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|--|---|
|  | <ul style="list-style-type: none"> <li>○ Ensure employee contacts medical provider/local health department for guidance/disposition</li> <li>● If employee is Asymptomatic           <ul style="list-style-type: none"> <li>○ Home quarantine/self-monitoring (Definitions)</li> <li>○ Ensure employee contacts medical provider/local health department for guidance/disposition</li> <li>○ Leave guidance – (NOTE 3)</li> <li>○ Provide telework guidance – (NOTE 5)</li> <li>○ If exposure was work-related: (NOTE 4)</li> </ul> </li> </ul> |
|--|---|

**NOTES:**

**NOTE 1: Standard infection precautions:**

- Avoid contact with sick persons
- Wash hands frequently for 20 seconds with soap and water (or use alcohol-based hand sanitizer)
- Cover coughs or sneezes with a tissue or elbow
- Keep hands below chin – avoid touching eyes, nose, mouth
- If you are sick – stay home, notify supervisor, consult medical provider

**NOTE 2: Exposure Claim/Worker's Compensation Guidance – EMPLOYEE**

- Contact your local workers' compensation point of contact (Injury Compensation Coordinator) to guide you on the process to file a workers' compensation claim and which form to use.
  - CA-1 - claim of traumatic injury (exposure on a specific date, time and location, within one 8-hour shift); or
  - CA-2 - claim of occupational disease (exposure over time or multiple exposures on more than one date, time and location).

**NOTE 3: Leave Procedures – SUPERVISOR**

- Approve weather and safety leave until it is determined whether the employee has COVID-19. If diagnosed with COVID-19, approve sick leave, annual leave, or other absence category available to the employee such as compensatory time off, credit time, etc.

#### **NOTE 4: Exposure Claim/Worker's Compensation Guidance – SUPERVISOR**

- Complete an incident report (CBP Form 502) in CBP [eCOMP](#).
  - Complete supervisor portion of the CA-1 or CA-2 in CBP eCOMP as soon as possible, but no later than 24 hours after the employee completes their portion of the CA-1 or CA-2

#### **NOTE 5: Telework Guidance – SUPERVISOR**

- If not telework ready, approve weather and safety leave until it is determined whether the employee has COVID-19.
  - If diagnosed with COVID-19, approve sick leave, annual leave, or other absence category available to the employee such as compensatory time off, credit time, etc.

#### **Definitions Used in this Guidance:**

**Note:** Definitions listed below are adapted from CDC guidance and may or may not fit exactly into each CBP specific work environment or job requirement.

**Symptoms compatible with COVID-19 infection:** Include subjective or measured fever, cough, or difficulty breathing, general flu-like symptoms

**Self-observation:** Remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, limit contact with others, and seek health advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

**Self-monitoring:** Monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever, cough, or difficulty breathing during the self-monitoring period to determine whether medical evaluation is needed.

**Home Isolation:** Separation, at home, of a person or group of people known or reasonably believed to be *infected with a communicable disease and potentially infectious* from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

**Home Quarantine:** Separation, at home, of a person or group of people reasonably believed to have been *exposed to a communicable disease but not yet symptomatic*, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

**Social distancing:** Remaining out of congregate settings, avoiding local public transportation (e.g., bus, subway, taxi, ride share), and maintaining distance (approximately 6 feet or 2 meters) from others. If social distancing is recommended, presence in congregate settings or use of local public transportation should only occur with approval of local or state health authorities.

## **EMPLOYEE PROTECTION - BEST PRACTICES FOR UAC/DETAINEE INFLUX**

**Purpose:** The purpose of this document is to outline the protective measures that need to be taken to ensure the safety and health of agents/officers and members of the public.

**Concept of Operations:** Agents and Officers should be trained and take appropriate precautionary measures when dealing with detainees (adult and children) to prevent the spread of disease, infestations, or other identified health conditions that may be present in the work setting.

### **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- Wear N-95 masks when processing persons suspected of being infected with possible communicable airborne disease-causing agents.
- Wear nitrile gloves when processing persons suspected of being infected with communicable skin or body fluid disease-causing agents. Nitrile gloves should be disposed of after examining each potentially infected individual to prevent infecting other detainees and employees, and the contamination of workplace surfaces.
- Wear safety glasses to protect eyes in situations where fluids may get into the eyes.
- Use protective over-garments (e.g., Tyvek suits, Tyvek sleeves) in situations to prevent uniform contamination during activities that may transmit contamination to the uniform.
- Ensure that agents/officers are aware of appropriate PPE, trained in its proper use, wear it appropriately, and its use is enforced. Ensure proper disposal of contaminated PPE.
- Ensure that PPE is stored away from processing areas, but close enough to be immediately available to agents.

### **PRACTICE PREVENTIVE HYGIENE**

- Avoid hand-to-face contact to prevent cross-contamination, especially when wearing gloves and other PPE that could be contaminated with infectious material.
- Wash hands frequently with soap and water, especially before and after bathroom use and before eating.
- Change clothes and shoes after the work shift; shower and don clean clothes before departing workplace.
- Wash clothes in hot water, or have dry cleaned.
- Bag clothes in air tight bags for 72 hours before laundering to kill possible scabies mites.

- Items such as radios, cell phones, keyboards, personal jewelry, and other such equipment should be disinfected if they have been exposed.
- Repeated hand sanitizer use does not substitute for washing hands with soap and water; therefore do not rely entirely on hand sanitizer and wash hands thoroughly when possible.
- Do not eat or drink in the processing room.
- Consideration should be given to on-site laundering of both agents' and detainees' clothing and personal effects to contain any possible infestations, infections, and odors.

## **PROTECTION FROM INFECTED DETAINEES**

- Maintain situational awareness around detainees being processed. Observe signs and symptoms associated with disease or illnesses.
- Avoid proximity (less than 6 feet) with detainees who are symptomatic, showing signs of infestations, coughing, or spreading secretions.
- Ensure detainees with suspected respiratory infections wear surgical masks, or cover all coughs with tissues if surgical masks are not available.
- Wear long-sleeved clothing when close contact with detainees is necessary (e.g., fingerprinting, pat-down examinations, etc.)
- Isolate or quarantine detainees with suspected infections to prevent spread of infection.
- Bag clothing after exposure to scabies and lice-infected persons for 72 hours to ensure clothing is free of mites.
- If feasible, detainees should be showered, given clean clothes, and checked for disease/infection prior to processing.
- Processing areas should have negative air ventilation and ventilators equipped with High Efficiency Particulate Air (HEPA) filters when designed for air re-circulation.
- Uninfected and healthy detainees should be segregated from infected detainees to minimize transmission of disease.

## **FACILITY CLEANING/MAINTENANCE**

- Cleaning contracts should be written with contingency clauses for emergency conditions when more frequent or intensive cleaning is required
- Clean all horizontal surfaces using an EPA-certified hospital grade disinfectant-detergent solution mixed according to the manufacturer's directions.
- Wet mop all floors, benches, and all fixtures attached to the floor in the holding cells with disinfectant-detergent.

- Use double-bucket mopping technique in the holding cells whereby the sanitizing solution application is followed with clean water mopping to prevent the build-up of detergent product on surfaces.
- Floors outside of the holding cell should be mopped using conventional methods and at the same interval as holding cell cleanings. Cleaning/mopping of surfaces shall be at a frequency necessary depending on alien population density and/or excessive dust build-up, as determined by management.
- Clean mop heads shall be available and replaced as necessary to maintain sanitary conditions.
- Spray bottle and wet-wipe cleaning shall be used on horizontal surfaces off the floor outside of the holding cells to maintain sanitized conditions.
- Portable toilet contracts should be written with contingency clauses for emergency conditions.
- Portable toilets should be scheduled for more frequent cleaning during emergency/high detainee periods.
- Disease vector extermination should be in effect year-round to prevent infestations of insects or other vermin, with possible increase during high volume detainee occupancy.
- Air processing equipment (air conditioning/ventilators) should be cleaned regularly to prevent build-up of dirt, mold, etc.
- HVAC filters and/or pre-filters in detention cell ventilation design should be replaced at shorter intervals when increased populations are present to avoid overloading and possible spread of infections.

## **VEHICLE CLEANING**

- If an outside contract for cleaning transport vehicles between trips is needed for high detainee occurrences, this should be negotiated in advance of crisis situations.
- Vehicles transporting detainees should be decontaminated between trips to prevent cross-contamination.
- Vehicles should be washed outside, then thoroughly vacuumed and wiped down with disinfectant inside.
- Vehicles used to transport detainees from the field should not be used to transport detainees after processing until after proper cleaning and decontamination.
- Vehicles used to transport detainees should either be entirely separate or equipped with shields between driver and occupants, or the driver should wear appropriate PPE, such as respirator if the same air is shared.

## **MEDICAL SURVEILLANCE**

- Federal Occupational Health (FOH) should have periodic visits to front line stations to allow agents to realize the benefits of the program. The services available should be promoted locally.
- All supervisors and managers should emphasize to employees the positive and preventative aspects of participating in the medical surveillance program. Chapter 36 of the CBP Occupational Safety and Health Handbook (HB 5200-08b) describes availability of medical surveillance services and the administering of the program.
- In particular the immunization benefit should be emphasized, especially with the possibility of dealing with detainees having bloodborne diseases, and infections (e.g., Hepatitis A and B, chicken pox, etc.).
- All agents should be thoroughly familiar with the benefits of all available medical surveillance services (e.g., tuberculosis screening, Hepatitis A and B vaccinations, etc.). Agents should be frequently educated on available services through various messaging opportunities (e.g., muster, IDS messages, posters).

## **FOOD SERVICE**

- Food service for detainees should be provided by a reputable, licensed contractor.
- Food serving areas should be separate from processing areas.
- Food serving areas should be cleaned as necessary, but not less frequently than processing areas.
- Hand washing facilities should be provided and hand washing enforced at all food service areas.

## **CONTINUITY OF OPERATIONS PLANS (COOPs)**

- COOPs should include contingencies for mass processing of detainees.
- COOPs should also contain provisions for moving processing and containment to larger facilities to allow faster processing and more secure quarantining of detainees.
- COOPs should also allow for local food preparation, laundry, decontamination, medical screening, and showering of both agents and detainees.
- COOPs should include contingencies for evacuating increased populations during emergency situations (e.g., fire, hurricane).

## **LAUNDRY/DECONTAMINATION**

- Local laundry facilities should be retained for detainees' and agents' clothing to allow for sufficient personal hygiene and sanitation.
- Contracts should be negotiated well in advance of any emergencies to ensure that appropriate provisions are made and providers identified.

- To the extent possible, laundry facilities should be located on-site to allow agents to change into uncontaminated clothing before leaving the area.

