



U. S. Customs and Border Protection

Pandemic and Emerging Infectious Disease (PEID)

Workforce Protection Plan

Aug 2017

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Foreword

The overall mission of U.S. Customs and Border Protection (CBP) is to prevent terrorists and terrorist weapons from entering the United States and to facilitate the flow of legitimate trade and travel across our borders. The safeguarding of our personnel and those in our care and custody is paramount; thereby enabling us to perform our overall mission. I fully support the Department of Homeland Security Pandemic and Emerging Infectious Disease Workforce Protection Plan (PEIDWPP) and all actions necessary to protect the CBP workforce and persons in CBP care and custody during pandemics, emerging infectious diseases, or adversarial biological attacks.

The purpose of this plan is to update CBP's existing pandemic and infectious disease guidelines, as well as the Medical Countermeasures (MCM) dispensing plans and procedures. As required by the DHS Pandemic and Emerging Infectious Disease Workforce Protection Plan (PEIDWPP), this plan will abide by all applicable requirements outlined in the DHS PEIDWPP and the Annex T Checklist for Component Plans.

I fully support the following four lines of defense, which are set into action by the Office of Health Affairs (OHA) and Chief Medical Officer (CMO) as a layered concept of operations:

- Good health and hygiene practices (e.g., the frequent washing of hands),
- Infection control (e.g., covering coughs and sneezes),
- Workplace controls (e.g., Personal Protective Equipment (PPE), telework, social distancing),
- MCM, as appropriate, for the disease causing agent (e.g., pre-exposure prophylaxis, vaccines, or hyper-immune serum).

For immediate questions or additional information, please contact your supervisor or manager. For questions pertaining to the technical aspects and development of the PEID Plan, or for assistance with employee safety and health issues, contact the Office of Human Resources, Occupational Safety and Health Division. For assistance regarding MCM issues, contact the Office of Intelligence (WMD). For questions related to overall operational planning and dissemination of information to all CBP stakeholders, please contact the Operational Support Integrated Planning Division.

// Signed//

Kevin K. McAleenan
Commissioner (Acting)
U.S. Customs and Border Protection

1. EXECUTIVE SUMMARY.

The purpose of this U.S. Customs and Border Protection Pandemic and Emerging Infectious Disease Workforce Protection Plan (CBP PEIDWPP), hereafter referred to as the “CBP PEID Plan,” is to ensure CBP is able to protect the workforce, working animals, critical contractors, and persons in our care and custody during a biological incident, including pandemic, emerging infectious disease, or an adversarial biological attack (furthermore referred to in this plan as a “PEID Event”). Maintaining CBP essential functions and services in the event of a pandemic, emerging infectious disease, or adversarial biological attack requires considerations beyond traditional continuity planning. Unlike other hazards that necessitate the relocation of staff performing essential functions to an alternate operating facility, a pandemic or emerging infectious disease may not directly affect the physical infrastructure of CBP. Instead, a pandemic outbreak threatens CBP’s human resources by removing essential personnel from the workplace for extended periods of time. While CBP may be forced to suspend some operations due to the severity of a pandemic outbreak, an effective plan can assist in efforts to remain operational and to resume normal operations.

This comprehensive CBP plan is a result of the 2016 DHS Operational Planning Guidance (OPG), which tasked the Office of Health Affairs (OHA) and Management Directorate (MGMT) with revising the DHS Pandemic Workforce Protection Plan (PWPP). The original plan was approved in 2013 and updated in 2014. The Department of Homeland Security developed a new Pandemic and Emerging Infectious Disease Workforce Protection Plan (PEIDWPP) dated October 7, 2016 and this CBP PEID Plan is developed to carry out the requirements of that plan.

2. SITUATION.

a. Purpose

This plan provides guidance to CBP for maintaining essential functions and services during a PEID event. This Plan addresses the considerations, challenges, and elements unique to the dynamic nature of a pandemic or emerging infectious disease and it stresses that essential functions can be maintained during a pandemic through mitigation strategies, such as social distancing, attention to good hygiene, vaccination of employees and their families, and other similar approaches.

This Plan will take effect when signed by the CBP Commissioner and will remain in effect until superseded or cancelled. It will be reviewed and revised as needed.

Nothing in this Plan shall supersede applicable laws, Executive Orders, or Presidential Directives, existing memoranda of agreement (MOAs), memoranda of understanding (MOUs), and delegated authorities already in place prior to a PEID event.

b. Scope

This Plan applies to the CBP workforce—all CBP personnel, working animals, critical contractors (i.e. those contractors needed to ensure CBP maintains its mission essential functions), and persons in CBP care and custody during a PEID event.

This Plan should be used, as appropriate, with the CBP Continuity of Operations (COOP) Plan;

existing occupational safety, health, and infection control programs; and Medical Countermeasures directive (CBP Directive 5290-022). If required, CBP will develop annexes for other additional threats and hazards.

c. Background

This Plan addresses biological incidents that threaten to significantly impact the health and safety of the CBP workforce, as stated in the Scope section.

Biological incidents can unexpectedly occur anywhere within the United States. Biological incidents also occur globally and can affect multiple geographic regions at the same time. Increased movement of people, animals, and goods across international borders increases the risk of exposure to health threats originating outside the United States. Novel and re-emerging pathogens including those that are difficult to recognize, detect, and/or treat can spread worldwide quickly, posing threats to national security and the DHS workforce

This Plan recommends the adherence to and familiarity with the CBP Medical Countermeasures (MCM) directive, which provides comprehensive medical and safety actions that protect and enable the CBP workforce to respond effectively to biological incidents. Under authority of the DHS Chief Medical Officer (CMO) and the Office of Health Affairs (OHA) and in collaboration with DHS MGMT, DHS Occupational Safety and Health (OSH) Office, the use of MCM, other appropriate medical treatments, workplace controls, and Personal Protective Equipment (PPE) will vary to a notable degree depending on the characteristics of the pandemic, emerging infectious disease, or novel biological attack (furthermore throughout this plan referred to as a “PEID Event”) and the availability and appropriateness of interventions.

There are four lines of defense against biological incidents, according to the DHS Pandemic and Emerging Infectious Disease Workforce Protection Plan. DHS Office of Safety and Health messages or CMO advisories set these four lines of defense into action.

1. Good health and hygiene practices (e.g., frequent washing of hands)
2. Infection control (e.g., covering coughs and sneezes)
3. Workplace controls (e.g., PPE, telework, social distancing)
4. Appropriate use of MCMs for the disease causing agent (e.g., pre-exposure prophylaxis, vaccines, or hyper immune serum)

d. Key Authorities and References

- a) 29 CFR 1910, Occupational Safety and Health Administration (OSHA) Standards
- c) Homeland Security Act of 2002, as amended
- d) CBP COOP Plan at all levels.
- e) DHS Pandemic and Emerging Infectious Disease Workforce Protection Plan (PEIDWPP)
- f) DHS Risk Assessment and Control Band Desk Aid
- g) CBP Medical Countermeasures Directive No. 5290-022
- h) CBP Occupational Safety and Health Handbook, HB 5200-08B

e. Threat Assessment

For the purpose of this Plan, the threat is a biological incident threatening to significantly affect the health and safety of the CBP workforce and persons in CBP care and custody due to any one or combination of the following situations:

