially infectious* from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Home Quarantine: Separation, at home, of a person or group of people reasonably believed to have been *exposed to a communicable disease but not yet symptomatic*, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

Social distancing: Remaining out of congregate settings, avoiding local public transportation (e.g., bus, subway, taxi, ride share), and maintaining distance (approximately 6 feet or 2 meters) from others. If social distancing is recommended, presence in congregate settings or use of local public transportation should only occur with approval of local or state health authorities.

HQBOR 10/7.1-C



**U.S. Customs and
Border Protection**

MAR 13 2020

MEMORANDUM FOR: All Chief Patrol Agents (b)(6), (b)(7)(C)
All Directorate Chiefs (b)(6), (b)(7)(C)

FROM: Rodney S. Scott (b)(6), (b)(7)(C)
Chief
U.S. Border Patrol

SUBJECT: Emerging Safety and Health Concerns for Employees RE:
COVID-19

As you are well aware, the United States continues to face elevated health and safety challenges associated with the spread of the 2019 Novel Coronavirus (COVID-19). The Center for Disease Control and Prevention (CDC) reports that the overall risk of contracting this virus is still low. CDC also reports that most people who contract COVID-19 will exhibit symptoms similar to the flu and will fully recover. With that said, we must acknowledge that our front line personnel are at a higher than average risk of coming in direct contact with someone that is infected with COVID-19. As community spread increases, the risk of our personnel contracting COVID-19 will also increase.

As the leadership team for U.S. Border Patrol (USBP), we are each responsible for implementing appropriate measures to minimize and mitigate work related hazards for all USBP personnel while maintaining the highest levels of border security and public safety. When it comes to preventing the spread of infectious diseases, protecting our workforce also serves to protect their families, our Nation and our ability to carry out our mission. Per the medical experts, vigilance, appropriate use of personal protective equipment (PPE), good sanitary habits and social distancing are the most effective ways to isolate this virus and prevent it from spreading.

As discussed earlier today and outlined in the CONOPS sent to each Sector, you are directed to implement an Operational Risk Management approach to minimize the potential exposure of all USBP personnel to anyone potentially infected with COVID-19. Additionally, you are directed to develop and implement operational plans to limit the number of individual agents that must be exposed to detainees in confined spaces such as vehicles and processing facilities. To the maximum extent operationally feasible, operations plans will include:

- Dedicated field transport vehicles to limit potential contamination of patrol vehicles
 - Daily decontamination of vehicles used to transport aliens subsequent to initial arrest
 - Immediate decontamination of any vehicle used to transport anyone that is ill
- Dedicated transport agents (minimum two week assignment)
- Dedicated processing agents (minimum two week assignment)

Each Sector will ensure all personnel are familiar with, and uniformly execute the guidance found in the following documents which are attached hereto:

- *CBP Job Hazard Analysis* and *PPE Assessment* for COVID-19
- USBP Operational Guidance provided to sectors on COVID-19
- CBP Exposure-Risk-Decision Guidance provided to sectors on COVID-19

Additionally, the following general protective measures shall be applied.

- Minimize the exposure of detainee populations to CBP personnel and facilities
- Identify, isolate, and evaluate at-risk detainees as soon as possible
- Apply decontamination procedures as appropriate
- Utilize available CBP Medical Surveillance Program services and vaccinations
- Provide appropriate selection, maintenance, and use of personal protective equipment
- Mandate use of appropriate PPE in processing centers and high risk areas as warranted

We must remain vigilant. All sectors will continue to distribute CBP and USBP guidance and educational materials to the widest extent possible. The most current information on this evolving situation is accessible at the Center for Disease Control and Prevention website (cdc.gov), as well as the CBP Safety and Health COVID-19 Resource Page accessible at CBPnet.

Staff may direct additional questions to USBP Headquarters, Strategic Planning and Analysis Directorate at (b)(6) or Assistant Chief (b)(6); (b)(7)(C) at

(b)(6); (b)(7)(C)

Attachments

From: (b)(6); (b)(7)(C)
To: TFO, PORT DIRECTOR, APD
Cc: TFO, DFO, ADFO
Subject: FW: COVID-19 Planning
Date: Monday, March 9, 2020 10:16:47 AM

Port Directors,

Please see message below from Deputy XD Ops.

Additionally, each port should identify the best possible location to isolate an individual displaying symptoms while CDC/public health is contacted.

More information to follow.

Thanks,

(b)(6); (b)(7)(C)

Director, Field Operations

Tucson Field Office

(b)(6); (b)(7)(C)

As we continue to run into situations of potential exposure by our workforce, it is a good time for everyone to look internally at their operations and begin gaming out scenarios on what you would do if one of your employees contracted COVID-19 or was potentially exposed. The following are a few things to consider:

- What are necessary steps and actions would you need to take
 - Utilize a risk based strategy
 - Don't kill yourself analyzing the "What If" scenarios
 - Approach with the understanding that all facilities are different and there is no cookie cutter approach and each incident will be handled on a case by case basis
- Work on your communication plan with your employees emphasizing that protection of the workforce is priority number 1
 - Work in partnership with NTEU to ensure widest dissemination of information
- Coordinate with other CBP components within your AOR to ensure a consistent approach
- What would be your limits to still ensure operations can still continue
- Coordinate with building owners, other tenants, stakeholders, partner agencies, CDC, and state/local public health to ensure decisions are done collaboratively on any potential closures
- Have plans in place to properly clean facilities
 - While surface exposure is still not clear, the perception that we are taking every precaution can go a long way with the workforce.
- Look at areas where we can limit large gatherings and person to person contact.

You know your areas better than anyone. In the coming days you will see information to assist you in this endeavor. Please don't hesitate to reach out for assistance.

(b)(6); (b)(7)(C)

Deputy Executive Director – Operations
Office of Field Operations
U.S. Customs and Border Protection

(b)(6); (b)(7)(C) (office)
(cell)

Job Hazard Analysis (JHA) & PPE Assessment	Job Title: Exposure to 2019 Novel Coronavirus (nCoV)		Date: February 4, 2020	New Revised X
	Title of person who does job: All CBP Personnel in Affected Areas.	Supervisor: All	Prepared By: HRM, Occupational Safety and Health (OSH) Division CBP Senior Medical Advisor	
Office: All CBP	Location: CBP Wide	Department: All	Reviewed By: Office of Field Operations United States Border Patrol	
Required or Recommended Personal Protective Equipment: surgical masks, nitrile gloves, N95 respirator, protective outer garments, gown, shoe coverings, face shield or non-vented goggles			Approved by: OSH Division Director CBP Senior Medical Advisor	
<p>Note: This JHA only applies to the 2019 Novel Coronavirus (nCoV) outbreak linked to Wuhan, China which is being investigated by the Centers for Disease Control (CDC), World Health Organization, (WHO), Occupational Health Administration (OSHA), and other public health agencies. Although the initial outbreaks of the 2019 novel Coronavirus are believed to be linked to exposure to shellfish and meat markets in Wuhan, China, new cases of the 2019-nCoV disease have been confirmed in neighboring countries, including some as far away as here in the United States. Cases of person-to-person transmission have been increasing, with spread to multiple countries, including 11 confirmed cases in the USA.. Health authorities in Wuhan, China and surrounding areas are monitoring this disease closely and steps are being taken to contain the disease locally. As of February 4, 2020 all modes of transportation leaving China (air, rail, sea, etc.) are being restricted and every effort is being taken to conduct exit screening at surrounding area airports. Additional restrictions have been implemented in the United States to prevent the spread of disease including flight restrictions into a limited number of airports and self-monitored home quarantine for 14 days for anyone returning from affected areas.</p> <p>More information about Coronavirus can be found here at the CDC Coronavirus link https://www.cdc.gov/coronavirus/index.html</p> <p>Summary Risk Assessment: Incomplete information regarding incubation, infectious period, and transmissibility, as well as evolving circumstances make a definitive risk assessment challenging. In light of this, awareness and operationally-informed precautions are warranted. In general, the overall risk to CBP personnel is assessed to be low. However, risk increases with increased exposure to persons potentially infected with nCoV, warranting enhanced precautions described herein. CBP will continue to monitor the situation closely in coordination with appropriate stakeholders and will adjust guidance as appropriate. CBP personnel should continue to maintain situational awareness regarding this outbreak.</p> <p>Note: Risk categories (Very High, High, Medium, and Low) are to be used in conjunction with this document only. They refer to the risk relative to the hazard identified; they do not correlate to overall risk of contracting Coronavirus Disease or risk categories used by other agencies such as the Centers for Disease Control (CDC), or in other documents such as the Workforce Health and Safety Coronavirus Health Advisories Screening Guidance, CDC Coronavirus Advisories, or Health Alert Notices (HAN) meant for other audiences.</p>				

Operations	Risk Category	Hazards	PPE/Recommendations
1. Office Settings, Administrative, and HQ Staff	Low	Casual or Close Contact of Coronavirus cases is not expected.	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Frequent hand washing. • Stay home if you are ill. • Cover your cough/sneeze. • Use of surgical mask or N95 is NOT recommended. • Voluntary use of surgical masks is allowed with supervisor approval, widespread use NOT recommended. See Page 5 Notes.
2. Airport Operations Primary Passenger Processing	Medium	<u>Casual Contact</u> with passengers or persons with increased risk of exposure; <ul style="list-style-type: none"> • Who may have had a travel nexus to China within the past 14 days • May be able to transmit disease while asymptomatic 	<ul style="list-style-type: none"> • Frequent hand washing. • Wear disposable nitrile gloves. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Passive screening of passengers for signs of illness. • Use R.I.N.G. Card and general precautions. • Separate passengers with a China travel nexus and send to CDC, other medical screeners, or secondary • Avoid close or direct contact with passengers with a travel nexus to China within the past 14 days. • Provide surgical masks to any passengers with signs of illness. • Voluntary use of N95 respirators may be considered per CBP policy and supervisor approval. (See HB 5200-08B, Ch. 26).
3. Airport Operations Secondary Passenger Processing	High	<u>Limited Close Contact</u> Within six (6) feet of any traveler from anywhere in China within 14 days	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Quickly identify and separate symptomatic passengers from others. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Avoid direct contact and keep close contact to a minimum. • Officer/Agent wear N95 respirator within six (6) feet of symptomatic passenger. • Use R.I.N.G. Card for general precautions. • Refer/escort any travelers from China within 14 days to CDC for evaluation/interview. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.).

Operations	Risk Category	Hazards	PPE/Recommendations
<p>4. Airport Operations Secondary Passenger Processing</p> <p>“Entering an enclosed room/space where symptomatic person is being held or evaluated by CDC”</p>	Very High	<p>Extended Close Contact Within six (6) feet of any Symptomatic or ill passengers with travel to China within 14 days</p> <ul style="list-style-type: none"> • Runny Nose • Coughing • Headache • Sore Throat • Fever • Flu Like Symptoms 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer/Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • Use R.I.N.G. Card for general precautions.
<p>5. Land Border Operations/ Border Patrol Check Points</p> <p>Primary Interdiction/processing of persons, vehicles or cargo.</p> <p>(Persons, Drivers, passengers, or stowaways with travel nexus to China within 14 days)</p>	Medium	<p>Casual Contact with passengers or persons with increased risk of exposure;</p> <ul style="list-style-type: none"> • Who may have had a travel nexus to China within the past 14 days • May be able to transmit disease while asymptomatic 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Wear disposable nitrile gloves. • Passive lookout for signs of illness. • Use R.I.N.G. Card for general precautions. • Refer persons with travel to China within 14 days to medical personnel, local health system, CDC as appropriate for risk assessment. • Avoid close or direct contact with persons with a travel nexus to China within 14 days.
<p>6. Land Border Operations/ Border Patrol Check Points</p> <p>Secondary Interdiction/processing of persons, vehicles or Cargo (Persons, driver, passengers, or stowaways with travel nexus to China within 14 days)</p>	High	<p>Limited Close Contact Within six (6) feet of any traveler from</p>	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Quickly identify and separate symptomatic persons from others. • Provide surgical masks to symptomatic persons. • Avoid direct contact or extended close contact. • Wear disposable nitrile gloves. • Officer/Agent wears N95 respirator within 6 (six) feet of symptomatic persons. • Use R.I.N.G. Card for general precautions • Refer persons with travel to China within 14 days to medical personnel, local health system, CDC as appropriate for risk assessment

<p>7. Land Border Operations/ Border Patrol Check Points</p> <p>“Entering an enclosed room/space where symptomatic person is being held pending evaluation by CDC or public health personnel”</p>	<p>Very High</p>	<p>Extended Close Contact Within six (6) feet of Symptomatic or ill travelers from China within 14 days</p> <ul style="list-style-type: none"> • Runny Nose • Coughing • Headache • Sore Throat • Fever • Flu Like Symptoms 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other Coronavirus alerts, advisories and updates. See page 5. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer/Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • Use R.I.N.G. Card for general precautions.
<p>8. Disinfection and cleanup of Contaminated Surfaces</p>	<p>High</p>	<p>Exposure to potentially harmful pathogens (Microorganisms) and disinfectant chemicals.</p>	<ul style="list-style-type: none"> • Coronaviruses can live for long periods on surfaces, so regular cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. • Use an EPA-registered disinfectant suitable for non-enveloped viruses (e.g. adenovirus, norovirus, poliovirus) to treat spills and to disinfect surfaces after bulk spill material has been removed. See https://www.epa.gov/sites/production/files/2016-12/documents/list_a_sterilizer.pdf • If an EPA-registered disinfectant is not available, use a 10% common household bleach-water solution (one (1) part chlorine bleach to nine (9) parts of water) to treat spills and to disinfect surfaces. • Nitrile or fluid impermeable gloves. • Wear an N95 respirator. • Eye protection (non-vented goggles) or face shield to cover nose and mouth. • Liquid impermeable gown (for large cleanup jobs wear liquid impermeable suit/coveralls). • Closed toe shoes and fluid impermeable shoe covers. • Dispose of all infectious material as bio hazardous waste in accordance with existing guidance.

Notes:

1. This JHA and PPE Assessment only applies to CBP operations related to exposure to 2019 Novel Coronavirus (2019-nCoV). This JHA only applies to operations that involve travelers and people who have traveled to, from or through countries identified as being affected by the Novel Coronavirus (2019-nCoV). At the time of developing this JHA, cases were being reported daily. See the CDC website below for current information on the 2019-nCoV Coronavirus Disease.
2. **CBP Respiratory Protection**. All CBP Officers and Agents who wear a respirator must be medically cleared and fit tested per the CBP Respiratory Protection Program Policy (See HB 5200-08B) and below link for respirator clearances website. All Voluntary Use of respirators will be per CBP policy as outlined in HB 5200-08B, CH 26.
3. The highest risk of contracting the 2019-nCoV Coronavirus Disease appears to be from it spreading from persons infected by the disease through coughing/sneezing in close contact with other people. Protecting yourself through droplet and respiratory protection much like other respiratory illnesses such as influenza is the best way to prevent the spread of Coronavirus Disease.
4. The HRM, OSH Division will monitor the 2019-nCoV Coronavirus Disease outbreak and will make recommendations to CBP leadership based on information received from DHS Workforce Health and Safety (WHS), CDC, OSHA, WHO and others.

References:

- CBP Muster on Coronavirus: [CBP/CDC Muster 2019 Coronavirus](#)
- CDC Coronavirus Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC Coronavirus Frequently Asked Questions (FAQ's): <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
- OSHA Coronavirus Webpage: https://www.osha.gov/SLTC/novel_coronavirus/
- CBP Respirator Medical Clearance's Website <https://resp-eval.foh.psc.gov/login/>
- EPA List of Disinfectants for Coronavirus: https://www.epa.gov/sites/production/files/2016-12/documents/list_a_sterilizer.pdf
- OSHA Fact Sheet – Protecting Workers During Pandemics: <https://www.osha.gov/Publications/OSHA-FS-3747.pdf>

CBP Job Hazard Analysis (JHA) & PPE Assessment	Job Title: Exposure to Coronavirus "COVID-19"		Date: March 12, 2020	New Revised X
	Title: All CBP Personnel in Affected Areas	Supervisor: All	Prepared By: HRM, Occupational Safety and Health (OSH) Division CBP Senior Medical Advisor	
Offices: All CBP	Locations: CBP Wide	Departments: All	Reviewed By: Office of Field Operations United States Border Patrol Air and Marine Operations Operations Support	
Required or Recommended Personal Protective Equipment: surgical masks, nitrile gloves, N95 respirator, protective outer garments, gown, shoe coverings, face shield or non-vented goggles			Approved by: OSH Division Director CBP Senior Medical Advisor	

Note: This JHA only applies to the 2019 Novel Coronavirus (SARS-CoV-2) or the disease known as "COVID-19". The Centers for Disease Control and Prevention (CDC), World Health Organization, (WHO), Occupational Safety and Health Administration (OSHA), and other public health agencies are now considering the outbreak of COVID-19 that has spread to countries around the globe, including here in the United States, to be a Pandemic. Although the general risk to CBP personnel and the public is still considered LOW at this point, it is CRITICAL that all personnel take standard precautions recommended by CDC, outlined in this JHA and found on the [Safety and Health COVID-19 Resource Page](#) on CBPnet. References to guides, additional information and material, links, and other resources can be found on "Notes" page at the end of this document.

For the most up to date information about COVID-19 visit the [Centers for Disease Control \(CDC\) COVID-19 page](#).

Risk Assessment: Incomplete information regarding incubation, infectious period, and transmissibility, as well as evolving circumstances make a definitive risk assessment challenging. In light of this, awareness and operationally-informed precautions are warranted. In general, the overall risk to CBP personnel is still assessed to be low. However, risk increases with increased exposure to persons potentially infected with COVID-19, warranting enhanced precautions described herein. CBP will continue to monitor the situation closely in coordination with appropriate stakeholders and will adjust guidance as appropriate. CBP personnel should continue to maintain situational awareness regarding this outbreak.

While COVID-19 is a respiratory disease and the use of N95 respirators and other PPE is needed in certain conditions and work environments as outlined in this JHA, the use of PPE is but one component of COVID-19 disease prevention and the use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel can take these basic steps to prevent exposure to and transmission of COVID-19. All personnel should practice good hygiene, wash hands frequently, cover your cough or sneeze, stay away from work if you are ill and contact your health provider for guidance, avoid unnecessary congregate settings where COVID-19 exposure is more probable, KEEP YOUR HANDS BELOW YOUR CHIN and avoid touching mouth, eyes, nose and mucous membranes where contaminated hands can spread the disease to your respiratory system. These basic preventative measures will greatly reduce the exposure potential for ALL personnel and slow the spread of communicable diseases.

Note: Risk categories (Very High, High, Medium, and Low) are to be used in conjunction with this document only. They refer to the mission-specific risk relative to the hazard identified; they do not correlate to overall risk of contracting COVID-19 Disease or risk categories used by other agencies such as the Centers for Disease Control and Prevention (CDC), or in other documents such as the Workforce Health and Safety Coronavirus Health Advisories Screening Guidance, CDC Coronavirus Advisories, or Travel Health Alert Notices (T-HAN) meant for other audiences.

Operations	Risk Categories	Hazards	Protective Measures/PPE Guidance
<p>1. HQ Offices, CBP Facilities, Office Settings, Mission Support, and other Administrative Settings</p> <p>Note: This is intended for ALL CBP facilities where administrative work is being conducted and exposure to COVID-19 from a traveler, passenger, or detainee is NOT expected.</p>	<p>Low</p>	<p>Casual or Close Contact of Coronavirus cases is not expected.</p> <ul style="list-style-type: none"> • Signs and Symptoms of COVID-19 include; <ul style="list-style-type: none"> • Fever • Cough • Difficulty breathing • Other Flu Like Symptoms <p>Note: While most COVID-19 lab confirmed cases do display these type symptoms, SOME persons may only display mild symptoms and they may appear at different stages of the disease.</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use the following disease prevention practices in ALL activities. • Frequent hand washing. • Stay home if you are ill and contact your health provider right away if you notice any signs or symptoms similar to COVID-19. • If you think you have been exposed to someone with COVID-19, notify your supervisor and your health provider. • KEEP your hands BELOW your chin and avoid touching mouth, nose, and eyes. • Cover your cough/sneeze with a tissue or cuff of your elbow, NOT your hands • Use of N95 respirators or surgical masks is NOT recommended. • Voluntary use of N95 respirators, although not recommended at the time of development of this JHA, is allowed with supervisor approval and in accordance with existing CBP policies on the use of respirators. • Medical Clearance and Fit Testing are NOT required for voluntary use. See Page 8 Notes. • All use of N95 respirators should be in accordance with OSHA 1910.134 and CBP OSH 5200-08B policies.
<p>2. Port of Entry Operations</p> <p>Primary Passenger Processing</p> <p>Note: This includes casual contact (>6 feet) or brief periods of close contact with a person at increased risk of COVID-19 during Port Operations (<6feet) for short periods of time, e.g. escorting a person from one area to another during screening process, or briefly entering a room with a higher risk person.</p> <p>This section is intended for the processing and handling of persons during primary who are higher risk, but not symptomatic.</p>	<p>Medium</p>	<p>Casual Contact with passengers or persons with increased risk of COVID-19;</p> <ul style="list-style-type: none"> • Casual contact (outside 6 feet) with persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing • Passive observation of persons for signs of illness. • Use COVID-19 R.I.N.G. Card and general precautions. • Separate persons with symptoms of illness or a high risk country travel nexus and send to secondary for additional processing and CDC consultation. • Avoid close or direct contact with passengers with a travel nexus to high risk country within the past 14 days or with symptoms • Wear disposable nitrile gloves • Provide surgical masks to any persons with signs of illness. • Voluntary use of N95 respirators may be considered per CBP policy and supervisor approval. (See HB 5200-08B, Ch. 26).

<p>3. Port of Entry Operations</p> <p>Secondary Processing, holding, and escorting of persons suspected of having COVID-19</p> <p>Note: This includes limited periods of closer (<6 feet) contact with a person at increased risk of having COVID-19 during the secondary phases of screening, and also includes holding, transportation operations where limited close contact would apply.</p>	<p>High</p>	<p><u>Limited Close Contact</u> Within six (6) feet of a person with travel nexus to high-risk country within 14 days or with signs/symptoms of illness.</p> <p>Note: This includes processing, escorting, or spending brief periods of time with more than casual contact with persons suspected of having COVID-19</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic passengers from others. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Avoid direct contact and keep close contact to a minimum. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days or symptoms to CDC for evaluation/interview. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer/Agent wear N95 respirator within six (6) feet of symptomatic passenger. • Wear goggles or face shield to protect eyes.
<p>4. Port of Entry Operations</p> <p>Spending time within 6 ft. in an enclosed room/space where symptomatic person with suspected COVID-19 is being held or evaluated by CDC, including transporting or guarding a person with suspected COVID-19</p> <p>Note: Suspected COVID-19 cases refers to those that are symptomatic, from a high risk country and have not been lab confirmed or tested yet. This does NOT apply to persons who are from high risk countries and displaying NO symptoms or to contacts of cases of NOT lab confirmed.</p>	<p>Very High</p>	<p><u>Extended Close Contact</u></p> <p>Prolonged periods within close contact (6 ft.) of a person with a travel nexus to high risk country and with symptoms</p> <p>Signs and Symptoms of COVID-19 include;</p> <ul style="list-style-type: none"> • Fever • Cough • Difficulty breathing • Other Flu Like Symptoms <p>Note: While most COVID-19 lab confirmed cases do display these type symptoms, SOME persons may only display mild symptoms and they may appear at different stages of the disease</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic passengers from others. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days and symptoms to CDC for evaluation/interview. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer/Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination.

<p>5. U.S. Border Patrol Operations</p> <p>Line Watch, Transport, Processing, Detention, and Check Points</p> <p><u>Primary</u> Interdiction/processing of persons, vehicles or cargo.</p> <p>(Persons, Drivers, passengers, or stowaways with travel nexus to high risk country within 14 days)</p>	<p>Medium</p>	<p><u>Casual Contact</u> with passengers or persons with increased risk of COVID-19;</p> <ul style="list-style-type: none"> • Casual contact (outside 6 feet) with persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Wear disposable nitrile gloves. • Passive observation of persons for signs of illness. • Use COVID-19 R.I.N.G. Card and general precautions. • Separate persons with symptoms of illness or a high risk country travel nexus and send to secondary for additional processing and CDC consultation. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Avoid close or direct contact with passengers with a travel nexus to high risk country within the past 14 days. • Provide surgical masks to any persons with signs of illness. • Voluntary use of N95 respirators may be considered per CBP policy and supervisor approval. (See HB 5200-08B, Ch. 26).
<p>6. U.S. Border Patrol Operations</p> <p>Line Watch, Escort, Processing, Detention, and Check Points</p> <p><u>Secondary</u> Interdiction/processing of persons, vehicles or Cargo (Persons, driver, passengers, or stowaways with travel nexus to high risk country within 14 days)</p>	<p>High</p>	<p><u>Limited Close Contact</u></p> <p>Within six (6) feet of a person with travel nexus to high-risk country within 14 day or with signs/symptoms of illness.</p> <p>Note: This includes escorting, processing, or spending more than casual contact with persons suspected of having COVID-19</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic persons from others. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Avoid direct contact and keep close contact to a minimum. • Officer/Agent wear N95 respirator within six (6) feet of symptomatic passenger. • Wear goggles or face shield to protect eyes. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days and symptoms to CDC for evaluation/interview. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.).

<p>7. U.S. Border Patrol Operations</p> <p>Being in an enclosed room/space where symptomatic person with suspected COVID-19 is being held or evaluated by CDC, or transporting a person with suspected COVID-19</p> <p>Note: Suspected COVID-19 cases refers to those that are symptomatic, from a high risk country and have not been lab confirmed or tested yet. This does NOT apply to persons who are from high risk countries and displaying NO symptoms or to contacts of cases of NOT lab confirmed.</p>	<p>Very High</p>	<p><u>Extended Close Contact</u></p> <p>Within six (6) feet of Symptomatic or ill travelers from any affected country within the past 14 days and</p> <ul style="list-style-type: none"> • Fever • Cough • Difficulty breathing • Flu Like Symptoms 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See page 8. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • For symptomatic persons, use negative pressure ventilated rooms/holding facilities whenever available/possible. • During transportation of symptomatic persons from affected country use USBP vehicles designed for prisoner/detainee transport with separate compartment between driver/detainees (when driver and detainee cannot be separated, place a surgical mask on symptomatic detainee and driver will wear an N95 respirator) • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Use COVID-19 R.I.N.G. Card for general precautions.
<p>8. Air & Marine Operations</p> <p>Air Branches/Stations/and All AMO Facilities and Operations</p>	<p>Medium</p>	<p>Exposure to Symptomatic Persons is NOT expected During Most Air Interdiction/Marine Interdiction Operations</p> <p>Note: When apprehensions or personal contacts result in Close Personal Contact (Less than <6 Feet) Follow the following guidance.</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See page 8. • Frequent hand washing. • Provide surgical masks to any symptomatic persons during apprehension. • Wear disposable nitrile gloves. • When Interdiction Agent/Officer is exposed to symptomatic person then wear N95 respirator and goggles or/face shield. • Avoid direct contact and keep close contact to a minimum. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Use COVID-19 R.I.N.G. Card for general precautions.