## TRAINING/EDUCATION

- Procedures for protecting against bloodborne pathogen (BBP) diseases, tuberculosis (TB), scabies and other common alien-acquired pathogens/ parasites is provided to agents during muster and other messaging opportunities (e.g., IDS messages, posters, website postings). In addition, completion of required annual BBP/TB training is enforced. BBP/TB training is available on the CBP virtual training center.
- All agents and employees should be trained in the use, location, and disposal of all personal protective equipment to be used.
- All agents/officers, employees, and to the extent possible, contractors should be trained in the provisions and procedures of the occupant emergency plan (OEP) and COOP.
- Management at all levels should both participate in and supervise the conduct of OEP and COOP exercises to ensure that all employees are aware of their role(s) and the procedures to be followed.
- Exercises should, when possible, also include all state and Federal agencies included or identified in the OEP and COOP.
- Regular exercises should be conducted to identify weaknesses and reinforce procedures for employees.
- Contractors should be included in the exercises to the extent possible.
- Below is a comprehensive list of topics available via muster messages, advisories, posters, and training. Posters can be obtained by contacting your Sector Director of Policy and Compliance and/or your HRM, Safety and Occupational Health Specialist.

Muster topics, advisories, fact sheets:

Personal Protective Equipment (PPE) – General Guidelines

Universal Precautions

Bloodborne Pathogens Exposure Protection

Hand Washing

PPE – Gloves

Chickenpox Exposure Protection

Lice Exposure Protection

CBP Medical Surveillance Program

Scabies Exposure Protection

Tuberculosis (TB) Awareness and Exposure Protection

Respiratory Protection

Lice Exposure Protection

Chicken Pox Exposure Protection

Scabies Exposure Protection

MERS Exposure Protection, etc.

**Muster topics, fact sheets, and advisories are available at:**

(b) (7)(E)

**From:** (b)(6)&(b)(7)(C)  
**To:** (b)(6)&(b)(7)(C)  
**Subject:** Fwd: USBP REPORTING REQUIREMENT & ACTIONS - COVID-19 - UPDATED REQUIREMENTS - IRAN  
**Date:** Friday, March 13, 2020 5:22:52 PM  
**Attachments:** CBP COVID-19 JHA 12\_03132020.pdf  
CBP COVID-19 Exposure Risk Decision Guidance 03132020.pdf  
POTUS PROCLAMATION COVID-19 MAR 11.pdf  
Guidance to BP Sectors on Novel Coronavirus 03112020.pdf

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Aee the expanded list of countries for the precious reporting guidance.

**China - Iran - Austria - Belgium - Czech Republic - Denmark - Estonia- Finland - France - Germany - Greece - Hungary - Iceland - Italy - Latvia - Liechtenstein**

**Lithuania - Luxembourg - Malta - Netherlands - Norway - Poland - Portugal - Slovakia - Slovenia - Spain - Sweden - Switzerland**

Sent from my Verizon, Samsung Galaxy smartphone

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**From:** (b)(6)&(b)(7)(C) [REDACTED] CBP.DHS.GOV>  
**Sent:** Friday, March 13, 2020, 5:05 PM  
**To:** (b)(6)&(b)(7)(C) [REDACTED]

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

**Cc:** (b)(6)&(b)(7)(C)  
**Subject:** FW: USBP REPORTING REQUIREMENT & ACTIONS - COVID-19 - UPDATED REQUIREMENTS - IRAN

FYSA, additional countries identified for reporting requirements.

Have an Outstanding United States Day!

(b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C)(o)  
(b)(6)&(b)(7)(C)(o)  
(b)(6)&(b)(7)(C)@cbp.dhs.gov

"Leadership is an action, not a position."

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**From:** (b)(6)&(b)(7)(C) @cbp.dhs.gov>  
**Sent:** Friday, March 13, 2020 2:55 PM  
**To:** (b)(6)&(b)(7)(C) [REDACTED] @CBP.DHS.GOV>;(b)(6)&(b)(7)(C)

(b)(6)&(b)(7)(C) @CBP.DHS.GOV>

**Subject:** FW: USBP REPORTING REQUIREMENT & ACTIONS - COVID-19 - UPDATED REQUIREMENTS - IRAN

FYI -

Respectfully,

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

Law Enforcement Operational Programs

U.S. Border Patrol | Tucson Sector

Office: (b)(6)&(b)(7)(C)

Cell: (b)(6)&(b)(7)(C)

(b)(6)&(b)(7)(C) [cbp.dhs.gov](mailto:cbp.dhs.gov)

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**From:** (b)(6)&(b)(7)(C) @CBP.DHS.GOV>

**Sent:** Friday, March 13, 2020 2:53 PM

**To:** (b)(6)&(b)(7)(C) @cbp.dhs.gov> (b)(6)&(b)(7)(C) @cbp.dhs.gov> (b)(6)&(b)(7)(C)

(b)(6)&(b)(7)(C) @cbp.dhs.gov>

**Cc:** (b)(6)&(b)(7)(C) @cbp.dhs.gov>

**Subject:** Fwd: USBP REPORTING REQUIREMENT & ACTIONS - COVID-19 - UPDATED REQUIREMENTS - IRAN

Chiefs,

FYSA

Respectfully,

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

LEOD/OPS West

U.S. Border Patrol Headquarters

Washington, DC

Please excuse any typos as this message was created with an iPhone.

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**From:** (b)(6)&(b)(7)(C) @CBP.DHS.gov>

**Sent:** Friday, March 13, 2020 5:30:46 PM

**To:** (b)(6)&(b)(7)(C) @CBP.DHS.GOV>; (b)(6)&(b)(7)(C)

(b)(6)&(b)(7)(C) @cbp.dhs.gov>; (b)(6)&(b)(7)(C) @cbp.dhs.gov>

**Subject:** FW: USBP REPORTING REQUIREMENT & ACTIONS - COVID-19 - UPDATED REQUIREMENTS - IRAN

ASC's,

Please forward to your Sectors.

Thank you.

**(b)(6)&(b)(7)(C)**

United States Border Patrol

**(b)(6)&(b)(7)(C)(Office)**

**[REDACTED] (iPhone)**

**(b)(6)&(b)(7)(C)** [@DHS.gov](mailto:@DHS.gov)

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**From:** (b)(6)&(b)(7)(C) [@cbp.dhs.gov>](mailto:@cbp.dhs.gov)

**Sent:** Friday, March 13, 2020 4:51 PM

**To:** (b)(6)&(b)(7)(C) [@cbp.dhs.gov>](mailto:@cbp.dhs.gov)

**Cc:** (b)(6)&(b)(7)(C) [@cbp.dhs.gov>](mailto:@cbp.dhs.gov)

**Subject:** FW: USBP REPORTING REQUIREMENT & ACTIONS - COVID-19 - UPDATED REQUIREMENTS - IRAN

Associates, Please push out to your corridors for widest dissemination of this expanded guidance.

#### **CURRENT AT RISK COUNTRY GUIDANCE:**

**China - Iran - Austria - Belgium - Czech Republic - Denmark - Estonia- Finland - France - Germany - Greece - Hungary - Iceland - Italy - Latvia - Liechtenstein Lithuania - Luxembourg - Malta - Netherlands - Norway - Poland - Portugal - Slovakia - Slovenia - Spain - Sweden - Switzerland**

Please disseminate far and wide across all uniformed personnel for implementation.

CBP National Reporting Requirement for all potential cases and contacts with persons who meet the requirements of the Guidance to BP Sectors on COVID-19 dated 03/11/2020 (attached along with the recently updated CBP Job Hazard Analysis and Exposure Risk Decision Guidance)

#### **MANDATORY REPORTING REQUIREMENT:**

**Reporting Requirements (Applies to all detainees with potential/suspected COVID-19).**

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

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

**Guidance to BP Sectors on COVID-19 Encounters - Applies to at risk countries identified in Presidential Proclamations**

**(USE THE BELOW TEMPLATE ON EVERY REPORT MEETING THE GUIDELINES)**

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

- a) Travel within **to/through/from at risk country** within the **last 14 days**: Y/N
- b) Details

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

Consulted with CDC (if positive travel within **at risk country within last 14 days**): Y/N

Disposition:

- a) Referred to hospital: Y/N
- b) Segregated/Monitored: Y/N
- c) Quarantined (per CDC): Y/N
- d) Transferred to ICE/ERO: Y/N
- e) Released: Y/N

**REPORTS MUST BE ROUTED THROUGH: the CoC, USBP CORRIDOR with a CC to the following EMAIL DISTRO: (b) (7)(E)**

- **REPORTS MUST BE ROUTED THROUGH: the CoC, USBP CORRIDOR with a CC to the following EMAIL DISTRO: (b) (7)(E)**

➤ **REMINDER: CONSULTATION W/ CDC:** USBP Agents do not have to contact CDC unless the person meets the **at risk country travel history requirement**, within the last 14 days. Unless there are some concerns the agents on the ground feel based on their observations and they want to clear through CDC just to be on the safe side. But there is no requirement beyond that.

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

(b)(6)&(b)(7)(C) Operations

Law Enforcement Operations Directorate

USBP Headquarters, Washington, DC

(b)(6)&(b)(7)(C) ell

Office

HQBOR 10/7.1-C



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

**MAR 13 2020**

MEMORANDUM FOR: All Chief Patrol Agents [REDACTED]  
All Directorate Chiefs [REDACTED]  
[REDACTED] (b)(6)&(b)(7)(C)  
[REDACTED] (b)(6)&(b)(7)(C)

FROM: [REDACTED]  
[REDACTED]  
[REDACTED]  
U.S. Border Patrol

SUBJECT: Emerging Safety and Health Concerns for Employees RE:  
COVID-19

As you are well aware, the United States continues to face elevated health and safety challenges associated with the spread of the 2019 Novel Coronavirus (COVID-19). The Center for Disease Control and Prevention (CDC) reports that the overall risk of contracting this virus is still low. CDC also reports that most people who contract COVID-19 will exhibit symptoms similar to the flu and will fully recover. With that said, we must acknowledge that our front line personnel are at a higher than average risk of coming in direct contact with someone that is infected with COVID-19. As community spread increases, the risk of our personnel contracting COVID-19 will also increase.

As the leadership team for U.S. Border Patrol (USBP), we are each responsible for implementing appropriate measures to minimize and mitigate work related hazards for all USBP personnel while maintaining the highest levels of border security and public safety. When it comes to preventing the spread of infectious diseases, protecting our workforce also serves to protect their families, our Nation and our ability to carry out our mission. Per the medical experts, vigilance, appropriate use of personal protective equipment (PPE), good sanitary habits and social distancing are the most effective ways to isolate this virus and prevent it from spreading.