- 1) Pandemic disease with global presence and consequences;
- 2) Novel or emerging infectious disease that may or may not reach pandemic levels;
- 3) Known pandemic, such as influenza subtypes, that could expand from an otherwise local epidemic and cause major disruption to the CBP mission;
- 4) Emerging infectious disease that is difficult to categorize and for which it is difficult to develop an appropriate treatment;
- 5) Adversarial attack using either a known or unknown highly pathogenic material in a localized area or in a coordinated attack in multiple locations thereby affecting CBP capabilities;
- 6) The CBP workforce (notably CBP Agriculture Specialists) are routinely in contact with foreign animal, biologicals, and plant imports that may be carriers of pathogenic diseases that are highly transmissible to humans.
- 7) The persistent opportunity for infection to spread makes any biological incident a threat to the CBP workforce and to mission execution—both domestically and internationally;
- 8) Catastrophic events, including biological incidents, may cause common, yet significant psychological and behavioral reactions. Common reactions may include feeling overwhelmed and helpless; panic; and difficulty concentrating, sleeping, and loss of appetite. Physical reactions may include nausea, headaches, or chest pain; and
- 9) This Plan does not address extracted biological toxins (e.g., Ricin), however toxins associated with an active infection with a live biological agent are considered to be included in this Plan.

f. Critical Considerations

The following considerations are essential to the successful implementation of this Plan:

- 1) The DHS Secretary, along with the CBP Commissioner, will ensure that all public health, occupational safety and health, and other medical requirements as well as operational taskings are met during a biological incident.
- 2) CBP works in partnership with federal departments and agencies to support state, local, tribal, and territorial government jurisdictions and private sector partners.
- 3) CBP will prioritize its resources in order to perform its Mission Essential Functions (MEFs).
- 4) CBP will have a plan that provides for continuity of MEFs and identify specific activities to protect personnel and return to normal operations after an event has occurred.
- 5) Other incidents outside the scope of this Plan, which may occur concurrently with a biological incident, will be addressed separately.
- 6) Appropriate MCM will be made available or recommended by the DHS Assistant Secretary for Health Affairs (ASHA) and CMO.
 - a) Prepositioning and use of all MCM must be in accordance with approved medical authorities for a specific infectious disease or other biological incident.
 - b) CBP maintains stockpiles of DHS MCMs that are capable of mitigating illness or death caused by an adversarial biological attack, pandemic influenza, or infectious disease.

- c) OHA is responsible for the development and publication of incident-specific health and medical guidance for DHS components consistent with guidance from the U.S. Department of Health and Human Services (HHS)/Centers for Disease Control and Prevention (CDC) and the Department of Labor Occupational Safety and Health Administration (OSHA).
 - d) OHA, by authority of the CMO, will revise and provide MCM dispensing guidance based on the latest public health guidance and Emergency Use Authorizations (EUA).
- 7) Consistent with CDC pandemic influenza guidance, the DHS MCM program maintains sufficient quantities of antiviral MCM for dispensing to a subset of the essential workforce, personnel determined to be in high exposure risk work categories, and persons in DHS care and custody.
 - a) Antiviral MCM that are centrally stored and managed by OHA will not be delivered without a need or request.
 - b) Antiviral MCM must be stored and utilized consistent with the Federal Food, Drug, and Cosmetic Act, as amended by the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013.
 - 8) For the mitigation of an adversarial biological attack employing *B. anthracis*, the MCM program pre-positions sufficient quantities of antibiotic MCM for dispensing to the CBP workforce and persons in DHS care and custody within 6 hours of notification.
 - 9) Inhalational anthrax is 97 percent fatal if left untreated.
 - 10) For Anthrax affected areas known to have anthrax present, N-95 respirators do not provide sufficient protection from aerosolized anthrax and are not permitted for use in environments known to be contaminated. Additional PPE and protocols will be necessary and only Emergency Responders trained and equipped for anthrax response should enter these type of areas.
 - 11) If antibiotic treatment is administered early enough, most victims will survive.
 - 12) The Risk Assessment conducted for a PEID event will require mandatory use of N95 respirators. All personnel will be medically cleared, fit tested, and have a respiratory program in accordance with 29 CFR 1910.134 and CBP HB 5200-08B. Voluntary use of respirators will be in accordance with existing CBP policies.
 - 13) PPE
 - a) DHS MGMT is responsible for providing guidance on the selection, acquisition, storage, and use of DHS PPE, in coordination with medical advice from OHA.
 - b) CBP maintains mechanisms to provide adequate PPE based on mission requirements, risk assessments, and appropriate guidance.
 - 14) Implementation of health and medical guidance through employing workplace controls must address all levels of risk, and include geographic as well as pathogen-based factors to reduce disease occurrence. Safety and health assessments must be considered in terms of the mission, task, or activity. To that end, MGMT will collaborate with OHA to produce guidance that enables flexibility in the implementation of general PPE use. CBP will adhere to the mandatory DHS PPE sole source (SS) contracts also referred to as pandemic blanket purchase agreements (BPAs).

g. Critical Assumptions

- 1) The CMO will issue health and medical advisories with recommendations and guidance to CBP based on the latest scientific, health, and medical information.
- 2) Required Emergency Use Authorizations (EUAs) will be in place during a biological incident to allow dispensing of appropriate MCM.
- 3) Critical resources will need to be prioritized and redirected in order to meet evolving demands and to maximize mission effectiveness.
- 4) CBP will use the logistical and management systems as established by OHA in accordance with HHS/CDC recommendations and guidance for the delivery, dispensing, and storage of MCM.
- 5) Emerging infectious diseases with pandemic potential affecting humans will emerge in stages, allowing for weeks or months of preparation, if identified early enough.
- 6) A PEID event will result in workforce absenteeism due to illness and potentially permanent loss of workforce members.
- 7) The duration and characteristics of some emerging infectious diseases will be unknown.
- 8) There will be a delay between the time of the initial emerging infectious disease outbreak and characterization of the outbreak.
- 9) The direction, spread, and the level of infection will be difficult to precisely determine for any biological incident.
- 10) Emerging infectious disease cycles vary and are dependent upon the specific virus, bacteria, or other pathogen.
- 11) A PEID event response will extend across multiple jurisdictions.
- 12) Workplace controls, including PPE, will be guided by disease risk assessments provided by the CMO and will be implemented to the extent practicable during a PEID event and serve as a primary means of infection control to mitigate and reduce exposure and illness.
- 13) When other workplace controls cannot provide effective workforce protection, the standard suite of pandemic PPE available through the mandatory DHS PPE Sole Source contracts is expected to provide the bulk of protective equipment needed for most biological incidents. Additional PPE needs will be identified in the disease-specific DHS risk assessment guidance distributed to components by the department OSH office, in coordination with OHA.
- 14) MCM prioritization will be required during shortages.
- 15) CBP facilities will be affected by a biological incident.
- 16) Much of the CBP workforce is in continuous contact with the public and so may be exposed to individuals carrying biological pathogens or agents, such as anthrax spores embedded in their clothing or on their body, while performing their normal responsibilities during a biological incident.
- 17) CBP will receive antivirals from the DHS stockpiles within 24 hours of request.
- 18) Point of dispensing (POD) operations for dispensing antibiotic MCM to the affected CBP workforce and persons in CBP care and custody must be initiated within 6 hours of notification.
- 19) An antiviral vaccine or anthrax vaccine absorbed (AVA) for post-exposure use will not be readily available for immediate dispensing or use.
- 20) A biological attack, such as an aerosolized anthrax attack, can occur with little or no warning.
- 21) There will be a delay between the time of attack and the recognition that an attack has occurred.
- 22) Morbidity and mortality rates can be reduced if MCM is dispensed to those exposed to a biological pathogen within 48 hours of exposure.
- 23) This Plan addresses CBP personnel, including working animals, contractors, and those in CBP care and custody who may enter an anthrax-contaminated area.

3. ROLES AND RESPONSIBILITIES.

CBP senior leadership is responsible for ensuring that designated essential personnel are briefed, trained, and aware of CBP plans, policies, and regulations pertaining to the CBP PEID Plan and that the general CBP workforce is trained on their responsibilities under this plan. The Commissioner, PEID Coordinator, their designated successors, or other specifically designated senior officials with approved delegated authority are authorized to implement the provisions of this plan.