<p>9. Disinfection and cleanup of Contaminated Surfaces –</p> <p>General Guidance</p>	<p>Low</p>	<p>Risk of Exposure Expected To Be Low During Routine Disinfection and Cleaning of COVID-19</p> <p>General exposure potential where no lab confirmed cases of COVID-19 persons have occupied.</p>	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. • There are everyday products such as Clorox and Lysol wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • If apprehension was made and individual was symptomatic, Officers/Agents Duty Gear and Equipment should be disinfected IAW CDC guidelines for Law Enforcement personnel see Page 8. (Follow Agency Specific Policy for Firearms). • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf.
<p>10. Cleaning and Disinfection of CBP facilities to include POEs, USBP Stations and Check Points, Holding and Detention Areas –</p>	<p>High</p>	<p>Potential exposure to COVID-19 contaminated areas in general.</p> <p>Where known lab confirmed COVID-19 cases have recently been within the past 8-72 hours</p>	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. • There are products such as Clorox and Lysol wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf. • Wear an N95 respirator if cleaning and disinfection an area where COVID-19 was known to be present or suspected. • Wear non-vented goggles or face shield to cover face and eyes. • Wear a liquid impermeable gown (for large cleanup jobs wear

			<p>liquid impermeable suit/coveralls).</p> <ul style="list-style-type: none"> • Dispose of all infectious material as bio hazardous waste in accordance with local, State, or Federal guidelines.
<p>11. Cleaning and Disinfection of Vessels and Ships</p> <p>Note: Cruise ships have higher incidence of exposure and risk levels may go up.</p>	Med	Potential exposure to COVID-19 contaminated areas in general.	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. • There are products such as Clorox and Lysol wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sarscov-2-list_03-03-2020.pdf • Follow CDC guidance for ships/vessels here https://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html • Follow general precautions outlined above for general areas. • Wear nitrile or fluid impermeable gloves while cleaning and follow all manufacturers' guidelines for cleaning products.
<p>12. Cleaning and Disinfection of Kojak Fingerprint Kiosks</p> <p>General cleaning and disinfection of these areas MUST be done in accordance with manufacturers recommendations in order to avoid damage to equipment</p>	LOW	Low Risk of Exposure Due to Persons Who May Have Used Kojak Fingerprint Kiosks	<ul style="list-style-type: none"> • General cleaning and disinfection of these areas MUST be done in accordance with manufacturers recommendations in order to avoid damage to equipment. • Specific Guidance for Cleaning and Disinfection of Kojak Fingerprint Kiosks can be found at https://cbpgov.sharepoint.com/sites/oit/pspo/training/catalog/kojak.aspx • The use of alcohol based hand sanitizers or wipes will BURN the Platen and void the manufacturer's warranty. • Only Use the following moisturizers with the Kojak Fingerprint Kiosks <ul style="list-style-type: none"> • Nivea Soft Moisturizing Cream • Aveeno Daily Moisturizing Lotion • Gold Bond Ultimate Healing Hand Cream

Notes:

1. This JHA and PPE Assessment only applies to CBP operations related to exposure to 2019 Novel Coronavirus or COVID-19). At the time of developing this JHA, new cases are being reported in countries around the globe, including the United States. See below links to CDC, WHO, OSHA, DHS, and other COVID-19 resources and information.
2. **CBP Respiratory Protection**. All CBP Frontline Personnel, Officers, and Agents who may be in work situations that place them at increased risk of exposure to COVID-19 due to processing passengers or travelers from COVID-19 affected countries who may have to wear an N95 respirator as outlined in the above risk based scenarios are considered to be in "mandatory use" N95 Respirator Programs. As such, the mandatory use of an N95 respirators requires a medical clearance, fit testing, and have a clean shaven face and no facial hair between the mask seal and the face in accordance with OSHA 1910.134 and CBP HB 5200-08B. Frontline and uniformed personnel have had these programs in place for years within CBP due to other work situations that also require an N95, such as exposure to TB, Handling of Fentanyl and other Narcotics, Ebola Response, Pandemic and PEID Response Plans, and now COVID-19.
3. **Voluntary Use of N95 Respirators**. The voluntary use of N95 respirators is allowed by employers when there is no work task that makes the N95 use "mandatory", however circumstances such as allowing mission support, administrative, or HQ personnel that do not typically wear a respirator, who would like to wear one for protection to exposer that are not related to specific work tasks such as traveling to and from work in congregate settings such as large metropolitan transit systems, buses, etc. would be considered "Voluntary Use". In these cases, "Voluntary Use" of N95 Respirators does not require a medical clearance or a fit test, however it does require approval from a supervisor to ensure the use won't create a hazard for the employee, impact N95 supplies needed for critical frontline "Mandatory Use" situations, or that would cause undue confusion and conflicting policy guidance such as "Voluntary Use" by frontline officers in primary passenger processing when they aren't performing any work that requires "Mandatory Use" as outlined above. All Respiratory Protection Program, whether "Mandatory Use" or "Voluntary Use", situations will be run in accordance with OSHA 1910.134 standards and policies outlined in CBP HB 5200-08B, Chapter 26.
4. While COVID-19 is a respiratory disease and the use of N95 respirators and other PPE is needed in certain conditions and work environments as outlined in this JHA below, the use of PPE is but one component of COVID-19 disease prevention and the use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel can take these basic steps to prevent exposure to and transmission of COVID-19. All personnel should practice good hygiene, wash hands frequently, cover their cough, stay away from work if ill and contact their health provider for guidance, avoid unnecessary congregate settings where COVID-19 exposure is more probable. KEEP YOUR HANDS BELOW YOUR CHIN and avoid touching mouth, eyes, nose and mucous membranes where contaminated hands can spread the disease to your respiratory system. These basic preventative measures will greatly reduce the exposure potential for ALL personnel and slow the spread of communicable diseases.

References:

- CBP COVID-19 Resource Portal: http://cbpnet.cbp.dhs.gov/HRM/Pages/covid19_resources.aspx
- CDC COVID-19 Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC COVID-19 Frequently Asked Questions (FAQ's): <https://www.cdc.gov/coronavirus/2019-ncov/fag.html>
- OSHA COVID-19 Webpage: https://www.osha.gov/SLTC/novel_coronavirus/
- CBP Respirator Medical Clearance's Website <https://resp-eval.foh.psc.gov/login/>
- CDC Guidance For Law Enforcement Personnel: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>
- OSHA Guidance For Border Workers: <https://www.osha.gov/SLTC/covid-19/controlprevention.html#border>

CBP Job Hazard Analysis (JHA) & PPE Assessment	Job Title: Exposure to Coronavirus "COVID-19"		Date: 16 April 2020 FINAL	New	Revised X
	Title: All CBP Personnel in Affected Areas	Supervisor: All	Prepared By: HRM, Occupational Safety and Health (OSH) Division CBP Senior Medical Advisor		
Offices: AIIICBP	Locations: CBP Wide	Departments: All	Reviewed By: Office of Field Operations, USBP, AMO, and Operations Support		
Required or Recommended Personal Protective Equipment: surgical masks, nitrile gloves, N95 respirators, protective outer garments, gowns, shoe coverings, face shield or non-vented goggles			Approved by: OSH Division Director CBP Senior Medical Advisor		

Note: This JHA only applies to the 2019 Novel Coronavirus (SARS-CoV-2) or the disease known as "COVID-19." The Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), World Health Organization (WHO), and other public health agencies are now categorizing the outbreak of COVID-19 that has spread to countries around the globe, including here in the United States, as a global pandemic. While the general risk to CBP personnel and the public for serious harm from COVID-19 is still considered LOW at this point, risk of exposure does vary by geographic location, age, underlying health risk factors, and the nature of work being performed. It is CRITICAL that all personnel take standard precautions recommended in this JHA, along with other credible public health entities. The information, used to develop this JHA, along with additional informative links can be found on the [CBP Safety and Health COVID-19 Resource Page](#) on CBPnet. For the purposes of CBP guidance and protocol, this JHA should be considered CBP policy, and should be implemented accordingly.

Risk Assessment: Incomplete information regarding incubation, infectious period, and transmissibility, as well as evolving circumstances make a definitive risk assessment challenging. In light of this, awareness and operationally-informed precautions are warranted. The overall risk to CBP personnel is still assessed to be low for serious harm from COVID-19. However, risk increases with increased exposure to persons potentially infected with COVID-19, warranting enhanced precautions described herein. CBP personnel should continue to maintain situational awareness regarding this outbreak. Of note, with the growing incidence of COVID-19 in the United States, there is less of an exposure risk distinction between high risk foreign travelers and US residents; CBP employees need to be vigilant regarding workplace, home, and potential off-duty exposure.

While COVID-19 is a respiratory disease, the use of N95 respirators is one component in preventing the transmission of COVID 19. Other PPE may be needed under certain conditions and in some work environments as outlined in this JHA. The use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel should take these basic steps to prevent exposure to and transmitting COVID-19 (1) Practice good hygiene; (2) Washing hands frequently; (3) Covering your cough or sneeze; (4) Stay away from work if you are ill and contact your health provider for guidance; (5) Avoiding unnecessary congregate settings where COVID-19 exposure is more probable; (6) Follow CDC and Agency guidance for the use of "face coverings"; and (7) avoid touching your face.. Follow state/local/national social-distancing guidance off-duty and at home. The use of N95 respirators should be limited to front line personnel and those high risk work situations. See "Notes" Page for more information.

Note: Risk categories (Very High, High, Medium, and Low) are used in conjunction with this document. These categories refer to the mission-specific risk relative to the hazard identified. Risk categories do not correlate to the overall risk of contracting COVID-19 disease. Additionally, these risk categories are not the same as those used by other agencies such as the CDC, etc.

Operations	Risk Categories	Hazards	Protective Measures/PPE Guidance
<p>1. HQ Offices, CBP Facilities, Office Settings, Mission Support, and other Administrative Settings</p> <p>Note: This is intended for ALL CBP facilities where administrative work is being conducted and exposure to COVID-19 from a traveler, passenger, or detainee is NOT expected.</p>	<p>Low</p>	<p>Casual or Close Contact of Coronavirus cases is not expected.</p> <p>Signs and Symptoms of COVID-19 include:</p> <ul style="list-style-type: none"> • Fever • Cough • Difficulty breathing • Other Flu-like Symptoms <p>Note: While most COVID-19 lab confirmed cases do display these type symptoms, SOME persons may only display mild symptoms and they may appear at different stages of the disease.</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 9. • Use the following disease prevention practices in ALL activities. • Frequent hand washing. • Stay home if you are ill and contact your health provider right away if you notice any signs or symptoms similar to COVID-19. • If you think you have been exposed to someone with COVID-19, notify your supervisor and your health provider. • KEEP YOUR HANDS BELOW YOUR CHIN and avoid touching mouth, nose, and eyes. • Cover your cough/sneeze with a tissue or cuff of your elbow, NOT your hands. • Use of N95 respirators is NOT recommended. • Voluntary use of surgical masks may be approved by supervisors, supplies permitting, and should be in accordance with CBP voluntary use policies. • Surgical masks may also be permitted to meet CDC recommendations for the use of "face coverings" in public or congregate settings. See "Notes" page and CDC guidance on "face coverings" in congregate settings. • Medical Clearance and Fit Testing are NOT required for voluntary use. • All use of N95 respirators should be reserved for front line personnel performing work for which they were intended, in accordance with OSHA 1910.134, and CBP OSH 5200-08B policies.
<p>2. Port of Entry Operations</p> <p>Primary Passenger Processing</p> <p>Note: This includes casual contact (>6 feet) or brief periods of close contact with a person at increased risk of COVID-19 during Port Operations (<6 feet) for short periods of time, e.g. escorting a person from one area to another during screening process, or briefly entering a room with a higher risk person.</p> <p>This section is intended for the processing and handling of persons during primary who are higher risk, but not symptomatic.</p>	<p>Medium</p>	<p><u>Casual Contact (Greater than 6 ft.)</u> with passengers or persons with increased risk of COVID-19;</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 9. • Use general disease prevention outlined in Section 1. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Passive observation of persons for signs of illness. • Use COVID-19 R.I.N.G. Card and general precautions. • Separate persons with symptoms of illness or a high risk country travel nexus, and send to secondary for additional processing and CDC consultation. • Avoid close or direct contact with passengers having a travel nexus to a high risk country within the past 14 days or suspected of having COVID-19. • Wear disposable nitrile gloves. • Provide surgical masks to any persons with signs of illness. • Voluntary use of N95 respirators by front line personnel may be considered with supervisor approval per CBP policy. (See HB 5200-08B, Ch.26).

<p>3. Port of Entry Operations</p> <p>Secondary Processing, holding, and escorting of persons suspected of having COVID-19</p> <p>Note: This includes limited periods of closer (<6 feet) contact with a person at increased risk of having COVID-19 during the secondary phases of screening, and also includes holding, transportation operations where limited close contact would apply.</p>	<p>High</p>	<p><u>Limited Close Contact</u> Within six (6) feet of a person with travel nexus to high-risk country within 14 days or with signs/symptoms of illness.</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 9. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic passengers from others. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Passive observation of persons for signs of illness. • Avoid direct contact and keep close contact to a minimum. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days or suspected of having COVID-19 to CDC for consultation. • Contact EMS for severely ill passengers or persons suspected of having COVID-19 (high fever, uncontrollable coughing, difficulty breathing, etc.). • Provide surgical masks to symptomatic persons/travelers. • Wear disposable nitrile gloves. • Officer wear N95 respirator within six (6) feet of symptomatic passenger. • Wear goggles or face shield to protect eyes.
<p>4. Port of Entry Operations</p> <p>Direct Contact or Extended (greater than 10 min) close contact (within 6 feet) in an enclosed room/space where person with suspected COVID-19 is being held or evaluated by CDC, including transporting or guarding a person with suspected COVID-19</p>	<p>Very High</p>	<p><u>Extended Close Contact or Direct Contact</u></p> <p>Direct contact or Prolonged periods (greater than 10 min) or close contact (within 6 ft.) of a person at high risk for or with known or suspected COVID-19</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 9. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic passengers from others. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days and symptoms to CDC for consultation. • Contact EMS for severely ill passengers or persons suspected of having COVID-19 (high fever, uncontrollable coughing, difficulty breathing, etc.). • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination.

<p>5. U.S. Border Patrol Operations</p> <p>Line Watch, Transport, Processing, Detention, and Check Points</p> <p>Primary Interdiction/processing of persons, vehicles or cargo.</p> <p>(Persons, drivers, passengers, or stowaways with travel nexus to high risk country within 14 days)</p>	<p>Medium</p>	<p>Casual Contact (outside 6 feet) with passengers or persons with increased risk of COVID-19;</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 9. • Use general disease prevention outlined in Section 1. • Wear disposable nitrile gloves. • Passive observation of persons for signs of illness. • Use COVID-19 R.I.N.G. Card and general precautions. • Separate persons with symptoms of illness or a high risk country travel nexus and send to secondary for additional processing and CDC consultation. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Avoid close or direct contact with passengers with a travel nexus to high risk country within the past 14 days. • Provide surgical masks to any persons with signs of illness. • Voluntary use of N95 respirators may be considered per CBP policy and supervisor approval. (See HB 5200-08B, Ch.26).
<p>6. U.S. Border Patrol Operations</p> <p>Line Watch, Escort, Processing, Detention, and Check Points</p> <p>Secondary Interdiction/processing of persons, vehicles or Cargo (Persons, driver, passengers, or stowaways with travel nexus to high risk country within 14 days)</p>	<p>High</p>	<p>Limited Close Contact (within 6 feet) of a person with travel nexus to high-risk country within 14 day or with signs/symptoms of illness.</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 9. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic persons from others. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Avoid direct contact and keep close contact to a minimum. • Agent wear N95 respirator within six (6) feet of symptomatic passenger. • Wear goggles or face shield to protect eyes. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days and symptoms to CDC for consultation. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.).

<p>7. U.S. Border Patrol Operations</p> <p>Being in an enclosed room/space where symptomatic person with suspected COVID-19 is being held or evaluated by CDC, or transporting a person with suspected COVID-19</p> <p>Note: Suspected COVID-19 cases refers to those that are symptomatic, from a high risk country and have not been lab confirmed or tested yet. This does NOT apply to persons who are from high risk countries and displaying NO symptoms or to contacts of cases of NOT lab confirmed.</p>	<p>Very High</p>	<p><u>Extended Close Contact (less than 6 feet)</u>, with symptomatic persons or those suspected of having COVID-19</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See page 9. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • For symptomatic persons, use negative pressure ventilated rooms/holding facilities whenever available/possible. • During transportation of symptomatic persons from affected country use USBP vehicles designed for prisoner/detainee transport with separate compartment between driver/detainees (when driver and detainee cannot be separated, place a surgical mask on symptomatic detainee, driver will wear an N95 respirator) • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Use COVID-19 R.I.N.G. Card for general precautions.
<p>8. Air & Marine Operations</p> <p>Air Branches/Stations/and All AMO Facilities and Operations</p>	<p>Medium</p>	<p>Exposure to symptomatic persons is NOT expected during most Air Interdiction/Marine Interdiction Operations</p> <p>Note: When apprehensions or personal contacts result in Close Personal Contact (Less than 6 Feet) the following guidance applies.</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See page 9. • Frequent hand washing. • Provide surgical masks to any symptomatic persons during apprehension. • Wear disposable nitrile gloves. • When Interdiction Agent/Officer is exposed to symptomatic person then wear N95 respirator and goggles or face shield. • Avoid direct contact and keep close contact to a minimum. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Use COVID-19 R.I.N.G. Card for general precautions.

<p>9. Disinfection and Cleanup of Contaminated Surfaces –</p> <p>General Guidance</p>	<p>Low</p>	<p>Risk of exposure expected to be low during routine disinfection and cleaning of COVID-19</p> <p>Where known COVID-19 cases have recently been within the past few hours up to a maximum of seven days. Virus viability on surfaces past seven days is highly unlikely and should be factored into facility cleaning decisions.</p>	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from a few hours up to a maximum of seven days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. Refer to <u>GSA Cleaning and Disinfection Procedures</u>. • There are everyday products as Clorox® and Lysol® wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • If apprehension was made and individual was symptomatic, Officers/Agents duty gear and equipment should be disinfected in accordance with CDC guidelines for Law Enforcement personnel see Page 9. (Follow Agency Specific Policy for Firearms). • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for disinfectants being used, especially where COVID-19 is known or suspected to have been present with the past seven days. • For a complete list of Environmental Protection Agency (EPA) Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf.
<p>10. Cleaning and Disinfection of CBP Facilities to Include POEs, USBP Stations and Check Points, Holding and Detention Areas</p>	<p>High</p>	<p>Potential exposure to COVID-19 contaminated areas in general.</p> <p>Where known COVID-19 cases have recently been within the past few hours up to a maximum of seven days. Virus viability on surfaces past seven days is highly unlikely and should be factored into facility cleaning decisions.</p>	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. Refer to <u>GSA Cleaning and Disinfection Procedures</u>. • There are products such as Clorox® and Lysol® wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf. • Wear an N95 respirator if cleaning and disinfection an area where COVID-19 was known to be present or suspected.

			<ul style="list-style-type: none"> • Wear non-vented goggles or face shield to cover face and eyes. • Wear a liquid impermeable gown (for large cleanup jobs wear liquid impermeable suit/coveralls). • Dispose of all infectious material as biohazardous waste in accordance with local, state, and federal guidelines.
<p>11. Cleaning and Disinfection of Vessels and Ships</p> <p>Note: Cruise ships have higher incidence of exposure and risk levels may go up.</p>	Medium	Potential exposure to COVID-19 contaminated areas in general.	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. • There are products such as Clorox® and Lysol® wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at: https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf • Follow general precautions outlined above for general areas. • Wear nitrile or fluid impermeable gloves while cleaning and follow all manufacturers' guidelines for cleaning products.
<p>12. Cleaning and Disinfection of Kojak Fingerprint Kiosks</p>	Low	Low Risk of Exposure Due to Persons Who May Have Used Kojak or Crossmatch (finger) scanners.	<ul style="list-style-type: none"> • General cleaning and disinfection of these areas MUST be done in accordance with manufacturers recommendations in order to avoid damage to equipment. • Specific guidance for cleaning and disinfection of Kojak Fingerprint Kiosks can be found at https://cbpgov.sharepoint.com/sites/oit/pspo/training/catalog/kojak.aspx • The use of alcohol based hand sanitizers or wipes will BURN the platen and void the manufacturer's warranty. • General cleaning and disinfection of these areas MUST be done in accordance with manufacturers recommendations in order to avoid damage to equipment. • The use of alcohol based hand sanitizers or wipes will BURN the Platen and void the manufacturer's warranty. • Only use the following moisturizers with the Kojak/Crossmatch Fingerprint Stations: Nivea® Soft Moisturizing Cream, Aveeno® Daily Moisturizing Lotion and Gold Bond® Ultimate Healing Hand Cream.

Notes:

1. This JHA and PPE Assessment only applies to CBP operations related to exposure to 2019 Novel Coronavirus or COVID-19). At the time of developing this JHA, new cases are being reported in countries around the globe, including the United States. See below links to CDC, DHS, OSHA, WHO, and other reliable COVID-19 resources and information.
2. **CBP Respiratory Protection.** All CBP Frontline Personnel, Officers, and Agents who may be in work situations that place them at increased risk of exposure to COVID-19, due to processing passengers or travelers with a nexus to COVID-19 affected countries, and may have to wear an N95 respirator as outlined in the above risk-based scenarios are considered to be in "mandatory use" N95 Respirator Programs. The mandatory use of an N95 respirator requires a medical clearance, fit testing, and have a clean shaven face, with no facial hair between the mask seal and the face, in accordance with OSHA 1910.134 and CBP HB 5200-08B policies. Frontline and uniformed personnel have had these programs in place for years due to other work situations that also require an N95, such as exposure to TB, handling of Fentanyl and other narcotics, Ebola response, Pandemic and PEID Response Plans, and now COVID-19.
3. **Voluntary Use of N95 Respirators.** The voluntary use of N95 respirators or surgical masks is allowed by employers when there is no work task that makes the N95 use "mandatory." In situations such as allowing mission support, administrative, or headquarters personnel that do not typically wear a mask, who would like to wear one for protection to exposures that are not related to specific work tasks, such as traveling to and from work, in congregate settings such as large metropolitan transit systems, buses, etc., use of a **surgical mask** would be considered "Voluntary Use." In these cases, "Voluntary Use" of surgical masks may be allowed to meet the requirement of CDC recommendations for "Face Coverings" in social settings outside of work to protect others, since surgical masks are not designed to protect the wearer, they are designed to protect others (see CDC "Face Covering" Reference below for more guidance). Such use requires approval from a supervisor to ensure the use will not create a hazard for the employee, impact PPE supplies needed for critical front line "Mandatory Use" situations, or cause undue confusion and conflicting policy guidance, such as "Voluntary Use" of N95 respirators by front line officers in primary passenger processing areas when they aren't performing any work that requires "Mandatory Use" as outlined above. All Respiratory Protection Programs, whether "Mandatory Use" or "Voluntary Use," situations will be run in accordance with OSHA 1910.134 standards and policies outlined in CBP Handbook 5200-08B, Chapter 26. The use N95 respirator should be reserved for those front line personnel and high risk work situations for which they were intended.

While COVID-19 is a respiratory disease, the use of N95 respirators is one component in preventing the transmission of COVID 19. Other PPE may be needed under certain conditions and in some work environments as outlined in this JHA. The use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel should take these basic steps to prevent exposure to and transmitting COVID-19 (1) Practice good hygiene; (2) Washing hands frequently; (3) Covering your cough or sneeze; (4) Stay away from work if you are ill and contact your health provider for guidance; (5) Avoiding unnecessary congregate settings where COVID-19 exposure is more probable; (6) Follow CDC and Agency guidance for the use of "face coverings"; and (7) avoid touching your face.. Follow state/local/national social-distancing guidance off-duty and at home. The use of N95 respirators should be limited to front line personnel and those high risk work situations. These basic preventative measures will greatly reduce the exposure potential for ALL personnel and slow the spread of communicable diseases.

References:

- CBP COVID-19 Resource Portal: http://cbpnet.cbp.dhs.gov/HRM/Pages/covid19_resources.aspx
- CDC COVID-19 Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC COVID-19 Frequently Asked Questions (FAQ's): <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
- OSHA COVID-19 Web page: https://www.osha.gov/SLTC/novel_coronavirus/
- CBP Respirator Medical Clearance's Website <https://resp-eval.foh.psc.gov/login/>
- CDC Guidance For Law Enforcement Personnel: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>
- OSHA Guidance For Border Workers: <https://www.osha.gov/SLTC/covid-19/controlprevention.html#border;>
- CDC Guidance for "Face Coverings" : <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

CBP Job Hazard Analysis (JHA) & PPE Assessment	Job Title: Exposure to Coronavirus "COVID-19"		Date: 16 April 2020 FINAL	New	Revised X
	Title: All CBP Personnel in Affected Areas	Supervisor: All	Prepared By: HRM, Occupational Safety and Health (OSH) Division CBP Senior Medical Advisor		
Offices: AIIICBP	Locations: CBP Wide	Departments: All	Reviewed By: Office of Field Operations, USBP, AMO, and Operations Support		
Required or Recommended Personal Protective Equipment: surgical masks, nitrile gloves, N95 respirators, protective outer garments, gowns, shoe coverings, face shield or non-vented goggles			Approved by: OSH Division Director CBP Senior Medical Advisor		

Note: This JHA only applies to the 2019 Novel Coronavirus (SARS-CoV-2) or the disease known as "COVID-19." The Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), World Health Organization (WHO), and other public health agencies are now categorizing the outbreak of COVID-19 that has spread to countries around the globe, including here in the United States, as a global pandemic. While the general risk to CBP personnel and the public for serious harm from COVID-19 is still considered LOW at this point, risk of exposure does vary by geographic location, age, underlying health risk factors, and the nature of work being performed. It is CRITICAL that all personnel take standard precautions recommended in this JHA, along with other credible public health entities. The information, used to develop this JHA, along with additional informative links can be found on the [CBP Safety and Health COVID-19 Resource Page](#) on CBPnet. For the purposes of CBP guidance and protocol, this JHA should be considered CBP policy, and should be implemented accordingly.