As discussed earlier today and outlined in the CONOPS sent to each Sector, you are directed to implement an Operational Risk Management approach to minimize the potential exposure of all USBP personnel to anyone potentially infected with COVID-19. Additionally, you are directed to develop and implement operational plans to limit the number of individual agents that must be exposed to detainees in confined spaces such as vehicles and processing facilities. To the maximum extent operationally feasible, operations plans will include:

- Dedicated field transport vehicles to limit potential contamination of patrol vehicles
  - Daily decontamination of vehicles used to transport aliens subsequent to initial arrest
  - Immediate decontamination of any vehicle used to transport anyone that is ill
- Dedicated transport agents (minimum two week assignment)
- Dedicated processing agents (minimum two week assignment)

Each Sector will ensure all personnel are familiar with, and uniformly execute the guidance found in the following documents which are attached hereto:

- *CBP Job Hazard Analysis and PPE Assessment* for COVID-19
- USBP Operational Guidance provided to sectors on COVID-19
- CBP Exposure-Risk-Decision Guidance provided to sectors on COVID-19

Additionally, the following general protective measures shall be applied.

- Minimize the exposure of detainee populations to CBP personnel and facilities
- Identify, isolate, and evaluate at-risk detainees as soon as possible
- Apply decontamination procedures as appropriate
- Utilize available CBP Medical Surveillance Program services and vaccinations
- Provide appropriate selection, maintenance, and use of personal protective equipment
- Mandate use of appropriate PPE in processing centers and high risk areas as warranted

We must remain vigilant. All sectors will continue to distribute CBP and USBP guidance and educational materials to the widest extent possible. The most current information on this evolving situation is accessible at the Center for Disease Control and Prevention website ([cdc.gov](http://cdc.gov)), as well as the CBP Safety and Health COVID-19 Resource Page accessible at CBPnet.

Staff may direct additional questions to USBP Headquarters, Strategic Planning and Analysis Directorate at (b)(6)&(b)(7)(C) or (b)(6)&(b)(7)(C) at (b)(6)&(b)(7)(C)

Attachments

**From:** (b)(6)&(b)(7)(C)  
**To:** (b)(6)&(b)(7)(C)  
**Subject:** Fwd: N-95 Respirators  
**Date:** Saturday, March 14, 2020 3:07:08 PM

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See below.

WCs, please begin taking names of volunteers, if any, for transport and processing efforts. Likely a minimum two week rotation.

(b)(6)&(b)(7)(C) and I will work the fleet issue Monday.

Thanks!

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

Sent from my Verizon, Samsung Galaxy smartphone

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**From:** (b)(6)&(b)(7)(C) @CBP.DHS.GOV>  
**Sent:** Saturday, March 14, 2020, 1:10 PM  
**To:** (b)(6)&(b)(7)(C)  
**Cc:** (b)(6)&(b)(7)(C)  
**Subject:** RE: N-95 Respirators

PAICs-

Please confirm receipt and cascade the below to agents at musters.

This morning guidance includes all PPE -.

Additionally, confirm that your musters are briefing the JHAs and guidance concerning filed encounters with sick detained persons.

As a reminder;

At arrest (prior transport) - agents should be assessing (observing) individuals for flu like signs/symptoms of illness.

If agents suspect any signs/symptoms associated with an illness such as the flu or potentially the coronavirus (COVID-19), that individual, and those associated with the same event, should be transported separate and apart from any other subjects. PPE should be readily available to agents for donning at their discretion.

They should be isolated to the maximum extent possible until a formal medical evaluation determines that they are not infected and/or contagious. If at all possible, anyone exhibiting symptoms should not be taken inside of BP facilities. Formal medical is our medical screening at intake or local medical services. If someone is exhibiting symptoms the medical screening may need

to be conducted in a sally port or outside the facility.

Lastly, please canvas your agents and secure volunteer names for transport and processing duties. Part of this drill is to also identify, by fleet number, dedicated transport assets. We will need both of these lists sent to TCA-Ops by NOON Tuesday.

Thank you,

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

----Original Message----

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

Sent: Saturday, March 14, 2020 9:25 AM

To: (b)(6)&(b)(7)(C) <cbp.dhs.gov>; (b)(6)&(b)(7)(C) @cbp.dhs.gov; (b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C) @cbp.dhs.gov>

Cc: (b)(6)&(b)(7)(C) @cbp.dhs.gov; (b)(6)&(b)(7)(C) cbp.dhs.gov>

Subject: N-95 Respirators

All-

CPA (b)(6)&(b)(7)(C) has authorized the wearing of N95s in any work area including Immigration Checkpoint Primary.

This is voluntary at the agents discretion.

Please distro to your WCs and SBPAs.

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

Sent from my iPhone

**03/14/2020**

**CURRENT AT RISK COUNTRY GUIDANCE:**

China - Iran - Austria - Belgium - Czech Republic - Denmark - Estonia- Finland  
France - Germany - Greece - Hungary - Iceland - Italy - Latvia - Liechtenstein - Lithuania  
Luxembourg - Malta - Netherlands - Norway - Poland - Portugal - Slovakia - Slovenia - Spain  
Sweden - Switzerland - Ireland - United Kingdom

**Guidance to BP Sectors on COVID-19 Encounters**  
**Applies to at risk countries identified in Presidential Proclamations**

**Situation Summary**

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

While most of the people identified with 2019-nCoV have association with Wuhan City, there has been significant spread throughout China and increasingly to other countries around the world. To date there have been multiple confirmed cases in the United States; this number is expected to continue to increase. The USG has enacted strict entry restriction and screening measures for persons with travel to China and this scope will increase to other at risk countries identified in Presidential Proclamations with direct nexus to the COVID-19.

**I. CBP Workforce Health Protection Guidance**

- CBP Senior Medical Advisor continues to work with CBP OSH, DHS OCHCO, BP Safety, and BP operational leadership to monitor workforce health protection issues and PPE recommendations and requirements
- ***Updated CBP Job Hazard Analysis and PPE Assessment attached***
- ***Agents may print attached pocket cards for distribution as appropriate***
- The situation and information continue to evolve rapidly. Additional guidance or modifications will be provided as appropriate. If additional countries are added based on Presidential Proclamations or other orders as received through the CBP chain of command you will be notified in future versions of this document.

**II. Reporting Requirements (Applies to all detainees with potential/suspected COVID-19). Reports must be made within 1-hour or as soon as operationally practicable.**

**EVERY DETAINEE FROM ANY COUNTRY WITH NEXUS AND TRAVEL HISTORY TO/THROUGH/FROM AT RISK COUNTRIES OUTLINED IN PRESIDENTIAL PROCLAMATIONS RELATED TO COVID-19:**

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

- a) Travel within to/through/from at risk country within the last 14 days: Y/N
- b) Details

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

Consulted with CDC (if positive travel within at risk country within last 14 days): Y/N

Disposition:

- a) Referred to hospital: Y/N
- b) Segregated/Monitored: Y/N
- c) Quarantined (per CDC): Y/N
- d) Transferred to ICE/ERO: Y/N
- e) Released: Y/N

**REPORTS MUST BE ROUTED THROUGH: the CoC, USBP CORRIDOR with a CC to the following EMAIL DISTRO: (b) (7)(E)**

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

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

- a. Ask detainees if they have traveled to/through/from at risk country in the past 14 days
- b. If no, continue regular processing to include health intake interview and medical assessment as appropriate.
- c. If yes, provide surgical mask, segregate (as a group if necessary), refer detainee to medical personnel onsite if available for health intake interview/medical assessment as appropriate, contact CDC quarantine station, and follow guidance below in consultation with medical personnel
  - i. If no medical personnel available onsite => place surgical mask, segregate (as a group if necessary), contact CDC quarantine station, and follow guidance below.
- d. For detainees with recent travel to/through/from at risk country AND signs/symptoms of illness → refer to #2 below
- e. For detainees with recent travel to/through/from at risk country AND NO signs/symptoms of illness → provide surgical mask, segregate (as a group if

necessary), monitor for flu-like symptoms (cough, difficulty breathing, shortness of breath, complains of fever).

- i. Ensure appropriate workforce PPE (Section 1 above and JHA attached)
- ii. If detainee develops flu-like symptoms, then see #2 below
- iii. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station to determine disposition prior to transfer or release**
- iv. Continue processing and coordinate expedited transfer to ICE or HHS as appropriate with proper notification and documentation of circumstances.

**2. For detainees with recent travel to/through/from at risk nation AND symptoms of respiratory illness:**

- a. Ensure a tight-fitting surgical mask is on the detainee.
- b. Isolate the detainee to the extent possible. Practice social distancing.
- c. Ensure appropriate workforce PPE (Section 1 above and JHA attached) and notify local collateral duty safety officer if additional PPE is required
- d. Promptly consult with local medical contract personnel if available
- e. Coordinate transfer to hospital for evaluation with advanced notification of circumstances (if seriously ill – activate 911/EMS with notification of circumstances)
- f. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station for disposition**

**3. For close contacts of detainees with travel to/through/from at risk country within 14 days**

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

**CDC Points of Contact:**

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

**CBP Medical Points of Contact:**

- (b)(6)&(b)(7)(C)CBP Senior Medical Advisor - (b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C)
- (b)(6)&(b)(7)(C)BP Medical Planner (b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C)

**From:** (b)(6)&(b)(7)(C)  
**To:** (b)(6)&(b)(7)(C)  
**Subject:** Additional Agents & Processing/Transport Teams Mandate  
**Date:** Tuesday, March 17, 2020 4:12:18 PM

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SBPAs,

You can expect the following agents to begin working on your shifts at the designated dates. Please update your (b) (7)(E) accordingly. Their time with us may be limited, but we do not yet know when/if they will return to their previous detail assignments so please be patient with the inevitable changes in the near future.

**Watch 1**

March 30 – (b)(6)&(b)(7)(C) (currently on a 14-day quarantine from foreign travel)

**Watch 2**

March 18 – (b)(6)&(b)(7)(C)

April 5 - (b)(6)&(b)(7)(C)

April 12 – (b)(6)&(b)(7)(C)

**Watch 3**

March 22 – (b)(6)&(b)(7)(C)

April 12 – (b)(6)&(b)(7)(C)

**Another thing of high priority** – TCA has mandated teams of agents to perform processing/transport duties. For WCX, this will be a (b) (7)(E) (b) (7)(E) who will be primarily doing processing and transportation efforts when that color of work is required. This does not include casework specific to the apprehending/seizing agent. It does include material witness statements and A-Files. The teams will be assembled with volunteers first, followed by agents assigned to the tasks in reverse-seniority order. They will perform these tasks for two pay periods, retroactive to the start of PP6. (b) (7)(E) should allow you sufficient processing/transport agents on any given day without impacting assigned ADOs and leave requests. At the end of two pay periods, the process will start over with identified volunteers, followed by mandating agents in reverse-seniority starting with the most junior agent not previously mandated for this effort. The goal is to minimize the likelihood of exposure COVID-19 to employees. When performing transportation, the vans staged at each checkpoint should be used, or the two caged vans at the station. All are (or will be by end of day) equipped with PPE, and will soon have a yard-style sprayer with bleach to make a 10-1 solution of water/bleach for decontamination of vehicles.