The following section identifies ongoing planning and implementation responsibilities for CBP offices prior to and during a PEID event.

a. The Commissioner will:

- Designate a senior CBP official to act as the CBP PEID Coordinator.
- Delegate the appropriate authorities to the CBP PEID Coordinator to manage and coordinate the internal CBP response to a PEID event.

b. The PEID Coordinator will:

- Establish a senior level PEID Response Team (PRT) or PEID Crisis Action Team (CAT) to support the management and coordination of the internal CBP response to a PEID event. The size and impact of the PEID event will determine if a PEID PRT or PEID CAT will be established.
- If not the same official as the CBP Continuity Coordinator, designate the Continuity Coordinator as a member of the PRT and/or CAT and ensure that all PEID activities are coordinated with and complement existing COOP plans and procedures.
- Manage the implementation and coordination of the internal CBP response to a PEID event.
- Ensure CBP activities support the overall DHS PEIDWPP.

c. The Continuity Coordinator (if different from the PEID Coordinator) will:

- Participate on the CBP PRT and or CBP PEID CAT.
- Ensure that existing continuity plans and procedures support internal CBP PEID activities.

d. CBP Executive Assistant Commissioners, Chief of the Border Patrol, Assistant Commissioners, Executive Directors, Directors and Field Principle Managers (DFO's, Sector Chiefs, Branch Directors, etc.) will:

- Designate an internal PEID Response Coordinator (PRC) to manage the organizations' internal PEID response. This can be the existing CBP COOP Emergency Preparedness Coordinator (EPC).
- Ensure designated essential personnel are trained on their roles and responsibilities.
- Implement appropriate workplace countermeasures, such as social distancing.
- Ensure contingency telework agreements for essential personnel are approved prior to an event.
- Prioritize the performance of MEFs during a PEID event based on available

resources and staff.

Office specific roles/responsibilities that support the CBP PEID Plan and continued performance of CBP MEFs are listed below:

- a. Integrated Planning Division (IPD)** will serve as the focal point for incident/emergency and COOP management, collection and dissemination of information, and coordination efforts related to an actual PEID event. For the PEID Plan these responsibilities include:
- IPD, Incident Management Division (IMD) overseeing CBP's response efforts and ensuring CBP's emergency preparedness for significant effects beyond the scope of steady state operations.
 - Coordinating CBP incident management activities, to include CBP liaison assignments to interagency incident management centers, as appropriate.
 - Facilitating a HQ Crisis Action Team to support Lead Field Coordinators and CBP leadership, when requested.
 - IPD, Incident Management Division, through the Situation Room, coordinating the collection and dissemination of related situational awareness reports to CBP leadership, DHS, the interagency community, and designated foreign government organizations during a PEID incident.
 - Assisting with integrating planning efforts across CBP and collaborating with all PEID stakeholders.
 - Working closely with Subject Matter Experts (SMEs) (Occupational Safety and Health Division, Office of Public Affairs, COOP Planners, etc.) in facilitating the implementation of the PEID Plan to ensure that any conflicts with language or content issues are resolved.
- b. Occupational Safety and Health Division (OSH)** will serve as the PEID Plan SME as well as the single point of contact for CBP for all matters related to worker safety and health and any issues related to the interpretation and implementation of safety and health guidance or policy documents issued by the Department of Homeland Security, Office of Health Affairs (OHA), DHS Safety and Health Office, the Department of Labor/Occupational Safety and Health Administration (OSHA), CDC, World Health Organization (WHO), National Institutes for Occupational Safety and Health (NIOSH), and any other federal agencies or organizations. CBP/OSH will provide definitive guidance and direction for the interpretation and implementation of any safety and health guidance published by agencies referenced above and will also have the following responsibilities related to PEID planning:
- Serving as the SME on all matters related to worker safety and health (including safety and health issues related to those in CBP care and custody)
 - Developing the Risk Assessment and Annex T (checklist for component plans) required by the DHS PEIDWPP Plan dated October 7, 2016, which will be an attachment to the CBP PEID Plan.
 - Developing as necessary, any additional Job Hazard Analysis (JHA) and PPE Assessments. These JHAs (regarding Ebola, Pandemic Influenza, Zika Virus, etc.) will be developed/updated, vetted, and distributed in accordance with existing CBP policies and accomplished in the same manner typical for previous JHAs of this nature.
 - Collect and reporting PPE inventory as required by the DHS PEID Plan reporting requirements.

- Developing PPE Risk Assessments, stockpile requirements, and daily usage calculations for PPE during a PEID event.
- Assisting with publicizing the existence of the DHS sole source contracts for PEID PPE (also known as Blanket Purchase Agreements (BPAs)) and the use of the DHS system of record for PPE inventory recordkeeping, which is known as the Sunflower Asset Management System (SAMS).
- Serve as the Technical lead for development of the PEID Plan and participating in OHA and MGMT's review and revisions of the DHS Plan every two years, or as needed and incorporating any necessary changes into the CBP plan.

c. **Common roles and responsibilities** are those involving more than one office or program. It is understood that specific offices may have the lead for specific roles mentioned below when directly associated with that office's mission. The following are the existing CBP common responsibilities and/or roles, which may be updated frequently due to the dynamics of a PEID event:

- Equipping and training personnel; exercising; capturing lessons learned; and refining office emergency and COOP plans;
- Conducting contingency and operational planning in conjunction with federal, state, local, tribal, and other partners throughout the spectrum of preparedness, prevention, protection, response, recovery, and mitigation operations;
- Maintaining community and office situational awareness and visibility of the common operating picture, and ensuring information sharing throughout CBP in coordination with the Office of Public Affairs, with specifics being tracked and disseminated by IPD via the Commissioner's Situation Room;
- Ensuring each office has a personnel accountability system coordinated with HRM for maintaining personnel accountability before, during, and after events as required;
- Synchronizing information sharing and disseminating appropriate information using established systems and channels to facilitate maximum benefit and timeliness of delivery to leadership, employees, and customers;
- Engaging private sector and contracted partners as appropriate;
- Participating in the development of a comprehensive public information program that ensures CBP speaks with one voice through each phase of an event;
- Ensuring operational planning and mission execution;
- When directed, implementing additional workforce protection measures including cancelling in-person meetings and large gatherings;
- Implementing the mandatory use of N95 respirators in accordance with the PEID Risk Assessment and Pandemic Job Hazard Analysis (JHA) and PPE Assessments. All personnel will be medically cleared, fit tested, and have a respiratory program in accordance with 29 CFR 1910.134 and CBP HB 5200-08B. Voluntary use of respirators will be in accordance with existing CBP policies;
- Encouraging and enforcing good hygiene throughout the offices;
- Protecting the privacy of employees, contractors, and visitors, within the guidelines and requirements set forth by DHS; and
- Ensuring operations are consistent with DHS, HHS, CDC, DOL, and other pertinent federal guidance.

d. Designated Essential Personnel will:

- Ensure that family emergency plans are in place prior to the onset of a PEID event.
- Ensure that a limited telework agreement is in place prior to an event.
- Ensure that necessary IT requirements for teleworking are in place and operational (VPN access, etc.) prior to an event.
- Ensure that remote access to vital records/databases and systems are operational prior to the onset of an event.
- Ensure that designated alternates are trained and aware of roles and responsibilities should the primary become unavailable.
- Ensure that all personal contact information (web tele, recall rosters, office phone directories etc.) is current and accurate prior to an event.
- Respond and report as directed when notified of PEID event.
- Be cognizant of professional requirements and responsibilities should an emergency or PEID event occur.

e. All CBP Employees shall:

- Become familiar with information on Pay, Leave, and Benefits information provided by CBP Offices dealing with Human Capital issues and the means of notification that each CBP Office or Field location will use to inform and instruct employees how they can get additional information.
- Participate in DHS and CBP PEID training as directed.
- Become familiar with and follow health guidance on sanitation and preventing the spread of infection (see www.pandemicflu.gov);
- Work with their supervisors or managers to identify, in advance and to the extent possible, any flexibilities related to work scheduling, location (such as Telework), leave needs, or other working conditions that they believe will help their managers/supervisors plan or help them continue working while meeting family responsibilities, or other personal needs during PEID event; and
- Examine the need to develop and practice family emergency preparedness planning.