Risk Assessment: Incomplete information regarding incubation, infectious period, and transmissibility, as well as evolving circumstances make a definitive risk assessment challenging. In light of this, awareness and operationally-informed precautions are warranted. The overall risk to CBP personnel is still assessed to be low for serious harm from COVID-19. However, risk increases with increased exposure to persons potentially infected with COVID-19, warranting enhanced precautions described herein. CBP personnel should continue to maintain situational awareness regarding this outbreak. Of note, with the growing incidence of COVID-19 in the United States, there is less of an exposure risk distinction between high risk foreign travelers and US residents; CBP employees need to be vigilant regarding workplace, home, and potential off-duty exposure.

While COVID-19 is a respiratory disease, the use of N95 respirators is one component in preventing the transmission of COVID 19. Other PPE may be needed under certain conditions and in some work environments as outlined in this JHA. The use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel should take these basic steps to prevent exposure to and transmitting COVID-19 (1) Practice good hygiene; (2) Washing hands frequently; (3) Covering your cough or sneeze; (4) Stay away from work if you are ill and contact your health provider for guidance; (5) Avoiding unnecessary congregate settings where COVID-19 exposure is more probable; (6) Follow CDC and Agency guidance for the use of "face coverings"; and (7) avoid touching your face.. Follow state/local/national social-distancing guidance off-duty and at home. The use of N95 respirators should be limited to front line personnel and those high risk work situations. See "Notes" Page for more information.

Note: Risk categories (Very High, High, Medium, and Low) are used in conjunction with this document. These categories refer to the mission-specific risk relative to the hazard identified. Risk categories do not correlate to the overall risk of contracting COVID-19 disease. Additionally, these risk categories are not the same as those used by other agencies such as the CDC, etc.

Operations	Risk Categories	Hazards	Protective Measures/PPE Guidance
<p>1. HQ Offices, CBP Facilities, Office Settings, Mission Support, and other Administrative Settings</p> <p>Note: This is intended for ALL CBP facilities where administrative work is being conducted and exposure to COVID-19 from a traveler, passenger, or detainee is NOT expected.</p>	<p>Low</p>	<p>Casual or Close Contact of Coronavirus cases is not expected.</p> <p>Signs and Symptoms of COVID-19 include:</p> <ul style="list-style-type: none"> • Fever • Cough • Difficulty breathing • Other Flu-like Symptoms <p>Note: While most COVID-19 lab confirmed cases do display these type symptoms, SOME persons may only display mild symptoms and they may appear at different stages of the disease.</p>	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 9. • Use the following disease prevention practices in ALL activities. • Frequent hand washing. • Stay home if you are ill and contact your health provider right away if you notice any signs or symptoms similar to COVID-19. • If you think you have been exposed to someone with COVID-19, notify your supervisor and your health provider. • KEEP YOUR HANDS BELOW YOUR CHIN and avoid touching mouth, nose, and eyes. • Cover your cough/sneeze with a tissue or cuff of your elbow, NOT your hands. • Use of N95 respirators is NOT recommended. • Voluntary use of surgical masks may be approved by supervisors, supplies permitting, and should be in accordance with CBP voluntary use policies. • Surgical masks may also be permitted to meet CDC recommendations for the use of "face coverings" in public or congregate settings. See "Notes" page and CDC guidance on "face coverings" in congregate settings. • Medical Clearance and Fit Testing are NOT required for voluntary use. • All use of N95 respirators should be reserved for front line personnel performing work for which they were intended, in accordance with OSHA 1910.134, and CBP OSH 5200-08B policies.
<p>2. Port of Entry Operations</p> <p>Primary Passenger Processing</p> <p>Note: This includes casual contact (>6 feet) or brief periods of close contact with a person at increased risk of COVID-19 during Port Operations (<6 feet) for short periods of time, e.g. escorting a person from one area to another during screening process, or briefly entering a room with a higher risk person.</p> <p>This section is intended for the processing and handling of persons during primary who are higher risk, but not symptomatic.</p>	<p>Medium</p>	<p><u>Casual Contact (Greater than 6 ft.)</u> with passengers or persons with increased risk of COVID-19;</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 9. • Use general disease prevention outlined in Section 1. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Passive observation of persons for signs of illness. • Use COVID-19 R.I.N.G. Card and general precautions. • Separate persons with symptoms of illness or a high risk country travel nexus, and send to secondary for additional processing and CDC consultation. • Avoid close or direct contact with passengers having a travel nexus to a high risk country within the past 14 days or suspected of having COVID-19. • Wear disposable nitrile gloves. • Provide surgical masks to any persons with signs of illness. • Voluntary use of N95 respirators by front line personnel may be considered with supervisor approval per CBP policy. (See HB 5200-08B, Ch.26).

<p>3. Port of Entry Operations</p> <p>Secondary Processing, holding, and escorting of persons suspected of having COVID-19</p> <p>Note: This includes limited periods of closer (<6 feet) contact with a person at increased risk of having COVID-19 during the secondary phases of screening, and also includes holding, transportation operations where limited close contact would apply.</p>	<p>High</p>	<p><u>Limited Close Contact</u> Within six (6) feet of a person with travel nexus to high-risk country within 14 days or with signs/symptoms of illness.</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 9. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic passengers from others. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Passive observation of persons for signs of illness. • Avoid direct contact and keep close contact to a minimum. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days or suspected of having COVID-19 to CDC for consultation. • Contact EMS for severely ill passengers or persons suspected of having COVID-19 (high fever, uncontrollable coughing, difficulty breathing, etc.). • Provide surgical masks to symptomatic persons/travelers. • Wear disposable nitrile gloves. • Officer wear N95 respirator within six (6) feet of symptomatic passenger. • Wear goggles or face shield to protect eyes.
<p>4. Port of Entry Operations</p> <p>Direct Contact or Extended (greater than 10 min) close contact (within 6 feet) in an enclosed room/space where person with suspected COVID-19 is being held or evaluated by CDC, including transporting or guarding a person with suspected COVID-19</p>	<p>Very High</p>	<p><u>Extended Close Contact or Direct Contact</u></p> <p>Direct contact or Prolonged periods (greater than 10 min) or close contact (within 6 ft.) of a person at high risk for or with known or suspected COVID-19</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 9. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic passengers from others. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days and symptoms to CDC for consultation. • Contact EMS for severely ill passengers or persons suspected of having COVID-19 (high fever, uncontrollable coughing, difficulty breathing, etc.). • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Officer wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination.

<p>5. U.S. Border Patrol Operations</p> <p>Line Watch, Transport, Processing, Detention, and Check Points</p> <p>Primary Interdiction/processing of persons, vehicles or cargo.</p> <p>(Persons, drivers, passengers, or stowaways with travel nexus to high risk country within 14 days)</p>	<p>Medium</p>	<p>Casual Contact (outside 6 feet) with passengers or persons with increased risk of COVID-19;</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 9. • Use general disease prevention outlined in Section 1. • Wear disposable nitrile gloves. • Passive observation of persons for signs of illness. • Use COVID-19 R.I.N.G. Card and general precautions. • Separate persons with symptoms of illness or a high risk country travel nexus and send to secondary for additional processing and CDC consultation. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Use CBP Risk Based Exposure Guidance for Managing Contact Tracing. • Avoid close or direct contact with passengers with a travel nexus to high risk country within the past 14 days. • Provide surgical masks to any persons with signs of illness. • Voluntary use of N95 respirators may be considered per CBP policy and supervisor approval. (See HB 5200-08B, Ch.26).
<p>6. U.S. Border Patrol Operations</p> <p>Line Watch, Escort, Processing, Detention, and Check Points</p> <p>Secondary Interdiction/processing of persons, vehicles or Cargo (Persons, driver, passengers, or stowaways with travel nexus to high risk country within 14 days)</p>	<p>High</p>	<p>Limited Close Contact (within 6 feet) of a person with travel nexus to high-risk country within 14 day or with signs/symptoms of illness.</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See more information on page 9. • Use general disease prevention outlined in Section 1. • Quickly identify and separate symptomatic persons from others. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Avoid direct contact and keep close contact to a minimum. • Agent wear N95 respirator within six (6) feet of symptomatic passenger. • Wear goggles or face shield to protect eyes. • Use COVID-19 R.I.N.G. Card for general precautions. • Refer/escort any persons with travel nexus to high risk country within 14 days and symptoms to CDC for consultation. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.).

<p>7. U.S. Border Patrol Operations</p> <p>Being in an enclosed room/space where symptomatic person with suspected COVID-19 is being held or evaluated by CDC, or transporting a person with suspected COVID-19</p> <p>Note: Suspected COVID-19 cases refers to those that are symptomatic, from a high risk country and have not been lab confirmed or tested yet. This does NOT apply to persons who are from high risk countries and displaying NO symptoms or to contacts of cases of NOT lab confirmed.</p>	<p>Very High</p>	<p><u>Extended Close Contact (less than 6 feet)</u>, with symptomatic persons or those suspected of having COVID-19</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Frequent hand washing. • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See page 9. • Provide surgical masks to symptomatic passengers. • Wear disposable nitrile gloves. • Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination. • Avoid direct contact and keep close contact to a minimum. • Limit time in room to critical functions. • For symptomatic persons, use negative pressure ventilated rooms/holding facilities whenever available/possible. • During transportation of symptomatic persons from affected country use USBP vehicles designed for prisoner/detainee transport with separate compartment between driver/detainees (when driver and detainee cannot be separated, place a surgical mask on symptomatic detainee, driver will wear an N95 respirator) • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Use COVID-19 R.I.N.G. Card for general precautions.
<p>8. Air & Marine Operations</p> <p>Air Branches/Stations/and All AMO Facilities and Operations</p>	<p>Medium</p>	<p>Exposure to symptomatic persons is NOT expected during most Air Interdiction/Marine Interdiction Operations</p> <p>Note: When apprehensions or personal contacts result in Close Personal Contact (Less than 6 Feet) the following guidance applies.</p> <ul style="list-style-type: none"> • Persons with potential COVID-19 Symptoms, or • Who may have a travel nexus to a high risk country within the past 14 days, or • Otherwise high risk for or suspected of COVID-19 	<ul style="list-style-type: none"> • Stay up to date on latest information from DHS, CBP, CDC, WHO, and other COVID-19 alerts, advisories and updates. See page 9. • Frequent hand washing. • Provide surgical masks to any symptomatic persons during apprehension. • Wear disposable nitrile gloves. • When Interdiction Agent/Officer is exposed to symptomatic person then wear N95 respirator and goggles or face shield. • Avoid direct contact and keep close contact to a minimum. • Use <u>CBP Guidance for Leadership, Medical Officers, and Supervisors</u> to determine if exposure should be entered in the <u>CBP COVID-19 Incident Tracker</u>. • Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.). • Use COVID-19 R.I.N.G. Card for general precautions.

<p>9. Disinfection and Cleanup of Contaminated Surfaces –</p> <p>General Guidance</p>	<p>Low</p>	<p>Risk of exposure expected to be low during routine disinfection and cleaning of COVID-19</p> <p>Where known COVID-19 cases have recently been within the past few hours up to a maximum of seven days. Virus viability on surfaces past seven days is highly unlikely and should be factored into facility cleaning decisions.</p>	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from a few hours up to a maximum of seven days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. Refer to <u>GSA Cleaning and Disinfection Procedures</u>. • There are everyday products as Clorox® and Lysol® wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • If apprehension was made and individual was symptomatic, Officers/Agents duty gear and equipment should be disinfected in accordance with CDC guidelines for Law Enforcement personnel see Page 9. (Follow Agency Specific Policy for Firearms). • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for disinfectants being used, especially where COVID-19 is known or suspected to have been present with the past seven days. • For a complete list of Environmental Protection Agency (EPA) Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf.
<p>10. Cleaning and Disinfection of CBP Facilities to Include POEs, USBP Stations and Check Points, Holding and Detention Areas</p>	<p>High</p>	<p>Potential exposure to COVID-19 contaminated areas in general.</p> <p>Where known COVID-19 cases have recently been within the past few hours up to a maximum of seven days. Virus viability on surfaces past seven days is highly unlikely and should be factored into facility cleaning decisions.</p>	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. Refer to <u>GSA Cleaning and Disinfection Procedures</u>. • There are products such as Clorox® and Lysol® wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf. • Wear an N95 respirator if cleaning and disinfection an area where COVID-19 was known to be present or suspected.

			<ul style="list-style-type: none"> • Wear non-vented goggles or face shield to cover face and eyes. • Wear a liquid impermeable gown (for large cleanup jobs wear liquid impermeable suit/coveralls). • Dispose of all infectious material as biohazardous waste in accordance with local, state, and federal guidelines.
<p>11. Cleaning and Disinfection of Vessels and Ships</p> <p>Note: Cruise ships have higher incidence of exposure and risk levels may go up.</p>	Medium	Potential exposure to COVID-19 contaminated areas in general.	<ul style="list-style-type: none"> • COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, door knobs, handrails, light switches, and other frequently touched surfaces. Frequent cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. • There are products such as Clorox® and Lysol® wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. These cleaning and disinfection products are effective for CBP workplaces and around the home and are readily available. • Always follow manufacturers' cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. • For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the EPA list of COVID-19 Cleaning and Disinfection Products at: https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf • Follow general precautions outlined above for general areas. • Wear nitrile or fluid impermeable gloves while cleaning and follow all manufacturers' guidelines for cleaning products.
<p>12. Cleaning and Disinfection of Kojak Fingerprint Kiosks</p>	Low	Low Risk of Exposure Due to Persons Who May Have Used Kojak or Crossmatch (finger) scanners.	<ul style="list-style-type: none"> • General cleaning and disinfection of these areas MUST be done in accordance with manufacturers recommendations in order to avoid damage to equipment. • Specific guidance for cleaning and disinfection of Kojak Fingerprint Kiosks can be found at https://cbpgov.sharepoint.com/sites/oit/pspo/training/catalog/kojak.aspx • The use of alcohol based hand sanitizers or wipes will BURN the platen and void the manufacturer's warranty. • General cleaning and disinfection of these areas MUST be done in accordance with manufacturers recommendations in order to avoid damage to equipment. • The use of alcohol based hand sanitizers or wipes will BURN the Platen and void the manufacturer's warranty. • Only use the following moisturizers with the Kojak/Crossmatch Fingerprint Stations: Nivea® Soft Moisturizing Cream, Aveeno® Daily Moisturizing Lotion and Gold Bond® Ultimate Healing Hand Cream.

Notes:

1. This JHA and PPE Assessment only applies to CBP operations related to exposure to 2019 Novel Coronavirus or COVID-19). At the time of developing this JHA, new cases are being reported in countries around the globe, including the United States. See below links to CDC, DHS, OSHA, WHO, and other reliable COVID-19 resources and information.
2. **CBP Respiratory Protection.** All CBP Frontline Personnel, Officers, and Agents who may be in work situations that place them at increased risk of exposure to COVID-19, due to processing passengers or travelers with a nexus to COVID-19 affected countries, and may have to wear an N95 respirator as outlined in the above risk-based scenarios are considered to be in "mandatory use" N95 Respirator Programs. The mandatory use of an N95 respirator requires a medical clearance, fit testing, and have a clean shaven face, with no facial hair between the mask seal and the face, in accordance with OSHA 1910.134 and CBP HB 5200-08B policies. Frontline and uniformed personnel have had these programs in place for years due to other work situations that also require an N95, such as exposure to TB, handling of Fentanyl and other narcotics, Ebola response, Pandemic and PEID Response Plans, and now COVID-19.
3. **Voluntary Use of N95 Respirators.** The voluntary use of N95 respirators or surgical masks is allowed by employers when there is no work task that makes the N95 use "mandatory." In situations such as allowing mission support, administrative, or headquarters personnel that do not typically wear a mask, who would like to wear one for protection to exposures that are not related to specific work tasks, such as traveling to and from work, in congregate settings such as large metropolitan transit systems, buses, etc., use of a **surgical mask** would be considered "Voluntary Use." In these cases, "Voluntary Use" of surgical masks may be allowed to meet the requirement of CDC recommendations for "Face Coverings" in social settings outside of work to protect others, since surgical masks are not designed to protect the wearer, they are designed to protect others (see CDC "Face Covering" Reference below for more guidance). Such use requires approval from a supervisor to ensure the use will not create a hazard for the employee, impact PPE supplies needed for critical front line "Mandatory Use" situations, or cause undue confusion and conflicting policy guidance, such as "Voluntary Use" of N95 respirators by front line officers in primary passenger processing areas when they aren't performing any work that requires "Mandatory Use" as outlined above. All Respiratory Protection Programs, whether "Mandatory Use" or "Voluntary Use," situations will be run in accordance with OSHA 1910.134 standards and policies outlined in CBP Handbook 5200-08B, Chapter 26. The use N95 respirator should be reserved for those front line personnel and high risk work situations for which they were intended.

While COVID-19 is a respiratory disease, the use of N95 respirators is one component in preventing the transmission of COVID 19. Other PPE may be needed under certain conditions and in some work environments as outlined in this JHA. The use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel should take these basic steps to prevent exposure to and transmitting COVID-19 (1) Practice good hygiene; (2) Washing hands frequently; (3) Covering your cough or sneeze; (4) Stay away from work if you are ill and contact your health provider for guidance; (5) Avoiding unnecessary congregate settings where COVID-19 exposure is more probable; (6) Follow CDC and Agency guidance for the use of "face coverings"; and (7) avoid touching your face.. Follow state/local/national social-distancing guidance off-duty and at home. The use of N95 respirators should be limited to front line personnel and those high risk work situations. These basic preventative measures will greatly reduce the exposure potential for ALL personnel and slow the spread of communicable diseases.

References:

- CBP COVID-19 Resource Portal: http://cbpnet.cbp.dhs.gov/HRM/Pages/covid19_resources.aspx
- CDC COVID-19 Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC COVID-19 Frequently Asked Questions (FAQ's): <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
- OSHA COVID-19 Web page: https://www.osha.gov/SLTC/novel_coronavirus/
- CBP Respirator Medical Clearance's Website <https://resp-eval.foh.psc.gov/login/>
- CDC Guidance For Law Enforcement Personnel: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>
- OSHA Guidance For Border Workers: <https://www.osha.gov/SLTC/covid-19/controlprevention.html#border;>
- CDC Guidance for "Face Coverings" : <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>



**CENTERS FOR DISEASE
CONTROL AND PREVENTION**

1-866-638-9753

What law enforcement personnel need to know about coronavirus disease 2019 (COVID-19)

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The outbreak first started in China, but cases have been identified in a growing number of other areas, including the United States.

Patients with COVID-19 have had mild to severe respiratory illness.

- Data suggests that symptoms may appear in as few as 2 days or as long as 14 days after exposure to the virus that causes COVID-19.
- Symptoms can include fever, cough, difficulty breathing, and shortness of breath.
- The virus causing COVID-19 is called SARS-CoV-2. It is thought to spread mainly from person-to-person via respiratory droplets among close contacts. Respiratory droplets are produced when an infected person coughs or sneezes and can land in the mouths or noses, or possibly be inhaled into the lungs, of people who are nearby.
 - Close contact increases your risk for COVID-19, including:
 - » Being within approximately 6 feet of an individual with COVID-19 for a prolonged period of time.
 - » Having direct contact with body fluids (such as blood, phlegm, and respiratory droplets) from an individual with COVID-19.

To protect yourself from exposure

- **If possible, maintain a distance of at least 6 feet.**
- **Practice proper hand hygiene.**
Wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available and illicit drugs are NOT suspected to be present, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Do not touch your face with unwashed hands.
- Have a trained Emergency Medical Service/Emergency Medical Technician (EMS/EMT) assess and transport anyone you think might have COVID-19 to a healthcare facility.
- Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.
- Learn your employer's plan for exposure control and participate in all-hands training on the use of PPE for respiratory protection, if available.

Recommended Personal Protective Equipment (PPE)

Law enforcement who must make contact with individuals confirmed or suspected to have COVID-19 should follow CDC's Interim Guidance for EMS. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>.

Different styles of PPE may be necessary to perform operational duties. These alternative styles (i.e., coveralls) must provide protection that is at least as great as that provided by the minimum amount of PPE recommended.

The minimum PPE recommended is:

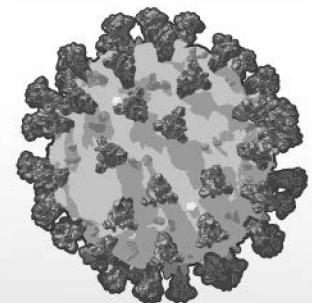
- A single pair of disposable examination gloves,
- Disposable isolation gown or single-use/disposable coveralls*,
- Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator); facemasks are an acceptable alternative until the supply chain is restored, and
- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).

*If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.

If close contact occurred during apprehension

- Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
- Follow standard operating procedures for the containment and disposal of used PPE.
- Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.

For law enforcement personnel performing daily routine activities, the immediate health risk is considered low. Law enforcement leadership and personnel should follow CDC's Interim General Business Guidance. Search "Interim Guidance for Businesses" on www.cdc.gov.



Interim Cleaning Recommendations for Facilities Housing Persons Under Quarantine for Coronavirus Disease 2019 (COVID-19), Updated February 29, 2020

Background

There is much to learn about the newly emerged coronavirus disease 2019 (COVID-19). Based on what is known about early cases of COVID-19, spread from person-to-person via the respiratory route and usually happens among close contacts (within about 6 feet).

People with certain types of exposure to cases of COVID-19 may be housed and quarantined for observation until 14 days after their exposure. The purpose of the observation period is to ensure they don't develop symptoms and infect others during this time. Some people stay at home for the observation period, but others may be housed either separately or in groups in other types of facilities.

In these facilities, individuals and families are provided separate quarters with separate bathroom facilities. They are instructed that congregation and shared public spaces are to be avoided. Because the people under quarantine are not ill, the risk to cleaning staff is inherently low.

Purpose

This guidance provides recommendation on the cleaning and disinfection of rooms of persons under quarantine, as well as associated worker protection practices according to expected job tasks. The goal is to minimize interactions between persons under quarantine and cleaning staff. These recommendations will be updated if additional information becomes available.

General Recommendations for Housing Facilities for Persons Under Quarantine

- Employers should develop policies for worker protection and provide training to all cleaning staff on-site prior to beginning work. Training should include:
 - An understanding of when to use personal protective equipment (PPE)
 - What PPE is necessary and why (see below for PPE recommendations)
 - How to properly don (put on), use, and doff (take off) PPE
 - How to properly dispose of PPE
- Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard, 29 CFR 1910.1200.
- Employers must comply with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste, and PPE (29 CFR 1910.132).
- Cleaning staff should perform hand hygiene often including immediately after removing PPE by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures (e.g., contact with a quarantined individual without wearing appropriate PPE) to their supervisor.

- Employers should educate workers to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms until 14 days after the last day they had possible exposure to the virus.
 - Cleaning staff should immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The health department will provide guidance on what actions need to be taken.
- Cleaning staff should follow normal preventive actions while at work and home including covering their mouth and nose with a tissue when coughing or sneezing and avoiding touching eyes, nose, or mouth with unwashed hands.
- If surfaces are dirty, they should be cleaned using a detergent and water prior to disinfection.
 - A list of products with EPA-approved emerging viral pathogens claims, maintained by the American Chemistry Council Center for Biocide Chemistries (CBC), is available at: <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>.
 - Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses.
 - Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE) for use.

Cleaning Activities During the Quarantine Period

Because cleaning needs are limited during the quarantine period, CDC is recommending that cleaning staff do not clean occupied rooms in quarantine facilities. Instead, all rooms should be provisioned with personal cleaning supplies, e.g., tissues, paper towels, cleaners and disinfectants that are EPA-approved against emerging viral pathogens (see list above) for use by persons under quarantine as needed. Rooms and common areas occupied by persons under quarantine should not be cleaned by cleaning staff until all persons under quarantine have been released from quarantine and have vacated the area and no sooner than 24 hours after rooms and common areas have been vacated.

During the quarantine:

- Persons under quarantine should bag trash and place the closed bag outside their door for daily pick up.
- Similarly, persons under quarantine should bag soiled linens and place the closed bag outside their door for pick up.
- Cleaning, laundry, and trash removal staff should wear disposable gloves and gowns for all tasks in the cleaning process, including collection of closed bags.
 - Staff should remove gloves after cleaning a room or area occupied by persons under quarantine before moving to the next room.
 - After delivering bags to their final destination, staff should clean and disinfect any hard, cleanable surfaces where bags have been stored (such as on carts or on the floor).
 - Laundry and trash removal staff collecting the closed bags should remove their gloves promptly after bags are delivered to their destination and cleaning and disinfection has been performed.
 - Any time staff remove gloves, they should perform hand hygiene immediately by washing their hands with soap and water for 20 seconds. If hands are not visibly dirty and soap and water are not available, an alcohol-based hand sanitizer that contains

60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

- If possible, for fabrics or other materials that can be laundered, use the warm water setting and dry items completely on high heat.
- If a person under quarantine has a special need for assisted cleaning (e.g., an elderly person who is unable to clean a spill such as vomiting in their quarters), public health staff will oversee the cleaning process as part of their evaluation of the individual.

Cleaning a Room Vacated by a Person under Quarantine with COVID-19 (Enhanced Cleaning)

Rooms that housed a person under quarantine with COVID-19 should remain closed to further use until cleaned and disinfected by appropriately trained cleaning staff. The room should not be entered by cleaning staff for at least for 24 hours.

- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process.
 - These gloves and gowns should be compatible with the disinfectant products being used
 - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk for splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- Cleaning should be undertaken using products with EPA-approved emerging viral pathogens claims (<https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>). All products should be used according to label instructions.
 - Clean the surface first, and then apply the disinfectant as instructed on the disinfectant manufacturer's label. Ensure adequate contact time for effective disinfection.
 - Adhere to any safety precautions or other label recommendations as directed (e.g., allowing adequate ventilation in confined areas, proper disposal of unused product or used containers and donning appropriate PPE).
 - Avoid using product application methods that cause splashing or generate aerosols.
 - Cleaning activities should be supervised and inspected periodically to ensure correct procedures are followed.
 - After cleaning and removal and disposal of gloves, staff should perform hand hygiene by washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60 to 95% alcohol. Soap and water should be used if the hands are visibly soiled.
- Clean and disinfect all frequently touched surfaces in quarantine locations (e.g., counters, tabletops, doorknobs, light switches, bathroom fixtures, toilets, phones, keyboards, tablets, remotes and bedside tables) according to instructions described for products with EPA-approved emerging viral pathogens claims.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present. Launder items as appropriate in accordance with the manufacturer's instructions. Porous materials that will be laundered can be transported to the laundry facility in the usual manner. If possible, launder items using the warm water setting and dry items completely on high heat.