Important to note that if a mandated employee articulates to you that they have a high-risk family member residing with them (elderly adults, or those with chronic medical conditions such as: heart disease, diabetes, and lung disease) they should not be mandated and an alternate person selected.

WCs (Watch 2, any SBPA will suffice in the absence of (b) (6)&(b)(7)(C)) please acknowledge receipt and understanding. Let me know if you have questions.

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

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

**Willcox Border Patrol Station**

(b)(6)&(b)(7)(C)- Office

- Mobile

**From:** (b)(6)&(b)(7)(C)  
**To:** FW: Updated FRC and ORR Requirements  
**Subject:** FW: Updated FRC and ORR Requirements  
**Date:** Tuesday, March 17, 2020 10:40:03 AM  
**Attachments:** 3\_COVID-19 Acute Respiratory Disease Check\_v20200313.pdf  
**Importance:** High

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Supervisors, please see the attached and below additional guidance for juveniles being directed to the FRCs.

(b)(6)&(b)(7)(C) – please check on the amount of thermometer sleeves we have on hand and let us know if we need to order more.

Thanks!

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

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

**Willcox Border Patrol Station**

(b)(6)&(b)(7)(C) Office

Mobile

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**From:** (b)(6)&(b)(7)(C) @cbp.dhs.gov>  
**Sent:** Tuesday, March 17, 2020 8:36 AM  
**To:** (b)(6)&(b)(7)(C) @cbp.dhs.gov>; (b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C) @cbp.dhs.gov>; (b)(6)&(b)(7)(C) @cbp.dhs.gov>;  
(b)(6)&(b)(7)(C) @cbp.dhs.gov>; (b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C) @cbp.dhs.gov>; (b)(6)&(b)(7)(C) @cbp.dhs.gov>; (b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C) @cbp.dhs.gov>; (b)(6)&(b)(7)(C) @cbp.dhs.gov>;  
(b)(6)&(b)(7)(C) @cbp.dhs.gov>; (b)(6)&(b)(7)(C) @cbp.dhs.gov>;  
**Subject:** Updated FRC and ORR Requirements  
**Importance:** High

Good Morning,

Requests for placement at an FRC must now include the temperatures of all subjects. Please include the temperature on the medical screening (CBP Form 2500).

Requests placed in the UAC Placement Portal must also include answers to the following questions in the Referral Notes Section:

Does the child have a fever—temperature above 100F(37.8C)? Y/N

Does the child have a cough? Y/N

Is the child experiencing shortness of breath? Y/N

If there are any questions, please advise.

Thank you,

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

Operations Officer

Tucson Coordination Center (TCC)

Law Enforcement Operational Programs

(b)(6)&(b)(7)(C) [REDACTED]

(b)(6)&(b)(7)(C) – Bubble

– Direct Extension

– Mobile

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**From:** (b)(6)&(b)(7)(C) [REDACTED]

**Sent:** Tuesday, March 17, 2020 7:44 AM

**To:** (b)(6)&(b)(7)(C) [REDACTED] @cbp.dhs.gov>; (b)(6)&(b)(7)(C) [REDACTED]

(b)(6)&(b)(7)(C) [REDACTED] CBP.DHS.GOV>; (b)(6)&(b)(7)(C) [REDACTED]

(b)(6)&(b)(7)(C) [REDACTED] @cbp.dhs.gov>; (b)(6)&(b)(7)(C) [REDACTED] @cbp.dhs.gov>; (b)(6)&(b)(7)(C) [REDACTED]

(b)(6)&(b)(7)(C) [REDACTED] @cbp.dhs.gov>; (b)(6)&(b)(7)(C) [REDACTED] @CBP.DHS.GOV>

Cc: (b)(6)&(b)(7)(C) [REDACTED]; (b)(6)&(b)(7)(C) [REDACTED]

(b)(6)&(b)(7)(C) [REDACTED]

**Subject:** Updated FRC Requirement

**Importance:** High

All – Please note that the FRCs are requesting a current medical temperature reading for all family members prior to their acceptance. Please annotate the temperature reading on the medical assessment form.

Thank you.

(b)(6)&(b)(7)(C)  
[REDACTED]

**From:** (b)(6)&(b)(7)(C)  
**To:** (b)(6)&(b)(7)(C)  
**Subject:** FW: USBP COVID-19 PROCESSING FOR PROCLAMATION CASES & TRACKING - NEW (b)(7)(E) COVID-19 SPECIFIC BUTTON  
**Date:** Thursday, March 19, 2020 4:02:17 PM  
**Attachments:** COVID-19 in (b)(7)(E).pptx  
image002.png  
Guidance to BP Sectors on Novel Coronavirus\_03142020.pdf  
**Importance:** High

---

See the attached guidance for new data requirements in (b) (7)(E) for COVID-19.

Ensure our processors are familiar. Starts march 21.

(b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C)  
**Willcox Border Patrol Station**  
(b)(6)&(b)(7)(C) Office  
Mobile

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**From:** (b)(6)&(b)(7)(C) CBP.DHS.GOV>  
**Sent:** Thursday, March 19, 2020 4:00 PM  
**To:** (b)(6)&(b)(7)(C) cbp.dhs.gov>;(b)(6)&(b)(7)(C) @cbp.dhs.gov>  
**Cc:** (b)(6)&(b)(7)(C) cbp.dhs.gov>;(b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C) @CBP.DHS.GOV>  
**Subject:** FW: USBP COVID-19 PROCESSING FOR PROCLAMATION CASES & TRACKING - NEW (b)(7)(E) COVID-19 SPECIFIC BUTTON  
**Importance:** High

All,

Effective Saturday, March 21, 2020 - 0001 hours (EST), a new COVID-19 button will be added to (b) (7)(E), this button populate the COVID-19 questionnaire.

Stations should ensure that HQ COVID-19 guidelines are followed when determining for which subjects this information should be recorded.

(b)(6)&(b)(7)(C)  
[REDACTED] ICC  
U.S. Border Patrol - Tucson Sector  
Office: (b)(6)&(b)(7)(C)  
Mobile: (b)(6)&(b)(7)(C)

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**From:** (b)(6)&(b)(7)(C) @cbp.dhs.gov>  
**Sent:** Thursday, March 19, 2020 4:16 PM  
**To:** (b)(6)&(b)(7)(C) [REDACTED]

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

**Subject:** USBP COVID-19 PROCESSING FOR PROCLAMATION CASES & TRACKING - NEW <sup>(b)(7)(E)</sup> COVID-19 SPECIFIC BUTTON

## USBP CORRIDORS

Please disseminate far and wide across all uniformed personnel for implementation.

Effective **Saturday, March 21, 2020 - 0001 hours**, USBP will implement the capture of COVID-19 related screening questionnaires using the (b) (7)(E)

As a means to improve the capture, communication, and data mine of information associated with the apprehension of persons who are nationals of the Presidential Proclamation “at risk” countries or who have traveled TO, THROUGH, FROM one of those countries, the Enforcement Systems Division has updated the (b) (7)(E) Module.

This new capability is accessible via a COVID-19 specific processing button which allows agents to populate the questionnaire minimizing the amount of time it takes to work through processing persons who meet the intent of the Proclamation. This allows for USBP to capture the data into the (b) (7)(E) for later reporting.

### PROCLAMATION NATIONS:

**China - Iran - Austria - Belgium - Czech Republic - Denmark - Estonia- Finland - France - Germany - Greece - Hungary - Iceland - Italy - Latvia - Liechtenstein - Lithuania Luxembourg - Malta - Netherlands - Norway - Poland - Portugal - Slovakia - Slovenia - Spain Sweden - Switzerland - Ireland - United Kingdom**

Attached to this e-mail is a 3 slide PPT which you can use to easily understand how to access the questionnaire.

The questionnaire can be populated, copied, and pasted into the body of emails (see questionnaire below)

**ALL REPORTS MUST BE ROUTED THROUGH: the CoC, USBP CORRIDOR with a CC to the following EMAIL DISTRO: (b) (7)(E)**

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

### MANDATORY REPORTING REQUIREMENT:

**Reporting Requirements (Applies to all detainees with potential/suspected COVID-19).**

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

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

**Guidance to BP Sectors on COVID-19 Encounters - Applies to at risk countries  
identified in Presidential Proclamations**

(USE THE BELOW TEMPLATE ON EVERY REPORT MEETING THE GUIDELINES)

QUESTIONNAIRE IN <sup>(b) (7)(E)</sup> SYSTEM:

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

- a) Travel within to/through/from at risk country within the last 14 days: Y/N
- b) Details

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

Consulted with CDC (if positive travel within at risk country within last 14 days): Y/N

Disposition:

- a) Referred to hospital: Y/N
- b) Segregated/Monitored: Y/N
- c) Quarantined (per CDC): Y/N
- d) Transferred to ICE/ERO: Y/N
- e) Released: Y/N

**CDC Points of Contact:**

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

**CBP Medical Points of Contact:**

- (b)(6)&(b)(7)(C) CBP Senior Medical Advisor - (b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C)
- (b)(6)&(b)(7)(C) CBP Medical Planner - (b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C)

Respectfully,

(b)(6)&(b)(7)(C) (b)(6)&(b)(7)(C) Emergency Manager | Special Operations  
Headquarters | U.S. Border Patrol | Washington D.C.  
(b)(6)&(b)(7)(C) Desk | (b)(6)&(b)(7)(C) Cell | (b)(6)&(b)(7)(C) [@dhs.gov](mailto:@dhs.gov)



**From:** (b)(6)&(b)(7)(C)  
**To:** (b) (7)(E)  
**Subject:** Title 42 Expulsions and Other Requirements  
**Date:** Friday, March 20, 2020 8:54:36 PM  
**Attachments:** [HQ Op Capio Field Intake Sheet- 03-19-2020 .pdf](#)  
[HQ Op Capio Field Intake Sheet.xlsx](#)  
[Field Guidance v8.pdf](#)  
[42 U.S. Code Title 42 - The Public Health and Welfare Memo.pdf](#)  
[Op Capio Guidance V5.pptx](#)  
**Importance:** High

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WCs & SBPAs,

Attached is some material and necessary documents that will be used very soon as it relates to expulsion of certain aliens. Please familiarize yourselves with the documents and ensure that the agents are clear on the manner of execution. In a nutshell, we will not realize a significant change in the way WCX operates because of the nature of work we get; that is (b) (7)(E)

(b) (7)(E) However, in the event that aliens are encountered in scenarios that do not lead to casework, it is of utmost importance that we execute consistent with the attached guidance.