4. ALTERNATE FACILITIES.

The traditional use of alternate facilities to maintain the mission essential functions (MEF's) of an organization may not be a viable option during a PEID event. Rather, safe work practices, which include contact interventions and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. Strategies for maintaining mission essential functions and services will largely rely on social distancing and dispersion of the workforce including preventative health practices and other efforts to reduce the chance of infection. CBP may choose to utilize their alternate facilities, in addition to other office locations as a means of implementing social distancing.

Utilization of an alternate facility under a PEID event scenario will be deferred unless specifically

ordered and/or the normal operating facility is requisitioned for use. However, due to the prolonged nature of a PEID event, a separate incident concurrent with a PEID event may necessitate the use of CBP alternate facilities in support of CBP's mission. As such, CBP will maintain alternate facilities in accordance with continuity planning requirements identified under Federal Continuity Directive 1 (FCD 1) – *Federal Executive Branch Continuity Program* and departmental MCM and PPE guidance and policies. If deployment to an alternate facility occurs as a result of such an incident occurring concurrently with a PEID event, the increased use of MCM, and other infection control measures may also be implemented. DHS OHA may provide additional guidance which all offices throughout CBP should follow. CBP OSH will assist with dissemination of general workplace safety and health protocols that may include increased attention to:

- Common area (e.g., elevators, stairwells, rest rooms, cafeterias) disinfection on a regular schedule to prevent and mitigate the spread of germs and viruses;
- Workspace disinfection in areas used by those who showed symptoms and left; and
- Physical security to prevent facility access by unscreened or infected individuals.

Additional support services at all CBP primary or alternate operational facilities include considerations during a severe PEID event for:

- Uninterrupted food and water, fuel, utilities, information technology support and municipal services;
- PPE and other hygiene supplies;
- Access to medical personnel and services locally by Federal Occupational Health (FOH) or off-site clinic/hospital;
- Cleaning and sanitation, to include disinfectants; and
- Security Operations.

5. EXECUTION.

a. Senior Leader/Commissioner's Intent.

CBP will monitor the severity of the PEID event and use the five operational phases established by DHS to address the unique nature of the PEID event threat. This Plan will be implemented, as needed, to support the continued performance of essential functions. The five operational phases are outlined later in this plan and include; 1. Steady State & Preparation, 2. Detection & Incident Recognition, 3. Notification & Activation, 4. Incident Coordination & Response, and 5. Recovery.

b. Planning.

CBP will train and exercise personnel on roles and responsibilities for handling a PEID event. CBP will coordinate with MGMT and OHA, as needed, to assign sufficient SMEs to support biological incident working groups identified by the DHS Pandemic and Emerging Infectious Disease Steering Committee (PEIDSC)

c. Maintaining MCM and PPE to Safeguard Personnel and Persons in DHS Care and Custody.

Storage sites with MCM will be predetermined and PEID-specific MCM may be staged in preparation for a pandemic. Guidelines for the requirements and accountability of MCM stockpiles will be written and maintained by OHA. PPE will be in placed at all CBP locations to support workforce planning and preparedness. PPE and protective guidance may change as circumstances change. CBP will follow protective measure guidance issued by OHA, OSHA, and CDC. The CBP HRM, OSH Division will be the single point of contact within CBP for technical guidance and expertise on PPE. CBP will ensure that workforce personnel are medically cleared, fit-tested, and trained in the use of mandatory PPE, as appropriate. All PPE will be used in compliance with 29 CFR 1910.134 and any other applicable safety and health standards. PPE will be purchased, stockpiled, and stored in accordance with the DHS Integrated Logistics Supply Plan (ILSP) and the DHS sole source contracts and blanket purchase agreements (BPA). The ILSP and plans for “Just in Time” delivery of PPE will be utilized to the greatest extent possible to avoid excessive over stockpiling of PPE. Operational PPE will be rotated as much as possible using older stock first to avoid PEID stockpiles from accumulating shelf life time. Due to the DHS mandatory sole source contracts and BPAs that are now in place which require vendors to deliver PPE within 14 days, a minimum of 30 days’ supply of operational and PEID PPE should be maintained by all CBP operational components in the field at the local level. All aspects of PPE training, use, storage, records management, procurement, inspections, etc. will be in compliance with 29 CFR Part 1910 and CBP HB 5200-08B.

d. PPE Procurement, Storage and Availability

Principle Field Managers (DFOs, Sector Chiefs, AMO Directors, etc.) shall ensure that adequate PPE and safety supplies are on hand to deal with increased usage as threat levels are increased. All CBP locations will maintain a sufficient supply of gloves, hand sanitizer, respirators and other items identified in the Risk Assessment and applicable Job Hazard Analysis (JHA) in order to support day-to-day operations. PPE supply levels will be sufficient to sustain CBP operations for a minimum of 30 days without resupply. It should be anticipated that increased PPE supply levels might be needed for up to 30 days during sustained human-to-human PEID type outbreaks. Program managers and supervisors of personnel stationed abroad (e.g. Container Security Initiative (CSI), Preclearance, etc.) shall ensure that applicable PPE is available to those personnel for protection during a PEID event and that they can still perform MEFs. Principle Managers at Field Office and Sector Office locations will ensure adequate levels of PPE are available at all Ports of Entry and all USBP Stations and will coordinate the distribution and storage of PPE locally within their subordinate Ports of Entry and Border Station locations. Principle Field Managers (DFOs, Sector Chiefs, AMO Chiefs, etc.) should identify and secure adequate storage space for PPE items. Those facilities with an inadequate area for storage should work within their management chain to identify and secure an alternate site. Primary and alternate storage areas should be close enough to work sites for rapid deployment when necessary. PPE supplies must be sheltered from the elements and kept in storage areas which will maintain their serviceability.

1. PPE calculations for determining usage are based on two (2) respirators per day per officer/agent and four (4) pairs of gloves per day per officer/agent. The DHS Risk Assessment and Control Band Desk Aid will be used to determine what percentage of CBP personnel are at which “Risk Level, Control Band, and Risk Factor.”

2. PPE and MCM Inventory Reporting. During a PEID event and at other times determined by DHS, PPE and MCM inventory totals, Requests For Information (RFIs) will need to be

coordinated throughout CBP and reported to DHS as outlined in Annex R of the DHS PEID Plan. The preferred relevant system of record throughout DHS is the Sunflower Asset Management System (SAMS), which CBP does not currently use. However, all vendors who supply PPE through DHS BPAs do enter order information into SAMS and DHS offers free web based training and web based accounts to any CBP personnel. Although CBP currently uses a manual PPE inventory tracking system, efforts should be made to move towards using the DHS system of records (SAMS) in order to comply with future reporting in a timely manner.