- When cleaning is completed, collect soiled material and PPE in a sturdy, leak-proof (e.g., plastic) bag that is tied shut and not reopened. This waste can go to the regular solid waste stream (e.g., municipal trash) as it is not biohazardous or regulated medical waste.
- If bulk material and spills containing blood or body substances are present, cleaning staff should use absorbent materials, such as towels, to remove the material. The area should then be cleaned and then disinfected with products with EPA-approved emerging viral pathogens claims used according to product label instructions.
- No additional cleaning is needed for supply and return ventilation registers or filtration systems for the building.
- No additional treatment of wastewater is needed before discharging to sanitary sewer.

Cleaning Recommendations for Quarantined Persons from Uncontrolled Sources (e.g. increased likelihood of many cases such as on cruise ships, etc.)

Cleaning for facilities housing persons under quarantine because of exposure from an uncontrolled source should be conducted following the Enhanced Cleaning procedures and include cleaning of common areas outlined above.

Cleaning a Room Vacated by persons under quarantine without COVID-19

After all persons under quarantine are released and assuming the quarantined persons are not from an uncontrolled source (see above):

- If all persons under quarantine have been released and vacated the housing area and no persons tested positive for COVID-19, the facility (e.g., rooms, common areas) should be cleaned according to standard procedures.
- No additional PPE is required beyond what is normally worn for regular housekeeping activities.

Cleaning of Common Areas of a Housing Facility (if used)

If common areas are used by persons under quarantine, those areas will require cleaning and disinfection during the quarantine period.

- Common areas of a facility should be cleaned on a daily basis, and as needed.
- Regardless of known COVID-19 status of persons under quarantine, common areas should be cleaned according to ***Cleaning a Room Vacated by a person under quarantine with COVID-19(Enhanced Cleaning)*** recommendations, since communication to cleaning staff about persons under quarantine who develop symptoms or test positive for COVID-19 may not be able to occur as quickly as cleaning services are required.
- No quarantined individuals should be present in a common area during cleaning. Common areas of a facility should be closed off to all persons except for cleaning staff before cleaning and disinfection activities take place.

Additional Resource:

OSHA COVID-19 Website:

<https://www.osha.gov/SLTC/covid-19/>



This document is scheduled to be published in the Federal Register on 03/24/2020 and available online at [federalregister.gov/d/2020-06241](https://www.federalregister.gov/d/2020-06241), and on [govinfo.gov](https://www.govinfo.gov)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

42 CFR Part 71

Order Suspending Introduction Of Persons From A Country Where A Communicable Disease Exists

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notification of order.

SUMMARY: This document is to inform the public that the Director of the Centers for Disease Control and Prevention, an agency of the Department of Health and Human Services, has issued an Order suspending the introduction of persons into the United States.

DATES: *Effective date:* The Order referenced in this document is effective on 11:59 PM EDT on March 20th, 2020.

FOR FURTHER INFORMATION CONTACT: Kyle McGowan, Office of the Chief of Staff, Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., MS H21-10, Atlanta, GA 30329. Telephone: 404-498-7000; email: cdcregulations@cdc.gov.

SUPPLEMENTAL INFORMATION:

The CDC Director (Director) has issued an Order pursuant to section 362 of the Public Health Service Act, 42 U.S.C. 265. The Order suspends the introduction of certain persons into the United States because the Director has determined that the existence of Coronavirus Disease 2019 (COVID-19) in certain foreign countries creates a serious danger of the introduction of the disease into the United States, and the danger is so increased by the introduction of persons from the foreign countries that a temporary suspension of the introduction of such persons is necessary to protect the public health. The Order is posted on the website for the Centers for Disease Control and Prevention. It will be submitted to the Federal Register for publication.

The Order does not apply to U.S. citizens, lawful permanent residents, persons from foreign countries who hold valid travel documents, or persons from foreign countries in the visa waiver program who are not subject to travel restrictions.

The U.S. Department of Homeland Security (DHS) is implementing the Order. The Order also does not apply where a designated customs officer of DHS determines, based on the totality of the circumstances, including consideration of significant law enforcement, officer and public safety, humanitarian, and public health interests, that the Order should not be applied to a specific person otherwise subject to the order.

Finally, the Order does not apply to members of the armed forces of the United States and associated personnel for whom the Secretary of Defense provides assurance to the Director that the Secretary of Defense, through measures such as quarantine, isolation, or other measures for maintaining control over such individuals, is preventing the risk of transmission of COVID-19 to others in the United States.

Dated: March 20, 2020.

Alex M. Azar II,

Secretary,

Department of Health and Human Services.

[FR Doc. 2020-06241 Filed: 3/20/2020 4:15 pm; Publication Date: 3/24/2020]



Novel Coronavirus (COVID-19)—Fighting Productsⁱ

The American Chemistry Council's (ACC) Center for Biocide Chemistries (CBC) has compiled a list of products that have been pre-approved by the U.S. Environmental Protection Agency (EPA) for use against emerging enveloped viral pathogens and can be used during the 2019 novel coronavirus (COVID-19) outbreak. This product list is not exhaustive but can be used by business owners, health professionals, and the public to identify products suitable for use against COVID-19.

The information in this document is being provided as a public service. All efforts have been made to ensure the information is accurate, but ACC and CBC make no representations or warranties as to the completeness or accuracy of the information. ACC, CBC, and the product manufacturers listed in this document reserve the right to change, delete, or otherwise modify the information without any prior notice. Persons receiving this information must make their own determination as to a product's suitability prior to use based on the product labeling. ACC and CBC do not guarantee or warrant the standard of any product referenced or imply approval of the product to the exclusion of others that may be available. All products listed are registered for labeled uses in accordance with federal laws and regulations as of the date this document is being made available. State regulations may vary. In no event will ACC or CBC be responsible for damages of any nature whatsoever resulting from the use of or reliance upon products to which the information refers.

For use of the product, please contact the company/distributor to confirm use directions, or consult the EPA approved label at <https://www.epa.gov/pesticide-labels/pesticide-product-label-system-pps-more-information>.

Commercially Available Product Name	Ready to Use Products	Company/Distributor	EPA REG No.
PURELL Foodservice Surface Sanitizer	GOJO Industries, Inc.		84368-1-84150
PURELL Professional Surface Disinfectant	GOJO Industries, Inc.		84368-1-84150
PURELL Healthcare Surface Disinfectant	GOJO Industries, Inc.		84368-1-84150
PURELL Multi Surface Disinfectant	GOJO Industries, Inc.		84368-1-84150
PURELL Food Processing Surface Sanitizer	GOJO Industries, Inc.		84368-1-84150
SaniPrime Germicidal Spray	Professional Disposables International, Inc.		948010
SaniHyPerCide Germicidal Spray	Professional Disposables International, Inc.		9480-14
SaniZ4 Germicidal Spray	Professional Disposables International, Inc.		4218299480
DETERGENT DISINFECTANT PUMP SPRAY	Stepan Company		1839-83
SC-RTU DISINFECTANT CLEANER	Stepan Company		1839-220
Sanicare TBX	Buckeye International, Inc.		1839-83559
Clorox Healthcare® Bleach Germicidal Cleaner Spray	Clorox Professional Products Company		563927
Clorox Healthcare® Fuzion® Cleaner Disinfectant	Clorox Professional Products Company		67619-30
Clorox Commercial Solutions® Clorox® Clean-Up Disinfectant Cleaner with Bleach	Clorox Professional Products Company		67619-17
Clorox Commercial Solutions® Clorox® Disinfecting Spray	Clorox Professional Products Company		67619-21
Clorox Commercial Solutions® Clorox® 4-in-One Disinfectant & Sanitizer	Clorox Professional Products Company		67619-29
Clorox 4 In One Disinfecting Spray	Clorox Professional Products Company		67619-29
Clorox Pro™ Clorox Total 360® Disinfecting Cleaner 1	Clorox Professional Products Company		67619-38
Clorox Commercial Solutions® Toilet Bowl Cleaner with Bleach 1	Clorox Professional Products Company		6761916
Clorox Commercial Solutions® Clorox® Disinfecting Biostain & Odor Remover	Clorox Professional Products Company		67619-33
Clorox Commercial Solutions® Clorox® Disinfecting Bathroom Cleaner	Clorox Professional Products Company		5813-40-67619
Clorox Commercial Solutions® Tilex Soap Scum Remover	Clorox Professional Products Company		5813-40-67619
Clorox Commercial Solutions® Hydrogen Peroxide Cleaner Disinfectant	Clorox Professional Products Company		6761924
Clorox Healthcare® Hydrogen Peroxide Cleaner Disinfectant	Clorox Professional Products Company		67619-24
Clorox Clean Up Cleaner + Bleach	The Clorox Company		5813-21
Clorox Disinfecting Bathroom Cleaner	The Clorox Company		5813-40
Clorox Scentiva Bathroom Disinfectant Foamer	The Clorox Company		5813-40
Clorox Toilet Bowl Cleaner with Bleach	The Clorox Company		5813-89
Clorox Toilet Bowl Cleaner Clinging Bleach Gel	The Clorox Company		5813-89
Clorox Multi Surface Cleaner + Bleach	The Clorox Company		5813-105
Clorox Pet Solutions Advanced Formula Disinfecting Stain & Odor Remover	The Clorox Company		5813-110
Clorox Scentiva Bathroom Disinfecting Foam Cleaner	The Clorox Company		5813-115
LYSOL BRAND CLING & FRESH TOILET BOWL CLEANER	RB		777-70
LYSOL BRAND POWER TOILET BOWL CLEANER	RB		
LYSOL BRAND LIME & RUST TOILET BOWL CLEANER			777-81
LYSOL BRAND BLEACH MULTI-PURPOSE CLEANER	RB		
LYSOL BRAND BLEACH MOLD AND MILDEW REMOVER			777-83
LYSOL BRAND POWER PLUS TOILET BOWL CLEANER	RB		777-132
LYSOL® DISINFECTANT SPRAY	RB		
PROFESSIONAL LYSOL® DISINFECTANT SPRAY			777-99
LYSOL® DISINFECTANT MAX COVER MIST	RB		777-127
BLEACH DISINFECTANT CLEANER	Ecoblab Inc		1677-235
KLERCIDE 70/30 IPA	Ecoblab Inc		1677-249
PEROXIDE DISINFECTANT AND GLASS CLEANER RTU	Ecoblab Inc/Kay Chemical Co.		1677-251
TB DISINFECTANT CLEANER READY-TO-USE	Ecoblab Inc/Kay Chemical Co.		1839-8331677
VIRASEPT	Ecoblab Inc		1677-226
PEROXIDE MULTI SURFACE CLEANER AND DISINFECTANT RTU	Ecoblab Inc/Kay Chemical Co.		1677-251
TBQuat	Gordon Food Service		70627-2-45133
RTU Disinfectant Cleaner	U S Chemical		70627-2-7546
Protection that Lives on Microban 24 Hour Keeps Killing 99.9% of Bacteria for Up to 24 Hours Multipurpose Cleaner* (Microban 24 Hour Multi-Purpose Cleaner)	The Procter & Gamble Company		4091-21-3573
Protection that Lives on Microban 24 Hour Keeps Killing 99.9% of Bacteria for Up to 24 Hours Bathroom Cleaner (Microban 24 hour Bathroom Cleaner)	The Procter & Gamble Company		4091223573
MAPS- 1 RTU	SynBionic Evolution, LLC.		6836-289-92677
Lemon Disinfectant	American Chemical Systems		6836-152-86408
Clear Gear Sports Spray	On Track Enterprises, Inc d/b/a Clear Gear		6836152-89301
Foster First Defense	HB Fuller Construction Products Inc.		6836152-63836
SaniSpritz Spray	Nyco Products Company		6836-152-8370
Don-O-Mite	Edward Don & Company		6836-152-14462
One-Step Disinfectant Cleaner	Schultz Supply Company		6836-152-46493
X-Ray Apron Cleaner Disinfectant	BioXeo LLC / MediRedi LLC		6836-289-93240
OXIVIR TB	Diversey, Inc.		70627-56
All Purpose Virrex	Diversey, Inc.		1839-83-70627
OXIVIR 1	Diversey, Inc.		70627-74
Quat Plus TB	Rochester Midland Corporation		1839-83527
SaniZide Pro 1 Spray	Safetec of America, Inc.		88494367161

SaniZide Pro 1 Wipes	Safetec of America, Inc.	88494-467161
Maxim GSC Germicidal Spray Cleaner	Midlab	183983-45745
Maxim No Acid Non-Acid Bowl & Restroom Disinfectant Cleaner RB 352 Brite	Midlab	183983-45745
Bright Solutions Lemon Zip Disinfectant RTU	Bright Solutions	183983-75473
Bright Solutions RTU Bathroom Cleaner Non-Acid Bowl and Restroom Disinfectant	Bright Solutions	183983-75473
Disinfectant Spray Cleaner RTU Victoria Bay	Victoria Bay	18398368168
Non-Acid Bathroom Cleaner Victoria Bay	Victoria Bay	1839-83-68168
Fight Bac RTU	Betco Corporation	183983-4170
Simple Green Clean Finish	Sunshine Makers, Inc	1839-220-56782
SC-R TU-360 DISINFECTANT	Spectral Chemical Co Inc	1839-220-33466
DIC-1 Spray Disinfectant	The Deirdre Imus Environmental Health Center*	1839-220-83908
TB Quat Disinfectant	Warsaw Chemical Holdings LLC	183983-2230
Bioesque Solutions Botanical Disinfectant Solution 12/1 qt	Bioesque Solutions/Natureal, LLC	87742-1-92595
Bioesque Solutions Botanical Disinfectant Solution 4/1 gal	Bioesque Solutions/Natureal, LLC	87742-1-92595
Bioesque Solutions Botanical Disinfectant Solution 5 gal	Bioesque Solutions/Natureal, LLC	87742-1-92595
Bioesque Solutions Botanical Disinfectant Solution 55 gal	Bioesque Solutions/Natureal, LLC	87742-1-92595
Af Ultra Acid Free Total Bathroom Cleaner	Ultra Chem	183983-57839
D-Germ TB	Wechem, Inc.	1836-83-34370
Advantage	Wechem, Inc.	1836-83-34370
AccelTb	Virox Technologies, Inc.	74559-1
INTERvention Farm Animal Care Disinfectant Cleaner & Deodorizer Ready to Use	Virox Technologies, Inc.	74559-9
Peroxigard Ready to Use One-Step Disinfectant Cleaner and Deodorizer for Use in Life Sciences	Virox Technologies, Inc.	74559-9
PREempt RTU	Virox Technologies, Inc.	74559-1
Rejuvenate Ready to Use One Step Disinfectant Cleaner For Use in Spas, Salons & Clinics	Virox Technologies, Inc.	74559-1
REScue Ready to Use One Step Disinfectant Cleaner & Deodorizer	Virox Technologies, Inc.	74559-9
RestorOx	Virox Technologies, Inc.	74559-9
Zep Spirit II	Zep	1839-83-1270
Zep Antibacterial Disinfectant & Cleaner	Zep	183983-40849
ZepQuick Clean Disinfectant	Zep	1839-220-40849
Aviation RTU Cleaner	Zep	6836-152-1270
Micronex	Zep	47371-129-1270
Triton	Zep	6836-78-1270

Commercially Available Product Name	Dilutable Products	Company/Distributor	EPA REG No.
Stepan Spray Disinfectant Concentrate	Stepan Company		1839248
Buckeye Sanicare Lemon Quat	Buckeye International, Inc.		47371-131-559
Buckeye Sanicare Mint Quat	Buckeye International, Inc.		47371-131-559
Buckeye Sanicare Pine Quat	Buckeye International, Inc.		47371-131-559
Buckeye Sanicare Quat 128	Buckeye International, Inc.		47371-130-559
Buckeye Sanicare Quat 256	Buckeye International, Inc.		47371-129-559
Buckeye San-Q ²	Buckeye International, Inc.		6836266-559
Buckeye Terminator	Buckeye International, Inc.		6836755-559
Buckeye Eco Neutral Disinfectant	Buckeye International, Inc.		47371-129-559
Buckeye Eco One-Step Disinfectant-Deodorizer-Cleaner	Buckeye International, Inc.		6836785-559
CloroxPre [™] Clorox [®] Germicidal Bleach	Clorox Professional Products Company		67619-32
Clorox Disinfecting Bleach2	The Clorox Company		5813-111
Clorox Performance Bleach1	The Clorox Company		5813-114
Clorox Germicidal Bleach3	The Clorox Company		5813-114
PROFESSIONAL LYSOL [®] HEAVY DUTY BATHROOM CLEANER CONCENTRATE	RB		675-54
LYSOL BRAND CLEAN & FRESH MULTI-SURFACE CLEANER	RB		777-89
14 PLUS ANTIBACTERIAL ALL PURPOSE CLEANER	Ecolab Inc		6836-349-1677
20 NEUTRAL DISINFECTANT CLEANER	Ecolab Inc		47371-129-1677
A-456 II DISINFECTANT CLEANER	Ecolab Inc		6836-78-1677
BOOST 3200	Ecolab Inc		63761-8-1677
BOOST 3200 CIP	Ecolab Inc		63761-8-1677
BOOST SURFACE TREATMENT	Ecolab Inc		63761-10-1677
CLICKSAN DISINFECTANT/SANITIZER	Ecolab Inc/Kay Chemical Co.		6836305-5389
COSA OXONIA ACTIVE	Ecolab Inc		1677-129
FOOD CONTACT QUAT SANITIZER	Ecolab Inc		683670-541
KAY SURFACE SANITIZER	Ecolab Inc/Kay Chemical Co.		683670-5389
KAYQUAT II	Ecolab Inc/Kay Chemical Co.		6836266-5389
MULTI-PURPOSE NEUTRAL PH GERMICIDAL DEFERGENT	Ecolab Inc		47371-131-1677
NEUTRAL DISINFECTANT CLEANER	Ecolab Inc		47371-129-1677
OASIS 499 HBV DISINFECTANT	Ecolab Inc		683678-1677
OXONIA ACTIVE	Ecolab Inc		1677-129
OXYCIDE DAILY DISINFECTANT CLEANER	Ecolab Inc		1677-237
PEROXIDE MULTI SURFACE CLEANER AND DISINFECTANT	Ecolab Inc/Kay Chemical Co.		1677-238
QUATERNARY DISINFECTANT CLEANER	Ecolab Inc		683678-1677
SANI QUAD FOOD SERVICE SANITIZER	Ecolab Inc/Kay Chemical Co.		683670-1677
SANITIZER / COMMERCIAL SANITIZER	Ecolab Inc		6836302-1677
SUPER SAN FOOD SERVICE SANITIZER	Ecolab Inc/Kay Chemical Co.		6836305-1677
TRIPLE PLAY	Ecolab Inc/Kay Chemical Co.		47371-131-541
Clean Quick Broad Range Quaternary Sanitizer	The Procter & Gamble Company		6836-278-3573
multi-quat mega-1	Intercon Chemical Company		6836-77-48211
TEC-QUAT 128	Gctingie USA Sales, LLC		6836-77-10648
CEN-KLEEN IV	ARJO HUNTLEIGH, INC. D/B/AARJOHUNTLEIGH		6836-75-45556
ACS Tornado 1 - One Step Disinfectant	American Chemical Systems		6836-75-86408
Performex	Bruflin & Co., Inc.		6836-364-106
Germ-A-Cide 64	Detco Industries, Inc.		47371-131-58111
128 E-Fecticide	Multi-Clean Inc.		6836-365-5449
256 Century Q	Multi-Clean Inc.		47371-129-5449
Q.T.Plus	Hillyard Industries, Inc		6836-77-1658
Q.T. 3	Hillyard Industries, Inc		6836-349-1658
Dakil S	Davis Manufacturing and Packaging, Inc.		47371-129-50591
Centraz San Sol 10	Centraz Industries, Inc.		6836-266-9194
Simple Green d Pro 5	Sunshine Makers, Inc.		6836-140-56782
Medline Micro-Kill NQS	Medline Industries, Inc		6836-364-37549
Classic Whirlpool Disinfectant and Cleaner	Central Solutions, Inc.		6836-75-211
●PI SpaComplete	OPI Products, Inc.		683677-70397
CONFIDENCE PLUS 2	WALTER G LEGGE CO/MINE SAFETY APPLIANCES COMPANY		47371-130-4204
Coastwide Professional Hepastat 256	Staples Contract & Commercial LLC		6836-78-86226
Brighton Professional Hepastat 256	Staples Contract & Commercial LLC		6836-7886226
128 Disinfectant	Dalco Enterprises, Inc		6836-365-87580
3M [™] Quat Disinfectant Cleaner Concentrate	3M		6836-78-10350
3M [™] Neutral Quat Disinfectant Cleaner Concentrate	3M		47371-129-10350
3M [™] Disinfectant Cleaner RCT Concentrate	3M		6836-349-10350
3M [™] MBS Disinfectant Cleaner Fresh Scent Concentrate	3M		6836-361-10350
3M [™] MBS Disinfectant Cleaner Concentrate	3M		6836-361-10350
GASCO [®] Quaternary Sanitizer	GASCO INDUSTRIAL Corp.		6836-266-81974
MixMate Germicidal Cleaner	U S Chemical		47371-131-7546
Lemon Cleaner	U S Chemical		47371-131-7546
Pine Cleaner Disinfectant	U S Chemical		47371-131-7546
Extra Spearmint Germicidal Detergent and Deodorant	U S Chemical		47371-131-7546
Sanifect Plus 1	U S Chemical		47371-131-7546
Sanifect Plus 2 Fresh N Clean	U S Chemical		47371-131-7546
Neutral Disinfectant Cleaner	Gordon Food Service		47371-131-45133
Germicidal Cleaner and Disinfectant	Gordon Food Service		47371-131-45133
MixMate Non-Acid Restroom Cleaner & Disinfectant	U S Chemical		6836-75-7546
MixMate Microtech Non-Acid Restroom Cleaner & Disinfectant	U S Chemical		6836-75-7546
Array Non-Acid Restroom Cleaner & Disinfectant P	Gordon Food Service		6836-75-45133
●XY-TEAM [™] DISINFECTANT CLEANER	Diversey, Inc.		70627-58
VIREX [™] II / 256	Diversey, Inc.		70627-24
Virex Plus	Diversey, Inc.		6836-349-70627
G-5 Sanitizer	Diversey, Inc.		6836-266-70627
Wide Range II Non-Acid Disinfectant Washroom Cleaner Concentrate	Diversey, Inc.		6836-75-70627
Avert Sporicidal Disinfectant Cleaner	Diversey, Inc.		70627-72
United 255 DISINFECT PLUS	UNITED LABORATORIES INC		47371-131-9250
Enviro Care Neutral Disinfectant	Rochester Midland Corporation		47371-131-527
PURTABS	EarthSafe Chemical Alternatives, LLC		71847-6-91524
PUR-ONE	EarthSafe Chemical Alternatives, LLC		71847-7-91524

Mint Disinfectant Plus
pH7Q
Quat Stat 5
Triforce
Symlicity Sanibet Multi-Range Sanitizer
Pine Quat
Quaternary Disinfectant Cleaner
TruShot Disinfectant Cleaner For Hospitals
TruShot Disinfectant Cleaner Restroom Cleaner & Disinfectant
Whizzer
Formula 17750 Wintermint
Formula 17822 Deo-Clean Multi
SUPER 60 PYM 64 FOAMER
PC-30F M-KYL 128 FOAMER
Neutra-Tec64

Gurtler Industries, Inc.
Betco Corporation
Betco Corporation
Betco Corporation
Betco Corporation
Betco Corporation
SC Johnson Professional
SC Johnson Professional
SC Johnson Professional
Mueller Sports Medicine
Chemsafe International
Chemsafe International
Pioneer Chemical Co.
Pioneer Chemical Co.
Surtec, Inc.

683675-47567
47371-131-4170
6836-361-4170
6836-349-4170
6836-266-4170
47371-192-4170
6836-78-89900
6836-348-89900
6836-348-89900
6836-77-10118
47371-131-55731
47371-131-55731
47371-131-151
6836-136-151
47371-131-40714

Wipe products		
Commercially Available Product Name	Company/Distributor	EPA REG No.
PURELL Professional Surface Disinfectant Wipes	GOJO Industries, Inc.	85150-1
PURELL Foodservice Surface Sanitizing Wipes	GOJO Industries, Inc.	84150-1
Sani-Cloth Prime Germicidal Disposable Wipe	Professional Disposables International, Inc.	9480-12
Buckeye Sanicare Disinfecting Wipes	Buckeye International, Inc.	6836313-559
Clorox Healthcare® Bleach Germicidal Wipes	Clorox Professional Products Company	67619-12
Clorox Healthcare® VersaSure® Wipes	Clorox Professional Products Company	67619-37
Clorox Commercial Solutions® Clorox® Disinfecting Wipes	Clorox Professional Products Company	67619-31
Clorox Commercial Solutions® Hydrogen Peroxide Cleaner Disinfectant Wipes	Clorox Professional Products Company	67619-25
Clorox Healthcare® Hydrogen Peroxide Cleaner Disinfectant Wipes	Clorox Professional Products Company	67619-25
Clorox® Disinfecting Wipes	The Clorox Company	5813-79
I7 DISINFECTANT WIPES	Ecolab Inc./Kay Chemical Co.	6836340-1677
MULTI PURPOSE DISINFECTING WIPES	Ecolab Inc.	6836-340-1677
SCRUBS® MEDAPHENE® Plus Disinfecting Wipes	ITW Pro Brands	6836-340-11694
Wipes Plus Disinfecting Wipes 1	Progressive Products, LLC.	6836-340-75399
Handyclean™ Steridol Wipes	Diamond Wipes International, Inc.	6836-340-74058
Monk Disinfectant Wipes	Dreumex USA, Inc.	6836-313-91910
SONO Ultrasound Wipes	Advanced Ultrasound Solutions, Inc.	6836-34089018
SONO Disinfecting Wipes	Advanced Ultrasound Solutions, Inc.	6836-34089018
Oxivir 1 Wipes	Diversey, Inc.	70627-77
OxIVIR™ WIPES	Diversey, Inc.	70627-60
CLAIRE BROADSPECTRUM GERMICIDAL & DISINFECTANT WIPE	Claire Manufacturing Company	6836-340706
NASSCO PRO SERIES 88 BROAD SPECTRUM GERMICIDAL & DISINFECTANT WIPES	NASSCO Inc	6836-340-18166
LCP BROAD SPECTRUM GERMICIDAL & DISINFECTANT WIPES	LOR Cleaner Products	6836-340-88324
SSS TRIPLE S DISINFECTANT WIPES	Triple S	6836-340-12120
BROAD SPECTRUM GERMICIDAL DISINFECTANT HEALTH CARE WIPES	Kandel & Son Inc	6836-34040976
Touch Point Plus Disinfectant Wipes	Innocore Sales & Marketing	6836-34092977
Accel Tb Wipes	Virox Technologies, Inc.	74559-3
PREempt Wipes	Virox Technologies, Inc.	745593
Rejuvenate Ready To Use Wipes One Step Disinfectant Cleaner for Use in Spas, Salons & Clinics	Virox Technologies, Inc.	745593
INTERvention Farm Animal Care Disinfectant Cleaner & Deodorizer Ready to Use Wipes	Virox Technologies, Inc.	7455910
Peroxigard Wipes One-Step Disinfectant Cleaner and Deodorizer for Use in Life Sciences	Virox Technologies, Inc.	74559-10
REScue Wipes One Step Disinfectant Cleaner & Deodorizer	Virox Technologies, Inc.	7455910

As a public service, CBC is maintaining this list of antimicrobials that have proven to be effective against stronger pathogens, such as norovirus or ebola. By publishing and maintaining this open list, CBC relieves federal, state, and local health officials' resources in order to focus on other aspects of the important effort to limit spread of this new disease. Listing is voluntary and compliance with EPA's "emerging viral pathogen" guidance for antimicrobial products is verified by CBC. CBC will be working with federal and state officials to disseminate the list and make it accessible to all those who need to be in the know.