For Title 42 Expulsion, biometrics will be taken from each alien. We are in the process of receiving a mobile scanner for fingerprint entry into (b) (7)(E)- it will likely be staged at (b) (7)(E). If the mobile scanner fails and biometrics cannot be gathered, notify the WC or call myself or (b)(6)&(b)(7)(C). We need to notify (b)(6)&(b)(7)(C). Earlier this afternoon I sent an email with some instructions for using the mobile biometric scanners. Please reference those as required. Watch Commanders and above are to decide exercising Title 8 authority on any alien otherwise amenable to Title 42. Title 42 (b) (7)(E) if you need guidance, please call. The CPA and DCPA have made it clear that we are to use this authority (b) (7)(E) (b) (7)(E)

Mexicans, and OTMs from Guatemala, El Salvador, and Honduras will be expelled directly to Mexico through the Douglas POE (open 24-hours). The point for expulsion is accessed by (b) (7)(E) on the (b) (7)(E) of the POE (please call (b) (7)(E) at (b)(6)&(b)(7)(C) if you need directions). If you encounter a problem at the Douglas POE, use the Naco POE. (b) (7)(E) If any alien that we intend to expel articulates an affirmative, spontaneous, and reasonably believable claim that they fear of torture in the country to which they are being expelled, they are to be referred to USCIS via TCC. All other OTMs are amenable to Title 42 Expulsion, with the only difference being they will be transported directly to TCC from the field.

Do not separate families. For the purposes of Title 42, ANY accompanying adult family member serves as an accompanying adult for a juvenile (it could be a cousin, brother/sister, aunt/uncle, etc.) - it does NOT need to be a parent as is the current practice under Title 8. Existing and current UAC guidance remains for Title 8 events.

Process Title 21 cases using normal processes (via WCX).

Smuggling cases: Drivers of smuggling loads will have [REDACTED] (b) (7)(E)

(b) (7)(E) If the driver is [REDACTED] (b) (7)(E)

[REDACTED] (b) (7)(E) [REDACTED] (b) (7)(E)

(b) (7)(E) The vehicle, phones, etc. will be processed as usual. The smuggled aliens are to be triaged for Title 42 Expulsion, and if amenable, expelled directly to the Douglas POE. If they are not amenable, they will be transported to TCC. If the driver [REDACTED] (b) (7)(E)

[REDACTED] (b) (7)(E) process the case as

usual. This type of scenario should be the only time detainees [REDACTED] (b) (7)(E) until further notice. [REDACTED] (b) (7)(E)

(b) (7)(E) the aliens are to be considered for Title 42 expulsion, and if not amenable, transported to TCC.

Use designated processing/transport teams and use of designated vehicles is now mandatory (as is PPE for transport/processing teams). Decontaminate each vehicle after each transportation. Tonight there will be two vans staged at [REDACTED] leaving one at the station. This should maximize your flexibility for most of the traffic we see (b) (7)(E)

(b) (7)(E)

Use the attached Field Intake Sheet to document all Title 42 expulsions. Only complete the highlighted portion, and document the event with an assigned (b) (7)(E)

Notify (b) (7)(E) as described in the attached documents.

The attachments are to be distributed to the agents for their understanding.

I know this is a lot to digest, especially on a Friday evening. Please feel free to call either myself or (b) (6)&(b) (7)(C) if you have any questions.

Your safety, and the safety of the people of our community is the sole motivation for this expanded authority. Please understand the importance of the job you are charged with and the impact you have in the support of this county.

Thank you.

(b) (7)(E)

**Tucson Sector**  
**Employee Email Module: COVID-19**

**Date of Issuance:** **Wednesday, March 18, 2020**

**Reference Materials:** [Guidance to BP Sectors on Novel Coronavirus\\_03142020](#)  
[Safety and Health COVID-19 Resource Page](#)  
[CDC: Coronavirus Disease 2019 \(COVID-19\)](#)

**Top Line Message:** The safety of our workforce and the American people remains our top priority.

**Message:**

- ***Employee Notifications:***
  - *Urgent & critical messages will be sent out via the TAK application in the group chat feature,*
  - All non-critical training is cancelled until further notice,
  - Post Academy Training will continue,
  - All non-critical travel (unless reviewed and approved on a case-by-case basis) is cancelled until further notice, and
  - All community events (BCL, Explorers, and Media Engagement) are postponed for at least the next 30-days and will be revisited as appropriate.
  - Any exposures should be reported to your supervisor immediately.
- ***Leave Protocols:***
  - The liberal approval of leave is currently appropriate.
  - Please speak with your supervisor immediately if you believe you have been exposed to COVID-19, both on or off duty.
  - Remember, liberal approval of leave will apply regarding taking care of sick family members.
- ***Field Encounter/Intake Processing Guidance:***
  - *All individuals who are apprehended will wear surgical masks from the point of apprehension.*
  - *Detailed information is listed in the “Guidance to BP Sectors on Novel Coronavirus” as attached.*
  - *As of, 3/14/2020, at risk countries:* China - Iran - Austria - Belgium - Czech Republic - Denmark - Estonia- Finland - France - Germany - Greece - Hungary - Iceland - Italy - Latvia – Liechtenstein - Lithuania - Luxembourg - Malta - Netherlands - Norway - Poland - Portugal - Slovakia - Slovenia - Spain - Sweden - Switzerland - Ireland - United Kingdom
- ***Symptoms:*** Mild to severe respiratory illness with fever, cough, and difficulty breathing.

**Tucson Sector**  
**Employee Email Module: COVID-19**

- **Disease Spread:** Close contact (about 6 feet) with infected persons increases the risk of contracting disease; transmission occurs via respiratory droplets, i.e., coughing/sneezing.
- **Protection Protocols:**
  - Clean your hands often, avoid close contact with others, stay home if you're sick,
  - Cover coughs and sneezes, increase the regularity of your work area sanitization, and
  - Exercise social distancing as you are able to given current operations.
  - Each station has personal protection equipment (PPE) on hand to include:
    - N95 Masks, Nitrile gloves for employees, and
    - Surgical masks for persons suspected of being infected.
  - All employees should have unfettered access to PPE, and
  - All Agents should have PPE with them at the *point of first contact*.
  - Utilization of PPE can and should be used at employee discretion for all operations, including primary inspection at our Immigration Checkpoints.
  - An inventory of PPE available should be conducted weekly at each location.
    - Any low supplies should be reported to the TCA Health and Safety POCs.
- **TAK Messaging:**
  - Urgent messages and updates regarding COVID-19 will now be sent to your TAK device.
  - COVID-19 Update: Protect yourself! Wear your provided PPE! Your family and your country are counting on you.
  - COVID-19 Update: Everyone that you apprehend MUST wear a surgical mask once they are secure; it should not be removed.
- **(b) (7)(E) Site Messaging:**
  - Workers' Compensation Claim Processing - FECA Coverage for Coronavirus (COVID-19),
  - Employee submitted frequently asked questions regarding COVID-19 & processes.

*Additional information:*

- **(b) (7)(E) COVID-19:**  
**(b) (7)(E)**
- For more information, visit the [Safety and Health COVID-19 Resource Page](#).
- COVID-19 Dashboard by Johns Hopkins University:  
<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>
- Centers for Disease Control (CDC) and Prevention COVID-19:  
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC FAQs: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

**03/14/2020**

**CURRENT AT RISK COUNTRY GUIDANCE:**

China - Iran - Austria - Belgium - Czech Republic - Denmark - Estonia- Finland  
France - Germany - Greece - Hungary - Iceland - Italy - Latvia - Liechtenstein - Lithuania  
Luxembourg - Malta - Netherlands - Norway - Poland - Portugal - Slovakia - Slovenia - Spain  
Sweden - Switzerland - Ireland - United Kingdom

**Guidance to BP Sectors on COVID-19 Encounters**  
**Applies to at risk countries identified in Presidential Proclamations**

**Situation Summary**

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

While most of the people identified with 2019-nCoV have association with Wuhan City, there has been significant spread throughout China and increasingly to other countries around the world. To date there have been multiple confirmed cases in the United States; this number is expected to continue to increase. The USG has enacted strict entry restriction and screening measures for persons with travel to China and this scope will increase to other at risk countries identified in Presidential Proclamations with direct nexus to the COVID-19.

**I. CBP Workforce Health Protection Guidance**

- CBP Senior Medical Advisor continues to work with CBP OSH, DHS OCHCO, BP Safety, and BP operational leadership to monitor workforce health protection issues and PPE recommendations and requirements
- ***Updated CBP Job Hazard Analysis and PPE Assessment attached***
- ***Agents may print attached pocket cards for distribution as appropriate***
- The situation and information continue to evolve rapidly. Additional guidance or modifications will be provided as appropriate. If additional countries are added based on Presidential Proclamations or other orders as received through the CBP chain of command you will be notified in future versions of this document.

**II. Reporting Requirements (Applies to all detainees with potential/suspected COVID-19). Reports must be made within 1-hour or as soon as operationally practicable.**

**EVERY DETAINEE FROM ANY COUNTRY WITH NEXUS AND TRAVEL HISTORY TO/THROUGH/FROM AT RISK COUNTRIES OUTLINED IN PRESIDENTIAL PROCLAMATIONS RELATED TO COVID-19:**

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

- a) Travel within to/through/from at risk country within the last 14 days: Y/N
- b) Details

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

Consulted with CDC (if positive travel within at risk country within last 14 days): Y/N

Disposition:

- a) Referred to hospital: Y/N
- b) Segregated/Monitored: Y/N
- c) Quarantined (per CDC): Y/N
- d) Transferred to ICE/ERO: Y/N
- e) Released: Y/N

**REPORTS MUST BE ROUTED THROUGH: the CoC, USBP CORRIDOR with a CC to the following EMAIL DISTRO:(b) (7)(E)**

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

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

- a. Ask detainees if they have traveled to/through/from at risk country in the past 14 days
- b. If no, continue regular processing to include health intake interview and medical assessment as appropriate.
- c. If yes, provide surgical mask, segregate (as a group if necessary), refer detainee to medical personnel onsite if available for health intake interview/medical assessment as appropriate, contact CDC quarantine station, and follow guidance below in consultation with medical personnel
  - i. If no medical personnel available onsite => place surgical mask, segregate (as a group if necessary), contact CDC quarantine station, and follow guidance below.
- d. For detainees with recent travel to/through/from at risk country AND signs/symptoms of illness → refer to #2 below
- e. For detainees with recent travel to/through/from at risk country AND NO signs/symptoms of illness → provide surgical mask, segregate (as a group if

necessary), monitor for flu-like symptoms (cough, difficulty breathing, shortness of breath, complains of fever).

