



Homeland
Security

Privacy Office, Mail Stop 0655

June 29, 2021

SENT VIA E-MAIL TO: emma.lewis@americanoversight.org

Emma Lewis
American Oversight
1030 15th Street, NW B255
Washington, DC 20005

Re: **20-cv-01367-RCL**
American Oversight v. Department of Homeland Security et al.
Sixth Interim Release for DHS FOIA Litigation No. 2020-HQLI-00030

Dear Ms. Lewis:

This is our sixth interim release of records related to your Freedom of Information Act (FOIA) request to the Department of Homeland Security (DHS), received on March 19, 2020.

For this production the DHS reviewed 507 pages of potentially responsive records. Of those 507 pages the DHS has determined that 507 pages are responsive to your request. The DHS has determined to withhold in part or in full 212 pages, pursuant to FOIA Exemptions (b)(5) and (b)(6). Further, 295 pages will be released to you in full. **Bates Numbers DHS-ICE-1367-001308 to DHS-ICE-1367-001814.** Due to e-mail constraints we will be sending the responsive documents from the sixth interim response in 4 different email batches.

If you have any questions regarding this release, please contact Andrew Freidah, United States Department of Justice's Civil Division, Federal Programs Branch, at Andrew.f.freidah@usdoj.gov.

Sincerely,

A handwritten signature in black ink that reads "Eric A. Neuschaefer".

Eric A. Neuschaefer
Senior Director, FOIA Litigation, Appeals, Policy,
and Training (Acting)

Enclosed: 507 pages

From: Johnson, Tae D
Sent: 7 Apr 2020 21:30:40 +0000
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov
Subject: ERO COVID-19 Response Requirements for Facilities_4.5.20 (OGC 4 7 20) (with incorporated DOJ edits from 4 7 20)
Attachments: ERO COVID-19 Response Requirements for Facilities_4.5.20 (OGC 4 7 20) (with incorporated DOJ edits from 4 7 20).docx



ERO

U.S. Immigration and Customs Enforcement Enforcement and Removal Operations

COVID-19 Pandemic Response Requirements



U.S. Immigration
and Customs
Enforcement

AMERICAN
OVERSIGHT

ERO COVID-19 Pandemic Response Requirements (Version 1.0, April 3, 2020)

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ATTACHMENT A

MEMORANDUM ON CORONAVIRUS DISEASE 2019 (COVID-19) ACTION PLAN, REVISION 1

Enforcement and Removal Operations

U.S. Department of Homeland Security
 500 12th Street, SW
 Washington, D.C. 20536



**U.S. Immigration
 and Customs
 Enforcement**

March 27, 2020

MEMORANDUM FOR: Detention Wardens and Superintendents

THROUGH: Field Office Directors

FROM: Enrique M. Lucero 
 Executive Associate Director
 Enforcement and Removal Operations

SUBJECT: Memorandum on Coronavirus Disease 2019 (COVID-19)
 Action Plan, Revision 1

Background:

U.S. Immigration and Customs Enforcement (ICE) continues to monitor the spread of Coronavirus Disease 2019 (COVID-19) and to work in conjunction with select U.S. Department of Homeland Security (DHS) Component leadership and the Acting Secretary to implement a mitigation strategy.

To ensure a unified and preventative response, the ICE Enforcement and Removal Operations (ERO), ICE Health Service Corps (IHSC), Custody Management Division, and Field Operations are providing the following guidance. The combination of a dense and highly transient detained population presents unique challenges for ICE efforts to mitigate the risk of infection and transmission. Consequently, these measures were developed to reduce exposure to COVID-19, protect the detained population, and optimize employee health and availability for duty.

This memorandum only applies to IHSC-staffed and non-IHSC-staffed, ICE-dedicated facilities. For intergovernmental partners and non-dedicated facilities, ICE defers to local, state, tribal, territorial, and federal public health policies and authorities, including adherence with state laws on communicable disease reporting, but recommends actions contained in this memorandum be considered as best practices. Questions and concerns related to the following Action Plan can be addressed to: ICE_ERO_CMD@ice.dhs.gov.

Please see the recently-issued Centers for Disease Control and Prevention (CDC) Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities for additional information.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1

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Action Plan:

STAFF HIRING: Wardens and facility staff should continue to meet any personnel staffing plan and staffing criteria outlined in the Performance Work Statement (PWS) and terms and conditions of their negotiated contract or agreement for medical staff and guard services. Facilities are expected to be appropriately staffed to meet established work schedules, rest periods, and to ensure the delivery of detainee medical and mental health care as it relates to the continually evolving impact of COVID-19.

LOGISTICS: Wardens and Facility Administrators should assess their inventories of food, medicine, cleaning supplies, personal protective equipment (PPE), and facility operational practices, and consistently maintain services and supplies to assure the safety, security, health, and well-being of ICE detainees. Facilities should have updated pandemic plans and policies as well as established quarantine and/or isolation areas within their facilities in the event they are needed. Alcohol-based hand sanitizer with at least 60 percent alcohol should be available in visitor entrances, exits, and waiting areas. In addition, alcohol-based hand sanitizer should be made available to staff and detainees in the secure setting to the maximum extent possible.

SOCIAL VISITATION/TELEPHONIC COMMUNICATION: As of March 13, 2020, social visits to/with ICE detainees at all detention facilities are suspended until further notice in order to mitigate the potential introduction of COVID-19 into the facilities. ICE recognizes the considerable impact of suspending personal visitation, and requests maximizing detainee use of teleconferencing, video visitation (e.g., Skype, FaceTime), email, and/or tablets, with extended hours where possible.

Detention facilities should make a timely effort to identify indigence in the detainee population. A detainee is considered “indigent” if he/she has less than \$15.00 in his/her account for ten days. These detainees must be afforded the same telephone access and related privileges as other detainees. Each facility must ensure all detainees are able to make calls to the ICE-provided list of free legal service providers and consulates at no charge to the detainee or the receiving party, and that indigent detainees may request a call to immediate family or others in personal or family emergencies or on an as-needed basis to maintain community ties.

LEGAL VISITS: Detainee access to legal representatives remains a paramount requirement and should be accommodated to the maximum extent practicable. Legal visitation must continue unless determined to pose a risk to the safety and security of the facility.

Non-contact legal visitation (e.g., Skype or teleconference) should be offered first to limit exposure to ICE detainees, but in person contact should be permitted if determined essential by the legal representative. Prior to the in-person visit, the legal representative must undergo the same screening required for staff entry into the facility. The ultimate legal visit approving authority lies with the Warden or Facility Administrator; however, the facility should notify its local Field Office Director as soon as possible of any denied legal visits.

LEGAL RIGHTS GROUP PRESENTATIONS: Government-sponsored Legal Orientation Programs (LOPs), carried out by the Department of Justice Executive Office for Immigration Review (EOIR) and authorized by congressional appropriations, currently operate at a limited

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
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number of detention sites, and may continue to conduct detainee presentations. No more than four LOP presenters may be allowed in the facility at any time and must undergo the same screening required for staff entry into the facility. Non-LOP legal rights group presentations offered by volunteers are suspended until further notice.

STAFF-DETAINEE COMMUNICATION VISITS: Field Office Directors should remain aware that detainees may experience increased feelings of fear and confusion during this time. Regular communication with staff is particularly important. Detainees should have frequent opportunities for informal contact with facility managerial and supervisory staff and with ERO field office staff.

Field Office Directors should monitor both facility staff and ERO officers to ensure they continue to interact with detainees. ICE staff-detainee communication may be conducted in-person (with appropriate risk reduction protocols to protect ERO officers, detainees, and facility staff) or through non-contact visitation using videoconferencing, phone calls, e-mail, or other communication services.

CONTRACTORS: Contractors performing essential services or maintenance on essential systems in ICE detention facilities must continue to be provided facility access and must undergo the same screening required for staff entry into the facility. Examples of essential services include medical and mental health services, telephone access, cleaning, laundry, waste disposal, and critical infrastructure repairs.

Facility annual inspections by the ICE inspections contractor, The Nakamoto Group, are suspended for 30 days from the issuance date of this memorandum.

VOLUNTEERS: Volunteer visits to ICE detention facilities are suspended until further notice unless approved by the Assistant Directors for Field Operations and Custody Management. The only exception is the facility Chaplain, who may continue to offer availability for individual and group pastoral care but must undergo the same screening required for staff entry into the facility. Other volunteers, contractors, and community groups that augment and enhance the religious program are suspended until further notice to reduce the risk of possible transmission of COVID-19 to detainees.

TOURS: Facility tours are suspended until further notice, excluding Members of Congress, Congressional Member Delegations (CODELs), and Congressional Staff Delegations (STAFFDELS) who will not be prevented from accessing facilities for the purpose of conducting oversight. To safeguard visitors, detainees, ICE and facility staff, congressional visitors may be subject to special screening procedures congruent with staff facility entry screening. Congressional visitors should be advised of standard hygiene practices to help prevent the spread of disease (i.e., washing hands, avoiding close contact) and should be made aware of available hand washing stations within the facility.

STAFF TRAINING: All ERO in-person staff training related to the ICE detention standards or facility compliance is suspended until further notice, including conferences, Contracting Officer Representative (COR) training, and Field Office Compliance Training. Wardens and Facility Administrators will determine the training schedule for facility staff. All staff licenses and certifications shall be maintained.

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SCREENING OF FACILITY STAFF: Enhanced health screening of both ICE and facility staff should be implemented by ICE detention facilities in geographic areas with “sustained community transmission.” These geographical areas are determined by the CDC and information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>. Health screening includes self-reporting symptoms associated with COVID-19 infection and a temperature check.

Wardens and Facility Administrators in those geographical areas should collaborate with their Health Services Administrator to designate a trained staff member available on all shifts to conduct verbal screening and record temperature checks. It is not required that the trained staff member be medical personnel; however, the staff member must have documented training and protect the privacy of those being screened.

Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions based on Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities:

- Today or in the past 24 hours, have you had any of the following symptoms?
 - Fever, felt feverish, or had chills?
 - Cough?
 - Difficulty breathing?
- In the past 14 days, have you had contact with a person known to be infected with COVID-19 where you were not wearing the recommended proper personal protective equipment (PPE)?

The following is a protocol to safely check an individual’s temperature:

- Perform hand hygiene.
- Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gowns/coveralls, and a single pair of disposable gloves.
- Check the individual’s temperature.
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.
- If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control.
- Remove and discard PPE.
- Perform hand hygiene.

Staff who do not clear the screening process, or refuse the enhanced health screening must be denied entry and advised to follow CDC-recommended steps for persons who are sick with COVID-19 symptoms.

If PPE supply is limited, consider other PPE strategies based on CDC Guidance | Strategies for Optimizing the Supply of PPE.

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- Advise the detainee to avoid public transportation, commercial ride sharing (e.g., Uber, Lyft), and taxis.
- Provide the detainee the CDC's *What To Do if You Are Sick* fact sheet.

If this guidance creates any contractual issues, please contact your respective Contracting Officer Representative.

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Sent: 7 Apr 2020 22:36:16 +0000
To: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov)
Subject: ERO COVID-19 Response Requirements for Facilities_4.6.20 + pm edits (002)(ICE
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March 27, 2020

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LOGISTICS: Wardens and Facility Administrators should assess their inventories of food, medicine, cleaning supplies, personal protective equipment (PPE), and facility operational practices, and consistently maintain services and supplies to assure the safety, security, health, and well-being of ICE detainees. Facilities should have updated pandemic plans and policies as well as established quarantine and/or isolation areas within their facilities in the event they are needed. Alcohol-based hand sanitizer with at least 60 percent alcohol should be available in visitor entrances, exits, and waiting areas. In addition, alcohol-based hand sanitizer should be made available to staff and detainees in the secure setting to the maximum extent possible.

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Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
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- Remove and discard PPE.
- Perform hand hygiene.

Staff who do not clear the screening process, or refuse the enhanced health screening must be denied entry and advised to follow CDC-recommended steps for persons who are sick with COVID-19 symptoms.

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If this guidance creates any contractual issues, please contact your respective Contracting Officer Representative.

From: Johnson, Tae D
Sent: 4 Apr 2020 03:05:48 +0000
To: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov
Subject: ERO COVID-19 Response Requirements for Facilities_Lucero edits.(pb) DMD
Response to Com 4.3.20 1545 (CM) (AutoRecovered)
Attachments: ERO COVID-19 Response Requirements for Facilities_Lucero edits.(pb) DMD
Response to Com 4.3.20 1545 (CM) (AutoRecovered).docx

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Enforcement and Removal Operations

U.S. Department of Homeland Security
 500 12th Street, SW
 Washington, D.C. 20536



**U.S. Immigration
 and Customs
 Enforcement**

March 27, 2020

MEMORANDUM FOR: Detention Wardens and Superintendents

THROUGH: Field Office Directors

FROM: Enrique M. Lucero 
 Executive Associate Director
 Enforcement and Removal Operations

SUBJECT: Memorandum on Coronavirus Disease 2019 (COVID-19)
 Action Plan, Revision 1

Background:

U.S. Immigration and Customs Enforcement (ICE) continues to monitor the spread of Coronavirus Disease 2019 (COVID-19) and to work in conjunction with select U.S. Department of Homeland Security (DHS) Component leadership and the Acting Secretary to implement a mitigation strategy.

To ensure a unified and preventative response, the ICE Enforcement and Removal Operations (ERO), ICE Health Service Corps (IHSC), Custody Management Division, and Field Operations are providing the following guidance. The combination of a dense and highly transient detained population presents unique challenges for ICE efforts to mitigate the risk of infection and transmission. Consequently, these measures were developed to reduce exposure to COVID-19, protect the detained population, and optimize employee health and availability for duty.

This memorandum only applies to IHSC-staffed and non-IHSC-staffed, ICE-dedicated facilities. For intergovernmental partners and non-dedicated facilities, ICE defers to local, state, tribal, territorial, and federal public health policies and authorities, including adherence with state laws on communicable disease reporting, but recommends actions contained in this memorandum be considered as best practices. Questions and concerns related to the following Action Plan can be addressed to: ICE_ERO_CMD@ice.dhs.gov.

Please see the recently-issued Centers for Disease Control and Prevention (CDC) Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities for additional information.

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From: Johnson, Tae D
Sent: 2 Apr 2020 22:29:36 +0000
To: Johnson, Tae D (b)(6); (b)(7)(C) [redacted] ce.dhs.gov)
Subject: ERO COVID-19 Response Requirements for Facilities_Lucero edits.2
Attachments: ERO COVID-19 Response Requirements for Facilities_Lucero edits.2.docx

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and Customs
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COVID-19 Pandemic Response Requirements



U.S. Immigration
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Enforcement and Removal Operations

U.S. Department of Homeland Security
500 12th Street, SW
Washington, D.C. 20536



U.S. Immigration and Customs Enforcement

March 27, 2020

MEMORANDUM FOR: Detention Wardens and Superintendents

THROUGH: Field Office Directors

FROM: Enrique M. Lucero 
Executive Associate Director
Enforcement and Removal Operations

SUBJECT: Memorandum on Coronavirus Disease 2019 (COVID-19)
Action Plan, Revision 1

Background:

U.S. Immigration and Customs Enforcement (ICE) continues to monitor the spread of Coronavirus Disease 2019 (COVID-19) and to work in conjunction with select U.S. Department of Homeland Security (DHS) Component leadership and the Acting Secretary to implement a mitigation strategy.

To ensure a unified and preventative response, the ICE Enforcement and Removal Operations (ERO), ICE Health Service Corps (IHSC), Custody Management Division, and Field Operations are providing the following guidance. The combination of a dense and highly transient detained population presents unique challenges for ICE efforts to mitigate the risk of infection and transmission. Consequently, these measures were developed to reduce exposure to COVID-19, protect the detained population, and optimize employee health and availability for duty.

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Please see the recently-issued Centers for Disease Control and Prevention (CDC) [Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities](#) for additional information.

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STAFF HIRING: Wardens and facility staff should continue to meet any personnel staffing plan and staffing criteria outlined in the Performance Work Statement (PWS) and terms and conditions of their negotiated contract or agreement for medical staff and guard services. Facilities are expected to be appropriately staffed to meet established work schedules, rest periods, and to ensure the delivery of detainee medical and mental health care as it relates to the continually evolving impact of COVID-19.

LOGISTICS: Wardens and Facility Administrators should assess their inventories of food, medicine, cleaning supplies, personal protective equipment (PPE), and facility operational practices, and consistently maintain services and supplies to assure the safety, security, health, and well-being of ICE detainees. Facilities should have updated pandemic plans and policies as well as established quarantine and/or isolation areas within their facilities in the event they are needed. Alcohol-based hand sanitizer with at least 60 percent alcohol should be available in visitor entrances, exits, and waiting areas. In addition, alcohol-based hand sanitizer should be made available to staff and detainees in the secure setting to the maximum extent possible.

SOCIAL VISITATION/TELEPHONIC COMMUNICATION: As of March 13, 2020, social visits to/with ICE detainees at all detention facilities are suspended until further notice in order to mitigate the potential introduction of COVID-19 into the facilities. ICE recognizes the considerable impact of suspending personal visitation, and requests maximizing detainee use of teleconferencing, video visitation (e.g., Skype, FaceTime), email, and/or tablets, with extended hours where possible.

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LEGAL VISITS: Detainee access to legal representatives remains a paramount requirement and should be accommodated to the maximum extent practicable. Legal visitation must continue unless determined to pose a risk to the safety and security of the facility.

Non-contact legal visitation (e.g., Skype or teleconference) should be offered first to limit exposure to ICE detainees, but in person contact should be permitted if determined essential by the legal representative. Prior to the in-person visit, the legal representative must undergo the same screening required for staff entry into the facility. The ultimate legal visit approving authority lies with the Warden or Facility Administrator; however, the facility should notify its local Field Office Director as soon as possible of any denied legal visits.

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TOURS: Facility tours are suspended until further notice, excluding Members of Congress, Congressional Member Delegations (CODELs), and Congressional Staff Delegations (STAFFDELS) who will not be prevented from accessing facilities for the purpose of conducting oversight. To safeguard visitors, detainees, ICE and facility staff, congressional visitors may be subject to special screening procedures congruent with staff facility entry screening. Congressional visitors should be advised of standard hygiene practices to help prevent the spread of disease (i.e., washing hands, avoiding close contact) and should be made aware of available hand washing stations within the facility.

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- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.
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- Remove and discard PPE.
- Perform hand hygiene.

Staff who do not clear the screening process, or refuse the enhanced health screening must be denied entry and advised to follow CDC-recommended steps for persons who are sick with COVID-19 symptoms.

If PPE supply is limited, consider other PPE strategies based on CDC Guidance | Strategies for Optimizing the Supply of PPE.

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Sent: 4 Apr 2020 19:21:19 +0000
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March 27, 2020

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TOURS: Facility tours are suspended until further notice, excluding Members of Congress, Congressional Member Delegations (CODELs), and Congressional Staff Delegations (STAFFDELS) who will not be prevented from accessing facilities for the purpose of conducting oversight. To safeguard visitors, detainees, ICE and facility staff, congressional visitors may be subject to special screening procedures congruent with staff facility entry screening. Congressional visitors should be advised of standard hygiene practices to help prevent the spread of disease (i.e., washing hands, avoiding close contact) and should be made aware of available hand washing stations within the facility.

STAFF TRAINING: All ERO in-person staff training related to the ICE detention standards or facility compliance is suspended until further notice, including conferences, Contracting Officer Representative (COR) training, and Field Office Compliance Training. Wardens and Facility Administrators will determine the training schedule for facility staff. All staff licenses and certifications shall be maintained.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 4

SCREENING OF FACILITY STAFF: Enhanced health screening of both ICE and facility staff should be implemented by ICE detention facilities in geographic areas with “sustained community transmission.” These geographical areas are determined by the CDC and information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>. Health screening includes self-reporting symptoms associated with COVID-19 infection and a temperature check.

Wardens and Facility Administrators in those geographical areas should collaborate with their Health Services Administrator to designate a trained staff member available on all shifts to conduct verbal screening and record temperature checks. It is not required that the trained staff member be medical personnel; however, the staff member must have documented training and protect the privacy of those being screened.

Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions based on Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities:

- Today or in the past 24 hours, have you had any of the following symptoms?
 - Fever, felt feverish, or had chills?
 - Cough?
 - Difficulty breathing?
- In the past 14 days, have you had contact with a person known to be infected with COVID-19 where you were not wearing the recommended proper personal protective equipment (PPE)?

The following is a protocol to safely check an individual’s temperature:

- Perform hand hygiene.
- Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gowns/coveralls, and a single pair of disposable gloves.
- Check the individual’s temperature.
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.
- If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control.
- Remove and discard PPE.
- Perform hand hygiene.

Staff who do not clear the screening process, or refuse the enhanced health screening must be denied entry and advised to follow CDC-recommended steps for persons who are sick with COVID-19 symptoms.

If PPE supply is limited, consider other PPE strategies based on CDC Guidance | Strategies for Optimizing the Supply of PPE.

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- Advise the detainee to avoid public transportation, commercial ride sharing (e.g., Uber, Lyft), and taxis.
- Provide the detainee the CDC's *What To Do if You Are Sick* fact sheet.

If this guidance creates any contractual issues, please contact your respective Contracting Officer Representative.

From: Johnson, Tae D
Sent: 31 Mar 2020 01:36:00 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: CDC guidance

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Monday, Mar 30, 2020, 8:31 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Roncone, Stephen (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: CDC guidance

Good evening Sir:

Thank you for your email. Apologies for the delay in responding, we were on a call with ERO El Paso.

From my initial review, (b)(5)

(b)(5)

I think (b)(5)

(b)(5)

(b)(6); and I will be reviewing the various pieces of guidance and will circle back with you tomorrow morning, if that will be okay?

V/R,

(b)(6);

Sent with BlackBerry Work
 (www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Monday, Mar 30, 2020, 6:06 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: FW: CDC guidance

Hi (b)(6); (b)(7)(C) – Just looking for your thoughts (b)(5)

(b)(5)

(b)(5)

I know this

doesn't fall in your lane, but we could use the help interpreting this. Thanks

From: (b)(6); (b)(7)(C) ice.dhs.gov>

Sent: Monday, March 30, 2020 5:14 PM

To: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>

Subject: FW: CDC guidance

Here is the official response from the COR

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) ice.dhs.gov>

Date: Monday, Mar 30, 2020, 5:06 PM

To: (b)(6); (b)(7)(C) ice.dhs.gov>

Subject: FW: CDC guidance

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

In response to your question on what the contractor is doing, COR (b)(6); (b)(7)(C) provided the below. As he points out, the contractor is meeting the minimum CDC guidance. If you wish for

(b)(5)

Thank you,

(b)(6);

From: (b)(6); (b)(7)(C) ice.dhs.gov>

Sent: Monday, March 30, 2020 1:22 PM

To: (b)(6); (b)(7)(C) ice.dhs.gov> (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) ice.dhs.gov>

Subject: RE: CDC guidance

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

(b)(5)

(b)(5)

If we want to pursue this COA, we need to get the process started because it will not be an overnight action.

The same logic applies to detention. What actions did they take at the detention facility where the positive detainee was housed?

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

Management and Program Analyst

ICE Air Operations

Enforcement and Removal Operations (ERO)

U.S. Immigration and Customs Enforcement (ICE)

(480) 638-(b)(6) Desk

(602) 329- Mobile

(b)(6); (b)(7)(C) ice.dhs.gov



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From: (b)(6); (b)(7)(C) ice.dhs.gov>

Sent: Monday, March 30, 2020 12:27 PM

To: (b)(6); (b)(7)(C) ice.dhs.gov>

Subject: CDC guidance

CDC recommendations below in link.

In summary it calls for self observation. Detainees were all wearing masks on that mission also.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

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

Management and Program Analyst

ICE Air Operations
Enforcement and Removal Operations (ERO)
U.S. Immigration and Customs Enforcement (ICE)
(480) 638-(b)(6) Desk
(602) 329-(b)(7) Mobile
(b)(6): (b)(7)(C) ice.dhs.gov



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From: Johnson, Tae D
Sent: 7 Apr 2020 13:44:34 +0000
To: (b)(6); (b)(7)(C); Lucero, Enrique M
Subject: FW: COVID-19 related guidance re ICE detention
Attachments: ERO COVID-19 Response Requirements for Facilities_4.7.20 (CLEAN).docx

FYSA

Sent with BlackBerry Work
 (www.blackberry.com)

From: Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Tuesday, Apr 07, 2020, 9:41 AM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: COVID-19 related guidance re ICE detention

Since DOJ put its comments in 3 different places, it probably makes sense to take their changes and put them in the document we finalized yesterday based on OGC HQ's feedback. Here's a clean version of that.

Thanks,

Mike

Michael P. Davis
 Executive Deputy Principal Legal Advisor
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 202.732.(b)(6); (b)(7)(C) office | 202.904.(b)(6); (b)(7)(C) mobile)
 (b)(6); (b)(7)(C)@ice.dhs.gov

Please note that this message may contain sensitive and/or legally privileged information (attorney work product, attorney-client communication, deliberative process, personally identifiable information, law enforcement sensitive, etc.) and should be handled accordingly.

From: Davis, Mike P
Sent: Tuesday, April 7, 2020 8:37 AM
To: Pham, Tony H <(b)(6); (b)(7)(C)@ice.dhs.gov>; Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: COVID-19 related guidance re ICE detention

I deleted all the comments, accepted all the redlines, and slapped today's date on the document footer.

Thanks,

Mike

 Michael P. Davis
 Executive Deputy Principal Legal Advisor
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 202.732(b)(6); (b)(7)(C) office) | 202.904(b)(6); (b)(7)(C) mobile)
 (b)(6); (b)(7)(C) ice.dhs.gov

Please note that this message may contain sensitive and/or legally privileged information (attorney work product, attorney-client communication, deliberative process, personally identifiable information, law enforcement sensitive, etc.) and should be handled accordingly.

From: Pham, Tony H <(b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Tuesday, April 7, 2020 8:32 AM
To: Loiacono, Adam V <(b)(6); (b)(7)(C) ice.dhs.gov>; Davis, Mike P <(b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: COVID-19 related guidance re ICE detention

Is there a clean copy with the edits, but without (b)(6); (b)(7)(C) and Tae's comments?

Tony H. Pham
 Principal Legal Advisor
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 U.S. Department of Homeland Security
 (O) 202.732(b)(6); (b)(7)(C)
 (M) 202.748(b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) ice.dhs.gov

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From: Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Tuesday, April 7, 2020 8:25 AM
To: Pham, Tony H (b)(6); (b)(7)(C) ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: COVID-19 related guidance re ICE detention

Sorry, Tony. Yes, I am comfortable with the edits.

Adam V. Loiacono
 Deputy Principal Legal Advisor for Enforcement and Litigation
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 Desk: 202-732-(b)(6);
 Iphone: 202-500(b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C)

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From: Pham, Tony H (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Tuesday, Apr 07, 2020, 7:44 AM
To: Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: COVID-19 related guidance re ICE detention

Adam,

Please advise if you are good with the draft edits that (b)(6); proposed. I think Tae was good. If we are good with her edits, I would like to go ahead and send back to OGC as final.

Tony H. Pham
 Principal Legal Advisor
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 U.S. Department of Homeland Security
 (O) 202.732.(b)(6);
 (M) 202.748.(b)(7)(C)
 (b)(6); (b)(7)(C) ice.dhs.gov

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From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@hq.dhs.gov>
Sent: Monday, April 6, 2020 8:52 PM
To: Pham, Tony H <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>; Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>; Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>; Maher, Joseph <(b)(6); (b)(7)(C)@HQ.DHS.GOV>
Subject: RE: COVID-19 related guidance re ICE detention

Good Evening Tony,

Many thanks to you and Tae for the additional clarification and work on the draft document—it is very helpful to have this background information as review of the document is being finalized.

To confirm, is ICE ok with the edits I suggested to the draft text via track changes and that remain the in the version you sent me?

Kind regards,

(b)(6); (b)(7)(C)
 Attorney Advisor, Litigation
 Legal Counsel Division
 Office of the General Counsel
 U.S. Department of Homeland Security
 (o) (202) 282-(b)(6); (b)(7)(C) m (202) 853-(b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@hq.dhs.gov>

*** Warning *** Attorney/Client Privilege *** Attorney Work Product ***

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From: Pham, Tony H <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Monday, April 6, 2020 7:09 PM

To: (b)(6); (b)(7)(C) <[REDACTED]@hq.dhs.gov>
Cc: Davis, Mike P <[REDACTED]@ice.dhs.gov>; Loiacono, Adam V <[REDACTED]@ice.dhs.gov>; Johnson, Tae D <[REDACTED]@ice.dhs.gov>; Maher, Joseph <[REDACTED]@HQ.DHS.GOV>
Subject: COVID-19 related guidance re ICE detention

(b)(6); [REDACTED]

Good evening. Attached is the "policy" that ERO has reviewed which contained your comments and suggestions. Please take a look at the responses to each one.

(b)(5)

Once you have a chance to review and are 10-4 with where we are, the document can be finalized. I think we are there with a final document, but will await to hear from OGC.

Thanks,

Tony



ERO

U.S. Immigration and Customs Enforcement Enforcement and Removal Operations

COVID-19 Pandemic Response Requirements



U.S. Immigration
and Customs
Enforcement

AMERICAN
OVERSIGHT

ERO COVID-19 Pandemic Response Requirements (Version 1.0, April 7, 2020)

1

MULTI-DHS-ICE-20-0602-G-000180

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Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

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Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

ATTACHMENT A

**MEMORANDUM ON CORONAVIRUS DISEASE 2019 (COVID-19) ACTION
PLAN, REVISION 1**

Enforcement and Removal Operations

U.S. Department of Homeland Security
 500 12th Street, SW
 Washington, D.C. 20536



**U.S. Immigration
 and Customs
 Enforcement**

March 27, 2020

MEMORANDUM FOR: Detention Wardens and Superintendents

THROUGH: Field Office Directors

FROM: Enrique M. Lucero 
 Executive Associate Director
 Enforcement and Removal Operations

SUBJECT: Memorandum on Coronavirus Disease 2019 (COVID-19)
 Action Plan, Revision 1

Background:

U.S. Immigration and Customs Enforcement (ICE) continues to monitor the spread of Coronavirus Disease 2019 (COVID-19) and to work in conjunction with select U.S. Department of Homeland Security (DHS) Component leadership and the Acting Secretary to implement a mitigation strategy.

To ensure a unified and preventative response, the ICE Enforcement and Removal Operations (ERO), ICE Health Service Corps (IHSC), Custody Management Division, and Field Operations are providing the following guidance. The combination of a dense and highly transient detained population presents unique challenges for ICE efforts to mitigate the risk of infection and transmission. Consequently, these measures were developed to reduce exposure to COVID-19, protect the detained population, and optimize employee health and availability for duty.

This memorandum only applies to IHSC-staffed and non-IHSC-staffed, ICE-dedicated facilities. For intergovernmental partners and non-dedicated facilities, ICE defers to local, state, tribal, territorial, and federal public health policies and authorities, including adherence with state laws on communicable disease reporting, but recommends actions contained in this memorandum be considered as best practices. Questions and concerns related to the following Action Plan can be addressed to: ICE_ERO_CMD@ice.dhs.gov.

Please see the recently-issued Centers for Disease Control and Prevention (CDC) Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities for additional information.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1

Page 2

Action Plan:

STAFF HIRING: Wardens and facility staff should continue to meet any personnel staffing plan and staffing criteria outlined in the Performance Work Statement (PWS) and terms and conditions of their negotiated contract or agreement for medical staff and guard services. Facilities are expected to be appropriately staffed to meet established work schedules, rest periods, and to ensure the delivery of detainee medical and mental health care as it relates to the continually evolving impact of COVID-19.

LOGISTICS: Wardens and Facility Administrators should assess their inventories of food, medicine, cleaning supplies, personal protective equipment (PPE), and facility operational practices, and consistently maintain services and supplies to assure the safety, security, health, and well-being of ICE detainees. Facilities should have updated pandemic plans and policies as well as established quarantine and/or isolation areas within their facilities in the event they are needed. Alcohol-based hand sanitizer with at least 60 percent alcohol should be available in visitor entrances, exits, and waiting areas. In addition, alcohol-based hand sanitizer should be made available to staff and detainees in the secure setting to the maximum extent possible.

SOCIAL VISITATION/TELEPHONIC COMMUNICATION: As of March 13, 2020, social visits to/with ICE detainees at all detention facilities are suspended until further notice in order to mitigate the potential introduction of COVID-19 into the facilities. ICE recognizes the considerable impact of suspending personal visitation, and requests maximizing detainee use of teleconferencing, video visitation (e.g., Skype, FaceTime), email, and/or tablets, with extended hours where possible.

Detention facilities should make a timely effort to identify indigence in the detainee population. A detainee is considered “indigent” if he/she has less than \$15.00 in his/her account for ten days. These detainees must be afforded the same telephone access and related privileges as other detainees. Each facility must ensure all detainees are able to make calls to the ICE-provided list of free legal service providers and consulates at no charge to the detainee or the receiving party, and that indigent detainees may request a call to immediate family or others in personal or family emergencies or on an as-needed basis to maintain community ties.

LEGAL VISITS: Detainee access to legal representatives remains a paramount requirement and should be accommodated to the maximum extent practicable. Legal visitation must continue unless determined to pose a risk to the safety and security of the facility.

Non-contact legal visitation (e.g., Skype or teleconference) should be offered first to limit exposure to ICE detainees, but in person contact should be permitted if determined essential by the legal representative. Prior to the in-person visit, the legal representative must undergo the same screening required for staff entry into the facility. The ultimate legal visit approving authority lies with the Warden or Facility Administrator; however, the facility should notify its local Field Office Director as soon as possible of any denied legal visits.

LEGAL RIGHTS GROUP PRESENTATIONS: Government-sponsored Legal Orientation Programs (LOPs), carried out by the Department of Justice Executive Office for Immigration Review (EOIR) and authorized by congressional appropriations, currently operate at a limited

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 3

number of detention sites, and may continue to conduct detainee presentations. No more than four LOP presenters may be allowed in the facility at any time and must undergo the same screening required for staff entry into the facility. Non-LOP legal rights group presentations offered by volunteers are suspended until further notice.

STAFF-DETAINEE COMMUNICATION VISITS: Field Office Directors should remain aware that detainees may experience increased feelings of fear and confusion during this time. Regular communication with staff is particularly important. Detainees should have frequent opportunities for informal contact with facility managerial and supervisory staff and with ERO field office staff.

Field Office Directors should monitor both facility staff and ERO officers to ensure they continue to interact with detainees. ICE staff-detainee communication may be conducted in-person (with appropriate risk reduction protocols to protect ERO officers, detainees, and facility staff) or through non-contact visitation using videoconferencing, phone calls, e-mail, or other communication services.

CONTRACTORS: Contractors performing essential services or maintenance on essential systems in ICE detention facilities must continue to be provided facility access and must undergo the same screening required for staff entry into the facility. Examples of essential services include medical and mental health services, telephone access, cleaning, laundry, waste disposal, and critical infrastructure repairs.

Facility annual inspections by the ICE inspections contractor, The Nakamoto Group, are suspended for 30 days from the issuance date of this memorandum.

VOLUNTEERS: Volunteer visits to ICE detention facilities are suspended until further notice unless approved by the Assistant Directors for Field Operations and Custody Management. The only exception is the facility Chaplain, who may continue to offer availability for individual and group pastoral care but must undergo the same screening required for staff entry into the facility. Other volunteers, contractors, and community groups that augment and enhance the religious program are suspended until further notice to reduce the risk of possible transmission of COVID-19 to detainees.

TOURS: Facility tours are suspended until further notice, excluding Members of Congress, Congressional Member Delegations (CODELs), and Congressional Staff Delegations (STAFFDELS) who will not be prevented from accessing facilities for the purpose of conducting oversight. To safeguard visitors, detainees, ICE and facility staff, congressional visitors may be subject to special screening procedures congruent with staff facility entry screening. Congressional visitors should be advised of standard hygiene practices to help prevent the spread of disease (i.e., washing hands, avoiding close contact) and should be made aware of available hand washing stations within the facility.

STAFF TRAINING: All ERO in-person staff training related to the ICE detention standards or facility compliance is suspended until further notice, including conferences, Contracting Officer Representative (COR) training, and Field Office Compliance Training. Wardens and Facility Administrators will determine the training schedule for facility staff. All staff licenses and certifications shall be maintained.

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Page 4

SCREENING OF FACILITY STAFF: Enhanced health screening of both ICE and facility staff should be implemented by ICE detention facilities in geographic areas with “sustained community transmission.” These geographical areas are determined by the CDC and information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>. Health screening includes self-reporting symptoms associated with COVID-19 infection and a temperature check.

Wardens and Facility Administrators in those geographical areas should collaborate with their Health Services Administrator to designate a trained staff member available on all shifts to conduct verbal screening and record temperature checks. It is not required that the trained staff member be medical personnel; however, the staff member must have documented training and protect the privacy of those being screened.

Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions based on Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities:

- Today or in the past 24 hours, have you had any of the following symptoms?
 - Fever, felt feverish, or had chills?
 - Cough?
 - Difficulty breathing?
- In the past 14 days, have you had contact with a person known to be infected with COVID-19 where you were not wearing the recommended proper personal protective equipment (PPE)?

The following is a protocol to safely check an individual’s temperature:

- Perform hand hygiene.
- Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gowns/coveralls, and a single pair of disposable gloves.
- Check the individual’s temperature.
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.
- If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control.
- Remove and discard PPE.
- Perform hand hygiene.

Staff who do not clear the screening process, or refuse the enhanced health screening must be denied entry and advised to follow CDC-recommended steps for persons who are sick with COVID-19 symptoms.

If PPE supply is limited, consider other PPE strategies based on CDC Guidance | Strategies for Optimizing the Supply of PPE.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 6

- Advise the detainee to avoid public transportation, commercial ride sharing (e.g., Uber, Lyft), and taxis.
- Provide the detainee the CDC's *What To Do if You Are Sick* fact sheet.

If this guidance creates any contractual issues, please contact your respective Contracting Officer Representative.

(b)(6); [redacted]@hq.dhs.gov>, (b)(6); (b)(7)(C) [redacted]@hq.dhs.gov>, MORGAN, MARK A
[redacted]@cbp.dhs.gov>, (b)(6); (b)(7)(C) [redacted]@hq.dhs.gov> (b)(6); (b)(7)(C) [redacted]
(b)(6); (b)(7)(C) [redacted]@hq.dhs.gov>, (b)(6); (b)(7)(C) [redacted] (b)(6); (b)(7)(C) [redacted]@hq.dhs.gov>
Subject: Abbott ID NOW COVID-19 Quick Reference Instruct

FYI, here's what the testing box looks like; it weighs 6.6 pounds and is the size of a small toaster. Manufacturing rate is 50,000 a day.



Materials Required to Run a Test:

Abbott ID NOW COVID-19 QUICK REFERENCE INSTRUCTIONS

SPECIMEN COLLECTION and HANDLING

Use freshly collected specimens for optimal test performance. Inadequate specimen collection or improper sample handling/storage/transport may yield erroneous results.

Nasal Swab

To collect a nasal swab sample, carefully insert the swab into the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible. Using gentle rotation, push the swab until resistance is met at the level of the turbinates (less than one inch into the nostril). Rotate the swab several times against the nasal wall then slowly remove from the nostril. Using the same swab, repeat sample collection in the other nostril. Puritan PurFlock Standard Tip Ultra Flocked Swabs, Puritan PurFlock Mini Tip Ultra Flocked Swabs and Copan Standard Rayon Tip Swabs are not suitable for use.

Nasopharyngeal Swab

To collect a nasopharyngeal swab sample, carefully insert the swab into the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible. Pass the swab directly backwards without tipping the swab head up or down. The nasal passage runs parallel to the floor, not parallel to the bridge of the nose. Using gentle rotation, insert the swab into the anterior nares parallel to the palate advancing the swab into the nasopharynx, leave in place for a few seconds, and then slowly rotate the swab as it is being withdrawn.

To ensure proper collection, the swab should be passed a distance that is halfway of that from the nose to the tip of the ear. This is about half the length of the swab. **DO NOT USE FORCE** while inserting the swab. The swab should travel smoothly with minimal resistance; if resistance is encountered, withdraw the swab a little bit without taking it out of the nostril. Then elevate the back of the swab and move it forward into the nasopharynx.

Throat Swab

Collect patient specimen by swabbing the posterior pharynx, tonsils and other inflamed areas. Avoid touching the tongue, cheeks and teeth with the swab¹. Rayon swabs are not suitable for use.

Reference

Manual of Clinical Microbiology, 11th Edition, Vol. 1, ASM. (2015) pg. 279.

Technical Support Advice Line

Further information can be obtained from your distributor, or by contacting Technical Support on:

US	+1 855 731 2288	ts.scr@abbott.com
Africa, Russia, CIS	+44 161 483 9032	EMEprouductsupport@abbott.com
Asia Pacific	+61 7 3363 7711	APprouductsupport@abbott.com
Canada	+1 800 818 8335	CANprouductsupport@abbott.com
Europe & Middle East	+44 161 483 9032	EMEprouductsupport@abbott.com
Latin America	+57 (1) 4824033	LAprouductsupport@abbott.com

Abbott Diagnostics Scarborough, Inc.
10 Southgate Road
Scarborough, Maine 04074 USA
www.abbott.com/poct



External Positive and Negative Control Swabs should be tested once with each new shipment received and once for each untrained operator.

For QC testing, select Run QC Test on the Home screen, and follow the displayed instructions. Refer to Running a QC Test in the ID NOW Instrument User Manual for further details.

- 1 Touch 'Run QC Test'.
- 2 Select 'COVID-19' from the menu.
- 3 Select the QC Test to be Run.
- 4 Confirm Test
Confirm the test type to match the QC sample intended for testing by touching 'OK' and following the on screen prompts to complete testing.



Note: The QC test is run in the same manner as a Direct Nasal Swab Patient Test. See the other side for step by step instructions.

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MULTI-DHS-ICE-20-0602-G-000203

COVID-19

QUICK REFERENCE INSTRUCTIONS

Before performing this test, refer to the ID NOW COVID-19 Product Insert and User Manual for complete Test Procedure and additional information.

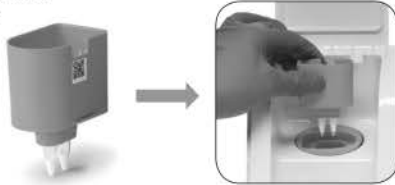
Follow the step-by-step instructions shown on the instrument screen.

1



2

15°C → 30°C



3

15°C → 30°C

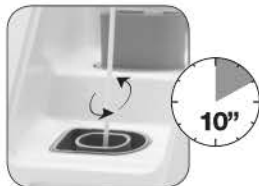


Do not open the Sample Receiver before placing in the instrument.

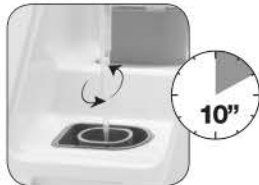
4



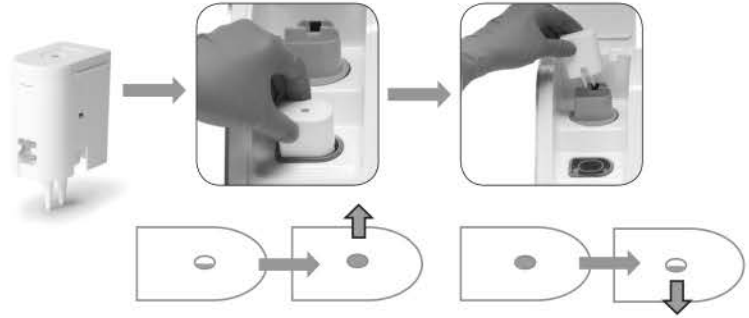
4a



4b



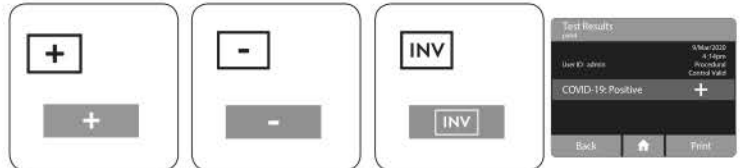
5



6



7



Refer to Product Insert instructions for retest procedure in the case of an Invalid result.

8



Refer to the Product Insert for instructions on safe handling and disposal of samples and test components.

Abbott ID NOW COVID-19 QRI, EN Size: 8.5 in. x 11 in.	Printed Colors  CMYK	PN: INI90001 Rev: 2 Date of Last Revision: 2.1 2020/03/30
	Incoming Inspection Colors (For Reference Only) Colors below are not used for printing  PMS 2995 U Primary Blue PMS 303 U Dark Blue PMS 224 U Magenta Pink	

From: Johnson, Tae D
Sent: 1 Apr 2020 22:51:54 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: Beyond Shelf N95s

Sent with BlackBerry Work
 (www.blackberry.com)

From: Benner, Derek N (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Wednesday, Apr 01, 2020, 6:32 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>, Albence, Matthew (b)(6); (b)(7)(C) ice.dhs.gov>, Kelly, Christopher S (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: Beyond Shelf N95s

Amazing. That might have been an important thing to know before we moved forward.
 Are all 1 million that old?

From: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Wednesday, Apr 01, 2020, 6:16 PM
To: Benner, Derek N (b)(6); (b)(7)(C) ice.dhs.gov>, Albence, Matthew (b)(6); (b)(7)(C) ice.dhs.gov>, Kelly, Christopher S (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: Beyond Shelf N95s

It is unbelievable that CBP represented they would send us 45k new masks from the 1M order they are receiving (b)(5)

(b)(6); (b)(7)(C); (b)(5)

From: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Wednesday, Apr 01, 2020, 6:10 PM
To: Barrera, Staci A (b)(6); (b)(7)(C) ice.dhs.gov> (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: Beyond Shelf N95s

Staci,

(b)(5)

Thanks,

Henry

From: Barrera, Staci A (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Wednesday, Apr 01, 2020, 6:07 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov> (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: Beyond Shelf N95s

Henry,

(b)(5)

Staci

From: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Wednesday, April 1, 2020 5:35 PM
To: Barrera, Staci A (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: Beyond Shelf N95s

Hi Staci,

Please read below. This was not our understanding and hopefully not true. (b)(5)

(b)(5) Can you please confirm?

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Wednesday, Apr 01, 2020, 5:28 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: Beyond Shelf N95s

Gents,

(b)(6); (b)(7)(C); (b)(5)

(b)(6);

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) <ice.dhs.gov>
Date: Wednesday, Apr 01, 2020, 5:25 PM
To: (b)(6); (b)(7)(C) <ice.dhs.gov>
Subject: FW: Beyond Shelf N95s

Hi Sir,

I just wanted to touch base with you regarding the N-95 masks. A few things have come up. It is

(b)(6); (b)(7)(C); (b)(5)

Ms (b)(6); email is below. Please let me know your thoughts on how you would like to proceed. (b)(5)

(b)(5)

Thank you.

(b)(6);

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

(A) Deputy Assistant Director
Special Operations Division
Field Operations
ICE ERO

W: 202/732 (b)(6);
C: 202/607 (b)(7)(C)

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Wednesday, April 1, 2020 3:53 PM
To: (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: Beyond Shelf N95s

(b)(6);

Below is what (b)(6); (b)(7)(C); (b)(5)

(b)(6);

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

Unit Chief
 Incident and Special Response Unit
 Enforcement and Removal Operations
 U.S. Immigration and Customs Enforcement
 U.S. Department of Homeland Security
 500 12th St., SW (b)(6); (b)(7)(C)
 Washington, DC 20536-5201

Office: 202-732-(b)(6); (b)(7)(C)
 Mobile: 202-270-(b)(6); (b)(7)(C)

Email: (b)(6); (b)(7)(C) ice.dhs.gov

HSDN/SIPRnet: (b)(6); (b)(7)(C) dhs.sgov.gov

C-LAN/JWICS: (b)(6); dhs.ic.gov



**U.S. Immigration
and Customs
Enforcement**

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From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Wednesday, April 1, 2020 3:05 PM

To: (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: Beyond Shelf N95s

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

The CDC guidance on beyond shelf life N95s is [here](#). It is NOT a blanket okay.

One snippet: CDC recommends that N95s that have exceeded their manufacturer-designated shelf life should be used only as outlined in the [Strategies for Optimizing the Supply of N95 Respirators](#).

Once you click on that link, you read: This document offers a series of strategies or options to optimize supplies of disposable N95 filtering facepiece respirators (commonly called "N95 respirators") [in healthcare settings](#) when there is limited supply.

(b)(5)

Please let me know if you have any questions or concerns.

(b)(6);

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

Division Chief, Safety and Sustainability
 Immigration and Customs Enforcement

500 12th Street SW, Washington, DC 20536

W 202.732 (b)(6); C 202.425 (b)(6);

(b)(6); (b)(7)(C) ice.dhs.gov

From: Johnson, Tae D
Sent: 1 Apr 2020 20:38:24 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: Habeas Response
Attachments: ERO COVID-19 Pandemic Response Plan.docx

(b)(6); - Can you take a look at this. Thanks

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Wednesday, April 1, 2020 4:23 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: Habeas Response

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

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

Chief of Staff
 U.S. Immigration and Customs Enforcement
 Office of Enforcement & Removal Operations
 500 12th Street SW
 Washington, D.C. 20536
 (b)(6); ice.dhs.gov
 (202) 732 (b)(6) (office)
 (202) 770 (b)(6) (cell)

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From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Wednesday, April 1, 2020 12:41 PM
To: (b)(6); (b)(7)(C) ice.dhs.gov>; #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: Habeas Response

Good afternoon,

Attached please find Custody's efforts to develop a policy which incorporates the responses to the below asks.

Please note that there are specifics within two sets of the Standards provides general language to ensure facilities comply with CDC guidance:

PBNDs 2011: Medical Care, 4.3:

10. Centers for Disease Control and Prevention (CDC) guidelines for the prevention and control of infectious and communicable diseases shall be followed.

PBNDS 2008: Medical Care, V:

C. Communicable Disease and Infection Control - Facilities shall comply with current and future plans implemented by federal, state or local authorities addressing specific public health issues including communicable disease reporting requirements. Infectious and communicable disease control activities shall be reviewed and discussed with ICE in the Quarterly Administrative Meetings required later in this Detention Standard.

For NDS 2000, it follows ACA standards at the time which incorporate adherence to federal, state, and local medical requirements.

Thanks,

(b)(6);

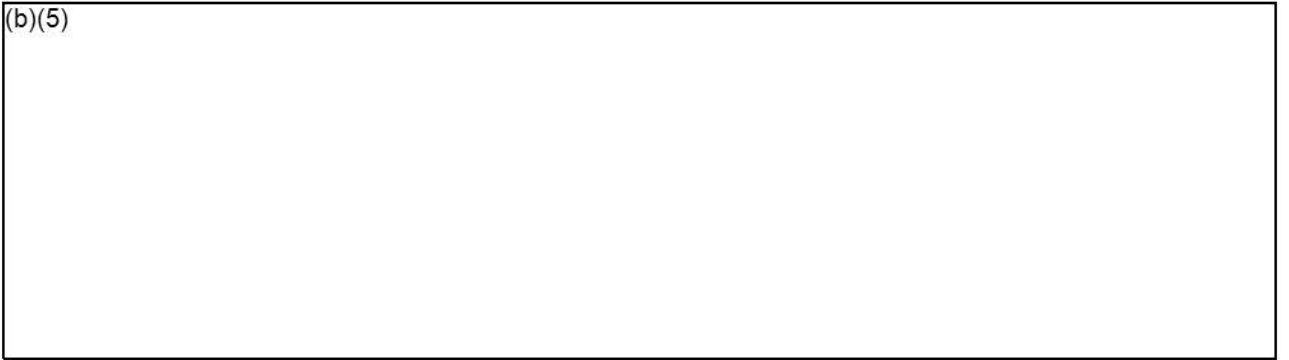
From: Johnson, Tae D <(b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Tuesday, March 31, 2020 1:46 PM
To: (b)(6); (b)(7)(C) ice.dhs.gov>; #ERO CHIEFS OF STAFF
 (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: Lucero, Enrique M <(b)(6); (b)(7)(C) ice.dhs.gov>
Subject: Habeas Response

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

There are a couple of do outs from this morning's detention meetings with the OD's office and OPLA. We need the paper and information related to what our detention standards require – if anything, by COB today. Please let me know if there are any questions. Thanks

(b)(5)

(b)(5)





WWW.ICE.GOV



ERO

Enforcement and Removal Operations

COVID-19 Pandemic Response Plan



U.S. Immigration
and Customs
Enforcement

AMERICAN
OVERSIGHT

MULTI-DHS-ICE-20-0602-G-000214

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Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 216

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 217

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(b)(5)

of the Freedom of Information and Privacy Act

Page 218

Withheld pursuant to exemption

(b)(5)

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Page 219

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(b)(5)

of the Freedom of Information and Privacy Act

Page 220

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 221

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 222

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1

Enforcement and Removal Operations

U.S. Department of Homeland Security
500 12th Street, SW
Washington, D.C. 20536



**U.S. Immigration
and Customs
Enforcement**

March 27, 2020

MEMORANDUM FOR: Detention Wardens and Superintendents

THROUGH: Field Office Directors

FROM: Enrique M. Lucero 
Executive Associate Director
Enforcement and Removal Operations

SUBJECT: Memorandum on Coronavirus Disease 2019 (COVID-19)
Action Plan, Revision 1

Background:

U.S. Immigration and Customs Enforcement (ICE) continues to monitor the spread of Coronavirus Disease 2019 (COVID-19) and to work in conjunction with select U.S. Department of Homeland Security (DHS) Component leadership and the Acting Secretary to implement a mitigation strategy.