ⁱ To include a product on CBC's list of Coronavirus—Fighting Products, please contact Ms. Komal K. Jain at komal_jain@americanchemistry.com

Updated 3/4/2020

Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms* can include

FEVER



COUGH



***Symptoms may appear 2-14 days after exposure.**

SHORTNESS OF BREATH



Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.



For more information: www.cdc.gov/COVID19-symptoms

Los pacientes con COVID-19 han presentado enfermedad respiratoria de leve a grave.

Los síntomas* pueden incluir

FIEBRE



TOS



***Los síntomas pueden aparecer de 2 a 14 días después de la exposición.**

Consulte a un médico si presenta síntomas y ha estado en contacto cercano con una persona que se sepa que tiene el COVID-19, o si usted vive o ha estado recientemente en un área en la que haya propagación en curso del COVID-19.

**DIFICULTAD
PARA RESPIRAR**



Para obtener más información: www.cdc.gov/COVID19-es

COVID-19

Contact Tracing Guidance For U.S. Border Patrol Supervisors



EMPLOYEE BEGINS TO DISPLAY COVID-19 LIKE ILLNESS



FOR A PERIOD COVERING 48 HOURS PRIOR TO THE ONSET OF SYMPTOMS



Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- ▶ **Pre-Screen:** Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- ▶ **Regular Monitoring:** As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
- ▶ **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
- ▶ **Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- ▶ **Disinfect and Clean work spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

If the employee becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.

Employers should implement the recommendations in the Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 to help prevent and slow the spread of COVID-19 in the workplace. Additional information about identifying critical infrastructure during COVID-19 can be found on the DHS CISA website or the CDC's specific First Responder Guidance page.

INTERIM GUIDANCE

This interim guidance pertains to critical infrastructure workers, including personnel in 16 different sectors of work including:

- ▶ Federal, state, & local law enforcement
- ▶ 911 call center employees
- ▶ Fusion Center employees
- ▶ Hazardous material responders from government and the private sector
- ▶ Janitorial staff and other custodial staff
- ▶ Workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities

ADDITIONAL CONSIDERATIONS

- ▶ Employees should not share headsets or other objects that are near mouth or nose.
- ▶ Employers should increase the frequency of cleaning commonly touched surfaces.
- ▶ Employees and employers should consider pilot testing the use of face masks to ensure they do not interfere with work assignments.
- ▶ Employers should work with facility maintenance staff to increase air exchanges in room.
- ▶ Employees should physically distance when they take breaks together. Stagger breaks and don't congregate in the break room, and don't share food or utensils.



PERSONAL DECONTAMINATION FOR COVID-19

COVID-19 infections are increasing across the world and in the United States. During your work shift you could be exposed to COVID-19 positive individuals and some infectious material may get on your clothing. This material could potentially contaminate your street clothes, vehicle (Gov't or personal) and people/pets you come in contact with.

While experts say that surface contamination is a low risk for getting COVID-19 infections, if you regularly interact on your job with individuals who are/ may be positive for the disease, there are general precautions you should take to reduce your risk. You should pay particular attention if you live in a community outbreak area. These precautions include:

- **Clean off the work day:** If your workplace has showers, consider showering before going home. If showers aren't available, take a shower as soon as you get home. Don't forget to wash your hair. If you don't have showers at work, remember to always wash your hands well before leaving the workplace.
- **Don't wear your work clothes or uniform home:** Take them off and place them in a plastic bag (e.g., drawstring garbage bag), then thoroughly wash your hands. Even if you can't shower, you should try to change to clean clothes before leaving your workplace.
- **Don't forget your shoes:** At the end of the day, remove your shoes and put them in a plastic bag. It is easier to place your shoes in a separate bag from your clothes. That way you can avoid bringing them into your home. Don't put your shoes on again until you arrive at work for your next shift. Make sure you wash your hands (or use gloves) after you put on your shoes.
- **If you must wear your work clothes home or commute by public transportation:** If commuting by car, consider placing something washable over your car seat and sit on that. You can use a large towel that can be laundered (see laundering directions below) or a garbage bag that can be thrown away. Do not sit on a used covering if your clothes are clean. For public transportation commuters and drivers alike, leave your shoes outside or in a location just inside the door. Change your work clothes as soon as you can. Immediately place them in the laundry or keep them separate from clothing worn around the house. Another useful tip is to change as soon as you get inside the door. Many homes have a laundry room next to a backdoor or garage. You can enter and change, placing the dirty clothes directly into the washer or a designated hamper.

Variations of these steps can be used for non-work-related outings, particularly in areas of high community spread or if you live with an at-risk individual. Leave shoes outside or be careful not to wear them throughout your house. Change clothes and keep them separate from clothes worn at home. A separate clothes hamper for "outside the house clothing" might be useful. If you use a hamper it is helpful to line it with a garbage bag that can be thrown away or a laundry bag that can be washed. That way you will not need to disinfect the hamper.

Laundering Your Work Clothes

You can safely launder your work clothes at home by following these steps:

- If your clothes are in a plastic bag, place the bag in the washer and gently remove them from the bag. You should be able to remove them without touching them. Do not shake the clothing, because if there is virus on the clothing it could disperse it into the air. If you must touch the clothing, use disposable gloves or wash your hands immediately.
- If you used a garbage bag, throw it away.
- Launder items as appropriate in accordance with the manufacturer's instructions. Launder items using the warmest appropriate water setting for the items and dry items completely. Ordinary laundry detergent is all you need.
- Remember that if you use an unlined hamper, clean and disinfect it.

For more information on how to launder clothing, towels and linens, go to [COVID-19: Resources for Households | CDC](#)



Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV

As of: January 23, 2020

Patients in the United States who meet the following criteria should be evaluated as a PUI in association with the outbreak of 2019-nCoV in Wuhan City, China.

Clinical Features	&	Epidemiologic Risk
Fever ¹ and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset, a history of travel from Wuhan City, China. -or- In the last 14 days before symptom onset, close contact ² with a person who is under investigation for 2019-nCoV while that person was ill.
Fever ¹ or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days, close contact ² with an ill laboratory-confirmed 2019-nCoV patient.

The criteria are intended to serve as a guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

Footnotes:

¹Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

²Close contact is defined as-

- a) being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a novel coronavirus case. **-or-**
- b) having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's [Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus](https://www.cdc.gov/coronavirus/2019-nCoV/prevention-and-control-recommendations-for-patients-under-investigation-for-2019-novel-coronavirus)

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with novel coronavirus (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

See CDC's [Criteria to Guide Evaluation of Patients Under Investigation \(PUI\) for 2019-nCoV](https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html)

IF YOU ARE AN **ESSENTIAL CRITICAL WORKER** WHO HAS BEEN EXPOSED TO COVID-19

DO

- Take your temperature before work.
- Wear a face mask at all times.
- Practice social distancing in the workplace as work duties permit.

DON'T

- Stay at work if you become sick.
- Share headsets or objects used near face.
- Congregate in the break room or other crowded places.



IF YOU ARE AN **EMPLOYER OF WORKERS** EXPOSED TO COVID-19

DO

- Take employee's temperature and assess symptoms prior to their starting work.
- If an employee becomes sick during the day, send them home immediately.
- Test the use of face masks to ensure they do not interfere with workflow.
- Increase air exchange in the building.
- Increase the frequency of cleaning commonly touched surfaces.





GSA Fleet Vehicle Cleaning & Disinfecting Guidance for COVID-19

Updated on April 6, 2020

GSA Fleet values the health and safety of our customers, employees, and communities. GSA leadership wants to assure you that we are here to support you and will continue to do so during this evolving situation. We are actively monitoring COVID-19 developments and have taken precautions to safeguard our customers and employees.

A question frequently asked is how to appropriately clean vehicles. The response below is a summary of information gathered from the Center for Disease Control (CDC), the World Health Organization (WHO), Consumer Reports, and Original Equipment Manufacturers.

We encourage all drivers to take additional precautions to limit the spread of COVID-19. The CDC and the WHO emphasize how important it is to frequently wash one's hands and to regularly clean and disinfect frequently touched surfaces in order to prevent COVID-19 spread. We recognize that vehicles represent a special challenge as they are most often used as shared resources. As with all other surfaces you come into contact with, it is impossible to be positive that COVID-19 is not present and the potential for COVID-19 exposure exists after each use.

Therefore, we believe it is in your best interest to frequently clean the vehicles you are using; especially after the vehicle has left your custody for use by others, for oil changes, for maintenance activities or other events.

What to Do:

- Sanitize frequently touched vehicle surfaces on a regular basis.
- Be mindful of the cleaning / disinfecting agents used on vehicles to avoid inadvertently damaging the interior or exterior.
 - Many of the same household cleaners (such as **non-bleach, unscented, non-chlorinated** disinfectant cleaners and wipes) that kill coronaviruses on hard surfaces at home can also clean most car interiors without causing damage.
 - Alcohol solutions that contain at least 70 percent alcohol are effective against coronavirus, according to the CDC. Nearly every interior surface of a vehicle can be cleaned with isopropyl alcohol.
 - Vigorous washing with soap and water can also destroy a coronavirus. Soap and water are safe for most car interiors. Be careful not to saturate the surfaces.
- Consult the cleaning directions provided in the Vehicle Owners' Manual.
- Follow the cleaning agent manufacturer's product label guidance for the recommended disinfecting procedure, as guidance varies by cleaning product. Read all instructions and precautions of the materials being utilized and follow all safety recommendations when utilizing cleaning products to ensure personal safety.
- When using wipes, remove excess liquid before wiping surfaces, especially electrical components and touch screens.
- Test selected cleaning agent in an inconspicuous location.



What to Avoid:

- Don't use bleach or hydrogen peroxide on the inside of your car.
- Don't use scented wipes or wipes containing bleach.
- Don't use ammonia-based cleaners on car touch screens or dashboards, as they can damage anti-glare and anti-fingerprint coatings.
- Never combine cleaning chemicals as doing so may lead to toxicity.

Sample Vehicle High Touch Areas:

- Car keys and fobs
- Door handles, door latches and lock buttons
- Steering wheel
- Shift lever
- Any buttons or touch screens (radios, mirror adjusters, climate controls, etc)
- Wiper and turn signal stalks
- Center console and cup holders
- Driver and passenger armrests and seat belts, grab handles, and seat adjusters
- Headrests and seat pockets

Other Suggestions:

- Wash your hands before and after driving.
- Wear gloves when possible outside of your vehicle, especially when fueling. Pumps, keypads and other surfaces are frequently touched and may not have been sanitized.
- When possible use contactless payment methods to avoid touching keypads or pens.
- Consider using your knuckles rather than fingertips to touch common use contact areas. Compared to fingertips, knuckles will generally have less contact with other things throughout the day.
- When finished driving the vehicle for the day, thoroughly wipe down the vehicle with disinfectant wipes or other appropriate cleaning solutions.

Resources:

1. [CDC Guidance for Cleaning and Disinfection](#)
2. [EPA List of Cleaning Chemicals Effective Against Coronavirus](#) (note check to make sure they are safe for vehicle interiors)
3. [How to Kill Coronavirus in your Car Without Damaging Interior Surfaces](#)

Lastly, GSA Fleet has been asked if we will approve vehicle deep cleaning and sanitization services for our leased vehicles with the expenses charged back through the Agency Incurred Expense (AIE) process. Yes, we will allow agencies to have the sanitization performed without requiring prior approval from GSA; but agencies must use their own procurement mechanisms to arrange and pay for these services. We believe the decision of when to deep clean and sanitize is best left to the leasing agency.

CDC is aggressively responding to the global outbreak of COVID-19 and preparing for the potential of community spread in the U.S.

Travel

- Conducts outreach to travelers
- Issues travel notices



Businesses

- Provides business guidance including recommendations for sick leave policies and continuity of operations

Schools

- Provides guidance for schools including school closures and online education options

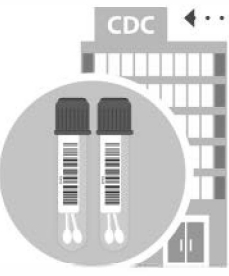


Community members

- Shares information on symptoms and prevention
- Provides information on home care
- Encourages social distancing

Laboratory and diagnostics

- Develops diagnostic tests
- Confirms all positive test results submitted by states



Healthcare professionals

- Develops guidance for healthcare professionals
- Conducts clinical outreach and education



Healthcare systems

- Develops preparedness checklists for health systems
- Provides guidance for PPE supply planning, healthcare system screening, and infection control
- Leverages existing telehealth tools to redirect persons to the right level of care



Health departments

- Assesses state and local readiness to implement community mitigation measures
- Links public health agencies and healthcare systems



**TITLE 5. GOVERNMENT ORGANIZATION AND
EMPLOYEES
TITLE 5--APPENDIX
INSPECTOR GENERAL ACT OF 1978**

5 USCA Appx § 1 (2001)

§ 1. Short title

This Act may be cited as the "Inspector General Act of 1978".

§ 2. Purpose and establishment of Offices of Inspector General; departments and agencies involved in order to create independent and objective units—

(1) to conduct and supervise audits and investigations relating to the programs and operations of the establishments listed in section 11(2);

(2) to provide leadership and coordination and recommend policies for activities designed

(A) to promote economy, efficiency, and effectiveness in the administration of, and

(B) to prevent and detect fraud and abuse in, such programs and operations; and

(3) to provide a means for keeping the head of the establishment and the Congress fully and currently informed about problems and deficiencies relating to the administration of such programs and operations and the necessity for and progress of corrective action; there is established—

(A) in each of such establishments an office of Inspector General, subject to subparagraph (B); and

(B) in the establishment of the Department of the Treasury—

(i) an Office of Inspector General of the Department of the Treasury; and

(ii) an Office of Treasury Inspector General for Tax Administration.

§ 3. Appointment of Inspectors General; supervision; removal; political activities; appointment of Assistant Inspector General for Auditing and Assistant Inspector General for Investigations

(a) There shall be at the head of each Office an Inspector General who shall be appointed by the President, by and with the advice and consent of the Senate, without regard to political affiliation and solely on the basis of integrity and demonstrated ability in accounting, auditing, financial analysis, law, management analysis, public administration, or investigations. Each Inspector General shall report to and be under the general supervision of the head of the establishment involved or, to the extent such authority is delegated, the officer next in rank below such head, but shall not report to, or be subject to supervision by, any other officer of such establishment. Neither the head of the establishment nor the officer next in rank below such head shall prevent or prohibit the Inspector General from initiating, carrying out, or completing any audit or investigation, or from issuing any subpoena during the course of any audit or investigation.

(b) An Inspector General may be removed from office by the President. The President shall communicate the reasons for any such removal to both Houses of Congress.

(c) For the purposes of section 7324 of title 5, United States Code, no Inspector General shall be considered to be an employee who determines policies to be pursued by the United States in the nationwide administration of Federal laws.

(d) Each Inspector General shall, in accordance with applicable laws and regulations governing the civil service--

(1) appoint an Assistant Inspector General for Auditing who shall have the responsibility for supervising the performance of auditing activities relating to programs and operations of the establishment, and

(2) appoint an Assistant Inspector General for Investigations who shall have the responsibility for supervising the performance of investigative activities relating to such programs and operations.

§ 4. Duties and responsibilities; report of criminal violations to Attorney General

(a) It shall be the duty and responsibility of each Inspector General, with respect to the establishment within which his Office is established--

(1) to provide policy direction for and to conduct, supervise, and coordinate audits and investigations relating to the programs and operations of such establishment;

(2) to review existing and proposed legislation and regulations relating to programs and operations of such establishment and to make recommendations in the semiannual reports required by section 5(a) concerning the impact of such legislation or regulations on the economy and efficiency in the administration of programs and operations administered or financed by such establishment or the prevention and detection of fraud and abuse in such programs and operations;

(3) to recommend policies for, and to conduct, supervise, or coordinate other activities carried out or financed by such establishment for the purpose of promoting economy and efficiency in the administration of, or preventing and detecting fraud and abuse in, its programs and operations;

(4) to recommend policies for, and to conduct, supervise, or coordinate relationships between such establishment and other Federal agencies, State and local governmental agencies, and nongovernmental entities with respect to (A) all matters relating to the promotion of economy and efficiency in the administration of, or the prevention and detection of fraud and abuse in, programs and operations administered or financed by such establishment, or (B) the identification and prosecution of participants in such fraud or abuse; and

(5) to keep the head of such establishment and the Congress fully and currently informed, by means of the reports required by section 5 and otherwise, concerning fraud and other serious problems, abuses,

and deficiencies relating to the administration of programs and operations administered or financed by such establishment, to recommend corrective action concerning such problems, abuses, and deficiencies, and to report on the progress made in implementing such corrective action.

(b)(1) In carrying out the responsibilities specified in subsection (a)(1), each Inspector General shall--

(A) comply with standards established by the Comptroller General of the United States for audits of Federal establishments, organizations, programs, activities, and functions;

(B) establish guidelines for determining when it shall be appropriate to use non-Federal auditors; and

(C) take appropriate steps to assure that any work performed by non-Federal auditors complies with the standards established by the Comptroller General as described in paragraph (1).

(2) For purposes of determining compliance with paragraph (1)(A) with respect to whether internal quality controls are in place and operating and whether established audit standards, policies, and procedures are being followed by Offices of Inspector General of establishments defined under section 11(2), Offices of Inspector General of designated Federal entities defined under section 8F(a)(2), and any audit office established within a Federal entity defined under section 8F(a)(1), reviews shall be performed exclusively by an audit entity in the Federal Government, including the General Accounting Office or the Office of Inspector General of each establishment defined under section 11(2), or the Office of Inspector General of each designated Federal entity defined under section 8F(a)(2).

(c) In carrying out the duties and responsibilities established under this Act, each Inspector General shall give particular regard to the activities of the Comptroller General of the United States with a view toward avoiding duplication and insuring effective coordination and cooperation.

(d) In carrying out the duties and responsibilities established under this Act, each Inspector General shall report expeditiously to the

Attorney General whenever the Inspector General has reasonable grounds to believe there has been a violation of Federal criminal law.

§ 5. Semiannual reports; transmittal to Congress; availability to public; immediate report on serious or flagrant problems

(a) Each Inspector General shall, not later than April 30 and October 31 of each year, prepare semiannual reports summarizing the activities of the Office during the immediately preceding six-month periods ending March 31 and September 30. Such reports shall include, but need not be limited to--

(1) a description of significant problems, abuses, and deficiencies relating to the administration of programs and operations of such establishment disclosed by such activities during the reporting period;

(2) a description of the recommendations for corrective action made by the Office during the reporting period with respect to significant problems, abuses, or deficiencies identified pursuant to paragraph (1);

(3) an identification of each significant recommendation described in previous semiannual reports on which corrective action has not been completed;

(4) a summary of matters referred to prosecutive authorities and the prosecutions and convictions which have resulted;

(5) a summary of each report made to the head of the establishment under section 6(b)(2) during the reporting period;

(6) a listing, subdivided according to subject matter, of each audit report issued by the Office during the reporting period and for each audit report, where applicable, the total dollar value of questioned costs (including a separate category for the dollar value of unsupported costs) and the dollar value of recommendations that funds be put to better use;

(7) a summary of each particularly significant report;

(8) statistical tables showing the total number of audit reports and the total dollar value of questioned costs (including a separate category for the dollar value of unsupported costs), for audit reports--

(A) for which no management decision had been made by the commencement of the reporting period;

(B) which were issued during the reporting period;

(C) for which a management decision was made during the reporting period, including--

(i) the dollar value of disallowed costs; and

(ii) the dollar value of costs not disallowed; and

(D) for which no management decision has been made by the end of the reporting period;

(9) statistical tables showing the total number of audit reports and the dollar value of recommendations that funds be put to better use by management, for audit reports--

(A) for which no management decision had been made by the commencement of the reporting period;

(B) which were issued during the reporting period;

(C) for which a management decision was made during the reporting period, including--

(i) the dollar value of recommendations that were agreed to by management; and

(ii) the dollar value of recommendations that were not agreed to by management; and

(D) for which no management decision has been made by the end of the reporting period;

(10) a summary of each audit report issued before the commencement of the reporting period for which no management decision has been made by the end of the reporting period (including the date and title of each such report), an explanation of the reasons

such management decision has not been made, and a statement concerning the desired timetable for achieving a management decision on each such report;

(11) a description and explanation of the reasons for any significant revised management decision made during the reporting period;

(12) information concerning any significant management decision with which the Inspector General is in disagreement; and

(13) the information described under section 05(b) of the Federal Financial Management Improvement Act of 1996.

[Reports by the Inspector General--Each Inspector General who prepares a report under section 5(a) of the Inspector General Act of 1978 (5 U.S.C. App.) shall report to Congress instances and reasons when an agency has not met the intermediate target dates established in the remediation plan required under section 3(c). Specifically the report shall include--

(1) the entity or organization responsible for the non-compliance;

(2) the facts pertaining to the failure to comply with the requirements of subsection (a), including the nature and extent of the non-compliance, the primary reason or cause for the failure to comply, and any extenuating circumstances; and

(3) a statement of the remedial actions needed to comply.]

(b) Semiannual reports of each Inspector General shall be furnished to the head of the establishment involved not later than April 30 and October 31 of each year and shall be transmitted by such head to the appropriate committees or subcommittees of the Congress within thirty days after receipt of the report, together with a report by the head of the establishment containing--

(1) any comments such head determines appropriate;

(2) statistical tables showing the total number of audit reports and the dollar value of disallowed costs, for audit reports--

(A) for which final action had not been taken by the commencement of the reporting period;

(B) on which management decisions were made during the reporting period;

(C) for which final action was taken during the reporting period, including--

(i) the dollar value of disallowed costs that were recovered by management through collection, offset, property in lieu of cash, or otherwise; and

(ii) the dollar value of disallowed costs that were written off by management; and

(D) for which no final action has been taken by the end of the reporting period;

(3) statistical tables showing the total number of audit reports and the dollar value of recommendations that funds be put to better use by management agreed to in a management decision, for audit reports--

(A) for which final action had not been taken by the commencement of the reporting period;

(B) on which management decisions were made during the reporting period;

(C) for which final action was taken during the reporting period, including--

(i) the dollar value of recommendations that were actually completed; and

(ii) the dollar value of recommendations that management has subsequently concluded should not or could not be implemented or completed; and

(D) for which no final action has been taken by the end of the reporting period; and

(4) a statement with respect to audit reports on which management decisions have been made but final action has not been taken, other than audit reports on which a management decision was made within the preceding year, containing--

(A) a list of such audit reports and the date each such report was issued;

(B) the dollar value of disallowed costs for each report;

(C) the dollar value of recommendations that funds be put to better use agreed to by management for each report; and

(D) an explanation of the reasons final action has not been taken with respect to each such audit report, except that such statement may exclude such audit reports that are under formal administrative or judicial appeal or upon which management of an establishment has agreed to pursue a legislative solution, but shall identify the number of reports in each category so excluded.

(c) Within sixty days of the transmission of the semiannual reports of each Inspector General to the Congress, the head of each establishment shall make copies of such report available to the public upon request and at a reasonable cost. Within 60 days after the transmission of the semiannual reports of each establishment head to the Congress, the head of each establishment shall make copies of such report available to the public upon request and at a reasonable cost.

(d) Each Inspector General shall report immediately to the head of the establishment involved whenever the Inspector General becomes aware of particularly serious or flagrant problems, abuses, or deficiencies relating to the administration of programs and operations of such establishment. The head of the establishment shall transmit any such report to the appropriate committees or subcommittees of Congress within seven calendar days, together with a report by the head of the establishment containing any comments such head deems appropriate.

(e)(1) Nothing in this section shall be construed to authorize the public disclosure of information which is--

(A) specifically prohibited from disclosure by any other provision of law;

(B) specifically required by Executive order to be protected from disclosure in the interest of national defense or national security or in the conduct of foreign affairs; or

(C) a part of an ongoing criminal investigation.

(2) Notwithstanding paragraph (1)(C), any report under this section may be disclosed to the public in a form which includes information with respect to a part of an ongoing criminal investigation if such information has been included in a public record.

(3) Except to the extent and in the manner provided under section 6103(f) of the Internal Revenue Code of 1986, nothing in this section or in any other provision of this Act shall be construed to authorize or permit the withholding of information from the Congress, or from any committee or subcommittee thereof.