- i. Ensure appropriate workforce PPE (Section 1 above and JHA attached)
- ii. If detainee develops flu-like symptoms, then see #2 below
- iii. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station to determine disposition prior to transfer or release**
- iv. Continue processing and coordinate expedited transfer to ICE or HHS as appropriate with proper notification and documentation of circumstances.

**2. For detainees with recent travel to/through/from at risk nation AND symptoms of respiratory illness:**

- a. Ensure a tight-fitting surgical mask is on the detainee.
- b. Isolate the detainee to the extent possible. Practice social distancing.
- c. Ensure appropriate workforce PPE (Section 1 above and JHA attached) and notify local collateral duty safety officer if additional PPE is required
- d. Promptly consult with local medical contract personnel if available
- e. Coordinate transfer to hospital for evaluation with advanced notification of circumstances (if seriously ill – activate 911/EMS with notification of circumstances)
- f. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station for disposition**

**3. For close contacts of detainees with travel to/through/from at risk country within 14 days**

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

**CDC Points of Contact:**

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

**CBP Medical Points of Contact:**

- (b)(6)&(b)(7)(C) CBP Senior Medical Advisor - (b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C) [REDACTED]
- (b)(6)&(b)(7)(C) CBP Medical Planner - (b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C) [REDACTED]

**Tucson Sector**  
**Employee Email Module: COVID-19**

**Instructions:** This information will be read and discussed at each muster for all different work schedules or at unit/program meetings as appropriate, until the next update is provided. Hard copies of the muster module should be posted in all muster areas, breakrooms, and common areas.

**Date of Issuance:** **Wednesday, March 18, 2020**

**Reference Materials:** Guidance to BP Sectors on Novel Coronavirus\_03142020  
POTUS PROCLAMATION COVID-19\_MAR 14 IRELAND UK  
CBP COVID-19 JHA 12\_03132020  
CBP COVID-19 Exposure Risk Decision Guidance\_03132020  
CDC-Guidance LEOs  
[Safety and Health COVID-19 Resource Page](#)  
[CDC: Coronavirus Disease 2019 \(COVID-19\)](#)

**Top Line Message:** The safety of our workforce and the American people remains our top priority.

**Frequency of Updates:** Updates are expected as appropriate.

**Message:**

- ***Employee Notifications:***
  - *Urgent & critical messages will be sent out via the TAK application in the group chat feature,*
  - All non-critical training is cancelled until further notice,
  - Post Academy Training will continue,
  - All non-critical travel (unless reviewed and approved on a case-by-case basis) is cancelled until further notice, and
  - All community events (BCL, Explorers, and Media Engagement) are postponed for at least the next 30-days and will be revisited as appropriate.
  - Any exposures should be reported to your supervisor immediately.
- ***Leave Protocols:***
  - The liberal approval of leave is currently appropriate.
  - Employee COVID-19 exposures (both on and off duty):
    - In a situation where an employee believes there to be a ***COVID-19*** exposure of their person, the request for weather and safety leave (administrative leave) for self-quarantine will be made via writing and routed up through the chain of command through the normal process ((b) (7)(E) [redacted] for routing and approval); *station chains of command may review and verbally approve while routing, with TCA Operations Division Chief concurrence.*
      - *Self-quarantine requests will have medical and or CDC documentation indicating that “self-quarantine” is recommended.*
      - While on self-quarantine, the employee is required to call in daily to their supervisor and remain at home.

For further questions or concerns, please contact TCA Health and Safety POCs:  
Operations Officers (b)(6)&(b)(7)(C) [redacted]

**Tucson Sector**  
**Employee Email Module: COVID-19**

- If diagnosed with COVID-19, the supervisor will review and approve sick leave, annual leave, or other absence category available to the employee such as compensatory time off, credit time, etc.
- If a negative diagnosis is provided, the employee will return to work immediately.
- Family support:
  - Request for assistance in supporting possible exposures of family members, approve sick leave, annual leave, or other absence category available to the employee such as compensatory time off, credit time, etc.
  - In a situation where schools are shut down for an extended period of time, liberal leave approval will be considered and approved.
- ***As of March 14, 2020, at risk countries include:***  
China - Iran - Austria - Belgium - Czech Republic - Denmark - Estonia- Finland - France - Germany - Greece - Hungary - Iceland - Italy - Latvia – Liechtenstein - Lithuania - Luxembourg - Malta - Netherlands - Norway - Poland - Portugal - Slovakia - Slovenia - Spain - Sweden - Switzerland - Ireland - United Kingdom
- ***Field Encounter/Intake Processing Guidance:***
  - *All individuals who are apprehended will wear surgical masks from the point of apprehension.*
  - In addition, observe for signs and symptoms of illness and ask questions.
  - Ask detainees if they have traveled from or through any at risk country in the past 14 days,
    - If no, continue regular processing *after providing a surgical mask to the subject*, to include health intake interview and medical assessment as appropriate after arrival to your processing center.
    - If yes, provide surgical mask, segregate (as a group if necessary), contact CDC quarantine station (1-866-638-9753).
  - *Detailed information is listed in the “Guidance to BP Sectors on Novel Coronavirus” as attached.*
- ***Reporting Requirements: Applies to all detainees with potential/suspected COVID-19***
  - ALL USBP sites **MUST** report USBP employees or contractors who have been ordered quarantined, self-quarantined, placed on administrative leave, or are teleworking now due to a potential exposure to the COVID-19 through direct or indirect contact with a family member or other person (s) who may have been exposed to someone who had a positive COVID-19 test result.
  - Immediate notification (*means a phone call at any hour*) to Division Chief of Operations of *any employee or subject in custody that tests positive* for COVID-19.
    - *Notification via the Incident Tracking Tool will occur by your supervisor; with a follow on email to TCA-OPS for local tracking.*
    - Written reports must be made within 1-hr or as soon as operationally practicable.

For further questions or concerns, please contact TCA Health and Safety POCs:  
Operations Officers (b)(6)&(b)(7)(C)

**Tucson Sector**  
**Employee Email Module: COVID-19**

- **TAK Messaging:**
  - Urgent messages and updates regarding COVID-19 will now be sent to your TAK device.
  - COVID-19 Update: Protect yourself! Wear your provided PPE! Your family and your country are counting on you.
  - COVID-19 Update: Everyone that you apprehend MUST wear a surgical mask once they are secure; it should not be removed.
- **(b) (7)(E) site Messaging**
  - Workers' Compensation Claim Processing - FECA Coverage for Coronavirus (COVID-19),
  - Employee submitted frequently asked questions regarding COVID-19 & processes.
- **Symptoms:** Mild to severe respiratory illness with fever, cough, and difficulty breathing.
- **Disease Spread:** Close contact (about 6 feet) with infected persons increases the risk of contracting disease; transmission occurs via respiratory droplets, i.e., coughing/sneezing.
- **Protection Protocols:**
  - Clean your hands often, avoid close contact with others, stay home if you're sick,
  - Cover coughs and sneezes, increase the regularity of your work area sanitization, and
  - Exercise social distancing to protect yourself and to prevent spread.
  - Each station has personal protection equipment (PPE) on hand to include:
    - N95 Masks, Nitrile gloves for employees, and
    - Surgical masks for persons suspected of being infected.
  - All employees should have unfettered access to PPE, and
  - All Agents should have PPE with them at the *point of first contact*.
  - Utilization of PPE can and should be used at employee discretion for all operations, including primary inspection at our Immigration Checkpoints.
  - An inventory of PPE available should be conducted weekly at each location.
    - Any low supplies should be reported to the TCA Health and Safety POCs.
- **Additional information:**
  - Incident Tracking Tool (b) (7)(E) [REDACTED]
  - (b) (7)(E) COVID-19: [REDACTED]  
(b) (7)(E) [REDACTED]
  - For more information, visit the [Safety and Health COVID-19 Resource Page](#).
  - COVID-19 Dashboard by Johns Hopkins University:  
<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>
  - Centers for Disease Control (CDC) and Prevention COVID-19:  
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
  - CDC FAQs: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

For further questions or concerns, please contact TCA Health and Safety POCs:  
Operations Officers (b)(6)&(b)(7)(C) [REDACTED]

**03/14/2020**

**CURRENT AT RISK COUNTRY GUIDANCE:**

China - Iran - Austria - Belgium - Czech Republic - Denmark - Estonia- Finland  
France - Germany - Greece - Hungary - Iceland - Italy - Latvia - Liechtenstein - Lithuania  
Luxembourg - Malta - Netherlands - Norway - Poland - Portugal - Slovakia - Slovenia - Spain  
Sweden - Switzerland - Ireland - United Kingdom

**Guidance to BP Sectors on COVID-19 Encounters**  
**Applies to at risk countries identified in Presidential Proclamations**

**Situation Summary**

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

While most of the people identified with 2019-nCoV have association with Wuhan City, there has been significant spread throughout China and increasingly to other countries around the world. To date there have been multiple confirmed cases in the United States; this number is expected to continue to increase. The USG has enacted strict entry restriction and screening measures for persons with travel to China and this scope will increase to other at risk countries identified in Presidential Proclamations with direct nexus to the COVID-19.

**I. CBP Workforce Health Protection Guidance**

- CBP Senior Medical Advisor continues to work with CBP OSH, DHS OCHCO, BP Safety, and BP operational leadership to monitor workforce health protection issues and PPE recommendations and requirements
- ***Updated CBP Job Hazard Analysis and PPE Assessment attached***
- ***Agents may print attached pocket cards for distribution as appropriate***
- The situation and information continue to evolve rapidly. Additional guidance or modifications will be provided as appropriate. If additional countries are added based on Presidential Proclamations or other orders as received through the CBP chain of command you will be notified in future versions of this document.

**II. Reporting Requirements (Applies to all detainees with potential/suspected COVID-19). Reports must be made within 1-hour or as soon as operationally practicable.**

**EVERY DETAINEE FROM ANY COUNTRY WITH NEXUS AND TRAVEL HISTORY TO/THROUGH/FROM AT RISK COUNTRIES OUTLINED IN PRESIDENTIAL PROCLAMATIONS RELATED TO COVID-19:**

Name

A#

DOB

Date of Apprehension:

Location of Apprehension:

Travel History:

- a) Travel within to/through/from at risk country within the last 14 days: Y/N
- b) Details

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

Consulted with CDC (if positive travel within at risk country within last 14 days): Y/N

Disposition:

- a) Referred to hospital: Y/N
- b) Segregated/Monitored: Y/N
- c) Quarantined (per CDC): Y/N
- d) Transferred to ICE/ERO: Y/N
- e) Released: Y/N

**REPORTS MUST BE ROUTED THROUGH: the CoC, USBP CORRIDOR with a CC to the following EMAIL DISTRO: (b) (7)(E)**

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

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

- a. Ask detainees if they have traveled to/through/from at risk country in the past 14 days
- b. If no, continue regular processing to include health intake interview and medical assessment as appropriate.
- c. If yes, provide surgical mask, segregate (as a group if necessary), refer detainee to medical personnel onsite if available for health intake interview/medical assessment as appropriate, contact CDC quarantine station, and follow guidance below in consultation with medical personnel
  - i. If no medical personnel available onsite => place surgical mask, segregate (as a group if necessary), contact CDC quarantine station, and follow guidance below.
- d. For detainees with recent travel to/through/from at risk country AND signs/symptoms of illness → refer to #2 below
- e. For detainees with recent travel to/through/from at risk country AND NO signs/symptoms of illness → provide surgical mask, segregate (as a group if

necessary), monitor for flu-like symptoms (cough, difficulty breathing, shortness of breath, complains of fever).