6. RISK ASSESSMENT.

CBP will perform risk assessments of its personnel and contractors using the DHS Risk Assessment and Desk Aid. Key considerations of risk assessments will include identifying resources and needs at all operational levels, to ensure the ability to perform essential functions when impacted by a PEID event as follows:

- Review or develop national PEID risk management programs, including preparedness activities and response plans, and establish the full legal authority required to sustain and optimize PEID preparedness, capacity development, and response efforts.
- Perform forecasts of the national economic impact of a PEID event and cost-effectiveness of preparedness to advocate for funding and to aid risk management planning.
- Integrate PEID risk management plans into existing continuity risk management programs.
- Establish goals and priorities for the use of vaccines and other countermeasures through the MCM program.
- Strengthen and maintain the capacity to detect, assess, notify, and report events; the capacity to respond promptly and effectively; and the capacity to identify and manage PEID risks in all operational environments. Perform job hazard risk assessments based on anticipated potential exposure to emerging infectious diseases incorporating MGMT and OHA guidance.

Develop baseline job hazard risk assessment (based on an influenza virus with moderate to low-moderate clinical severity, or R-factor of 2) for component workforce, and submit estimates of daily PPE needs to MGMT 120 calendar days from the approval of this Plan and every 2 years after unless directed otherwise.

7. TESTING, TRAINING, AND EXERCISE (TT&E).

a. The ongoing training of personnel is essential to improving the capability of CBP to execute its essential functions. The continued viability of the CBP PEID Plan and program is largely dependent on its commitment to the training of its personnel and the evaluation of the results of the training and exercise programs.

b. Each CBP HQ Office and field element will identify and train personnel by position, who are needed to perform essential functions, including backups that will utilize personnel from dispersed geographic locations as appropriate. CBP HQ offices and field locations/elements will conduct initial and periodic training to ensure that essential personnel remain knowledgeable about their roles and responsibilities and can execute them as required

c. Points of Dispensing (POD) training will be provided to selected CBP personnel, consistent with MCM policy guidance. POD training will include an overview of the MCM program, POD requirements (setup and operation), CBP COOP activities, PPE, decontamination, and identifying the signs and symptoms of disease exposure. Training, exercising, and validating staff and senior leadership on biological incident response on a recurring basis with at least 25 percent of POD sites exercising annually.

d. Managers at all levels will conduct after action assessments to integrate lessons learned from exercises, real-world events, and recommendations from Office of Inspector General (OIG) reports in order to use lessons learned to improve CBP response to future PEID events.

8. COMMUNICATION.

a. CBP will confirm that a chain of command is in place for reporting operational activities at all levels of the organization, that intra- and inter-agency messaging capabilities are available, and that coordination with federal, state, local, tribal, and stakeholder partners is maintained.

b. The success of CBP operations is dependent upon the identification, availability and redundancy of critical communication systems to support connectivity with both external and internal organizations, teleworkers, and the public. CBP HQ Offices will review existing interoperable communications plans within their COOP Plans and update and revise as necessary to address the extended nature of a PEID event.

c. Detailed information on existing interoperable communications requirements can be found in CBP office-specific COOP Plans.

d. CBP identifies and documents communication protocols to alert and notify employees of:

- Changes in normal operating status
- Implementation of CBP specific PEID elements
- DHS-wide communications, status changes, etc.

e. CBP offices and facilities are encouraged to develop and maintain internal emergency communication plans to ensure the timely and efficient delivery of emergency information, collect information on employee status, and ensure that the essential communication operations continue.

f. CBP maintains and coordinates COOP and PEID emergency communications procedures between Enterprise Services (ES), Operational Support (OS), Office of Public Affairs (OPA) and all HQ Offices to ensure the ability to communicate emergency messages to CBP employees and to perform employee accountability operations during PEIDs and other emergencies.

g. Any communication efforts to enhance public messaging will be done in collaboration with OHA and DHS/MGMT, and will be coordinated with DHS OPA, especially where public

messaging content from federal interagency, state, or local public health authorities is required.

9. CONCEPT OF OPERATIONS.

The concept of operations leverages existing business processes in leadership communication, employee use of flexible workplace and social distancing options, and effective delivery of MCMs and PPE. The concept of operations is a scalable, flexible, and adaptable approach, which augments existing and ongoing component activities, including all of the following proven *four lines of defense*, as follows:

- Good health and hygiene practices (e.g., the frequent washing of hands),
- Infection control (e.g., covering coughs and sneezes),
- Workplace controls (e.g., PPE, telework, social distancing), and
- MCM, as appropriate, for the disease causing agent (e.g., pre-exposure prophylaxis, vaccines, or hyper immune serum).

Operational Phase Structure

This Plan aligns with DHS policies, activities, and decision-making processes. This Plan's operational phase structures align with health and medical phasing concepts and recognizes the challenges associated with planning for biological incidents. Depending on the nature or complexity of the incident, these phases and their associated activities, may occur at the same time and continuously throughout the lifecycle of the incident.

This Plan has five operational phases:

1) Phase 1, Steady State & Preparation, is always in effect as part of regular activities. Phase 1 includes surveillance, intelligence gathering, planning, training, and exercises.

2) Phase 2,

Phase 2 is always in effect. This phase includes the identification of a biological pathogen of concern. Initial detection could occur through syndromic surveillance, from environmental surveillance system alerts, from U.S. public health or intelligence departments and agencies, or from reports by international partners. Subsequent to the initial recognition of a biological incident, the OHA ASHA/CMO, MGMT USM, and DHS components will advise the DHS Secretary and report their operational status. Based on guidance from the CMO, USM, DHS components, and other federal decision-making authorities (e.g., White House, Office of Personnel Management (OPM)), the DHS Secretary will consider and make a decision whether to execute support activities outlined within this Plan and initiate other DHS actions.

3) Phase 3, Notification & Activation, is based on a threat to the DHS workforce and is initiated by the DHS Secretary, after consultation with CMO and USM. Notification and timely messaging to the DHS workforce will communicate appropriate protective measures and alleviate fear and concern. OHA and MGMT will activate a joint crisis action cell in order to provide decision support to the DHS Secretary, CMO, and USM. CBP, if appropriate, will assign a representative to that cell.

4) Phase 4, Incident Coordination & Response, implements workforce protection measures and focuses operational coordination and information sharing within DHS and CBP. CBP will implement workplace controls as well as health and safety measures. These actions enable CBP and

DHS to operationalize the “four lines of defense.” Additionally, continued frequent and timely messaging to the CBP, and when appropriate DHS, workforce and coordinated messaging with interagency partners occurs in this phase.

5) Phase 5, Recovery, is transitional and returns CBP and DHS operations to steady-state activities. The DHS Secretary will initiate Phase 5 based on the recommendations of the DHS CMO, USM, and the CBP Commissioner/Component heads. CBP, along with DHS HQ and other components, will return to steady state and will prepare after-action reports (AAR) and lessons learned for use in revising or updating their component plans, annexes, or SOPs.

10. ADMINISTRATION, RESOURCES, AND FUNDING.

a. Administration

CBP will be prepared to respond to requests for information (RFI) that involve providing real-time medical and health information to DHS leaders and to requests for assistance (RFA) that generate technical assistance to operations.

b. Budgeting and Acquisitions

To support the continuity program, it is necessary to align and allocate budgetary resources. Through the budgeting and planning processes, CBP leadership can ensure critical resources are available to support essential functions before, during and after a PEID event. The CBP Office of Enterprise Services provides and supports all avenues and means of financial responsibility and acquisition required to maintain CBP mission performance; and provides financial guidance to leadership for broad, overarching decisions made for the purchase and acquisition of resources.

Budget managers will review and amend appropriate contracts in order to enable continuous contractor support to the CBP and DHS workforce during a PEID event.

c. Funding

Funding will come from existing budgets. Additional funding or supplemental funding are to be determined based on the situation or allotted by Congress.