(f) As used in this section--

(1) the term "questioned cost" means a cost that is questioned by the Office because of--

(A) an alleged violation of a provision of a law, regulation, contract, grant, cooperative agreement, or other agreement or document governing the expenditure of funds;

(B) a finding that, at the time of the audit, such cost is not supported by adequate documentation; or

(C) a finding that the expenditure of funds for the intended purpose is unnecessary or unreasonable;

(2) the term "unsupported cost" means a cost that is questioned by the Office because the Office found that, at the time of the audit, such cost is not supported by adequate documentation;

(3) the term "disallowed cost" means a questioned cost that management, in a management decision, has sustained or agreed should not be charged to the Government;

(4) the term "recommendation that funds be put to better use" means a recommendation by the Office that funds could be used more efficiently if management of an establishment took actions to implement and complete the recommendation, including--

(A) reductions in outlays;

(B) deobligation of funds from programs or operations;

(C) withdrawal of interest subsidy costs on loans or loan guarantees, insurance, or bonds;

(D) costs not incurred by implementing recommended improvements related to the operations of the establishment, a contractor or grantee;

(E) avoidance of unnecessary expenditures noted in preaward reviews of contract or grant agreements; or

(F) any other savings which are specifically identified;

(5) the term "management decision" means the evaluation by the management of an establishment of the findings and recommendations included in an audit report and the issuance of a final decision by management concerning its response to such findings and recommendations, including actions concluded to be necessary; and

(6) the term "final action" means--

(A) the completion of all actions that the management of an establishment has concluded, in its management decision, are necessary with respect to the findings and recommendations included in an audit report; and

(B) in the event that the management of an establishment concludes no action is necessary, final action occurs when a management decision has been made.

§ 6. Authority of Inspector Generals; information and assistance from Federal agencies; unreasonable refusal; office space and equipment

(a) In addition to the authority otherwise provided by this Act, each Inspector General, in carrying out the provisions of this Act, is authorized--

(1) to have access to all records, reports, audits, reviews, documents, papers, recommendations, or other material available to the applicable establishment which relate to programs and operations with respect to which that Inspector General has responsibilities under this Act;

(2) to make such investigations and reports relating to the administration of the programs and operations of the applicable establishment as are, in the judgment of the Inspector General, necessary or desirable;

(3) to request such information or assistance as may be necessary for carrying out the duties and responsibilities provided by this Act from any Federal, State, or local governmental agency or unit thereof;

(4) to require by subpoena the production of all information, documents, reports, answers, records, accounts, papers, and other data and documentary evidence necessary in the performance of the functions assigned by this Act, which subpoena, in the case of contumacy or refusal to obey, shall be enforceable by order of any appropriate United States district court: Provided, That procedures other than subpoenas shall be used by the Inspector General to obtain documents and information from Federal agencies;

(5) to administer to or take from any person an oath, affirmation, or affidavit, whenever necessary in the performance of the functions assigned by this Act, which oath, affirmation, or affidavit when administered or taken by or before an employee of an Office of Inspector General designated by the Inspector General shall have the same force and effect as if administered or taken by or before an officer having a seal;

(6) to have direct and prompt access to the head of the establishment involved when necessary for any purpose pertaining to the performance of functions and responsibilities under this Act;

(7) to select, appoint, and employ such officers and employees as may be necessary for carrying out the functions, powers, and duties of

the Office subject to the provisions of title 5, United States Code, governing appointments in the competitive service, and the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates;

(8) to obtain services as authorized by section 3109 of title 5, United States Code, at daily rates not to exceed the equivalent rate prescribed for grade GS-18 of the General Schedule by section 5332 of title 5, United States Code; and

(9) to the extent and in such amounts as may be provided in advance by appropriations Acts, to enter into contracts and other arrangements for audits, studies, analyses, and other services with public agencies and with private persons, and to make such payments as may be necessary to carry out the provisions of this Act.

(b)(1) Upon request of an Inspector General for information or assistance under subsection (a)(3), the head of any Federal agency involved shall, insofar as is practicable and not in contravention of any existing statutory restriction or regulation of the Federal agency from which the information is requested, furnished to such Inspector General, or to an authorized designee, such information or assistance.

(2) Whenever information or assistance requested under subsection (a)(1) or (a)(3) is, in the judgment of an Inspector General, unreasonably refused or not provided, the Inspector General shall report the circumstances to the head of the establishment involved without delay.

(c) Each head of an establishment shall provide the Office within such establishment with appropriate and adequate office space at central and field office locations of such establishment, together with such equipment, office supplies, and communications facilities and services as may be necessary for the operation of such offices, and shall provide necessary maintenance services for such offices and the equipment and facilities located therein.

(d) For purposes of the provisions of title 5, United States Code, governing the Senior Executive Service, any reference in such provisions to the "appointing authority" for a member of the Senior Executive Service or for a Senior Executive Service position shall, if such member or position is or would be within the Office of an

Inspector General, be deemed to be a reference to such Inspector General.

§ 7. Complaints by employees; disclosure of identity; reprisals

(a) The Inspector General may receive and investigate complaints or information from an employee of the establishment concerning the possible existence of an activity constituting a violation of law, rules, or regulations, or mismanagement, gross waste of funds, abuse of authority or a substantial and specific danger to the public health and safety.

(b) The Inspector General shall not, after receipt of a complaint or information from an employee, disclose the identity of the employee without the consent of the employee, unless the Inspector General determines such disclosure is unavoidable during the course of the investigation.

(c) Any employee who has authority to take, direct others to take, recommend, or approve any personnel action, shall not, with respect to such authority, take or threaten to take any action against any employee as a reprisal for making a complaint or disclosing information to an Inspector General, unless the complaint was made or the information disclosed with the knowledge that it was false or with willful disregard for its truth or falsity.

§ 8. Additional provisions with respect to the Inspector General of the Department of Defense

(a) No member of the Armed Forces, active or reserve, shall be appointed Inspector General of the Department of Defense.

(b)(1) Notwithstanding the last two sentences of section 3(a), the Inspector General shall be under the authority, direction, and control of the Secretary of Defense with respect to audits or investigations, or the issuance of subpoenas, which require access to information concerning--

(A) sensitive operational plans;

(B) intelligence matters;

(C) counterintelligence matters;

(D) ongoing criminal investigations by other administrative units of the Department of Defense related to national security; or

(E) other matters the disclosure of which would constitute a serious threat to national security.

(2) With respect to the information described in paragraph (1) the Secretary of Defense may prohibit the Inspector General from initiating, carrying out, or completing any audit or investigation, or from issuing any subpoena, after the Inspector General has decided to initiate, carry out or complete such audit or investigation or to issue such subpoena, if the Secretary determines that such prohibition is necessary to preserve the national security interests of the United States.

(3) If the Secretary of Defense exercises any power under paragraph (1) or (2), the Inspector General shall submit a statement concerning such exercise within thirty days to the Committees on Armed Services and Governmental Affairs of the Senate and the Committee on National Security and the Committee on Government Reform and Oversight of the House of Representatives and to other appropriate committees or subcommittees of the Congress.

(4) The Secretary shall, within thirty days after a submission of a statement under paragraph (3), transmit a statement of the reasons for the exercise of power under paragraph (1) or (2) to the congressional committees specified in paragraph (3) and to other appropriate committees or subcommittees.

(c) In addition to the other duties and responsibilities specified in this Act, the Inspector General of the Department of Defense shall--

(1) be the principal adviser to the Secretary of Defense for matters relating to the prevention and detection of fraud, waste, and abuse in the programs and operations of the Department;

(2) initiate, conduct, and supervise such audits and investigations in the Department of Defense (including the military departments) as the Inspector General considers appropriate;

(3) provide policy direction for audits and investigations relating to fraud, waste, and abuse and program effectiveness;

(4) investigate fraud, waste, and abuse uncovered as a result of other contract and internal audits, as the Inspector General considers appropriate;

(5) develop policy, monitor and evaluate program performance, and provide guidance with respect to all Department activities relating to criminal investigation programs;

(6) monitor and evaluate the adherence of Department auditors to internal audit, contract audit, and internal review principles, policies, and procedures;

(7) develop policy, evaluate program performance, and monitor actions taken by all components of the Department in response to contract audits, internal audits, internal review reports, and audits conducted by the Comptroller General of the United States;

(8) request assistance as needed from other audit, inspection, and investigative units of the Department of Defense (including military departments); and

(9) give particular regard to the activities of the internal audit, inspection, and investigative units of the military departments with a view toward avoiding duplication and insuring effective coordination and cooperation.

(d) Notwithstanding section 4(d), the Inspector General of the Department of Defense shall expeditiously report suspected or alleged violations of chapter 47 of title 10, United States Code (Uniform Code of Military Justice), to the Secretary of the military department concerned or the Secretary of Defense.

(e) For the purposes of section 7, a member of the Armed Forces shall be deemed to be an employee of the Department of Defense, except that, when the Coast Guard operates as a service of another

department or agency of the Federal Government, a member of the Coast Guard shall be deemed to be an employee of such department or agency.

(f)(1) Each semiannual report prepared by the Inspector General of the Department of Defense under section 5(a) shall include information concerning the numbers and types of contract audits conducted by the Department during the reporting period. Each such report shall be transmitted by the Secretary of Defense to the Committees on Armed Services and Governmental Affairs of the Senate and the Committee on National Security and the Committee on Government Reform and Oversight of the House of Representatives and to other appropriate committees or subcommittees of the Congress.

(2) Any report required to be transmitted by the Secretary of Defense to the appropriate committees or subcommittees of the Congress under section 5(d) shall also be transmitted, within the seven-day period specified in such section, to the congressional committees specified in paragraph (1).

(g) The provisions of section 1385 of title 18, United States Code, shall not apply to audits and investigations conducted by, under the direction of, or at the request of the Inspector General of the Department of Defense to carry out the purposes of this Act.

§ 8A. Special provisions relating to the Agency for International Development [AID]

(a) In addition to the other duties and responsibilities specified in this Act, the Inspector General of the Agency for International Development--

(1) shall supervise, direct, and control all security activities relating to the programs and operations of that Agency, subject to the supervision of the Administrator of that Agency;

(2) to the extent requested by the Director of the United States International Development Cooperation Agency (after consultation with the Administrator of the Agency for International Development), shall supervise, direct, and control all audit, investigative, and security activities relating to programs and operations within the United States International Development Cooperation Agency; and

(3) shall supervise, direct, and control audit and investigative activities relating to programs and operations within the Inter-American Foundation and the African Development Foundation.

(b) In addition to the Assistant Inspector Generals provided for in section 3(d) of this Act, the Inspector General of the Agency for International Development shall, in accordance with applicable laws and regulations governing the civil service, appoint an Assistant Inspector General for Security who shall have the responsibility for supervising the performance of security activities relating to programs and operations of the Agency for International Development.

(c) The semiannual reports required to be submitted to the Administrator of the Agency for International Development pursuant to section 5(b) of this Act shall also be submitted to the Director of the United States International Development Cooperation Agency.

(d) In addition to the officers and employees provided for in section 6(a)(6) of this Act, members of the Foreign Service may, at the request of the Inspector General of the Agency for International Development, be assigned as employees of the Inspector General. Members of the Foreign Service so assigned shall be responsible solely to the Inspector General and the Inspector General (or his or her designee) shall prepare the performance evaluation reports for such members.

(e) In establishing and staffing field offices pursuant to section 6(c) of this Act, the Administrator of the Agency for International Development shall not be bound by overseas personnel ceilings established under the Monitoring Overseas Direct Employment policy.

(f) The reference in section 7(a) of this Act to an employee of the establishment shall, with respect to the Inspector General of the Agency for International Development, be construed to include an employee of or under the United States International Development Cooperation Agency, an employee of the Inter-American Foundation, and an employee of the African Development Foundation.

(g) The Inspector General of the Agency for International Development shall be in addition to the officers provided for in section 624(a) of the Foreign Assistance Act of 1961.

(h) As used in this Act, the term "Agency for International Development" includes any successor agency primarily responsible for administering part I of the Foreign Assistance Act of 1961.

§ 8B. Special provisions concerning the Nuclear Regulatory Commission [NRC]

(a) The Chairman of the Commission may delegate the authority specified in the second sentence of section 3(a) to another member of the Nuclear Regulatory Commission, but shall not delegate such authority to any other officer or employee of the Commission.

(b) Notwithstanding sections 6(a)(7) and (8), the Inspector General of the Nuclear Regulatory Commission is authorized to select, appoint, and employ such officers and employees as may be necessary for carrying out the functions, powers and duties of the Office of Inspector General and to obtain the temporary or intermittent services of experts or consultants or an organization thereof, subject to the applicable laws and regulations that govern such selections, appointments and employment, and the obtaining of such services, within the Nuclear Regulatory Commission.

§ 8C. Special provisions concerning the Federal Deposit Insurance Corporation [FDIC]

(a) Delegation. The Chairperson of the Federal Deposit Insurance Corporation may delegate the authority specified in the second sentence of section 3(a) to the Vice Chairperson of the Board of Directors of the Federal Deposit Insurance Corporation, but may not delegate such authority to any other officer or employee of the Corporation.

(b) Personnel. Notwithstanding paragraphs (7) and (8) of section 6(a), the Inspector General of the Federal Deposit Insurance Corporation may select, appoint, and employ such officers and employees as may be necessary for carrying out the functions, powers, and duties of the Office of Inspector General and to obtain the temporary or intermittent services of experts or consultants or an organization of experts or consultants, subject to the applicable laws and regulations that govern such selections, appointments, and employment, and the obtaining of such services, within the Federal Deposit Insurance Corporation.

§ 8D. Special provisions concerning the Department of the Treasury

(a)(1) Notwithstanding the last two sentences of section 3(a), the Inspector General of the Department of the Treasury shall be under the authority, direction, and control of the Secretary of the Treasury with respect to audits or investigations, or the issuance of subpoenas, which require access to sensitive information concerning--

(A) ongoing criminal investigations or proceedings;

(B) undercover operations;

(C) the identity of confidential sources, including protected witnesses;

(D) deliberations and decisions on policy matters, including documented information used as a basis for making policy decisions, the disclosure of which could reasonably be expected to have a significant influence on the economy or market behavior;

(E) intelligence or counterintelligence matters; or

(F) other matters the disclosure of which would constitute a serious threat to national security or to the protection of any person or property authorized protection by section 3056 of title 18, United States Code, section 202 of title 3, United States Code, or any provision of the Presidential Protection Assistance Act of 1976.

(2) With respect to the information described under paragraph (1), the Secretary of the Treasury may prohibit the Inspector General of the Department of the Treasury from carrying out or completing any audit or investigation, or from issuing any subpoena, after such Inspector General has decided to initiate, carry out, or complete such audit or investigation or to issue such subpoena, if the Secretary determines that such prohibition is necessary to prevent the disclosure of any information described under paragraph (1) or to prevent significant impairment to the national interests of the United States.

(3) If the Secretary of the Treasury exercises any power under paragraph (1) or (2), the Secretary of the Treasury shall notify the Inspector General of the Department of the Treasury in writing stating the reasons for such exercise. Within 30 days after receipt of any such notice, the Inspector General of the Department of the Treasury shall transmit a copy of such notice to the Committees on Governmental Affairs and Finance of the Senate and the Committees on Government Operations and Ways and Means of the House of Representatives, and to other appropriate committees or subcommittees of the Congress.

(4) The Secretary of the Treasury may not exercise any power under paragraph (1) or (2) with respect to the Treasury Inspector General for Tax Administration.

(b)(1) In carrying out the duties and responsibilities specified in this Act, the Inspector General of the Department of the Treasury shall have oversight responsibility for the internal investigations performed by the Office of Internal Affairs of the Bureau of Alcohol, Tobacco and Firearms, the Office of Internal Affairs of the United States Customs Service, and the Office of Inspections of the United States Customs Service, and the Office of Inspections of the United States Secret Service[.]. The head of each such office shall promptly report to the Inspector General of the Department of the Treasury the significant activities being carried out by such office.

(2) The Inspector General of the Department of the Treasury shall exercise all duties and responsibilities of an Inspector General for the Department of the Treasury other than the duties and responsibilities exercised by the Treasury Inspector General for Tax Administration.

(3) The Secretary of the Treasury shall establish procedures under which the Inspector General of the Department of the Treasury and the Treasury Inspector General for Tax Administration will--

(A) determine how audits and investigations are allocated in cases of overlapping jurisdiction; and

(B) provide for coordination, cooperation, and efficiency in the conduct of such audits and investigations.

(c) Notwithstanding subsection (b), the Inspector General of the Department of the Treasury may initiate, conduct and supervise such audits and investigations in the Department of the Treasury (including the bureaus and services referred to in subsection (b)) as the Inspector General of the Department of the Treasury considers appropriate.

(d) If the Inspector General of the Department of the Treasury initiates an audit or investigation under subsection (c) concerning a bureau or service referred to in subsection (b), the Inspector General of the Department of the Treasury may provide the head of the office of such bureau or service referred to in subsection (b) with written notice that the Inspector General of the Department of the Treasury has initiated such an audit or investigation. If the Inspector General of the Department of the Treasury issues a notice under the preceding sentence, no other audit or investigation shall be initiated into the matter under audit or investigation by the Inspector General of the Department of the Treasury and any other audit or investigation of such matter shall cease.

(e)(1) The Treasury Inspector General for Tax Administration shall have access to return information, as defined in section 6103(b) of the Internal Revenue Code of 1986, only in accordance with the provisions of section 6103 of such Code and this Act.

(2) The Internal Revenue Service shall maintain the same system of standardized records or accountings of all requests from the Treasury

Inspector General for Tax Administration for inspection or disclosure of returns and return information (including the reasons for and dates of such requests), and of returns and return information inspected or disclosed pursuant to such requests, as described under section 6103(p)(3)(A) of the Internal Revenue Code of 1986. Such system of standardized records or accountings shall also be available for examination in the same manner as provided under section 6103(p)(3) of the Internal Revenue Code of 1986.

(3) The Treasury Inspector General for Tax Administration shall be subject to the same safeguards and conditions for receiving returns and return information as are described under section 6103(p)(4) of the Internal Revenue Code of 1986.

(f) An audit or investigation conducted by the Inspector General of the Department of the Treasury or the Treasury Inspector General for Tax Administration shall not affect a final decision of the Secretary of the Treasury or his delegate under section 6406 of the Internal Revenue Code of 1986.

(g)(1) Any report required to be transmitted by the Secretary of the Treasury to the appropriate committees or subcommittees of the Congress under section 5(d) shall also be transmitted, within the seven-day period specified under such section, to the Committees on Governmental Affairs and Finance of the Senate and the Committees on Government Reform and Oversight and Ways and Means of the House of Representatives.

(2) Any report made by the Treasury Inspector General for Tax Administration that is required to be transmitted by the Secretary of the Treasury to the appropriate committees or subcommittees of Congress under section 5(d) shall also be transmitted, within the 7-day period specified under such subsection, to the Internal Revenue Service Oversight Board and the Commissioner of Internal Revenue.

(h) The Treasury Inspector General for Tax Administration shall exercise all duties and responsibilities of an Inspector General of an establishment with respect to the Department of the Treasury and the Secretary of the Treasury on all matters relating to the Internal Revenue Service. The Treasury Inspector General for Tax Administration shall have sole authority under this Act to conduct an

audit or investigation of the Internal Revenue Service Oversight Board and the Chief Counsel for the Internal Revenue Service.

(i) In addition to the requirements of the first sentence of section 3(a), the Treasury Inspector General for Tax Administration should have demonstrated ability to lead a large and complex organization.

(j) An individual appointed to the position of Treasury Inspector General for Tax Administration, the Assistant Inspector General for Auditing of the Office of the Treasury Inspector General for Tax Administration under section 3(d)(1), the Assistant Inspector General for Investigations of the Office of the Treasury Inspector General for Tax Administration under section 3(d)(2), or any position of Deputy Inspector General of the Office of the Treasury Inspector General for Tax Administration may not be an employee of the Internal Revenue Service--

(1) during the 2-year period preceding the date of appointment to such position; or

(2) during the 5-year period following the date such individual ends service in such position.

(k)(1) In addition to the duties and responsibilities exercised by an inspector general of an establishment, the Treasury Inspector General for Tax Administration--

(A) shall have the duty to enforce criminal provisions under section 7608(b) of the Internal Revenue Code of 1986;

(B) in addition to the functions authorized under section 7608(b)(2) of such Code, may carry firearms;

(C) shall be responsible for protecting the Internal Revenue Service against external attempts to corrupt or threaten employees of the Internal Revenue Service, but shall not be responsible for the conducting of background checks and the providing of physical security; and

(D) may designate any employee in the Office of the Treasury Inspector General for Tax Administration to enforce such laws and

perform such functions referred to under subparagraphs (A), (B), and (C).

(2)(A) In performing a law enforcement function under paragraph (1), the Treasury Inspector General for Tax Administration shall report any reasonable grounds to believe there has been a violation of Federal criminal law to the Attorney General at an appropriate time as determined by the Treasury Inspector General for Tax Administration, notwithstanding section 4(d).

(B) In the administration of section 5(d) and subsection (g)(2) of this section, the Secretary of the Treasury may transmit the required report with respect to the Treasury Inspector General for Tax Administration at an appropriate time as determined by the Secretary, if the problem, abuse, or deficiency relates to--

(i) the performance of a law enforcement function under paragraph (1); and

(ii) sensitive information concerning matters under subsection (a)(1)(A) through (F).

(3) Nothing in this subsection shall be construed to affect the authority of any other person to carry out or enforce any provision specified in paragraph (1).

(1)(1) The Commissioner of Internal Revenue or the Internal Revenue Service Oversight Board may request, in writing, the Treasury Inspector General for Tax Administration to conduct an audit or investigation relating to the Internal Revenue Service. If the Treasury Inspector General for Tax Administration determines not to conduct such audit or investigation, the Inspector General shall timely provide a written explanation for such determination to the person making the request.

(2)(A) Any final report of an audit conducted by the Treasury Inspector General for Tax Administration shall be timely submitted by the Inspector General to the Commissioner of Internal Revenue and the Internal Revenue Service Oversight Board.

(B) The Treasury Inspector General for Tax Administration shall periodically submit to the Commissioner and Board a list of

investigations for which a final report has been completed by the Inspector General and shall provide a copy of any such report upon request of the Commissioner or Board.

(C) This paragraph applies regardless of whether the applicable audit or investigation is requested under paragraph (1).

§ 8E. Special provisions concerning the Department of Justice [DOJ]

(a)(1) Notwithstanding the last two sentences of section 3(a), the Inspector General shall be under the authority, direction, and control of the Attorney General with respect to audits or investigations, or the issuance of subpoenas, which require access to sensitive information concerning--

(A) ongoing civil or criminal investigations or proceedings;

(B) undercover operations;

(C) the identity of confidential sources, including protected witnesses;

(D) intelligence or counterintelligence matters; or

(E) other matters the disclosure of which would constitute a serious threat to national security.

(2) With respect to the information described under paragraph (1), the Attorney General may prohibit the Inspector General from carrying out or completing any audit or investigation, or from issuing any subpoena, after such Inspector General has decided to initiate, carry out, or complete such audit or investigation or to issue such subpoena, if the Attorney General determines that such prohibition is necessary to prevent the disclosure of any information described under paragraph (1) or to prevent the significant impairment to the national interests of the United States.

(3) If the Attorney General exercises any power under paragraph (1) or (2), the Attorney General shall notify the Inspector General in writing stating the reasons for such exercise. Within 30 days after receipt of any such notice, the Inspector General shall transmit a copy

of such notice to the Committees on Governmental Affairs and Judiciary of the Senate and the Committees on Government Operations and Judiciary of the House of Representatives, and to other appropriate committees or subcommittees of the Congress.

(b) In carrying out the duties and responsibilities specified in this Act, the Inspector General of the Department of Justice--

(1) may initiate, conduct and supervise such audits and investigations in the Department of Justice as the Inspector General considers appropriate;

(2) shall give particular regard to the activities of the Counsel, Office of Professional Responsibility of the Department and the audit, internal investigative, and inspection units outside the Office of Inspector General with a view toward avoiding duplication and insuring effective coordination and cooperation; and

(3) shall refer to the Counsel, Office of Professional Responsibility of the Department for investigation, information or allegations relating to the conduct of an officer or employee of the Department of Justice employed in an attorney, criminal investigative, or law enforcement position that is or may be a violation of law, regulation, or order of the Department or any other applicable standard of conduct, except that no such referral shall be made if the officer or employee is employed in the Office of Professional Responsibility of the Department.

(c) Any report required to be transmitted by the Attorney General to the appropriate committees or subcommittees of the Congress under section 5(d) shall also be transmitted, within the seven-day period specified under such section, to the Committees on the Judiciary and Governmental Affairs of the Senate and the Committees on the Judiciary and Government Operations of the House of Representatives.

§ 8F. Special provisions concerning the Corporation for National and Community Service [CNCS]

(a) Notwithstanding the provisions of paragraphs (7) and (8) of section 6(a), it is within the exclusive jurisdiction of the Inspector General of the Corporation for National and Community Service to--

(1) appoint and determine the compensation of such officers and employees in accordance with section 195(b) of the National and Community Service Trust Act of 1993; and

(2) procure the temporary and intermittent services of and compensate such experts and consultants, in accordance with section 3109(b) of title 5, United States Code, as may be necessary to carry out the functions, powers, and duties of the Inspector General.

(b) No later than the date on which the Chief Executive Officer of the Corporation for National and Community Service transmits any report to the Congress under subsection (a) or (b) of section 5, the Chief Executive Officer shall transmit such report to the Board of Directors of such Corporation.

(c) No later than the date on which the Chief Executive Officer of the Corporation for National and Community Service transmits a report described under section 5(b) to the Board of Directors as provided under subsection (b) of this section, the Chief Executive Officer shall also transmit any audit report which is described in the statement required under section 5(b)(4) to the Board of Directors. All such audit reports shall be placed on the agenda for review at the next scheduled meeting of the Board of Directors following such transmittal. The Chief Executive Officer of the Corporation shall be present at such meeting to provide any information relating to such audit reports.

(d) No later than the date on which the Inspector General of the Corporation for National and Community Service reports a problem, abuse, or deficiency under section 5(d) to the Chief Executive Officer of the Corporation, the Chief Executive Officer shall report such problem, abuse, or deficiency to the Board of Directors.