To ensure a unified and preventative response, the ICE Enforcement and Removal Operations (ERO), ICE Health Service Corps (IHSC), Custody Management Division, and Field Operations are providing the following guidance. The combination of a dense and highly transient detained population presents unique challenges for ICE efforts to mitigate the risk of infection and transmission. Consequently, these measures were developed to reduce exposure to COVID-19, protect the detained population, and optimize employee health and availability for duty.

This memorandum only applies to IHSC-staffed and non-IHSC-staffed, ICE-dedicated facilities. For intergovernmental partners and non-dedicated facilities, ICE defers to local, state, tribal, territorial, and federal public health policies and authorities, including adherence with state laws on communicable disease reporting, but recommends actions contained in this memorandum be considered as best practices. Questions and concerns related to the following Action Plan can be addressed to: ICE_ERO_CMD@ice.dhs.gov.

Please see the recently-issued Centers for Disease Control and Prevention (CDC) Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities for additional information.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 2

Action Plan:

STAFF HIRING: Wardens and facility staff should continue to meet any personnel staffing plan and staffing criteria outlined in the Performance Work Statement (PWS) and terms and conditions of their negotiated contract or agreement for medical staff and guard services. Facilities are expected to be appropriately staffed to meet established work schedules, rest periods, and to ensure the delivery of detainee medical and mental health care as it relates to the continually evolving impact of COVID-19.

LOGISTICS: Wardens and Facility Administrators should assess their inventories of food, medicine, cleaning supplies, personal protective equipment (PPE), and facility operational practices, and consistently maintain services and supplies to assure the safety, security, health, and well-being of ICE detainees. Facilities should have updated pandemic plans and policies as well as established quarantine and/or isolation areas within their facilities in the event they are needed. Alcohol-based hand sanitizer with at least 60 percent alcohol should be available in visitor entrances, exits, and waiting areas. In addition, alcohol-based hand sanitizer should be made available to staff and detainees in the secure setting to the maximum extent possible.

SOCIAL VISITATION/TELEPHONIC COMMUNICATION: As of March 13, 2020, social visits to/with ICE detainees at all detention facilities are suspended until further notice in order to mitigate the potential introduction of COVID-19 into the facilities. ICE recognizes the considerable impact of suspending personal visitation, and requests maximizing detainee use of teleconferencing, video visitation (e.g., Skype, FaceTime), email, and/or tablets, with extended hours where possible.

Detention facilities should make a timely effort to identify indigence in the detainee population. A detainee is considered "indigent" if he/she has less than \$15.00 in his/her account for ten days. These detainees must be afforded the same telephone access and related privileges as other detainees. Each facility must ensure all detainees are able to make calls to the ICE-provided list of free legal service providers and consulates at no charge to the detainee or the receiving party, and that indigent detainees may request a call to immediate family or others in personal or family emergencies or on an as-needed basis to maintain community ties.

LEGAL VISITS: Detainee access to legal representatives remains a paramount requirement and should be accommodated to the maximum extent practicable. Legal visitation must continue unless determined to pose a risk to the safety and security of the facility.

Non-contact legal visitation (e.g., Skype or teleconference) should be offered first to limit exposure to ICE detainees, but in person contact should be permitted if determined essential by the legal representative. Prior to the in-person visit, the legal representative must undergo the same screening required for staff entry into the facility. The ultimate legal visit approving authority lies with the Warden or Facility Administrator; however, the facility should notify its local Field Office Director as soon as possible of any denied legal visits.

LEGAL RIGHTS GROUP PRESENTATIONS: Government-sponsored Legal Orientation Programs (LOPs), carried out by the Department of Justice Executive Office for Immigration Review (EOIR) and authorized by congressional appropriations, currently operate at a limited

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 3

number of detention sites, and may continue to conduct detainee presentations. No more than four LOP presenters may be allowed in the facility at any time and must undergo the same screening required for staff entry into the facility. Non-LOP legal rights group presentations offered by volunteers are suspended until further notice.

STAFF-DETAINEE COMMUNICATION VISITS: Field Office Directors should remain aware that detainees may experience increased feelings of fear and confusion during this time. Regular communication with staff is particularly important. Detainees should have frequent opportunities for informal contact with facility managerial and supervisory staff and with ERO field office staff.

Field Office Directors should monitor both facility staff and ERO officers to ensure they continue to interact with detainees. ICE staff-detainee communication may be conducted in-person (with appropriate risk reduction protocols to protect ERO officers, detainees, and facility staff) or through non-contact visitation using videoconferencing, phone calls, e-mail, or other communication services.

CONTRACTORS: Contractors performing essential services or maintenance on essential systems in ICE detention facilities must continue to be provided facility access and must undergo the same screening required for staff entry into the facility. Examples of essential services include medical and mental health services, telephone access, cleaning, laundry, waste disposal, and critical infrastructure repairs.

Facility annual inspections by the ICE inspections contractor, The Nakamoto Group, are suspended for 30 days from the issuance date of this memorandum.

VOLUNTEERS: Volunteer visits to ICE detention facilities are suspended until further notice unless approved by the Assistant Directors for Field Operations and Custody Management. The only exception is the facility Chaplain, who may continue to offer availability for individual and group pastoral care but must undergo the same screening required for staff entry into the facility. Other volunteers, contractors, and community groups that augment and enhance the religious program are suspended until further notice to reduce the risk of possible transmission of COVID-19 to detainees.

TOURS: Facility tours are suspended until further notice, excluding Members of Congress, Congressional Member Delegations (CODELs), and Congressional Staff Delegations (STAFFDELS) who will not be prevented from accessing facilities for the purpose of conducting oversight. To safeguard visitors, detainees, ICE and facility staff, congressional visitors may be subject to special screening procedures congruent with staff facility entry screening. Congressional visitors should be advised of standard hygiene practices to help prevent the spread of disease (i.e., washing hands, avoiding close contact) and should be made aware of available hand washing stations within the facility.

STAFF TRAINING: All ERO in-person staff training related to the ICE detention standards or facility compliance is suspended until further notice, including conferences, Contracting Officer Representative (COR) training, and Field Office Compliance Training. Wardens and Facility Administrators will determine the training schedule for facility staff. All staff licenses and certifications shall be maintained.

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SCREENING OF FACILITY STAFF: Enhanced health screening of both ICE and facility staff should be implemented by ICE detention facilities in geographic areas with “sustained community transmission.” These geographical areas are determined by the CDC and information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>. Health screening includes self-reporting symptoms associated with COVID-19 infection and a temperature check.

Wardens and Facility Administrators in those geographical areas should collaborate with their Health Services Administrator to designate a trained staff member available on all shifts to conduct verbal screening and record temperature checks. It is not required that the trained staff member be medical personnel; however, the staff member must have documented training and protect the privacy of those being screened.

Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions based on Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities:

- Today or in the past 24 hours, have you had any of the following symptoms?
 - Fever, felt feverish, or had chills?
 - Cough?
 - Difficulty breathing?
- In the past 14 days, have you had contact with a person known to be infected with COVID-19 where you were not wearing the recommended proper personal protective equipment (PPE)?

The following is a protocol to safely check an individual’s temperature:

- Perform hand hygiene.
- Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gowns/coveralls, and a single pair of disposable gloves.
- Check the individual’s temperature.
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.
- If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control.
- Remove and discard PPE.
- Perform hand hygiene.

Staff who do not clear the screening process, or refuse the enhanced health screening must be denied entry and advised to follow CDC-recommended steps for persons who are sick with COVID-19 symptoms.

If PPE supply is limited, consider other PPE strategies based on CDC Guidance | Strategies for Optimizing the Supply of PPE.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1

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- Advise the detainee to avoid public transportation, commercial ride sharing (e.g., Uber, Lyft), and taxis.
- Provide the detainee the CDC's *What To Do if You Are Sick* fact sheet.

If this guidance creates any contractual issues, please contact your respective Contracting Officer Representative.

Attachment B:

Best Practices for Consideration:

PREPAREDNESS:

1. Develop information-sharing systems with partners.

- Identify points of contact in relevant state, local, tribal, and/or territorial public health department before cases develop.
- Communicate with other correctional and detention facilities in the same geographic area to share information including disease surveillance and absenteeism patterns among staff.

2. Review existing pandemic, influenza, all-hazards, and disaster plans, and revise for COVID-19.

3. Offer the seasonal influenza vaccine to all detained persons (existing populations and new intakes) and staff throughout the influenza season.

4. Staffing:

- Review sick leave policies to ensure that staff can stay home when sick and determine which officials will have the authority to send symptomatic staff home. Staff who report for work with symptoms of COVID-19 should be sent home and advised to follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.
- Staff who test positive for COVID-19 should inform their workplace and personal contacts immediately. If a staff member has a confirmed COVID-19 infection, the relevant employers should inform other staff of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Exposed employees should then self-monitor for symptoms (i.e., fever, cough, or shortness of breath).
- Identify staff whose duties would allow them to work from home. This is an effective social distancing strategy to reduce the risk of COVID-19 transmission.
- Determine minimum levels of staff in all categories required for the facility to function safely.

5. Supplies:

- Ensure that sufficient stocks of hygiene supplies (soap, hand sanitizer, tissues), personal protective equipment (PPE) (to include facemasks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls), and medical supplies (consistent with the healthcare capabilities of the facility) are on hand, and have a plan in place to restock as needed if COVID-19 transmission occurs within the facility.
- Note that shortages of N95 respirators are anticipated during the COVID-19 response. Based on local and regional situational analysis of PPE supplies, face masks should be used when the supply chain of respirators cannot meet the demand.
- Soiled PPE items should be disposed in leak-proof plastic bags that are tied at the top and not re-opened. Bags can be disposed of in the regular solid waste stream.

6. Cleaning/Disinfecting Practices:

- Adhere to CDC recommendations for cleaning and disinfection during the COVID-19 response.

- Several times a day using household cleaners and EPA-registered disinfectants, clean and disinfect surfaces and objects that are frequently touched, especially in common areas (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment).
- Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs).
- Ensure that transport vehicles are thoroughly cleaned after carrying a confirmed or suspected COVID-19 case.

7. Hygiene:

- Reinforce healthy hygiene practices and provide and restock (as feasible) hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).
- Encourage all persons within the facility to cover their mouth and nose with their elbow (or ideally with a tissue) rather than with their hand when they cough or sneeze, and to throw all tissues in the trash immediately after use. Provide detained persons and staff no-cost access to tissues, and no-touch receptacles for disposal.
- Encourage all persons within the facility to maintain good hand hygiene by regularly washing their hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing their nose; after using the bathroom; before eating or preparing food; before taking medication; and after touching garbage.
- Provide detained persons and staff no-cost, unlimited access to supplies for hand cleansing, including liquid soap, running water, hand drying machines or disposable paper towels, and no-touch trash receptacles.
- Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions.
- Encourage all persons within the facility to avoid touching their eyes, nose, or mouth without cleaning their hands first.
- Post signage throughout the facility reminding detained persons and staff to practice good hand hygiene and cough etiquette (printable materials for community-based settings can be found on the [CDC website](#)).
- Discourage sharing of eating utensils, dishes, and cups.
- Discourage non-essential personal contact such as handshakes, hugs, and high-fives.

PREVENTION:

1. Perform pre-intake screening for all new entrants for symptoms of COVID-19.

Ideally, screening should take place before new intakes enter the facility or just inside the facility, before beginning the intake process, in order to identify and immediately isolate any individuals with symptoms. This includes temperature screening of all new entrants.

- **If an individual has symptoms of COVID-19 (fever, cough, shortness of breath)**
 - Require the individual to wear a face mask.
 - Ensure that staff interacting with the symptomatic individual remains at a greater distance than 6 feet or wears recommended PPE.

- Isolate the individual and refer to healthcare staff for further evaluation.
 - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective isolation and necessary medical care.
- **If an individual is a close contact of a known COVID-19 case or has traveled to an affected area (but has no COVID-19 symptoms):**
 - Quarantine the individual and monitor for symptoms two times per day for 14 days.

2. Visitations:

- During suspended (social) or modified (legal) visitation programs, provide access to virtual visitation options where available. When not possible, verbally screen all visitors on entry for symptoms of COVID-19 and perform temperature checks.
- Communicate with the public about any changes to facility operations, including visitation programs. Most facilities should have restricted or prohibited visitation programs.

3. Restrict transfers of detained non-ICE populations to and from other jurisdictions and facilities unless necessary for medical evaluation, isolation/quarantine, clinical care, or extenuating security concerns.

4. Consider suspending work release programs.

5. When feasible and consistent with security priorities, encourage staff to maintain a distance greater than 6 feet from an individual with respiratory symptoms while interviewing, escorting, or interacting in other ways.

MANAGEMENT:

1. Suspend all transfers of detained persons to and from other jurisdictions and facilities (including work release), unless necessary for medical evaluation, isolation/quarantine, care, or extenuating security concerns.

2. Consider quarantining all new entrants for 14 days before they enter the general population.

3. For suspected or confirmed COVID-19 cases:

- Ensure that the individual is always wearing a face mask when outside of the isolation space, and whenever another individual enters the isolation room. Masks should be changed at least daily, and when visibly soiled or wet.
- Isolate the individual immediately in a separate environment from other individuals. Facilities should make every possible effort to isolate persons individually. Each isolated individual should be assigned their own housing space and bathroom where possible. Cohorting should only be practiced if there are no other available options. Only individuals who are laboratory confirmed COVID-19 cases should be isolated as a cohort. Do not cohort confirmed cases with suspected cases or case contacts.

4. If the number of confirmed cases exceeds the number of individual isolation spaces available in the facility, be especially mindful of cases who are at higher risk of

severe illness from COVID-19. Ideally, they should not be cohorted with other infected individuals. If cohorting is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk individual. (For example, allocate more space for a higher-risk individual within a shared isolation room.)

5. Maintain isolation until all the following criteria have been met:

- The individual has been free from fever for 72 hours without the use of fever-reducing medications.
- The individual's other symptoms have improved (e.g., cough, shortness of breath).
- The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart.
- At least 7 days have passed since the date of the individual's first positive COVID-19 test and has had no subsequent illness.

6. Thoroughly clean and disinfect all areas where the infected individual spent time (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

7. Meals should be provided to COVID-19 cases in their isolation rooms. Isolated cases should throw disposable food service items in the trash in their isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.

8. Laundry from a COVID-19 case can be washed with another individuals' laundry.

- Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard after each use, and clean their hands after.
- Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.

Frequently Asked Questions

1. Does ICE follow the CDC guidance?

- In addition to general guidance provided to the public, the CDC also has *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*, which is available on its website.¹ This guidance addresses the unique needs and of correctional facilities and detention centers to help prevent the spread of COVID-19, to ensure continuation of essential public services, and for the protection of the health and safety of incarcerated and detained persons, staff, and visitors.
- The CDC guiding principles are issued for healthcare and non-healthcare administrators of correctional and detention facilities including prisons, jails, and detention centers, law enforcement agencies, such as ICE, that have custodial authority for detained populations, and their respective health departments, to assist in preparing for potential introduction, spread, and mitigation of COVID-19 in their facilities.
- The guidance is adapted by ICE and its contract facilities to individual facilities' physical space, staffing, population, operations, and other resources and conditions. Facilities contact CDC or their state, local, territorial, and/or tribal public health department for further guidance.
- The CDC guided ICE procedures include:
 - Operational and communications preparations for COVID-19
 - Enhanced cleaning/disinfecting and hygiene practices
 - Social distancing strategies to increase space between individuals in the facility
 - How to limit transmission from visitors
 - Infection control, including recommended personal protective equipment (PPE) and potential alternatives during PPE shortages
 - Verbal screening and temperature check protocols for incoming incarcerated/detained individuals, staff, and visitors
 - Medical segregation of confirmed and suspected cases and quarantine of contacts, including considerations for cohorting when individual spaces are limited
 - Healthcare evaluation for suspected cases, including testing for COVID-19
 - Clinical care for confirmed and suspected cases
 - Considerations for persons at higher risk of severe disease from COVID-19

2. Was ICE prepared for COVID-19

- Prior to the COVID-19 outbreak, ICE had existing protocols in place to address situations involving contagious diseases. [Add pertinent language from PBNDS/NDS and any pre-COVID policies addressing contagious diseases in general] As such, although nobody could have predicted the COVID-19 pandemic, ICE was structurally organized to promptly and efficiently implement necessary adaptations to its existing policies.
- As COVID-19 began to spread worldwide, ICE immediately took action to ensure that all persons in the facility know the symptoms of COVID-19 and how to respond if they develop symptoms. Contingency plans were developed for telework options for employees, reduced workforces due to absences, coordinating with public health and correctional partners, and communicating clearly with staff and detainees about these preparations and how existing routines may have to be altered.

1. <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#correctional-facilities>

3. Does ICE coordinate its response to COVID-19 with other agencies?

- ICE closely coordinates with numerous federal, state, and local agencies to ensure a free flow of information through comprehensive networks. Information is routinely shared with various public health departments and is disseminated to detainees, staff, contractors, vendors, and visitors. The facilities staff stays informed about updates to CDC guidance via the CDC COVID-19 website as more information becomes known. Often in real time, facilities personnel reviews and revises existing pandemic, flu, all-hazards, and disaster plans, to ensure the most current COVID-19 mitigation measures are in effect.
- Wherever possible, detainees with confirmed and suspected COVID-19, as well as those who have had close contact with them, are prevented from being transferred between jurisdictions and facilities. ICE coordinates with local law enforcement and court officials to identify lawful alternatives to in-person court appearances, such as virtual court. Each facility will use strategies to prevent over-crowding of detention facilities during the pandemic.
- The facilities identified physical locations and dedicated housing areas and bathrooms to isolate confirmed COVID-19 cases and individuals displaying COVID-19 symptoms, and to quarantine known close contacts of cases, including contingencies for multiple locations if numerous cases and/or contacts are identified and require medical isolation or quarantine simultaneously. The facilities made plans for how they will ensure that suspected COVID-19 cases will be isolated, evaluated, tested (if indicated), and provided necessary medical care such as individual isolation or cohorting.
- The facilities post signage throughout the premises communicating symptoms of COVID-19 and hand hygiene instructions, detainees report symptoms to staff. Signage is understandable for non-English speaking persons and those with low literacy, and the facilities make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.

4. What practices does ICE personnel follow in detained facilities?

- ICE and other personnel are directed to stay at home when sick. If an employee develops a fever or other symptoms while on duty, he/she is instructed to leave the facility as soon as possible and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms including self-isolating at home, contacting their healthcare provider as soon as possible to determine whether they need to be evaluated and tested, and contacting their supervisor.
- The facilities identified staff whose duties would allow them to work from home and implemented telework and revised duties of staff who are at higher risk of severe illness with COVID-19 and has planned for staff absences and determined minimum levels of staff in all categories required for the facility to function safely if COVID-19 brings staffing to minimum levels.

5. Are there sufficient medical supplies in the facilities housing ICE detainees?

- All facilities have sufficient stocks of hygiene supplies, cleaning supplies, personal protective equipment (PPE), and medical supplies consistent with the facility's healthcare capabilities. ICE further has a plan in place to restock supplies as needed. Contingency plans are also in place in the event of PPE shortages, particularly for non-healthcare workers. Staff and detainees are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.
- All ICE facilities stock standard medical supplies for daily clinic needs, as well as tissues, liquid soap when possible or bar soap, hand drying supplies, alcohol-based

hand sanitizer containing at least 60% alcohol (or other sanitizers where required due to security restrictions), cleaning supplies, including EPA-registered disinfectants effective against the virus that causes COVID-19.

- The facilities provide a no-cost unlimited supply of soap to detainees to allow for frequent hand washing.

6. What measures has ICE implemented to prevent COVID-19 spread by visitors?

- All facilities suspended or modified visitation programs and employs legally permissible alternative ways for detained persons to communicate with their families, friends, and other visitors in a way that is not financially burdensome for them. The facility communicates with potential visitors about the restrictions and screenings.
- As of March 13, 2020, social visits to/with ICE detainees at all detention facilities are suspended until further notice in order to mitigate the potential introduction of COVID-19 into the facilities. Professional visits have been limited and ICE has suspended all facility tours.
- ICE continues to screen all staff and vendors when they enter the facilities with questions about possible exposure as well as with body temperature screening. Staff wears PPE during temperature checks and other screening. Potential visitors who decline screening or who do not clear the screening process are not permitted to enter the facility.
- ICE has restricted transfers of detainees to and from other jurisdictions and facilities unless deemed necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding. It also postponed non-urgent outside medical visits. If a transfer is necessary, verbal screening and a temperature check are performed before the detainee leaves the facility.
- ICE has also coordinated efforts with the Department of Justice, Executive Office for Immigration Review (EOIR) to maximize the use of lawful alternatives to in-person court appearances where permissible to limit the number of operational entrances and exits to the facility.

7. What disinfecting or hygienic measures ICE taking?

- ICE has implemented intensified cleaning and disinfecting procedures several times per day to clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, and telephones). Staff clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs).
- ICE has increased the number of people trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day. There are adequate supplies to support intensified cleaning and disinfection practices and there is a plan in place to restock rapidly if needed.
- ICE reinforces healthy hygiene practices and provides and continually restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms and waiting rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).
- ICE encourages all persons in the facility to cough or sneeze into the elbow rather than the hand, regularly wash hands with soap and water for at least 20 seconds, especially

after coughing, sneezing, blowing the nose, after using the bathroom, before eating or preparing food, before taking medication, and after touching garbage. All persons are further cautioned to avoid touching eyes, nose, or mouth without cleaning the hands first, avoid sharing eating utensils, dishes, and cups, and avoid non-essential physical contact.

8. What preventive measures against the spread of COVID-19 are in place?

- Every facility performs pre-intake screening and temperature checks for all new detainees in order to identify and immediately segregate detainees with symptoms or who report close contact with someone who contracted COVID-19. If an individual has symptoms of COVID-19 (fever, cough, shortness of breath) the individual is required to wear a face mask, is segregated from the general population and referred to healthcare staff for further evaluation.
- If an individual is a close contact of a known COVID-19 case (but has no COVID-19 symptoms) he or she is segregated from the general population and monitored for symptoms two times per day for 14 days.
- Consistent with longstanding procedures, every detainee is medically screened during intake. Detainees are assessed for fever and respiratory illness, are asked to confirm if they have had close contact with a person with laboratory-confirmed COVID-19 in the past 14 days, and whether they have traveled from or through area(s) with sustained community transmission in the past two weeks.
- Consistent with CDC guidance for detention centers, all facilities implement “social distancing” strategies to increase the physical space between detained persons (ideally six feet between all individuals, regardless of the presence of symptoms). Strategies are tailored to the individual space in the facility and the needs of the population and staff. Not all strategies will be feasible in all facilities. Example strategies with varying levels of intensity include increased space between individuals in common areas, choosing open recreation spaces and staggering times, staggering meals and providing meals inside housing units or cells, limiting the size of group activities or changing the areas for spreading out, suspend group programs where participants are likely to be in closer contact than they are in their housing environment and if space allows, reassign bunks to provide more space between individuals, ideally six feet or more in all directions. Arrange bunks so that individuals sleep head to foot to increase the distance between them or rearrange scheduled movements to minimize mixing of individuals from different housing areas.

9. How does ICE address the introduction of COVID-19 into the facilities by ICE personnel?

- All staff is reminded to stay at home if they are sick and perform verbal screening for COVID – 19 symptoms and temperature checks for all staff daily on entry.
- The staff is provided with up-to-date information about COVID-19 and about facility policies on a regular basis, including symptoms of COVID-19 and its health risks. If staff develop a fever, cough, or shortness of breath while at work: immediately put on a face mask, inform supervisor, leave the facility and do not return to work until a decision to discontinue home medical isolation precautions is made. If a staff member is identified as a close contact of a COVID-19 case (either within the facility or in the community): self-quarantine at home for 14 days and return to work if symptoms do

not develop. Employees who are close contacts of the case should then self-monitor for symptoms (i.e., fever, cough, or shortness of breath).

- When feasible and consistent with security priorities, the staff is encouraged to maintain a distance of 6 feet or more from an individual with respiratory symptoms while interviewing, escorting, or interacting in other ways.

10. Does ICE evaluate and screens the most vulnerable to COVID-19 population?

- Facilities ensure that detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms. If a facility is not able to provide such evaluation and treatment, a plan is in place to safely transfer the individual to another facility or local hospital.
- Medical personnel conducts the initial medical evaluation determines whether a symptomatic individual is at higher risk for severe illness from COVID-19. People at High Risk include people with:
 - 65 years and older
 - chronic lung disease
 - moderate to severe asthma
 - serious heart conditions
 - immunocompromised including cancer treatment
 - severe obesity (body mass index [BMI] >40)
 - diabetes,
 - renal failure,
 - liver disease
 - immunocompromised,
 - cancer treatment,
 - smoking,
 - bone marrow transplantation
 - organ transplantation,
 - immune deficiencies,
 - poorly controlled HIV or AIDS, and
 - prolonged use of corticosteroids and other immune weakening medications
 - pregnancy or recent pregnancy
- Medical staff evaluates and provides care for confirmed or suspected COVID-19 cases follow the CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) and monitor the guidance website regularly for updates to these recommendations.
- Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza). The facilities have plans in place to safely transfer persons with severe illness from COVID-19 to a local hospital if they require care beyond what the facility is able to provide.

11. Is there overcrowding in facilities housing ICE detainees?

- Currently, all facilities, including IGSAs, have populations within their approved capacities and are not overcrowded.

12. What measures does ICE take to mitigate the spread in the facilities?

- Detainees, who present symptoms compatible with COVID-19 will be placed in isolation, where they will be tested. If testing is positive, they will remain isolated and treated. In case of any clinical deterioration, they will be referred to a local hospital.
- Asymptomatic detainees are placed in cohorts with restricted movement for the duration of the most recent incubation period (14 days after most recent exposure to an ill detainee) and are monitored daily for fever and symptoms of respiratory illness. Cohorting involves housing detainees who were exposed to a person with an infectious organism but are asymptomatic together.
- Detainees who have not been exposed and exhibit no symptoms of COVID-19 will be screened through temperature checks to ensure their health.

13. What are the medical capabilities of the most detained facilities housing ICE detainees?

- All IHSC staffed facilities provide a combination of the following medical capabilities:
 - Daily access to sick calls in a clinical setting and an onsite medical infirmary and mental health services with the ability to admit patients at the local hospital for mental health care;
 - Daily access to sick calls in a clinical setting, onsite medical infirmary and provides onsite dental, podiatry, optometry, and hemodialysis services.
- Provide disinfectant spray, hand sanitizer, and soap in every housing unit at the jail;
- Provide disinfectants to staff and cleaning crews and CDC recommended cleaning and disinfection above and beyond normal activity have been implemented;
- Provide hand sanitizer to detainees and staff and cleans and disinfects each housing unit between shifts and entire cell blocks on a rotational schedule;
- Provide every Housing Unit in the jail with disinfectant spray, soap, hot water and gloves. Jail staff and the jail general population are directed to use these cleaning tools often and liberally;
- Provide education on COVID-19 to staff and detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting to seek medical care if they feel ill, and provide detainees daily access to ICE has implemented recent policy directives that have reduced the number of detainees being transferred as between facilities.

14. What other measures is ICE implementing?

- ICE convened a working group between medical professionals, disease control specialists, detention experts, and field operators to identify additional enhanced steps to minimize the spread of the virus. As a result of the working group, ICE decided to reduce the population of all detention facilities to 70% or less to increase social distancing.
- Screened and COVID-19 POC PCR tested detainees will be segregated as follows:
 - Symptomatic COVID-19 POC PCR positive detainees will be isolated within the facility and referred to local health facilities as needed for medical care beyond the scope of the facility.
 - Asymptomatic COVID-19 POC PCR positive detainees will be **isolated**, with consultation with the local health community/public health authorities as to definitive testing.

- Detainees in this category who develop symptoms consistent with COVID-19 will be transported to the local health community for ongoing treatment.
- Asymptomatic COVID-19 POC PCR negative detainees who have significant exposure to those COVID-19 POC PCR positive detainees will be **quarantined**.
 - Detainees in this category who develop symptoms consistent with COVID-19 will be re-tested with the COVID-19 POC PCR. Those COVID-19 POC PCR positive will be placed in isolated and transferred to local healthcare as appropriate. Those COVID-19 POC PCR negative will be continued in quarantine for 14 days.
- Detainee health records related to ICE entry screening and COVID-19 POC PCR testing will be analyzed to provide (in a de-identified fashion) insight into the prevalence and incidence of COVID-19 disease amongst those detained in an ICE federal, IHSC staffed facility***

15. Does ICE coordinate its preventive efforts with EOIR?

- ICE requested that EOIR suspend the in-person requirements for detainee appearance before removal proceedings. Accordingly, EOIR shared guidance with its staff permitting immigration judges the ability to waive in-person requirements.

16. Does ICE still release detainees on bond?

- ERO provided guidance to its field offices to ensure that field offices were able to receive bonds electronically. Additionally, ERO waived the in-person requirements for bonds so long as mailings included certified checks, money orders, or requests for fee waivers.

From: Johnson, Tae D
Sent: 3 Apr 2020 18:50:27 +0000
To: Kelly, Christopher S
Subject: FW: ERO draft
Attachments: ERO COVID-19 Response Requirements for Facilities_Lucero all doj edits.docx

For your awareness.

From: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Friday, April 3, 2020 2:46 PM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>; Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>; Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>; Pham, Tony H <(b)(6); (b)(7)(C)@ice.dhs.gov>; Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: ERO draft

Tae-

Attached please find the comments received from DOJ. Please note that they commented only on the clean version, so many of their comments may be OBE. We are sending them along for your consideration as you finalize the document.

(b)(5)

I will be offline for the next few hours but my folks are around and I will be back on later this evening if you need anything.

Thanks,

Adam V. Loiacono
 Deputy Principal Legal Advisor for Enforcement and Litigation
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 Iphone: 202-500-(b)(6);
 (b)(6); (b)(7)(C)@ice.dhs.gov

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From: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, April 2, 2020 7:28 PM
To: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>; Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>; Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>; Pham, Tony H <(b)(6); (b)(7)(C)@ice.dhs.gov>; Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: ERO draft

Adam - we will likely need until tomorrow to turn this one around. Please let us know if you get anything back from OGC before then. Thanks

Sent with BlackBerry Work
www.blackberry.com

From: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Thursday, Apr 02, 2020, 5:49 PM
To: Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>, Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>, Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>, Pham, Tony H <(b)(6); (b)(7)(C)@ice.dhs.gov>, Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: ERO draft

Henry-

OGC HQ just forwarded the following from HHS. Still waiting on DOJ.

There are only two general comments from HHS at this point:

(b)(5)

(b)(5)

Adam V. Loiacono
 Deputy Principal Legal Advisor for Enforcement and Litigation
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 Desk: 202-732-(b)(6);
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From: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Thursday, Apr 02, 2020, 5:09 PM
To: Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>, Davis, Mike P (b)(6); (b)(7)(C) ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) ice.dhs.gov>, Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>, Pham, Tony H (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

Thanks Adam

From: Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Thursday, Apr 02, 2020, 5:05 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>, Davis, Mike P (b)(6); ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>, Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>, Pham, Tony H (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

Adding Tony for visibility.

Henry-

Attached please find comments and proposed edits to the draft ERO PRR document from OPLA and OGC HQ. Please note that OGC HQ shared the clean version to DOJ and HHS (noting that it had not been cleared by ICE leadership yet) and is expecting additional feedback from them. That said, we wanted to get you these comments and edits to avoid delaying your ability to review them.

Of course, let us know if you have any questions or need anything.

Thanks,

Adam V. Loiacono
 Deputy Principal Legal Advisor for Enforcement and Litigation
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 Iphone: 202-500-(b)(6);
 (b)(6); (b)(7)(C) ice.dhs.gov

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From: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Thursday, April 2, 2020 12:41 PM
To: Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C) ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: ERO draft

Please review as I have made last edits and cleared this document.

Thank you,

Henry

Enrique M. Lucero
 Executive Associate Director
 Enforcement and Removal Operations
 U.S. Immigration and Customs Enforcement
 202 732 5502 (office)
 (b)(6); (b)(7)(C) ice.dhs.gov

From: Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Thursday, April 2, 2020 11:31 AM
To: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: Rough draft

Thanks, sir.

Adam V. Loiacono
 Deputy Principal Legal Advisor for Enforcement and Litigation
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 Iphone: 202-500-(b)(6);
 (b)(6); (b)(7)(C) ice.dhs.gov

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From: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Thursday, April 2, 2020 11:31 AM
To: Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: Rough draft

Adam,

Making final edits to the document now, hope to have this to you guys in about 30-45 minutes.

From: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Thursday, Apr 02, 2020, 10:04 AM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>, Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>, Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Rough draft

Tae-

For your awareness, Gene Hamilton pinged to OGC HQ Front Office asked when this would be issued (expecting it would be issued today – I take no position on the viability of that). Joe Maher noted that we would have a draft for review today. I just want to make sure you are aware of the very significant interest in this at the DHS and DOJ leadership level and check when you think we will have a near-final version for review.

Thanks,

Adam V. Loiacono
 Deputy Principal Legal Advisor for Enforcement and Litigation
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 Iphone: 202-500-(b)(6);
 (b)(6); (b)(7)(C)@ice.dhs.gov

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From: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Wednesday, April 1, 2020 8:49 PM
To: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>; Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>; Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Rough draft

With the others

10-4, will get back to you shortly. Thx Adam

Sent with BlackBerry Work
 (www.blackberry.com)

From: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Wednesday, Apr 01, 2020, 8:37 PM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>, Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>, Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: RE: Rough draft

I definitely think this is the type of framework we were all expecting. Let us know when it is ready for us to review.

Adam V. Loiacono
Deputy Principal Legal Advisor for Enforcement and Litigation
Office of the Principal Legal Advisor
U.S. Immigration and Customs Enforcement
Desk: 202-732-(b)(6);
Iphone: 202-500-(b)(6);
(b)(6); (b)(7)(C) ice.dhs.gov

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From: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Wednesday, Apr 01, 2020, 8:15 PM
To: Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>, Davis, Mike P (b)(6); ice.dhs.gov>
Subject: RE: Rough draft

Adam – this is still a very rough draft but let me know if this gets us a little closer. We will need to

(b)(5)

(b)(5) Thanks.

From: Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Wednesday, April 1, 2020 4:59 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: Rough draft

Henry-

Just looked very quickly. I think (b)(5)

(b)(5)

Thanks,

Adam V. Loiacono

Deputy Principal Legal Advisor for Enforcement and Litigation
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 Iphone: 202-500-(b)(6);
 (b)(6); (b)(7)(C) ice.dhs.gov

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From: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Wednesday, April 1, 2020 4:40 PM
To: Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: Rough draft

We are still reviewing this but wanted you to take a quick look to make sure we are on the right path. Goal is to have this reviewed in the next two hours to send to OPLA and Policy.

Enrique M. Lucero
 Executive Associate Director
 Enforcement and Removal Operations
 U.S. Immigration and Customs Enforcement
 202 73 (b)(6); office)
 (b)(6); (b)(7)(C) ice.dhs.gov



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Enforcement and Removal Operations

COVID-19 Pandemic Response Requirements



U.S. Immigration
and Customs
Enforcement

AMERICAN
OVERSIGHT

MULTI-DHS-ICE-20-0602-G-000247

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of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

Enforcement and Removal Operations

U.S. Department of Homeland Security
500 12th Street, SW
Washington, D.C. 20536



U.S. Immigration and Customs Enforcement

March 27, 2020

MEMORANDUM FOR: Detention Wardens and Superintendents

THROUGH: Field Office Directors

FROM: Enrique M. Lucero 
Executive Associate Director
Enforcement and Removal Operations

SUBJECT: Memorandum on Coronavirus Disease 2019 (COVID-19)
Action Plan, Revision 1

Background:

U.S. Immigration and Customs Enforcement (ICE) continues to monitor the spread of Coronavirus Disease 2019 (COVID-19) and to work in conjunction with select U.S. Department of Homeland Security (DHS) Component leadership and the Acting Secretary to implement a mitigation strategy.

To ensure a unified and preventative response, the ICE Enforcement and Removal Operations (ERO), ICE Health Service Corps (IHSC), Custody Management Division, and Field Operations are providing the following guidance. The combination of a dense and highly transient detained population presents unique challenges for ICE efforts to mitigate the risk of infection and transmission. Consequently, these measures were developed to reduce exposure to COVID-19, protect the detained population, and optimize employee health and availability for duty.

This memorandum only applies to IHSC-staffed and non-IHSC-staffed, ICE-dedicated facilities. For intergovernmental partners and non-dedicated facilities, ICE defers to local, state, tribal, territorial, and federal public health policies and authorities, including adherence with state laws on communicable disease reporting, but recommends actions contained in this memorandum be considered as best practices. Questions and concerns related to the following Action Plan can be addressed to: ICE_ERO_CMD@ice.dhs.gov.

Please see the recently-issued Centers for Disease Control and Prevention (CDC) [Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities](#) for additional information.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 2

Action Plan:

STAFF HIRING: Wardens and facility staff should continue to meet any personnel staffing plan and staffing criteria outlined in the Performance Work Statement (PWS) and terms and conditions of their negotiated contract or agreement for medical staff and guard services. Facilities are expected to be appropriately staffed to meet established work schedules, rest periods, and to ensure the delivery of detainee medical and mental health care as it relates to the continually evolving impact of COVID-19.

LOGISTICS: Wardens and Facility Administrators should assess their inventories of food, medicine, cleaning supplies, personal protective equipment (PPE), and facility operational practices, and consistently maintain services and supplies to assure the safety, security, health, and well-being of ICE detainees. Facilities should have updated pandemic plans and policies as well as established quarantine and/or isolation areas within their facilities in the event they are needed. Alcohol-based hand sanitizer with at least 60 percent alcohol should be available in visitor entrances, exits, and waiting areas. In addition, alcohol-based hand sanitizer should be made available to staff and detainees in the secure setting to the maximum extent possible.

SOCIAL VISITATION/TELEPHONIC COMMUNICATION: As of March 13, 2020, social visits to/with ICE detainees at all detention facilities are suspended until further notice in order to mitigate the potential introduction of COVID-19 into the facilities. ICE recognizes the considerable impact of suspending personal visitation, and requests maximizing detainee use of teleconferencing, video visitation (e.g., Skype, FaceTime), email, and/or tablets, with extended hours where possible.

Detention facilities should make a timely effort to identify indigence in the detainee population. A detainee is considered "indigent" if he/she has less than \$15.00 in his/her account for ten days. These detainees must be afforded the same telephone access and related privileges as other detainees. Each facility must ensure all detainees are able to make calls to the ICE-provided list of free legal service providers and consulates at no charge to the detainee or the receiving party, and that indigent detainees may request a call to immediate family or others in personal or family emergencies or on an as-needed basis to maintain community ties.

LEGAL VISITS: Detainee access to legal representatives remains a paramount requirement and should be accommodated to the maximum extent practicable. Legal visitation must continue unless determined to pose a risk to the safety and security of the facility.

Non-contact legal visitation (e.g., Skype or teleconference) should be offered first to limit exposure to ICE detainees, but in person contact should be permitted if determined essential by the legal representative. Prior to the in-person visit, the legal representative must undergo the same screening required for staff entry into the facility. The ultimate legal visit approving authority lies with the Warden or Facility Administrator; however, the facility should notify its local Field Office Director as soon as possible of any denied legal visits.

LEGAL RIGHTS GROUP PRESENTATIONS: Government-sponsored Legal Orientation Programs (LOPs), carried out by the Department of Justice Executive Office for Immigration Review (EOIR) and authorized by congressional appropriations, currently operate at a limited

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 3

number of detention sites, and may continue to conduct detainee presentations. No more than four LOP presenters may be allowed in the facility at any time and must undergo the same screening required for staff entry into the facility. Non-LOP legal rights group presentations offered by volunteers are suspended until further notice.

STAFF-DETAINEE COMMUNICATION VISITS: Field Office Directors should remain aware that detainees may experience increased feelings of fear and confusion during this time. Regular communication with staff is particularly important. Detainees should have frequent opportunities for informal contact with facility managerial and supervisory staff and with ERO field office staff.

Field Office Directors should monitor both facility staff and ERO officers to ensure they continue to interact with detainees. ICE staff-detainee communication may be conducted in-person (with appropriate risk reduction protocols to protect ERO officers, detainees, and facility staff) or through non-contact visitation using videoconferencing, phone calls, e-mail, or other communication services.

CONTRACTORS: Contractors performing essential services or maintenance on essential systems in ICE detention facilities must continue to be provided facility access and must undergo the same screening required for staff entry into the facility. Examples of essential services include medical and mental health services, telephone access, cleaning, laundry, waste disposal, and critical infrastructure repairs.

Facility annual inspections by the ICE inspections contractor, The Nakamoto Group, are suspended for 30 days from the issuance date of this memorandum.

VOLUNTEERS: Volunteer visits to ICE detention facilities are suspended until further notice unless approved by the Assistant Directors for Field Operations and Custody Management. The only exception is the facility Chaplain, who may continue to offer availability for individual and group pastoral care but must undergo the same screening required for staff entry into the facility. Other volunteers, contractors, and community groups that augment and enhance the religious program are suspended until further notice to reduce the risk of possible transmission of COVID-19 to detainees.

TOURS: Facility tours are suspended until further notice, excluding Members of Congress, Congressional Member Delegations (CODELs), and Congressional Staff Delegations (STAFFDELS) who will not be prevented from accessing facilities for the purpose of conducting oversight. To safeguard visitors, detainees, ICE and facility staff, congressional visitors may be subject to special screening procedures congruent with staff facility entry screening. Congressional visitors should be advised of standard hygiene practices to help prevent the spread of disease (i.e., washing hands, avoiding close contact) and should be made aware of available hand washing stations within the facility.

STAFF TRAINING: All ERO in-person staff training related to the ICE detention standards or facility compliance is suspended until further notice, including conferences, Contracting Officer Representative (COR) training, and Field Office Compliance Training. Wardens and Facility Administrators will determine the training schedule for facility staff. All staff licenses and certifications shall be maintained.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 4

SCREENING OF FACILITY STAFF: Enhanced health screening of both ICE and facility staff should be implemented by ICE detention facilities in geographic areas with “sustained community transmission.” These geographical areas are determined by the CDC and information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>. Health screening includes self-reporting symptoms associated with COVID-19 infection and a temperature check.

Wardens and Facility Administrators in those geographical areas should collaborate with their Health Services Administrator to designate a trained staff member available on all shifts to conduct verbal screening and record temperature checks. It is not required that the trained staff member be medical personnel; however, the staff member must have documented training and protect the privacy of those being screened.

Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions based on Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities:

- Today or in the past 24 hours, have you had any of the following symptoms?
 - Fever, felt feverish, or had chills?
 - Cough?
 - Difficulty breathing?
- In the past 14 days, have you had contact with a person known to be infected with COVID-19 where you were not wearing the recommended proper personal protective equipment (PPE)?

The following is a protocol to safely check an individual’s temperature:

- Perform hand hygiene.
- Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gowns/coveralls, and a single pair of disposable gloves.
- Check the individual’s temperature.
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.
- If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control.
- Remove and discard PPE.
- Perform hand hygiene.

Staff who do not clear the screening process, or refuse the enhanced health screening must be denied entry and advised to follow CDC-recommended steps for persons who are sick with COVID-19 symptoms.

If PPE supply is limited, consider other PPE strategies based on CDC Guidance | Strategies for Optimizing the Supply of PPE.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1

Page 6

- Advise the detainee to avoid public transportation, commercial ride sharing (e.g., Uber, Lyft), and taxis.
- Provide the detainee the CDC's *What To Do if You Are Sick* fact sheet.

If this guidance creates any contractual issues, please contact your respective Contracting Officer Representative.

From: Johnson, Tae D
Sent: 10 Apr 2020 16:13:29 +0000
To: (b)(6); (b)(7)(C);#ERO CHIEFS OF STAFF
Cc: Lucero, Enrique M
Subject: FW: N-95 Guidance & Supplemental Guidance re: DHS Toolkit for MCOs
Attachments: ICE Guidance on Expired N95s v4 10APR2020.doc, N95 Respirator Use Guidance v2 10APR2020.docx, ICE Supplementary Guidance to DHS Toolkit 10APR2020 ERO.docx

Please share with the (Ops and CMD) ADs. They attempted to address our comments. Not sure they

(b)(5)

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Friday, April 10, 2020 10:58 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; Barrera, Staci A (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: N-95 Guidance & Supplemental Guidance re: DHS Toolkit for MCOs

Colleagues:

Please see the attached three documents that were discussed at yesterday's daily call with Acting Deputy Director Benner. The OSH team reviewed and responded to the comments that were raised at the meeting, particularly the comments raised and provided by ERO – see the tracked changes and responses to the comments from OSH. Please note, the OSH team is trying to keep the documents as close as possible to the language in the OSHA/NIOSH/CDC issued documents.

Please take one final look at the documents and provide us any final edits and/or questions before we tee this up for the Front Office. Apologies for the short fuse, but **we will need your additional edits and/or comments by 1 pm today.**

Thanks,

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

(202) 487- (b)(6); (b)(7)(C)

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WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

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WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

From: Johnson, Tae D
Sent: 9 Apr 2020 20:22:05 +0000
To: Barrera, Staci A
Subject: FW: N-95 Guidance
Attachments: ICE Supplementary Guidance to DHS Toolkit 09APR2020 final draft.docx, ICE Guidance on Expired N95s v3 07APR2020.doc, N95 Respirator Use Guidance v1 07APR2020.docx

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Thursday, April 9, 2020 2:59 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: N-95 Guidance

I made a few suggested edits/comments in each of the attachments (including (b)(6); recommendation).

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Thursday, April 9, 2020 2:26 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>; Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>; Klopp, Jacki Becker (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: N-95 Guidance

On the ICE Supplementary Guidance to DHS Toolkit, I wouldn't (b)(5)

(b)(5)

(added text highlighted):

(b)(5)

(b)(5)

(b)(5)

From: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, April 9, 2020 1:09 PM
To: Smith, Stewart D <(b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>;
Klopp, Jacki Becker <(b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>;
(b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>; Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: N-95 Guidance

Can you all take a look and let me know if anything jumps out as problematic? We're discussing this at 4pm with the ODs office. Thanks

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of the Freedom of Information and Privacy Act

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From: Johnson, Tae D
Sent: 10 Apr 2020 23:55:00 +0000
To: Loiacono, Adam V
Cc: (b)(6); (b)(7)(C)
Subject: FW: ICE Detention Facilities COVID-19 Response Requirements [FO]
Attachments: ERO COVID-19 Response Requirements for Facilities 4.10.20.pdf

What attachments are you referring to? Here is the broadcast.

Sent with BlackBerry Work
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From: Office of the Executive Associate Director for ERO
 (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Friday, Apr 10, 2020, 5:31 PM
Subject: ICE Detention Facilities COVID-19 Response Requirements [FO]



Enforcement and Removal Operations Office of the Executive Associate Director

To: Field Office Directors and Deputy Field Office Directors

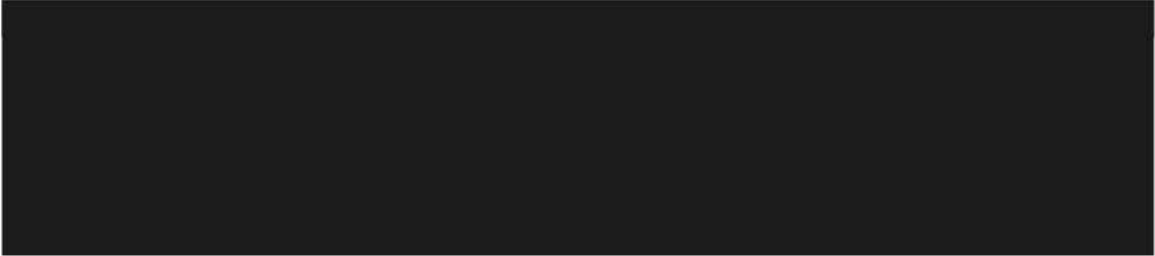
The attached U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) Coronavirus Disease 2019 (COVID-19) Pandemic Response Requirements (PRR) sets forth expectations and assists ICE detention facility operators to sustain detention operations, while mitigating risk to the safety and well-being of detainees, staff, contractors, visitors, and stakeholders due to COVID-19.

These requirements must immediately be distributed to all detention facilities within your area of responsibility. Once distributed, please provide email confirmation to Mission Support Specialist (b)(6); (b)(7)(C) at (b)(6); (b)(7)(C) ice.dhs.gov, by **5:00 pm EDT Monday, April 13, 2020.**

Tae D. Johnson
 Deputy Executive Associate Director
 Enforcement and Removal Operations

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ERO

U.S. Immigration and Customs Enforcement Enforcement and Removal Operations

COVID-19 Pandemic Response Requirements



U.S. Immigration
and Customs
Enforcement

AMERICAN
OVERSIGHT

ERO COVID-19 Pandemic Response Requirements (Version 1.0, April 10, 2020)

1

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PURPOSE AND SCOPE

The U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) Coronavirus Disease 2019 (COVID-19) Pandemic Response Requirements (PRR) sets forth expectations and assists ICE detention facility operators to sustain detention operations, while mitigating risk to the safety and well-being of detainees, staff, contractors, visitors, and stakeholders due to COVID-19. Consistent with ICE's overall adjustments to its immigration enforcement posture,¹ the ERO PRR builds upon previously issued guidance and sets forth specific mandatory requirements expected to be adopted by all detention facilities housing ICE detainees, as well as best practices for such facilities, to ensure that detainees are appropriately housed and that available mitigation measures are implemented during this unprecedented public health crisis. The ERO PRR has been developed in consultation with the Centers for Disease Control and Prevention (CDC) and is a dynamic document that will be updated as additional/revised information and best practices become available.

INTRODUCTION

As the CDC has explained:

COVID-19 is a communicable disease caused by a novel (new) coronavirus, SARS-CoV-2, that was first identified as the cause of an outbreak of respiratory illness that began in Wuhan Hubei Province, People's Republic of China (China).

COVID-19 appears to spread easily and sustainably within communities. The virus is thought to transfer primarily by person-to-person contact through respiratory droplets produced when an infected person coughs or sneezes; it may transfer through contact with surfaces or objects contaminated with these droplets. There is also evidence of asymptomatic transmission, in which an individual infected with COVID-19 is capable of spreading the virus to others before exhibiting symptoms. The ease of transmission presents a risk of a surge in hospitalizations for COVID-19, which would reduce available hospital capacity. Such a surge has been identified as a likely contributing factor to the high mortality rate for COVID-19 cases in Italy and China.

Symptoms include fever, cough, and shortness of breath, and typically appear 2-14 days after exposure. Manifestations of severe disease include severe pneumonia, acute respiratory distress syndrome (ARDS), septic shock, and multi-organ failure. According to the [World Health Organization], approximately 3.4% of reported COVID-19 cases have resulted in death globally. This mortality rate is higher among older adults or those with compromised immune systems. Older adults and people who have severe chronic medical conditions like heart, lung or kidney disease are also at higher risk for more serious COVID-19 illness. Early data suggest older people are twice as likely to have serious COVID-19 illness.