11. CONCLUSION

Maintaining CBP essential functions and services in the event of a pandemic, emerging infectious disease, or biological attack requires considerations beyond traditional emergency and continuity planning. Unlike other hazards that necessitate the relocation of staff performing essential functions to an alternate operating facility, a pandemic may not directly affect the physical infrastructure of CBP. As such, a traditional “continuity activation” may not be required during an emerging infectious disease or pandemic outbreak. However, these can threaten CBP’s human resources by removing essential personnel from the workplace for extended periods of time. Continuity plans for maintaining essential functions and services during a pandemic or emerging infectious disease outbreak should include implementing procedures such as social distancing, infection control, personal hygiene and the ability for personnel to perform non-

routine duties (to ease personnel absenteeism in a critical skill set). Protecting the health and safety of key personnel, emergency response members, and other essential personnel must be the focused goal of the organization in order to enable CBP to continue to operate effectively and to perform essential functions and provide essential services during a pandemic or emerging infectious disease outbreak.

END

From:
To:

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

Subject:
Date:

FW: RGV - Positive COVID Alien encounter
Saturday, May 9, 2020 1:45:16 PM

HQ EOC,

FYI – on an exposure case reported up, out of RGV.

Here are a few quick updates:

- Subject has been turned over to ICE ERO. (b)(6) was booked out of the Weslaco Station 10:30 AM (CST) and is en-route to Port Isabel Detention Center.
- Cleaning crew arrived at Rio Grande City Station at 10:50 AM (CST) and will begin disinfection procedures.

RGV is reporting agents assigned to the (b)(7)(E) arrested a subject with a positive test result for COVID-19. The subject was tested twice to validate the results, but RGV won't have the official results for 2-3 days. RGV has started all tracking and decontamination procedures now as a precautionary measure. Employees who may have had contact have been identified/notified.

Arrest Summary:

- On May 08, 2020 at approximately 11:20 A.M. (b)(7)(E) agents observed (b)(7)(E) subjects carrying four bundles of marijuana make an illegal entry into the United States.
- A suspected load vehicle was also observed traveling south towards the location of the (b)(7)(E) subjects.
- As agents approached the drug smugglers, the perpetrators immediately returned to Mexico with the contraband and the suspected load vehicle attempted to flee the scene.
- Agents conducted a vehicle stop and two subjects were arrested with 200 rounds of 50 caliber ammunition in their possession.
- After further examination agents determined that the two subjects were citizens and nationals of Mexico illegally present in the U.S.
- Records check initially indicated that (b)(6) could be a (b)(7)(E). Further custodial interviews indicated he was a low level cartel member.
- ATF was contacted regarding the ammunition seizure.

COVID Positive Identified:

- Both subjects were transported in a GoV to the Rio Grande City station to be interviewed and processed.
- At the station, (b)(6) complained of migraines and was evaluated by (b)(6) Staff.
- (b)(6) advised the subject was showing symptoms for nausea and vomiting and referred him to the hospital.
- (b)(6) was subsequently transported to the Starr County Memorial Hospital for further

medical evaluation.

- Upon arrival, the medical staff conducted a COVID-19 test as a precautionary measure utilizing a rapid result testing platform.
- Results were received quickly and indicated the subject was positive for COVID-19.
- (b)(6) was tested again to validate the results but RGV won't have the official results for 2-3 days.
- (b)(6) was transported back to RGC and is currently isolated from other detainees while RGC requests to transfer custody to ICE/ERO.
- RGV has started all tracking and decontamination procedures.

Employees who may have had contact have been identified/notified. All employees have been evaluated as low to minimal exposure and instructed to self-monitor and alert a supervisor immediately if the employee believes they are experiencing symptoms. No one has shown any signs or symptoms.

- Notifications to CDC have been conducted.
- RGV Sector Foreign Operations Branch contacted the Mexican Consulate to alert them of the positive test result of the Mexican National and of the subject who was apprehended with him, and subsequently returned to Mexico (Title 42).
- No media inquiries to report, as of this writing.

SIR#: (b)(7)(E)

IP and Quad chart are attached.

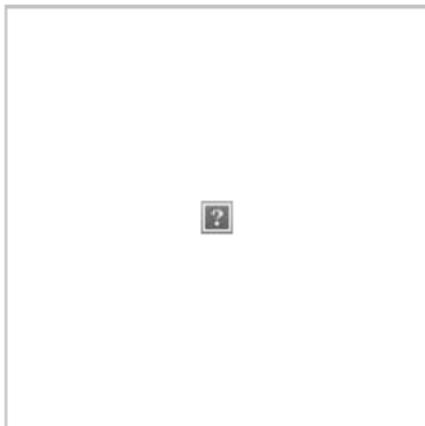
SUBJECT INFORMATION:

Name: (b)(6) (POSTIVE COVID)

DOB:

COB: Mexico

A# (b)(6)



Name: (b)(6)

DOB:

COB: Mexico

A# (b)(6)

(b)(7)(E)



(b)(7)(E)



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

Associate Chief

Law Enforcement Operations Directorate-Ops East
1300 Pennsylvania Avenue NW Suite 6.5E
Washington, D.C. 20229

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

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(b)(7)(E)



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

MAY 06 2020

MEMORANDUM FOR: All Chief Patrol Agents
All Directorate Chiefs

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

SUBJECT: Mandatory Use of Personal Protective Equipment

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

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 (OSH) 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 SPA-Policy (b)(7)(E) or to Assistant Chief (b)(6); (b)(7)(C) at

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

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: All CBP	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 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><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 (outside 6 feet.)</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 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><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 (within 6 feet)</u> 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 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 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 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><u>Note:</u> 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>

From: (b)(6); (b)(7)(C)
To: USBP CORONAVIRUS
Cc: (b)(6); (b)(7)(C) ELC CPC SOS; ELC CPC SUPERVISORS; (b)(6); (b)(7)(C)
Subject: Positive COVID-19 Test by detainee
Date: Sunday, April 26, 2020 4:37:40 PM

On April 26, 2020, the El Centro Sector Centralized Processing Center was notified that a subject currently in custody tested positive for COVID-19.

DETAINEE:

Name: (b)(6)

DOB: (b)(6)

AGE: 31

COC: India

A#: (b)(6)

Date of Apprehension: April 23, 2020, 0530 hrs

E3 Event: (b)(7)(E)

Apprehension Location: (b)(7)(E) of the Calexico AOR

Name of medical facility: (b)(6)

(b)(6) was apprehended with a group of (b)(7)(E) other subjects. The other subjects names and dispositions are below:

- (b)(6) DISPO: Title 42 Returned to Mexico @ 0722 hours
- (b)(6) DISPO: Title 42 Returned to Mexico @ 0722 hours
- (b)(6) DISPO: Title 42 Returned to Mexico @ 0722 hours

TIMELINE:

- 04/23/2020 - 0530 hrs- Arrest
- 04/23/2020 - 0840 hrs- Transported to Calexico Station
- 04/23/2020 - 0845 hrs- Negative Influenza B Test
- 04/23/2020
 - Temperature: 99.9 @ 0845 hrs.
 - Video Call: @ 1030 hrs.
 - Temperature: 98.8 @ 1040 hrs.
 - Temperature: 99.6 @ 2000
 - Temperature: 100.8 @ 0000 hrs. (b)(6) was administered Tylenol to reduce fever.
 - Temperature: 99.4 @ 0200 hrs.
- 04/24/2020
 - Temperature: 100.2 @ 0600 hrs. (b)(6) was administered Tylenol to reduce

fever.

- Temperature: 99.5 @ 1000 hrs.
- Temperature: 99.5 @ 1245hrs.
- Temperature: 98.5 @ 1631 hrs.
- Temperature: 98.0 @ 2000 hrs.
- 1730 hrs- Subject tested by (b)(6) for COVID-19

• 04/25/2020

- Temperature: 99.1 @ 0045 hrs. (b)(6) was administered Tylenol to reduce fever and given Pedialyte by medical staff.
- Temperature: 97.8 @ 0404 hrs.
- Temperature: 98.2 @ 0800 hrs.
- Temperature: 98 @ 1200 hrs.
- Temperature: 98.2 @ 1800 hrs.