§ 8G. Requirements for Federal entities and designated Federal entities

(a) Notwithstanding section 11 of this Act, as used in this section--

(1) the term "Federal entity" means any Government corporation (within the meaning of section 103(1) of title 5, United States Code), any Government controlled corporation (within the meaning of section 103(2) of such title), or any other entity in the Executive branch of the Government, or any independent regulatory agency, but does not include--

(A) an establishment (as defined under section 11(2) of this Act) or part of an establishment;

(B) a designated Federal entity (as defined under paragraph (2) of this subsection) or part of a designated Federal entity;

(C) the Executive Office of the President;

(D) the Central Intelligence Agency;

(E) the General Accounting Office; or

(F) any entity in the judicial or legislative branches of the Government, including the Administrative Office of the United States Courts and the Architect of the Capitol and any activities under the direction of the Architect of the Capitol;

(2) the term "designated Federal entity" means Amtrak, the Appalachian Regional Commission, the Board of Governors of the Federal Reserve System, the Board for International Broadcasting, the Commodity Futures Trading Commission, the Consumer Product Safety Commission, the Corporation for Public Broadcasting, the Denali Commission, the Equal Employment Opportunity Commission, the Farm Credit Administration, the Federal Communications Commission, the Federal Deposit Insurance Corporation, the Federal Election Commission, the Federal Housing Finance Board, the Federal Labor Relations Authority, the Federal Maritime Commission, the Federal Trade Commission, the Legal Services Corporation, the National Archives and Records Administration, the National Credit Union Administration, the National Endowment for the Arts, the

National Endowment for the Humanities, the National Labor Relations Board, the National Science Foundation, the Panama Canal Commission, the Peace Corps, the Pension Benefit Guaranty Corporation, the Securities and Exchange Commission, the Smithsonian Institution, the United States International Trade Commission, and the United States Postal Service;

(3) the term "head of the Federal entity" means any person or persons designated by statute as the head of a Federal entity, and if no such designation exists, the chief policymaking officer or board of a Federal entity as identified in the list published pursuant to subsection (h)(1) of this section;

(4) the term "head of the designated Federal entity" means any person or persons designated by statute as the head of a designated Federal entity and if no such designation exists, the chief policymaking officer or board of a designated Federal entity as identified in the list published pursuant to subsection (h)(1) of this section, except that--

(A) with respect to the National Science Foundation, such term means the National Science Board; and

(B) with respect to the United States Postal Service, such term means the Governors (within the meaning of section 102(3) of title 39, United States Code);

(5) the term "Office of Inspector General" means an Office of Inspector General of a designated Federal entity; and

(6) the term "Inspector General" means an Inspector General of a designated Federal entity.

(b) No later than 180 days after the date of the enactment of this section [enacted Oct. 18, 1988], there shall be established and maintained in each designated Federal entity an Office of Inspector General. The head of the designated Federal entity shall transfer to such office the offices, units, or other components, and the functions, powers, or duties thereof, that such head determines are properly related to the functions of the Office of Inspector General and would, if so transferred, further the purposes of this section. There shall not be transferred to such office any program operating responsibilities.

(c) Except as provided under subsection (f) of this section, the Inspector General shall be appointed by the head of the designated Federal entity in accordance with the applicable laws and regulations governing appointments within the designated Federal entity.

(d) Each Inspector General shall report to and be under the general supervision of the head of the designated Federal entity, but shall not report to, or be subject to supervision by, any other officer or employee of such designated Federal entity. The head of the designated Federal entity shall not prevent or prohibit the Inspector General from initiating, carrying out, or completing any audit or investigation, or from issuing any subpoena during the course of any audit or investigation.

(e) If an Inspector General is removed from office or is transferred to another position or location within a designated Federal entity, the head of the designated Federal entity shall promptly communicate in writing the reasons for any such removal or transfer to both Houses of the Congress.

(f)(1) For purposes of carrying out subsection (c) with respect to the United States Postal Service, the appointment provisions of section 202(e) of title 39, United States Code, shall be applied.

(2) In carrying out the duties and responsibilities specified in this Act, the Inspector General of the United States Postal Service (hereinafter in this subsection referred to as the "Inspector General") shall have oversight responsibility for all activities of the Postal Inspection Service, including any internal investigation performed by the Postal Inspection Service. The Chief Postal Inspector shall promptly report the significant activities being carried out by the Postal Inspection Service to such Inspector General.

(3)(A)(i) Notwithstanding subsection (d), the Inspector General shall be under the authority, direction, and control of the Governors with respect to audits or investigations, or the issuance of subpoenas, which require access to sensitive information concerning--

(I) ongoing civil or criminal investigations or proceedings;

(II) undercover operations;

(III) the identity of confidential sources, including protected witnesses;

(IV) intelligence or counterintelligence matters; or

(V) other matters the disclosure of which would constitute a serious threat to national security.

(ii) With respect to the information described under clause (i), the Governors may prohibit the Inspector General from carrying out or completing any audit or investigation, or from issuing any subpoena, after such Inspector General has decided to initiate, carry out, or complete such audit or investigation or to issue such subpoena, if the Governors determine that such prohibition is necessary to prevent the disclosure of any information described under clause (i) or to prevent the significant impairment to the national interests of the United States.

(iii) If the Governors exercise any power under clause (i) or (ii), the Governors shall notify the Inspector General in writing stating the reasons for such exercise. Within 30 days after receipt of any such notice, the Inspector General shall transmit a copy of such notice to the Committee on Governmental Affairs of the Senate and the Committee on Government Reform and Oversight of the House of Representatives, and to other appropriate committees or subcommittees of the Congress.

(B) In carrying out the duties and responsibilities specified in this Act, the Inspector General--

(i) may initiate, conduct and supervise such audits and investigations in the United States Postal Service as the Inspector General considers appropriate; and

(ii) shall give particular regard to the activities of the Postal Inspection Service with a view toward avoiding duplication and insuring effective coordination and cooperation.

(C) Any report required to be transmitted by the Governors to the appropriate committees or subcommittees of the Congress under section 5(d) shall also be transmitted, within the seven-day period

specified under such section, to the Committee on Governmental Affairs of the Senate and the Committee on Government Reform and Oversight of the House of Representatives.

(3) Nothing in this Act shall restrict, eliminate, or otherwise adversely affect any of the rights, privileges, or benefits of either employees of the United States Postal Service, or labor organizations representing employees of the United States Postal Service, under chapter 12 of title 39, United States Code, the National Labor Relations Act, any handbook or manual affecting employee labor relations with the United States Postal Service, or any collective bargaining agreement.

(4) As used in this subsection, the term "Governors" has the meaning given such term by section 102(3) of title 39, United States Code.

(g)(1) Sections 4, 5, 6 (other than subsections (a)(7) and (a)(8) thereof), and 7 of this Act shall apply to each Inspector General and Office of Inspector General of a designated Federal entity and such sections shall be applied to each designated Federal entity and head of the designated Federal entity (as defined under subsection (a)) by substituting--

(A) "designated Federal entity" for "establishment"; and

(B) "head of the designated Federal entity" for "head of the establishment".

(2) In addition to the other authorities specified in this Act, an Inspector General is authorized to select, appoint, and employ such officers and employees as may be necessary for carrying out the functions, powers, and duties of the Office of Inspector General and to obtain the temporary or intermittent services of experts or consultants or an organization thereof, subject to the applicable laws and regulations that govern such selections, appointments, and employment, and the obtaining of such services, within the designated Federal entity.

(3) Notwithstanding the last sentence of subsection (d) of this section, the provisions of subsection (a) of section 8C (other than the provisions of subparagraphs (A), (B), (C), and (E) of subsection

(a)(1)) shall apply to the Inspector General of the Board of Governors of the Federal Reserve System and the Chairman of the Board of Governors of the Federal Reserve System in the same manner as such provisions apply to the Inspector General of the Department of the Treasury and the Secretary of the Treasury, respectively.

(h)(1) No later than April 30, 1989, and annually thereafter, the Director of the Office of Management and Budget, after consultation with the Comptroller General of the United States, shall publish in the Federal Register a list of the Federal entities and designated Federal entities and the head of each such entity (as defined under subsection (a) of this section).

(2) Beginning on October 31, 1989, and on October 31 of each succeeding calendar year, the head of each Federal entity (as defined under subsection (a) of this section) shall prepare and transmit to the Director of the Office of Management and Budget and to each House of the Congress a report which--

(A) states whether there has been established in the Federal entity an office that meets the requirements of this section;

(B) specifies the actions taken by the Federal entity otherwise to ensure that audits are conducted of its programs and operations in accordance with the standards for audit of governmental organizations, programs, activities, and functions issued by the Comptroller General of the United States, and includes a list of each audit report completed by a Federal or non-Federal auditor during the reporting period and a summary of any particularly significant findings; and

(C) summarizes any matters relating to the personnel, programs, and operations of the Federal entity referred to prosecutive authorities, including a summary description of any preliminary investigation conducted by or at the request of the Federal entity concerning these matters, and the prosecutions and convictions which have resulted.

§ 9. Transfer of functions

(a) There shall be transferred--

(1) to the Office of Inspector General--

(A) of the Department of Agriculture [DOA], the offices of that department referred to as the "Office of Investigation" and the "Office of Audit";

(B) of the Department of Commerce [DOC], the offices of that department referred to as the "Office of Audits" and the "Investigations and Inspections Staff" and that portion of the office referred to as the "Office of Investigations and Security" which has responsibility for investigation of alleged criminal violations and program abuse;

(C) of the Department of Defense [DOD], the offices of that department referred to as the "Defense Audit Service" and the "Office of Inspector General, Defense Logistics Agency", and that portion of the office of that department referred to as the "Defense Investigative Service" which has responsibility for the investigation of alleged criminal violations;

(D) of the Department of Education [DOEd], all functions of the Inspector General of Health, Education, and Welfare or of the Office of Inspector General of Health, Education, and Welfare relating to functions transferred by section 301 of the Department of Education Organization Act;

(E) of the Department of Energy [DOE], the Office of Inspector General (as established by section 208 of the Department of Energy Organization Act;

(F) of the Department of Health and Human Services [HHS], the Office of Inspector General (as established by title II of Public Law 94-505;

(G) of the Department of Housing and Urban Development [HUD], the office of that department referred to as the "Office of Inspector General";

(H) of the Department of the Interior [DOI], the office of that department referred to as the "Office of Audit and Investigation";

(I) of the Department of Justice [DOJ], the offices of that Department referred to as (i) the "Audit Staff, Justice Management Division", (ii) the "Policy and Procedures Branch, Office of the

Comptroller, Immigration and Naturalization Service", the "Office of Professional Responsibility, Immigration and Naturalization Service", and the "Office of Program Inspections, Immigration and Naturalization Service", (iii) the "Office of Internal Inspection, United States Marshals Service", (iv) the "Financial Audit Section, Office of Financial Management, Bureau of Prisons" and the "Office of Inspections, Bureau of Prisons", and (v) from the Drug Enforcement Administration, that portion of the "Office of Inspections" which is engaged in internal audit activities, and that portion of the "Office of Planning and Evaluation" which is engaged in program review activities,

(J) of the Department of Labor [DOL], the office of that department referred to as the "Office of Special Investigations";

(K) of the Department of Transportation [DOT], the offices of that department referred to as the "Office of Investigations and Security" and the "Office of Audit" of the Department, the "Offices of Investigations and Security, Federal Aviation Administration", and "External Audit Divisions, Federal Aviation Administration", the "Investigations Division and the External Audit Division of the Office of Program Review and Investigation, Federal Highway Administration", and the "Office of Program Audits, Urban Mass Transportation Administration";

(L)(i) of the Department of the Treasury, the office of that department referred to as the "Office of Inspector General", and, notwithstanding any other provision of law, that portion of each of the offices of that department referred to as the "Office of Internal Affairs, Bureau of Alcohol, Tobacco, and Firearms", the "Office of Internal Affairs, United States Customs Service", and the "Office of Inspections, United States Secret Service" which is engaged in internal audit activities; and

(ii) of the Treasury Inspector General for Tax Administration, effective 180 days after the date of the enactment of the Internal Revenue Service Restructuring and Reform Act of 1998 [enacted July 22, 1998], the Office of Chief Inspector of the Internal Revenue Service;

(M) of the Environmental Protection Agency [EPA], the offices of that agency referred to as the "Office of Audit" and the "Security and Inspection Division";

(N) of the Federal Emergency Management Agency [FEMA], the office of that agency referred to as the "Office of Inspector General";

(O) of the General Services Administration [GSA], the offices of that agency referred to as the "Office of Audits" and the "Office of Investigations";

(P) of the National Aeronautics and Space Administration [NASA], the offices of that agency referred to as the "Management Audit Office" and the "Office of Inspections and Security";

(Q) of the Nuclear Regulatory Commission [NRC], the office of that commission referred to as the "Office of Inspector and Auditor";

(R) of the Office of Personnel Management [OPM], the offices of that agency referred to as the "Office of Inspector General", the "Insurance Audits Division, Retirement and Insurance Group", and the "Analysis and Evaluation Division, Administration Group";

(S) of the Railroad Retirement Board [RRB], the Office of Inspector General (as established by section 23 of the Railroad Retirement Act of 1974);

(T) of the Small Business Administration [SBA], the office of that agency referred to as the "Office of Audits and Investigations";

(U) of the Veterans' Administration [VA], the offices of that agency referred to as the "Office of Audits" and the "Office of Investigations"; [and]

(V) of the Corporation for National and Community Service [CNCS], the Office of Inspector General of ACTION;

(W) of the Social Security Administration [SSA], the functions of the Inspector General of the Department of Health and Human Services which are transferred to the Social Security Administration by the Social Security Independence and Program Improvements Act of 1994 (other than functions performed pursuant to section 105(a)(2) of

such Act, except that such transfers shall be made in accordance with the provisions of such Act and shall not be subject to subsections (b) through (d) of this section; and

(2) such other offices or agencies, or functions, powers, or duties thereof, as the head of the establishment involved may determine are properly related to the functions of the Office and would, if so transferred, further the purposes of this Act, except that there shall not be transferred to an Inspector General under paragraph (2) program operating responsibilities.

(b) The personnel, assets, liabilities, contracts, property, records, and unexpended balances of appropriations, authorization, allocations, and other funds employed, held, used, arising from, available or to be made available, of any office or agency the functions, powers, and duties of which are transferred under subsection (a) are hereby transferred to the applicable Office of Inspector General.

(c) Personnel transferred pursuant to subsection (b) shall be transferred in accordance with applicable laws and regulations relating to the transfer of functions except that the classification and compensation of such personnel shall not be reduced for one year after such transfer.

(d) In any case where all the functions, powers, and duties of any office or agency are transferred pursuant to this subsection, such office or agency shall lapse. Any person who, on the effective date of this Act [effective Oct. 1, 1978], held a position compensated in accordance with the General Schedule, and who, without a break in service, is appointed in an Office of Inspector General to a position having duties comparable to those performed immediately preceding such appointment shall continue to be compensated in the new position at not less than the rate provided for the previous position, for the duration of service in the new position.

§ 10. Conforming and technical amendments

...[This section amended 5 *USCS* §§ 5315 and 5316 and 42 *USCS* § 3522, which amendments have been executed.]

§ 11. Definitions

As used in this Act--

(1) the term "head of the establishment" means the Secretary of Agriculture, Commerce, Defense, Education, Energy, Health and Human Services, Housing and Urban Development, the Interior, Labor, State, Transportation, or the Treasury; the Attorney General; the Administrator of the Agency for International Development, Environmental Protection, General Services, National Aeronautics and Space, Small Business, or Veterans' Affairs; the Director of the Federal Emergency Management Agency, the Office of Personnel Management or the United States Information Agency; the Chairman of the Nuclear Regulatory Commission or the Railroad Retirement Board;[,] the Chairperson of the Thrift Depositor Protection Oversight Board; the Chief Executive Officer of the Corporation for National and Community Service;[,] the Administrator of the Community Development Financial Institutions Fund; and the chief executive officer of the Resolution Trust Corporation; and the Chairperson of the Federal Deposit Insurance Corporation; the Commissioner of Social Security, Social Security Administration; or the Board of Directors of the Tennessee Valley Authority; as the case may be;

(2) the term "establishment" means the Department of Agriculture, Commerce, Defense, Education, Energy, Health and Human Services, Housing and Urban Development, the Interior, Justice, Labor, State, Transportation, or the Treasury; the Agency for International Development, the Community Development Financial Institutions Fund, the Environmental Protection Agency, the Federal Emergency Management Agency, the General Services Administration, the National Aeronautics and Space Administration, the Nuclear Regulatory Commission, the Office of Personnel Management, the Railroad Retirement Board, the Resolution Trust Corporation, the Federal Deposit Insurance Corporation, the Small Business Administration, the United States Information Agency, the Corporation for National and Community Service, or the Veterans' Administration, the Social Security Administration, or the Tennessee Valley Authority; as the case may be;

(3) a the term "Inspector General" means the Inspector General of an establishment;

(4) the term "Office" means the Office of Inspector General of an establishment; and

(5) the term "Federal agency" means an agency as defined in section 552(e) of title 5 (including an establishment as defined in paragraph (2), United States Code, but shall not be construed to include the General Accounting Office.

§ 12. Effective date

The provisions of this Act and the amendments made by this Act shall take effect October 1, 1978.



KEEP
CALM
AND
WASH
YOUR
HANDS



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

From: Office of the Secretary
Subject: Message from Acting Secretary Chad F. Wolf on the Coronavirus
Date: Saturday, February 1, 2020 1:48:14 PM
Attachments: image001.gif

DHS Signature



February 1, 2020

Dear Colleagues,

As you know, the presence of the novel coronavirus has been affecting the United States, China and additional countries around the world. While the number of cases is extremely low in the United States, the Department of State has now issued a Level 4 Travel Advisory (Do Not Travel) for all of China. This is their highest travel advisory level. The Centers for Disease Control and Prevention (CDC) travel notice for all of China is Warning – Level 3 (Avoid Nonessential Travel), which is the CDC's highest warning level. Commercial air carriers have reduced or suspended routes to and from China.

The Department of Health and Human Services (HHS) declared a public health emergency for the entire United States to aid the nation's healthcare community in responding to 2019 novel coronavirus. The emergency declaration gives state, tribal, and local health departments more flexibility to respond to the coronavirus. Earlier this week, the World Health Organization determined the rapidly spreading outbreak constitutes a Public Health Emergency of International Concern.

In response to the changing threat and to increase protections to the American people, I have directed that all flights from China and all passengers who have traveled to China in the last 14 days to the U.S. be routed through seven airports where the federal government has established enhanced health screenings with the ability to impose a quarantine if needed. Additionally, the President used his authority to implement travel restrictions on all non-U.S. citizen and legal permanent resident travelers who have been in China in the last 14 days. These actions, coupled with the CDC's ongoing activity, will further protect the American people and help prevent the spread of this virus.

Closer to home, there are also simple measures you can personally take. The CDC recommends some easy steps you can take to reduce your risk of contracting the novel coronavirus (as well as many other communicable diseases, like the flu). Two of the best measures you can take are to wash your hands often with soap and water for at least 20 seconds (or use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available) and avoid touching your eyes, nose, and mouth with unwashed hands. As always, whenever you plan to travel internationally, make sure to check both the Department of State and the CDC travel advisory systems.

We will continue to keep you updated as the situation evolves.

Sincerely,

Chad F. Wolf
Acting Secretary, Homeland Security

With honor and integrity, we will safeguard the American people, our homeland, and our values.

How to Properly Put on and Take off a Disposable Respirator

WASH YOUR HANDS THOROUGHLY BEFORE PUTTING ON AND TAKING OFF THE RESPIRATOR.

If you have used a respirator before that fit you, use the same make, model and size.

Inspect the respirator for damage. If your respirator appears damaged, DO NOT USE IT. Replace it with a new one.

Do not allow facial hair, hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator.

Follow the instructions that come with your respirator.¹

Putting On The Respirator



Position the respirator in your hands with the nose piece at your fingertips.



Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.



The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.



Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Checking Your Seal²



Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face.



Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.



If air leaks around the nose, readjust the nosepiece as described. If air leaks at the mask edges, readjust the straps along the sides of your head until a proper seal is achieved.

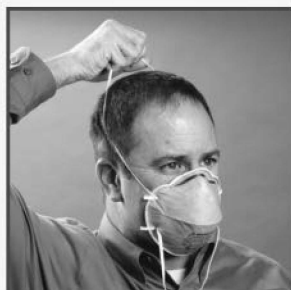


If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

Removing Your Respirator



DO NOT TOUCH the front of the respirator! It may be contaminated!



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



Discard in waste container. WASH YOUR HANDS!

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134 if respirators are used by employees performing work-related duties.

¹ Manufacturer instructions for many NIOSH approved disposable respirators can be found at www.cdc.gov/niosh/npptl/topics/respirators/#isp_part/

² According to the manufacturer's recommendations

For more information call 1-800-CDC-INFO or go to <http://www.cdc.gov/niosh/npptl/topics/respirators/>



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Preliminary Guidance to Agencies during Coronavirus Disease 2019 (COVID-19)

Tuesday, March 3, 2020

CPM 2020-04



The Director

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Washington, DC 20415

MEMORANDUM FOR: HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

From: DALE CABANISS, DIRECTOR

Subject:

Preliminary Guidance to Agencies during Coronavirus Disease 2019 (COVID-19)

● On March 3, 2020, President Donald J. Trump announced the formation of the White House Coronavirus Task Force (the Task Force). The Task Force leads the Administration's efforts to monitor, contain, and mitigate the spread of the virus, while ensuring that the American people have the most accurate and up-to-date health and travel information.

At the direction of the Task Force, the U.S. Office of Personnel Management (OPM) provides the following preliminary guidance to the Heads of Executive departments and agencies to prepare the Federal workforce for the potential impacts of Coronavirus Disease 2019 (COVID-19). OPM coordinated this guidance with the National Security Council (NSC), Office of Management and Budget (OMB), Department of State (DoS), the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (●SHA), General Services Administration (GSA), Federal Emergency Management Agency (FEMA), and the Federal Protective Service (FPS). This preliminary guidance addresses Federal workforce posture, management of visitors to Federal facilities, and domestic and international travel by Federal employees.

Human Resources Flexibilities for Federal Employees

Over the past month, OPM has released [CPM 2020-01](#) and [CPM 2020-02](#) reminding agencies of the various human resources flexibilities available to assist agencies.

Telework and Federal Mission Resilience

To be prepared for COVID-19, departments and agencies must incorporate telework in their continuity of operations (COOP) plans. The Telework Enhancement Act of 2010 states that "each executive agency shall incorporate telework into the continuity of operations plan of that agency." See 5 U.S.C. § 6504(d) (1). If an agency COOP plan is in operation, that plan "shall

supersede any telework policy.” *See* 5 U.S.C. § 6504(d) (2). Therefore, agencies should immediately review their current COOP plans to ensure that telework has been fully incorporated and that as many employees as possible have been identified as telework employees in the plan, and are telework capable (or “telework ready”).

FEMA advises that departments and agencies continue to monitor and prepare for any circumstances that may hinder the performance of essential functions and continue to submit Continuity Status Reports (CSRs) in accordance with Federal Continuity Directive 1.

OPM and OMB plan to host periodic interagency calls concerning questions and issues that arise about relevant human resource issues. In the meantime, agency headquarters-level human resources offices may contact OPM at pay-leave-policy@opm.gov with questions about human resources flexibilities. Agency field offices should contact their appropriate headquarters-level agency human resources office. Individual employees should contact their agency human resources office.

CDC Guidance

The CDC continues to update the American public that the immediate health risk from COVID-19 is low at this time. Nevertheless, Federal agencies should review their plans and continue their preparations since this is an emerging, rapidly evolving situation. CDC will provide updated information on the [CDC website](#). Additionally, CDC and the National Institute for Occupational Safety and Health (NIOSH) have created a page to highlight resources available for the protection of U.S. workers in all settings. *See* [CDC/NIOSH worker resources](#)

In addition, the CDC’s interim guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings, where it is unlikely that work tasks create an increased risk of exposure to COVID-19. The guidance also provides planning considerations for widespread, community outbreaks of COVID-19. *See* [Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)

CDC also recommends everyday preventive actions to help mitigate the spread of respiratory diseases. Find a list of these preventive actions at [CDC Prevention and Treatment Actions](#).

Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.

CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

For further guidance on workplace safety and health for Federal agencies and employees, please visit: [OSHA.gov/covid-19](https://www.osha.gov/covid-19)

Domestic Travel for Federal Employees

The intent of this travel guidance is not to be prescriptive, but to present a framework for decision making among the departments and agencies. All agencies shall review their travel policies and begin to reduce non-essential travel as appropriate.

Employees planning domestic travel should routinely check [COVID-19 Information for Travel](#) for information about COVID-19 for travelers and travel-related industries and take into consideration the location and purpose of their travel.

International Travel for Federal Employees

Federal employees that have spent time in certain countries or specific regions within countries that have been designated by the U.S. Department of State as Level 4 (Do Not Travel) due to COVID-19 are advised to stay at home and monitor their health for 14 days after returning to the U.S. Federal employees should seek medical advice if they get sick with fever, cough, or difficulty breathing.

Level 4 designated locations can be found at [Department of State Destination Travel Advisories](#).

This guidance does not require immediate cancellation of pre-planned, conferences/large meetings that are not located in areas with a Level 4 travel advisory.

Federal employees planning to travel to other overseas destinations are advised to individually review the U.S. Department of State's [Travel.State.Gov](#) website for up-to-date overseas [travel information for destination countries](#) and the [Emergency Alert for Coronavirus](#) page. Approval for travel to any country outside the CONUS is approved by the Chief of Mission for that country. This is usually the Ambassador or his/her designee. Travel advisories are directly available at [Department of State Travel Advisories](#). All Federal employees seeking to travel overseas for official purposes should complete the Department of State's "eCountry Clearance" process. Once registered, users will receive up-to-date travel information. Final approval for travel to any country is at the discretion of the Chief of Mission. The "eCountry Clearance" system is available via "myServices" or at [myServices eCountry Travel Registration](#). Please start the process of requesting overseas travel as early as possible. All USG staff must also obtain all necessary Department of State clearances and attend required trainings.

Travelers should consult the CDC's [guidelines for the prevention of coronavirus](#) and visit the [CDC Travelers' Health Page](#) for information on specific country health conditions.

Guidance on Visitor Access to Federal Offices and Buildings

The Interagency Security Committee has established standards for day-to-day risk management of Federal facilities. State and Federal health officials are providing ongoing guidance to Federal agencies regarding control and containment of COVID-19 exposure. Based on that health guidance, the Facility Security Committee (FSC) and/or Designated Official (DO) in each Federal facility has the authority and discretion to set requirements for admission to Federal property. See 41 CFR §102-74.375. Agencies should contact their respective FSC or DO for any further developments on visitor access.