¹ See, e.g., Attachment A, U.S. Immigration and Customs Enforcement, *Updated ICE statement on COVID-19* (Mar. 18, 2020), <https://www.ice.gov/news/releases/updated-ice-statement-covid-19>.

Given the seriousness and pervasiveness of COVID-19, ICE is taking necessary and prompt measures in response. ICE is providing guidance on the minimum measures required for facilities housing ICE detainees to implement to ensure consistent practices throughout its detention operations and the provision of medical care across the full spectrum of detention facilities to mitigate the spread of COVID-19. The ICE detention standards applicable to all facilities used to house ICE detainees have long required that each such facility have written plans that address the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, treatment, and education. Those requirements include reporting and collaboration with local or state health departments in accordance with state and local laws and recommendations.² The measures set forth in the PRR, allow ICE personnel and detention providers to properly discharge their obligations under those standards in light of the unique challenges posed by COVID-19.

OBJECTIVES

The ERO PRR is designed to establish consistency across ICE detention facilities by establishing mandatory requirements and best practices all detention facilities housing ICE detainees are expected to follow during the COVID-19 pandemic. Consistent with ICE detention standards, all facilities housing ICE detainees are required to have a COVID-19 mitigation plan that meets the following four objectives:

- To protect employees, contractors, detainees, visitors to the facility, and stakeholders from exposure to the virus;
- To maintain essential functions and services at the facility throughout the pendency of the pandemic;
- To reduce movement and limit interaction of detainees with others outside their assigned housing units, as well as staff and others, and to promote social distancing within housing units; and
- To establish means to monitor, cohort, quarantine, and isolate the sick from the well.³

² See, e.g., Attachment B, ICE National Detention Standards 2019, Standard 4.3, Medical Care, at II.D.2 (p. 114), https://www.ice.gov/doclib/detention-standards/2019/4_3.pdf; Attachment C, 2011 ICE Performance-Based National Detention Standards (PBNDS), Revised 2016, Standard 4.3, Part V.C.1 (p. 261), <https://www.ice.gov/doclib/detention-standards/2011/4-3.pdf>; Attachment D, 2008 ICE PBNDS, Standard 4-22, Medical Care, V.C.1 (pp. 5-6), https://www.ice.gov/doclib/dro/detention-standards/pdf/medical_care.pdf.

³ A *cohort* is a group of persons with a similar condition grouped or housed together for observation over a period of time. Isolation and quarantine are public health practices used to protect the public from exposure to individuals who have or may have a contagious disease. For purposes of this document, and as defined by the CDC, *quarantine* as the separation 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 exposed, to prevent the possible spread of the communicable disease. For purposes of this document, and as defined by the CDC, *isolation* as the separation of a person or group of people known or reasonably

CONCEPT OF OPERATIONS

The ERO PRR is intended for use across ICE's entire detention network, applying to all facilities housing ICE detainees, including ICE-owned Service Processing Centers, facilities operated by private vendors, and facilities operated by local government agencies that have mixed populations of which ICE detainees comprise only a small fraction.

DEDICATED ICE DETENTION FACILITIES

All ICE dedicated detention facilities⁴ must:

- Comply with the provisions of their relevant ICE contract or service agreement.
- Comply with the ICE national detention standards applicable to the facility, generally the Performance-Based National Detention Standards 2011 (PBNDS 2011).
- Comply with the CDC's Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (Attachment E).
- Follow ICE's March 27, 2020 Memorandum to Detention Wardens and Superintendents on COVID-19 Action Plan Revision 1, and subsequent updates (Attachment F).
- Report all confirmed and suspected COVID-19 cases to the local ERO Field Office Director (or designee), Field Medical Coordinator, and local health department immediately.
- Notify both the local ERO Field Office Director (or designee) and the Field Medical Coordinator as soon as practicable, but in no case more than 12 hours after identifying any detainee who meets the CDC's identified populations potentially being at higher-risk for serious illness from COVID-19, including:
 - People aged 65 and older
 - People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or

believed to be infected with a communicable disease and potentially infectious from others to prevent the spread of the communicable disease.

⁴ Dedicated detention facilities are facilities that house only ICE detainees. Dedicated facilities may be ICE-owned Service Processing Centers, privately owned Contract Detention Facilities, or facilities operated by state or local governments that hold no other detention populations except ICE detainees.

AIDS, and prolonged use of corticosteroids and other immune weakening medications

- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Notification shall be made via e-mail from the facility's Health Services Administrator (HSA) (or equivalent) and contain the following subject line for ease of identification: "Notification of COVID-19 High Risk Detainee (A-Number)." At a minimum the HSA will provide the following information:

- Detainee name
- Detention location
- Current medical issues as well as medications currently prescribed
- Facility medical Point of Contact (POC) and phone number

NON-DEDICATED ICE DETENTION FACILITIES

All non-dedicated detention facilities and local jails housing ICE detainees must:

- Comply with the provisions of their relevant ICE contract or service agreement.
- Comply with the ICE national detention standards applicable to the facility, generally the 2019 National Detention Standards.
- Comply with the CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.
- Report all confirmed and suspected COVID-19 cases to the local ERO Field Office Director (or designee), Field Medical Coordinator, and local health department immediately.
- Notify both the ERO Field Office Director (or designee) and Field Medical Coordinator as soon as practicable, but in no case more than 12 hours after identifying any detainee who meets the CDC's identified populations potentially being at higher-risk for serious illness from COVID-19, including:
 - People aged 65 and older
 - People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or

AIDS, and prolonged use of corticosteroids and other immune weakening medications

- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Notification should be made via e-mail from the facility's HSA (or equivalent) and should contain the following subject line for ease of identification: "Notification of COVID-19 High Risk Detainee (A-Number)." Other standardized means of communicating this information to ICE are acceptable. At a minimum the HSA will provide the following information:

- Detainee name
- Detention location
- Current medical issues as well as medications currently prescribed
- Facility medical POC and phone number

ALL FACILITIES HOUSING ICE DETAINEES

In addition to the specific measures listed above, all detention facilities housing ICE detainees must also comply with the following:

PREPAREDNESS

Administrators can plan and prepare for COVID-19 by ensuring that all persons in the facility know the symptoms of COVID-19 and how to respond if they develop symptoms. Other essential actions include developing contingency plans for reduced workforces due to absences, coordinating with public health and correctional partners, and communicating clearly with staff and detainees about these preparations and how they may temporarily alter daily life.

- **Develop information-sharing systems with partners.**
 - Identify points of contact in relevant state, local, tribal, and/or territorial public health department before cases develop.
 - Communicate with other correctional and detention facilities in the same geographic area to share information including disease surveillance and absenteeism patterns among staff.
- **Review existing pandemic, influenza, all-hazards, and disaster plans, and revise for COVID-19, and ensure that they meet the requirements of ICE's detention standards.**
- **Offer the seasonal influenza vaccine to all detained persons (existing populations and new intakes) and staff throughout the influenza season, where possible.**

➤ Staffing

- Review sick leave policies to ensure that staff can stay home when sick and determine which officials will have the authority to send symptomatic staff home. Staff who report for work with symptoms of COVID-19 must be sent home and advised to follow CDC-recommended steps for persons exhibiting COVID-19 symptoms.
- Staff who test positive for COVID-19 must inform their workplace and personal contacts immediately. If a staff member has a confirmed COVID-19 infection, the relevant employers will inform other staff of their possible exposure to COVID-19 in the workplace consistent with any legal limitations on the sharing of such information. Exposed employees must then self-monitor for symptoms (i.e., fever, cough, or shortness of breath).
- Identify staff whose duties would allow them to work from home and allow them to work from home in order to promote social distancing and further reduce the risk of COVID-19 transmission.
- Determine minimum levels of staff in all categories required for the facility to function safely.
- Follow the Public Health Recommendations for Community-Related Exposure.⁵

➤ Supplies

- Ensure that sufficient stocks of hygiene supplies (soap, hand sanitizer, tissues), personal protective equipment (PPE) (to include facemasks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls), and medical supplies (consistent with the healthcare capabilities of the facility) are on hand, and have a plan in place to restock as needed if COVID-19 transmission occurs within the facility.
- Note that shortages of N95 respirators are anticipated during the COVID-19 response. Based on local and regional situational analysis of PPE supplies, face masks should be used when the supply chain of N95 respirators cannot meet the demand.
- Follow COVID-19: Strategies for Optimizing the Supply of PPE.⁶
- Soiled PPE items should be disposed in leak-proof plastic bags that are tied at the top and not re-opened. Bags can be disposed of in the regular solid waste stream.
- Cloth face coverings should be worn by detainees and staff (when PPE supply is limited) to help slow the spread of COVID-19. Cloth face masks should:

⁵ Attachment G, Centers of Disease Control and Prevention, *Public Health Recommendations for Community-Related Exposure*, <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html> (last visited Apr. 9, 2020).

⁶ Attachment H, Centers for Disease Control and Prevention, *Strategies to Optimize the Supply of PPE and Equipment*, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/> (last visited Apr. 9, 2020).

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops where possible or securely tied
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape.

➤ Hygiene

- Reinforce healthy hygiene practices and provide and restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).
- Require all persons within the facility to cover their mouth and nose with their elbow (or ideally with a tissue) rather than with their hand when they cough or sneeze, and to throw all tissues in the trash immediately after use. Provide detainees and staff no-cost access to tissues and no-touch receptacles for disposal.
- Require all persons within the facility to maintain good hand hygiene by regularly washing their hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing their nose; after using the bathroom; before eating or preparing food; before taking medication; and after touching garbage.
- Provide detainees and staff no-cost, unlimited access to supplies for hand cleansing, including liquid soap, running water, hand drying machines or disposable paper towels, and no-touch trash receptacles.
- Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions.
- Require all persons within the facility to avoid touching their eyes, nose, or mouth without cleaning their hands first.
- Post signage throughout the facility reminding detained persons and staff to practice good hand hygiene and cough etiquette (printable materials for community-based settings can be found on the [CDC website](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html)). Signage must be in English and Spanish, as well as any other common languages for the detainee population at the facility.
- Prohibit sharing of eating utensils, dishes, and cups.
- Prohibit non-essential personal contact such as handshakes, hugs, and high-fives.

➤ Cleaning/Disinfecting Practices

- Adhere to CDC recommendations for cleaning and disinfection during the COVID-19 response.⁷
- Several times a day using household cleaners and Environmental Protection Agency-registered disinfectants, clean and disinfect surfaces and objects that are

⁷ Attachment I, Centers for Disease Control and Prevention, *Cleaning and Disinfection for Community Facilities*, <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html> (last visited Apr. 9, 2020).

frequently touched, especially in common areas (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment). The Environmental Protection Agency's (EPA) list of certified cleaning products is located [here](#).

- Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs).
- Ensure that transport vehicles are thoroughly cleaned after carrying a confirmed or suspected COVID-19 case.
- Facility leadership will ensure that there is adequate oversight and supervision of all individuals responsible for cleaning and disinfecting these areas.

CDC Recommended Cleaning Tips

Hard (Non-porous) Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective.
 - A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.
 - Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3 cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water

Soft (Porous) Surfaces

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.

- Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 and that are suitable for porous surfaces.⁸

Electronics

- For electronics such as tablets, touch screens, keyboards, remote controls, and ATM machines, remove visible contamination if present.
 - Follow the manufacturer's instructions for all cleaning and disinfection products.
 - Consider use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Linens, Clothing, and Other Items That Go in the Laundry

- In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

PREVENTION

Detention facilities can prevent introduction of COVID-19 from the community and reduce transmission if it is already inside by reinforcing good hygiene practices among incarcerated/detained persons, staff, and visitors (including increasing access to soap and paper towels), intensifying cleaning/disinfection practices, and implementing social distancing strategies.

Because many individuals infected with COVID-19 do not display symptoms, the virus could be present in facilities before cases are identified. Both good hygiene practices and social distancing are critical in preventing further transmission.

➤ **Perform pre-intake screening for all staff and new entrants for symptoms of COVID-19.**

Screening should take place before staff and new intakes enter the facility or just inside the facility, where practicable. For new admissions, this should occur before beginning the intake process, in order to identify and immediately isolate any detainee with symptoms before the individual comes in contact with others or is placed in

⁸ Attachment J, U.S. Environmental Protection Agency, *List N: Disinfectants for Use Against SARS-CoV-2*, <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> (last visited Apr. 9, 2020).

the general population. This should include temperature screening of all staff and new entrants, as well as a verbal symptoms check.

- Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions based on Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities:
 - Today or in the past 24 hours, have you had any of the following symptoms?
 - Fever, felt feverish, or had chills?
 - Cough?
 - Difficulty breathing?
 - In the past 14 days, have you had contact with a person known to be infected with COVID-19 where you were not wearing the recommended proper PPE?
- If staff have symptoms of COVID-19 (fever, cough, shortness of breath): they must be denied access to the facility.
- If any new intake has symptoms of COVID-19:
 - Require the individual to wear a face mask.
 - Ensure that staff interacting with the symptomatic individual wears recommended PPE.
 - Isolate the individual and refer to healthcare staff for further evaluation.
 - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective isolation and necessary medical care.
- If an individual is a close contact of a known COVID-19 case or has traveled to an affected area (but has no COVID-19 symptoms), quarantine the individual and monitor for symptoms two times per day for 14 days.

➤ Visitation

- During suspended (social) or modified (legal) visitation programs, provide access to virtual visitation options where available. When not possible, verbally screen all visitors on entry for symptoms of COVID-19 and perform temperature checks, when possible. ICE continues to explore opportunities to enhance attorney access while legal visits are being impacted. For facilities at which immigration hearings are conducted or where detainees are otherwise held who have cases pending immigration proceedings, this may include:
 - Adding all immigration attorneys of record to the Talton Pro-bono platform.
 - Requiring facilities to establish a process for detainees/immigration attorneys to schedule appointments and facilitate the calls.
 - Leveraging technology (e.g., tablets, smartphones) to facilitate attorney/client communication.

- Working with the various detention contractors and telephone service providers to ensure that all detainees receive some number of free calls per week.
- Communicate with the public about any changes to facility operations, including visitation programs. Facilities are encouraged to prohibit or, at a minimum, significantly adopt restricted visitation programs, and to suspend all volunteer work assignments for detainees assigned to food service, and other assignments where applicable.
- **Where possible, restrict transfers of detained non-ICE populations to and from other jurisdictions and facilities unless necessary for medical evaluation, isolation/quarantine, clinical care, or extenuating security concerns.**
- **Consider suspending work release programs for inmates at shared facilities to reduce overall risk of introduction and transmission of COVID-19 into the facility.**
- **When feasible and consistent with security priorities, encourage staff to maintain a distance greater than six feet from an individual that appears feverish or ill and/or with respiratory symptoms while interviewing, escorting, or interacting in other ways, unless wearing PPE.**
- **Additional Measures to Facilitate Social Distancing**
 - Although strict social distancing may not be possible in congregate settings such as detention facilities, all facilities housing ICE detainees should implement the following measures to the extent practicable:
 - Efforts should be made to reduce the population to approximately 75% of capacity.
 - Where detainee populations are such that such cells are available, to the extent possible, house detainees in individual rooms.
 - Recommend that detainees sharing sleeping quarters sleep “head-to-foot.”
 - Extend recreation, law library, and meal hours and stagger detainee access to the same in order to limit the number of interactions between detainees from other housing units.
 - Staff and detainees should be directed to avoid congregating in groups of 10 or more, employing social distancing strategies at all times.
 - Whenever possible, all staff and detainees should maintain a distance of six feet from one another.
 - If practicable, beds in housing units should be rearranged to allow for sufficient separation during sleeping hours.

MANAGEMENT

If there has been a suspected COVID-19 case inside the facility (among incarcerated/detained persons, staff, or visitors who have recently been inside), begin implementing Management strategies while test results are pending. Essential Management strategies include placing cases and individuals with symptoms under medical isolation, quarantining their close contacts, and facilitating necessary medical care, while observing relevant infection control and environmental disinfection protocols and wearing recommended PPE.

ICE Custody Review for Potentially High-Risk Detainees

Upon being informed of a detainee who may potentially be at higher risk for serious illness from exposure to COVID-19, ERO will review the case to determine whether continued detention is appropriate.⁹ ICE will make such custody determinations on a case-by-case basis, pursuant to the applicable legal standards, with due consideration of the public health considerations implicated.

- **Considerable effort should be made to quarantine all new entrants for 14 days before they enter the general population.**
 - To do this, facilities should consider cohorting daily intakes; two days of new intakes, or multiple days on new intakes, in designated areas prior to placement into the general population. Given the significant variance in facility attributes and characteristics, cohorting options and capabilities will differ across the various detention facilities housing ICE detainees. ICE encourages all facilities to adopt the most effective cohorting methods practicable based on the individual facility characteristics taking into account the number new intakes anticipated per day.
- **For suspected or confirmed COVID-19 cases:**
 - Isolate the individual immediately in a separate environment from other individuals. Facilities should make every possible effort to isolate persons individually. Each isolated individual should be assigned his or her own housing space and bathroom where possible. Cohorting should only be practiced if there are no other available options. Only individuals who are laboratory-confirmed COVID-19 cases should be isolated as a cohort. Do not cohort confirmed cases with suspected cases or case contacts.
 - Ensure that the individual is always wearing a face mask (if it does not restrict breathing) when outside of the isolation space, and whenever another individual enters the isolation room. Masks should be changed at least daily, and when visibly soiled or wet.

⁹ Attachment K, Assistant Director Peter Berg, Enforcement and Removal Operations, *Updated Guidance: COVID-19 Detained Docket Review* (Apr. 4, 2020).

- If the number of confirmed cases exceeds the number of individual isolation spaces available in the facility, then ICE must be promptly notified so that transfer to other facilities, transfers to hospitals, or release can be coordinated immediately. Until such time as transfer or release is arranged, the facility must be especially mindful of cases that are at higher risk of severe illness from COVID-19. Ideally, ill detainees should not be cohorted with other infected individuals. If cohorting of ill detainees is unavoidable, make all possible accommodations until transfer occurs to prevent transmission of other infectious diseases to the higher-risk individual (For example, allocate more space for a higher-risk individual within a shared isolation room).
- Review the CDC's preferred method of medically isolating COVID-19 cases here depending on the space available in a particular facility. In order of preference, individuals under medical isolation should be housed:
 - Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully.
 - Separately, in single cells with solid walls but without solid doors.
 - As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully. Employ social distancing strategies related to housing in the Prevention section above.
 - As a cohort, in a large, well-ventilated cell with solid walls but without a solid door. Employ social distancing strategies related to housing in the Prevention section above.
 - As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19).
 - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies related to housing in the Prevention section above.
- Maintain isolation until all the CDC criteria have been met:
 - The individual has been free from fever for 72 hours without the use of fever-reducing medications.
 - The individual's other symptoms have improved (e.g., cough, shortness of breath).
 - The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart.
 - At least 7 days have passed since the date of the individual's first positive COVID-19 test and he or she has had no subsequent illness.

- Meals should be provided to COVID-19 cases in their isolation rooms. Isolated cases should throw disposable food service items in the trash in their isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items must clean their hands after removing gloves.
- Laundry from a COVID-19 case can be washed with other individuals' laundry.
 - Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard gloves after each use, and clean their hands after handling.
 - Do not shake dirty laundry. This will minimize the possibility of dispersing the virus through the air.
 - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
 - Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

ATTACHMENTS

ATTACHMENT LETTER	DOCUMENT NAME AND CITATION
A	U.S. Immigration and Customs Enforcement, <i>Updated ICE statement on COVID-19</i> (Mar. 18, 2020), https://www.ice.gov/news/releases/updated-ice-statement-covid-19 .
B	ICE National Detention Standards 2019, Standard 4.3, Medical Care, https://www.ice.gov/doclib/detention-standards/2019/4_3.pdf .
C	2011 ICE Performance-Based National Detention Standards, Revised 2016, Standard 4.3, https://www.ice.gov/doclib/detention-standards/2011/4-3.pdf .
D	2008 ICE Performance-Based National Detention Standards, Standard 4-22, Medical Care, https://www.ice.gov/doclib/dro/detention-standards/pdf/medical_care.pdf .
E	Centers of Disease Control and Prevention, <i>Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities</i> (Mar. 23, 2020), https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf .
F	Memorandum from Executive Associate Director Enrique Lucero, Enforcement and Removal Operations, <i>Memorandum on Coronavirus 2019 (COVID-19) Action Plan, Revision 1</i> (Mar. 27, 2020).
G	Centers of Disease Control and Prevention, <i>Public Health Recommendations for Community-Related Exposure</i> , https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html (last visited Apr. 9, 2020).
H	Centers for Disease Control and Prevention, <i>Strategies to Optimize the Supply of PPE and Equipment</i> , https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/ (last visited Apr. 9, 2020).
I	Centers for Disease Control and Prevention, <i>Cleaning and Disinfection for Community Facilities</i> , https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html (last visited Apr. 9, 2020).

J	U.S. Environmental Protection Agency, <i>List N: Disinfectants for Use Against SARS-CoV-2</i> , https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2 (last visited Apr. 9, 2020).
K	Assistant Director Peter Berg, Enforcement and Removal Operations, <i>Updated Guidance: COVID-19 Detained Docket Review</i> (Apr. 4, 2020).

From: Johnson, Tae D
Sent: 24 Apr 2020 12:29:34 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: (b)(6); (b)(7)(C)

Please see below

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C)
Date: Friday, Apr 24, 2020, 5:23 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) <ice.dhs.gov>
Subject: (b)(6); (b)(7)(C)

Dear Mr. Johnson,

I hope this email finds you well.

I am writing with regards to (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) is 74 years old, a detainee at Krome. Besides being in an age bracket that is extremely vulnerable to COVID-19, (b)(6); (b)(7)(C) has serious health issues. He is a long term LPR, and is detained under Mandatory Detention. We believe he is eligible for LPR Cancellation of Removal or another form of relief.

(b)(6); (b)(7)(C) suffers from arterial hypertension, high cholesterol, depression, gastritis and he is bipolar. He has medical documentation to support this, which custody should have.

(b)(6); (b)(7)(C) has deep ties to South Florida. If he is paroled, he will return to his home, which he owns at (b)(6); (b)(7)(C) Oakland Park, FL 33334.

I understand that (b)(6); (b)(7)(C) is in proceedings and is deportable by reason of having committed an offense covered under 237(a)(2)(C) and 237(a)(2)(B)(i) -- as such Mr. (b)(6); (b)(7)(C) is subject to Mandatory Detention per 236c. But Mr. (b)(6); (b)(7)(C) does not deserve to die in detention. With his advanced age and medical issues, he is at a tremendous high risk if he contracts COVID-19 G-d forbid. I am begging for compassion to save his life on humanitarian grounds. Mr. (b)(6); (b)(7)(C) what avenue is open so that Mr. (b)(6); (b)(7)(C) can be released and protected from coronavirus before it's too late, despite being subject to Mandatory Detention? There must be something that can be done.

We would so appreciate your compassionate consideration of this heartfelt request.

Thank you so much and G-d bless you!

Best regards,

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

The Aleph Institute
Advocacy Department
9540 Collins Avenue
Surfside, Florida 33154
786-365 (b)(6);

(b)(7)(C)

From: Johnson, Tae D
Sent: 2 Apr 2020 17:43:49 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: Request for Compassionate Release

FYSA

From: (b)(6); (b)(7)(C)
Sent: Thursday, April 2, 2020 1:38 PM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Request for Compassionate Release

FYI

(b)(6); wasn't aware of this and will look into it.

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, April 2, 2020 1:33 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Request for Compassionate Release

Hi (b)(6);

No, I wasn't aware of this.

We'll work with IHSC and the FMC locally to ensure all stakeholders have knowledge of requests and are involved in the decision making process.

Thanks,

(b)(6);

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, April 2, 2020 12:28 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Request for Compassionate Release

(b)(6);

Have you seen this request?

Please work with IHSC to evaluate this.

Thank you,

(b)(6);

From: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, April 2, 2020 12:12 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Request for Compassionate Release

(b)(6); what say you? My take is this information needs to be shared with the FOD, DFOD, AFOD if hasn't been already.

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, April 2, 2020 12:05 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>; Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Request for Compassionate Release

Thx, (b)(6);

Tae – can you point us int eh right direction on this?

Thx - (b)(6);
(b)(7)(C)

(b)(6); (b)(7)(C) MPH, CCHP, FACHE
 Assistant Director | ICE Health Service Corps
 Desk: 202-732-(b)(6); Cell: 202-321-(b)(6);
 Executive Assistant: Ms. (b)(6); (b)(7)(C)@ice.dhs.gov
 Desk: 202-732-(b)(6); Cell: 202-893-(b)(6);
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, April 2, 2020 12:02 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Request for Compassionate Release
Importance: High

I can't remember if I had discussed this with you but I wanted to see if there was a pre-established process (by ICE) for requests for compassionate release. We are getting requests from FMCs that receive requests from IGSA's. I need to review that before I provide any guidance on this. We need to limit the discoverability of any opinions we provide.

(b)(6); MD
 Deputy Assistant Director Clinical Services
 IHSC Medical Director
 500 12th Street, SW
 Washington, DC 20536
 Desk: 202-732-(b)(6);
 Cell: 202-515-(b)(6);
 (b)(6);@ice.dhs.gov

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, March 31, 2020 2:52 PM

To: (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: Request for Compassionate Release

Need to discuss further.

(b)(6); MD
 Deputy Assistant Director Clinical Services
 IHSC Medical Director
 500 12th Street, SW
 Washington, DC 20536
 Desk: 202-732-(b)(6);
 Cell: 202-515-(b)(7)(C)
 (b)(6); ice.dhs.gov

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Tuesday, March 31, 2020 2:35 PM
To: (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: Request for Compassionate Release

Just FYI—wanted you to be aware of cases the IGSA's are forwarding to the FMC, who then forwards to the RCD for an opinion. (b)(5)

(b)(5)

CAPT (b)(6); MD USPHS
 Deputy Medical Director
 ICE Health Service Corps/ERO/ICE/DHS
 610 W. Ash St (b)(6); San Diego, CA 92101
 (O) 619-338-(b)(6); (C) 202-210-(b)(6);

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Tuesday, March 31, 2020 11:13 AM
To: (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: Request for Compassionate Release

Just FYI. below is how I'll be responding to the compassionate release requests on vulnerable patients due to the COVID-19 pandemic. Of course I'll review each request on a case by case basis and determine if release would be indicated.

Thanks,

(b)(6);

(I guess we'll be seeing more of these too)

(b)(6); (b)(7)(C) MD
 Central Regional Director
 ICE Health Service Corps
 27991 Buena Vista Blvd

Los Fresnos, TX 78566
 Phone: 956-548-(b)(6);
 Fax: 956-504-7284
 Cell: 202-839-(b)(6);
 (b)(6); (b)(7)(C) ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: Tuesday, March 31, 2020 9:28 AM
To: (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov> (b)(6); (b)(7)(C) ice.dhs.gov>;
 (b)(6); (b)(7)(C)
Subject: RE: Request for Compassionate Release

CDR (b)(6);
 Mr. (b)(6); (b)(7)(C) health conditions, although vulnerable, can be appropriately treated while being detained.
 At this moment there have been no confirmed cases of COVID-19 at the facility in which Mr. (b)(6); (b)(6); is detained at. U.S Immigration and Customs Enforcement (ICE) is monitoring COVID-19 closely and has developed measures to reduce exposure to COVID-19, protect the detained population, and optimize employee health and availability for duty.

Thanks,
 Dr. (b)(6);

(b)(6); (b)(7)(C), MD
 Central Regional Director
 ICE Health Service Corps
 27991 Buena Vista Blvd
 Los Fresnos, TX 78566
 Phone: 956-548-(b)(6);
 Fax: 956-504-7284
 Cell: 202-839-(b)(6);
 (b)(6); (b)(7)(C) ice.dhs.gov

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not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Monday, March 30, 2020 11:15 AM
To: (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov> (b)(6); (b)(7)(C) ice.dhs.gov>;
 (b)(6); (b)(7)(C) geogroup.com>
Subject: FW: Request for Compassionate Release

Good morning Ma'am,

I would like to get your opinion on this request for compassionate release for the detainee

(b)(6); (b)(7)(C) His medical chart is attached and please see below. Thank you.

Very Respectfully,

(b)(6); (b)(7)(C) **RN, CCHP**
 LCDR, United States Public Health Service
 Field Medical Coordinator-Central Region
 ICE Health Service Corps
 Immigration Customs Enforcement
 Enforcement Removal Operation
 327 Industrial Drive
 Jonesboro, LA 71251
 Work Cell: 512-592 (b)(6);
 efax: (866) 588-2716
 (b)(6); (b)(7)(C) ice.dhs.gov

The Commissioned Corps of the U.S. Public Health Service:

"Protecting, promoting, and advancing the health and safety of the nation."

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From: (b)(6); (b)(7)(C)
Sent: Monday, March 30, 2020 11:10 AM
To: (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)
Subject: Request for Compassionate Release

Sir,

One of our providers has brought a detainee to my attention who has multiple co-morbidities who is at increased risk during the coronavirus pandemic. Detainee (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) has the following diagnoses: HIV, HCV, Sarcoidosis, Diabetes - Steroid Induced, Hyperlipidemia, and Asthma. The provider is requesting consideration for compassionate release at this time due to his risk profile. His chart is attached for your review.

Respectfully,

(b)(6); (b)(7)(C) BSN, RN
HEALTH SERVICES ADMINISTRATOR
GEO SECURE SERVICES

The GEO Group, Inc.®
Pine Prairie ICE Processing Center
1133 Hampton Dupre Rd
Pine Prairie, LA 70576

Tel: 337 599 (b)(6) Fax: 337 599 2199
Mobile: 318 541 (b)(6)

(b)(6); (b)(7)(C)
www.geogroup.com

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From: Johnson, Tae D
Sent: 2 Apr 2020 16:05:01 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: Public Facing Messaging: COVID-19 national detention policy
Attachments: ICE Response to COVID-19 and Detention Planning (003)_ADR1.docx

Hey (b)(6); can you have someone consolidate the edits and comments please. Thanks

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Thursday, April 2, 2020 11:59 AM
To: Johnson, Tae D <(b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>; #ERO CHIEFS OF STAFF
 (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C)
 (b)(6); ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) ice.dhs.gov>; Lucero, Enrique M <(b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: Public Facing Messaging: COVID-19 national detention policy

Good afternoon,

Please see attached, Removal has provided a few minor edits/input throughout.

Thank you,

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

From: Johnson, Tae D <(b)(6); (b)(7)(C) ice.dhs.gov>
Date: Thursday, Apr 02, 2020, 8:46 AM
To: (b)(6); (b)(7)(C) ice.dhs.gov>; #ERO CHIEFS OF STAFF <(b)(6); (b)(7)(C) ice.dhs.gov>;
 (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: Lucero, Enrique M <(b)(6); (b)(7)(C) ice.dhs.gov>
Subject: Public Facing Messaging: COVID-19 national detention policy

ADs - Please review by noon and let me and front office team know if you have comments or anything to add. Thanks.

Page 303

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 304

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 305

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 306

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 307

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 308

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 309

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 310

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 311

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

From: Johnson, Tae D
Sent: 2 Mar 2020 15:18:19 +0000
To: Lucero, Enrique M
Subject: FW: 10:15 - OPS SVTC *led by AS2*
Attachments: ICE Tasking _ Preparation for COVID19 030220.docx

FYSA

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Monday, March 2, 2020 10:16 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: 10:15 - OPS SVTC *led by AS2*

Tae,

Some notes from the field as far as preparation goes... FYSA.

(b)(6);

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Monday, March 2, 2020 10:11 AM
To: (b)(6); (b)(7)(C) ice.dhs.gov> (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: 10:15 - OPS SVTC *led by AS2*

Good morning (b)(6);

I canvassed the FODs this weekend on their efforts as well. Please see the attached document with their responses that could assist you with your meeting with the AS2. Please us know if we can be of any further assistance.

Thanks

(b)(6); (b)(7)(C)
 Deputy Assistant Director
 Immigration and Customs Enforcement
 Enforcement and Removal Operations
 Domestic Operations, Eastern Operations
 500 12th Street S.W. MS5201
 Washington, D.C. 20536
 (b)(6); (b)(7)(C) ice.dhs.gov
 (202) 732 (b)(6); Desk)



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From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Saturday, February 29, 2020 3:39 PM
To: (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: 10:15 - OPS SVTC *led by AS2*

Sir,

The previous submitted bullets were:

- ICE/ERO worked with IHSC to deliver over 4085 N-95 masks to various field offices who has the likelihood of being exposed to the COV19 virus.
- IHSC has supported ERO with fit testing ERO staff with the N-95 mask.
- ERO was canvassed to ascertain how many N-95 masks were still needed to ensure each staff member has 5 masks to perform their duties.
- ICE/ERO worked with the Division Chief for Safety and Sustainability at ICE M&A to obtain clarification on the requirements for fit testing for the staff in the field. This ascertained the options we had to make fit testing voluntary or mandatory for the line officers, who may encounter the virus.

After skimming over the attachments I sent to you, some thoughts for our next steps would be:

(b)(5)

(b)(5)

Thanks,

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

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Saturday, February 29, 2020 1:23 PM
To: (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: 10:15 - OPS SVTC *led by AS2*

Send me your ideas when you have a minute.

Thanks.

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Saturday, Feb 29, 2020, 12:33 PM
To: (b)(6); (b)(7)(C) ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: 10:15 - OPS SVTC *led by AS2*

I will need a few bullets on what we have done to prepare on Monday by 1300.

Thanks,

Henry

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Saturday, Feb 29, 2020, 12:23 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) ice.dhs.gov>, (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) ice.dhs.gov> (b)(6); (b)(7)(C)
 (b)(6); ice.dhs.gov> (b)(6); (b)(7)(C) ice.dhs.gov>, (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) ice.dhs.gov>

Subject: RE: 10:15 - OPS SVTC *led by AS2*

Sir,

Would you kindly accompany AD1 to this meeting on Tuesday, 03/02 @ 1015am. We will be dialed in from the 10th floor. OPS will lead the discussion on potential COVID-19 impacts on South West Border operations.

Thank you,

(b)(6);
 Executive Assistant, Office of the Director
 U.S. Immigration and Customs Enforcement
 (D) 202-732-(b)(6);
 (C) 202-819-(b)(7)(C)

-----Original Appointment-----

From: SecretaryScheduler (b)(6); (b)(7)(C) hq.dhs.gov>

Sent: Thursday, January 16, 2020 12:05 PM

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

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

ICE.Scheduler; (b)(6); (b)(7)(C)

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

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

(CTR); Voice & Video Services;

(b)(6); (b)(7)(C) Albence, Matthew; (b)(6); (b)(7)(C)

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

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

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

Cc: (b)(6); (CTR)

Subject: 10:15 - OPS SVTC *led by AS2*

When: Tuesday, March 3, 2020 10:15 AM-11:00 AM (UTC-05:00) Eastern Time (US & Canada).

Where: St. Es, Secretary's Situation Room / Components via SVTC

DO NOT FORWARD OR COPY THIS INVITATION

If there are any questions, please contact (b)(6); (b)(7)(C) hq.dhs.gov.

Attendees:

A/Secretary Wolf

SOPDDS (b)(6):

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

(b)(6); MGMT

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

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

(b)(6); USSS

(b)(6); ICE

USCG

CBP

(b)(6); FEMA

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

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

(b)(6); CISA

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

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

(b)(6); I&A

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

(b)(6); S&T

(b)(6); OGC

(b)(6); CWMD

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

(b)(6); OPE

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

(b)(6); FLETC

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

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

Notes:

This SVTC is for the Principal, Deputy OR the third most senior person in the department/component. No surrogates. DHS VVS (b)(6); hq.dhs.gov or 1-877-457-4(b)(6) Option 1) will be the POC for SVTC connections.

Your principal should be prepared to discuss any Component equities or plans related to the weekly topic. This meeting will serve as an opportunity for senior leaders to highlight key issues, concerns and discuss their current state of preparation on the topic as well as receive Secretarial guidance.

Materials:

Each Component is encouraged to have internal products ready to discuss, but no readahead materials are required.



U.S. Immigration and Customs Enforcement

Field Operations, Domestic Operations ERO Tasking – Preparation for COVID-19

Atlanta

- On February 1, 2020, ERO Atlanta established protocols with CBP/OFO for notification of referrals of cases with a COVID-19 nexus.
- On February 3, 2020, ERO Atlanta designated the Stewart Detention Center (males) and the Irwin County Detention Center (females) as designated detention facilities for any cases with a COVID-19 nexus and communicated this designation to the facilities. Each contractor is responsible for their own emergency supplies (surgical and N-95 masks).
- On February 5, 2020, ERO Atlanta ordered 1,240 N95 masks and 1,000 surgical masks pending delivery to sub-offices and detention facilities.
 - On Order: 620 Large N-95 masks/620 Medium N-9 Masks
 - On Order: 1000 Surgical Masks
 - Estimate delivery date per manufacturer is end of March/Beginning of April
- On February 6, 2020, ERO Atlanta confirmed with ICE Health and Safety Unit Chief Michael Vice and Nurse Consultant Claudia McDonald that the use of N95 masks is not currently mandatory, therefore we are fit-tested is not currently required but any masks are to be distributed with the attached OSHA 1910.134 (voluntary use) form.
- ERO Atlanta currently has 500 unexpired N95 masks on hand, along with one fit-test kit.
 - On Hand: 120 Large N-95/320 Medium N-95/60 M Small N-95
- ERO Atlanta communicated to all managers and safety officers the current mask supply and the additional masks on order, along with distribution options with the required OSHA 1910.134 (voluntary use) form.
- ERO Atlanta distributed all guidance sent out by ICE Headquarters related to COVID-19 (also attached), highlighting important details from those emails, along with a guide for use of the N95 masks and the OSHA 1910.134 form.

Baltimore

- Provide staff with new and relevant information from DHS / CDC on the virus
- Monitor and track the condition if any employee that reports flu like symptoms and / is getting screened for Corona
- Distribute N95 respirator masks to all personnel
- Keep hand sanitizer available for employee use / encourage frequent hand washing
- Provide latex exam gloves for staff use and provide training in proper removal
- Report any encounters with aliens that exhibit signs / symptoms of corona
- Seek out medical exam when sickness is in question
- Monitor employee health of those officers traveling to Asia / Western Europe

Boston

- The FOD sent a broadcast message to the entire staff keeping them apprised of recent medical updates and to assure them that management and the agency are monitoring the situation.
- The FOD circulated HQ-approved informational fact sheets regarding the virus and best practices for prevention.
- ERO Boston mission support staff have verified and distributed masks to the sub-offices to ensure availability for all employees. Expired masks have been removed from circulation.
- Hand sanitizers have been made available. ERO Boston mission support also mounted hand sanitizers in the main office's holding facility for ease of access to detention staff.
- ERO Boston management and jail liaisons have continued to work with our local partners and contract staff to monitor detainees for any signs of the virus.
- ERO Boston management has been in constant contact with IHSC about best practices.

Buffalo

- Pass on information received from HQ regarding OVID-19 to managers. Managers then meet with staff and address questions or concerns.
- Forward emails directly to staff from HQ regarding OVID-19 as appropriate.
- Ordered N95 from HQ.
- Met with IHSC regarding possible detainee exposure and quarantine planning.

Chicago

- Appointed a primary POC all matters COVID-19 for open, clear, and rapid communication, CoS Linares, Oscar.
 - Additionally, we will have local POCs at all our sub-offices.
- Disseminated the latest reference sheet on COVID-19 to all employees.
- Identified available negative pressure cells, a total of 13 negative pressure cells that can hold up to 15 detainees.
- Identified N95 "fit testers"
- IHSC has shared up to date reference information sheet, as well guidance on how to manage the virus based on CDC guideline with all IGSA's.
- Provided HQ via tasking ERO Chicago's inventory and number of N-95 masks still needed.
- Will distribute expired, but serviceable, N-95 masks to all employees as a last resort and will replace when N-95 inventory arrives.

Dallas

- FMCs ensuring IHSC communication is regularly delivered to HSAs - Supervisory training on virus provided by FMCs
- Regularly communicating with employees with reminders of CDC recommended actions to limit the transmission of infectious diseases, encouraging the use of PPE when the employee believes prudent or is concerned.
- All detention centers have ensured they have the proper PPE for staff and detainees.

- Completing contract modifications to specifically include CDC recommended infection control procedures and guidelines for the facility and transportation vehicles.
- Exploring the potential for modifications to office custodial contracts to specifically include CDC recommended infection control guidelines or the adhoc use of professional services specializing in infectious disease and crime scene sanitizing for processing areas or vehicles post contact with suspect individuals.
- Updated ERO Dallas medical intake procedures for all incoming detainees, to include CBP and HSI cases.
- Purchased and distributed PPE for all staff: N95 masks (3 per employee), eyepro (1 per employee), medical gowns, surgical masks, nitrile gloves, sani wipes and other disinfectant items. All PPE issued with OSHA voluntary use waivers
- PPE kits will be added to all GOVs
- Purchased and received 8 fit test kits and supplies.
- Eight employees completing fit test certification courses - voluntary fit testing begins the week of 3/2
- Purchased reusable professional grade masks and gowns for use when dealing with seriously ill detainees.

Denver

- The Denver AOR has prepared for COVID-19 by taking stock of our personal protective equipment (PPE) and redistributing equipment to sub offices that may be lacking. We have asked for additional supplies and will be looking at local sourcing if necessary.
- Our Medical Countermeasures have been assessed and our plan for mass distribution has been evaluated if this action becomes necessary.
- Our local ENS system will be tested this week. Call out rosters have been updated.
- COVID-19 information has been shared with employees.

Detroit

- Passed out N-95 masks and other protective equipment to all employees
- Ordered masks for detainees
- Ordered more n-95 masks for staff
- Ensuring all broadcast messages regarding CVANSOVID-19 are received by staff
- Monitoring travel restrictions

Upper management continues to have discussions regarding CVANSOVID-19 during their scheduled weekly meetings to ensure everyone has the most up to date information.

El Paso

N95 MASKS:

- We requested 900 masks per the HQ tasking sent out at the beginning of the month. We have not received any masks as of today, 3/1/20.
- IHSC provided 60 masks for us to distribute to staff during the initial N95 fit testing. Out of those 60 masks, approximately 50 have been issued out to our officers.

- IHSC currently has 400 masks available for IHSC staff and detainees use but have indicated they will provide additional masks if we need them for the N95 fit testing.
- In addition, we currently have 400 unexpired masks in our warehouse at the El Paso Processing Center.
- We are finalizing a plan this week to complete N95 mask fit testing for the entire field office.

GLOVES:

- We have 3,000 pairs of Black Diamond Nitrile examination gloves on hand ranging from Small to XLarge.

Houston

- Inventoried and submitted the number of N-95 respirators and surgical masks on hand in response to HQ tasking.
- Calculated and submitted the required number of N-95 respirators and surgical masks in response to HQ tasking.
 - No N-95 respirators or surgical masks have been received thus far.
- Identified the trained N-95 fit tester within the AOR and determined that we still have some testing supplies on hand.
- Met with IHSC and discussed plans of action in case a detainee with CvsCOVID-19 arrives in Houston.
- Distributed updates to employees regarding CvsCOVID-19 as received and provided by HQ.
- Reviewed all pending escorts to make sure no one is scheduled to travel to restricted countries.

Los Angeles

- The LAFO has increased its alertness by including a basic screening for any/all unusual medical issues that include cough, fever, flu, prior to any field arrest.
- At the LAFO Staging Facility, booking officers are completing the medical screening form and if a subject is suspected of showing any signs of a fever, cough or flu, surgical masks are immediately available and those aliens who exhibit symptoms are transported to a medical facility for a rule out.
- At the Adelanto ICE Processing Center, on-site medical screening staff is providing an assessment and determining if there is a need for an outside medical evaluation when detainees exhibit symptoms. There are also negative pressure rooms at the facility for use if needed.

Miami

- Beginning in early February 2020, ERO Miami implemented a plan of action for workforce protection to ensure the safety of its staff against the Novel Coronavirus, 2019-nCoV. These measures included the distribution of N95 respirator masks to all 550 ERO employees, the additional training of fit testers and fit testing employees as well as the distribution of hand sanitizer and gloves.

- ERO Miami has conducted fit testing and/or issuance of the N95 respirator masks as follows:
 - 91- employees fit tested and masks issued.
 - 301- employees masks issued but elected not to be fit tested.
 - 158- pending fitting/ issuance of mask.
- ERO Miami will complete fit testing and/or issuance of the N95 respirators to the remaining employees within the next two weeks.
- Trained fit- testers: 23
- Fit-test kits available: 7 (Additional kits have been ordered).
- There are sufficient supplies (N95 masks, surgical gloves, surgical masks) available. Supplies will be replenished as needed.
- ERO Miami detention facilities have implemented enhanced medical screening procedures in concurrence with ICE's Occupational Safety and Health Unit guidance for all new intakes which includes observing any possible signs of flu/coronavirus symptoms, questioning regarding recent contact with any sick people, and recent foreign travel.
- ERO Miami detention facilities have sufficient supplies on hand of gloves, hand sanitizer, surgical masks, and N95 respirators, as well as COVID 19 guidance in place in the event of an incident. Plans includes isolation or cohorting the detainee population should this become necessary.
- ERO Miami continues to inform the Field Office to use hand sanitizer and wash their hands.

Newark

Employees:

Because facilities nationwide are buying up supplies there is a backlog on masks and the testing materials that we need to get everyone fitting. ERO Newark has received 160 masks so far of the requested 750.

- ERO Newark's plan is to issue N-95 masks to Deportation Officers scheduled for overseas travel as a precaution.
- Surgical masks have been ordered for detainee use on an as needed basis.
- Once the N-95 masks have arrived, IHSC will fit and test the mask on the staff.
- All COVID-19 updates have been distributed to ERO Newark staff to keep them informed.

Detainees:

ERO Newark Field Office is working closely with IHSC in monitoring detainees that Customs and Border Protection (CBP) stationed at Newark International Airport (EWR) and JFK request to be temporarily staged at our Elizabeth Contract Detention Facility (ECDF). Especially those whom may have arrived in the country from at-risk countries.

- ECDF and IHSC are coordinating efforts with CBP at the two area international airports working with CDC Public Health on identifying and screening any person that may have traveled through any at-risk country.

- Immigrants or non-immigrants from at-risk countries are being screened by staff who have been specially trained by the CDC, working in conjunction with CBP. Those who are positive for the virus are immediately quarantined. Those who are cleared by the CDC; however, are found inadmissible from entry into the U.S. are staged at ECDF until removal arrangement are made. As an added precaution, all detainees who have been cleared by CDC staff, will continue to be closely monitored by IHSC staff. Detainees are kept separate from the general population. As mentioned, this is an added level of precaution by IHSC staff.
- ECDF contract staff has 160 N-95 masks on site and have ordered more.
- Essex County Jail (IGSA) staff are currently conducting advance screening of detainee intakes which include inquiries about overseas travel during the past 90 days.

New Orleans

- Each office location in the AOR has N-95 masks, gloves, and hand sanitizer. The office locations in and near Alexandria and Oakdale, Louisiana will undergo fit-testing by IHSC staff once they receive the fit-testing supplies. For the rest of the AOR, we will need to bring a fit-test certified individual from the outside or will need to train a few of our staff to conduct the fit-testing.

New York City

- Obtained and distributed N-95 masks;
- Engaged with IHSC to assist with fit testing for the N95 masks;
- Forwarded information relative to the virus as it is disseminated;
- Discussed said information at staff meetings;
- Purchased “touch-free” Purell hand sanitizer dispensers for waiting rooms;
- Stocked interview rooms and the front desk areas with gloves, Lysol wipes, and disinfectant spray.

Philadelphia

- ERO Philadelphia has received N-95s and will distribute throughout sub-offices to ensure each employee has access to at least 3 masks.
- ERO Philadelphia has distributed information about COVID-19 from HQ and FEB to staff with best practices and reminders to wash hands frequently. FOD will also encourage employees to use sick leave if they are not feeling well.
- ERO Philadelphia has ensured that hand sanitizer is available to staff throughout the AOR.
- ERO Philadelphia management participates in weekly call with CBP Philadelphia and local law enforcement and health services partners to keep apprised of current developments.
- ERO Philadelphia management keeps in close contact with IGSA officials to monitor detainees for possible symptoms of COVID-19.
- ERO Philadelphia is closely monitoring international travel warnings.

Phoenix

- Pre-inventoried recommended PPE (N95 respirators, nitrile exam gloves, surgical masks) and forecasted redistribution of assets to ensure no office in the AOR was without sufficient PPE. Identified additional PPE through IGSA contracting partners in case of emergency shortfall of ICE PPE.
- Coordinated with both ICE Health Service Corps personnel and detention center IGSA contract safety staff to provide continuing voluntary fit testing of N95 respirators to ICE staff throughout the AOR.
- Communicated with CBP partners to establish early notification of incoming detainees that fell into groups designated as high risk due to travel history. Ensured that all ICE, medical and contract staff will have visibility of any incoming detainees meeting the criteria as well as any cohorts of high-risk travel history detainees.
- Maintained and expanded dialogues with both IHSC and contract medical staff to ensure appropriate responses to incoming detainee populations. Ensured mutual understanding of current SOPs.
- Phoenix AOR leadership ensured up to date information on the COVID-19 virus was expeditiously forwarded to the field office staff upon receipt from HQERO. First line supervisory staff followed up with staff in their regular meetings.
- Reviewed and updated employee emergency contact information as well as global address information. Conducted test of Emergency Notification System.

Saint Paul

- Inventoried all N95 masks for expiration dates and redistributed masks to all offices within our AOR
- Inventoried all surgical masks and redistributed amongst all offices.
- Forwarding all notifications/best practices from IHSC to all employees.
- Including FMC in all AOR wide Supervisory, and every All-Hands meeting within the AOR
- Contacted partners (BP) to coordinate if any cases are encountered at northern border and appropriate notification processes.

Salt Lake City

- The ERO Salt Lake City Field Office (SLC) received notice from Headquarters (HQ) regarding N95 and surgical type masks; ERO SLC reviewed our inventory, disposed of out of date and expired masks, and requested new N95 masks for all employees.
- ERO SLC disseminated all HQ and ICE Health Service Corps (IHSC) guidance related to Coronavirus, to include reporting instructions regarding potential contact, to all employees.
- ERO SLC disseminated all appropriate HQ and IHSC related guidance to detention facilities where ICE detainees are housed. Our Field Medical Coordinators (FMC) are following up with each of the facilities and are monitoring any concerns.
- ERO SLC confirmed that no employees have traveled to locations affected by the Coronavirus.
- ERO SLC FMC is coordinating FIT testing for employees for possible future mask distribution.

- ERO SLC suspended travel and escorts to China as per HQ and Removal and International Operations (RIO) guidance.
- ERO SLC continues to ensure that employees are up to date with the latest outbreak locations and national guidance to be well informed prior to any official travel.
- ERO SLC leadership briefed employees on preventative measures and of the risks and instructed all employees regarding the proper use of the N95 and surgical masks.
- ERO SLC updated our flight travel tips to include that employees should carry disinfecting wipes with them and when they board a flight, wipe down the seat, armrest, seat belt buckle, tray table, and any other exposed surfaces that they may come into contact with.
- ERO SLC verified that surgical masks are on hand and available for detainees that may be feeling ill. Any ill detainees are immediately separated, and the FMC notified.

San Antonio

- Additional 250 N95 masks have been ordered
- N95 fit testing and inventory completed for personnel. Each employee was provided with two surgical masks; additional inventory will be taken on N95 masks and purchasing of additional as needed
- Information sharing and discussions with personnel regarding international travel reporting requirements and protocols for reducing exposure employees will be reminded of DHS' email on Employee Health and Safety Precautions for COVID-19, which includes CDC COVID-19 informational website, CDC travel advisory, and DHS guide
- Reiterated universal precautions and assured surgical masks be worn by detainees with flu-like symptoms
- Familiarization on proper application/usage of Personal Protective Equipment *PPE (i.e.; respirators; gloves; gowns; face shields; head coverings; etc.), in accordance to standard precautions (i.e.; cross contamination; infection control; etc.)
 - Including proper reporting of adequate supply of masks and safety equipment
- Transportation contractors (TrailBoss, Asset & MTC) administration was provided familiarization on sanitizing protocol for fleet pre and post-transport by IHSC
- MPP on-site contract (Ahtna) administrators have been familiarized with standard precautions on application/usage of PPE and sanitizing procedures
- Sanitizing protocol (IHSC standard) in effect at ERO locations to include contractor locations
 - Added handwashing signs to lavatory areas within the facility and ordered wall mounted hand sanitizer stations
- Facility voluntary work program- detainee workers are provided the sanitizing protocol (proper chemical dilution) to include PPE application/usage
- In preparations for COVID-19, ERO, IHSC, and facility contractors have met during weekly stakeholder meetings to keep abreast of any new updates from the CDC and update procedures and protocols accordingly
- During intake orientation, all incoming detainees are familiarized with standard precaution availability of PPE in housing units
- Facilities are screening all incoming detainees as per the ICE Health Service Corps (IHSC) Interim Recommendation for Screening and Early Management for 2019 Novel Coronavirus (2019-nCoV) Version 2.0 February 4, 2020:

Facilities are at the ready to isolate any detainee that presents any symptoms and are prepared to mitigate exposures by implementing cohort protocols.