• 04/26/2020

- Temperature: 98 @ 0400 hrs.
- 1030 hrs-Test Results came back, subject tested positive for COVID-19; (b)(6) recommends (b)(6) be placed in isolation for 14 days. No medicine prescribed, subject is asymptomatic.

Travel History:

- a) **Travel within to/through/from at risk country within the last 14 days:** No.
- b) (b)(6) claims to have left his home country in June of 2019. (b)(6) claims he traveled through various countries on his way to Mexico. (b)(6) claims he stayed in Mexico for approximately 8 months, being held in various immigration camps before making his way to Mexicali approximately 2 weeks ago.

Symptoms: When apprehended, subject did have a fever. Subject continued with a slight fever for two days after apprehension. Fever was treated with Tylenol by (b)(6)

(b)(6)

Consulted with CDC: Yes, after positive test. CDC recommends isolation for 14-21 days and ensure all employees wear proper PPE.

Disposition:

- a) **Referred to hospital:** Referred to (b)(6) Medical Clinic. (b)(6) administered virtual screening, then administered test.
- b) **Segregated/Monitored:** Yes, subject is placed in isolation at the Calexico Border Patrol Station
- c) **Isolated (per CDC):** Yes, Per attending physician and CDC guidance.
- d) **Transferred to ICE/ERO:** No. Subject will remain isolation at the Calexico

Border Patrol Station

e) Released: No.

Thank you,

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

Deputy Commander Operations
El Centro Sector Centralized Processing Center

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

From: (b)(6); (b)(7)(C)
To: USBP CAT
Cc: (b)(6); (b)(7)(C)
Subject: RE: FOIA Assignment for CBP-2020-042523
Date: Monday, May 11, 2020 3:38:13 PM
Attachments: (b)(5)

USBP CAT

(b)(5)

This is a Freedom of Information Act request. I am seeking CBP records or documents reflecting the following:

Any record reflecting a Significant Event Notification regarding COVID19

(b)(5)

Any record reflecting the number of tests of aliens for Covid-19 in CBP custody by day

(b)(5)

(b)(5)

NO, USBP IS NOT TESTING
DETAINEES - HOSPITALS TEST DETAINEES

Any record of CBP communication with the Centers for Disease Control about vulnerable population guidance for Covid-19.

(b)(5)

(b)(5)

CBP SENIOR MEDICAL ADVISOR
COMMUNICATES DIRECTLY WITH CDC NOT USBP

Any record of CBP releases of aliens because they are within a vulnerable population based on Covid-19 concerns by day

(b)(5)

Any record of confirmed cases of COVID-19 of persons in CBP custody and their locations by day

(b)(5)

Any record indicating total number of cases CBP could treat by day

(b)(5)

All communications between DC and Border Patrol stations or sectors about an arrest or release where a possible Covid-19 exposure exists.

(b)(5)

(b)(5)

ONLY TWO CASES MEET THIS. ONE IN CAX TESTED AND TURNED UP POSITIVE IN CUSTODY, ONE IN RGC WHO WAS POSITIVE AT THE TIME OF APPREHENSION. THERE WERE TWO A CHECKPOINT IN DRT/UVA THAT WERE ALREADY POSITIVE AT THE TIME OF APPREHENSION.

(b)(5)

(b)(5)

All communications to CBP about steps to mitigate risk to themselves and folks they encounter.

(b)(5)

the number of CBP arrests at hospitals by date

(b)(5)

(b)(5)

USBP CAT DOES NOT HAVE ANY ARRESTS AT HOSPITALS REPORTED

Any record with communications about CBP activity at hospitals during the covid-19 outbreak.



(b)(5)

**AGAIN
NO HOSPITAL ARRESTS HAVE EVER BEEN REPORTED
TO US**

Any other pandemic response plans by CBP

(b)(5)

YES, SOH has a COMMUNICABLE DISEASE PLAN (b)(5)

(b)(5)

Respectfully,

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

Assistant Chief | Emergency Manager

United States Border Patrol - Special Operations Headquarters | Washington D.C.

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



From

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

Sent: Monday, May 11, 2020 2:28 PM

To: USBP CAT (b)(7)(E)

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

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

Subject: FW: FOIA Assignment for CBP-2020-042523

(b)(5)

This is a Freedom of Information Act request. I am seeking CBP records or documents reflecting the following:

Any record reflecting a Significant Event Notification regarding COVID19

(b)(5)

Any record reflecting the number of tests of aliens for Covid-19 in CBP custody by day

(b)(5)

Any record of CBP communication with the Centers for Disease Control about vulnerable population guidance for Covid-19.

(b)(5)

Any record of CBP releases of aliens because they are within a vulnerable population based on Covid-19 concerns by day

(b)(5)

Any record of confirmed cases of COVID-19 of persons in CBP

custody and their locations by day

(b)(5)

Any record indicating total number of cases CBP could treat by day

(b)(5)

All communications between DC and Border Patrol stations or sectors about an arrest or release where a possible Covid-19 exposure exists.

(b)(5)

All communications to CBP about steps to mitigate risk to themselves and folks they encounter.

(b)(5)

the number of CBP arrests at hospitals by date

(b)(5)

Any record with communications about CBP activity at hospitals during the covid-19 outbreak.

(b)(5)

Any other pandemic response plans by CBP

(b)(5)

Due: As Soon As Practical, please

Freedom of Information Act Request Coordination

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

Assistant Chief

U.S. Border Patrol Headquarters
1300 Pennsylvania Ave. N.W. 6.5E
Washington, DC 20229

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

From: admin@foiaonline.gov <admin@foiaonline.gov>

Sent: Thursday, April 2, 2020 1:28 PM

To: USBP FOIA (b)(7)(E)

Subject: FOIA Assignment for CBP-2020-042523

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.

You have been assigned to the FOIA request - CBP-2020-042523. Additional details for this item are as follows:

- Tracking Number: CBP-2020-042523
- Requester: Mr. David Bier
- Request Track: Simple
- Submitted Date: 03/12/2020
- Due Date: 04/28/2020

- Description:
- Short Description: N/A
- Description: This is a Freedom of Information Act request. I am seeking CBP records or documents reflecting the following:
 1. Any record reflecting a Significant Event Notification regarding COVID19
 2. Any record reflecting the number of tests of aliens for Covid-19 in CBP custody by day
 3. Any record of CBP communication with the Centers for Disease Control about vulnerable population guidance for Covid-19.
 4. Any record of CBP releases of aliens because they are within a vulnerable population based on Covid-19 concerns by day
 5. Any record of confirmed cases of COVID-19 of persons in CBP custody and their locations by day
 6. Any record indicating total number of cases CBP could treat by day
 7. All communications between DC and Border Patrol stations or sectors about an arrest or release where a possible Covid-19 exposure exists.
 8. All communications to CBP about steps to mitigate risk to themselves and folks they encounter.
 9. the number of CBP arrests at hospitals by date
 10. Any record with communications about CBP activity at hospitals during the covid-19 outbreak.
 11. Any other pandemic response plans by CBP
- Assigned Comments: Please conduct a search of records/information that are responsive to this request. See details of the request under the Submission Details tab, attach all pertinent records using the Upload Responsive Records tab, choosing the disposition "UU". Please assign completed searches with responsive records to the NTCComplete queue. Thank you.

From: (b)(6); (b)(7)(C)
To: USBP CAT
Cc: (b)(6); (b)(7)(C)
Subject: RE: FOIA Assignment for CBP-2020-042523
Date: Monday, May 11, 2020 5:03:27 PM
Attachments: (b)(5)

Here are the documents (attached) for supporting information/verification.