- i. Ensure appropriate workforce PPE (Section 1 above and JHA attached)
- ii. If detainee develops flu-like symptoms, then see #2 below
- iii. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station to determine disposition prior to transfer or release**
- iv. Continue processing and coordinate expedited transfer to ICE or HHS as appropriate with proper notification and documentation of circumstances.

**2. For detainees with recent travel to/through/from at risk nation AND symptoms of respiratory illness:**

- a. Ensure a tight-fitting surgical mask is on the detainee.
- b. Isolate the detainee to the extent possible. Practice social distancing.
- c. Ensure appropriate workforce PPE (Section 1 above and JHA attached) and notify local collateral duty safety officer if additional PPE is required
- d. Promptly consult with local medical contract personnel if available
- e. Coordinate transfer to hospital for evaluation with advanced notification of circumstances (if seriously ill – activate 911/EMS with notification of circumstances)
- f. **Ensure contact with CDC EOC Watch Desk/local CDC quarantine station for disposition**

**3. For close contacts of detainees with travel to/through/from at risk country within 14 days**

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

**CDC Points of Contact:**

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

**CBP Medical Points of Contact:**

- (b)(6)&(b)(7)(C) CBP Senior Medical Advisor - (b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C)
- (b)(6)&(b)(7)(C) CBP Medical Planner - (b)(6)&(b)(7)(C)  
(b)(6)&(b)(7)(C)



PROCLAMATIONS

# Proclamation on the Suspension of Entry as Immigrants and Nonimmigrants of Certain Additional Persons Who Pose a Risk of Transmitting Coronavirus

— HEALTHCARE

Issued on: March 14, 2020



On January 31, 2020, I issued Proclamation 9984 (Suspension of Entry as Immigrants and Nonimmigrants of Persons Who Pose a Risk of Transmitting 2019 Novel Coronavirus and Other Appropriate Measures To Address This Risk). I found that the potential for widespread transmission of a novel (new) coronavirus (which has since been renamed “SARS-CoV-2” and causes the disease COVID-19) (“SARS-CoV-2” or “the virus”) by infected individuals seeking to enter the United States threatens the security of our transportation system and infrastructure and the national security. Because the outbreak of the virus was at the time centered in the People’s Republic of China, I suspended and limited the entry of all aliens who were physically present within the People’s Republic of China, excluding the Special Administrative Regions of Hong Kong and Macau, during the 14-day period preceding their entry or attempted entry into the United States, subject to certain exceptions. On February 29, 2020, in recognition of the sustained person-to-person transmission of SARS-CoV-2 in the Islamic Republic of Iran, I issued Proclamation 9992 (Suspension of Entry as Immigrants and Nonimmigrants of Certain Additional Persons Who Pose a Risk of Transmitting 2019 Novel Coronavirus), suspending and limiting the entry of all aliens who were physically present within the

Islamic Republic of Iran during the 14-day period preceding their entry or attempted entry into the United States, subject to certain exceptions. And, most recently, on March 11, 2020, I issued Proclamation 9993 (Suspension of Entry as Immigrants and Nonimmigrants of Certain Additional Persons Who Pose a Risk of Transmitting 2019 Novel Coronavirus), suspending and limiting the entry of all aliens who were physically present within the Schengen Area during the 14-day period preceding their entry or attempted entry into the United States, subject to certain exceptions.

The Centers for Disease Control and Prevention (CDC), a component of the Department of Health and Human Services, has determined that the virus presents a serious public health threat, and CDC continues to take steps to prevent its spread. But CDC, along with State and local health departments, has limited resources, and the public health system could be overwhelmed if sustained human-to-human transmission of the virus occurred in the United States on a large scale. Sustained human-to-human transmission has the potential to cause cascading public health, economic, national security, and societal consequences.

CDC has determined that the United Kingdom is experiencing widespread, ongoing person-to-person transmission of SARS-CoV-2. As of March 13, 2020, the World Health Organization reported that the United Kingdom had 594 cases of COVID-19, 5 times more cases than there were 7 days prior.

The Republic of Ireland has an open border with the United Kingdom in that persons can generally move freely between the Republic of Ireland and the United Kingdom — by land to and from Northern Ireland and by ferry or aircraft to and from Wales, England, and Scotland. This general ability to travel freely between the United Kingdom and the Republic of Ireland poses the same challenges that the Schengen Area posed for suspending and limiting entry to the United States by travelers who had been physically present within any of the Schengen Area countries. CDC has also determined that the Republic of Ireland is experiencing ongoing sustained person-to-person transmission of SARS-CoV-2. As of March 13, 2020, the World Health Organization reported that the

Republic of Ireland had 70 cases of COVID-19, 5 times more cases than there were 7 days prior.

The United States Government is unable to effectively evaluate and monitor all of the travelers continuing to arrive from the United Kingdom and the Republic of Ireland. The potential for undetected transmission of the virus by infected individuals seeking to enter the United States from the United Kingdom and the Republic of Ireland threatens the security of our transportation system and infrastructure and the national security. Given the importance of protecting persons within the United States from the threat of this harmful communicable disease, I have determined that it is in the interests of the United States to take action to restrict and suspend the entry into the United States, as immigrants or nonimmigrants, of all aliens who were physically present within the United Kingdom, excluding overseas territories outside of Europe, or the Republic of Ireland during the 14-day period preceding their entry or attempted entry into the United States. The free flow of commerce between the United States and the United Kingdom and the Republic of Ireland remains an economic priority for the United States, and I remain committed to facilitating trade between our nations.

NOW, THEREFORE, I, DONALD J. TRUMP, President of the United States, by the authority vested in me by the Constitution and the laws of the United States of America, including sections 212(f) and 215(a) of the Immigration and Nationality Act, 8 U.S.C. 1182(f) and 1185(a), and section 301 of title 3, United States Code, hereby find that the unrestricted entry into the United States of persons described in section 1 of this proclamation would, except as provided for in section 2 of this proclamation, be detrimental to the interests of the United States, and that their entry should be subject to certain restrictions, limitations, and exceptions. I therefore hereby proclaim the following:

Section 1. Suspension and Limitation on Entry. The entry into the United States, as immigrants or nonimmigrants, of all aliens who were physically present within the United Kingdom, excluding overseas territories outside of Europe, or the Republic of Ireland during the 14-day period preceding their entry or attempted entry into the United States is hereby suspended and limited subject to section 2 of this proclamation.

Sec. 2. Scope of Suspension and Limitation on Entry.

- (a) Section 1 of this proclamation shall not apply to:
  - (i) any lawful permanent resident of the United States;
  - (ii) any alien who is the spouse of a U.S. citizen or lawful permanent resident;
  - (iii) any alien who is the parent or legal guardian of a U.S. citizen or lawful permanent resident, provided that the U.S. citizen or lawful permanent resident is unmarried and under the age of 21;
  - (iv) any alien who is the sibling of a U.S. citizen or lawful permanent resident, provided that both are unmarried and under the age of 21;
  - (v) any alien who is the child, foster child, or ward of a U.S. citizen or lawful permanent resident, or who is a prospective adoptee seeking to enter the United States pursuant to the IR-4 or IH-4 visa classifications;
  - (vi) any alien traveling at the invitation of the United States Government for a purpose related to containment or mitigation of the virus;
  - (vii) any alien traveling as a nonimmigrant pursuant to a C-1, D, or C-1/D nonimmigrant visa as a crewmember or any alien otherwise traveling to the United States as air or sea crew;
  - (viii) any alien
    - (A) seeking entry into or transiting the United States pursuant to one of the following visas: A-1, A-2, C-2, C-3 (as a foreign government official or immediate family member of an official), E-1 (as an employee of TECRO or TECO or the employee's immediate family

members), G-1, G-2, G-3, G-4, NATO-1 through NATO-4, or NATO-6 (or seeking to enter as a nonimmigrant in one of those NATO categories); or

(B) whose travel falls within the scope of section 11 of the United Nations Headquarters Agreement;

(ix) any alien whose entry would not pose a significant risk of introducing, transmitting, or spreading the virus, as determined by the Secretary of Health and Human Services, through the CDC Director or his designee;

(x) any alien whose entry would further important United States law enforcement objectives, as determined by the Secretary of State, the Secretary of Homeland Security, or their respective designees, based on a recommendation of the Attorney General or his designee;

(xi) any alien whose entry would be in the national interest, as determined by the Secretary of State, the Secretary of Homeland Security, or their designees; or

(xii) members of the U.S. Armed Forces and spouses and children of members of the U.S. Armed Forces.

(b) Nothing in this proclamation shall be construed to affect any individual's eligibility for asylum, withholding of removal, or protection under the regulations issued pursuant to the legislation implementing the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, consistent with the laws and regulations of the United States.

Sec. 3. Implementation and Enforcement. (a) The Secretary of State shall implement this proclamation as it applies to visas pursuant to such procedures as the Secretary of State, in consultation with the Secretary of Homeland Security, may establish. The Secretary of Homeland Security shall implement this proclamation as it applies to the

entry of aliens pursuant to such procedures as the Secretary of Homeland Security, in consultation with the Secretary of State, may establish.

- (b) Consistent with applicable law, the Secretary of State, the Secretary of Transportation, and the Secretary of Homeland Security shall ensure that any alien subject to this proclamation does not board an aircraft traveling to the United States.
- (c) The Secretary of Homeland Security may establish standards and procedures to ensure the application of this proclamation at and between all United States ports of entry.
- (d) An alien who circumvents the application of this proclamation through fraud, willful misrepresentation of a material fact, or illegal entry shall be a priority for removal by the Department of Homeland Security.

Sec. 4. Termination. This proclamation shall remain in effect until terminated by the President. The Secretary of Health and Human Services shall recommend that the President continue, modify, or terminate this proclamation as described in section 5 of Proclamation 9984, as amended.

Sec. 5. Effective Date. This proclamation is effective at 11:59 p.m. eastern daylight time on March 16, 2020. This proclamation does not apply to persons aboard a flight scheduled to arrive in the United States that departed prior to 11:59 p.m. eastern daylight time on March 16, 2020.