San Diego

Enforcement Units:

- All officers conducting field operations or picking up a subject at a local jail are issued and in possession of N95 masks as well as surgical masks and surgical gloves.
- Any arrest of any individual at large will have an assessment made at the scene as to the arrestee's health.
- Any arrest made within a jail, will have an assessment made prior to taking the person into custody. ERO will not take a sick individual into custody from local authorities.
- If it is determined that a subject is exhibiting symptoms of the flu or appears to be ill the following steps shall be followed:
 - Any officers coming into contact with the arrested individual will deploy a N95 masks and place a surgical mask on the arrestee.
 - Notification will be made through the chain of command to the AFOD and duty officers in staging in the event there needs to be a quarantine.
 - Pending guidance from DHS HQ, IHSC will be notified of the arrestee exhibiting symptoms and request for an evaluation will be made once at the San Diego Field Office and prior to any placement in any facility.
 - In the event, detention cannot be arranged at any local facility, consideration shall be given to release the arrestee on ATD or serving the alien with a G-56 appointment letter. This decision will be made at a level no lower than SDDO.
 - The AFOD will notify the DFOD and COS to inform the FOD for possible dissemination to local health authorities of any arrestee who is released without determination of a positive/negative test for the virus.
 - Any arrest made where there is a positive result for the virus, the FOD and DFOD will be notified immediately so that local authorities are made aware of the contaminated location.
 - Prior to any alien being released from custody, notification shall be made to the appropriate county health officials, as appropriate.
 - Vehicles will be sanitized in the most appropriate manner as per the CDC guidelines to include parking for the incubation period.

Operations:

- Informational Flyers/CDC contact information (see attached) have been posted throughout the detention area, as well as in employee work areas.
- In the event an individual is displaying signs of possible COVID-19 exposure, person(s) are to be isolated and upper management/CDC notified for further instructions.
- Hand sanitizer and Lysol disinfectant spray are located outside of most detention cell areas and in employee areas as well.
- N-95 masks have been made available for staff and are dispersed throughout the Staging area and employee work areas.
- Surgical masks are readily available use on detainees displaying flu like symptoms.

Non-Detained Unit:

- N95 masks are on hand for staff usage.
- Informational posters and guidance literature have been distributed to staff (see attached).

Otay Mesa Detention Facility (OMDC):

- All staff at OMDC have been issued an N95 mask and Informational posters and guidance literature have been distributed (see attached).
- IHSC has an adequate supply of surgical masks on hand for the detention current population.
- Any intake of Chinese nationals is restricted to Wednesday's only.
 - All new Chinese Nationals are monitored in accordance with the latest CDC and HHS guidelines for 14 days-beginning the date they are taken into custody by OFO or BP, not the date they arrive at OMDC.
 - Upon arrival at OMDC, all Chinese nationals are cohorted and monitored by IHSC through the completion of the 14 days.
- Any individual displaying flu like symptoms will be placed in the negative pressure rooms at OMDC and monitored until cleared or transferred for further medical care.
- In cases where all negative pressure rooms are occupied at OMDC, detainees will be sent off site to a separate medical facility: typically, at Alvarado Hospital or UCSD.
- If needed, IHSC will go to SYS POE to pre-clear Chinese nationals prior to coming to OMDC to ensure all are asymptomatic.
 - This will only be done if the negative pressure rooms at OMDC are full. If any persons at OFO are found to be symptomatic, IHSC will not accept them for intake at OMDC and OFO will contact HHS.
- Currently, both OFO and BP have been separating all Chinese nationals taken into custody, issuing masks and transporting separately from other detainees.

Imperial Valley Office to include: Imperial Regional Detention Center (IRDF) – San Luis Detention Center (SLDC):

IRDF – Upon meeting with the MTC management staff who oversees IRDF, the following procedures have been implemented:

- Individuals who are suspected of having been exposed will be placed in a designated dorm pending further medical tests and results.
- If a case is deemed positive, MTC medical staff will send an email notifying ERO and IHSC via the FMC and will follow CDC guidance.
- If the plan goes into effect, we will stop all incoming cases into IRDF and will send new cases to SLDC pending medical results/clearance.
- N95 masks are readily accessible for staff who enter the dorms to conduct staff detainee communication or receive incoming cases.
- The intake unit has been instructed to review all cases and advise if a referral was apprehended after January 15, 2020.

SLDC:

- All incoming cases in the Imperial Valley come to IRDF first, SLDC is used as needed.

- SLDC is not medically staffed to handle medical cases that require round the clock medical care.
- SLDC staff have been notified and directed to advise ERO immediately if they suspect or identify any individual displaying flu like symptoms.

San Francisco

Ordering masks:

- Local order; we tried to order masks as recent as yesterday however all vendors are sold out.
- HQ tasking for bulk order, we submitted a total order of 6k masks I believe as a response to the HQ tasking last month. We have not received any status updates. We have a working supply on hand with detention (approximately 200 per last month's tasking). This will be used as needed with potential encounters.

Sanitary Supply order:

- Each office was advised to order their own sanitary supplies per your directive. This was passed down to AFODs and their mission support. SMSS (b)(6); [redacted] worked with budget MPA (b)(6); (b)(7)(C) on a list for distribution to the AOR of recommended items.

Information sharing:

- We have disseminated multiple emails from HQ and Coronavirus updates to our staff to keep them apprised of up to date information. We have discussed general precautionary measures during our weekly management calls.

Future actions:

- Follow up on N95 orders when supply becomes available.
- Work with DHS counterparts on collective safety measures. Discussions through the Federal Executive Board and Federal Security Counsel.
- Continue to monitor situation and review/adjust COOP as needed.
- Test ENS to maintain direct communication with all field office personnel. Update contacts as needed with results.

Seattle

- Seattle purchased 1200 new N-95 masks. We have not distributed any of the N-95 masks at this point. Staff will need to be fit tested before they can wear the N-95 mask. We are in the process of identifying an IHSC fit tester at the Northwest ICE Processing Center, Tacoma, WA to perform the test on staff. We are working to start the fit testing this week.
- An additional safety precaution Seattle added was installing additional hand sanitizer stations around the offices within the AOR.

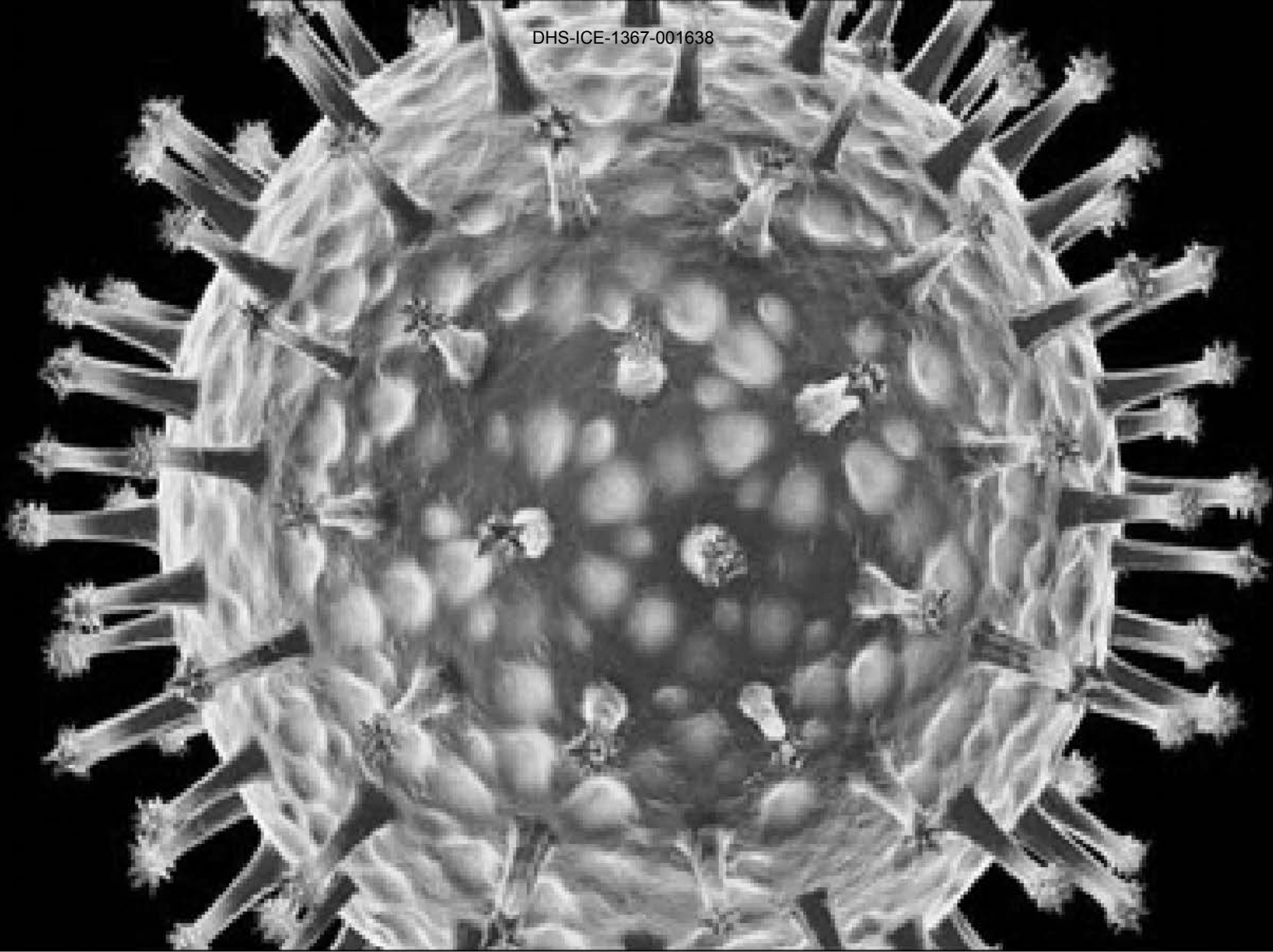
Washington

- We have ordered 500 new N-95 masks. This is the only amount we have been able to obtain; additional masks are on back order. We are giving 200 of these to ERO Baltimore so they have some for preparation. The remaining 300 masks will be prioritized for employees who have regular interaction with the Washington Dulles airport.
- We have over 10,000 N-95 masks, probably from the SARS outbreak. We have contacted 3M about their efficacy and 3M told us that if they have been stored properly, they should still be useful. They have all been stored in a suitable location. We will make these available to all employees. IHSC staff at the Caroline Detention Facility have graciously agreed to do N-95 mask fit testing for our employees at our Lorton, Richmond, and Norfolk offices as soon as possible. We are in the process of ordering the fit testing hoods and testing solutions to make this happen. With over 10,000 masks available, ERO Washington would like to offer some for Headquarters employees as well.
- We have ordered regular surgical masks for detainees to wear who are experiencing any symptoms that might be related to the coronavirus. We have also ordered additional hand sanitizer for our employees.
- Our employees have all received the latest DHS approved guidance regarding the coronavirus. ERO Washington will continue to take steps to keep our employees informed and to allay any concerns that they may have about the coronavirus.
- ERO Washington's two detention facilities, ICA Farmville and the Caroline Detention Facility, have pandemic plans in place. ERO Washington has offered to help provide any supplies that the facilities may need to address the coronavirus.

From: Johnson, Tae D
Sent: 29 Feb 2020 23:35:12 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: 2009 Pandemic Plan
Attachments: DRO Pandemic Influenza Contingency Plan (ver 1 October 9, 2009).doc

From: Johnson, Tae D
Sent: Saturday, February 29, 2020 6:34 PM
To: (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; Smith, Stewart D (b)(6); (b)(7)(C)@ice.dhs.gov>; Klopp, Jacki Becker (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: 2009 Pandemic Plan

Folks (b)(6) was able to track down the attached plan, which while a little outdated, still contains some very useful information that we can draw from. You should all review and get familiar with the areas that impact your respective divisions/units. We will likely pull from this in the coming days/weeks as this issue continues to be discussed, guidance is disseminated to staff, and congressional and media inquiries begin to surface about ICE's plans and preparedness.



Detention & Removal Operations Pandemic Influenza Contingency Plan

Detention and Removal Operations Headquarters
500 12th Street, SW
Washington, D.C. 20536



U.S. Immigration
and Customs
Enforcement

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FORWARD

Pandemic influenza has the potential to seriously disrupt the ability of the Office of Detention and Removal Operations (DRO) and its subordinate components from carrying out functions that are critically important to national security. To mitigate the effects of a pandemic influenza outbreak on DRO operations, its staff, and the individuals under its care, I am authorizing this contingency plan. The plan outlines preparation, response, and recovery activities for conducting DRO-specific operations in the presence of a pandemic virus. The DRO Pandemic Influenza Contingency Plan is compliant with all directives regarding Federal Executive Branch continuity of operations programs and the *National Strategy for Pandemic Influenza*. It is also consistent with the guidance provided in the US Immigration and Customs Enforcement (ICE) Continuity of Operations (COOP) Policy, its supporting COOP Plan, and the ICE Pandemic Influenza Contingency Plan.

This plan is in effect immediately. DRO Headquarters personnel and DRO components should review this plan on a regular basis or at a minimum of every 12 months to ensure it accurately reflects the mission essential functions and staffing required to perform such functions during an event severe enough to warrant implementation of this plan.

Approval

Authority: _____

Title: Director, Office of Detention and Removal Operations

David J. Venturella

Printed Name

Approval

Authority: _____

Title: Assistant Director, Enforcement

Thomas D. Homan

Printed Name

Policy

Writer: _____

Title: Chief (Acting), DRO Response Coordination Division

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

Printed Name

RECORD OF REVISIONS

All changes to this document constitute a revision and will be documented in the Record of Revisions section. Annual reviews will also be documented in the Record of Revisions section regardless of whether the review results in a change to the Plan.

Information contained in the annexes may be revised as needed to conform to changes in organizational structure and/or personnel. Such changes can be accomplished without the need for approval by the DRO Pandemic Influenza Contingency Plan approval authority. See Section XII of this document for additional guidance on maintaining the currency of the Plan.

REVISION	DATE	NAME	DESCRIPTION
1	October 15, 2009	(b)(6); (b)(7)(C)	This constitutes a complete revision of the DRO Pandemic Influenza Contingency Plan.

EXECUTIVE SUMMARY

The introduction of a pandemic influenza virus at any point into the DRO system has the potential to seriously disrupt normal operations. A comprehensive, well exercised pandemic influenza contingency plan, tailored specifically for DRO operations, can help to mitigate the worst effects of the disease and permit a more rapid recovery to normal operations. DRO's Pandemic Influenza Contingency Plan supports the *National Strategy for Pandemic Influenza* and the U.S. Immigration and Customs Enforcement's Pandemic Influenza Contingency Plan. The plan is applicable to all DRO personnel regardless of location. It does not apply to DRO contractors, Intergovernmental Service Agreement (IGSA) facilities, or Contract Detention Facilities (CDFs). Field Office Directors and Program Managers are encouraged to supplement this plan, as necessary, with locally applicable policies, plans, and procedures.

The goal of this plan is to allow the Office of Detention and Removal Operations and its subordinate components to maintain their mission essential functions despite the existence and spread of a pandemic influenza virus. The *Detention and Removal Operations Headquarters (HQ) Continuity of Operations Plan* lists DRO HQ's mission essential functions. In prioritized order they are:

1. Provide nationwide detention and removal operations management.
2. Identify all high-risk alien fugitives and absconders.
3. Ensure all aliens identified as criminals are expeditiously removed.

Each Field Office has a similar set of mission essential functions that must be sustained. Maintaining the health of the workforce and its contact populations will be a critical element for the continuation of DRO's mission essential functions. Therefore, an ancillary goal of this plan is promoting a healthy operating environment through the proper application of actions known to limit the spread of the pandemic influenza virus.

The Office of Detention and Removal Operations will implement a three-pronged strategy aimed at mitigating the effects of the virus. The strategy encompasses surveillance, social distancing, and separation of the infected from the uninfected. Surveillance includes all those activities to understand the nature of the virus and its presence and prevalence within the DRO system. It also includes robust, on-going communications capability to report on the status of infected populations and potential threats to operations. Once it becomes apparent that the virus has become a threat, social distancing techniques will be implemented. Social distancing is designed to limit opportunities for passing the virus between an infected but asymptomatic person and a healthy person. Finally, for individuals having or suspected of having pandemic influenza, DRO will take steps to separate the infected from the uninfected. Steps in separation may include isolation and quarantine.

This strategy of surveillance, social distancing, and separation will be applied to all major DRO functions: arrest and intake, detention, removal, and mission support. With regard to pandemic influenza, DRO's most vulnerable point is at arrest and intake, or when an ICE representative first comes into contact with a potential carrier of the virus. It is at this point that the most aggressive precautionary procedures will be implemented in an effort to limit the opportunities

for carrying the virus into the other components of the DRO system. Throughout the detention and removal phases of DRO operations, additional preventative actions will be added to stop, slow, or limit the spread of pandemic virus.

The concept of operations for the DRO Pandemic Influenza Contingency Plan follows the standard incident management construct of “Prepare”, “Respond”, “Recover”. In the Preparedness Phase, DRO offices and programs at all levels will take steps necessary to prepare both their facilities and their staffs for a possible pandemic influenza outbreak. Key to this effort will be the education and training of the workforce. Other considerations include the acquisition of necessary equipment, the refinement of internal surveillance and detection procedures, and a review of contracts, plans, and policies to ensure the adequacy of their scope and relevance. The Preparedness Phase is also the proper time to develop relationships and communications protocols with partners both within and without the Office of Detention and Removal Operations.

During the Response Phase, a premium will be placed on the discipline of individual teams to implement the preventative strategies and procedures outlined in this plan. This includes following the guidance related to donning and disposing of Personal Protective Equipment, the exercise of proper hygienic procedures, and the possible isolation of infected staff or detainees. More stringent procedures may also need to be enacted for individuals having business with DRO, such as detainee family members, delivery persons, legal representatives, and members of the media and the clergy.

Actions to be taken during the Recovery Phase include preparing for a possible new wave of the pandemic influenza virus and recovery to normal operations. The largest portion of the activities in the Recovery Phase is focused on performing an assessment of the effects of the pandemic virus on all phases of DRO operations. As necessary, supply stocks should be replenished and staffing shortfalls arising from pandemic-related illness or death should be addressed. Finally, a comprehensive after-action report should be drafted to capture the lessons learned and best practices resulting from all actions related to the pandemic outbreak and the response to it. Any lessons learned should be entered into a Corrective Action Program for resolution.

Questions concerning this plan can be directed to:

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I. INTRODUCTION

No less than other types of natural and man-made disasters, pandemic influenza has the potential to cause severe disruptions to normal human activities. These disruptions can be sharp, immediate, and brief, or they can be relatively minor, develop slowly and persist for a long period. The effects on daily operations may be direct, as in the loss of significant number of staff. The effects can also be indirect, as in the failure to receive goods and services because a supplier's operations have been diminished by the pandemic. A complicating factor is that pandemic influenza and its effects tend to come in waves, and it is never certain that the end of one outbreak won't be followed by an even stronger wave of illnesses.

The *Implementation Plan for the National Strategy for Pandemic Influenza* defines a "pandemic" as "...a worldwide epidemic¹ [that occurs] when a new or novel strain of influenza virus emerges in which humans have little or no natural immunity and develops the ability to infect and be passed between humans". Medical experts have pointed to the limitations on this definition, noting that there is no mention of how severe the infections might be, nor how easily the virus is transmitted once it enters the human population. Experts also disagree on the requirement for the influenza to spread worldwide before declaring the conditions "pandemic"; severe, regional outbreaks of a disease have been labeled "pandemic", such as the troubling prevalence of H.I.V. in Africa. If there is disagreement on the precise definition of "pandemic influenza", health officials are unanimous that "...the only sure bet is to expect the unexpected²".

Pandemic influenza is a continuity of operations (COOP) issue. While the influenza virus has no effect on infrastructure and thus does not require a more typical COOP response such as the relocation of emergency support staff to an alternate work location, the sudden loss of large numbers of key personnel, whether through extended absenteeism or through death, has great potential for preventing an organization from carrying out its essential functions. Like all COOP events, a comprehensive, well exercised contingency plan can serve to mitigate the worst effects of a pandemic influenza and permits a more rapid, complete recovery to normal operations.

II. PURPOSE

This plan provides the concept of operations and general procedures designed to mitigate the effects of pandemic influenza on the mission essential functions of the US Immigration and Customs Enforcement (ICE) Office of Detention and Operations (DRO) and its components. It supplements the DRO Headquarters Continuity of Operations Plan and the ICE Pandemic Influenza Contingency by providing guidelines for the conduct of DRO-specific functions under conditions of a pandemic influenza virus.

¹ Epidemic - A pronounced clustering of cases of disease within a short period of time; more generally, a disease whose frequency of occurrence is in excess of the expected frequency in a population during a given time interval.

² Altman, Lawrence K., MD. "Is This a Pandemic? Define 'Pandemic'." *The New York Times*, 9 June 2009, A1.

In addition to establishing good business practices for maintaining mission essential functions, this plan also implements the directives contained in the *National Continuity Policy*, the *National Strategy for Pandemic Influenza*, and other Federal Executive Branch continuity guidelines.

III. APPLICABILITY AND SCOPE

This plan applies to all DRO personnel regardless of location. It does not apply to DRO contractors, nor does its applicability extend to Intergovernmental Service Agreement (IGSA) facilities or Contract Detention Facilities (CDFs). The maintenance of essential functions at contract facilities and the health of DRO contractors are the responsibility of the employer. Although this plan does not apply to IGSA or CDFs, detainee health at those locations will remain a concern for DRO.

This is a generic pandemic influenza contingency plan. The guidelines it contains are not specific to any particular strain of pandemic virus. While much of the information contained in the plan is applicable to seasonal flu outbreaks, the scope of this plan does not include specific guidance for operations conducted in the presence of seasonal flu.

This plan addresses functions that are the particular responsibility of the Office of Detention and Removal Operations. They include arrest and intake, detention, removal, and mission support operations. For all other ICE planning and procedural issues associated with pandemic influenza, DRO personnel should consult the ICE Pandemic Influenza Contingency Plan.

IV. PANDEMIC INFLUENZA PLANNING ASSUMPTIONS

The following assumptions apply to this plan:

1. Susceptibility to the pandemic influenza virus will be universal;
2. The clinical disease attack rate will be 30 percent in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak;
3. Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios;
4. Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak;
5. The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days;

6. Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness;
7. Epidemics will last 6 to 8 weeks in affected communities;
8. Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 to 3 months;
9. Additional emergencies and disasters will occur during a pandemic influenza event;
10. United States borders will remain open. Specific Ports of Entry (POEs) will be temporarily closed due to related or unrelated hazards;
11. Every DRO law enforcement officer has been fitted and medically cleared to wear the N-95 mask;
12. SPCs, CDFs, and dedicated IGSAs will have at least one housing unit available to use for isolation of suspected pandemic influenza cases.

V. PANDEMIC INFLUENZA MITIGATION STRATEGY

The Office of Detention and Removal Operations will implement one overarching strategy to inform all of its efforts to reduce the threat of pandemic influenza to its mission, its staff, and the individuals with whom it maintains contact during daily operations. The strategy represents the framework upon which a viable concept of operations for addressing pandemic influenza can be built. In concert with the *National Strategy for Pandemic Influenza*, the goal of this strategy is to stop, slow, or otherwise limit the spread of the pandemic influenza virus within the DRO system. DRO's pandemic influenza strategy is a three-pronged approach: Surveillance, Social Distancing, and Separation of the Sick from the Well.

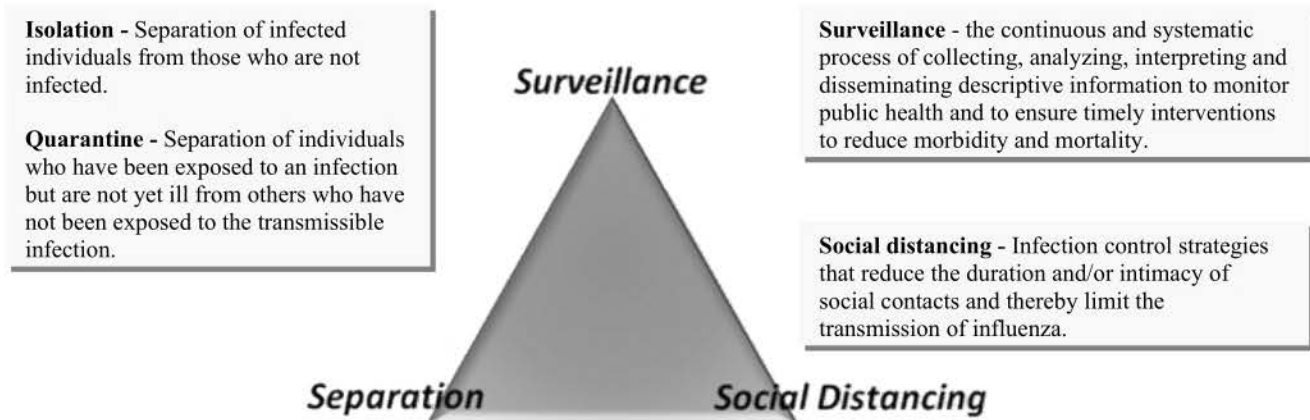


Figure 1. DRO's Pandemic Influenza Mitigation Strategy. The strategy represents a combination of surveillance, social distancing, and separation measures designed to mitigate the worst effects of the disease.

1. **Surveillance:** In order to effectively mitigate the threats from pandemic influenza, it is first necessary to understand the virus and its effects. It is also necessary to continuously monitor the pandemic situation as it evolves. Surveillance is the continuous and systematic process of collecting, analyzing, interpreting and disseminating descriptive information to monitor public health and to ensure timely interventions to reduce the incidence of illness and death. An effective surveillance program includes monitoring the disease at all levels: global, national, State, and local.
 - a. **Global Surveillance:** Maximum preparation time is gained by monitoring the pandemic situation as it develops overseas, before it reaches the United States. Global monitoring is also necessary for the protection of DRO officers and agents who must travel globally on official business. The World Health Organization (WHO) is responsible for the surveillance and publication of facts and statistics for the health-related aspects of pandemic influenza. WHO's Global Alert and Response Network's web site should be reviewed on a regular basis to understand the nature and geographic spread of the pandemic flu virus.
<http://www.who.int/csr/outbreaknetwork/en/>
 - b. **National, State, and Local Surveillance:** Pandemic influenza may be exported to the United States from abroad or it may originate here. Once it is located within the American population, a program of National, State, and local surveillance is required. Surveillance at the National level permits DRO officials to anticipate where significant outbreaks may occur or are occurring. State and local surveillance will be necessary for DRO officers and agents operating in communities where the virus exists, allowing them to implement appropriate preventative measures. As the virus spreads, it is important for DRO officials to increase contact with health officials at the National, State, and local levels. Such contact will drive better coordinated responses between the various agencies. The United States Centers for Disease Control (CDC) is an excellent resource for conducting domestic surveillance for the pandemic.
<http://www.cdc.gov/>
 - c. **Surveillance within a DRO Facility:** As pandemic influenza becomes more prevalent nationally, it becomes prudent to increase surveillance within DRO facilities in order to monitor the virus' spread to the DRO population. Surveillance should be extended to include not just detainees, but all staff and all visitors to a DRO facility. Detainees, especially new arrivals, should be aggressively monitored for signs of influenza. Staff and visitors should be encouraged to self-monitor – to regularly judge the state of their own health – and to seek medical attention and to remain away from the facility if they believe themselves exposed to or infected with the virus.
2. **Social Distancing:** Pandemic influenza is spread without great difficulty when a person infected with the virus comes into close contact – normally six feet or less -- with an uninfected person. Limiting the opportunities when people are in direct, close contact with one another is an effective pandemic influenza mitigation strategy. Social distancing is an infection control strategy designed to reduce the duration and/or intimacy

of social contacts and thereby limit the transmission of influenza. Social distancing is aimed at individuals who are not yet infected with the virus.

There are two basic categories of social distancing techniques: Contact interventions and transmission interventions.

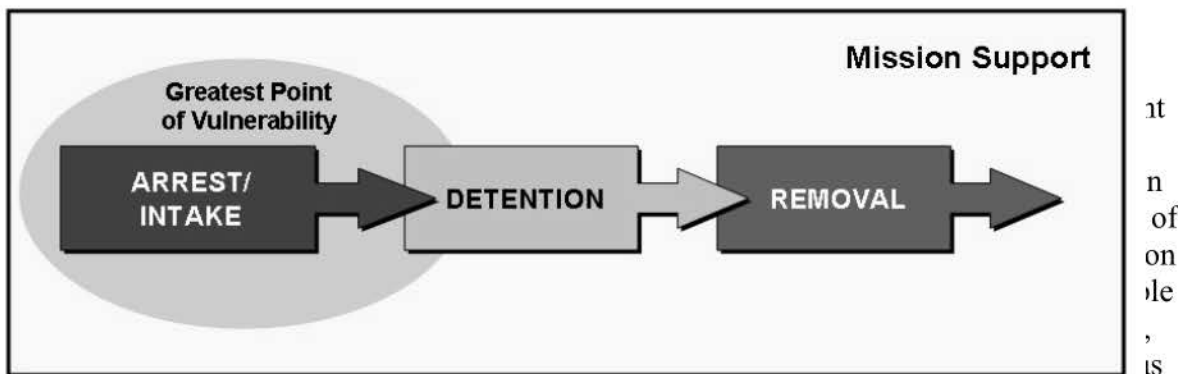
- a. **Contact Interventions:** Contact interventions are prescribed methods to reduce or eliminate incidences of contact with infected individuals until the disease has run its course. Possible contact intervention methods include:
 - (1) Allowing telework when feasible;
 - (2) Employing a modified work schedule to reduce the number of individuals in a facility at the same time;
 - (3) Increased use of video teleconferencing and conference calls;
 - (4) Canceling all non-essential travel;
 - (5) Postponing schools and other training events;
 - (6) Expanding Alternatives to Detention, when feasible;
 - (7) Shifting to satellite feeding as opposed to cafeteria dining;
 - (8) Reducing the number of mass meetings for both staff and detained populations.
- b. **Transmission Interventions:** In many cases it is not possible to eliminate close contact between individuals. Transmission interventions limit the spread of the disease and allow human contact to continue through the application of basic and enhanced hygiene practices. Included among these practices are:
 - (1) Using a face mask;
 - (2) Covering a cough or sneeze with a tissue or the upper part of one's sleeve;
 - (3) Maintaining at least six feet of separation between individuals;
 - (4) Placing a physical barrier (e.g. glass, plastic) between individuals;
 - (5) Refraining from handshaking;
 - (6) Modifying visitation procedures to reduce the length of time and proximity of contact;
 - (7) More frequent cleaning and disinfection of hard surfaces where the virus may linger;
 - (8) Maintaining proper hygiene through regular, thorough handwashing.
3. **Separation of the Sick from the Well:** Eventually situations will arise when a suspected or confirmed case of pandemic influenza is present in the DRO population. The virus may be introduced through a staff member, a detainee, or a visitor to a DRO facility. For these situations it is critical to move very quickly to separate exposed or ill individuals from the rest of the DRO population in order to limit the further spread of the disease. There are three primary separation techniques that may be employed:

- a. **Cohorting:** Cohorting is the grouping together of individuals sharing similar characteristics. To the extent possible, detainees who arrive at a facility at the same time should be handled as a group and kept physically separated from other members of the detained population until it can be determined with reasonable certainty that they have not been infected with the pandemic virus. The staff assigned to provide services to the cohort should avoid working with other detainees. If this is unavoidable, staff members should ensure they thoroughly wash their hands and dispose of any articles of clothing that may have been contaminated while working with the cohort. After determining they do not carry the infection, individuals from the cohort may join other members of the detained population.
- b. **Quarantine:** Quarantine is the separation of individuals who have been exposed to an infection but are not yet ill from others who have not been exposed to the transmissible infection. It is a form of cohorting that is put into effect after determining that an individual or individuals have been exposed to the virus. Quarantined groups should come under additional medical surveillance and be subject to a greater number of transmission interventions. Until it can be demonstrated that the exposed individuals are not infected, the cohort should remain in quarantine, have their movements and activities restricted, and be serviced by a select group of staff who do not crossover to service other parts of the detained population. Staff members who may have been exposed through contact with a sick family member, another staff member, or a detainee should be encouraged to remain at home until it is positively concluded they are not infectious.
- c. **Isolation:** Isolation is the separation of infected individuals from those who are not infected. After receiving positive evidence of infection with a pandemic virus, an individual should be separated from the non-infected population. To the extent possible, individual rooms in separate sections of the facility should be designated to house the infected. Again, movement and contact with infected individuals should be kept to a minimum. Isolation applies to both staff members and detainees.

Applying the Mitigation Strategy. DRO's pandemic influenza mitigation strategy – surveillance, social distancing, and separation – can be applied at all times and to all aspects of detention and removal operations. Depending upon the course of the pandemic and the particular operation being conducted, certain components of the strategy may predominate over the others. Experience and effective mission planning will help determine which component should receive the largest focus.

Figure 2 illustrates the major operations carried out by DRO personnel. Within each operation there are opportunities for an officer, agent, or support personnel to come into contact with an individual who has been exposed to or is carrying the pandemic influenza virus. There are some operations, however, where the threat of infection to responding personnel is higher and more thorough mitigation procedures are warranted.

Figure 2. Major DRO Operations and Their Vulnerability to a Pandemic Influenza Virus. DRO officers, agents, support personnel, and detainees are at their greatest risk of exposure to the virus during the arrest and intake phase and during the first hours of detention when the least amount of information regarding viral infection is available.



into the target DRO system will have the greatest positive impact on disease mitigation.

VI. CONCEPT OF OPERATIONS

The nature of pandemic influenza makes it nearly impossible to avoid being exposed to the virus and possibly becoming infected. This is particularly true for a majority of DRO personnel for whom close contact with potential carriers of the virus is a regular occurrence. For that reason the concept of operations outlined here is designed specifically for mitigating the worst effects of the virus and does not assume a complete avoidance of exposure to the disease is possible during the course of daily DRO activities. Implementation of this concept will help to reduce the potential for a severe outbreak of pandemic influenza within the DRO system and the need for extraordinary measures to maintain a minimal operating capability. In the event a severe outbreak does occur, Annex A provides a series of branch plans to address operational concerns during such an event.

Mission Essential Functions. The goal of this concept is to allow the Office of Detention and Removal Operations and its subordinate components to maintain their mission essential functions despite the existence and spread of a pandemic influenza virus. The *Detention and Removal Operations Headquarters (HQ) Continuity of Operations Plan* lists DRO HQ's mission essential functions. In prioritized order they are:

PRIORITY	MISSION ESSENTIAL FUNCTION
1	Provide nationwide detention and removal operations management.
2	Identify all high-risk illegal alien fugitives and absconders.
3	Ensure all aliens identified as criminals are expeditiously removed.

Table 1. DRO Headquarters' Mission Essential Functions.

Each DRO Field Office has its own set of mission essential functions applicable within its particular Area of Responsibility. Most Field Office mission essential functions roughly mirror those of DRO Headquarters. It is these functions, at a minimum, that must be maintained during a pandemic influenza outbreak.

A key element to preserving DRO's ability to execute these essential functions is protecting the health and well being of its staff and the individuals with whom the staff has direct contact. These individuals may be coworkers, family members, detainees, or visitors to detention facilities, such as detainee family members, legal representatives, or members of the clergy. A healthy staff and a healthy contact population reduce the need to adjust normal operations to address pandemic influenza concerns. Thus, a second important component to this concept of operations is the implementation of more stringent requirements designed to promote a healthy living environment and reduce exposure to potential infection for the DRO staff and its contact population.

Course of the Pandemic. One of the great challenges associated with pandemic influenza is its unpredictability. The precise response to the pandemic depends upon the virulence and transmission potential of the disease. It will also depend upon the how widespread the virus is and the timing of its arrival at a particular location. At any one time the virus may be present at some isolated location or it may be widespread across an Area of Responsibility, a region, or the entire nation. The virus might also be encountered as DRO personnel travel abroad on a directed mission. For an agency with the global responsibilities and large geographic spread of DRO facilities, the simultaneous implementation of a specific set of response activities across the entire DRO system is unlikely. The precise response measures to be carried out will be dictated by the local situation, and the guidance provided through this concept of operations should not be applied inflexibly, without regard to actual events as they unfold. Field Office Directors will have considerable latitude in responding to the presence of the virus within their Areas of Responsibility.

The World Health Organization (WHO) has defined a phased approach to dealing with pandemic influenza. The phases, along with DRO recommended activities for each phase, are presented in Table 1 for reference purposes. However, the DRO activities outlined in this contingency plan are not tied strictly to these published guidelines. Instead, the concept of operations will follow the standard incident management phasing construct of "Prepare", "Respond", "Recover".

World Health Organization (WHO) Global Pandemic Phases					
Inter-Pandemic Period		Pandemic Alert Period			Pandemic Period
1	2	3	4	5	6
No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza subtype poses a substantial risk of human disease.	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Pandemic phase: increased and sustained transmission in general population.
General DRO Activities for the WHO Global Pandemic Phases					
1	2	3	4	5	6
Complete and/or update a Pandemic Influenza Response Plan; Coordinate and share plans with outside health and public safety agencies; Inventory Personal Protective Equipment. Identify shortfalls; Inventory equipment required for detainee medical support. Identify shortfalls; Provide training and education for all staff; Conduct annual fit-testing refresher course; Conduct telework activity for non-essential personnel; Develop communications messages for responding to media requests. Prepare and submit annual budget for COOP-related activities; On-going monitoring for health situations that may effect DRO operations.			Increased pandemic influenza surveillance; Review & refine support with outside health and public safety agencies; Provide additional pandemic influenza training for staff; Identify potential at-risk populations on staff; Complete fit testing of employees; Review plans, policies, and contracts for currency.	Conduct surge capacity planning; Close gaps in equipment shortfalls; Identify personnel for cross-training or backfill positions; Conduct tabletop and functional exercises; Be prepared to release Personal Protective Equipment inventory.	Complete COOP mission essential functions; Conduct aggressive medical surveillance; Use social distancing techniques for the well; Separate the sick from the well; Be prepared for surge operations; Conduct reporting; Conduct media relations; Prepare for recovery operations

Table 2. World Health Organization Global Pandemic Phases and Corresponding DRO Actions. The DRO actions are applicable regardless of location. More specific information related to these items, as well as additional activities, are contained elsewhere in the document.

1. **Prepare:** DRO's preparedness activities correspond roughly to the first four pandemic phases recognized by the World Health Organization. In the Preparedness Phase, DRO offices and programs at all levels will take steps necessary to prepare both their facilities and staffs for a possible pandemic influenza outbreak. The recommended preparatory actions are:
 - a. **Identify a Multidisciplinary Pandemic Influenza Planning Committee:** A multidisciplinary planning committee should be established at DRO Headquarters and all Field Offices to coordinate planning and preparation activities for pandemic flu. Membership should include personnel with experience in law enforcement, medical care, logistics, communications, and training. Ad hoc membership could include representatives from local public health and safety offices. The committee should meet at least quarterly to assess readiness and to plan future activities. More frequent meetings will be warranted as the pandemic threat increases.
 - b. **Conduct a Risk and Vulnerability Assessment:** Headquarters and Field Office senior leadership should mandate the completion of a pandemic influenza risk and vulnerability analysis. Pandemic influenza risks should be continually evaluated at each location, and all processes necessary to support detention and removal operations should be analyzed to identify the activities which are most vulnerable to disruption in the event of a pandemic influenza outbreak. Corrective actions, or actions for mitigation of the threat, can then be identified and implemented. The vulnerability analysis should review and catalogue mission critical personnel, essential information technology and communications services, and the essential goods and services provided by contractors and subcontractors.
 - c. **Conduct a Pandemic Influenza Plan Review:** Pandemic influenza plans should be reviewed at least annually to ensure relevance and currency. Any significant updates to the plan should be shared, as necessary, with DRO Headquarters, other Field Offices, other government agencies, and local public health and safety agencies. Continuity of Operations (COOP) plans should also be reviewed and revised to ensure the currency of critical factors such as orders of succession and delegations of authority.
 - d. **Conduct a Pandemic Influenza Policy Review:** Unit policies should be reviewed regularly to ensure they contain the latest guidance regarding important issues such as absence from work due to illness, overtime, travel restrictions, receipt of vaccines, respirator use and telework.
 - e. **Educate and Train the Workforce:** DRO Headquarters and all Field Offices should implement an ongoing program to educate and train the workforce regarding the threats from pandemic influenza. Training events should cover proper hygiene techniques and the use of Personal Protective Equipment. All training should be documented in unit training records. Additional information regarding the education of the workforce is contained in Section XII of this plan.
 - f. **Prepare a Communications Strategy:** DRO Headquarters and all Field Offices should develop a pandemic influenza communications strategy. The strategy should outline the processes that will be used to communicate with the workforce

and with detained populations. The processes identified should include telephonic recall procedures, email, and the use of language-specific and culturally sensitive training materials such as posters, brochures, and web sites. The strategy should outline reporting procedures including what information needs to be collected and the frequency of such reporting. Public affairs guidance and messages should be developed and disseminated to indicate how requests from the media will be handled.

- g. **Identify and Coordinate with Local Medical Providers and Law Enforcement Agencies:** Field Offices should identify a partner network of medical providers and law enforcement agencies that may be able to provide assistance in the event of a pandemic influenza outbreak. Medical contacts should include the location and contact information for local acute care hospitals. Law enforcement contact should include any agency that may book an individual into a DRO facility, as well as any agency that could receive an individual from DRO custody or that could provide backfill support in the event of a surge. Regular coordination with these service providers is highly recommended.
- h. **Procure and/or Inventory Required Equipment:** DRO Headquarters and Field Offices should identify and procure equipment needed to mitigate the effects of pandemic influenza. Items to be procured include stocks of Personal Protective Equipment for staff and detainees, disinfectants, pharmaceuticals, and mortuary affairs equipment. Information Technology equipment for the support of telework options should also be procured, tested, and disseminated. Included in this equipment should be air cards, secure tokens, and Government Emergency Telecommunications (GETS)/Wireless Priority Service (WPS) cards.
- i. **Analyze and Document Staffing Issues:** DRO Headquarters and Field Offices should review the characteristics of their staffs and document any issues which are relevant to pandemic influenza. Personnel with specialized training in emergency medical services should be identified. Staff members who are in identified high-risk categories (e.g. law enforcement, medical) or in at-risk categories (e.g. immunocompromised, pregnant) should likewise be identified and provisions made for their protection or possible reassignment to other duties. All employee emergency contact information should be reviewed and updated as necessary.
- j. **Provide Respirator Fit-Testing for High-Risk Populations:** All personnel who are in regular contact with detainees are considered to be in a high-risk population and should be fit-tested for a respirator. Fit-testing is a recurring requirement and should be completed at least annually.
- k. **Review Contracts:** As part of their vulnerability assessments, DRO Headquarters and Field Offices should review all active contracts to determine any potential difficulties that may prevent their fulfillment in the event of pandemic influenza. As necessary, the contracts should be modified to ensure DRO's mission essential functions can continue. Secondary and tertiary vendors for essential items should be identified.

- l. Prepare an Annual Budget:** In developing annual budgets, DRO Headquarters and the Field Offices should consider the requirements for general Continuity of Operations (COOP) programs and for the pandemic influenza mitigation program in particular.
 - m. Develop and Disseminate Family Support Guidance:** DRO Headquarters and the Field Offices should develop and disseminate pandemic influenza guidance for families. The guidance could include information on developing a family readiness packet that addresses key health and security issues. ICE HQ has developed excellent family support guidance that may be used as is, or tailored to meet the needs of individual offices and personnel.
 - n. Receive Pandemic and Seasonal Influenza Vaccinations:** All DRO personnel and their family members are encouraged to receive pandemic and seasonal influenza vaccinations as they become available. Field Offices should be prepared to establish vaccination procedures for detainees in the event such an action is directed.
- 2. Respond:** DRO's response activities correspond to Phases 5 and 6 of the construct proposed by the World Health Organization. The decision to move from preparedness to the response phase is triggered by noticeable increases in human-to-human transmissions of the virus. During the Response Phase, a premium will be placed on the discipline of individual teams to implement the preventative strategies and procedures outlined in this plan. The goal of the Response Phase is the maintenance of DRO's mission essential functions. Response actions include:
 - a. Distributing Personal Protective Equipment:** The Field Offices will distribute Personal Protective Equipment, along with guidance on its use, in an effort to slow the spread of the virus. Individual items of PPE will be tracked to ensure their use remains within prescribed guidelines for maintaining effectiveness. Equipment will be replenished as necessary.
 - b. Implementing Social Distancing Techniques:** As part of the Response Phase, DRO Headquarters and the Field Offices will implement both contact and transmission interventions as part of an overall mitigation strategy. Variations in work schedules, teleworking, travel restrictions and proper hygiene are some of the social distancing techniques that should be considered.
 - c. Adjusting Normal Operations to Mitigate the Influenza Spread:** In addition to social distancing techniques, the Field Offices will be prepared to institute a number of adjustments to routine operations for arrest and intake, detention operations, and removals. Part of these operational adjustments include:
 - (1) Increased medical surveillance of detainees to identify suspect and positive influenza cases;
 - (2) Cohorting, quarantine, and isolation of detainees;
 - (3) More frequent disinfection of facilities and vehicles;
 - (4) Limitations on visitation;

- (5) Variations on feeding, recreation, and other mass gathering to limit detainee contact.

d. Prepare to Implement Surge Operations: If adjustments to routine operations fail to create a manageable response to the spread of the disease, Field Offices should be prepared to implement surge operations. Surge operations may be necessary due to high absenteeism of essential staff or the closure of a key facility due to the number of detainees reporting influenza-like symptoms. Surge operations include but are not limited to:

- (1) Staff realignment using cross-trained individuals
- (2) Staff augmentation from locations outside a particular facility, including non-impacted locations outside the Area of Responsibility;
- (3) Authorization for overtime and other adjustments to scheduling personnel;
- (4) Implementing emergency bed space procedures to free up additional space at facilities not impacted by the disease;
- (5) Establishing adequate temporary mortuary facilities.

e. Implementing a Communications Strategy: DRO Headquarters and the Field Offices will implement and refine the communications strategy developed in the Preparedness Phase. Each location will designate a single spokesperson to answer media requests or to coordinate such requests with ICE HQ Office of Public Affairs. Each location must also implement and refine its internal strategy for communicating with detainees and staff. Consideration must also be given to opening regular communications channels with other DRO offices and with partner agencies in public health and safety.

f. Reporting: In addition to ad hoc communications, DRO Headquarters and Field Offices will implement standard reporting procedures and times. All DRO personnel should be directed to self-report changes in health status that may require their absence from official duties.

g. Planning for Recovery Operations: As with any Continuity of Operations event, recovery planning should begin as soon as the situation at a particular location stabilizes. Such activities include the planning to reopen a closed facility and the deliberate archival of pertinent records to support completion of an after-action report following a return to normal operations.

3. Recover: DRO's Recovery Phase corresponds to portions of Phase 6 of the World Health Organization's phasing construct. Actions to be taken during the Recovery Phase include preparing for a possible new wave of the pandemic influenza virus, as well as recovery to normal operations. Recovery activities include:

a. Maintaining Enhanced Surveillance: DRO Headquarters and the Field Offices will continue an enhanced surveillance posture in order to anticipate a possible future wave of pandemic influenza.

- b. Restocking Infection Control Supplies:** DRO Headquarters and the Field Offices will take advantage of any lull in pandemic activity to inventory and restock infection control supplies such as Personal Protective Equipment and disinfectants.
- c. Addressing Human Capital Concerns:** Depending upon the severity of the outbreak, DRO Headquarters and the Field Office will need to collaborate on addressing human capital concerns. Such issues may involve compensation for overtime worked, compensation for job-related disabilities incurred as a result of working with the ill, advance leave, and the replacement of staff due to long-term illness or death resulting from the virus.
- d. Completing and Submitting a Pandemic Influenza After-Action Report:** DRO Headquarters and the Field Offices will each write a pandemic influenza after-action report and submit it to their respective higher headquarters. The reports should include both lessons learned and best practices resulting from dealing with the most recent wave of pandemic influenza.
- e. Addressing Open Issues through a Unit Corrective Action Program:** DRO Headquarters and the Field Offices will enter open items identified in after-action reports into a unit Corrective Action Program. A responsible party for achieving closure on the item will be identified, along with a reasonable date to close the action.

Consult Annex E for a complete listing of preparedness, response and recovery actions required by each DRO office.

VII. ELEMENTS OF A VIABLE COOP CAPABILITY

Pandemic influenza is a continuity of operations issue, dealing with the maintenance of essential functions despite losses in personnel due to influenza-related death or illness. Federal Continuity Directive 1 (FCD 1), *Federal Executive Branch National Continuity Program and Requirements* provides guidance on the 12 components of a viable COOP capability. While the information contained in FCD 1 applies to any COOP event, several of the components require particular attention with regard to pandemic influenza.

- 1. Budgeting and Acquisition of Resources:** As part of its annual continuity of operations budget preparation, program managers should consider the requirements for preparing for a possible pandemic influenza outbreak. Such requirements include the restocking of Personal Protective Equipment; increased stocks of cleaning supplies; possible participation in pandemic influenza exercises; and additional Information Technology hardware to support telework and social distancing strategies. Managers at all levels should review regularly the Centers for Disease Control outlooks regarding future influenza threats, conduct a vulnerability analysis, and then adjust their budget submissions accordingly.

Vendors are not immune to the pandemic virus, and thus the potential exists for an interruption in the flow of essential goods and services due to the incapacitation of one or more suppliers. Prior to a pandemic outbreak, program managers should work with vendors to discuss contingency plans for sustaining the delivery of goods and

services while the virus runs its course. A vulnerability analysis should be conducted to identify and address the most significant threats to the supply chain. Secondary and tertiary sources for the most essential goods and services should be identified. ICE's Office of Asset Management can assist in locating suitable alternative vendors.

2. **Orders of Succession:** Having an unambiguous chain of command is essential during a crisis. Pandemic influenza can seriously disrupt weakly defined leadership lines, leading to confusion and delays in decision making. Senior leaders at all levels, particularly those in mission critical positions, must clearly define and communicate appropriate orders of succession that will take effect following an incapacitation due to death or prolonged illness. Federal Executive Branch COOP policy requires personnel in mission essential positions to identify, in prioritized order, at least three other positions capable of assuming the duties of that position. In the case of pandemic influenza, essential personnel may wish to consider identifying more than three positions in their orders of succession. Non-essential personnel may also wish to identify suitable back-up personnel. In all instances, personnel should be trained in the requirements of the position to which they are succeeding. Orders of succession should be reviewed regularly for currency.
3. **Delegations of Authority:** In certain instances there are strict legal guidelines regarding the authorities a person may exercise by virtue of his or her position. There are also prohibitions against other people using those powers unless a delegation of authority is made. Senior leaders must identify which legal authorities are reserved to their positions. As necessary, a formal delegation of authority memorandum should be executed specifying the particular conditions under which authority will be passed and who will assume that authority. In some cases a time or geographic restriction in those authorities must be considered and made clear in the delegation of authority. It is recommended that all delegation authority undergo review by an ICE legal representative. All delegations of authority should be reviewed at least annually.
4. **Continuity Facilities:** Continuity facilities exist primarily as a temporary alternate work place in the event of a loss of functionality at the normal operating location. Under a pandemic influenza scenario, where the facility and all its business systems remain fully functional, continuity facilities become an additional location that can be used to provide social distancing. Small groups of employees can work out of the continuity facility, reducing the number of person-to-person contacts and the opportunities for possible transmission of the virus.