At Federal Protective Services (FPS) protected facilities, FPS will work with the FSC and/or DO to implement and enforce any new requirements as necessary. At non-FPS protected facilities, this role is the responsibility of the individual facility security organization. Agencies should contact their respective FSC, DO, or security organization for any developments related to protection of facilities.

cc: Chief Human Capital Officers (CHCOs), Deputy CHCOs, Human Resources Directors, Work-Life Coordinators, Telework Coordinators, and Federal Executive Boards

THE OFFICE OF INSPECTOR GENERAL

I. Purpose

This directive established Department of Homeland Security (DHS) policy regarding the Office of Inspector General (OIG). Any prior Management Directive and any instruction or agreement of any kind issued by or entered into by any DHS official or Component that is inconsistent in any respect with this directive is hereby superseded to the extent it is inconsistent with this directive.

II. Scope

This directive applies to all DHS organizational elements (OEs), including all employees, contractors, and grantees.

III. Authorities

- A. The Inspector General Act of 1978, as amended
- B. The Homeland Security Act of 2002, as amended, codified in Title 6, US Code

IV. Definitions

- A. **OE Offices** – As used in this Management Directive, the term OE offices include all Organizational Elements offices of internal affairs, inspections, audits or Professional Responsibility. This term also includes the DHS Office of Security.
- B. **DHS Organizational Element** – As used in this directive, the term DHS Organizational Element (OE) shall have the meaning given to the term DHS Organizational Element in DHS MD 0010.1, Management Directives System and DHS Announcements. This includes Elements such as the Bureau of Customs and Border Protection, the United States Coast Guard, the Federal Emergency Management Agency, etc. It also includes entities that report to DHS Organizational Elements, such as National Laboratories.

V. Responsibilities

A. **The Heads of DHS Organizational Elements** shall:

1. Promptly advise the OIG of allegations of misconduct in accordance with the procedures described in Appendix A, and when they become aware of any audit, inspection or investigative work being performed or contemplated within their offices by or on behalf of an OIG from outside DHS, the General Accounting Office, or any other law enforcement authority, unless restricted by law;
2. Ensure that, upon request, OIG personnel are provided with adequate and appropriate office space, equipment, computer support services, temporary clerical support and other services to effectively accomplish their mission;
3. Provide prompt access for auditors, inspectors, investigators, and other personnel authorized by the OIG to any files, records, reports, or other information that may be requested either orally or in writing;
4. Assure the widest possible dissemination of this directive within their OEs. They may issue further instructions as necessary to implement this policy. Any such further instructions shall not conflict with this MD and shall be provided to the OIG immediately upon issuance;
5. Assist in arranging private interviews by auditors, inspectors, investigators, and other officers authorized by the OIG with staff members and other appropriate persons;
6. Advise the OIG when providing classified or sensitive information to the OIG to ensure proper handling.

B. **DHS employees** shall report suspicions of violations of law or regulation to the DHS Office of Inspector General or the appropriate OE offices, and will likewise:

1. Cooperate fully by disclosing complete and accurate information pertaining to matters under investigation or review;
2. Inform the investigating entity of any other areas or activities they believe require special attention;
3. Not conceal information or obstruct audits, inspections, investigations, or other official inquiries;

4. Be subject to criminal prosecution and disciplinary action, up to and including removal, for knowingly and willfully furnishing false or misleading information to investigating officials; and

5. Be subject to disciplinary action for refusing to provide documents or information or to answer questions posed by investigating officials or to provide a signed sworn statement if requested by the OIG, unless questioned as the subject of an investigation that can lead to criminal prosecution.

VI. Policy and Procedures

A. The OIG, while organizationally a Component of the DHS, operates independent of the DHS and all offices within it. The OIG reports to the Secretary. Under circumstances specified by statute, the Secretary, upon written notification to the OIG which then must be transmitted to Congress, can circumscribe the OIG's access to certain types of sensitive information and exercise of audit, investigative, or other authority. The DHS Inspector General is the head of the OIG.

The OIG is authorized, among other things, to:

1. Administer oaths;
2. Initiate, conduct, supervise and coordinate audits, investigations, inspections and other reviews relating to the programs and operations of the DHS;
3. Inform the Secretary, Deputy Secretary, and the Congress fully and currently about any problems and deficiencies relating to the administration of any DHS program or operation and the need for, and progress of, corrective action;
4. Review and comment on existing and proposed legislation and regulations relating to DHS programs, operations, and personnel;
5. Distribute final audit and inspection reports to appropriate authorizing and oversight committees of the Congress, to all headquarters and field officials responsible for taking corrective action on matters covered by the reports and to Secretarial officers, office heads, and other officials who have an official interest in the subject matter of the report;

6. Receive and investigate complaints or information from employees, contractors, and other individuals concerning the possible existence of criminal or other misconduct constituting a violation of law, rules, or regulations, a cause for suspension or debarment, mismanagement, gross waste of funds, abuse of authority, or a substantial and specific danger to the public health and safety, and report expeditiously to the Attorney General whenever the Inspector General has reasonable grounds to believe there has been a violation of Federal criminal law;

7. Protect the identity of any complainant or anyone who provides information to the OIG, unless the OIG determines that disclosure of the identity during the course of the investigation is unavoidable.

Further, the OIG shall:

8. Follow up on report recommendations to ensure that corrective actions have been completed and are effective;

9. Prepare a semiannual report to the Secretary and the Congress, summarizing OIG audit and investigative activities within DHS. Section 5(a) of the Inspector General Act of 1978, as amended, requires this report.

B. Allegations received by the OIG or OE offices shall be retained or referred in accordance with Appendix A of this MD. The only exception to this requirement is that the OIG and the United States Secret Service will adhere to the terms of the Memorandum of Understanding entered into between those two entities on December 8, 2003, and as may be amended from time to time.

C. **Standards.** Audits shall be conducted consistent with the standards issued by the Comptroller General of the United States. Inspections and investigations shall be conducted consistent with the quality standards issued by the President's Council on Integrity and Efficiency (PCIE).

D. **Questions or Concerns.** Any questions or concerns regarding this directive should be addressed to the OIG.

APPENDIX A

MD 0810.1

The categories of misconduct identified below shall be referred to the OIG. Such referrals shall be transmitted by the OE offices immediately upon receipt of the allegation, and no investigation shall be conducted by the OE offices prior to referral unless failure to do so would pose an imminent threat to human life, health or safety, or result in the irretrievable loss or destruction of critical evidence or witness testimony. In such extraordinary situations, the OIG will be contacted as soon as practical, and all information and evidence collected by the OE office shall then be provided to the OIG as part of the OE referral to the OIG. The OIG will accept and retain all such allegations for investigation subsumed under this exigent circumstance exception.

- All allegations of criminal misconduct against a DHS employee;
- All allegations of misconduct against employees at the GS-15, GM-15 level or higher, or against employees in the OE offices;
- All allegations of serious, noncriminal misconduct against a law enforcement officer. "Serious, noncriminal misconduct" is conduct that, if proved, would constitute perjury or material dishonesty, warrant suspension as discipline for a first offense, or result in loss of law enforcement authority. For purposes of this directive, a "law enforcement officer" is defined as any individual who is authorized to carry a weapon, make arrests, or conduct searches;
- All instances regarding discharge of a firearm that results in death or personal injury or otherwise warrants referral to the Civil Rights Criminal Division of the Department of Justice;
- All allegations of fraud by contractors, grantees or other individuals or entities receiving DHS funds or otherwise engaged in the operation of DHS programs or operations;
- All allegations of visa fraud by DHS employees working in the visa issuance process.

In addition, the OIG will investigate allegations against individuals or entities that do not fit into the categories identified above if the allegations reflect systemic violations, such as abuses of civil rights, civil liberties, or racial and ethnic profiling, serious management problems within the department, or otherwise represent a serious danger to public health and safety.

APPENDIX A

With regard to categories not specified above, the OE offices will initiate the investigation upon receipt of the allegation, and shall notify within five business days the OIG's Office of Investigations of such allegations. The OIG shall notify the OE offices if the OIG intends to assume control over or become involved in such an investigation, but absent such notification, the OE office shall maintain full responsibility for these investigations.

Any allegations received by the OIG that do not come within the categories specified above, or that the OIG determines not to investigate, will be referred within five business days of receipt of the allegation by the OIG to the appropriate OE office along with any confidentiality protections deemed necessary by the OIG.

The OE offices shall provide monthly reports to the OIG on all open investigations. In addition, upon request, the OE offices shall provide the OIG with a complete copy of the Report of Investigation, including all exhibits, at the completion of the investigation. Similarly, the OIG shall provide the OE offices, upon request, with a complete copy of any Report of Investigation relating to its OE, including all exhibits, at the completion of the investigation. The OIG shall have the right to request more frequent or detailed reports on any investigations and to reassert at any time exclusive authority or other involvement over any matter within its jurisdiction.



**U.S. Customs and
Border Protection**

MAR 04 2020

MEMORANDUM FOR: Directors, Field Operations
Executive Directors, Headquarters

FROM: Vernon T. Foret /s/
Executive Director, Operations
Office of Field Operations

SUBJECT: Guidance on Preventing Community Spread of COVID-19

U.S. Customs and Border Protection (CBP) remains vigilant in taking precautionary measures to decrease exposure of the Novel Coronavirus (COVID-19) to its personnel and operations.

However, our workforce's interaction with the global community gives a slight increase in risk of exposure. CBP, in consultation with CBP's Senior Medical staff, continues to respond as appropriate to mitigate the spread of COVID-19, including through community spread.

The attached guidance details steps our workforce can take to mitigate the risk of community spread of COVID-19. CBP will continue to be engaged by monitoring the events related to COVID-19 closely and adjusting our operational posture, as necessary.

Guidance to BP Sectors on Novel Coronavirus, Wuhan, China

CBP Senior Medical Advisor

2/6/20 - Situation Summary

CBP is working with The Centers for Disease Control and Prevention (CDC) to closely monitor an outbreak caused by a novel (new) coronavirus (2019-nCoV) first identified in Wuhan City, Hubei Province, China. The situation is evolving. For the most current information, monitor DHS and CBP messages and check the CDC information page at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> frequently for updates.

While most of the people identified with 2019-nCoV have association with Wuhan City, there has been significant spread throughout China and increasingly to other countries around the world. To date there have been multiple confirmed cases in the United States; this number is expected to continue to increase. The USG has enacted strict entry restriction and screening measures for persons with travel to China.

I. CBP Workforce Health Protection Guidance

- CBP Senior Medical Advisor continues to work with CBPOSH, DHS OCHCO, BP Safety, and BP operational leadership to monitor workforce health protection issues and PPE recommendations and requirements
- *Updated CBP Job Hazard Analysis and PPE Assessment attached*
- *Agents may print attached pocket cards for distribution as appropriate*
- The situation and information continue to evolve rapidly. Additional guidance or modifications will be provided as appropriate.

II. Reporting Requirements (Applies to all detainees with potential/suspected nCoV). Reports must be made within 1-hour or as soon as operationally practicable.

EVERY DETAINEE FROM CHINA OR WITH HISTORY OF TRAVEL TO CHINA:

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

a) travel within mainland China within last 14 days: Y/N

b) Details

Symptoms (fever/cough/difficulty breathing): Y/N

Consulted with CDC (required if positive travel history in China within last 14 days): Y/N

Disposition:

a) Referred to hospital: Y/N

b) Quarantined (per CDC): Y/N

- c) Transferred: Y/N To: _____
- d) Released: Y/N

- **REPORTS MUST BE ROUTED THROUGH: the CoC, USBP CORRIDOR with a CC to the following EMAIL DISTRO:** (b)(6)

III. Guidance for Border Patrol encounters with potential nCoV cases

1. During Field Encounter/Intake Processing

- a. **Ask detainees if they have traveled from or through China in the past 14 days**
 - b. **If no**, continue regular processing to include health intake interview and medical assessment as appropriate.
 - c. **If yes**, provide surgical mask, segregate (as a group if necessary), refer detainee to medical personnel onsite if available for health intake interview/medical assessment as appropriate, contact CDC quarantine station, and follow guidance below in consultation with medical personnel
 - i. If no medical personnel available onsite => place surgical mask, segregate (as a group if necessary), contact CDC quarantine station, and follow guidance below.
 - d. **For detainees with recent travel to China AND signs/symptoms of illness → refer to #2 below**
 - e. **For detainees with recent travel to China AND NO signs/symptoms of illness → provide surgical mask, segregate (as a group if necessary), monitor for flu-like symptoms (cough, difficulty breathing, shortness of breath, complains of fever).**
 - i. Ensure appropriate workforce PPE (Section 1 above and JHA attached)
 - ii. If detainee develops flu-like symptoms, then see #2 below
 - iii. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station to determine disposition prior to transfer or release**
 - iv. Continue processing and coordinate expedited transfer to ICE or HHS as appropriate with proper notification and documentation of circumstances.
2. ***For detainees with recent travel to China AND symptoms of respiratory illness:***
- a. Ensure a tight-fitting surgical mask is on the detainee.
 - b. Isolate the detainee to the extent possible. Practice social distancing.
 - c. Ensure appropriate workforce PPE (Section 1 above and JHA attached) and notify local collateral duty safety officer if additional PPE is required
 - d. Promptly consult with local medical contract personnel if available
 - e. Coordinate transfer to hospital for evaluation with advanced notification of circumstances (if seriously ill – activate 911/EMS with notification of circumstances)
 - f. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station for disposition**

3. For close contacts of detainees with travel to China within 14 days

- a. Provide surgical mask
- b. Implement segregation (as a group if necessary) with restricted movement
- c. **Contact CDC EOC Watch Desk/local CDC quarantine station to determine disposition**
- d. Monitor segregated detainees to observe for flu-like symptoms, if symptoms develop – see #2 above
- e. Coordinate expedited transfer to ICE or HHS as appropriate

CDC Points of Contact:

- CDC EOC/Watch Desk – 1-866-638-9753 Opt # 0 (24 hour ops)
- El Paso Quarantine Station – 1-915-834-5950
- San Diego Quarantine Station – 1-619-692-5665

CBP Medical Points of Contact:

- **Dr. Dave Tarantino, CBP Senior Medical Advisor** (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
- **SOS** (b)(6); (b)(7)(C) **CBP Operational Medicine Advisor** - (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
- (b)(6); (b)(7)(C) **CBP Medical Planner** (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

05/27/2020

CURRENT AT RISK COUNTRY GUIDANCE:

**China - Iran - Austria - Belgium - Czech Republic - Denmark - Estonia- Finland
France - Germany - Greece - Hungary - Iceland - Italy - Latvia - Liechtenstein - Lithuania
Luxembourg - Malta - Netherlands - Norway - Poland - Portugal - Slovakia - Slovenia - Spain
Sweden - Switzerland - Ireland - United Kingdom - Brazil**

**Guidance to BP Sectors on COVID-19 Encounters
Applies to at risk countries identified in Presidential Proclamations**

Situation Summary

CBP is working with The Centers for Disease Control and Prevention (CDC) to closely monitor an outbreak caused by a novel (new) coronavirus (2019-nCoV) first identified in Wuhan City, Hubei Province, China. The situation is evolving. For the most current information, monitor DHS and CBP messages and check the CDC information page at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> frequently for updates.

While most of the people identified with 2019-nCoV have association with Wuhan City, there has been significant spread throughout China and increasingly to other countries around the world. To date there have been multiple confirmed cases in the United States; this number is expected to continue to increase. The USG has enacted strict entry restriction and screening measures for persons with travel to China and this scope will increase to other at risk countries identified in Presidential Proclamations with direct nexus to the COVID-19.

I. CBP Workforce Health Protection Guidance

- CBP Senior Medical Advisor continues to work with CBP ●SH, DHS OCHC●, BP Safety, and BP operational leadership to monitor workforce health protection issues and PPE recommendations and requirements
- ***Updated CBP Job Hazard Analysis and PPE Assessment attached***
- ***Agents may print attached pocket cards for distribution as appropriate***
- The situation and information continue to evolve rapidly. Additional guidance or modifications will be provided as appropriate. If additional countries are added based on Presidential Proclamations or other orders as received through the CBP chain of command you will be notified in future versions of this document.

II. Reporting Requirements (Applies to all detainees with potential/suspected COVID-19). Reports must be made within 1-hour or as soon as operationally practicable.

EVERY DETAINEE FROM ANY COUNTRY WITH NEXUS AND TRAVEL HISTORY TO/THROUGH/FROM AT RISK COUNTRIES OUTLINED IN PRESIDENTIAL PROCLAMATIONS RELATED TO COVID-19:

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

- a) Travel within **to/through/from at risk country** within the last 14 days: Y/N
- b) Details

Symptoms (fever/cough/difficulty breathing): Y/N

Consulted with CDC (if positive travel within **at risk country** within last 14 days): Y/N

Disposition:

- a) Referred to hospital: Y/N
- b) Segregated/Monitored: Y/N
- c) Quarantined (per CDC): Y/N
- d) Transferred to ICE/ERO: Y/N
- e) Released: Y/N
- f) Tested for COVID-19” - Y/N
- g) “Positive Results” - Y/N

REPORTS MUST BE ROUTED THROUGH: the CoC, USBP CORRIDOR with a CC to the following EMAIL DISTRO: (b)(6)

III. Guidance for Border Patrol encounters with potential nCoV cases

1. During Field Encounter/Intake Processing

- a. **Ask detainees if they have traveled to/through/from at risk country in the past 14 days**
- b. **If no**, continue regular processing to include health intake interview and medical assessment as appropriate.
- c. **If yes**, provide surgical mask, segregate (as a group if necessary), refer detainee to medical personnel onsite if available for health intake interview/medical assessment as appropriate, contact CDC quarantine station, and follow guidance below in consultation with medical personnel
 - i. If no medical personnel available onsite => place surgical mask, segregate (as a group if necessary), contact CDC quarantine station, and follow guidance below.
- d. **For detainees with recent travel to/through/from at risk country AND signs/symptoms of illness → refer to #2 below**

- e. **For detainees with recent travel to/through/from at risk country AND NO signs/symptoms of illness** → provide surgical mask, segregate (as a group if necessary), monitor for flu-like symptoms (cough, difficulty breathing, shortness of breath, complains of fever).
 - i. Ensure appropriate workforce PPE (Section 1 above and JHA attached)
 - ii. If detainee develops flu-like symptoms, then see #2 below
 - iii. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station to determine disposition prior to transfer or release**
 - iv. Continue processing and coordinate expedited transfer to ICE or HHS as appropriate with proper notification and documentation of circumstances.
2. **For detainees with recent travel to/through/from at risk nation AND symptoms of respiratory illness:**
- a. Ensure a tight-fitting surgical mask is on the detainee.
 - b. Isolate the detainee to the extent possible. Practice social distancing.
 - c. Ensure appropriate workforce PPE (Section 1 above and JHA attached) and notify local collateral duty safety officer if additional PPE is required
 - d. Promptly consult with local medical contract personnel if available
 - e. Coordinate transfer to hospital for evaluation with advanced notification of circumstances (if seriously ill – activate 911/EMS with notification of circumstances)
 - f. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station for disposition**
3. **For close contacts of detainees with travel to/through/from at risk country within 14 days**
- a. Provide surgical mask
 - b. Implement segregation (as a group if necessary) with restricted movement
 - c. **Contact CDC EOC Watch Desk/local CDC quarantine station to determine disposition**
 - d. Monitor segregated detainees to observe for flu-like symptoms, if symptoms develop – see #2 above
 - e. Coordinate expedited transfer to ICE or HHS as appropriate

CDC Points of Contact:

- CDC EOC/Watch Desk – 1-866-638-9753 Opt # 0 (24 hour ops)
- El Paso Quarantine Station – 1-915-834-5950
- San Diego Quarantine Station – 1-619-692-5665

CBP Medical Points of Contact:

- Dr. Dave Tarantino, CBP Senior Medical Advisor - [Redacted]
- [Redacted] CBP Medical Planner - [Redacted]

From: (b)(6); (b)(7)(C)
To: EGT-Supervisors: EGS Supervisors
Cc: (b)(6); (b)(7)(C)
Subject: Guide to Reporting Procedures of Corona Virus
Date: Tuesday, February 11, 2020 12:24:00 PM
Attachments: [DSHS Criteria to Guide Evaluation of PUI.pdf](#)
[Guidance to BP Sectors on Novel Coronavirus_02062020.pdf](#)
[CBP Coronavirus JHA 4 Feb 2020 V2 Final.pdf](#)
[FINAL EPCPC ESR Chinese Nationals Apprehended in EGS AOR.msg](#)
[CDC QUARANTINE STATIONS.pdf](#)
[CDC EOC CONTACT.pdf](#)

All,

The below is a guide that can be used as a reference when subjects from China are apprehended within the EGS /EGT AOR.

1. Isolate the subject(s). Ensure agents/ subject(s) wear PPE.
2. Advise field agents to make notifications to Duty Supervisor and provide an estimated time of arrival at the EPCPC.
3. Duty Supervisor will notify LSGS Staff to await subject(s) arrival and immediately conduct medical screenings outside the processing area.
4. Start the **USBP Reporting Requirements & Actions - NOVEL CORONA VIRUS**
(Applies to all detainees with potential/suspected nCoV).
Every detainee from China or with history of travel to China must be reported **within 1-hour or as soon as operationally practicable**.

REPORT OUTLINE FOR EVERY DETAINEE FROM CHINA OR WITH HISTORY OF TRAVEL TO CHINA:

- Name**
- A#**
- DOB**
- Date of Apprehension:**
- Location of Apprehension:**
- Travel History:**
 - a) travel within mainland China within last 14 days: Y/N
 - b) Details
- Symptoms (fever/cough/difficulty breathing): Y/N**
- Consulted with CDC (required if positive travel history in China within last 14 days): Y/N**
- Disposition:**
 - a) Referred to hospital: Y/N
 - b) Quarantined (per CDC): Y/N
 - c) Transferred: Y/N To: _____
 - d) Released: Y/N

- Reports must be routed through the CoC, USBP Del Rio Sector OPS DIV and DRT BIC with a cc to the following personnel:

- (A)ACC (b)(6); (b)(7)(C)
- Dr. DAVID A. TARANTINO: (b)(6); (b)(7)(C)
- CBP Medical Planner: (b)(6); (b)(7)(C)
- (b)(6): Provide Call 24-hours
- ASC (b)(6); (b)(7)(C)

As per CDC, part of the evaluation criteria for the Novel Corona Virus is travel within the mainland China within the last 14 days, fever equal or greater than 100.4, or cough and difficulty breathing.

If this criteria is met or it is recommended by LSGS Medical Staff to refer these subjects to Fort Duncan Regional Medical Hospital.

5. Start with a **Medical ESR**

6. Contact Fort Duncan Regional Medical Hospital **prior to transporting subjects.**

Hospital Staff must secure an area where the subjects will be received and medically evaluated.

Point of Contact:

(b)(6)

Fort Duncan Hospital Infection Control Officer

(b)(6)

7. Contact the **CDC EOC/Watch Desk – 1-866-638-9753 Opt # 0 (24 hour ops)**
8. Contact **CDC EOC - Quarantine Station 1-866-638-9753** for further interview/determination – report encounter

Point of Contact:

(b)(6)

(b)(6)

Public Health Advisor / Quarantine Public Health Officer

El Paso Quarantine Station

CDC Personnel will ask for biographical information of the subject(s) and questions related to their symptoms and travel from China.

9. Contact **Texas State Department of Health**

Texas State Health Department personnel will ask for biographical information of the subject(s) and questions related to their symptoms and travel from China.

Point of Contact:

(b)(6)

Texas State Health Department
210-859-3810

The Centers for Disease Control and Prevention, Texas State Health Department and the local hospital will coordinate and provide us with further guidance if the subject(s) will be quarantined or release back to our custody.

10. If subject(s) are released from the local hospital, ensure they are accompanied by the **Medical Release Fit for Detention and Travel Documents**. These documents will need to be submitted to either station EGT/EGS for the creation of the MedPar.
11. Subjects will remain in Isolation and can be temporarily housed at the soft sided structures outside the CPC until processed and bed space is secured at a detention facility.
12. Welfare and Amenity checks will continue as per TEDS policy.

Additional information on the Novel Corona Virus Clinical Criteria can be found on the link below.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fclinical-criteria.html

A Medical ESR sample of subjects from China recently apprehended and brought to the EPCPC is attached and can also be used a reference.

If you have any questions on the reporting requirements, please reach out to any of the EPCPC Staff members.

V/r,

(b)(6); (b)(7)(C)

(A)DPAIC

Eagle Pass Centralized Processing Center

(b)(6); (b)(7)(C)

From: (b)(6)

Sent: Monday, February 10, 2020 6:16 PM

To: (b)(6); (b)(7)(C)

Subject: FW: CDC El Paso QS - re: individuals from OBP Eagle Pass Station for 2019nCoV monitoring

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact the [CBP Security Operations Center](#) with questions or concerns.

From: (b)(6)

Sent: Monday, February 10, 2020 3:39 PM

To: (b)(6)

Cc: Quarantine Station - El Paso (CDC) (b)(6)

(b)(6)

Subject: [External] CDC El Paso QS - re: individuals from OBP Eagle Pass Station for 2019nCoV monitoring

WARNING: This email is from an external source. ~~DO NOT CLICK~~ links or attachments unless you recognize the sender and know the content is safe. **REPORT** any suspicious emails to Report.Spam@uhsinc.com.

Hello (b)(6)

Thank you for taking my call regarding the individuals that are in transit to your hospital in Fort Duncan Regional Medical Center from the OBP Eagle Pass Station. 3 Chinese national individuals (travel within the last 14 days, departed China on 1/28/20) were reported to us, two of them with low fever (99.8 and 100) and one asymptomatic.

The CDC criteria for further screening is any traveler from mainland China within the last 14 days, and symptoms of fever equal or greater than 100.4, or cough and difficulty breathing.

Those not meeting symptoms criteria are to be monitored for 14 days post travel from China. After the 14 day it is not required to monitor.

The link below will take you to the CDC – Evaluating and Reporting Patients Under Investigation (PUI) criteria for evaluation, reporting, testing and specimen collection:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html?CDC_AA_reVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fclinical-criteria.html

Please keep us posted in the event the individuals to meet the criterial, so that we can proceed with our interventions of possible federal quarantine orders.

Should you have any question please call or email us back. Thank you for your support.

(b)(6)

Public Health Advisor / Quarantine Public Health Officer
El Paso Quarantine Station
U.S. Mexico Unit / Division of Global Migration and Quarantine
National Center for Emerging and Zoonotic Infectious Diseases

Center for Disease Control Prevention

(b)(6)

A rectangular box with a black border, used to redact information. The text "(b)(6)" is written in the top-left corner of the box.

24/7 public health response 866-638-9753

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