Sec. 6. Severability. It is the policy of the United States to enforce this proclamation to the maximum extent possible to advance the national security, public safety, and foreign policy interests of the United States. Accordingly:

- (a) if any provision of this proclamation, or the application of any provision to any person or circumstance, is held to be invalid, the remainder of this proclamation and the

application of its provisions to any other persons or circumstances shall not be affected thereby; and

(b) if any provision of this proclamation, or the application of any provision to any person or circumstance, is held to be invalid because of the lack of certain procedural requirements, the relevant executive branch officials shall implement those procedural requirements to conform with existing law and with any applicable court orders.

Sec. 7. General Provisions. (a) Nothing in this proclamation shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This proclamation shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This proclamation is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

IN WITNESS WHEREOF, I have hereunto set my hand this fourteenth day of March, in the year of our Lord two thousand twenty, and of the Independence of the United States of America the two hundred and forty-fourth.

DONALD J. TRUMP

| CBP<br>Job Hazard Analysis (JHA) &<br>PPE Assessment | Job Title:<br>Exposure to Coronavirus "COVID-19" | Title: All CBP<br>Personnel in<br>Affected Areas | Supervisor:<br>All | Date:<br>March 12, 2020  | New  | Revised X |
|--|--|--|--------------------|--|--|-----------|
|  |  |  |                    | <b>Prepared By:</b><br>HRM, Occupational Safety and Health (OSH) Division<br>CBP Senior Medical Advisor  |  |           |
|  |  |  |                    | <b>Reviewed By:</b><br>Office of Field Operations<br>United States Border Patrol<br>Air and Marine Operations<br>Operations Support  |  |           |
|  |  |  |                    | <b>Required or Recommended Personal Protective Equipment:</b> surgical masks, nitrile gloves, N95 respirator, protective outer garments, gown, shoe coverings, face shield or non-vented goggles | <b>Approved by:</b><br>OSH Division Director<br>CBP Senior Medical Advisor |           |

**Note:** This JHA only applies to the 2019 Novel Coronavirus (SARS-CoV-2) or the disease known as "COVID-19". The Centers for Disease Control and Prevention (CDC), World Health Organization, (WHO), Occupational Safety and Health Administration (OSHA), and other public health agencies are now considering the outbreak of COVID-19 that has spread to countries around the globe, including here in the United States, to be a Pandemic. Although the general risk to CBP personnel and the public is still considered LOW at this point, it is CRITICAL that all personnel take standard precautions recommended by CDC, outlined in this JHA and found on the [Safety and Health COVID-19 Resource Page](#) on CBPnet. References to guides, additional information and material, links, and other resources can be found on "Notes" page at the end of this document.

For the most up to date information about COVID-19 visit the [Centers for Disease Control \(CDC\) COVID-19 page](#).

**Risk Assessment:** Incomplete information regarding incubation, infectious period, and transmissibility, as well as evolving circumstances make a definitive risk assessment challenging. In light of this, awareness and operationally-informed precautions are warranted. In general, the overall risk to CBP personnel is still assessed to be low. However, risk increases with increased exposure to persons potentially infected with COVID-19, warranting enhanced precautions described herein. CBP will continue to monitor the situation closely in coordination with appropriate stakeholders and will adjust guidance as appropriate. CBP personnel should continue to maintain situational awareness regarding this outbreak.

While COVID-19 is a respiratory disease and the use of N95 respirators and other PPE is needed in certain conditions and work environments as outlined in this JHA, the use of PPE is but one component of COVID-19 disease prevention and the use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel can take these basic steps to prevent exposure to and transmission of COVID-19. All personnel should practice good hygiene, wash hands frequently, cover your cough or sneeze, stay away from work if you are ill and contact your health provider for guidance, avoid unnecessary congregate settings where COVID-19 exposure is more probable, KEEP YOUR HANDS BELOW YOUR CHIN and avoid touching mouth, eyes, nose and mucous membranes where contaminated hands can spread the disease to your respiratory system. These basic preventative measures will greatly reduce the exposure potential for ALL personnel and slow the spread of communicable diseases.

**Note:** Risk categories (Very High, High, Medium, and Low) are to be used in conjunction with this document only. They refer to the mission-specific risk relative to the hazard identified; they do not correlate to overall risk of contracting COVID-19 Disease or risk categories used by other agencies such as the Centers for Disease Control and Prevention (CDC), or in other documents such as the Workforce Health and Safety Coronavirus Health Advisories Screening Guidance, CDC Coronavirus Advisories, or Travel Health Alert Notices (T-HAN) meant for other audiences.

| Operations   | Risk Categories | Hazards   | Protective Measures/PPE Guidance  |
|--|-----------------|---|---|
| <b>1. HQ Offices, CBP Facilities, Office Settings, Mission Support, and other Administrative Settings</b> <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>  | <b>Low</b>      | <b>Casual or Close Contact of Coronavirus cases is not expected.</b> <ul style="list-style-type: none"> <li>• <b>Signs and Symptoms of COVID-19 include;</b> <ul style="list-style-type: none"> <li>• Fever</li> <li>• Cough</li> <li>• Difficulty breathing</li> <li>• Other Flu Like Symptoms</li> </ul> </li> </ul> <p><b>Note:</b><br/>While most COVID-19 lab confirmed cases do display these type symptoms, <b>SOME</b> persons may only display mild symptoms and they may appear at different stages of the disease.</p> | <ul style="list-style-type: none"> <li>• Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8.</li> <li>• Use the following disease prevention practices in ALL activities.           <ul style="list-style-type: none"> <li>• Frequent hand washing.</li> <li>• Stay home if you are ill and contact your health provider right away if you notice any signs or symptoms similar to COVID-19.</li> <li>• If you think you have been exposed to someone with COVID-19, notify your supervisor and your health provider.</li> <li>• KEEP your hands <b>BELOW</b> your chin and avoid touching mouth, nose, and eyes.</li> <li>• Cover your cough/sneeze with a tissue or cuff of your elbow, <b>NOT</b> your hands</li> <li>• Use of N95 respirators or surgical masks is <b>NOT</b> recommended.</li> <li>• Voluntary use of N95 respirators, although not recommended at the time of development of this JHA, is allowed with supervisor approval and in accordance with existing CBP policies on the use of respirators.</li> <li>• Medical Clearance and Fit Testing are <b>NOT</b> required for voluntary use. See Page 8 Notes.</li> <li>• All use of N95 respirators should be in accordance with OSHA 1910.134 and CBP OSH 5200-08B policies.</li> </ul> </li> </ul> |
| <b>2. Port of Entry Operations</b> <p><b>Primary Passenger Processing</b></p> <p><b>Note:</b> This includes casual contact (&gt;6 feet) or brief periods of close contact with a person at increased risk of COVID-19 during Port Operations (&lt;6feet) for short periods of time, e.g. escorting a person from one area to another during screening process, or briefly entering a room with a higher risk person.</p> <p>This section is intended for the processing and handling of persons during primary who are higher risk, but not symptomatic.</p> | <b>Medium</b>   | <u>Casual Contact</u> with passengers or persons with increased risk of COVID-19;   | <ul style="list-style-type: none"> <li>• Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8.</li> <li>• Use general disease prevention outlined in Section 1.</li> <li>• Use CBP Risk Based Exposure Guidance for Managing Contact Tracing Passive observation of persons for signs of illness.</li> <li>• Use COVID-19 R.I.N.G. Card and general precautions.</li> <li>• Separate persons with symptoms of illness or a high risk country travel nexus and send to secondary for additional processing and CDC consultation.</li> <li>• Avoid close or direct contact with passengers with a travel nexus to high risk country within the past 14 days</li> <li>• Wear disposable nitrile gloves</li> <li>• Provide surgical masks to any persons with signs of illness.</li> <li>• Voluntary use of N95 respirators may be considered per CBP policy and supervisor approval. (See HB 5200-08B, Ch.26).</li> </ul>  |

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| <p><b>3. Port of Entry Operations</b></p> <p><b>Secondary Processing, holding, and escorting of persons suspected of having COVID-19</b></p> <p><b>Note:</b> This includes limited periods of closer (&lt;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><b>Limited Close Contact</b></p> <p>Within six (6) feet of a person with travel nexus to high-risk country within 14 days or with signs/symptoms of illness.</p> <p><b>Note:</b> This includes processing, escorting, or spending brief periods of time with more than casual contact with persons suspected of having COVID-19</p>   | <ul style="list-style-type: none"> <li>• Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8.</li> <li>• Use general disease prevention outlined in Section 1.</li> <li>• Quickly identify and separate symptomatic passengers from others.</li> <li>• Use CBP Risk Based Exposure Guidance for Managing Contact Tracing.</li> <li>• Avoid direct contact and keep close contact to a minimum.</li> <li>• Use COVID-19 R.I.N.G. Card for general precautions.</li> <li>• Refer/escort any persons with travel nexus to high risk country within 14 days or symptoms to CDC for evaluation/interview.</li> <li>• Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.).</li> <li>• Provide surgical masks to symptomatic passengers.</li> <li>• Wear disposable nitrile gloves.</li> <li>• Officer/Agent wear N95 respirator within six (6) feet of symptomatic passenger.</li> <li>• Wear goggles or face shield to protect eyes.</li> </ul>   |
| <p><b>4. Port of Entry Operations</b></p>  | <p><b>Extended Close Contact</b></p> <p><b>Prolonged periods</b> within close contact (6 ft.) of a person with a travel nexus to high risk country and with symptoms</p> <p><b>Signs and Symptoms of COVID-19 include:</b></p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• Cough</li> <li>• Difficulty breathing</li> <li>• Other Flu Like Symptoms</li> </ul> <p><b>Note:</b> 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> | <ul style="list-style-type: none"> <li>• Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories and updates. See more information on page 8.</li> <li>• Use general disease prevention outlined in Section 1.</li> <li>• Quickly identify and separate symptomatic passengers from others.</li> <li>• Use CBP Risk Based Exposure Guidance for Managing Contact Tracing.</li> <li>• Avoid direct contact and keep close contact to a minimum.</li> <li>• Limit time in room to critical functions.</li> <li>• Use COVID-19 R.I.N.G. Card for general precautions.</li> <li>• Refer/escort any persons with travel nexus to high risk country within 14 days and symptoms to CDC for evaluation/interview.</li> <li>• Contact EMS for severely ill passengers (high fever, uncontrollable coughing, difficulty breathing, etc.).</li> <li>• Provide surgical masks to symptomatic passengers.</li> <li>• Wear disposable nitrile gloves.</li> <li>• Officer/Agent wears N95 respirator, goggles/face shield, and disposable outer garments to prevent uniform contamination.</li> </ul> <p><b>Note:</b> 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> |

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