Prior to opening a continuity facility as a social distancing option, several factors must be considered. The alternate work site must be capable of providing adequate medical care for the workers, including the capability to screen for the pandemic influenza virus. The site must also be prepared to provide any additional hygienic measures that may be necessary to clean and disinfect the facility. Other services such as transportation, food, laundry, and communications support should be in place to handle the needs of the deployed workforce.

DRO HQ personnel will coordinate with the ICE COOP Program Manager prior to using the Mt Weather Emergency Operations Center as an alternate work site during

a pandemic influenza outbreak. Other locations are encouraged to coordinate with the custodians of their alternate operating facilities prior to their use.

5. **Continuity Communications:** For some employees, telework provides yet another option for practicing social distancing. Such an option only becomes viable through extensive preparation and testing. In addition to the procurement of the necessary supporting technology – computers, air cards, secure tokens, and GETS/WPS access – a telework policy must be drafted. Teleworking personnel must agree to abide by the policy, particularly those sections related to the handling of personal or sensitive information. Teleworking must be tested at least quarterly in order to ensure its effectiveness.
6. **Human Capital:** Human capital concerns will be paramount during a pandemic influenza outbreak. Special consideration must be given over to compensation issues including the use of overtime, flex-time, the use of sick leave and of administrative leave. Human capital concerns also extend to staffing issues and how particular positions will be filled in the event of catastrophic illness or death. Policy and procedures related to human resources will need to be reviewed in light of the potential threat of pandemic influenza. Communications with the labor unions and union employees will be required during the review process.
7. **Test, Training, and Exercise Program:** The requirements of the COOP Test, Training, and Exercise Program should include scenarios related to operations in the presence of pandemic influenza. Section XII of this Plan provides additional information for tests, training, and exercising for the pandemic influenza threat.

VIII. RESPONSIBILITIES

The success of this plan is dependent upon the decisions of senior officials within the Office of Detention and Removal Operations and the coordinated actions of all DRO personnel.

1. The Director, DRO will:
 - a. Support the Assistant Secretary in matters related to ICE's continuity of operations responsibilities during a pandemic influenza outbreak;
 - b. Direct all actions related to DRO's preparedness and response to pandemic influenza;
 - c. Mandate additional measures not contained in this plan in order to preserve DRO's mission essential functions and protect health of DRO staff and its contact populations;
 - d. Approve this plan for implementation;
2. The Chief, Office of Policy and Communications will:
 - a. Coordinate with the ICE HQ Office of Policy regarding pandemic influenza policy statements;
 - b. Develop and promulgate DRO-specific policies to address and clarify pandemic influenza issues for detention and removal operations;

- c. Coordinate with the ICE HQ Office of Public Affairs on internal and external communications for pandemic influenza;
 - d. Assist the Field Office Directors in developing pandemic influenza communications strategies and messages for all aspects of detention and removal operations.
- 3. The Director, Division of Immigration Health Services will:
 - a. Direct the activities of DIHS staff and operations nationwide;
 - b. Provide influenza-related medical guidance to the Director and Assistant Directors;
 - c. Recommend changes to routine DRO operations for the purposes of mitigating the effects of pandemic influenza;
 - d. Oversee the provision of pandemic-related health services for ICE detainees at IGSA detention facilities and state agencies nationwide;
 - e. Ensure medical escorts are trained in screening for pandemic influenza symptoms.
- 4. The Assistant Director for Management will:
 - a. Provide oversight and guidance for all aspects related to the efficient management of DRO facilities, workforce, and mission support operations during a pandemic influenza outbreak;
 - b. Support the Assistant Director for Operations on issues related to the management of Field Office operations during a pandemic influenza outbreak;
 - c. Support the Assistant Director for Enforcement on issues related to enforcement operations during a pandemic influenza outbreak;
 - d. Ensure DRO budget submissions adequately address the threat from pandemic influenza and other COOP-related activities.
- 5. The Assistant Director for Operations will:
 - a. Provide oversight and guidance for all aspects related to the efficient management of field operations during a pandemic influenza outbreak;
 - b. Coordinate with the Assistant Director for Management on operational issues associated with DRO facilities, workforce, budgeting and acquisition for pandemic influenza events;
- 6. The Assistant Director for Enforcement will:
 - a. Provide oversight and guidance for all aspects related to the efficient management of enforcement operations during a pandemic influenza outbreak;
 - b. Coordinate with the Assistant Director for Management on enforcement issues associated with the DRO workforce, budgeting and acquisition for pandemic influenza events.

7. The Deputy Assistant Director, Mission Support Division will:
 - a. Assist in the coordination and submission of budgets for pandemic influenza-related items;
 - b. Assist in coordination of pay and benefit discussions regarding issues such as overtime and leave policies during a pandemic influenza;
 - c. Work with the Office of Human Capital on the hiring of personnel to replace DRO employees lost to influenza-related sickness or death;
 - d. Provide guidance on the use of purchase cards during emergency operations.
8. The Deputy Assistant Director, Detention Management Division (DMD) will:
 - a. Ensure DMD participation in the development of detention management policies and procedures for pandemic influenza;
 - b. Assist Field Offices in the acquisition of essential goods and services to combat the threat of pandemic influenza;
 - c. Ensure the maintenance of detention standards throughout the course of a pandemic influenza outbreak;
 - d. Assist in the planning for additional bed space capacity during a pandemic influenza outbreak;
 - e. Assist in the investigation of any detainee complaints regarding pandemic influenza-related health services.
9. The Deputy Assistant Director, Removal Management Division will:
 - a. Develop and promulgate guidance regarding removals during a pandemic influenza;
 - b. Provide case management guidance for pandemic influenza operations;
 - c. Provide assistance with transportation planning for removals;
 - d. Ensure travel documents contain any information regarding hazards to travel during a pandemic influenza outbreak.
10. The Deputy Assistant Director, Compliance Enforcement Division will:
 - a. Provide guidance on the use of Alternatives to Detention during a pandemic influenza outbreak;
 - b. Provide guidance on possible reductions to the National Fugitive Operations Program to alleviate stresses on intake at detention facilities.
11. The Deputy Assistant Director, Response Coordination Division will:
 - a. Ensure the currency of this plan;
 - b. Recommend changes to DRO's pandemic influenza mitigation procedures, through appropriate channels, to the Director, DRO;
 - c. Coordinate with the National Incident Response Unit on all issues related to ICE guidance on pandemic influenza;

- d. Coordinate pandemic influenza activities with the Field Incident Response Coordinator at each Field Office;
- e. Assist Field Office Directors in establishing and maintaining robust pandemic influenza mitigation programs;
- f. Ensure appropriate DRO representation at pandemic influenza exercises;
- g. Ensure the DRO Headquarters Emergency Operations Center is adequately staffed to support pandemic influenza emergency operations;
- h. Gather responses from DRO Headquarters and field operating units for a comprehensive pandemic influenza after-action report;
- i. Manage the DRO Pandemic Influenza Corrective Action Program to address deficiencies in DRO's approach to mitigating pandemic influenza.

12. The Chief, Juvenile and Family Residential Management Unit will:

- a. Ensure the adequate provision of pandemic influenza-related medical and mental health services to unaccompanied children and family members in DRO custody;
- b. Liaise with other DHS components on issues related to juvenile care during a pandemic influenza outbreak;
- c. Identify gaps and shortfalls in pandemic influenza care and treatment at DRO's family residential facility to the Detention Health Care Unit;
- d. Ensure health-related coordination is completed prior to the transfer of juveniles and family members into and out of DRO custody.

13. The Chief, Flight Operations will:

- a. Coordinate with DIHS on health screening procedures for flight crew, staff, and individuals involved in DRO flight programs;
- b. Promulgate flight operations guidance during a pandemic influenza outbreak to DRO components and partner organizations;
- c. Coordinate with Department of Justice flight operations on guidance for disinfecting aircraft during a pandemic influenza outbreak.

14. The Field Office Directors will:

- a. Be responsible for all efforts to promote good health practices and mitigate the threat of pandemic influenza within their Areas of Responsibility;
- b. Ensure DRO's Mission Essential Functions continue without significant interruption within their Areas of Responsibility;
- c. Recommend changes to routine DRO operations for the purposes of mitigating the effects of pandemic influenza;
- d. Direct completion of a risk and vulnerability to determine programs and procedures at risk from pandemic influenza;

- e. Direct the review of contracts to ascertain their viability under conditions of pandemic influenza;
- f. Establish telework policies and agreements;
- g. Coordinate with local public health and safety officials on possible partnering activities for pandemic influenza;
- h. Develop an annual budget that reflects requirements for pandemic influenza and other COOP-related items.

15. The Field Incident Response Coordinators will:

- a. Support the Field Office Director in developing and implementing programs to mitigate the threat of pandemic influenza;
- b. Coordinate with DRO Headquarters' Incident Response Unit personnel on issues related to pandemic influenza;
- c. Prepare, as necessary, a local pandemic influenza response plan;
- d. Review, at least annually, the pandemic influenza plans of DRO and any partner organizations;
- e. Work with the Field Office Senior Training Officer to develop and implement pandemic influenza awareness training for all personnel;
- f. Ensure new personnel in law enforcement and other mission critical positions are fit-tested for the N-95 respirator;
- g. Ensure the recurring requirement for N-95 respirator refresher training is completed;
- h. Ensure pandemic-influenza reporting is accomplished in accordance with ICE Headquarters' guidance;
- i. Capture key events, lessons learned, and best practices for inclusion in a comprehensive pandemic influenza after-action report.

16. All personnel will:

- a. Complete all required pandemic influenza-related training;
- b. Take steps to practice recommended hygienic practices to mitigate the spread of pandemic influenza;
- c. Self-monitor their own health for the symptoms of influenza;
- d. Seriously consider receipt of pandemic and seasonal vaccinations when offered;
- e. Maintain a Family Readiness Kit.

IX. LOGISTICS

Field Offices will develop plans to address the logistics associated with a pandemic influenza outbreak. In some cases the planning factors deal with procuring the specialized equipment

necessary to mitigate the effects of pandemic influenza. In other cases the issues center on maintaining the security of the supply chain covering all goods and services required to support detention and removal operations.

1. **Ensuring Adequate Stocks of Supplies:** Annex A contains a list of recommended items that detention facilities should have on hand to deal with the additional medical and hygienic requirements associated with pandemic influenza. Field Office personnel should conduct regular inventories to ensure an adequate supply of consumable and durable equipment to mitigate and treat pandemic influenza is readily available. On-hand supplies should be sufficient to last for the duration of a pandemic influenza wave, normally six to eight weeks. Trigger points should be established for the acquisition of additional supplies as stocks are depleted.
2. **Addressing Supply Shortages:** An unanticipated high demand for certain supplies may result in a shortage. As soon as a potential shortage of required equipment becomes apparent, personnel should identify the issue to DRO Headquarters for assistance in addressing the shortfall. Cross-leveling of equipment may be possible across the different Field Offices, and temporary stocks of needed equipment may be available from other Federal, State, and local partner organizations. Vendors should be approached with a request for an expedited delivery of equipment, or orders should be modified to increase the amount of supplies for subsequent deliveries. DRO Headquarters and Field Offices should identify secondary and tertiary vendors who may be able to fulfill orders the primary vendor cannot. In the event that additional supplies will not be available for some time, Field Office Directors and program managers should prioritize the personal and programs that will receive the remaining inventory.
3. **Developing Alternate Delivery Procedures:** Under conditions of a severe pandemic, Field Offices should develop and implement alternate procedures for the receipt of essential goods and services. This normally entails establishing supply drop-off points at locations outside the DRO facility. Supplies should be handled with aprons and gloves and disinfected prior to final delivery.
4. **Providing Security for Medical Stockpiles:** Certain medical supplies, particularly vaccines and other medications, may require additional levels of security while in transit and storage. Field Office Directors should develop contingency plans for safeguarding the medical stockpile.
5. **Mortuary Affairs:** Field Office Directors should assess the current capacity for handling deceased persons at each detention facility. Provisions should be made for the establishment of temporary morgue sites somewhere within the facility. Special considerations for handling the remains of the deceased are given in Annex C.

X. TRANSPORTATION

Transporting an individual with an undetermined health condition represents one of the best ways to introduce a pandemic influenza virus into the DRO system. In light of this, significant caution must be exercised when moving detainees into or between detention

facilities. Proper planning and the implementation of some preventative measures can help to reduce the probability of spreading the influenza virus among the detained population.

1. **Ground Transportation:** In moving detainees by ground transportation, several mitigation strategies should be considered:
 - a. **Vehicle Selection:** If time and availability permits, DRO personnel executing ground movement should select a vehicle appropriate for the operation. The optimum vehicle to use would offer a physical barrier between the driver and the detainee(s). When moving multiple detainees, a larger vehicle that would permit some separation between the detainees is preferred.
 - b. **Increased Ventilation:** While in transit, make every effort to increase the air flow into and out of the interior compartments of the vehicle.
 - c. **Availability and Use of Protective Equipment:** All vehicles should carry Personal Protective Equipment for both the DRO personnel and the individuals being transported. If tolerable, detainees should don a surgical mask. DRO personnel will consider the use of a respirator.
 - d. **Provide Medical Guidance to Detainees:** Prior to entering the vehicle, detainees will be provided verbal or written guidance on cough etiquette and respiratory hygiene.
 - e. **Provide Notification to and from Receiving Facility:** DRO personnel will provide suitable notification to the receiving facility when transporting an individual with an undetermined or suspect health condition. In turn, the receiving facility will provide the transporting officer or agent with guidance regarding receipt procedures. One procedure may be the requirement for a rapid medical screening of the individual at a remote location prior to entering the facility. Detention facilities should develop and clearly communicate their procedures for taking receipt of a detainee with a suspect health condition.
2. **Air Transportation:** Transportation by air brings additional complications to the movement of detainees. Air travel is not as flexible as ground transportation to changes to operations and scheduling. The confined interior precludes the ability for a rapid and complete exchange of contaminated air. The shackling of detainees during flight severely limits their ability to cover their mouths and noses prior to a cough or sneeze. In moving detainees by air transportation, several mitigation strategies should be considered:
 - a. **Pre-screening Prior to Departure to the Airport:** Detainees should be pre-screened for possible pandemic influenza symptoms prior to departing for the airport. Symptomatic or suspect cases should be separated immediately from other detainees to avoid spreading the disease further. The symptomatic or suspect case can be rescheduled for a flight after no longer showing symptoms for 48 hours.
 - b. **Availability and Use of Protective Equipment:** If tolerable, detainees should don a surgical mask while in transit to the airport and during flight.

- c. **Final Screening by Flight Nurse Prior to Departure:** The JPATS Flight Nurse will evaluate all detainees for their fitness to fly. Detainees with unstable medical conditions will not be allowed to board the aircraft. The JPATS Flight Nurse (or in his or her absence, the Senior Officer in Charge) will have final discretion over the boarding of any individuals. The Medical Transportation Coordinator or the Aeromedical Branch Chief in Kansas City must be notified of any anticipated refusals for boarding.
3. **Disinfecting Vehicles:** During a pandemic influenza outbreak, transporting vehicles must be clean and disinfected with greater frequency and greater diligence. Consult Annex D for more explicit guidance regarding the disinfection of vehicles.

XI. TESTS, TRAINING, AND EXERCISES

A comprehensive Test, Training, and Exercise (TT&E) Program supports all phases of the DRO Pandemic Influenza Contingency Plan. A regular TT&E cycle raises the awareness for all DRO personnel to the threat of pandemic influenza. It also permits structured opportunities to evaluate the readiness of personnel, policies, procedures, data, facilities, and systems to support DRO mission essential functions under conditions of pandemic influenza. The results of TT&E events will be submitted to a Corrective Action Program for the development and implementation of corrective actions or for the identification of “Best Practices”.

1. **Testing.** Tests are designed to assess, validate, or identify for subsequent correction, all components of plans, policies, procedures, systems, and facilities used in response to a pandemic influenza event. The following are the minimum testing standards for the DRO Pandemic Influenza Program:
 - a. **Alert and Notification:** Conduct an alert and notification drill with unit personnel. The drill will test the currency of unit recall rosters and the speed and accuracy with which information can be passed. Ideally, alert and notification drills should be conducted at least quarterly;
 - b. **Telework:** At least quarterly, individuals designated for telework should test their ability to carry out their assigned duties remotely. Issues uncovered during the telework test should be identified to the unit Information Technology officer for resolution;
 - c. **Fit-testing:** N-95 Respirator fit-testing is mandatory for all DRO law enforcement officers. Field Office Directors and Headquarters program managers will identify other individuals for whom testing is mandatory. Initial fit-testing for designated employees will be conducted upon arrival. Refresher training will be conducted annually thereafter.
2. **Training.** Training is designed to familiarize continuity personnel with their roles and responsibilities in support of DRO’s Pandemic Influenza Contingency Plan. The following are the minimum training standards for the training Program:

- a. **Awareness Training:** All DRO personnel will receive pandemic influenza awareness training. A Pandemic Influenza training module is available via the ICE Virtual University web site. This training should be conducted annually. Additionally, DRO Headquarters and Field Office senior leaders will receive annual training on continuity responsibilities, orders of succession, delegations of authority, devolution operations, and reconstitution.
 - b. **Independent Study 520: Introduction to Continuity of Operations Planning for Pandemic Influenzas:** The Federal Emergency Management Agency's Emergency Management Institute offers a short, online course entitled, "Introduction to Continuity of Operations Planning for Pandemic Influenzas (IS 520)". This training is recommended for COOP Program Managers at DRO Headquarters and at the Field Offices.
<http://training.fema.gov/emiweb/is/is520.asp>
3. **Exercises.** Exercises use simulated situations to evaluate the readiness of DRO to perform its Mission Essential Functions in pandemic influenza conditions. DRO personnel are encouraged to seek out opportunities to exercise with Federal, State and local partner agencies to maximize the benefits of the collaboration.
 - a. **Exercise DETERMINED ACCORD:** The Federal Emergency Management Agency (FEMA) sponsors a tabletop exercise (TTX) for pandemic influenza. The TTX series is entitled Exercise DETERMINED ACCORD. The purpose of the exercise is to test and improve continuity readiness for a pandemic event, to mitigate vulnerabilities during an influenza pandemic outbreak, and to identify gaps or weaknesses in pandemic plans, policies, and procedures. Consult with training offices at FEMA Region Headquarters for the availability of an Exercise DETERMINED ACCORD event.
4. **Documentation.** All test, training, and exercise activities will be documented in unit training records. Documentation will include the date of the event and the name of the participants. For training events, documentation will also include the name of the instructor providing the training.
5. **Corrective Action Program.** At DRO HQ, the COOP Program Manager will establish a Corrective Action Program to identify, track, and provide remedial actions to address issues identified during pandemic influenza-related testing, training, and exercising. Similar programs should be established at each Field Office. The Corrective Action Program will also be the focal point for identifying and implementing any activity or procedure identified as a "Best Practice".

XII. PLAN MAINTENANCE

The DRO HQ COOP Program Manager (PM) is responsible for the maintenance of this plan. The PM has the authority to accomplish minor changes to the plan to ensure its currency and

accuracy. Such changes may be accomplished without the need to obtain signature approval from the Director, DRO.

- Such minor changes typically do not materially affect the established process. Examples include title/name changes, formatting corrections, and typographical errors discovered after procedure approval.
- Minor changes shall be summarized in the Record of Changes section with the date of the change and change number indicated.
- Changes that, in the judgment of the COOP PM, substantially alter the process or desired outcome of the procedure shall be accomplished as a complete revision and submitted through the DRO Assistant Directors to the Director, DRO for approval.
- The COOP PM is granted discretionary authority to implement immediate changes to this plan to conform to a developing situation. Such immediate changes should be communicated to the Director, DRO through the Assistant Directors as soon as possible after implementing the change.

As a minimum, an annual review of the entire plan shall be conducted. Completion of this review shall be documented in the “Record of Revisions” section that accompanies this plan. Additional reviews will be conducted following DRO HQ participation in higher headquarters’ exercises and upon issuance of major changes to the ICE Pandemic Influenza Contingency Plan.

Any amendment to the plan that results in significant changes to operations should be discussed with other stakeholders. These stakeholders may include medical service providers and law enforcement agencies at the Federal, State, or local levels, non-governmental organizations, foreign consulates, or private industry.

ANNEX A: PANDEMIC INFLUENZA ESSENTIAL EQUIPMENT

A stockpile of essential equipment should be established and maintained to allow for independent operations lasting for six to eight weeks. Regular inventories of the available equipment should be conducted, and trigger points should be established to indicate when replacement stocks should be ordered.

CATEGORY	RECOMMENDED ITEM	NOTES
Fit Testing	• Fit-test kits ▪ Hood ▪ Sweet test solution ▪ Bitter test solution ▪ Nebulizers • N-95 Respirators ▪ Style 8511 for DRO personnel ▪ Style 8110 for personnel with small faces • Ziplock plastic bags for storage of three masks	Each fit-test kit services 150 individuals.
Infection Control	• N-95 Respirators for DRO personnel • Surgical masks for detainees • Hand sanitizer • Bar soap • Hard-surface cleaning materials • Aerosol disinfectant • Chlorine bleach • Bio-wipes • Spray bottles for applying cleaning solutions • Tissues • Gloves (Sizes Small through Extra Large) • Goggles • Face Shields • Gowns or aprons	A rough guide for determining the required number of N-95 respirators is: 3 masks per day times 120 days times the number of personnel requiring respirators. A list of all EPA-approved disinfectants is available at: www.epa.gov/oppad001/chemregindex.htm
Medical	• Specimen Collection Kits • Rapid influenza test kits • Viral transport media	

	• Anti-viral medications • Influenza vaccines (if released) • Routine and chronic medications	
CATEGORY	RECOMMENDED ITEM	NOTES
Mortuary Affairs	• Body bags • Dry ice • Refrigerated storage • 8 ½" x 11" plastic sleeves, 2 per deceased ▪ To protect paperwork • Clear tape, waterproof ▪ To seal plastic sleeves • Clear plastic bags ▪ For personal effects of the deceased • Washcloths and towels ▪ For cleaning and padding • Strips of materials ▪ To tie legs together • Identification cards	See Annex C for more guidance on Mortuary Affairs.
Education and Training	• Posters • Brochures • Video	Ensure the availability of material targeted to differences in language, culture, and educational levels.

ANNEX B:

PANDEMIC INFLUENZA INFECTION CONTROL GUIDANCE

Influenza viruses are transmitted person to person predominantly via mucous membrane exposure to infectious respiratory secretions discharged initially as large droplets. These droplets can transmit influenza virus to susceptible persons present in the occupied space within 6 feet from the source patient. Large droplets, however, tend to settle out of the air in a relatively short period and eventually come to rest on a variety of environmental surfaces. Environmental surfaces in homes, healthcare facilities, and other places of business include, but are not limited to, large housekeeping surfaces (e.g., floors, walls, windows, tables and countertops), equipment and appliances, and surfaces frequently touched by hand (e.g., door handles, light switches, bathroom and kitchen surfaces, phones, computers). Aerosolization of virus (i.e., production of tiny particles) from respiratory secretions can occur, but exposure to these particles is not considered to be a primary means of spread.

Some strains of influenza virus may persist for 24 to 48 hours on hard, nonporous surfaces. On porous surfaces such as cloth or paper, the same virus can last for 8 to 12 hours. An aggressive program of infection control that includes regular cleaning and disinfection of surfaces where the virus may linger is an important mitigation tool¹. Likewise, a disciplined program of personal hygiene can help to eliminate many opportunities for direct contact transmissions between infected and non-infected individuals.

The following table provides guidance for controlling the spread of pandemic influenza.

¹ A list of all Environmental Protection Agency-registered disinfectants can be found at <http://www.epa.gov/oppad001/chemregindex.htm>.

Item	Method or Task	Recommended Action	Frequency
1	Hand Hygiene	• Wash hands for 15-20 seconds ▪ Use plain or antimicrobial soap and water ▪ Use alcohol-based hand sanitizers ▪ Wash both sides of hands to include the wrist area, between fingers, and under fingernails • Avoid touching eyes, nose, and mouth with unsanitized hands or gloved hands • If using disposable gloves, roll slowly off the wrist to the fingertips ▪ Dispose of immediately ▪ Clean and sanitize hands	Frequently, but most particularly: ▪ After sneezing or coughing into the hand ▪ Before eating ▪ Before and after touching an ill person; ▪ After being exposed to a bodily secretion; ▪ After contact with an ill person's surroundings
2	Cough/Sneeze Etiquette Respiratory Hygiene	• Cover the mouth and nose with the upper part of the sleeve, not the hand; or • Cover the mouth and nose with a tissue; ▪ Dispose of the tissue after a single use ▪ Sanitize hands • Wear a surgical mask • Wear a respirator (following fit-testing)	Any time during active pandemic period
3	Eye Protection	• Wear goggles; • Wear a face mask	• When using a cleaning method where there is a potential for splashing liquids • When treating patients and there is a potential for contacting bodily

			secretions (e.g. vomiting)
4	Facility Cleaning	• Follow all manufacturer's instructions regarding the use of cleaning and disinfecting materials; • Encourage the use of Personal Protective Equipment for the Environmental Services staff; ▪ Disposable gloves; ▪ Gowns or aprons; ▪ Eye protection, if splashes are anticipated • Large, hard-surface cleaning: ▪ Avoid cleaning methods that produce mists or aerosols ▪ Use wet-dusting techniques ▪ Clean large surfaces (e.g. floors) using normal detergents/disinfectants, following manufacturer's instructions; ▪ Exchange cleaning solutions frequently; ▪ Replace soiled mop heads and cloths with clean items; • Office Areas: ▪ Frequent use of room air deodorizers to disinfect the air is not recommended; ▪ Clean and disinfect commonly touched areas: ▪ Door handles; ▪ Telephone receivers and touch pads; ▪ Computer keyboards; ▪ Computer printers ▪ Remote controls; ▪ Elevator buttons; ▪ Desk tops; ▪ Supply cabinets; ▪ Refrigerator and microwave door handles; ▪ Vending machines	• Areas housing the ill should be cleaned daily and upon departure of the ill person • Commonly touched areas should be cleaned at least daily

		▪ Electronic equipment can be cleaned using hand-sanitizing wipes.	
5	Laundry	• Wear gloves; • Consider the use of a gown or apron; • During collection, handle soiled items with a minimum of fluffing or agitation; • Follow manufacturer's instructions for: ▪ Detergent use; ▪ Laundry additives; ▪ Bleach; ▪ Appropriate water temperature; • Use dryer setting appropriate for the material ▪ Line drying is permitted • Clean hands before removing materials from the washer or dryer.	Any time during active pandemic period
6	Eating Utensils	• Follow manufacturer's instructions for: ▪ Detergent use; ▪ Appropriate water temperature; • Ensure hands have been sanitized or gloved when handling clean utensils, dishes, and trays	Any time during active pandemic period
7	Solid Waste Disposal	• In health care settings: ▪ Use Personal Protective Equipment when handling open waste containers; ▪ Follow normal waste containment procedures; ▪ Use current procedures for treating regulated medical waste ▪ Treated medical waste can be deposited in municipal solid waste landfills as per normal procedures; • In non-health care settings: ▪ Disposable tissues used to contain coughs, sneezes, or nasal discharges can be tossed in	Any time during active pandemic period

		standard waste receptacles; ▪ Clean and sanitize hands after emptying waste containers; ▪ Non-medical waste can be deposited in municipal solid waste landfills as per normal procedures.	
8	Ground Vehicles	• Generally, all vehicles should be maintained properly to include cleanliness (interior and exterior). When needed, vehicles should be cleaned before and after each use. • While in transit: ▪ Prior to entering the vehicle, passengers should be advised of proper cough and respiratory etiquette; ▪ Maximize ventilation and air flow exchange to the extent tolerable by all passengers ▪ If tolerable, place a surgical mask on detainees; ▪ DRO personnel should consider the use of respirators ▪ Notify the receiving facility if a detainee with a possible viral infection is being transported; ▪ Driver will follow the instructions of the receiving facility regarding delivery of the detainee. • After transit: ▪ Clean and sanitize hands; ▪ Drive vehicle to a location away from pedestrian traffic ▪ Open all doors and windows ▪ Turn ventilation system on HIGH for 10 minutes ▪ Don Personal Protective Equipment ▪ Clean and sanitize vehicle ▪ Wipe down hard surfaces with a sanitizing wipe, including: ▪ Steering wheels;	Any time during active pandemic period Driver's compartment should be cleaned after each use of the vehicle Passenger compartment should be cleaned at least daily, or when an obvious spillage of bodily fluids has taken place.

		▪ Gear shift; ▪ Radio buttons; ▪ Door knobs and buttons; ▪ Dashboard ▪ Avoid using cleaning methods that produce mists or aerosols or disperse dust ▪ Use wet-dusting techniques ▪ Sensitive equipment can be cleaned using hand-sanitizing wipes; • Consider the use of disposable plastic covers for the protection of sensitive items ▪ Dispose of plastic covers in plastic bags; • Dispose of cleaning rags and protective gloves in plastic bags; • Clean and sanitize hands	
9	Limit Mass Gatherings	• Limit visitors to the facilities; • Encourage telework for applicable personnel; • Consider staggering work shifts; • Space workers farther apart; ▪ Consider the use of continuity facilities • Cancel non-essential travel; • Cancel non-essential face-to-face meetings; • Postpone training events that can be deferred; • Encourage the use of conference calls or video conferencing	Any time during active pandemic period
10	Other Actions	• All personnel should: ▪ Get vaccinated for both pandemic and seasonal influenza variants; ▪ Stay home if sick; ▪ Leave work if feeling ill; ▪ Avoid crowded places (at work or outside work) if in an at-risk category;	Any time during active pandemic period

		▪ Eat well; ▪ Exercise; ▪ Get plenty of sleep	
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ANNEX C: MORTUARY AFFAIRS GUIDANCE

In the event of a severe pandemic flu, it is anticipated that the services of community funeral homes and local medical examiners could become temporarily unavailable. In that instance, detention facilities would have responsibility for the initial processing and storage of bodies of deceased detainees. The following guidance provides detailed procedures for caring for the deceased should it become necessary.

The Department of Health and Human Services (DHHS) estimates that for a severe pandemic flu the death rate in the general community would be 6 deaths per 1000 persons who become ill. The DHHS estimate assumes that 30% of the population will become sick with the flu and that 2% of those who become sick with pandemic flu die from it.

This guidance for the care of the deceased includes the following elements:

- Communication with local health department and medical examiner about pandemic flu planning;
- Procedures for setting up a temporary morgue (if community resources become unavailable);
- Detailed procedures for the care of the deceased, including lists of needed supplies; and a
- Description of the forms required for identifying and tracking the deceased.

It should be noted that those attending to the deceased are at much greater risk of contracting pandemic flu from exposure in the general community or through contact with someone who is ill with pandemic flu than from contact with the deceased.

- Dead bodies do not cause epidemics.
- Use standard precautions when in contact with blood or body fluids, including good hand washing.

Item	Task	Recommended Action
1	Preparation for the care and management of the deceased	- Identify a person to be responsible for care of the deceased planning; - Communicate with the local health department and medical examiners office regarding care of the deceased issues during a pandemic influenza; - Identify vendors who can support requirements for mortuary affairs; - Body bags; - Dry ice; - Refrigeration units - Estimate the number of detainee deaths that may result from a worst-case pandemic influenza scenario; - Identify a suitable location for a temporary morgue and temporary burial plots
2	Develop local facility plans for the care of the deceased.	- Develop facility-specific plans for locating, tracking, and caring for the deceased; - Consult with chaplains regarding the accommodation of religious practices. - Develop protocols for recording detainee deaths; - Develop protocols for communicating detainee deaths to ICE and appropriate health officials.
3	Procure necessary supplies	Develop methods for storing and inventorying required materials for the care of the deceased.
4	Conduct a training event	- Conduct training on the care of the deceased; - Document the results of the training; - Identify and implement any corrective actions.
5	Implement infection control procedures for handling the deceased	- Clean and sanitize hands prior to touching the remains; - Don Personal Protective Equipment; - Single-layer gloves; - Surgical mask; - If there is a risk of splashes from bodily fluids,

		don gown and eye/face protection • Place a surgical mask over the nose and mouth of the deceased; • Avoid wiping eyes, nose, and mouth; • Do not smoke, eat, or drink when handling the body; • Do not spray or place a disinfectant on the body; • Clean and sanitize all surfaces on equipment used to transport the deceased.
6	Prepare the body	• Straighten the body; • Without using force, close the eyelids; • Close the person's mouth by placing a rolled towel under the chin; ▪ Ensure dentures, if any, are in person's mouth; • Remove all IV lines, monitors, and other equipment; • Bathe any part of the body that is soiled with blood or other body fluids; • Remove and replace any soiled dressings; • Remove jewelry and/or eyeglasses; ▪ Document any items removed; • Pad the wrist and ankles with rolled-up washcloths and tie them together loosely
7	Complete documentation	• Prepare <i>Pandemic Flu Death Record</i>; • Make three (3) copies; • Place two (2) copies in plastic sleeves; ▪ Seal sleeves with waterproof, transparent tape; • Maintain one (1) copy in a notebook or file; • Prepare identification tag.
8	Attach documentation to the body	• Attach one copy of the <i>Pandemic Flu Death Record</i> (in plastic sleeve) to the right wrist. • Attach identification tag to the right toe using a plastic twist-tie.
9	Place the body into a body bag	• Put clothing and personal effects in a separate plastic bag; • Place the bag of clothing and personal effects

		inside the body bag; • Remove the surgical mask from the deceased's face prior to closing the body bag; • Ensure that the bag is fully sealed and that no body fluids are leaking; • Ensure that the outside of the body bag is clean; • Attach one copy of the <i>Pandemic Flu Death Record</i> (in plastic sleeve) to the outside of the body bag.
10	Store the body for future transport and burial	• Refrigerate the remains between 34 and 37 degrees Fahrenheit. ▪ Employ dry ice if required ▪ Exercise care in handling the remains • If refrigeration is not available, move body to temporary burial site ▪ Observe religious rituals
11	Complete infection control measures	• Properly dispose of any soiled or used materials; • Remove gloves properly; • Wash hands thoroughly
12	Notify medical examiners office and local health department	• Note the pandemic influenza-related death
13	Complete and submit an after-action report	• Identify lessons learned; • Identify best practices; • Enter open findings into a Corrective Action Program for resolution and closure.

<Facility Name> <Address> <Phone>	
Last Name:	First Name: MI:
Alien #: Date of Birth: ___/___/___ Date of Death: ___/___/___	
Place of Death ☐ Institution in: ☐ General Population ☐ Airborne infection isolation room ☐ SSU ☐ SHU ☐ Other single cell/room ☐ Community Hospital ☐ Other _____	
Type of Death: ☐ Influenza/no complicating condition ☐ Influenza/complicating condition(s) _____ ☐ Other _____	
DNR Order ☐ Yes ☐ No Autopsy ☐ Yes ☐ No	
Preliminary Cause of Death:	
Clinical Synopsis of Events Leading to the Death (including clinical care provided): <i>(continue on additional page if more room needed)</i>	
Location of Body: (1) Date:	
(2) Date:	
(3) Date:	
Next of Kin: _____ Notified? ☐ Y ☐ N Address: _____ Phone: _____	Religion of deceased: _____ Religious ritual requirements? _____
Personal effects accompanying body (list all):	
Staff person completing report:	
Name (print):	Title:
Signature:	Date:
Note: This document serves the following purposes: 1) provides local facility with a record of the death, 2) provides record of the location where the body is stored, 3) provides documentation to maintain with the body, 4) serves as the Pandemic Influenza Death Record.	Form instructions: Make 3 copies, placing 2 in sealed plastic sleeves. 1) Attach 1 sealed copy to right wrist of detainee; 2) Secure 1 sealed copy to the outside of body bag; and 3) Maintain 1 copy on file.

Table C-2. Pandemic Influenza Death Record.

ANNEX D:
PANDEMIC INFLUENZA PUBLIC AFFAIRS GUIDANCE

No staff member shall offer any statements or respond to any questions from the media without first being approved by the Public Information Officer or Field Office Director and cleared by DRO Headquarters.

DRO personnel should consult ICE Office of Public Affairs' Standard Operating Procedure for more specific guidance on handling requests from the media.

ANNEX E: ORGANIZATIONAL CHECKLISTS

APPENDIX 1 TO ANNEX E: ORGANIZATIONAL CHECKLIST FOR DRO HEADQUARTERS

ITEM	PHASE	ACTIVITY	TASK	OPR	FREQUENCY
1	Preparedness	Policy	- Conduct a review of policies related to pandemic influenza operations - Vaccinations; - Respirator Protection; - Leave; - Telework; - COOP; - GETS/WPS; - Detainee Death Reporting.	P	A
			Develop/revise policy for pandemic influenza	P	AR
			- Promulgate new/revised policy statements - For major changes to policy, share with partner organizations outside DRO	P, AD	AR
		Planning	- Appoint a Multidisciplinary Pandemic Influenza Planning Committee. Select members from: - Law Enforcement - Logistics - Training - Communications - Medical Care - Emergency Management	AD	AR
			Prepare or revise DRO Pandemic Influenza Plan Coordinate with ICE and other key stakeholders	RCD	A

A = Annually Q = Quarterly AR = As Required

AD = Assistant Director P = Policy and Communication MS = Mission Support Division RCD = Response Coordination Division

			Promulgate new or revised DRO Pandemic Influenza Plan	AD	AR
		Human Capital	Identify potential at-risk populations on staff	D	AR
			Develop and disseminate Family Support Guidance (in concert with ICE)	RCD	AR
			Coordinate pay and benefit discussions regarding issues such as overtime and leave related to pandemic influenza	MS	AR
		Budgeting & Acquisition	Prepare and submit budget for DRO HQ COOP-related activities, including pandemic influenza	RCD, MS	A
			Procure Personal Protective Equipment for staff	MS	AR
			Procure cleaning and disinfecting supplies	MS	AR
			Procure equipment necessary for telework	MS	AR
			Review contracts for their currency and relevance to the Pandemic Influenza situation	MS	A, AR
			Develop lists of alternate vendors for essential equipment	MS	AR
		Communications	Develop and promulgate messages and strategies for communicating with the media	AD, P	AR
			Coordinate messages with internal and external Public	P	AR

			Affairs agencies		
		Coordination	• Coordinate with outside public health and safety agencies on pandemic influenza responses	AD, D, RCD	AR
		TT&E	• Require all employees to complete ICE Pandemic Influenza training via Virtual University	AD	A
			• Procure and distribute Pandemic Influenza training materials ▪ Posters; ▪ Video; ▪ Brochures	RCD	AR
			• Conduct fit-test refresher training	RCD	A
			• Coordinate alert & notification exercise	RCD	Q
			• Coordinate DRO HQ telework exercise	RCD	Q
			• Ensure DRO HQ participation in higher headquarters' exercises	RCD, D	AR
			• Identify DRO HQ personnel who should complete IS-520 training (Introduction to COOP Planning for Pandemic Influenzas)	RCD	AR
		Surveillance	• Monitor global pandemic influenza situation	D, RCD	AR
			• Communicate findings of pandemic influenza surveillance	D	AR

2	Response	Resources	Distribute Personal Protective Equipment	MS	AR
		Human Capital	Implement Social Distancing Techniques	AD	AR
		Communications	Implement Communications Strategy	P	AR
			Establish Emergency Operations Center to coordinate reporting	RCD	AR
		Planning	Begin planning for Recovery operations	RCD	AR
3	Recovery	Planning	Plan and prepare for possible next wave of pandemic influenza	RCD	AR
		Budgeting & Acquisition	Acquire replacement supplies	MS	RCD = AR
		Human Capital	Replace staff that may have been lost due to pandemic influenza-related illness or death.	MS	AR
		TT&E	Complete and submit an after-action report.	RCD	AR
			Enter action items into a Corrective Action Program for closure	RCD	AR

A = Annually Q = Quarterly AR = As Required

AD = Assistant Director P = Policy and Communication MS = Mission Support

Response Coordination Division RCD =

RCD = AR

A = Annually Q = Quarterly AR = As Required

AD = Assistant Director P = Policy and Communication MS = Mission Support

Response Coordination Division RCD =

RCD = AR

APPENDIX 2 TO ANNEX E: ORGANIZATIONAL CHECKLIST FOR DRO FIELD OFFICES

ITEM	PHASE	ACTION
1	Preparedness	• The Field Office will develop Pandemic Flu Health and Safety Guidance to include: ▪ Signs and Symptoms ▪ Modes of Transmission ▪ Hygiene/Sanitary Measures ▪ Coughing/Sneezing Etiquette • Encourage Emergency Kits both at work and at home. Provide guidance on what to include in emergency kits. • Anticipate fear and anxiety Ensure employees receive, and encourage review of all guidance provided by elements dealing with Headquarters Action Plans, such as Public Affairs, Training and Development, Health and Safety Office. • List of high-risk countries with current outbreak status to be provided to Field Office employees as the list of infected countries changes. • Require all Field Office employees to complete the ICE on-line Pandemic Influenza course currently available through the virtual learning center. • Flu videos, Muster modules and Job aids will be disseminated to Headquarters and field personnel as developed by the Office of Training and Development and as needed for specific employment roles. • Encourage use of annual influenza vaccine. • Enforce travel restrictions; namely, that no employee may travel on official business internationally without an approved country clearance. • Maintain and update regularly a point of contact notification list for use at all subsequent Threat Conditions. • Determine minimum staffing requirements to maintain continuity of Field Office Mission. • Establish baseline data for sick leave surveillance. • Establish leave policies; non-punitive, liberal leave, mandatory sick leave. • Establish policies for expedited disciplinary protocols for unwarranted absenteeism. • Establish policy for determining when a previously sick employee will be allowed to return to work. • Determine need for alternate work schedules, staggered

		shifts, and work at home to minimize gathering of employees during higher threat levels. • Provide essential management personnel with docking stations or laptops so they can work from home during higher threat levels.
2	Response	• Restrict visitation to DRO Detention facilities. • Invoke daily contact log for all personnel. • Initiate appropriate protective and responsive measures for high-risk populations, including custody staff and medical personnel based upon risk analysis and available vaccines and prophylaxis. • Implement PPE protocols for essential DRO employees. • Support HQs' plan to establish and disseminate workforce protection guidelines (i.e., recommendations for protective equipment, anti-virals, vaccine, and social distancing measures). • Limit access to detention facilities. • The FOD will implement Telework/Telecommute policies and/or alternate work schedules affecting Low Risk and Non-Mission Critical personnel. DRO will consider effects of absenteeism and/or changes to shift length/frequency, snow days & OPM sick leave policies. IMPLEMENT Family Plans. • Ensure Continuity of Operation Plans (COOP) reflects procedures for heightened alert and office/facility closings should the need be determined. • Initiate rapid response into areas with confirmed or suspected incidences of infection. • Recommend all personnel implement safe work practices plus the following: clean, disinfect contaminated facilities or items used by symptomatic DRO employees, detainees or members of the public; implement avoidance measures and/or use of surgical masks by symptomatic individuals. Emphasize frequent hand-washing and respiratory etiquette. • Implement Contingency Plans for secure detention as required to support border security. • Request augmentation for staff at detention centers who are unable to work. • Assess ability to maintain critical services during and subsequent to pandemic and develop contingency plans to support operations. • Request HQ deploy Rapid Response assets to augment

		the protection of detention and other facilities as directed.
3	Recovery	• Prepare for the possibility of subsequent waves of a pandemic event. • Assess damage to Field Office operations and programs and develop a phased recovery plan. • Continue to monitor information regarding the status of the pandemic event. • Ensure continuity and/or recovery of essential functions. • Assess staffing needs and the capacity of staff to return to normal operations. • Continue enhanced reporting to assist in identifying phases of recovery including the initial, intermediate (which may be prolonged), and final phase of returning to normal levels. • Discontinue social distancing measures that may have been implemented during the Response Phase. • Continue implementation of mental health support plan for staff. • Collect and summarize documentation of financial and other resources expended addressing the pandemic influenza event. • Develop a plan to replace depleted supplies and inventories. • Evaluate the overall response to the pandemic • Make improvements and revisions to the plans based on evaluation and lessons learned. • Prepare after-action report

APPENDIX 3 TO ANNEX E: ORGANIZATIONAL CHECKLIST FOR DIHS HEADQUARTERS

ITEM	PHASE	ACTION
1	Preparedness	• Develop and distribute checklists to facilitate compliance with each response phase • Review, revise and develop institutional plans, protocols, exercises, and evaluation tools for influenza pandemic response (Annex K, L and M). • Monitor new information from CDC, WHO, and state and local health departments. • Review and update DIHS Continuity of Operations Plan (COOP); share COOP with key staff in field locations • Procure the necessary information technology (IT) equipment to support operations, including blackberries for on-call support and laptops to support telecommuting. • Identify an agency spokesperson. • Identify essential personnel. • Establish and maintain (update) contact lists, including DIHS and ICE staff, health department, law enforcement and other key stakeholders. • Establish a communication plan, including identification of a spokesperson, identification of key points of contact, identification of key stakeholders. • Develop an education and training plan that addresses the needs of staff and patients, and identify training materials—in different languages and at different reading levels; existing materials are preferred, especially those identified from Department of Health and Human Services (HHS) agencies. • Distribute approved materials to educate healthcare providers about novel and pandemic influenza in accordance with CDC guidance. • Direct staff to stay home if they are sick with influenza-like-illness. • Provide consultation to healthcare providers, as needed, on suspect novel influenza cases. • Consider recommendations for interim enhancements to intake screening; communicate new recommendations to field staff. • Provide guidance to field locations for cohorting contacts to suspect, probable, and confirmed influenza cases, and for releasing detainees from cohorting

		▪ Communicate cohorting plans with ICE/DRO and detention facility staff. • Develop and provide updated case reporting information and materials to clinical staff, such as an approved, standardized surveillance questionnaire form. • Develop a tool for collection, entry, and analysis of data regarding suspect, probable, and confirmed cases in accordance with CDC case definitions. • Maintain current influenza case reporting systems to monitor morbidity and mortality. • Develop a reporting system for staff to report daily aggregate data on the number of suspected, probable, and confirmed influenza-associated cases among detainees and staff, and absenteeism among staff due to the pandemic event. • Identify resources for procurement of supplies and pharmaceuticals. ▪ Consider procuring enough consumable resources such as N95 respirators and surgical masks for the duration of a pandemic wave (6-8 weeks). • Estimate the potential impact of a pandemic on staff and detainees based on current facility staffing and detainee bed count at each location. • Provide guidance to field locations in establishing staffing contingency plans for anticipated illness, absenteeism, and exhaustion related to the pandemic event ▪ Estimate the minimum number and categories of personnel needed to care for a surge of influenza patients per day/shift and use to project staffing needs. ▪ Create a list of essential positions that are needed to maintain operations. ▪ Create a list of non-essential positions that can be re-assigned to support critical operations. • Facilitate inventory and procurement of supplies and pharmaceuticals. Revise and/or develop inventory and procurement templates • Develop a mental health support plan for staff ▪ Identify referral sources in the community, including Military Treatment Facilities and public and private resources ▪ Identify training resources • Review and update Pandemic Influenza Family Support Guidance • Prepare and distribute templates for documenting financial
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		and other resources expended addressing the pandemic influenza event, including staff time • Document financial and other resources expended addressing the pandemic influenza event, including staff time
2	Response	• Implement and maintain appropriate transmission-based precautions. • Monitor new information from CDC, WHO, and state and local health departments. • Activate COOP if and when it becomes necessary. • Distribute lap tops to key personnel who may need to work at home after hours and on weekends. • Identify key subject matter experts for various aspects of the response. • Ensure that key personnel have blackberries or cell phones; distribute additional blackberries or cell phones as needed for on-call support. • Establish a communication plan, including identification of a spokesperson, identification of key points of contact, identification of key stakeholders, schedule regular conference calls; reinforce clearance process for communications. • Establish an on-call schedule for after hours and weekends to respond to questions, concerns, and deliverables. • Establish an expedited clearance process for release of information. • Update staff regularly and provide guidance throughout the influenza pandemic event as new information and guidance become available. • Communicate with ICE/DRO and provide Situation Reports. • Establish communications with other stakeholders. • Provide guidance to staff to stay home if sick with influenza-like-illness. • Implement enhanced reporting for detection of suspect, probable, and confirmed cases until no longer needed. • Consider and keep facilities/agencies apprised of any determinations made regarding altered standards of care (each change in standard of care will be the result of the evolving pandemic and will be a measured/proportionate response). • Implement mental health support plan for staff. • Provide Pandemic Influenza family Support Guidance to

		staff • Document financial and other resources expended addressing the pandemic influenza event, including staff time.
3	Recovery	• Prepare for the possibility of subsequent waves of a pandemic event. • Assess damage to DIHS operations and programs and develop a phased recovery plan. • Continue to monitor information regarding the status of the pandemic event. • Ensure continuity and/or recovery of essential functions. • Assess staffing needs and the capacity of staff to return to normal operations. • Continue enhanced reporting to assist in identifying phases of recovery including the initial, intermediate (which may be prolonged), and final phase of returning to normal levels. • Discontinue social distancing measures that may have been implemented during the Response Phase. • Continue implementation of mental health support plan for staff. • Collect and summarize documentation of financial and other resources expended addressing the pandemic influenza event. • Develop a plan to replace depleted supplies and inventories. • Evaluate the overall response to the pandemic (Annex M). • Make improvements and revisions to the plans based on evaluation and lessons learned. • Prepare after-action report

APPENDIX 4 TO ANNEX E: ORGANIZATIONAL CHECKLIST FOR DIHS FIELD LOCATIONS

ITEM	PHASE	ACTION
1	Preparedness	• Distribute checklists to facilitate compliance with each response phase (Annex A). • Adhere with the DIHS Pandemic Influenza Contingency Plan; communicate contingencies through the supervisory chain of command. • Consult with the DIHS Medical Director or DIHS Deputy Director for Clinical Services on clinical matters. • Participate in emergency and pandemic planning meetings and training exercises with ICE, local and state public health authorities, federal agencies, and other partner agencies. Staff will obtain supervisory approval for participating in such planning and training activities. • During U.S. Stage 0, communicate with state and local public health authorities regarding planning for availability of stockpile supplies and pharmaceuticals for staff and detainees. • Communicate new information to staff as new information becomes available. • Establish and maintain (update) contact lists, including DIHS and ICE staff, health department, law enforcement and other partner agencies • Maintain communication with DIHS and ICE staff. Communication will follow the usual chain of command unless otherwise instructed by the DIHS Office of the Director. • Develop protocols for cohorting contacts to suspect, probable, and confirmed influenza cases among detainees, and for releasing detainees from cohorting; communicate cohorting plans with ICE/DRO and detention facility staff. Maintain communication with ICE/DRO regarding bed space considerations due to cohorting (Annex C). • Establish a staffing contingency plan for anticipated illness, absenteeism, and exhaustion related to the pandemic event (Annex D). ▪ Estimate the minimum number and categories of personnel needed to care for a surge of influenza patients per day/shift and use to project staffing needs. ▪ Create a list of essential positions that are needed to

		maintain operations. ▪ Create a list of non-essential positions that can be re-assigned to support critical functions. • Establish a plan for reassignment of high-risk personnel (e.g., pregnant women, staff with respiratory conditions, immuno-compromised staff) to low risk duties. • Develop a staff recall roster and practice staff recall process. • Inventory existing supplies and pharmaceuticals (Annex E). • Identify resources for procurement of supplies and pharmaceuticals ▪ Procure enough consumable resources such as N95 respirators and surgical masks for the duration of a pandemic wave (6-8 weeks) in consultation with DIHS Headquarters. ▪ Establish a plan for obtaining regular medications and supplies if pharmacy, supply, and delivery services become disrupted. • Implement an education and training plan that addresses the needs of staff and patients. • Identify staff that is trained to perform fit testing for N95 respirators. • Ensure that new staff receives fit-testing for N95 respirators, medical clearance for using N95 respirators. DIHS staff shall not provide medical clearance for staff. • Reinforce proper use of personal protective equipment, hand hygiene and other infection control measures. • Establish a plan to maintain essential medical services and manage chronically ill, immunocompromised, pregnant, and other high-risk patients. • Encourage staff to have the annual influenza vaccination in accordance with vaccination guidelines. • As supplies of a pandemic vaccine become available, consider key staff to be recommended for vaccination in accordance with CDC guidance. • Maintain currency regarding recommendations from CDC on use of antivirals for treatment and prophylaxis; keep in mind that CDC guidance may change frequently. • Develop procedures to actively identify suspect influenza cases. • Follow CDC and state or local health department guidance regarding collection and transport of specimens and laboratory testing. • Conduct follow-up of suspected novel influenza cases,
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		including evaluation of contacts. • Establish a plan for continuity of operations in the event of power failure ▪ Identify essential procedures that require electricity ▪ Identify alternate procedures and supplies that could be utilized in place of electric powered medical equipment ▪ Procure supplies • Prepare for the possibility that deaths may occur due to the pandemic event (Annex G). ▪ Coordinate with ICE/DRO regarding the possibility of deaths and how they will be managed. • Implement a mental health support plan for staff ▪ Identify referral sources in the community, including Military Treatment Facilities and public and private resources ▪ Identify training resources • Distribute templates for documenting financial expenditures and resources expended addressing the pandemic influenza event. • Document financial and other resources expended addressing the pandemic influenza event, including staff time. • Develop a plan for staff members to stay at the facility if necessary ▪ Develop plan in conjunction with ICE and facility management ▪ Encourage staff to have an emergency bag packed and stored at the facility ▪ Personal emergency supplies include but are not limited to clothes, water, prescription medications, spare eyeglasses, hygiene products, battery-powered or hand cranked radios, batteries, energy bars, etc.
2	Response	• Implement and maintain appropriate infection controls and transmission-based precautions on all shifts. • Adhere with the DIHS Pandemic Influenza Contingency Plan. • Consult with the DIHS Medical Director or DIHS Deputy Director for Clinical Services on clinical matters. • Communicate new information to staff as new information becomes available. • Maintain communication with DIHS and ICE staff. Communication will follow the usual chain of command

		unless otherwise instructed by the DIHS Office of the Director. • Encourage staff to have the annual influenza vaccination in accordance with vaccination guidelines. • As supplies of a pandemic vaccine become available, consider key staff to be recommended for vaccination in accordance with CDC guidance. • Maintain currency regarding recommendations from CDC on use of antivirals for treatment and prophylaxis; keep in mind that CDC guidance may change frequently. • Implement procedures to enhance intake screening and identify suspect influenza cases. • Follow CDC and state or local health department guidance regarding collection and transport of specimens and laboratory testing. • Conduct follow-up of suspected novel influenza cases, including evaluation of contacts. • Implement protocols for cohorting contacts to suspect, probable, and confirmed influenza cases, and for releasing detainees from cohorting; communicate cohorting plans with ICE/DRO and detention facility staff. Maintain communication with ICE/DRO regarding bed space considerations due to cohorting. • Report suspect, probable, and confirmed influenza cases in accordance with instructions from the DIHS Epidemiology Unit and in accordance with state and local regulations. • Implement staffing contingency plans as needed. • Implement mental health support plan for staff. • Provide Pandemic Influenza family Support Guidance to staff (Annex H). • Document financial and other resources expended addressing the pandemic influenza event, including staff time
3	Recovery	• Prepare for the possibility of subsequent waves of a pandemic event. • Continue to monitor information regarding the status of the pandemic event. • Assess and document damage to DIHS operations and programs and develop a phased recovery plan. • Ensure continuity and/or recovery of essential functions. • Assess staffing needs and the capacity of staff to return to normal operations.