Thank you,

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

Supervisory Border Patrol Agent
USBP HQ EOC
Emergency Management

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

From: (b)(6); (b)(7)(C)
Sent: Monday, May 11, 2020 4:43 PM
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) USBP CAT (b)(7)(E)
Cc: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: RE: FOIA Assignment for CBP-2020-042523

Good afternoon,

In response to: *Any record of confirmed cases of COVID-19 of persons in **CBP custody** and their locations by day*

1. RGV Sector/Rio Grande City Station:

Subject:
(b)(6)

Country of citizenship: Mexico

(b)(6) tested positive for COVID 19 antibodies on May 8th. He was tested for COVID 19 on the same date and the tests are still pending at this time. He is under medical observation and I was just informed that he is not exhibiting any symptoms at this time. (b)(6)
(b)(6) is currently at the PIDC (Port Isabel Detention Center).

2. El Centro Sector/Calexico Station:

Subject:

(b)(6)

Country of citizenship: India

On April 23rd (b)(6) was apprehended. He tested positive for Covid 19 on April 24th and was quarantined in a cell. On April 27th, he was transferred to Otay Mesa Facility in San Diego, Ca.

Please let me know if you have further questions.

Respectfully,

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

Supervisory Border Patrol Agent
USBP HQ EOC
Emergency Management

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

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

Sent: Monday, May 11, 2020 3:48 PM

To: (b)(6); (b)(7)(C) USBP CAT (b)(7)(E)

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

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

Subject: RE: FOIA Assignment for CBP-2020-042523

By the way, on this question:

*Any record of confirmed cases of COVID-19 of persons in **CBP custody** and their locations by day*

(b)(5)

We can only answer to USBP level not CBP.

Respectfully,

(b)(6); (b)(7)(C) Assistant Chief | Emergency Manager
United States Border Patrol - Special Operations Headquarters | Washington D.C.

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



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

Sent: Monday, May 11, 2020 3:46 PM

To: (b)(6) USBP CAT (b)(7)(E)

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

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

Subject: RE: FOIA Assignment for CBP-2020-042523

This is very helpful, thank you. Your responses and guidance are appreciated.

Freedom of Information Act Request Coordination

(b)(6); (b)(7)(C) Assistant Chief
U.S. Border Patrol Headquarters
1300 Pennsylvania Ave. N.W. 6.5E
Washington, DC 20229

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

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

Sent: Monday, May 11, 2020 3:38 PM

To: USBP CAT (b)(7)(E)

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

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

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

Subject: RE: FOIA Assignment for CBP-2020-042523

(b)(5)

(b)(5)

This is a Freedom of Information Act request. I am seeking CBP records or documents reflecting the following:

Any record reflecting a Significant Event Notification regarding COVID19

(b)(5)

Any record reflecting the number of tests of aliens for Covid-19 in CBP custody by day

(b)(5)

(b)(5)

NO, USBP IS NOT TESTING
DETAINEES - HOSPITALS TEST DETAINEES

Any record of CBP communication with the Centers for Disease Control about vulnerable population guidance for Covid-19.

(b)(5)

(b)(5)

CBP SENIOR MEDICAL ADVISOR

COMMUNICATES DIRECTLY WITH CDC NOT USBP

Any record of CBP releases of aliens because they are within a vulnerable population based on Covid-19 concerns by day

(b)(5)

Any record of confirmed cases of COVID-19 of persons in CBP custody and their locations by day

(b)(5)

Any record indicating total number of cases CBP could treat by day

(b)(5)

All communications between DC and Border Patrol stations or sectors about an arrest or release where a possible Covid-19 exposure exists.

(b)(5)

(b)(5)

All communications to CBP about steps to mitigate risk to themselves and folks they encounter.

(b)(5)

the number of CBP arrests at hospitals by date

(b)(5)

(b)(5)

**USBP CAT DOES NOT
HAVE ANY ARRESTS AT HOSPITALS REPORTED**

Any record with communications about CBP activity at hospitals during the covid-19 outbreak.

(b)(5)

**NO HOSPITAL ARRESTS HAVE EVER BEEN REPORTED
TO US**

Any other pandemic response plans by CBP

(b)(5)

YES, SOH has a COMMUNICABLE DISEASE PLAN –

(b)(5)

(b)(5)

(b)(5)

Respectfully,

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

Assistant Chief | Emergency Manager

United States Border Patrol - Special Operations Headquarters | Washington D.C.

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



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

Sent: Monday, May 11, 2020 2:28 PM

To: USBP CAT (b)(7)(E)

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

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

Subject: FW: FOIA Assignment for CBP-2020-042523

Greetings All,

(b)(5)

This is a Freedom of Information Act request. I am seeking CBP records or documents reflecting the following:

Any record reflecting a Significant Event Notification regarding COVID19

(b)(5)

(b)(5)

Any record reflecting the number of tests of aliens for Covid-19 in CBP custody by day

(b)(5)

Any record of CBP communication with the Centers for Disease Control about vulnerable population guidance for Covid-19.

(b)(5)

Any record of CBP releases of aliens because they are within a vulnerable population based on Covid-19 concerns by day

(b)(5)

Any record of confirmed cases of COVID-19 of persons in CBP custody and their locations by day

(b)(5)

Any record indicating total number of cases CBP could treat by day

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All communications between DC and Border Patrol stations or sectors about an arrest or release where a possible Covid-19 exposure exists.

(b)(5)

All communications to CBP about steps to mitigate risk to themselves and folks they encounter.

(b)(5)

the number of CBP arrests at hospitals by date

(b)(5)

Any record with communications about CBP activity at hospitals during the covid-19 outbreak.

(b)(5)

Any other pandemic response plans by CBP

(b)(5)

Due: As Soon As Practical, please

Freedom of Information Act Request Coordination

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

Assistant Chief

U.S. Border Patrol Headquarters
1300 Pennsylvania Ave. N.W. 6.5E
Washington, DC 20229

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

From: admin@foiaonline.gov <admin@foiaonline.gov>

Sent: Thursday, April 2, 2020 1:28 PM

To: USBP FOIA (b)(7)(E)

Subject: FOIA Assignment for CBP-2020-042523

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.

You have been assigned to the FOIA request - CBP-2020-042523. Additional details for this item are as follows:

- Tracking Number: CBP-2020-042523
- Requester: Mr. David Bier
- Request Track: Simple
- Submitted Date: 03/12/2020
- Due Date: 04/28/2020
- Description:
- Short Description: N/A
- Description: This is a Freedom of Information Act request. I am seeking CBP records or documents reflecting the following:
 1. Any record reflecting a Significant Event Notification regarding COVID19
 2. Any record reflecting the number of tests of aliens for Covid-19 in CBP custody by day
 3. Any record of CBP communication with the Centers for Disease Control about vulnerable population guidance for Covid-19.
 4. Any record of CBP releases of aliens because they are within a vulnerable population based on Covid-19 concerns by day
 5. Any record of confirmed cases of COVID-19 of persons in CBP custody and their locations by day
 6. Any record indicating total number of cases CBP could treat by day

7. All communications between DC and Border Patrol stations or sectors about an arrest or release where a possible Covid-19 exposure exists.
 8. All communications to CBP about steps to mitigate risk to themselves and folks they encounter.
 9. the number of CBP arrests at hospitals by date
 10. Any record with communications about CBP activity at hospitals during the covid-19 outbreak.
 11. Any other pandemic response plans by CBP
- Assigned Comments: Please conduct a search of records/information that are responsive to this request. See details of the request under the Submission Details tab, attach all pertinent records using the Upload Responsive Records tab, choosing the disposition "UU". Please assign completed searches with responsive records to the NTComplete queue. Thank you.