		• Continue enhanced reporting to assist in identifying phases of recovery including the initial, intermediate (which may be prolonged), and final phase of returning to normal levels. • Remove social distancing measures that may have been implemented during the Response Phase. • Continue implementation of mental health support plan for staff. • Submit documentation of financial and other resources expended addressing the pandemic influenza event. • Develop a plan to replace depleted supplies and inventories. • Evaluate the site's medical response to the pandemic • Make improvements and revisions to the plans based on evaluation and lessons learned.
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ANNEX F: OPERATIONAL CHECKLISTS

The mission essential functions associated with detention and removal operations require DRO personnel to work closely with the public. In the course of this work, DRO officers, agents, and mission support personnel place themselves at risk of contracting a variety of illnesses. This is particularly true when a pandemic influenza virus is loose in the community. Without a natural immunity to the virus, any human contact, whether it is with detainees, co-workers, office visitors, or family members, carries the potential for transferring a debilitating infection.

List of Appendices and Tabs

- Appendix 1: Arrest & Intake
 - Tab 1: Criminal Alien Program
 - Tab 2: 287g
 - Tab 3: Fugitive Operations
 - Operation at a Residence
 - Operation at a Workplace
 - Tab 4: Office of Investigations
 - Tab 5: Law Enforcement Assists
 - Tab 6: Alternative to Detention Violations
 - Tab 7: Walk-Ins
 - Tab 8: Customs and Border Protection
- Appendix 2: Detention
- Appendix 3: Removal

APPENDIX 1 to ANNEX F
OPERATIONAL CHECKLISTS FOR ARREST & INTAKE PROGRAMS

TAB 1 to APPENDIX 1, ANNEX F OPERATIONAL CHECKLISTS FOR CRIMINAL ALIEN PROGRAM

GOAL: The goals of this operation are:

- To identify potential health risks of criminal aliens while still in the custody of another law enforcement agency;
- To mitigate the threat of a pandemic virus entering the DRO detention system.

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• ICE representative interviews criminal alien prior to transfer into DRO custody	Unknown	• Request health evaluation from holding facility prior to departing for interview
		III	• Delay interview, if possible ▪ Consider the subject's anticipated release date • If delay is not possible: ▪ Have holding facility personnel place a surgical mask on the subject; ▪ ICE Officer will use Personal Protective Equipment; ▪ If feasible, have a barrier placed between officer and criminal alien; ▪ During interview, ask subject about recent health status
		Not ill:	• Conduct interview as normal; • Use of Personal Protective Equipment at officer's discretion; • Clean and sanitize self after conclusion of interview
2	• Transfer from holding facility to DRO custody	Unknown	• Request health evaluation from holding facility prior to departing for pick-up
		III	• Delay pick-up until detainee is well, if possible;

			• If delay is not possible: ▪ Notify supervisor of potential encounter with infected individual; ▪ Consider type of vehicle to be used for transport ▪ Try to select a vehicle with a separate containment area for detainee; ▪ If required to transfer multiple subjects at one time, consider how they will be separated or protected from the ill during transit; ▪ Place a surgical mask on the ill subject(s); ▪ ICE representatives will use Personal Protective Equipment; ▪ If feasible, place a barrier between the officer and detainee while in transit ▪ Ask detainee(s) about recent health status; ▪ Educate detainee(s) about cough and respiratory etiquette before placing them in the vehicle; ▪ Transmit health information to receiving facility or office; ▪ Receive guidance on delivery procedures;
		Not ill	• Normal transfer procedures; ▪ Use of Personal Protective Equipment at officer's discretion;
3	• Disinfect self	Any status	• Avoid touching eyes, nose or mouth until disinfected • Dispose of any contaminated equipment or clothing; • Wash hands thoroughly

4	• Complete forms processing	Any status	• Complete Form I-213 ▪ Annotate any health-related issues of detainee
5	• Clean and disinfect vehicle	Ill	• Clean and disinfect vehicle after delivery following guidance in Annex B.
		Not ill	• Clean and disinfect vehicle once per day following guidance in Annex B.
6	• Monitor self for any health-related issues resulting from contact	Any status	• Monitor health status for 24 hours following contact; • Complete Form CA-2, <i>Notice of Occupational Disease and Claim for Compensation</i>, if necessary ▪ Notify supervisor

TAB 2 to APPENDIX 1, ANNEX F OPERATIONAL CHECKLISTS FOR 287g PROGRAMS

GOAL: The goals of this operation are:

- To identify potential health risks of criminal aliens while still in the custody of another law enforcement agency;
- To mitigate the threat of a pandemic virus entering the DRO detention system.

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• ICE notified by 287g official to take detained individual into custody	Unknown	• Request health evaluation from holding facility prior to departing for pick-up
2	• Transfer from 287g holding facility to DRO custody	III	• Delay pick-up until detainee is well, if possible; • If delay is not possible: ▪ Notify supervisor of potential encounter with infected individual; ▪ Consider type of vehicle to be used for transport ▪ Try to select a vehicle with a separate containment area for detainee; ▪ If required to transfer multiple subjects at one time, consider how the will can be separated or protected from the ill during transit; • Place a surgical mask on the ill subject(s); • ICE representatives will use Personal Protective Equipment; • If feasible, place a barrier between the officer and detainee while in transit • Ask detainee(s) about recent health status; • Educate detainee(s) about

			cough and respiratory etiquette before placing them in the vehicle; ▪ Transmit health information to receiving facility or office; ▪ Receive guidance on delivery procedures;
		Not ill	• Normal transfer procedures; ▪ Use of Personal Protective Equipment at officer's discretion;
3	• Disinfect self	Any status	• Avoid touching eyes, nose or mouth until disinfected • Dispose of any contaminated equipment or clothing; • Wash hands thoroughly
4	• Complete forms processing	Any status	• Complete Form I-213 ▪ Annotate any health-related issues of detainee
5	• Clean and disinfect vehicle	Ill	• Clean and disinfect vehicle after delivery following guidance in Annex B.
		Not ill	• Clean and disinfect vehicle once per day following guidance in Annex B.
6	• Monitor self for any health-related issues resulting from contact	Any status	• Monitor health status for 24 hours following contact; • Complete Form CA-2, <i>Notice of Occupational Disease and Claim for Compensation</i>, if necessary ▪ Notify supervisor

TAB 3 to APPENDIX 1, ANNEX F
OPERATIONAL CHECKLISTS FOR FUGITIVE OPERATIONS
PROGRAMS: RESIDENTIAL ENCOUNTER

GOAL: The goals of this operation are:

- To mitigate the threat of pandemic influenza virus infecting arresting officers;
- To mitigate the threat of a pandemic influenza virus entering the DRO detention system.

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• Conduct operational planning for fugitive operation at a residence	Unknown	• Review any available medical information on the target and the target's community • Review any information available from A-file; • Ascertain from local health officials, the prevalence of pandemic infection in the target's community and population
2	• Conduct an operational briefing for fugitive operation at a residence	Unknown	• During briefing, discuss options for protecting officers and mitigating spread of an infection while in transit to the detention facility;
3	• Conduct fugitive operation at residence	Unknown	• Use of Personal Protective Equipment at officer's discretion; • If feasible, consider conducting the operation outside the residence to limit exposure with other individuals who may have pandemic influenza; • Evaluate individual for fever; • Ask individual questions regarding recent health status: • Cough? • Sore throat? • Chills? • Muscle ache?

			• Nasal congestion? • Diarrhea or vomiting? • Fatigue?
4	• Transport from residence to holding facility for processing.	Not ill	• Normal transfer procedures; • Use of Personal Protective Equipment at officer's discretion;
		III	• Ensure individual is wearing surgical mask; • ICE representatives will use Personal Protective Equipment; • If feasible, place a barrier between the officer and detainee while in transit • Educate detainee(s) about cough and respiratory etiquette before placing them in the vehicle; • Transmit health information to receiving facility or office; • Receive guidance on delivery procedures;
		Seriously ill	• Contact Emergency Medical Services for transport to a capable medical facility
4	• Disinfect self	Any status	• Avoid touching eyes, nose or mouth until disinfected • Dispose of any contaminated equipment or clothing; • Wash hands thoroughly
5	• Complete forms processing	Any status	• Complete Form I-213 • Annotate any health-related issues of detainee
6	• Clean and disinfect vehicle	III	• Clean and disinfect vehicle after delivery following guidance in Annex B.
		Not ill	• Clean and disinfect vehicle once per day following guidance in Annex B.

7	• Monitor self for any health-related issues resulting from contact	Any status	• Monitor health status for 24 hours following contact; • Complete Form CA-2, <i>Notice of Occupational Disease and Claim for Compensation</i>, if necessary ▪ Notify supervisor
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TAB 3 to APPENDIX 1, ANNEX F
OPERATIONAL CHECKLISTS FOR FUGITIVE OPERATIONS
PROGRAMS: WORKPLACE ENCOUNTER

GOAL: The goals of this operation are:

- To mitigate the threat of pandemic influenza virus infecting arresting officers;
- To mitigate the threat of a pandemic influenza virus entering the DRO detention system.

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• Conduct operational planning for fugitive operation at a workplace	Unknown	• Review any available medical information on the target and the target's community ▪ Review any information available from A-file;
2	• Conduct an operational briefing for fugitive operation at a workplace	Unknown	• During briefing, discuss options for protecting officers and mitigating spread of an infection while in transit to the detention facility;
3	• Conduct fugitive operation at workplace	Unknown	• Meet with owner, manager, or human resources person upon arrival; ▪ Attempt to determine health condition of target(s); • Use of Personal Protective Equipment at officer's discretion; • Evaluate individual for fever; • Ask individual questions regarding recent health status:

			▪ Cough? ▪ Sore throat? ▪ Chills? ▪ Muscle ache? ▪ Nasal congestion? ▪ Diarrhea or vomiting? ▪ Fatigue?
4	• Transport from workplace to holding facility for processing.	Not ill	• Normal transfer procedures; • Use of Personal Protective Equipment at officer's discretion;
		III	• Ensure individual is wearing surgical mask; • ICE representatives will use Personal Protective Equipment; • If feasible, place a barrier between the officer and detainee while in transit; • Educate detainee(s) about cough and respiratory etiquette before placing them in the vehicle; • Transmit health information to receiving facility or office; ▪ Receive guidance on delivery procedures;
		Seriously ill	• Contact Emergency Medical Services for transport to a capable medical facility
4	• Disinfect self	Any status	• Avoid touching eyes, nose or mouth until disinfected • Dispose of any contaminated equipment or clothing; • Wash hands thoroughly
5	• Complete forms processing	Any status	• Complete Form I-213 ▪ Annotate any health-related issues of detainee
6	• Clean and disinfect vehicle	III	• Clean and disinfect vehicle after delivery following guidance in Annex B.

		Not ill	• Clean and disinfect vehicle once per day following guidance in Annex B.
7	• Monitor self for any health-related issues resulting from contact	Any status	• Monitor health status for 24 hours following contact; • Complete Form CA-2, <i>Notice of Occupational Disease and Claim for Compensation</i>, if necessary ▪ Notify supervisor

TAB 4 to APPENDIX 1, ANNEX F OPERATIONAL CHECKLISTS FOR OFFICE OF INVESTIGATIONS PROGRAMS

GOAL: The goals of this operation are:

- To identify potential health risks of criminal aliens while still in the custody of the Office of Investigations;
- To mitigate the threat of a pandemic virus entering the DRO detention system.

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• ICE notified by OI official to take detained individual into custody	Unknown	• Request health evaluation from OI holding facility prior to departing for pick-up
2	• Transfer from OI holding facility to DRO custody	III	• Notify supervisor of potential encounter with infected individual; • Consider type of vehicle to be used for transport ▪ Try to select a vehicle with a separate containment area for detainee; ▪ If required to transfer multiple subjects at one time, consider how the will can be separated or protected from the ill during transit; • Place a surgical mask on the ill subject(s); • ICE representatives will use Personal Protective Equipment; • If feasible, place a barrier between the officer and detainee while in transit • Ask detainee(s) about recent health status; • Educate detainee(s) about cough and respiratory etiquette before placing them in the vehicle; • Transmit health information to receiving facility or office; ▪ Receive guidance on delivery

			procedures;
		Not ill	• Normal transfer procedures; ▪ Use of Personal Protective Equipment at officer's discretion;
3	• Disinfect self	Any status	• Avoid touching eyes, nose or mouth until disinfected • Dispose of any contaminated equipment or clothing; • Wash hands thoroughly
4	• Complete forms processing	Any status	• Complete Form I-213 ▪ Annotate any health-related issues of detainee
5	• Clean and disinfect vehicle	Ill	• Clean and disinfect vehicle after delivery following guidance in Annex B.
		Not ill	• Clean and disinfect vehicle once per day following guidance in Annex B.
6	• Monitor self for any health-related issues resulting from contact	Any status	• Monitor health status for 24 hours following contact; • Complete Form CA-2, <i>Notice of Occupational Disease and Claim for Compensation</i>, if necessary ▪ Notify supervisor

TAB 5 to APPENDIX 1, ANNEX F OPERATIONAL CHECKLISTS FOR LAW ENFORCEMENT ASSISTS

GOAL: The goals of this operation are:

- To identify potential health risks of detainees while still in the custody of another law enforcement agency;
- To mitigate the threat of a pandemic virus entering the DRO detention system.

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• ICE notified by arresting law enforcement agency to take detained individual into custody	Unknown	• Request health evaluation from holding agency prior to departing for pick-up
2	• Transfer from holding agency to DRO custody	III	• Delay pick-up until detainee is well, if possible; • If delay is not possible: ▪ Notify supervisor of potential encounter with infected individual; ▪ Consider type of vehicle to be used for transport ▪ Try to select a vehicle with a separate containment area for detainee; ▪ If required to transfer multiple subjects at one time, consider how the will can be separated or protected from the ill during transit; ▪ Place a surgical mask on the ill subject(s); ▪ ICE representatives will use Personal Protective Equipment; ▪ If feasible, place a barrier between the officer and detainee while in transit ▪ Ask detainee(s) about recent health status; ▪ Educate detainee(s) about

			cough and respiratory etiquette before placing them in the vehicle; ▪ Transmit health information to receiving facility or office; ▪ Receive guidance on delivery procedures;
		Not ill	• Normal transfer procedures; ▪ Use of Personal Protective Equipment at officer's discretion;
3	• Disinfect self	Any status	• Avoid touching eyes, nose or mouth until disinfected • Dispose of any contaminated equipment or clothing; • Wash hands thoroughly
4	• Complete forms processing	Any status	• Complete Form I-213 ▪ Annotate any health-related issues of detainee
5	• Clean and disinfect vehicle	Ill	• Clean and disinfect vehicle after delivery following guidance in Annex B.
		Not ill	• Clean and disinfect vehicle once per day following guidance in Annex B.
6	• Monitor self for any health-related issues resulting from contact	Any status	• Monitor health status for 24 hours following contact; • Complete Form CA-2, <i>Notice of Occupational Disease and Claim for Compensation</i>, if necessary ▪ Notify supervisor

TAB 6 to APPENDIX 1, ANNEX F OPERATIONAL CHECKLISTS FOR ALTERNATIVES TO DETENTION: VIOLATORS

GOAL: The goals of this operation are:

- To mitigate the threat of pandemic influenza virus infecting arresting officers;
- To mitigate the threat of a pandemic influenza virus entering the DRO detention system.

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• Program contractor notifies ICE of violation to ATD and requests individual be detained	Unknown	• Inquire of program contractor as to any known health threats; • Develop fugitive operations plan and /or worksheet; ▪ Review Form I-213; ▪ During mission planning, consider a possible pandemic influenza scenario and prepare mitigation options accordingly.
2	• Encounter with ATD violator	Unknown	• Use of Personal Protective Equipment at officer discretion; • Evaluate individual for fever; • Ask individual questions regarding recent health status: ▪ Cough? ▪ Sore throat? ▪ Chills? ▪ Muscle ache? ▪ Headache? ▪ Nasal congestion? ▪ Diarrhea or vomiting? ▪ Fatigue?
3	• Transfer of ATD violator to detention facility	Not ill	• Normal transfer • Use of Personal Protective Equipment at officer's discretion;
		Ill	• Place a surgical mask on the ill

			subject(s); • ICE representatives will use Personal Protective Equipment; • If feasible, place a barrier between the officer and detainee while in transit • Educate detainee(s) about cough and respiratory etiquette before placing them in the vehicle; • Transmit health information to receiving facility or office; ▪ Receive guidance on delivery procedures;
		Seriously ill	• Contact Emergency Medical Services for transport to a capable medical facility
3	• Disinfect self	Any status	• Avoid touching eyes, nose or mouth until disinfected • Dispose of any contaminated equipment or clothing; • Wash hands thoroughly
4	• Complete forms processing	Any status	• Complete Form I-213 ▪ Annotate any health-related issues of detainee
5	• Clean and disinfect vehicle	Ill	• Clean and disinfect vehicle after delivery following guidance in Annex B.
		Not ill	• Clean and disinfect vehicle once per day following guidance in Annex B.
6	• Monitor self for any health-related issues resulting from contact	Any status	• Monitor health status for 24 hours following contact; • Complete Form CA-2, <i>Notice of Occupational Disease and Claim for Compensation</i>, if necessary ▪ Notify supervisor

TAB 7 to APPENDIX 1, ANNEX F OPERATIONAL CHECKLISTS FOR WALK-INS

GOAL: The goals of this operation are:

- To prevent the introduction of pandemic influenza virus into the detention and removal system;
- To ascertain the health status of the individual or individuals arriving at the DRO facility.

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• Walk-in arrives unannounced at a DRO facility	Unknown	• Direct the walk-in to sit in a pre-identified waiting area; • Provide walk-in with instructional material on cough etiquette and general hygiene; • Place a surgical mask on the individual if tolerable; • Direct the individual not to use telephones, vending machines, or other common-use items in the area; • Maintain at least six feet of separation between individual and foot traffic near the waiting area; • Contact a health professional for a medical evaluation.
2	• Conduct rapid medical evaluation of the individual while in the waiting area • Ascertain individual's health status	Unknown	• Evaluator should don Personal Protective Equipment; • Evaluate individual for fever; • Ask questions regarding health status: ▪ Cough? ▪ Sore throat? ▪ Chills? ▪ Muscle ache? ▪ Headache? ▪ Nasal congestion? ▪ Diarrhea or vomiting?

			• Fatigue?
3	• Move individual from waiting area to holding area	Not ill	• Normal intake
		III	• Ensure individual is wearing surgical mask; • Notify other DRO personnel of the health status of the individual; ▪ Encourage the use of PPE while individual is in transit within the facility • Isolate the individual from the rest of the detained population as much as possible ▪ Use a short-stay unit or negative airflow room, if available ▪ Place sign outside door to indicate potential exposure hazard • Limit individual's access to other spaces in the facility until a formal medical evaluation can be completed • Limit number of caregivers with access to the individual • Annotate health status on appropriate form(s)
		Seriously ill	• Contact Emergency Medical Services for transport to a capable medical facility
4	• Disinfect waiting area	Any status	• Clean surfaces using disinfectant wipes or disinfecting aerosol • Dispose of any residual materials
5	• Disinfect self	Any status	• Avoid touching eyes, nose or mouth until disinfected • Dispose of any contaminated equipment or clothing; • Wash hands thoroughly

6	• Monitor self for any health-related issues resulting from contact	Any status	• Monitor health status for 24 hours following contact; • Complete Form CA-2, <i>Notice of Occupational Disease and Claim for Compensation</i>, if necessary ▪ Notify supervisor
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TAB 8 to APPENDIX 1, ANNEX F OPERATIONAL CHECKLISTS FOR CUSTOMS AND BORDER PROTECTION PROGRAMS

GOAL: The goals of this operation are:

- To identify potential health risks of criminal aliens while still in the custody of another law enforcement agency;
- To mitigate the threat of a pandemic virus entering the DRO detention system.

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• ICE notified by CBP official to take detained individual into custody	Unknown	• Request health evaluation from holding facility prior to departing for pick-up
2	• Transfer from CBP holding facility to DRO custody	III	• Delay pick-up until detainee is well, if possible; • If delay is not possible: ▪ Notify supervisor of potential encounter with infected individual; ▪ Consider type of vehicle to be used for transport ▪ Try to select a vehicle with a separate containment area for detainee; ▪ If required to transfer multiple subjects at one time, consider how the will can be separated or protected from the ill during transit; ▪ Place a surgical mask on the ill

			subject(s); - ICE representatives will use Personal Protective Equipment; - If feasible, place a barrier between the officer and detainee while in transit - Ask detainee(s) about recent health status; - Educate detainee(s) about cough and respiratory etiquette before placing them in the vehicle; - Transmit health information to receiving facility or office; - Receive guidance on delivery procedures;
		Not ill	- Normal transfer procedures; - Use of Personal Protective Equipment at officer's discretion;
3	Disinfect self	Any status	- Avoid touching eyes, nose or mouth until disinfected - Dispose of any contaminated equipment or clothing; - Wash hands thoroughly
4	Complete forms processing	Any status	- Complete Form I-213 - Annotate any health-related issues of detainee
5	Clean and disinfect vehicle	Ill	Clean and disinfect vehicle after delivery following guidance in Annex B.
		Not ill	Clean and disinfect vehicle once per day following guidance in Annex B.
6	Monitor self for any health-related issues resulting from contact	Any status	- Monitor health status for 24 hours following contact; - Complete Form CA-2, <i>Notice of</i>

			<i>Occupational Disease and Claim for Compensation, if necessary</i> ▪ Notify supervisor
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APPENDIX 2 to ANNEX F
OPERATIONAL CHECKLISTS FOR DETENTION PROGRAMS

TAB 1 to APPENDIX 2, ANNEX F
OPERATIONAL CHECKLISTS FOR DETENTION PROGRAMS:
TEMPORARY HOLDING FACILITIES

GOAL: The goal of this operation is:

- To mitigate the threat of a pandemic virus entering the DRO detention system

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• Detainee is brought to a DRO temporary holding facility	Unknown; Had not been questioned prior to arrival	• Use of Personal Protective Equipment at officer discretion; • If tolerable, place a surgical mask on the detainee until health status can be determined; • Provide information on cough and respiratory etiquette; • Ask detainee questions regarding health status: ▪ Cough? ▪ Sore throat? ▪ Chills? ▪ Muscle ache? ▪ Headache? ▪ Nasal congestion? ▪ Diarrhea or vomiting? ▪ Fatigue? • If health status is questionable, separate the individual from other detainees. Otherwise, • Cohort with other individuals who arrived at the same time (Considering sex and criminal status).
		III	• If tolerable, place a surgical mask on the subject; • ICE Officer will use Personal Protective Equipment; • To the extent possible, separate ill individual from the remaining

			population ▪ Move to a separate holding cell or a designated open office ▪ Place a sign on the door indicating the presence of a pandemic influenza case. • If a separate room is not available, advise other detainees to maintain a six- foot distance from the ill individual; • Advise all DRO personal in or transiting the holding facility of the presence of a pandemic influenza case; • Arrange for prompt attention from a medical service provider; • Notify supervisor of potential encounter with infected individual.
		Not ill:	• Use of Personal Protective Equipment at officer's discretion. • Cohort with other individuals who arrived at the same time.
2	• Detainee is processed.	Unknown	• To the extent possible, delay further processing until health can be evaluated.
		III	• Place a surgical mask on the ill subject(s); • ICE representatives will use Personal Protective Equipment; • Maintain as much distance as possible between the detainee and the agent during the course of the processing • Agent will use gloves when fingerprinting detainee; • Annotate any health-related issues of detainee; • Return detainee to separate holding cell if possible; ▪ If a separate cell is

			unavailable, advise detainee to maintain at least six feet of separation with other detainees.
		Not ill	• Normal processing procedures; ▪ Use of Personal Protective Equipment at officer's discretion;
3	• Clean and disinfect processing station prior to next individual sitting down	Any status	• Use disinfectant wipes to wipe down all hard surfaces that may have been contacted by individual • Writing utensils used by detainees will be wiped clean with a sanitizing wipe prior to next use
4	• Clean and disinfect self	Any status	• Avoid touching eyes, nose or mouth until disinfected • Dispose of any contaminated equipment or clothing; • Wash hands thoroughly
5	• Transport to long-term holding facility	III	• Place a surgical mask on the ill subject(s); • ICE representatives will use Personal Protective Equipment; • Educate detainee(s) about cough and respiratory etiquette before placing them in the vehicle; • If feasible, place a barrier between the officer and detainee while in transit; • If possible, stagger detainees in seats or maintain as much distance as possible between detainees; • Transmit health information to receiving facility; ▪ Receive guidance on delivery procedures;

		Not ill	• Normal transport to long-term facility. • Use of Personal Protective Equipment at officer's discretion
6	• Terminal cleaning of temporary holding cell	Any status	• Encourage use of Personal Protective Equipment by Environmental Services personnel • Normal cleaning and use of disinfectant of all hard surfaces of holding cell
7	• Monitor self for any health-related issues resulting from contact	Any status	• Monitor health status for 24 hours following contact; • Complete Form CA-2, Notice of Occupational Disease and Claim for Compensation, if necessary

TAB 2 to APPENDIX 2, ANNEX F
OPERATIONAL CHECKLISTS FOR DETENTION PROGRAMS:
LONG-TERM DETENTION FACILITIES

GOAL: The goal of this operation is:

- To mitigate the threat of a pandemic virus entering the DRO detention system

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• Arrival at Long-Term Detention Facility	Any status	• Pause outside of sally port for rapid medical screening of all detainees • ICE representatives will use Personal Protective Equipment; • Ask detainee questions regarding health status: ▪ Cough? ▪ Sore throat? ▪ Chills? ▪ Muscle ache? ▪ Headache? ▪ Nasal congestion? ▪ Diarrhea or vomiting? ▪ Fatigue? • If health status is questionable, separate the individual from other detainees.
2	• Detainees are processed.	Any status	• Limit personnel moving into and out of processing area to the minimum number possible; • ICE representatives will use Personal Protective Equipment; • Establish maximum possible amount of separation between detainees while processing is taking place; • Gloves will be used when handling detainees personal belongings • If detainees are permitted use of telephones, the telephone will be

			sanitized between each use using gloves and a sanitizing wipe
3	• Detainees moved to assigned housing unit	Any status	• Detainees will wear surgical mask in transit between the processing area and the housing unit • Facility staff will don Personal Protective Equipment • Movements should be accomplished when there is a minimum of foot traffic between the processing center and the housing unit.
		Not Ill or Not Symptomatic	• To the extent possible, detainees who arrived together will be kept together for at least 48 hours (considering sex and criminal status) ▪ If populations must be mixed, every attempt should be made to keep the arriving group together in a designated area of the housing unit and their movements restricted for at least 48 hours or until health status can be confirmed.
		Ill (Suspect, Probable, or Confirmed)	• Isolation for the duration of the contagious period (as determined by a medical professional) • If possible, isolate individuals in short-stay units (SSUs) ▪ All medical SSUs must have the same level of care; ▪ Additional short-stay unit accommodations must be approved by a physician

			(Clinical Director, Medical Director, or Deputy Director for Clinical Services)
4	• Recreation	Not ill or Not Symptomatic	• Outdoor recreation is encouraged; • Cohorted new arrivals will not mix with other populations until their health status is confirmed; • Recreation equipment will be cleaned and sanitized prior to its use by other groups.
6	• Meals	Not ill or Not Symptomatic	• Satellite feeding for cohorted new arrivals is recommended until health status can be confirmed. ▪ If satellite feeding is not feasible, cohorted new arrivals will eat in small groups with maximum separation between individual detainees. ▪ Facility personnel serving cohorted new arrivals should wear Personal Protective Equipment during service and clean-up.
7	• Law Library	Not ill or Not Symptomatic	• If possible, limit law library access to cohorted new arrivals until health status can be confirmed. ▪ Detainees will wear surgical mask in transit between the processing area and the housing unit ▪ Cohorted new arrivals will not intermingle with other populations in the law library
		Any status	• Commonly used materials should be cleaned and sanitized between uses

			▪ Computer keyboards; ▪ Computer mouse; ▪ Desktops
8	• Religious Services	Any status	• Cohorted new arrivals should worship separately from other populations until health status can be confirmed; • Chaplains should be consulted regarding any religious ceremony that may require individuals to come into close contact with one another or handle religious materials. If permissible, such actions should be kept to a minimum or deferred for health-related reasons. • Cleaning and disinfecting of religious articles should be encouraged prior to and after their use.
9	• Case Management	Any status	• To the extent possible, attendance at mass hearings or merit hearings should be kept to a minimum. • Cohorted new arrivals should not intermingle with other populations until health status can be confirmed. • Visitors to the hearings (e.g. media, NGOs, legal teams, translators, general public) should be offered surgical masks and hand sanitizer. • Prior to entering the hearing room, visitors should be handed educational material on cough and respiratory etiquette. • Visitors should be encouraged to self-identify any recent health-related issues they have encountered and to absent themselves from the hearing room if their health is in question.

10	• Medical	Not ill or Not Symptomatic	• Cohorted new arrivals should not intermingle with other populations until health status can be confirmed. ▪ If feasible, sick call for cohorted new arrivals should take place in their housing unit.
		Any status	• If feasible, stagger seating in medical waiting areas to maintain maximum separation between individuals. • If tolerable, detainees should wear surgical masks. • Use of Personal Protective Equipment at the discretion of medical service personnel.
11	• Cleaning and Disinfection of the Facility	Any status	• Follow guidance outlined in Annex B regarding infection control.

APPENDIX 3 to ANNEX F
OPERATIONAL CHECKLISTS FOR REMOVAL PROGRAMS

TAB 1 to APPENDIX 3, ANNEX F
OPERATIONAL CHECKLISTS FOR REMOVAL PROGRAMS:
GROUND REMOVAL

GOAL: The goal of this operation is:

- To protect DRO officers and agents from the threat of a pandemic virus during a removal operation

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• Transport of detainees to border	Not ill or Not Symptomatic	• Request health evaluation from holding facility prior to departing for pick-up • Use of Personal Protective Equipment at officer discretion. • Educate detainee(s) about cough and respiratory etiquette before placing them in the vehicle; • Consider the use of surgical masks for detainees (based on threat assessment of the prevalence of influenza in the area).
2	• Disinfect self	Any status	• Avoid touching eyes, nose or mouth until disinfected • Dispose of any contaminated equipment or clothing; • Wash hands thoroughly
3	• Clean and disinfect vehicle	Any status	• Clean and disinfect vehicle after delivery following guidance in Annex B.
4	• Monitor self for any health-related issues resulting from contact	Any status	• Monitor health status for 24 hours following contact; • Complete Form CA-2, <i>Notice of Occupational Disease and Claim for Compensation</i>, if necessary ▪ Notify supervisor

TAB 2 to APPENDIX 3, ANNEX F
OPERATIONAL CHECKLISTS FOR REMOVAL PROGRAMS:
AIR REMOVAL: JPATS FLIGHT

GOAL: The goal of this operation is:

- To protect DRO officers and agents from the threat of a pandemic virus during a removal operation

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• Receive manifest for JPATS flight	Any status	• Request health evaluation from holding facility prior to departing for pick-up
2	• Out-processing from holding facility en route to airport	Not ill or Not Symptomatic	• Perform rapid medical evaluation prior to leaving facility; • Separate out any individual whose health status is uncertain; ▪ The Medical Transportation Coordinator or the Aeromedical Branch Chief in Kansas City must be notified of any anticipated refusals for boarding. • Educate detainee(s) about cough and respiratory etiquette before placing them in the vehicle; • Use of Personal Protective Equipment at discretion of transporting personnel; • Consider the use of surgical masks for detainees; • If using a holding facility at the airport, contact CBP and apprise them of health status of detainees ▪ Transporting personnel will follow any delivery instructions provided by CBP
3	• Arrival at airport	Any status	• JPATS flight nurse will conduct rapid medical evaluation;

			▪ Detainees with unstable medical conditions will be refused boarding; ▪ The Medical Transportation Coordinator or the Aeromedical Branch Chief in Kansas City must be notified of any anticipated refusals for boarding.
4	• Removal	Any status	• Use of Personal Protective Equipment at discretion of transporting personnel; • Consider the use of surgical masks for detainees (Shackling will prevent effective cough and respiratory etiquette).
5	• Monitor self for any health-related issues resulting from contact	Any status	• Monitor health status for 24 hours following contact; • Complete Form CA-2, <i>Notice of Occupational Disease and Claim for Compensation</i>, if necessary ▪ Notify supervisor

TAB 2 to APPENDIX 3, ANNEX F
OPERATIONAL CHECKLISTS FOR REMOVAL PROGRAMS:
AIR REMOVAL: COMMERCIAL FLIGHT

GOAL: The goal of this operation is:

- To protect DRO officers and agents from the threat of a pandemic virus during a removal operation

Item	Task or Action	Health Status At Encounter	Mitigation Recommendations
1	• Receive manifest for commercial flight	Any status	• Request health evaluation from holding facility prior to departing for pick-up • Consult with airline regarding any requirement for medical protection, or any prohibition related to pandemic influenza • Review country clearance documentation for restrictions or warnings regarding health issues in the en route or destination countries
2	• Out-processing from holding facility en route to airport	Not ill or Not Symptomatic	• Perform rapid medical evaluation prior to leaving facility; • Separate out any individual whose health status is uncertain; ▪ The Medical Transportation Coordinator or the Aeromedical Branch Chief in Kansas City must be notified of any anticipated refusals for boarding. • Educate detainee(s) about cough and respiratory etiquette before placing them in the vehicle; • Use of Personal Protective Equipment at discretion of transporting personnel; • Consider the use of surgical masks for detainees; • If using a holding facility at the airport, contact CBP and apprise

			them of health status of detainees ▪ Transporting personnel will follow any delivery instructions provided by CBP
3	• Removal	Any status	• Use of Personal Protective Equipment at discretion of transporting personnel; • Consider the use of surgical masks for detainees; • Limit contacts in the destination country to the extent possible.
5	• Monitor self for any health-related issues resulting from contact	Any status	• If returning from a location with a high incidence of pandemic influenza, consult with supervisor on remaining away from duty until health status can be confirmed; • Monitor health status for 24 hours following contact; • Complete Form CA-2, <i>Notice of Occupational Disease and Claim for Compensation</i>, if necessary ▪ Notify supervisor

ANNEX G: PANDEMIC INFLUENZA ACRONYMS and GLOSSARY

APHIS	Animal and Plant Health Inspection Service
CBO	Community-based organization
CBP	Customs and Border Protection
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CIP	Critical infrastructure protection
CONUS	Continental United States
COOP	Continuity of Operations
DIHS	Division of Immigration Health Services
DHS	Department of Homeland Security
DOD	Department of Defense
DOS	Department of State
DRO	Detention and Removal Operations
EMS	Emergency Medical Services
ESF	Emergency Support Function
ESF #8	Emergency Support Function #8 - Public Health and Medical Services
ESF #13	Emergency Support Function #13 - Public Safety and Security
FAMS	Federal Air Marshal Service
FBO	Faith-based organization
FEMA	Federal Emergency Management Agency
FMS	Federal medical station
FPC	Federal Preparedness Circular
HHS	Department of Health and Human Services
HPAI	Highly pathogenic avian influenza
HSC	Homeland Security Council

HSPD-5	Homeland Security Presidential Directive 5
HSPD-7	Homeland Security Presidential Directive 7
HSPD-8	Homeland Security Presidential Directive 8
IHR	International Health Regulations
JPATS	Justice Prisoner and Alien Transportation System
NDMS	National Disaster Medical System
NGO	Non-governmental organization
NIMS	National Incident Management System
NRF	National Response Framework
NSC	National Security Council
OCONUS	Outside the continental United States
OPM	Office of Personnel Management
PHEO	Public Health Emergency Officer
PHS	U.S. Public Health Service
PHSA	Public Health Service Act
PPE	Personal protective equipment
SNS	Strategic National Stockpile
USCG	U.S. Coast Guard
USDA	Department of Agriculture
WHO	World Health Organization

GLOSSARY

Affected country - An at-risk country experiencing endemic (widespread and recurring) or epidemic (isolated) cases in humans or domestic animals of influenza with human pandemic potential.

Antiviral medications - Medications presumed to be effective against potential pandemic influenza virus strains. These antiviral medications include the neuraminidase inhibitors oseltamivir (Tamiflu®) and zanamivir (Relenza®).

Arrival screening - Medical screening upon arrival to detect individuals who have signs of illness or who are at high risk of developing illness.

Asymptomatic - Asymptomatic means without symptoms of influenza.

At-risk country - An unaffected country with insufficient medical, public health, or veterinary capacity to prevent, detect, or contain influenza with pandemic potential.

Community-based organization - A private nonprofit organization, Indian tribe or tribally sanctioned organization, or other type of group that works within a community for the improvement of some aspect of that community. Community-based organizations include non-profit organizations (501 c(3)), faith-based organizations, tribes, and their subsidiaries.

Containment - Contain an outbreak to the affected region(s) and limit of spread of the pandemic through aggressive attempts to contain.

Continuity of Operations - Refers to the capability to ensure the performance of essential functions during any emergency or situation that may disrupt normal operations.

Cough etiquette - Covering ones mouth and nose while coughing or sneezing; using tissues and disposing in no-touch receptacles; and washing your hands to avoid spreading an infection to others.

Countermeasures - Refers to pre-pandemic and pandemic influenza vaccine and antiviral medications.

Critical infrastructure - Systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters. Specifically, it refers to the critical infrastructure sectors and key resources identified in Homeland Security Presidential Directive 7 (HSPD-7). As defined by HSPD-7, critical infrastructure includes the following sectors and key resources: agriculture and food; public health and health care; drinking water and water treatment systems; energy (including the production, refining, storage, and distribution of oil and gas, and electric power except for nuclear facilities); banking and finance; national monuments and icons; defense industrial base; information technology; telecommunications; chemical; transportation systems (including mass transit, aviation, maritime, ground/surface, and rail and pipeline systems); emergency services; postal and shipping; dams; government facilities; commercial facilities; and

nuclear reactors, material, and waste. Critical infrastructure in this Plan is used to refer to the 17 critical infrastructure and key resources included in the National Infrastructure Protection Plan.

Delegation of Authority - Identification, by position, the authorities for making policy determinations and decisions at headquarters, field levels, and other organizational locations, as appropriate. Generally, pre-determined delegations of authority will take effect when normal channels of direction are disrupted and terminate when these channels have resumed.

Departure screening - Medical screening prior to departure from a high-risk area to identify individuals who have signs of illness (influenza) or who are at high risk of developing illness.

Devolution - The capability to transfer and sustain authority and responsibility for essential functions from an organization's primary operating staff and facilities, to other employees and facilities.

Disaggregation of disease transmission networks - The disruption of activities and social interactions that facilitate transmission of influenza (e.g., closure of schools, canceling public meetings or large social gatherings, keeping schoolchildren home, and restriction of travel).

En route screening - Surveillance (typically by non-medical personnel) to detect individuals who develop signs of illness (influenza) while en route.

Epidemic - A pronounced clustering of cases of disease within a short period of time; more generally, a disease whose frequency of occurrence is in excess of the expected frequency in a population during a given time interval.

Essential functions - Functions that are absolutely necessary to keep a business operating during an influenza pandemic, and critical to survival and recovery.

Face mask. Disposable surgical or procedure face mask (see definitions of both below).

Geographic quarantine (cordon sanitaire) - The isolation, by force if necessary, of localities with documented disease transmission from localities still free of infection.

Hand hygiene - Hand washing with either plain soap or antimicrobial soap and water and use of alcohol-based products (gels, rinses, foams) containing an emollient that do not require the use of water.

High-throughput rapid diagnostic kit - Medical technology to accurately and rapidly detect influenza strains. The technology is currently being used to rapidly detect avian influenza employing nucleic acid diagnostic primers (short strands of DNA/RNA).

High-risk country - An at-risk country that is located in proximity to an affected country, or in which a wildlife case of influenza with pandemic potential has been detected.

Isolation - Separation of infected individuals from those who are not infected.

Key assets - Subset of key resources that are "individual targets whose destruction could cause large scale injury, death, or destruction of property, and/or profoundly damage our national prestige or confidence."

Key resources - Publicly or privately controlled resources essential to the minimal operations of the economy and government. This refers to the four key resources identified in HSPD-7 and the National Infrastructure Protection Plan. These four key resources include: dams; government facilities; commercial facilities; and nuclear reactors, material, and waste.

Laboratory Response Network - National network of local, State, and Federal public health, food testing, veterinary diagnostic, and environmental testing laboratories supported by CDC that provide the laboratory infrastructure and capacity to respond to biological and chemical terrorism, and other public health emergencies.

Layered protective measures - Rather than focusing on a single measure for mitigation, a layered approach uses an array of measures deployed in tandem, to reduce overall risk. A layered, system-wide, integrated approach to risk reduction includes redundant measures and is designed to avoid a single point of failure. Examples include, implementing pre-departure, en route, and arrival screening measures for international travel.

Localities - Refers to local (county, city, municipal) governments and agencies.

Morbidity - An incidence of ill health. It is measured in various ways, often by the probability that a randomly selected individual in a population at some date and location would become seriously ill in some period of time.

Mortality - An incidence of death in a population. It is measured in various ways, often by the probability that a randomly selected individual in a population at some date and location would die in some period of time.

Orders of succession - Refers to the sequential order or ranking of individuals who would assume authority and responsibility if the leadership is incapacitated or unavailable.

Outbreak - An epidemic limited to localized increase in the incidence of disease, e.g., in a village, town, or closed institution; a cluster of cases of an infectious disease.

Outbreak containment - Disruption of epidemic amplification through the use of medical countermeasures and infection control techniques; “containment” also refers more generally to delaying the geospatial spread of an epidemic.

Pandemic - A worldwide epidemic when a new or novel strain of influenza virus emerges in which humans have little or no immunity, and develops the ability to infect and be passed between humans.

Pandemic vaccine - Vaccine for specific influenza virus strain that has evolved the capacity for sustained and efficient human-to-human transmission. This vaccine can only be developed once the pandemic strain emerges.

Pathogenicity - Refers to the condition or quality of being pathogenic, or the ability to cause disease.

Post-exposure prophylaxis - The use of antiviral medications in individuals exposed to others with influenza to prevent disease transmission.

Pre-pandemic vaccine - Vaccine against strains of influenza virus in animals that have caused isolated infections in humans of pandemic potential. This vaccine is prepared prior to the emergence of a pandemic strain and may be a good or poor match (and hence of greater or lesser protection) for the pandemic strain that ultimately emerges.

Priority country - A priority country is a high-risk or affected country that merits special attention because of the severity of the outbreak, its strategic importance, its regional role, or foreign policy priorities.

Procedure mask - Disposable face mask that is either flat or pleated and is affixed to the head with ear loops.

Prophylaxis - Prevention of disease or of a process that can lead to disease. With respect to pandemic influenza this specifically refers to the administration of antiviral medications to healthy individuals for the prevention of influenza.

Quarantine - Separation of individuals who have been exposed to an infection but are not yet ill from others who have not been exposed to the transmissible infection.

Rapid diagnostic test - Medical test for rapidly confirming the presence of infection with a specific influenza strain.

Reconstitution - Refers to the process by which an organization resumes normal operations.

Respirator - Refers to a particulate respirator, commonly known as N-95 respirator, often used in hospitals to protect against infectious agents. Particulate respirators are “air-purifying respirators” because they clean particles out of the air as one breathes.

Sector. Part or division of the national economy.

Sector-Specific Agency - Federal departments and agencies identified under HSPD-7 as responsible for infrastructure protection activities in a designated critical infrastructure sector or key resources category.

Situational awareness -. Situational awareness is the ability to identify, process, and comprehend the critical elements of information about what is happening during an evolving influenza pandemic.

Social distancing - Infection control strategies that reduce the duration and/or intimacy of social contacts and thereby limit the transmission of influenza. There are two basic categories of intervention: transmission interventions, such as the use of facemasks, may reduce the likelihood of casual social contacts resulting in disease transmission; contact interventions, such as closing schools or canceling large gatherings, eliminate or reduce the likelihood of contact with infected individuals.

Standard of care - The level of care that is reasonably expected under the extant circumstances.

States - Refers to State governments and State agencies.

Strategy - Refers to the *National Strategy for Pandemic Influenza*.

Surge capacity - Refers to the ability to expand provision of services beyond normal capacity to meet transient increases in demand. Surge capacity within a medical context denotes the ability of health care or laboratory facilities to provide care or services above their usual capacity, or to expand manufacturing capacity of essential medical materiel (e.g., vaccine) to meet increased demand.

Surgical mask - Refers to disposable face masks that comes in two basic types: one type is affixed to the head with two ties, conforms to the face with the aid of a flexible adjustment to the nose bridge, and may be flat/pleated or duck-billed in shape; the second type of surgical mask is pre-molded, adheres to the head with a single elastic and has a flexible adjustment for the nose bridge.

Surveillance - The continuous and systematic process of collecting, analyzing, interpreting and disseminating descriptive information to monitor public health and to ensure timely interventions to reduce morbidity and mortality.

Symptomatic - Symptomatic means with symptoms of influenza.

Targeted passenger travel restrictions - Travel restrictions to the United States targeting travelers from a high-risk area or from areas unable to meet U.S. criteria for departure and en route screening.

Telecommuting - Working from home or an alternate site and avoiding coming to the workplace through telecommunication (computer access).

Telework - Refers to the activity of working away (home) from the workplace through telecommunication (computer access).

Treatment course (antiviral medications). The course of antiviral medication prescribed as treatment (not prophylaxis) for a person infected with an agent susceptible to the antiviral medication.

Treatment course (vaccine) - The course of vaccine (typically two injections) required to induce protective immunity against the target of the vaccine.

U.S. travelers from affected areas - U.S. citizens traveling to the United States from countries or region where an outbreak (influenza pandemic) has occurred.

Virulence - Virulence refers to the disease-evoking severity of influenza.

Wave - The period during which an outbreak or epidemic occurs either within a community or aggregated across a larger geographical area. The disease wave includes the time during which disease occurrence increases rapidly, peaks, and declines back toward baseline.

ANNEX H: REFERENCES

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Wireless Priority Service Policy

National Incident Management System Policy

Functions of the National Incident Response Unit Policy

National Response Plan, Emergency Support Function, Mission Assignment Acceptance Policy

The Maritime Operational Response (MOTR) Plan Policy

From: Johnson, Tae D
Sent: 11 Apr 2020 01:52:06 +0000
To: (b)(6); [REDACTED]; #ERO CHIEFS OF STAFF
Subject: FW: ICE Detention Facilities COVID 19 Response Requirements
Attachments: Attachment A.pdf, Attachment B.pdf, Attachment C.pdf, Attachment D.pdf, Attachment E.pdf, Attachment F.pdf, Attachment G.pdf, Attachment H.pdf, Attachment I.pdf, Attachment J.pdf, Attachment K.pdf, ERO COVID-19 Response Requirements for Facilities_(v 4 8 20)_spw rc (002) (ICE 4.9.2020 10pm).docx

(b)(6); can we resend with all the attachments please. Thanks

Sent with BlackBerry Work
 (www.blackberry.com)

From: Loiacono, Adam V <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Date: Friday, Apr 10, 2020, 7:58 PM
To: Johnson, Tae D <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: FW: ICE Detention Facilities COVID 19 Response Requirements

Adam V. Loiacono
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From: Loiacono, Adam V <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Date: Thursday, Apr 09, 2020, 10:13 PM
To: (b)(6); (b)(7)(C) [REDACTED]@hq.dhs.gov>, Pham, Tony H <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Cc: Davis, Mike P <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>, Johnson, Tae D <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>, Maher, Joseph <(b)(6); (b)(7)(C) [REDACTED]@HQ.DHS.GOV>, Loiacono, Adam V <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: RE: ICE Detention Facilities COVID 19 Response Requirements

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

Attached please find a revised version of the draft ICE ERO COVID-19 Pandemic Response Requirements (PRR) document. This version is redlined, reflecting (b)(5)

(b)(5)

(b)(5)

You will also see: (b)(5)

(b)(5)

(b)(5)

Thanks,

Adam V. Loiacono
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From: (b)(6); (b)(7)(C) hq.dhs.gov>
Sent: Thursday, April 9, 2020 6:03 PM
To: Pham, Tony H (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Davis, Mike P (b)(6); (b)(7)(C) ice.dhs.gov>; Loiacono, Adam V (b)(6); (b)(7)(C) ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov>; Maher, Joseph (b)(6); (b)(7)(C) @HQ.DHS.GOV>
Subject: FW: ICE Detention Facilities COVID 19 Response Requirements

Tony:

Attached please find CDC's input concerning ERO's draft guidance. As you will see, it is minimal, and as Dr. (b)(6); (b)(7)(C) mentions below, the CDC reviewers believe the document is well aligned with the CDC guidance for detention facilities.

Kind regards,

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

Attorney Advisor, Litigation
Legal Counsel Division
Office of the General Counsel

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Sent: Thursday, April 9, 2020 5:36 PM
To: (b)(6); (b)(7)(C) hq.dhs.gov
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(b)(6); (b)(7)(C) ice.dhs.gov; (b)(6); (b)(7)(C) ice.dhs.gov; (b)(6);
(b)(6); CDC/DDPHSIS/OD <ftm1@cdc.gov>
Subject: RE: ICE Detention Facilities COVID 19 Response Requirements

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

Attached are some comments from CDC SMEs for consideration. As CDC guidance is rapidly evolving there are a couple of suggestions for you to include updated guidance, but overall this document is well aligned with the CDC guidance for detention facilities.

Let us know if you have any questions!

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

(b)(6); (b)(7)(C) MD
CAPT, USPHS
Deputy Incidence Commander
CDC COVID-19 Response

From: (b)(6); (b)(7)(C) hq.dhs.gov
Sent: Wednesday, April 8, 2020 8:46 PM
To: (b)(6); (b)(7)(C) CDC/DDID/NCIRD/OD (b)(6); (b)(7)(C)

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Subject: ICE Detention Facilities COVID 19 Response Requirements

(b)(6);

Attached, please find the ICE COVID-19 Response Requirements for Detention Facilities. ICE plans to use this instruction, to be issued to facilities housing ICE detainees, to further protect DHS employees, contractors, detainees, and visitors to those facilities. We would appreciate your review of this document to ensure consistency with CDC guidance, and we would appreciate any further suggestions you might have. As noted in the document, ICE is planning to augment the instructions with further refinements if circumstances warrant any changes.

Best regards,

(b)(6);

(b)(6); (b)(7)(C) MD, MS
 Chief Medical Officer
 Department of Homeland Security
 202-254-(b)(6); (o)
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Executive Assistant: (b)(6); (b)(7)(C) hq.dhs.gov, 202-254-(b)(6);

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03/18/2020

Updated ICE statement on COVID-19

Statement attributable U.S. Immigration and Customs Enforcement

To ensure the welfare and safety of the general public as well as officers and agents in light of the ongoing COVID-19 pandemic response, U.S. Immigration and Customs Enforcement (ICE) will temporarily adjust its enforcement posture beginning today, March 18, 2020. ICE's highest priorities are to promote life-saving and public safety activities.

ICE Enforcement and Removal Operations (ERO) will focus enforcement on public safety risks and individuals subject to mandatory detention based on criminal grounds. For those individuals who do not fall into those categories, ERO will exercise discretion to delay enforcement actions until after the crisis or utilize alternatives to detention, as appropriate.

Homeland Security Investigations will continue to carry out mission critical criminal investigations and enforcement operations as determined necessary to maintain public safety and national security. Examples include investigations into child exploitation, gangs, narcotics trafficking, human trafficking, human smuggling, and continued participation on the Joint Terrorism Task Force. This work will be conducted based on ability to coordinate and work with prosecutors from the Department of Justice and intake at both the U.S. Marshals Service and Bureau of Prisons.

Consistent with its sensitive locations policy, during the COVID-19 crisis, ICE will not carry out enforcement operations at or near health care facilities, such as hospitals, doctors' offices, accredited health clinics, and emergent or urgent care facilities, except in the most extraordinary of circumstances. Individuals should not avoid seeking medical care because they fear civil immigration enforcement.

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Last Reviewed/Updated: 04/03/2020

STANDARD 4.3

MEDICAL CARE

I. POLICY

All detainees shall have access to appropriate medical, dental, and mental health care, including emergency services. Each medical facility will strive for accreditation with National Commission on Correctional Health Care.

II. STANDARDS AND PROCEDURES

A. General

Every facility shall directly or contractually provide its detainee population with the following:

1. Initial medical, mental health and dental screening;
2. Medically necessary and appropriate medical, dental and mental health care and pharmaceutical services at no cost to the detainee;
3. Comprehensive, routine and preventive health care, as medically indicated;
4. Emergency care;
5. Specialty health care;
6. Timely responses to medical complaints;
7. Hospitalization as needed within the local community; and
8. Staff or professional language services necessary to allow for meaningful access for detainees with limited English proficiency (LEP), and effective communication for detainees with disabilities, during any medical or mental health appointment, sick call, treatment, or consultation.

The health care program and the medical facilities will be under the direction of a Health Services Administrator (HSA) and/or Clinical Medical Authority (CMA). When the HSA is not a physician, final clinical judgment shall rest with the facility's designated CMA.

Facilities will employ sufficient medical staff to perform basic exams and treatments for all detainees. The HSA will negotiate and keep current arrangements with nearby medical facilities or health care providers to provide required health care not available within the

facility. These arrangements will include appropriate custodial officers to transport and remain with the detainee for the duration of any off-site treatment or hospital admission.

B. Facilities

Adequate space and equipment will be furnished so that all detainees are provided basic health examination, treatment, and communication in private. Medical records will be kept separately from detainee records and stored in a securely locked area. All pharmaceuticals will be stored in a secure area and temperature controlled to ensure no alteration in potency.

C. Health Care Staff

Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license. The following terms apply to health care staff referred to throughout this standard.

1. **Health Care Practitioner:** Defined as an individual who is licensed, certified, or credentialed by a state, territory, or other appropriate body to provide health care services within the scope and skills of the respective health care profession.
2. **Mental Health Provider:** Psychiatrist, clinical or counseling psychologist, physician, psychiatric nurse, clinical social worker, or any other mental health professional who, by virtue of their education, credentials, and experience, are permitted by law to evaluate and care for the mental health needs of patients.

D. Medical Screening (New Arrivals)

As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities or impairments affecting major life activities. Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care practitioner as quickly as possible, but no later than two working days. Detainees who appear upon arrival to raise urgent medical or mental health concerns shall receive priority in the intake screening process. For intra-system transfers, a health care practitioner will review each incoming detainee's health record or health summary within 12 hours of arrival, to ensure continuity of care.

Facilities shall have policies and procedures to ensure documentation of the initial health screening and assessment.

1. Tuberculosis

All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population. For detainees who have been in continuous law enforcement custody, symptom screening plus documented TB screening within one year of arrival may be accepted for intake screening purposes.

Detainees with symptoms suggestive of pulmonary TB disease and/or with suspected or confirmed TB disease based on historical, clinical and/or laboratory findings will be housed in an airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease. Detainees with suspected pulmonary TB disease will remain in airborne infection isolation until determined by a health care practitioner to be noncontagious in accordance with CDC guidelines. All detainees with suspected or confirmed TB disease shall be evaluated for human immunodeficiency virus (HIV), and all detainees with HIV shall be evaluated for TB disease, which includes a chest x-ray. The CMA will consult with the local or state TB program on all aspects of health and public health care for detainees with suspected or confirmed TB disease, including testing, treatment, release from isolation, placement in general population, and public health actions.

2. Infectious and Communicable Diseases

The facility will have written plans that address the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, and education. This also includes reporting and collaboration with local or state health departments in accordance with state and local laws and recommendations.

E. Comprehensive Health Assessment

The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility. Health assessments shall be performed by a physician, physician assistant, nurse practitioner, registered nurse (RN) (with documented initial and annual training provided by a physician), or other health care practitioner, as permitted by law. When a physical examination is not conducted by a provider, it must be reviewed by a provider. If there is documented evidence of a comprehensive health assessment within the previous 90 days, the health care practitioner may determine that a new assessment is not required.

F. Substance Dependence and Detoxification

During the initial screening, all detainees shall be evaluated for their use of or dependence on mood and mind-altering substances including alcohol, opiates, hypnotics, and sedatives.

Detainees reporting the use of such substances shall be evaluated for their degree of reliance and potential for withdrawal. The CMA shall establish guidelines for evaluation and treatment of new arrivals who require detoxification. If females are housed at the facility, guidelines will specifically address the treatment of pregnant women who are chemically dependent. Treatment and supportive measures shall be provided to permit withdrawal with minimal discomfort.

Where a detainee requires hospitalization, a physician's order will be obtained and ICE/ERO shall be notified. Detainees experiencing severe or life-threatening alcohol or drug withdrawal shall be immediately transferred to an emergency department for evaluation. Once evaluated, the detainee will be treated on-site if the facility is qualified to provide treatment and monitoring for withdrawal or transferred to an appropriate facility.

G. Translation, Interpretation, and Language Access for Detainees with Limited English Proficiency

Facilities shall provide appropriate interpretation and language services for LEP detainees related to medical and mental health care. When appropriate staff interpretation is not available, facilities will make use of professional interpretation services. Detainees shall not be used for interpretation services during any medical or mental health service. Interpretation and translation services by other detainees shall only be used in an emergency medical situation.

H. Dental Treatment

An initial dental screening exam shall be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, or registered nurse. Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist.

Detainees shall be afforded only authorized dental treatment, defined as follows:

1. Emergency dental treatment shall be provided for immediate relief of pain, trauma, and acute oral infection.
2. Routine dental treatment may be provided to detainees for whom dental treatment is inaccessible for prolonged periods because of detention for over six months. Routine dental treatment includes amalgam and composite restorations, prophylaxis, root canals, extractions, x-rays, the repair and adjustment of prosthetic appliances, and other procedures required to maintain the detainee's health.

I. Sick Call

The facility will have regularly scheduled times, in accordance with facility policy, when medical personnel are available to see detainees who have requested medical services, commonly known as sick call.

The facility will have a mechanism that allows detainees the opportunity to privately request health care services (including mental health and dental services) provided by a physician or other health care practitioner in a clinical setting. If necessary, detainees shall be provided assistance in filling out the request, especially detainees with a disability, or who are illiterate or LEP.

The facility shall have procedures to ensure that all request slips are received and triaged by the medical staff within 24 hours of receipt of the request. Request slips shall be provided in English and Spanish, at a minimum.

A health care practitioner will review the request and determine when the detainee will be seen based on the acuity of the problem and within a reasonable period of time.

All detainees, including those in Special Management Units, regardless of classification, will have access to sick call.

J. 24-Hour Emergency Medical and Mental Health Treatment

The facility will have a written plan for the delivery of 24-hour emergency medical and mental health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is otherwise required.

K. First Aid and Medical Emergencies

The CMA will determine the availability and placement of first aid kits.

Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the facility and will include the following:

- a. The recognition of signs of potential health emergencies and the required response;
- b. The administration of first aid and cardiopulmonary resuscitation (CPR);
- c. The recognition of signs and symptoms of mental illness; and
- d. The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services.

If a detainee requires emergency medical care, the first responding officer will immediately take steps to contact a health care practitioner through established procedures.

L. Delivery of Medication

Medication will be distributed according to the specific instructions and procedures established by the health care provider. Health care providers and officers shall keep written records of all medication given to (or refused by) detainees.

Medication will not be delivered or administered by detainees. In facilities that are medically staffed 24 hours a day, a health care practitioner will distribute medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed, consistent with state law and/or regulations, by detention officers who have received proper training, but only when medication must be delivered at a specific time when medical staff is not on duty. Distribution of medication by non-medical staff will be according to the specific instructions and procedures established by the CMA.

M. Special Needs

The facility will notify ICE/ERO of any detainee who requires close medical supervision, including chronic and convalescent care. The facility shall develop a written treatment plan, including access to health care and other treatment, and coordination with non-medical personnel as necessary.

The facility will notify ICE/ERO of any self-identified transgender detainees and coordinate care with ICE/ERO based on medical needs.

N. Bloodborne Pathogens

See also Standard 1.1 “Environmental Health and Safety” for additional information.

Information regarding infectious diseases shall be communicated on a regular basis to non-medical and medical staff, as well as detainees. Detainees exposed to potentially infectious bodily fluids (e.g., through needle sticks or bites) shall be afforded immediate medical assistance, and the incident shall be reported as soon as possible to the clinical director or designee and documented in the detainee’s medical file. All detainees shall be assumed to be infectious for bloodborne pathogens, and standard precautions are to be used at all times when caring for all detainees.

The facility shall establish a written plan to address exposure to bloodborne pathogens and post-exposure intervention, including prophylactic administration of medication, as appropriate and according to facility policies; the management of hepatitis A, B, and C; and the management of HIV infection, including reporting.

1. Hepatitis

A detainee may request hepatitis testing at any time.

2. HIV

A detainee may request HIV testing at any time. Facilities shall develop a written plan to ensure the highest degree of confidentiality regarding HIV status. Staff training shall emphasize the need for confidentiality, and procedures shall be established to limit access to health records to only authorized individuals and only when necessary.

The accurate diagnosis and medical management of HIV infection among detainees is important. An HIV diagnosis may be made only by a qualified health care practitioner, based on a medical history, current clinical evaluation of signs and symptoms, and laboratory studies.

3. Clinical Evaluation and Management

Medical personnel shall provide all detainees diagnosed with HIV or acquired immunodeficiency syndrome (AIDS) appropriate medical care consistent with national recommendations and guidelines disseminated through the U.S. Department of Health and Human Services agencies, including the CDC, and the Infectious Diseases Society of America. Medical and pharmacy personnel shall ensure that all Food and Drug Administration (FDA) approved medications currently approved for the treatment of HIV/AIDS are accessible. Medical and pharmacy personnel shall develop and implement distribution procedures to ensure timely and confidential access to medications.

Any detainee with confirmed or suspected TB disease shall also be evaluated for possible HIV infection, and any detainee with HIV shall be evaluated for TB disease.

Medical and pharmacy personnel shall ensure the facility maintains access to adequate supplies of FDA-approved medications for the treatment of HIV/AIDS to ensure that newly admitted detainees are able to continue with their treatment without interruption. Upon release, detainees currently receiving anti-HIV therapy and other drugs shall receive up to a 30-day supply of their medications as medically appropriate.

When current symptoms suggest HIV infection, the following procedures shall be implemented.

- a. Clinical evaluation shall determine the medical need for isolation, but HIV infection cannot be the sole reason for isolation. Segregation of HIV-positive detainees is not necessary for public health purposes. Detainees with HIV shall not be separated from the general population, either pending a test result or after a test report, unless clinical evaluation reveals a medical need for isolation.
- b. Following a clinical evaluation, if a detainee manifests symptoms requiring treatment beyond the facility's capability, a qualified health care practitioner shall recommend the detainee's transfer to a local hospital or other appropriate facility

for further medical testing, final diagnosis, and acute treatment, as needed, and consistent with local and national standards.

- c. New HIV-positive diagnoses must be reported to government bodies according to state and local laws and requirements; the HSA is responsible for ensuring that all applicable state requirements are met.

O. Informed Consent

The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances. Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained.

As a rule, medical treatment shall not be administered against the detainee's will. If a detainee refuses treatment, ICE/ERO will be consulted in determining whether forced treatment will be administered, unless the situation is an emergency. In emergency situations or those that place other detainees or staff at risk of exposure to infectious agents, the facility shall take appropriate emergency measures and notify ICE/ERO as soon as possible.

If the detainee refuses to consent to treatment, medical staff will explain the medical risks to the detainee of declining treatment and make reasonable efforts to convince the detainee to voluntarily accept treatment in a language or manner that the detainee understands. Medical staff will document their treatment efforts and the refusal of treatment in the detainee's medical record. A detainee refusing examination or treatment may be segregated from the general population when recommended by the medical staff. Forced treatment is prohibited unless there is a valid court order authorizing involuntary medical treatment.

P. Confidentiality and Release of Medical Records

All medical personnel, and in particular those who have access to medical records, shall protect the privacy of detainees' medical information to the maximum extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well-being of detainees.

Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook. Detainees and their representatives may also request medical records through the detainee's designated ICE officer or the ICE Freedom of Information Act (FOIA) process as described in the National Detainee Handbook.

Detainees who indicate that they wish to obtain copies of their medical records shall be provided with any appropriate forms. The facility will provide the detainee with assistance

in making the written request (if needed) and will assist in transmitting the request to the appropriate office or person.

Following the release of health information, the written authorization shall be retained in the health record, and a copy placed in the detainee's detention file or maintained in a retrievable electronic format.

Q. Transfer and Release of Detainees

1. Medical/Psychiatric Alert

When a health care practitioner determines that a detainee's medical or psychiatric condition requires either clearance by the medical staff prior to release or transfer to another facility, or requires medical escort during removal or transfer, the facility shall notify ICE/ERO in writing.

2. Notification of Transfers, Releases, and Removals

Medical personnel will be given advance notice prior to the release, transfer, or removal of a detainee, so that they may provide for any medical needs associated with the transfer or release.

3. Transfer of Medical Information

- a. When a detainee is transferred to another detention facility, the sending facility shall ensure that a medical transfer summary accompanies the detainee. Upon request of the receiving facility, the sending facility shall transmit a copy of the full medical record within five business days or sooner if determined by the receiving facility to be a medically urgent matter.
- b. Upon removal or release from ICE/ERO custody, the detainee shall be provided medication (in quantities specified below), referrals to community-based providers as medically appropriate, and a detailed medical care summary. This summary should include instructions that the detainee can understand and health history that would be meaningful to future medical providers. The summary shall include, at a minimum, the following items:
 - 1) Patient identification;
 - 2) Tuberculosis (TB) screening results (including results date) and current TB status if TB disease is suspected or confirmed;
 - 3) Current mental, dental, and physical health status, including all significant health issues, and highlighting any potential unstable issues or conditions which require urgent follow-up;

- 4) Current medications, with instructions for dose, frequency, etc., with specific instructions for medications that must be administered en route;
- 5) Any past hospitalizations or major surgical procedures;
- 6) Recent test results, as appropriate;
- 7) Known allergies;
- 8) Any pending medical or mental health evaluations, tests, procedures, or treatments for a serious medical condition scheduled for the detainee at the sending facility. In the case of patients with communicable disease and/or other serious medical needs, detainees being released from ICE/ERO custody are given a list of community resources, at a minimum;
- 9) Copies of any relevant documents as appropriate;
- 10) Printed instructions on how to obtain the complete medical record; and
- 11) The name and contact information of the transferring medical official.

4. Medications

The facility shall ensure that, at a minimum, a seven-day supply of medication (or, in the case of TB medications, 15 days; and in the case of HIV/AIDS medications, 30 days) accompanies the detainee upon transfer from the facility, as ordered by the prescribing authority.

Upon removal or release from ICE custody, the detainee shall receive up to a 30-day supply of medication as ordered by the prescribing authority and a medical care summary. If a detainee is on prescribed narcotics, the clinical health authority shall make a determination regarding continuation, based on assessment of the detainee.

R. Medical Experimentation and Research

Detainees shall not be used in any medical, pharmaceutical, or cosmetic experiments or research.

This will not preclude an individual detainee from receiving a medical treatment or procedure not generally available, but determined medically necessary by the CMA, such as medications and clinical trials. The administration of such investigational therapies shall follow relevant FDA or other national protocols and will be administered only with written consent from the detainee, which should be retained in the detainee's medical record. The facility shall notify ICE/ERO of all such situations.

S. Mental Health Program

1. Details

The facility shall have a mental health program, approved by the appropriate medical authority, that provides:

- a. Assistance with intake screening for mental health concerns;
- b. Referral as needed for evaluation, diagnosis, treatment and monitoring of mental illness by a qualified mental health care provider;
- c. Sufficient capacity to provide crisis intervention and management of acute mental health episodes;
- d. Transfer to licensed mental health facilities of detainees whose mental health needs exceed the capabilities of the facility; and
- e. Professional consultation for and assistance with the suicide prevention program.

2. Referrals and Treatment

Based on the intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, a detainee may be referred for mental health treatment or evaluation. Any detainee referred for mental health treatment shall be triaged for any emergency needs and receive an evaluation by a qualified mental health provider no later than seven days after the referral. The provider shall develop an overall treatment/management plan. If the detainee's mental illness or developmental or intellectual disability needs exceed the treatment capability of the facility, a referral for an outside mental health facility shall be initiated and the facility shall notify ICE/ERO in a timely manner. Any detainee prescribed psychiatric medications must be regularly evaluated by a duly licensed and appropriate medical professional to ensure proper treatment and dosage.

3. Involuntary Administration of Psychotropic Medication

Involuntary administration of psychotropic medication to detainees shall comply with established guidelines and applicable laws, and shall be performed only pursuant to the specific, written, and detailed authorization of a physician. Absent a declared medical emergency, before psychotropic medication is involuntarily administered, the HSA shall contact ICE/ERO to facilitate a request for a court order.

4. Serious Mental Illness

The following non-exhaustive categories of conditions should be considered to constitute a serious mental illness:

- a. conditions that a qualified medical provider has determined to meet the criteria for a “serious mental disorder or condition” pursuant to applicable ICE policies, including:
 - 1) A mental disorder that is causing serious limitations in communication, memory, or general mental and/or intellectual functioning (e.g., communicating, conducting activities of daily life, social skills); or a severe medical condition(s) (e.g., traumatic brain injury or dementia) that is significantly impairing mental function; or
 - 2) One or more of the following active psychiatric symptoms and/or behaviors: severe disorganization, active hallucinations or delusions, mania, catatonia, severe depressive symptoms, suicidal ideation and/or behavior, marked anxiety or impulsivity; or
 - 3) Significant symptoms of one of the following:
 - i. Psychosis or Psychotic Disorder;
 - ii. Bipolar Disorder;
 - iii. Schizophrenia or Schizoaffective Disorder;
 - iv. Major Depressive Disorder with Psychotic Features;
 - v. Dementia and/or a Neurocognitive Disorder; or
 - vi. Intellectual Development Disorder (moderate, severe, or profound);
 - 4) Any ongoing or recurrent conditions that have required a recent or prolonged hospitalization, typically for greater than 14 days, or a recent and prolonged stay in the medical clinic of a detention or correctional facility, typically for greater than 30 days;
 - 5) Any condition that would preclude the detainee from being housed, typically for greater than 30 days, in a non-restrictive setting (such as a general population housing unit, as opposed to a special management unit or a medical clinic); and
 - 6) Any other mental illness determined to be serious by IHSC.

T. Referrals for Sexual Abuse Victims or Abusers

If any security or medical intake screening or classification assessment indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical

practitioner or mental health provider for a medical and/or mental health evaluation and follow-up as appropriate.

When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral.

For the purposes of this section, a “qualified medical practitioner” or “qualified mental health practitioner” means a health or mental health professional, respectively, who in addition to being qualified to evaluate and care for patients within the scope of his or her professional practice, has successfully completed specialized training for treating sexual abuse victims.

U. Women’s Medical Care

Female detainees shall receive routine, age appropriate gynecological and obstetrical health care, consistent with recognized community and clinical guidelines for women’s health services.

1. Initial Assessment

All initial health assessments of female detainees shall be conducted by a qualified health care practitioner. In addition to the criteria listed on the health assessment form, the evaluation shall inquire about and perform the following:

- a. Pregnancy test for detainees aged 18-56 and deliver to the detainee and document the results;
- b. If the detainee is currently nursing (breastfeeding);
- c. Use of contraception;
- d. Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.);
- e. Menstrual cycle;
- f. History of breast and gynecological problems;
- g. Family history of breast and gynecological problems; and
- h. Any history of physical or sexual victimization and when the incident occurred.

A pelvic and breast examination, pap test, baseline mammography and sexually transmitted disease (STD) testing shall be offered and provided as deemed appropriate or necessary by a health care practitioner.

2. Preventive Services

Contraception

Upon request, appropriately trained medical personnel within their scope of practice shall provide detainees with non-directive (impartial) advice and consultation about family planning and contraception, and where medically appropriate, prescribe and dispense medical contraception.

3. Pregnancy

Upon confirmation by health care practitioner that a detainee is pregnant, the detainee shall be provided close medical supervision. Pregnant detainees shall have access to prenatal and specialized care, and comprehensive counseling on topics including, but not limited to, nutrition, exercise, complications of pregnancy, prenatal vitamins, labor and delivery, postpartum care, lactation, family planning, abortion services and parenting skills.

The facility administrator shall ensure that ICE/ERO is notified as soon as practicable of any pregnant detainee, but no later than 72 hours after such determination.

A health care practitioner will identify any special needs (e.g., diet, housing, and other accommodations such as the provision of additional pillows) and inform all necessary security staff and facility authorities. If a pregnant detainee has been identified as high risk, the detainee shall be referred to a physician specializing in high risk pregnancies.

All chemically dependent pregnant detainees (e.g., detainees dependent on substances including alcohol, sedatives/hypnotics, anxiolytics, and opioids) are considered high risk and referred to qualified physician capable of addressing their needs immediately.

a. Abortion Access

In the event continued detention is necessary and appropriate, and consistent with the practice of ICE/ERO's federal partners, if the life of the mother would be endangered by carrying a fetus to term, or in the case of rape or incest, ICE/ERO will assume the costs associated with a female detainee's decision to terminate a pregnancy.

- 1) In this instance, or in a situation where a female detainee opts to fund the termination of her pregnancy, ICE/ERO will arrange for transportation at no cost to the detainee for the medical appointment and, if requested by the detainee, for access to religious counseling, and non-directive (impartial)

medical resources and social counseling, to include outside social services or women's community resources groups.

- 2) If a detainee requests to terminate her pregnancy, it will be documented in the detainee's medical records. The detainee's statement should be signed personally by the detainee and include clear language of the detainee's intent.

4.3 Medical Care

I. Purpose and Scope

This detention standard ensures that detainees have access to appropriate and necessary medical, dental and mental health care, including emergency services.

This detention standard applies to the following types of facilities housing ICE/ERO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by ERO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

Procedures in italics are specifically required for SPCs, CDFs, and Dedicated IGSA facilities. Non-dedicated IGSA facilities must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

For all types of facilities, procedures that appear in italics with a marked (**) on the page indicate optimum levels of compliance for this standard.

Various terms used in this standard may be defined in standard “7.5 Definitions.”

II. Expected Outcomes

The expected outcomes of this detention standard are as follows (specific requirements are defined in “V. Expected Practices”).

1. Detainees shall have access to a continuum of health care services, including screening, prevention, health education, diagnosis and treatment.

***Medical facilities within the detention facility shall achieve and maintain current accreditation*

with the National Commission on Correctional Health Care (NCCHC), and shall maintain compliance with those standards.

2. The facility shall have a mental health staffing component on call to respond to the needs of the detainee population 24 hours a day, seven days a week.
3. The facility shall provide communication assistance to detainees with disabilities and detainees who are limited in their English proficiency (LEP). The facility will provide detainees with disabilities with effective communication, which may include the provision of auxiliary aids, such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters, and note-takers, as needed. The facility will also provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities.

All written materials provided to detainees shall generally be translated into Spanish. Where practicable, provisions for written translation shall be made for other significant segments of the population with limited English proficiency.

Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate.

Newly-admitted detainees shall be informed orally or in a manner in which the detainee understands about how to access, appeal or communicate concerns about health services.

4. Detainees shall be able to request health services on a daily basis and shall receive timely follow-up.
5. Detainees shall receive continuity of care from

time of admission to time of transfer, release or removal. Detainees, who have received medical care, released from custody or removed shall receive a discharge plan, a summary of medical records, any medically necessary medication and referrals to community-based providers as medically-appropriate.

6. A detainee who is determined to require health care beyond facility resources shall be transferred in a timely manner to an appropriate facility. A written list of referral sources, including emergency and routine care, shall be maintained and updated annually.
7. A transportation system shall provide timely access to health care services that are not available at the facility. Procedures for use of this transportation system shall include: a) prioritization of medical needs; b) urgency (such as the use of an ambulance instead of standard transportation); c) transfer of medical information and medications; and d) safety and security concerns of all persons.
8. A detainee who requires close, chronic or convalescent medical supervision shall be treated in accordance with a written treatment plan conforming to accepted medical practices for the condition in question, approved by a licensed physician, dentist or mental health practitioner.
9. Twenty-four hour emergency medical and mental health services shall be available to all detainees.
10. Centers for Disease Control and Prevention (CDC) guidelines for the prevention and control of infectious and communicable diseases shall be followed.
11. Occupational Safety and Health Administration (OSHA) and applicable state guidelines for managing bio-hazardous waste and decontaminating medical and dental equipment shall be followed.
12. Detainees with chronic conditions shall receive

care and treatment, as needed, that includes monitoring of medications, diagnostic testing and chronic care clinics.

13. The facility administrator shall notify ICE/ERO, in writing, of any detainee whose medical or mental health needs require special consideration in such matters as housing, transfer or transportation.
14. Each detainee shall receive a comprehensive medical, dental and mental health intake screening as soon as possible, but no later than 12 hours after arrival at each detention facility. Detainees who appear upon arrival to raise urgent medical or mental health concerns shall receive priority in the intake screening process.
15. Each detainee shall receive a comprehensive health assessment, including a physical examination and mental health screening, by a qualified, licensed health care professional no later than 14 days after entering into ICE custody or arrival at facility. For the purposes of the comprehensive medical examination, a qualified licensed health provider includes the following: physicians, physician assistants, nurses, nurse practitioners, or others who by virtue of their education, credentials and experience are permitted by law to evaluate and care for patients.
16. Qualified, licensed health care professionals shall classify each detainee on the basis of medical and mental health needs. Detainees shall be referred for evaluation, diagnosis, treatment and stabilization as medically indicated.
17. At no time shall a pregnant detainee be restrained, absent truly extraordinary circumstances that render restraints absolutely necessary.
18. Detainees experiencing severe, life-threatening intoxication or withdrawal symptoms shall be transferred immediately for either on-site or off-site emergency department evaluation.

19. Pharmaceuticals and non-prescription medicines shall be secured, stored and inventoried.
20. Prescriptions and medications shall be ordered, dispensed and administered in a timely manner and as prescribed by a licensed health care professional. This shall be conducted in a manner that seeks to preserve the privacy and personal health information of detainees.
21. Health care services shall be provided by a sufficient number of appropriately trained and qualified personnel, whose duties are governed by thorough and detailed job descriptions and who are licensed, certified, credentialed and/or registered in compliance with applicable state and federal requirements.
22. Detention and health care personnel shall be trained initially and annually in the proper use of emergency medical equipment and shall respond to health-related emergency situations.
23. Information about each detainee's health status shall be treated as confidential, and health records shall be maintained in accordance with accepted standards separately from other detainee detention files and be accessible only in accordance with written procedures and applicable laws. Health record files on each detainee shall be well organized, available to all practitioners and properly maintained and safeguarded.
24. Informed consent standards shall be observed and adequately documented. Staff shall make reasonable efforts to ensure that detainees understand their medical condition and care.
25. Medical and mental health interviews, screenings, appraisals, examinations, procedures and administration of medication shall be conducted in settings that respect detainees' privacy in accordance with safe and/orderly operations of the facility.
26. A detainee's request to see a health care provider of the same gender should be considered; when not feasible, a same-gender chaperone shall be provided. When care is provided by a health care provider of the opposite gender, a detainee shall be provided a same-gender chaperone upon the detainee's request.
27. Detainees in Special Management Units (SMUs) shall have access to the same or equivalent health care services as detainees in the general population, as specified in standard "2.12 Special Management Units."
28. ***Adequate space and staffing for the use of services of the ICE Tele-Health Systems, inclusive of tele-radiology (ITSP) and tele-medicine, shall be provided.*
29. All detainees shall receive medical and mental health screenings, interventions and treatments for gender-based abuse and/or violence, including sexual assault and domestic violence.
30. This standard and the implementation of this standard will be subject to internal review and a quality assurance system in order to ensure the standard of care in all facilities is high.

III. Standards Affected

This detention standard replaces "Medical Care" dated 12/2/2008.

IV. References

American Correctional Association, *Performance-based Standards for Adult Local Detention Facilities*, 4th Edition: 4-ALDF-2A-15, 4C-01 through 4C-31, 4C-34 through 4C-41, 4D-01 through 4D-21, 4D-23 through 4D-28, 2A-45, 7D-25.

American College of Obstetricians and Gynecologists, *Guidelines for Women's Health Care* (3rd edition. 2007); "Special Issues in Women's Health" (2005).

American Public Health Association *Standards for*

*Health Services in Correctional Institutions,
Health Services for Women.*

Centers for Disease Control and Prevention website, www.cdc.gov (for the most current guidelines and recommendations on tuberculosis case management and control, HIV management, health care acquired infections, infection control, influenza management, respiratory protection, infectious diseases of public health significance, emerging infectious diseases, and correctional health)

United States Department of Health and Human Services, HIV Clinical Guidelines Portal, <http://aidsinfo.nih.gov/Guidelines/default.aspx> (for the most current national guidelines on HIV Management)

Infectious Diseases Society of America, <http://www.idsociety.org/Content.aspx?id=9088> (for the most current infectious diseases practice guidelines prepared or endorsed by the Infectious Diseases Society of America)

National Commission on Correctional Health Care, *Standards for Health Services in Jails* (2014).

Exec. Order 13166.

ICE/ERO *Performance-based National Detention Standards 2011*:

- “1.2 Environmental Health and Safety,” particularly in regard to storing, inventorying and handling needles and other sharp instruments; standard precautions to prevent contact with blood and other body fluids; sanitation and cleaning to prevent and control infectious diseases; and disposing of hazardous and infectious waste;
- “2.11 Sexual Abuse and Assault Prevention and Intervention”;
- “4.2 Hunger Strikes”;
- “4.6 Significant Self-harm and Suicide Prevention and Intervention”; and

- “4.7 Terminal Illness, Advance Directives and Death.”

ICE Health Service Corps (IHSC) *Policies and Procedures Manual*.

The Joint Commission.

www.flu.gov

www.aids.gov

“*Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities*,” 79 Fed. Reg. 13100 (Mar. 7, 2014).

V. Expected Practices

A. General

Every facility shall directly or contractually provide its detainee population with the following:

1. Initial medical, mental health and dental screening;
2. Medically necessary and appropriate medical, dental and mental health care and pharmaceutical services;
3. Comprehensive, routine and preventive health care, as medically indicated;
4. Emergency care;
5. Specialty health care;
6. Timely responses to medical complaints; and
7. Hospitalization as needed within the local community.
8. Staff or professional language services necessary for detainees with limited English proficiency (LEP) during any medical or mental health appointment, sick call, treatment, or consultation.

***Medical facilities within the detention facility shall achieve and maintain current accreditation with the National Commission on Correctional Health Care (NCCCHC), and shall maintain compliance with those standards.*

B. Designation of Authority

A designated health services administrator (HSA) or the equivalent in non-IHSC staffed detention facilities shall have overall responsibility for health care services pursuant to a written agreement, contract or job description. The HSA is a physician or health care professional and shall be identified to detainees.

The designated clinical medical authority (CMA) at the facility shall have overall responsibility for medical clinical care pursuant to a written agreement, contract or job description. The CMA shall be a medical doctor (MD) or doctor of osteopathy (DO). The CMA may designate a clinically trained professional to have medical decision making authority in the event that the CMA is unavailable.

When the HSA is other than a physician, final clinical judgment shall rest with the facility's designated CMA. In no event shall clinical decisions be made by non-clinicians.

The HSA shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. The CMA together with the HSA establishes the processes and procedures necessary to meet the medical standards outlined herein.

All facilities shall provide medical staff and sufficient support personnel to meet these standards. A staffing plan will be reviewed at least annually which identifies the positions needed to perform the required services.

Health care personnel perform duties within their scope of practice for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.

The facility administrator, in collaboration with the CMA and HSA, negotiates and maintains arrangements with nearby medical facilities or health

care providers to provide required health care not available within the facility, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission.

C. Communicable Disease and Infection Control

1. General

Each facility shall have written plans that address the management of infectious and communicable diseases, including screening, prevention, education, identification, monitoring and surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated) and reporting to local, state and federal agencies.

Plans shall include:

- a. coordination with local public health authorities;
- b. ongoing education for staff and detainees;
- c. control, treatment and prevention strategies;
- d. protection of detainee confidentiality;
- e. media relations, in coordination with the local Public Affairs Officer (PAO);
- f. procedures for the identification, surveillance, immunization, follow-up and isolation of patients;
- g. hand hygiene
- h. management of infectious diseases and reporting them to local and/or state health departments in accordance with established guidelines and applicable laws; and
- i. management of bio-hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and standard "1.2 Environmental Health and Safety."

Facilities shall comply with current and future plans implemented by federal, state or local authorities addressing specific public health issues including

communicable disease reporting requirements. Infectious and communicable disease control activities shall be reviewed and discussed in the quarterly administrative meetings as described in Section V.DD of this detention standard. Designated medical staff shall report to the IHSC Public Health, Safety, and Preparedness Unit all detainees diagnosed with a communicable disease of public health significance.

2. Tuberculosis (TB) Management

As indicated in this standard below in section “J. Medical and Mental Health Screening of New Arrivals,” screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines.

All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines (www.cdc.gov/tb). For detainees that have been in continuous law enforcement custody, symptom screening plus documented TB screening within one year of arrival may be accepted for intake screening purposes.

Annual or periodic TB testing shall be implemented in accordance with CDC guidelines; annual TB screening method should be appropriately selected with consideration given to the initial screening method conducted or documented during intake.

Detainees with symptoms suggestive of TB, or with suspected or confirmed active TB disease based on clinical and/or laboratory findings, shall be placed in a functional airborne infection isolation room with negative pressure ventilation and be promptly evaluated for TB disease. Patients with suspected active TB shall remain in airborne infection isolation until determined by a qualified provider to be noncontagious in accordance with CDC guidelines.

For all patients with confirmed and suspected active tuberculosis, designated medical staff shall:

- a. Report all cases to local and/or state health departments within one working day of meeting reporting criteria and in accordance with

established guidelines and applicable laws, identified by the custodial agency and the detainee’s identifying number of that agency (ICE detainees are reported as being in ICE custody and are identified by their alien numbers).

- b. Report all detainees with suspected or confirmed TB to the ICE Health Service Corps (IHSC), Public Health, Safety, and Preparedness Unit within one working day of initial identification with suspected or confirmed TB disease.

Reporting shall include names, aliases, date of birth, alien number, case status/classification, available diagnostic and lab results, treatment status (including drugs and dosages), treatment start date, a summary case report, and a point of contact and telephone number for follow-up.

- c. Promptly report any movement of TB patients, including hospitalizations, facility transfers, releases, or removals/deportations to the local and/or state health department and the IHSC Public Health, Safety, and Preparedness Unit.

When treatment is indicated, multi-drug, anti-TB therapy shall be administered using directly observed therapy (DOT) in accordance with American Thoracic Society (ATS) and CDC guidelines. For patients with drug-resistant or multi-drug-resistant TB, the state or local health department shall be consulted to establish a customized treatment regimen and treatment plan. Patients receiving anti-TB therapy shall be provided with a 15 day supply of medications and appropriate education when transferred, released or deported, in an effort to prevent interruptions in treatment until care is continued in another location.

Treatment for latent TB infection (LTBI) shall not be initiated unless active TB disease is ruled out.

Designated medical staff shall coordinate with the IHSC Epidemiology Unit and the local and/or state health department to facilitate an international referral and continuity of therapy. Designated

medical staff shall collaborate with the local and/or state health department on tuberculosis and other communicable diseases of public health significance.

3. Significant Communicable Disease

Designated medical staff shall notify the IHSC Public Health, Safety, and Preparedness Unit of any ICE detainee with a significant communicable disease and of any contact or outbreak investigations involving ICE detainees exposed to a significant communicable disease without known immunity. Significant communicable diseases include, but are not limited to, varicella (chicken pox), measles, mumps, pertussis (whooping cough), and typhoid.

4. Bloodborne Pathogens

Infection control awareness shall be communicated on a regular basis to correctional and medical staff, as well as detainees. Detainees exposed to potentially infectious body fluids (e.g., through needle sticks or bites) shall be afforded immediate medical assistance, and the incident shall be reported as soon as possible to the clinical director or designee and documented in the medical file. All detainees shall be assumed to be infectious for bloodborne pathogens, and standard precautions are to be used at all times when caring for all detainees.

Each facility shall establish a written plan to address exposure to bloodborne pathogens; the management of hepatitis A, B, and C; and the management of HIV infection, including reporting.

a. Hepatitis

A detainee may request hepatitis testing at any time during detention

b. HIV

A detainee may request HIV testing at any time during detention. Persons who must feed, escort, directly supervise, interview or conduct routine office work with HIV patients are not considered at risk of infection. However, persons regularly exposed to blood are at risk. Facilities shall develop a written plan to ensure the highest

degree of confidentiality regarding HIV status and medical condition. Staff training must emphasize the need for confidentiality, and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.

The accurate diagnosis and medical management of HIV infection among detainees shall be promoted. An HIV diagnosis may be made only by a licensed health care provider, based on a medical history, current clinical evaluation of signs and symptoms and laboratory studies.

c. Clinical Evaluation and Management

Medical personnel shall provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines disseminated through the U.S. Department of Health and Human Services, the CDC, and the Infectious Diseases Society of America. Medical and pharmacy personnel shall ensure that all Food and Drug Administration (FDA) medications currently approved for the treatment of HIV/AIDS are accessible. Medical and pharmacy personnel shall develop and implement distribution procedures to ensure timely and confidential access to medications.

Many of these guidelines are available through the following links:

<http://aidsinfo.nih.gov/Guidelines/default.aspx>
<http://www.cdc.gov/hiv/resources/guidelines/index.htm#treatment>
<http://www.idsociety.org/Content.aspx?id=9088>

Medical and pharmacy personnel shall ensure the facility maintains access to adequate supplies of FDA-approved medications for the treatment of HIV/AIDS to ensure newly admitted detainees shall be able to continue with their treatments without interruption. Upon release, detainees currently receiving highly active antiretroviral therapy and other drugs shall receive up to a 30-

day supply of their medications as medically appropriate.

When current symptoms are suggestive of HIV infection, the following procedures shall be implemented.

- 1) Clinical evaluation shall determine the medical need for isolation.

Detainees with HIV shall not be separated from the general population, either pending a test result or after a test report, unless clinical evaluation reveals a medical need for isolation. Segregation of HIV-positive detainees is not necessary for public health purposes.

- 2) Following a clinical evaluation, if a detainee manifests symptoms requiring treatment beyond the facility's capability, the provider shall recommend the detainee's transfer to a local hospital or other appropriate facility for further medical testing, final diagnosis and acute treatment as needed, consistent with local operating procedures.
- 3) Any detainee with active tuberculosis shall also be evaluated for possible HIV infection.
- 4) New HIV-positive diagnoses must be reported to government bodies according to state and local laws and requirements; the HSA is responsible for ensuring that all applicable state requirements are met.

The "Standard Precautions" section of standard "1.2 Environmental Health and Safety" provides more detailed information.

D. Notifying Detainees about Health Care Services

In accordance with standard "6.1 Detainee Handbook," the facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which procedures for access to health care services are explained.

Health care practitioners should explain any rules about mandatory reporting and other limits to confidentiality in their interactions with detainees. Informed consent shall be obtained prior to providing treatment (absent medical emergencies). Consent forms and refusals shall be documented and placed in the detainee's medical file.

In accordance with the section on Orientation in standard "2.1 Admission and Release," access to health care services, the sick call and medical grievance processes shall be included in the orientation curriculum for newly admitted detainees.

E. Translation and Language Access for Detainees with Limited English Proficiency

Facilities shall provide appropriate interpretation and language services for LEP detainees related to medical and mental health care. Where appropriate staff interpretation is not available, facilities will make use of professional interpretation services. Detainees shall not be used for interpretation services during any medical or mental health service. Interpretation and translation services by other detainees shall only be provided in an emergency medical situation.

Facilities shall post signs in medical intake areas in English, Spanish, and languages spoken by other significant segments of the facility's detainee population listing what language assistance is available during any medical or mental health treatment, diagnostic test, or evaluation.

F. Facilities

1. Examination and Treatment Area

Adequate space and equipment shall be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private while ensuring safety.

A holding/waiting area shall be located in the medical facility under the direct supervision of custodial officers. A detainee toilet and drinking

fountain shall be accessible from the holding/waiting area.

2. Medical Records

Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit.

3. Medical Housing

If there is a specific area, separate from other housing areas, where detainees are admitted for health observation and care under the supervision and direction of health care personnel, consideration shall be given to the detainee's age, gender, medical requirements and custody classification and the following minimum standards shall be met:

a. Care

- 1) Physician at the facility or on call 24 hours per day;
- 2) Qualified health care personnel on duty 24 hours per day when patients are present;
- 3) Staff members within sight or sound of all patients;
- 4) Maintenance of a separate medical housing record distinct from the complete medical record; and
- 5) Compliance with all established guidelines and applicable laws.

Detainees in medical housing shall have access to other services such as telephone, legal access and materials, consistent with their medical conditions.

Prior to placing a detainee with a mental illness in medical housing, a determination shall be made by a medical or mental health professional that placement in medical housing is medically necessary.

b. Wash Basins, Bathing Facilities and Toilets

- 1) Detainees shall have access to operable

washbasins with hot and cold running water at a minimum ratio of 1 for every 12 detainees, unless state or local building codes specify a different ratio.

- 2) Sufficient bathing facilities shall be provided to allow detainees to bathe daily, and sufficient bathing facilities shall be physically accessible for detainees with disabilities, as required by the applicable accessibility standard. Water shall be thermostatically controlled to temperatures ranging from 100 F to 120 F degrees.
- 3) Detainees shall have access to operable toilets and hand-washing facilities 24 hours per day and shall be permitted to use toilet facilities without staff assistance. Unless state or local building or health codes specify otherwise:
 - a) toilets shall be provided at a minimum ratio of 1 to every 12 detainees in male facilities and 1 for every 8 in female facilities, and
 - b) all housing units with three or more detainees shall have a minimum of two toilets.

G. Pharmaceutical Management

Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include:

1. a formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources;
2. identification of a method for promptly approving and obtaining medicines not on the formulary;
3. prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed;
4. procurement, receipt, distribution, storage, dispensing, administration and disposal of

medications;

5. secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles;
6. medicine administration error reports to be kept for all administration errors;
7. all staff responsible for administering or having access to pharmaceuticals to be trained on medication management before beginning duty;
8. all pharmaceuticals to be stored in a secure area with the following features:
 - a. a secure perimeter;
 - b. access limited to authorized medical staff (never detainees);
 - c. solid walls from floor to ceiling and a solid ceiling;
 - d. a solid core entrance door with a high security lock (with no other access); and
 - e. a secure medication storage area;
9. administration and management in accordance with state and federal law;
10. supervision by properly licensed personnel;
11. administration of medications by properly licensed, credentialed, trained personnel under the supervision of the health services administrator (HSA), clinical medical authority (CMA), both; and
12. documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.

H. Nonprescription Medications

The facility administrator and HSA shall jointly approve any nonprescription medications that are available to detainees outside of health services (e.g., sold in commissary, distributed by housing officers, etc.), and shall jointly review the list, on an annual

basis at a minimum.

I. Medical Personnel

All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review. A restricted license does not meet this requirement.

J. Medical and Mental Health Screening of New Arrivals

As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions. Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care provider as quickly as possible, but in no later than two working days. Detainees who appear upon arrival to raise urgent medical or mental health concerns shall receive priority in the intake screening process. For intrasystem transfers, a qualified health care professional will review each incoming detainee's health record or health summary within 12 hours of arrival, to ensure continuity of care.

For LEP individuals, interpretation for the screening will be conducted by facility staff with appropriate language capabilities or through professional interpretation services, as described in Section E of this standard ("Translation and Language Access for Detainees with Limited English Proficiency").

If screening is performed by a detention officer, the facility shall maintain documentation of the officer's special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information.

The screening shall inquire into the following:

1. any past history of serious infectious or communicable illness, and any treatment or symptoms;
2. history of physical and mental illness;
3. pain assessment;
4. current and past medication;
5. allergies;
6. past surgical procedures;
7. symptoms of active TB or previous TB treatment;
8. dental care history;
9. use of alcohol, tobacco and other drugs, including an assessment for risk of potential withdrawal;
10. possibility of pregnancy;
11. other relevant health problems identified by the CMA responsible for screening inquiry;
12. observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;
13. history of suicide attempts or current suicidal/homicidal ideation or intent;
14. observation of body deformities and other physical abnormalities;
15. inquire into a transgender detainee's gender self-identification and history of transition-related care, when a detainee self-identifies as transgender;
16. past hospitalizations;
17. chronic illness (including, but not limited to, hypertension and diabetes);
18. dietary needs; and
19. any history of physical or sexual victimization or perpetrated sexual abuse, and when the incident occurred.

Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screening.

For further information and guidance, see standard "2.1 Admission and Release."

Initial screenings shall be conducted in settings that respect detainees' privacy and include observation and interview questions related to the detainee's potential suicide risk and mental health. For further information, see standard "4.6 Significant Self-harm and Suicide Prevention and Intervention."

If, at any time during the screening process, there is an indication of need of, or a request for, mental health services, the HSA must be notified within 24 hours. The CMA, HSA or other qualified licensed health care provider shall ensure a full mental health evaluation, if indicated. Mental health evaluations must be conducted within the timeframes prescribed in "O. Mental Health Program" of this standard.

All facilities shall have policies and procedures in place to ensure documentation of the initial health screening and assessment.

The health intake screening shall be conducted using the IHSC Intake Screening Form (IHSC 795A) or equivalent and shall be completed prior to the detainee's placement in a housing unit. The Intake Screening Form attached as Appendix 4.3.A mirrors form IHSC 795A and may be used by facilities to ensure compliance with screening requirements in these standards.

Upon completion of the In-Processing Health Screening form, the detention officer shall immediately notify medical staff when one or more positive responses are documented. Medical staff will then assess priority for treatment (e.g. urgent, today or routine).

Limited-English proficient detainees and detainees who are hearing impaired shall be provided

interpretation or translation services or other assistance as needed for medical care activities.

Language assistance may be provided by another medical staff member competent in the language or by a professional service, such as a telephone interpretation service.

K. Substance Dependence and Detoxification

All detainees shall be evaluated through an initial screening for use of and/or dependence on mood- and mind-altering substances, alcohol, opiates, hypnotics, sedatives, etc. Detainees who report the use of such substances shall be evaluated for their degree of reliance on and potential for withdrawal from the substance.

The CMA shall establish guidelines for evaluation and treatment of new arrivals who require detoxification.

Detainees experiencing severe or life-threatening intoxication or withdrawal shall be transferred immediately to an emergency department for evaluation.

Once evaluated, the detainee will be referred to an appropriate facility qualified to provide treatment and monitoring for withdrawal, or treated on-site if the facility is staffed with qualified personnel and equipment to provide appropriate care.

L. Privacy and Chaperones

1. Medical Privacy

Medical and mental health interviews, screenings, appraisals, examinations, procedures, and administration of medication shall be conducted in settings that respect detainees' privacy.

2. Same-Gender Providers and Chaperones

A detainee's request to see a health care provider of the same gender should be considered; when not feasible, a same-gender chaperone shall be provided.

When care is provided by a health care provider of the opposite gender, a detainee shall be provided a same-gender chaperone upon the detainee's request.

A same-gender chaperone shall be provided, even in the absence of a request by the detainee, when a medical encounter involves a physical examination of sensitive body parts, to include breast, genital, or rectal examinations, by a provider of the opposite gender.

Only medical personnel may serve as chaperones during medical encounters and examinations.

M. Comprehensive Health Assessment

Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition. Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law.

Facility medical personnel are encouraged to use the form "Physical Examination/Health Appraisal" attached as Appendix 4.3.B when conducting the comprehensive health assessment.

If documentation exists of such a health assessment within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required.

The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment.

Detainees diagnosed with a communicable disease shall be isolated according to national standards of medical practice and procedures.

N. Medical/Psychiatric Alerts and Holds

Where a detainee has a serious medical or mental

health condition or otherwise requires special or close medical care, medical staff shall complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee's medical record. Where medical staff furthermore determine the condition to be serious enough to require medical clearance of the detainee prior to transfer or removal, medical staff shall also place a medical hold on the detainee using the Medical/Psychiatric Alert form (IHSC-834) or equivalent, which serves to prevent ICE from transferring or removing the detainee without the prior clearance of medical staff at the facility. The facility administrator shall receive notice of all medical/psychiatric alerts or holds, and shall be responsible for notifying ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred.

Potential health conditions meriting the completion of a Medical/Psychiatric Alert form may include, but are not limited to:

1. medical conditions requiring ongoing therapy, such as:
 - a. active TB
 - b. infectious diseases
 - c. chronic conditions
2. mental health conditions requiring ongoing therapy, such as:
 - a. suicidal behavior or tendencies
3. ongoing physical therapy
4. pregnancy

O. Mental Health Program

1. Mental Health Services Required

Each facility shall have an in-house or contractual mental health program, approved by the appropriate medical authority that provides:

- a. intake screening Form IHSC 795A (or equivalent)

for mental health concerns;

- b. referral as needed for evaluation, diagnosis, treatment and monitoring of mental illness by a competent mental health professional.
- c. crisis intervention and management of acute mental health episodes;
- d. transfer to licensed mental health facilities of detainees whose mental health needs exceed the capabilities of the facility; and
- e. a suicide prevention program.

2. Mental Health Provider

The term “mental health provider” includes psychiatrists, physicians, psychologists, clinical social workers and other appropriately licensed independent mental health practitioners

3. Mental Health Evaluation

Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day.

Such evaluation and screenings shall include:

- a. reason for referral;
- b. history of any mental health treatment or evaluation;
- c. history of illicit drug/alcohol use or abuse or treatment for such;
- d. history of suicide attempts;
- e. current suicidal/homicidal ideation or intent;
- f. current use of any medication;
- g. estimate of current intellectual function;

- h. mental health screening, to include prior history physical, sexual or emotional abuse;
- i. impact of any pertinent physical condition, such as head trauma;
- j. recommend actions for any appropriate treatment, including but not limited to the following:
 - 1) remain in general population with psychotropic medication and counseling,
 - 2) “short-stay” unit or infirmary,
 - 3) Special Management Unit, or
 - 4) community hospitalization; and
- k. recommending and/or implementing a treatment plan, including recommendations concerning transfer, housing, voluntary work and other program participation.

4. Referrals and Treatment

Any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day.

The provider shall develop an overall treatment/management plan.

If the detainee’s mental illness or developmental or intellectual disability needs exceed the treatment capability of the facility, a referral for an outside mental health facility may be initiated.

Any detainee prescribed psychiatric medications must be regularly evaluated by a duly-licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage;

5. Medical Isolation

The CMA may authorize medical isolation for a detainee who is at high risk for violent behavior

because of a mental health condition. The CMA shall be responsible for the daily reassessment of the need for continued medical isolation to ensure the health and safety of the detainee.

Medical isolation shall not be used as a punitive measure.

6. Involuntary Administration of Psychotropic Medication

Involuntary administration of psychotropic medication to detainees shall comply with established guidelines and applicable laws, and shall be performed only pursuant to the specific, written and detailed authorization of a physician. Absent declared medical emergency, before psychotropic medication is involuntarily administered, it is required that the HSA contact ERO management, who shall then contact respective ICE Office of Chief Counsel to facilitate a request for a court order to involuntarily medicate the detainee.

Prior to involuntarily administering psychotropic medication, absent a declared medical emergency, the authorizing physician shall:

- a. review the medical record of the detainee and conduct a medical examination;
- b. specify the reasons for and duration of therapy, and whether the detainee has been asked if he/she would consent to such medication;
- c. specify the medication to be administered, the dosage and the possible side effects of the medication;
- d. document that less restrictive intervention options have been exercised without success;
- e. detail how medication is to be administered;
- f. monitor the detainee for adverse reactions and side effects; and
- g. prepare treatment plans for less restrictive alternatives as soon as possible.

Also see section “Z: Informed Consent and

Involuntary Treatment” later in this detention standard.

P. Referrals for Sexual Abuse Victims or Abusers

If any security or medical intake screening or classification assessment indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate.

When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral.

For the purposes of this section, a “qualified medical practitioner” or “qualified mental health practitioner” means a health or mental health professional, respectively, who in addition to being qualified to evaluate and care for patients within the scope of his/her professional practice, has successfully completed specialized training for treating sexual abuse victims.

Q. Annual Health Examinations

Any detainee in ICE custody for more than one year continuously shall receive health examinations on an annual basis. Such examinations may occur more frequently for certain individuals, depending on their medical history and/or health conditions. Detainees shall have access to age- and gender-appropriate exams annually, including re-screening for TB.

R. Dental Treatment

An initial dental screening shall be performed within 14 days of the detainee’s arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider.

1. Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection.
2. Routine dental treatment may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six months, including amalgam and composite restorations, prophylaxis, root canals, extractions, x-rays, the repair and adjustment of prosthetic appliances and other procedures required to maintain the detainee’s health. Dental exams and treatment shall be performed only by licensed dental personnel.

S. Sick Call

Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall include:

1. clearly written policies and procedures;
2. sick call process shall be communicated in writing and verbally to detainees during their orientation;
3. regularly scheduled “sick call” times shall be established and communicated to detainees;
4. an established procedure shall be in place at all facilities to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after a detainee submits the request. All written sick call requests shall be date and time stamped and filed in the detainee’s medical record. Medical personnel shall review the request slips and determine when the detainee shall be seen based on acuity of the problem. In an urgent situation, the housing unit officer shall notify medical personnel immediately.

If the procedure requires a written request slip, such

slips shall be provided in English and the most common languages spoken by the detainee population of that facility. Limited-English proficient detainees and detainees who are hearing impaired shall be provided interpretation/translation services or other assistance as needed to complete a request slip.

All detainees, including those in SMUs, regardless of classification, shall have access to sick call. See standard “2.12 Special Management Units” for details.

All facilities shall maintain a permanent record of all sick call requests.

T. Emergency Medical Services and First Aid

1. Each facility shall have a written emergency services plan for delivery of 24-hour emergency health care. This plan shall be prepared in consultation with the facility’s CMA or the HSA, and must include the following:
 - a. an on-call physician, dentist and mental health professional, or designee, that are available 24 hours per day;
 - b. a list of telephone numbers for local ambulances and hospital services available to all staff;
 - c. an automatic external defibrillator (AED) shall be maintained for use at each facility and accessible to staff;
 - d. all detention and medical staff shall receive cardio pulmonary resuscitation (CPR, AED), and emergency first aid training annually;
 - e. detention and health care personnel shall be trained annually to respond to health-related situations within four minutes; and
 - f. security procedures that ensure the immediate transfer of detainees for emergency medical care.
2. The health services administrator ensures that medical staff have training and competency in implementing the facility’s emergency health care plan appropriate for each staff’s scope of practice or position. The facility administrator ensures that non-medical staff have appropriate training and competency in implementing the facility’s emergency plan appropriate for each staff’s position. Training and competency assessment shall include the following areas::
 - a. recognizing of signs of potential health emergencies and the required responses;
 - b. administering first aid, AED and cardiopulmonary resuscitation (CPR);
 - c. obtaining emergency medical assistance through the facility plan and its required procedures;
 - d. recognizing signs and symptoms of mental illness and suicide risk; and
 - e. the facility’s established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. The plan must provide for expedited entrance to and exit from the facility.
3. When a non-medical employee is unsure whether emergency care is required, he/she shall immediately notify medical personnel to make the determination.
4. Medical and safety equipment shall be available and maintained, and staff shall be trained in proper use of the equipment.
5. The facility administrator, in consultation with the designee for environmental health and safety, determines the number, contents, and placement of first aid kits, and establishes protocols for monthly inspections of first aid kits.

6. Victims of sexual abuse shall have timely access to emergency medical treatment and crisis intervention services in accordance with standard “2.11 Sexual Abuse and Assault, Prevention and Intervention.”

U. Delivery of Medication

Distribution of medication (including over the counter) shall be performed in accordance with specific instructions and procedures established by the HSA in consultation with the CMA. Written records of all prescribed medication given to or refused by detainees shall be maintained.

1. If prescribed medication must be delivered at a time when medical staff is not on duty, the medication may be distributed by detention officers, where it is permitted by state law to do so, who have received proper training by the HSA or designee.
2. The facility shall maintain documentation of the training given any officer required to distribute medication, and the officer shall have available for reference the training syllabus or other guide or protocol provided by the health authority.
3. Detainees may not deliver or administer medications to other detainees.
4. All prescribed medications and medically necessary treatments shall be provided to detainees on schedule and without interruption, absent exigent circumstances.
5. Detainees who arrive at a detention facility with prescribed medications or who report being on such medications, shall be evaluated by a qualified health care professional as soon as possible, but not later than 24 hours after arrival, and provisions shall be made to secure medically necessary medications.
6. Detainees shall not be charged for any medical services to include pharmaceuticals dispensed by medical personnel

V. Health Education and Wellness Information

Qualified health care personnel shall provide detainees health education and wellness information on topics including, but not limited to, the following:

1. dangers of self-medication;
2. personal and hand hygiene and dental care;
3. prevention of communicable diseases;
4. smoking cessation;
5. self-care for chronic conditions; and
6. benefits of physical fitness.

W. Special Needs and Close Medical Supervision

Consistent with Standard 4.8 “Disability Identification, Assessment, and Accommodation” and the IHSC Detainee Covered Services Package, detainees will be provided medical prosthetic devices or other impairment aids, such as eyeglasses, hearing aids, or wheelchairs.

When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan, including access to health care and other care and supervision personnel, shall be developed and approved by the appropriate qualified licensed health care provider, in consultation with the patient, with periodic review. Likewise, staff responsible for such matters as housing and program assignments and disciplinary measures shall consult with the responsible qualified licensed health care provider or health services administrator.

Exercise areas shall be available to meet exercise and physical therapy requirements of individual detainee treatment plans.

Transgender detainees who were already receiving hormone therapy when taken into ICE custody shall have continued access. All transgender detainees shall

have access to mental health care, and other transgender-related health care and medication based on medical need. Treatment shall follow accepted guidelines regarding medically necessary transition-related care.

For special needs related to female detainees, see standard “4.4 Medical Care (Women).

X. Notifications of Detainees with Serious Illnesses and Other Specified Conditions

The facility administrator and clinical medical authority shall ensure that the Field Office Director is notified as soon as practicable of any detainee housed at the facility who is determined to have a serious physical or mental illness or to be pregnant, or have medical complications related to advanced age, but no later than 72 hours after such determination. The written notification shall become part of the detainee’s health record file.

1. Serious Physical Illness

For purposes of this subsection only, the following non-exhaustive categories of medical conditions may be considered to constitute serious physical illness –

- any terminal illness;
- active cancer, including but not limited to aliens undergoing chemotherapy;
- Acquired Immuno- Deficiency Syndrome (AIDS) or diagnosed HIV-positive conditions requiring medication;
- multi-drug-resistant (MDR) or extensively drug-resistant (XDR) tuberculosis disease;
- any condition that requires dialysis;
- any condition that requires tube-feedings, mechanical ventilation, an implanted cardiac device, or an oxygen tank;

- any chronic deteriorating condition requiring multiple medications, to include progressive immune-suppressive conditions;
- any active condition that has caused repeated loss of consciousness;
- any condition that requires an imminent medical procedure or other medical intervention to prevent deterioration;
- any condition or infirmity that requires continuous or near-continuous medical care, such as those who are bedbound or incapable of caring for themselves; or any ongoing or recurrent conditions that have required a recent or prolonged hospitalization, typically for greater than 14 days, or a recent and prolonged stay in the medical clinic of a detention or correctional facility, typically for greater than 30 days;
- conditions requiring frequent care that is beyond the medical capabilities of detention facilities where the alien may be housed;
- any condition that would preclude the alien from being housed, typically for greater than 30 days, in a non-restrictive setting (such as a general population housing unit, as opposed to a special management unit or a medical clinic); or
- any other physical illness determined to be serious by facility medical personnel or by IHSC.

2. Serious Mental Illness

For the purposes of this section, the following non-exhaustive categories of conditions should be considered to constitute a serious mental illness:

- (a) conditions that a qualified medical provider has determined to meet the criteria for a “serious mental disorder or condition” pursuant to applicable ICE policies, including:
- a mental disorder that is causing serious limitations in communication, memory, or general mental and/or intellectual functioning (e.g. communicating, conducting activities of daily life, social skills); or a severe medical condition(s) (e.g. traumatic brain injury or dementia) that is significantly impairing mental function; or
 - one or more of the following active psychiatric symptoms and/or behavior: severe disorganization, active hallucinations or delusions, mania, catatonia, severe depressive symptoms, suicidal ideation and/or behavior, marked anxiety of impulsivity.
 - significant symptoms of one of the following:
 - Psychosis or Psychotic Disorder;
 - Bipolar Disorder;
 - Schizophrenia or Schizoaffective Disorder;
 - Major Depressive Disorder with Psychotic Features;
 - Dementia and/or a Neurocognitive Disorder; or
 - Intellectual Development Disorder (moderate, severe, or profound).
- b) any ongoing or recurrent conditions that have required a recent or prolonged hospitalization, typically for greater than 14 days, or a recent and prolonged stay in the medical clinic of a detention or correctional facility, typically for greater than 30 days;

- c) any condition that would preclude the alien from being housed, typically for greater than 30 days, in a non-restrictive setting (such as a general population housing unit, as opposed to a special management unit or a medical clinic);
- d) any other mental illness determined to be serious by IHSC.

3. Pregnancy

The notification requirement in this section applies to all women who have been medically certified as pregnant, regardless of the stage of the pregnancy.

Y. Restraints

Restraints for medical or mental health purposes may be authorized only by the facility’s CMA or designee, after determining that less restrictive measures are not appropriate. In the absence of the CMA, qualified medical personnel may apply restraints upon declaring a medical emergency. Within one-hour of initiation of emergency restraints or seclusion, qualified medical staff shall notify and obtain an order from the CMA or designee.

- a. The facility shall have written procedures that specify:
- 1) the conditions under which restraints may be applied;
 - 2) the types of restraints to be used;
 - 3) the proper use, application and medical monitoring of restraints;
 - 4) requirements for documentation, including efforts to use less restrictive alternatives; and
 - 5) after-incident review.

The use of restraints requires documented approval and guidance from the CMA. Record-keeping and reporting requirements regarding the medical approval to use restraints shall be consistent with other provisions within these standards, including documentation in the detainee’s A-file, detention

and medical file.

Z. Continuity of Care

The facility HSA must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status.

The detainee's medical needs shall be taken into account prior to any transfer of the detainee to another facility. Alternatives to transfer shall be considered, taking into account the disruption that a transfer will cause to a detainee receiving medical care. Upon transfer to another facility, the medical provider shall prepare and provide a Medical Transfer Summary as required by "C. Responsibilities of the Health Care Provider at the Sending Facility," found in Standard 7.4 "Detainee Transfers." In addition, the medical provider shall ensure that at least 7 day (or, in the case of TB medications, 15 day and in the case of HIV/AIDS medications, 30 day) supply of medication shall accompany the detainee as ordered by the prescribing authority.

Upon removal or release from ICE custody, the detainee shall receive up to a 30 day supply of medication as ordered by the prescribing authority and a detailed medical care summary as described in "BB. Medical Records" of this standard. If a detainee is on prescribed narcotics, the clinical health authority shall make a determination regarding continuation, based on assessment of the detainee. The HSA must ensure that a continuity of treatment care plan is developed and a written copy provided to the detainee prior to removal.

AA. Informed Consent and Involuntary Treatment

Involuntary treatment is a decision made only by medical staff under strict legal restrictions. When a detainee refuses medical treatment, and the licensed healthcare provider determines that a medical emergency exists, the physician may authorize involuntary medical treatment. Prior to any contemplated action involving non-emergent

involuntary medical treatment, respective ICE Office of Chief Counsel shall be consulted.

1. Upon admission at the facility, documented informed consent shall be obtained for the provision of health care services.
2. All examinations, treatments, and procedures are governed by informed consent practices applicable in the jurisdiction.
3. A separate documented informed consent is required for invasive procedures, including surgeries, invasive diagnostic tests, and dental extractions.
4. Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained.
5. If a consent form is not available in a language the detainee understands, professional interpretation services will be provided as described in Section E ("Translation and Language Access for Detainees with Limited English Proficiency") and documented on the form.
6. If a detainee refuses treatment and the CMA or designee determines that treatment is necessary, ICE/ERO shall be consulted in determining whether involuntary treatment shall be pursued.
7. If the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to explain to the detainee the necessity for and propriety of the recommended treatment.
8. Medical staff shall ensure that the detainee's questions regarding the treatment are answered by appropriate medical personnel.
9. Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee's medical record. Detainees will be asked to sign a translated form that indicates that they have refused treatment.

10. The clinical medical authority and facility administrator shall look into refusals of treatment to ensure that such refusals are not the result of miscommunication or misunderstanding.
11. Facilities should make efforts to involve trusted individuals such as clergy or family members should a detainee refuse treatment.
12. A detainee who refuses examination or treatment may be segregated from the general population when such segregation is determined medically necessary by the CMA. Segregation shall only be for medical reasons that are documented in the medical record, and may not be used for punitive purposes. Such segregation shall only occur after a determination by a component mental health professional has taken place that shows the segregation shall not adversely affect the detainee's mental health.
13. In the event of a hunger strike, see standard "4.2 Hunger Strikes."

Standard "4.7 Terminal Illness, Advance Directives and Death" provides details regarding living wills and advance directives, organ donations and do not resuscitate (DNR) orders.

BB. Medical Records

1. Health Record File

The HSA shall maintain a complete health record on each detainee that is:

- a. Organized uniformly in accordance with appropriate accrediting body standards;
- b. Available to all practitioners and used by them for health care documentation; and
- c. Properly maintained and safeguarded in a securely locked area within the medical unit.

2. Confidentiality and Release of Medical Records

All medical providers, as well as detention officers and staff shall protect the privacy of detainees' medical information in accordance with established

guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.

Information about a detainee's health status and a detainee's health record is confidential, and the active medical record shall be maintained separately from other detention records and be accessible in accordance with applicable laws and regulations.

The HSA shall provide the facility administrator and designated staff information that is necessary as follows:

- a. to preserve the health and safety of the detainee, other detainees, staff or any other person;
- b. for administrative and detention decisions such as housing, voluntary work assignments, security and transport; or
- c. for management purposes such as audits and inspections.

When information is covered by the Privacy Act, specific legal restrictions govern the release of medical information or records.

Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form. ICE/ERO, or the facility administrator, shall provide limited-English proficient detainees and detainees who are hearing impaired with interpretation or translation services or other assistance as needed to make the written request, and shall assist in transmitting the request to the facility HSA.

Upon his/her request, while in detention, a detainee or his/her designated representative shall receive information from their medical records. Copies of health records shall be released by the HSA directly to a detainee or their designee, at no cost to the detainee, within a reasonable timeframe after receipt

by the HSA of a written authorization from the detainee.

A written request may serve as authorization for the release of health information, as long as it includes the following information, and meets any other requirements of the HSA:

- a. address of the facility to release the information;
- b. name of the individual or institution to receive the information;
- c. detainee's full name, A-number (or other facility identification number), date of birth and nationality;
- d. specific information to be released with inclusive dates of treatment; and
- e. detainee's signature and date.

Following the release of health information, the written authorization shall be retained in the health record.

Detainees are to be informed that if they are released or removed from custody prior to laboratory results being evaluated, the results shall be made available by contacting the detention facility and providing a release of information consent.

3. Inactive Health Record Files

Inactive health record files shall be retained as permanent records in compliance with locally established procedures and the legal requirements of the jurisdiction.

4. Transfer and Release of Detainees

ICE/ERO and the HSA shall be notified when detainees are to be transferred or released. Detainees shall be transferred, released or removed, with proper medication to ensure continuity of care throughout the transfer and subsequent intake process, release or removal (see "W. Continuity of Care," above). Those detainees who are currently placed in a medical hold status must be evaluated and cleared by a licensed independent practitioner

(LIP) prior to transfer or removal. In addition, the CMA or designee must inform the facility administrator in writing if the detainee's medical or psychiatric condition requires a medical escort during removal or transfer.

- a. **Notification of Medical/Psychiatric Alerts or Holds**
Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility shall notify the facility administrator of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee's medical records. The facility administrator shall be responsible for providing notice to ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred.
- b. **Notification of Transfers, Releases and Removals**
The HSA shall be given advance notice by ICE/ERO prior to the release, transfer or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer, release or removal.
- c. **Transfer of Medical Information**
 - 1) When a detainee is transferred to another detention facility, the sending facility shall ensure that a Medical Transfer Summary accompanies the detainee, as required in "C. Responsibilities of the Health Care Provider at the Sending Facility" found in Standard 7.4 "Detainee Transfers." Upon request of the receiving facility, the sending facility shall transmit a copy of the full medical record within 5 business days, and sooner than that if determined by the receiving facility to be a medically urgent matter.
 - 2) Upon removal or release from ICE custody, the detainee shall be provided medication, referrals to community-based providers as medically appropriate, and a detailed medical care summary. This summary should include

instructions that the detainee can understand and health history that would be meaningful to future medical providers. The summary shall include, at a minimum, the following items:

- a) patient identification;
- b) tuberculosis (TB) screening results (including results date) and current TB status if TB disease is suspected or confirmed;
- c) current mental, dental, and physical health status, including all significant health issues, and highlighting any potential unstable issues or conditions which require urgent follow-up;
- d) current medications, with instructions for dose, frequency, etc., with specific instructions for medications that must be administered en route;
- e) any past hospitalizations or major surgical procedures;
- f) recent test results, as appropriate;
- g) known allergies;
- h) any pending medical or mental health evaluations, tests, procedures, or treatments for a serious medical condition scheduled for the detainee at the sending facility. In the case of patients with communicable disease and/or other serious medical needs, detainees being released from ICE custody are given a list of community resources, at a minimum;
- i) copies of any relevant documents as appropriate;
- j) printed instructions on how to obtain the complete medical record; and
- k) the name and contact information of the transferring medical official.

The IHSC Form 849 or equivalent, or the Medical Transfer Summary attached as Appendix 4.3.C, which mirrors IHSC Form 849, may be used by facilities to ensure compliance with these standards.

CC. Terminal Illness or Death of a Detainee

Procedures to be followed in the event of a detainee's terminal illness or death are in standard "4.7 Terminal Illness, Advance Directives and Death." The standard also addresses detainee organ donations.

DD. Medical Experimentation

Detainees shall not participate in medical, pharmaceutical or cosmetic research while under the care of ICE.

This stipulation does not preclude the use of approved clinical trials that may be warranted for a specific inmate's diagnosis or treatment when recommended and approved by the clinical medical director. Such measures require documented informed consent.

EE. Administration of the Medical Department

1. Quarterly Administrative Meetings

The HSA shall convene a meeting quarterly at minimum, and include other facility and medical staff as appropriate. The meeting agenda shall include, at minimum, the following:

- a. an account of the effectiveness of the facility's health care program;
- b. discussions of health environment factors that may need improvement;
- c. review and discussion of communicable disease and infectious control activities;
- d. changes effected since the previous meetings; and
- e. recommended corrective actions, as necessary.

Minutes of each meeting shall be recorded and kept on file.

2. Health Care Internal Review and Quality Assurance

The HSA shall implement a system of internal review and quality assurance. The system shall include:

- a. participation in a multidisciplinary quality improvement committee;
- b. collection, trending and analysis of data along with planning, interventions and reassessments;
- c. evaluation of defined data;
- d. analysis of the need for ongoing education and training;
- e. on-site monitoring of health service outcomes on a regular basis through the following measures:
 - 1) chart reviews by the responsible physician or his/her designee, including investigation of complaints and quality of health records;
 - 2) review of practices for prescribing and administering medication;
 - 3) systematic investigation of complaints and grievances;
 - 4) monitoring of corrective action plans;
 - 5) reviewing all deaths, suicide attempts and illness outbreaks;
 - 6) developing and implementing corrective-action plans to address and resolve identified problems and concerns;
 - 7) reevaluating problems or concerns, to determine whether the corrective measures have achieved and sustained the desired results;
 - 8) incorporating findings of internal review activities into the organization's educational and training activities;
 - 9) maintaining appropriate records of internal

review activities; and

- 10) ensuring records of internal review activities comply with legal requirements on confidentiality of records.

3. Peer Review

The HSA shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews shall be conducted at least annually.

FF. Examinations by Independent Medical Service Providers and Experts

On occasion, medical and/or mental health examinations by a practitioner or expert not associated with ICE or the facility may provide a detainee with information useful in administrative proceedings.

If a detainee seeks an independent medical or mental health examination, the detainee or his/her legal representative shall submit to the Field Office Director a written request that details the reasons for such an examination. Ordinarily, the Field Office Director shall approve the request for independent examination, as long as such examination shall not present an unreasonable security risk. Requests for independent examinations shall be responded to as quickly as practicable. If a request is denied, the Field Office Director shall advise the requester in writing of the rationale.

Neither ICE/ERO nor the facility shall assume any costs of the examination, which will be at the detainee's expense. The facility shall provide a location for the examination but no medical equipment or supplies and the examination must be arranged and conducted in a manner consistent with maintaining the security and good order of the facility.

GG. Tele-Health Systems

***The facility, when equipped with appropriate technology and adequate space, shall provide for the*

use of services of the ICE Tele-Health Systems, inclusive of tele-radiology (ITSP), tele-psychiatry and tele-medicine.

1. The cost of the equipment, equipment maintenance, staff training and credentialing (as outlined in the contract), arrangements for x-ray interpretation and administration by a credentialed radiologist; and data transmission to and from the detention facility, shall be provided by the facility and charged directly to ICE.
2. The facility administrator shall coordinate with the ITSP to ensure adequate space is provided for the equipment, connectivity is available, and electrical services are installed.
3. Immediate 24-hour access, seven days a week, to equipment for service and maintenance by ITSP technicians shall be granted.
4. A qualified tele-health coordinator shall be appointed and available for training by the ITSP. Qualified, licensed and credentialed medical staff shall be available to provide tele-health services as guided by state and federal requirements and restrictions.

Medical Forms:

- **Appendix 4.3.A: Intake Screening**
- **Appendix 4.3.B: Physical Examination/Health Appraisal**
- **Appendix 4.3.C: Medical Transfer Summary**

INTAKE SCREENING

Identification

Patient was identified by (check 2 sources): ☐ Wrist Band ☐ Picture ☐ Verbally ☐ ID Badge ☐ Other:		
Chaperone Present? ☐ Yes ☐ No If yes, give chaperone name:		
Date of arrival at facility:	Time of arrival:	Time of initial screening:
If transferred from another facility, did medical transfer summary accompany the patient? ☐ Yes ☐ No ☐ Not Applicable		
Was the Pre-Screening Note reviewed? ☐ Yes ☐ No		

Subjective

Communication Assessment:

What language do you speak? ☐ English ☐ Spanish ☐ Other:
Interpreter provided? ☐ Yes ☐ No If yes, name or INT number:
If No, patient speaks: ☐ English fluently ☐ Provider fluent in patient's native language ☐ No interpreter available at this time
Do you have any difficulty with: ☐ Hearing ☐ Speech ☐ Vision Check if yes. If yes, what accommodation do you need to help you read, communicate, or navigate the facility?

Disability Screening:

Do you have any difficulty with walking, standing, or climbing stairs? ☐ Yes ☐ No If yes, explain:
Do you have any difficulty reading or writing? ☐ Yes ☐ No If yes, explain:
What was the highest grade completed in school?
Do you have any difficulty understanding directions? ☐ Yes ☐ No If yes, explain:

Medical Screening:

How do you feel today? (Explain in his/her own words)			
Are you currently having any pain? ☐ Yes ☐ No If yes, complete pain assessment below			
a. Character of pain:	b. Location:	c. Duration:	d. Intensity: (0-10 pain scale)
e. What relieves pain or makes it worse?			
Do you have any current or past medical problems? ☐ Yes ☐ No If yes, explain:			

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

Medical Screening (continued)

Are you currently or in the past year have you taken any medication on a regular basis, including over the counter and herbal? ☐ Yes ☐ No If yes, list medications:
Do you have your medications with you? ☐ Yes ☐ No If yes, list medications and disposition:
Do you have any allergies to medication or food? ☐ Yes ☐ No If yes, list all:
Are you now or have you ever been treated by a doctor for a medical condition to include hospitalizations, surgeries, infectious or communicable diseases? ☐ Yes ☐ No If yes, explain:
Do you now or have you ever had Tuberculosis (TB)? ☐ Yes ☐ No
In the past 2 months, have you experienced any of the following signs or symptoms continuously for more than 2 weeks: Cough? ☐ Yes ☐ No Coughing up blood? ☐ Yes ☐ No Chest pain? ☐ Yes ☐ No Loss of appetite? ☐ Yes ☐ No Fever, chills, or night sweats for no known reason? ☐ Yes ☐ No Unexplained weight loss? ☐ Yes ☐ No
Symptom screening with positive responses(s) is concerning for active TB: ☐ Yes ☐ No If yes, explain:
Referred to provider for further evaluation. ☐ Yes ☐ No
Have you had any recent sudden changes with your vision or hearing? ☐ Yes ☐ No If yes, explain:
Do you have any specific dietary needs? ☐ Yes ☐ No If yes, explain:
Have you traveled outside of the US within the past 30 days? ☐ Yes ☐ No If so, where?
Have you ever had or have you ever been vaccinated against Chicken Pox? ☐ Yes ☐ No ☐ Admits prior infection

LGBT Screening

Are you gay, lesbian, bisexual, transgender, intersex or gender non-conforming? ☐ Yes ☐ No
If transgender, what is your gender self-identification?

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

Female Patient Only

Are you pregnant? ☐ Yes ☐ No ☐ Not Applicable If yes, date of last menstrual period:

Are you currently breastfeeding? ☐ Yes ☐ No If yes, when is the last day you breastfed?

Have you had unprotected sexual intercourse in the past 5 days? ☐ Yes ☐ No

If yes, would you like to speak to a medical provider about emergency contraception to prevent a possible pregnancy? ☐ Yes ☐ No

If yes, contact a medical provider immediately for guidance.

Oral Screening

Are you having any significant dental problems? ☐ Yes ☐ No If yes, explain:

Do you have dentures, partials, braces, etc? ☐ Yes ☐ No If yes, do you have these items with you?

Mental Health Screening

Have you ever been diagnosed with mental illnesses or mental health conditions? ☐ Yes ☐ No If yes, what illness?

Have you ever received counseling, medication or hospitalization for mental health problems (to include outpatient treatment)?

☐ Yes ☐ No If yes, explain.

Refer for follow-up and appropriate treatment as necessary.

Do you have a history of self-injurious behavior? ☐ Yes ☐ No If yes: ☐ Cutting ☐ Self-mutilation ☐ Other

Most recent **If yes, refer for follow-up and appropriate treatment as necessary.**

Have you ever tried to kill or harm yourself? ☐ Yes ☐ No If yes, when did the attempt occur?

Method: ☐ Gun ☐ Hanging ☐ Cutting skin ☐ Pills ☐ Other

If attempt was within the last 90 days, make referral to mental health immediately.

Are you currently thinking about killing or harming yourself? ☐ Yes ☐ No **If yes, make referral to mental health immediately.**

Do you have a history of assaulting or attacking others? ☐ Yes ☐ No

Do you know of someone in this facility whom you wish to attack or harm? ☐ Yes ☐ No

If yes, who is this person? **If yes, make referral to mental health immediately.**

Do you now or have you ever heard voices that other people don't hear, seen things or people that others don't see, or felt others were trying to harm you for no logical or apparent reason? ☐ Yes ☐ No If yes, explain:

Last Name:

First Name:

A#:

Country of Origin:

Date of Arrival:

DOB:

Facility:

Sex:

Sexual Abuse and Assault Screening

Have you been a victim of physical or sexual abuse or assault? ☐ Yes ☐ No If yes, explain:

If yes, refer for medical or mental health evaluation as appropriate.

Do you feel that you are in danger of being physically or sexually assaulted while you are in custody? ☐ Yes ☐ No If yes, explain:

If yes, refer for follow-up and appropriate treatment as necessary.

Have you ever sexually assaulted or abused another person? ☐ Yes ☐ No If yes, explain:

If yes, refer for medical or mental health evaluation as appropriate.

Trauma History Screening

Have you had a physical or emotional trauma due to abuse or victimization? ☐ Yes ☐ No

Have you ever experienced, witnessed or been confronted with an event that involved actual or threatened death or serious injury (can include domestic violence, sexual assault, robbery, natural disaster, war, serious illness, terrorism). ☐ Yes ☐ No

If yes, answer the following:

- Was your response to this event intense fear, helplessness or horror? ☐ No ☐ Some ☐ Moderate ☐ Extreme
- Has this experience caused significant distress or impairment in your life? ☐ No ☐ Some ☐ Moderate ☐ Extreme
- Has it affected your interpersonal relationships, work or other areas? ☐ No ☐ Some ☐ Moderate ☐ Extreme
- Is this experience currently causing significant distress or impairment in your life? ☐ No ☐ Some ☐ Moderate ☐ Extreme

If the patient experienced any of the above, refer for follow-up and appropriate treatment as necessary.

Cultural/Religious Assessment

Is there anything important to know about your religious or cultural beliefs that are of concern to you while in detention? ☐ Yes ☐ No
If yes, explain:

Substance Use/Abuse Screening

Have you ever been treated for drug and/or alcohol problems? ☐ Yes ☐ No

Have you ever suffered withdrawal symptoms from drug and/or alcohol use? ☐ Yes ☐ No

Are you able to stop using drugs or alcohol if you want? ☐ Yes ☐ No

Have you ever blacked out or experienced memory loss from drinking or drug use? ☐ Yes ☐ No

Have drug or alcohol use negatively impacted your life (family, work, relationships, criminal charges)? ☐ Yes ☐ No

If yes to any of the above questions, explain:

Refer for follow-up and appropriate treatment as necessary.

Last Name:

First Name:

A#:

Country of Origin:

Date of Arrival:

DOB:

Facility:

Sex:

Substance Use/Abuse Screening (continued)

In the past three months, have you used tobacco, alcohol, illegal drugs, or misused prescription drugs? ☐ Yes ☐ No

If yes, complete the following (refer for follow-up and appropriate treatment as necessary).

Substance Used/Route of Use	Date of Last Use	Amount/Quantity Last Used

Objective

Patient does not appear to have abnormal physical, mental, and/or emotional characteristics. ☐ Yes ☐ No

Patient does not appear to have barriers to communication. ☐ Yes ☐ No

Patient is oriented to: Person ☐ Yes ☐ No Place ☐ Yes ☐ No Time ☐ Yes ☐ No

If you observe any of the following, check the appropriate box and document findings below:

Appearance: ☐ Sweating ☐ Shaking/tremors ☐ Anxious ☐ Disheveled ☐ Ill appearance

Findings:

Behavior: ☐ Disorderly ☐ Appropriate ☐ Insensible ☐ Agitation ☐ Inability to focus/concentrate Findings:

State of Consciousness: ☐ Alert ☐ Responsive ☐ Lethargic

Findings:

Ease of Movement: ☐ Body deformities ☐ Gait

Findings:

Breathing: ☐ Persistent cough ☐ Hyperventilation

Findings:

Skin: ☐ Lesions ☐ Jaundice ☐ Rashes ☐ Infestations ☐ Nits (lice) ☐ Bruises ☐ Scars ☐

☐ Tattoos Needle Marks or Indications of Drug Use Findings:

Developmental or Physical Disabilities: ☐ Developmental Delay ☐ Para/quadruplegia ☐ Stroke ☐ Amputation ☐ Cardiac condition

Findings:

Assistive Devices: ☐ Glasses/Contacts ☐ Hearing aid(s) ☐ Denture(s)/Partial(s) ☐ Orthopedic brace ☐ Prosthetic ☐ Cane

Findings:

☐ None Observed

Comments/Other Findings:

Vital Signs

T _____ P _____ Resp _____ BP _____ HT _____ WT _____ HCG Results: ☐ Pos ☐ Neg ☐ N/A

Last Name:

First Name:

A#:

Country of Origin:

Date of Arrival:

DOB:

Facility:

Sex:

Assessment

Initial Medical Screening:

- ☐ No findings requiring referral
- ☐ Findings requiring referral identified. See disposition below.
- ☐ List all findings:

Plan

Disposition:

- ☐ General population
- ☐ General population with referral for: ☐ Medical ☐ Mental health care
- ☐ Isolation until medically evaluated
- ☐ Referral for immediate: ☐ Medical ☐ Mental health ☐ Dental care

Details of referral:

Care/Intervention/Follow-up:

- ☐ Physical examination/Health Assessment will be performed within 14 days.
- ☐ Physical exam will be scheduled for patient.
- ☐ Tuberculin Skin Test (TST) administered ☐ Left forearm ☐ Right forearm
- ☐ Chest X-Ray (CXR) completed with appropriate shielding
- ☐ TST or CXR not needed. Transfer Summary accompanying patient documents negative screening within timeframe allowed by policy.
- ☐ The following care/treatment was provided during this Intake Screening.

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

Patient Education:

☐ Tuberculosis screening and need for tuberculin skin test (TST) or chest x-ray (CXR) explained to patient prior to performance.
☐ Access to medical, dental, and mental health care explained to patient as well as grievance process.
☐ Given the Dealing with Stress brochure in _____ language.
☐ Given the Medical Orientation brochure in _____ language.
☐ Given the Health Information brochures in _____ language.
☐ Patient verbalized understanding of teaching or instruction provided.
☐ Patient was asked if he or she had any additional questions and all questions were addressed.
☐ Female ONLY: Educated and provided brochure describing female medical and mental health services related to pregnancy, terminated/miscarried pregnancies, contraception, family planning and age-appropriate gynecological health care.
☐ Other education provided:

Provider's Signature_____
Stamp / Printed Name_____
Date_____
Time_____
Reviewer's Signature_____
Stamp / Printed Name_____
Date_____
Time

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

Physical Examination/Health Appraisal

Patient was identified by (check 2 sources): ☐ Wrist Band, ☐ Picture, ☐ Verbally, ☐ ID Badge, ☐ Other _____
 Chaperone Present? ☐ Yes ☐ No If yes, give chaperone name: _____

Communication Assessment:

What language do you speak? ☐ English, ☐ Spanish, ☐ Other: _____

Interpreter provided? ☐ Yes ☐ No If yes, Name or INT#: _____

Detainee speaks ☐ English Fluently; ☐ Provider fluent in patient's native language; ☐ No interpreter available at this time

Do you have any difficulty with ☐ hearing, ☐ speech or ☐ vision? Check if Yes.

If yes, what accommodations, do you need to help you read, communicate, or navigate the facility? _____

Subjective:

Current Significant Medical Problems	Date Problem began	Current Status

Current Medications including OTC and Herbal:

Name	Dose	Route	Frequency

Allergies:

Medications/Food/Environmental: List All: _____ \

Pain Assessment

Are you currently in pain? ☐ Yes ☐ No If yes, pain began when? _____ Intensity: (0/10 scale) _____

Character of Pain: _____ Location: _____

Duration: _____

Has anything you have done or tried in the past relieved the pain or made it worse? ☐ Yes ☐ No

If yes, explain _____

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

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Physical Examination/Health Appraisal (con't)

Disability

Do you have any difficulty with walking, standing, or climbing stairs? ☐ Yes ☐ No

If yes, do you use a wheelchair, walker, cane or crutches? _____

Have you ever had an injury to your head or brain which resulted in the loss of consciousness and/or recurring headaches, dizziness, confusion or memory loss? ☐ Yes ☐ No If yes, when was the injury? mm/yyyy _____

Can you read? ☐ Yes ☐ No If yes, in which language? _____ Do you have difficulty reading? ☐ Yes ☐ No

Can you write? ☐ Yes ☐ No If yes, in which language? _____ Do you have difficulty writing? ☐ Yes ☐ No

What was the highest grade you completed in school? _____

Do you have difficulty understanding directions? ☐ Yes ☐ No

If yes, does someone normally assist you with any regular tasks of daily living? _____

Medical History

Has a medical professional ever diagnosed you with any of the following?

☐ Yes ☐ No Asthma	☐ Yes ☐ No Cardiovascular disease	☐ Yes ☐ No Tuberculosis	Comment: **Type
☐ Yes ☐ No Cancer	☐ Yes ☐ No Kidney Disease	☐ Yes ☐ No Stroke	
☐ Yes ☐ No HIV	☐ Yes ☐ No Hyperlipidemia	☐ Yes ☐ No Hepatitis**	
☐ Yes ☐ No Seizures	☐ Yes ☐ No Diabetes	☐ Yes ☐ No Sexually Transmitted Infections**	
☐ Yes ☐ No Hypertension ☐ Yes ☐ No Sickle Cell Anemia			
Varicella ☐ Yes ☐ No ☐ Admits to prior infection ☐ Admits being vaccinated ☐ History denied at physical exam			
Other _____			

Surgical/Hospitalization History:

Surgery or reason for hospitalization	When (mm/yyyy)

Dental

Do you have any significant dental problems? ☐ No, ☐ Cavity, ☐ Broken tooth, ☐ Infection, ☐ Broken jaw, ☐ Other _____

Do you have any dental prosthesis? ☐ None, ☐ Full upper denture, ☐ Full lower denture, ☐ partial denture upper, ☐ partial denture lower, ☐ braces, ☐ retainer

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

Physical Examination/Health Appraisal (con't)

Family History

Asthma ☐ Yes ☐ No	Hypertension ☐ Yes ☐ No	Diabetes ☐ Yes ☐ No	Cardiovascular Disease ☐ Yes ☐ No
Cancer ☐ Yes ☐ No	Tuberculosis ☐ Yes ☐ No	Stroke ☐ Yes ☐ No	Other: _____
Breast or gynecological problems ☐ Yes ☐ No			

Female Only

OB History:

Have you ever been pregnant? ☐ No ☐ Yes #Pregnancies _____ #C-Sections _____
 #Live Births _____ #Full Term _____ #Pre-Term _____ #Abortions _____ #Miscarriages _____ #Living _____
 Are you pregnant? ☐ No ☐ Yes
 Are you currently receiving prenatal care? ☐ No ☐ Yes Where? _____
 Have you ever been told that you had a 'high risk' pregnancy? If yes, what was the reason? _____

Are you currently breast feeding? ☐ No ☐ Yes
 If yes, how old is the nursing child? _____ When was the last time you breast fed? (mm/dd/yyyy) _____

GYN History:

When was the first day of your LMP? _____ If more than 30 days, why? _____
 Do you have a history of breast or gynecological problems? ☐ No ☐ Yes Explain _____
 Do you use birth control? ☐ No ☐ Yes What type? _____ When was the last time you used it? _____
 When was your last PAP smear? _____ If known, results _____

Sexual Abuse and Assault/Vulnerabilities

Have you ever been a victim of physical abuse? ☐ No ☐ Yes
 Have you ever been a victim of sexual abuse or assault? ☐ No ☐ Yes
 If yes, refer patient for medical evaluation in two working days or for mental health evaluation in 72 hours.
 Are you gay/ lesbian, bisexual, transgender, intersex or gender non- conforming? ☐ Yes ☐ No
 If transgender, what gender do you identify with _____
 Do you believe you are vulnerable to sexual abuse or assault in ICE custody? ☐ Yes ☐ No If yes, why? _____
 If yes, implement treatment plan.
 Have you ever been involved in an incident where you sexually abused others? ☐ Yes ☐ No
 If yes, refer patient for medical evaluation in two working days or for mental health evaluation in 72 hours.

Mental Health

Do you have a history of:
 Manic episodes ☐ Yes ☐ No Depression ☐ Yes ☐ No Psychotropic medications ☐ Yes ☐ No
 Severe anxiety ☐ Yes ☐ No Psychosis ☐ Yes ☐ No Violence towards others ☐ Yes ☐ No
 Suicide attempts/gestures ☐ Yes ☐ No
 Are you currently having any mental health issues? ☐ Yes ☐ No If yes, explain problem and date problem began _____

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

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Physical Examination/Health Appraisal (con't)

Social History

Drug Use History:

Have you used drugs other than those for medical reasons in the past 12 months? ☐ No ☐ Yes If yes, what?

PCP ☐ No ☐ Yes Ketamine ☐ No ☐ Yes Marijuana ☐ No ☐ Yes Prescription Opiates ☐ No ☐ Yes

LSD ☐ No ☐ Yes Ecstasy ☐ No ☐ Yes Methamphetamine ☐ No ☐ Yes

Heroin ☐ No ☐ Yes Route: Injected ☐ No ☐ Yes Intranasal ☐ No ☐ Yes Smoked ☐ No ☐ Yes

Cocaine ☐ No ☐ Yes Route: Injected ☐ No ☐ Yes Intranasal ☐ No ☐ Yes Smoked ☐ No ☐ Yes

When did you last use? _____ Are you having any withdrawal symptoms? ☐ No ☐ Yes If yes, which apply?

☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Chills ☐ Sweating ☐ Insomnia ☐ Aches & pains ☐ Anxiety

Have you ever gone through withdrawal from drugs? ☐ No ☐ Yes If yes, when? _____

Are you currently in a drug treatment program? ☐ No ☐ Yes If yes, Name of program? _____

Type of Program: ☐ Detox ☐ Methadone ☐ Residential Treatment ☐ Outpatient ☐ 12 Step ☐ Other

Alcohol Use History:

Do you drink alcohol? ☐ No ☐ Yes If yes, type? ☐ Beer ☐ Malt liquor ☐ Wine ☐ Liquor

How often do you drink? ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely

How much do you drink when you drink? _____

Do you notice over time that you need to drink more for the same effect? ☐ No ☐ Yes

When was your last drink? _____

Are you having any withdrawal symptoms? ☐ No ☐ Yes If yes, which apply? ☐ Headache ☐ Fever ☐ Nausea

☐ Vomiting ☐ Insomnia ☐ Tremor ☐ Hallucinations ☐ Convulsions

Have you ever gone through alcohol withdrawal in the past? ☐ No ☐ Yes How long ago? _____

Have you ever been in treatment for alcohol use? ☐ No ☐ Yes If yes, when? _____

What type of program? ☐ Outpatient ☐ Inpatient

Have you ever been convicted for driving under the influence of alcohol? ☐ No ☐ Yes If yes, when? _____

Tobacco History:

Have you ever used tobacco products? ☐ No ☐ Yes If yes, please answer the following questions:

Do you currently use tobacco products? ☐ No ☐ Yes If yes, what type of products? ☐ Cigarettes ☐ Cigar ☐ Pipe ☐ Chewing tobacco

How long have you used tobacco products? _____ How frequently did/do you use tobacco? _____

When did you last use tobacco products? _____

Are you having any withdrawal symptoms from not using tobacco? ☐ No ☐ Yes If yes, what symptoms are you experiencing?

☐ Cravings ☐ Irritation ☐ Anger ☐ Increased Appetite ☐ Weight Gain ☐ Concentration Problems ☐ Restlessness ☐ Insomnia

☐ Anxiety

Preventative Medicine/Screening History

Have you had screening for cancer? ☐ Yes ☐ No When? (mm/yyyy) _____

What type screening & results if known? _____

Have you had a mammogram? ☐ Yes ☐ No When? (mm/yyyy) _____ Results, if known _____

Have you had a pap smear? ☐ Yes ☐ No When? (mm/yyyy) _____ Results, if known _____

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

Physical Examination/Health Appraisal (con't)

OBJECTIVE:
Vital Signs

T _____	P _____	R _____	BP _____	HT _____	WT _____
Visual Acuity (Snellen): Left _____			Right _____ Both _____		
Hearing: ☐ Grossly intact ☐ Other _____					

General Physical Examination

	R = Refused	NE = Not Evaluated	
General	R	NE	Findings: _____
ENT	R	NE	Findings: _____
Dental	R	NE	Findings: _____
Neurological	R	NE	Findings: _____
Cardiac	R	NE	Findings: _____
Pulmonary	R	NE	Findings: _____
Gastrointestinal	R	NE	Findings: _____
Genitourinary	R	NE	Findings: _____
Extremities	R	NE	Findings: _____
Skin	R	NE	Findings: _____
Comments/Other Findings: _____			

Mental Status Examination

Orientation	Alert ☐ No ☐ Yes Oriented to person ☐ No ☐ Yes Place ☐ No ☐ Yes Time ☐ No ☐ Yes
Perceptions/Thought Content	Perceptual disturbances? ☐ No ☐ Yes If yes, ☐ Auditory hallucinations ☐ Visual hallucinations ☐ Delusions
Appearance	☐ Appropriately dressed ☐ well groomed; ☐ Disheveled; ☐ Other
Posture	☐ Erect; ☐ Stooped; ☐ Slouched; ☐ Other
Gait/Walk	☐ Steady; ☐ Shuffle; ☐ Limp; ☐ Other
Movement	☐ Appropriate; ☐ Tics; ☐ Repetitive; ☐ Rigid; ☐ Agitated; ☐ Slow; ☐ Other
Mood	☐ Appropriate; ☐ Labile; ☐ Relaxed; ☐ Happy; ☐ Calm; ☐ Distressed; ☐ Angry; ☐ Agitated; ☐ Sad/Depressed; ☐ Fearful/Anxious; ☐ Irritable; ☐ Other
Attitude	☐ Cooperative; ☐ Uncooperative; ☐ Threatening; ☐ Evasive
Speech	☐ Coherent; ☐ Incoherent; ☐ Pressured; ☐ Average speed; ☐ Rapid; ☐ Slow; ☐ Slurred; ☐ Mumbled; ☐ Talkative; ☐ Loud; ☐ Soft; ☐ Other
Intelligence	☐ Appears normal; ☐ Appears developmentally delayed
Insight	☐ Good; ☐ Impaired
Comments: _____	

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

Physical Examination/Health Appraisal (con't)

Assessment:

___ Physical exam/health appraisal shows no significant medical, mental health or dental issues currently.

___ Physical exam/health appraisal shows the following significant issues:

Plan:

Treatment including medications: _____

Immunizations, Injections, Imaging, Labs:

Referrals:

Other

Preventative Medicine/Patient Education:

___ Given the Staying Healthy brochure in the _____ language.

___ Verbally given instruction on dental hygiene.

___ Provided with instruction appropriate to patient's health needs.

___ Patient verbalized understanding of teaching or instructions provided.

___ Patient was asked if he/she had any additional questions, and any questions were addressed.

___ Patient was instructed to return to medical clinic as needed.

___ Patient was instructed to return to clinic for appointment.

___ Health Assessment was rescheduled until [_____] to provide sign language interpreter for health assessment.

___ Health Assessment was rescheduled until [_____] to provide foreign language interpreter for health assessment.

___ Other: _____

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

MEDICAL TRANSFER SUMMARY

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival at Sending Facility:	DOB:
Sending Facility:	Sex:

1. General Information:

Cleared for Travel by Ground Transportation: ☐ Yes ☐ No Date of Departure: _____

Cleared for Travel by Air Transportation: ☐ Yes ☐ No Final Destination, if known: _____

Reason for Transfer: ☐ Custody ☐ Medical Medical Escort required: ☐ Yes ☐ No If yes, type: ☐ Medical ☐ Psychiatric

2. Current Medical, Dental, and/or Mental Health Diagnoses/Problems:**URGENT**

3. Allergies:

4. Current Prescribed Medications: List All (Name, Dosage, Directions in layman's terms)

Check off Medication Required for Care en Route

Medication	Dose	# Sent	Route	Instructions for use (include proper time for administration)	Stop Date
☐					
☐					
☐					
☐					
☐					
☐					
☐					

5. TB Clearance Status for Transfer or Transportation

Screening Modality (Check all that apply and document below): ☐ CXR ☐ TST ☐ IGRA ☐ Symptom Screen

CXR: Date: _____

TB Screening: ☐ Negative, not consistent w/TB ☐ Positive, consistent w/TB

TST: Administered Date: _____ **TST** Read Date: _____ Results: _____ mm induration

IGRA: Collection Date: _____ Results: ☐ Positive ☐ Negative ☐ Indeterminate

Symptom Screening Date: _____ Results: ☐ Positive ☐ Negative

Is the patient being treated for TB? ☐ No ☐ Yes, select options: ☐ Cleared for general detention population
☐ Not cleared for general detention population
☐ Being treated for TB, see attached TB Case Management documentation

Medical Transfer Summary (con't)

6. Healthcare Follow-Up:

Recent (within 6 months) Test Results: _____

Recent (within 6 months) Hospitalizations/Surgeries: _____

Recommended Future Lab Work: _____

Pending Specialty Appointment (s): _____

Recommended Specialty Appointment (s): _____

Requires Immediate Follow Up: _____

7. Special Needs Affecting Transportation: -- Use Standard Infection Control Precautions for all patients --

Are there any medical, dental, or mental health condition that restricts the length of time the patient can be on travel status? ☐ Yes ☐ No

Reason(s) and maximum length of travel time: _____

Does the patient have any special needs that escorting staff should be aware of? ☐ Yes ☐ No

If so, what? _____

Equipment provided by: ☐ Medical Authority ☐ Other _____ Equipment owned by: ☐ Medical Authority ☐ Other _____Patient will keep equipment upon arrival at destination? ☐ Yes ☐ NoIs there any medical equipment required to accompany the patient during travel? ☐ Yes ☐ No

If so, what? _____

Are any special precautions required during transport? ☐ Yes ☐ No

Precautions needed for the patient: _____

Precautions needed for the escorting staff: _____

8. Additional Comments (Mark through if no comments are made): Attach additional pages or medical records as needed

9. Release from custody: Attach ☐ Instructions for Requesting Complete Medical Records ☐ Community Resource Information, if applicable

Sending Facility Point of Contact: _____

Sending Facility Contact Number: _____

--	--	--	--

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival at Sending Facility:	DOB:
Sending Facility:	Sex: