



Homeland
Security

Privacy Office, Mail Stop 0655

July 30, 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.
7th Interim Release for DHS FOIA Litigation No. 2020-HQLI-00030

Dear Ms. Lewis:

This is our 7th 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 501 pages of potentially responsive records and DHS determined that 501 pages are responsive to your request. The DHS has determined to withhold in part or in full 212 pages, pursuant to FOIA Exemptions (b)(4), (b)(5), (b)(6), (b)(7)(C) and (b)(7)(E). 2 pages will be sent to the CDC and 4 pages will be referred to The State Department. Further, 135 pages will be released to you in full. Bates Numbers DHS-ICE-1367-001815 through DHS-ICE-1367-002315. Due to e-mail constraints we will be sending the responsive documents from the 7th interim response in 4 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. Neuschaefter".

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

Enclosed: 501 pages

ICE/DRO DETENTION STANDARD

MEDICAL CARE

I. PURPOSE AND SCOPE. This Detention Standard ensures that detainees have access to emergent, urgent, or non-emergent medical, dental, and mental health care that are within the scope of services provided by the DIHS, so that their health care needs are met in a timely and efficient manner.

This Detention Standard applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

Procedures in italics are specifically required for SPCs and CDFs. IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

II. EXPECTED OUTCOMES. The expected outcomes of this Detention Standard are:

1. Detainees will have access to a continuum of health care services, including prevention, health education, diagnosis, and treatment.
2. Health care needs will be met in a timely and efficient manner.
3. Newly admitted detainees will be informed, orally and in writing, about how to access health services.
4. Detainees will be able to initiate requests for health services on a daily basis.
5. Detainees will receive timely follow-up to their health care requests.
6. Detainees will have continuity of care from admission to transfer, discharge, or removal, including referral to community-based providers when indicated.
7. A detainee who needs health care beyond facility resources will be transferred in a timely manner to an appropriate facility where care is available. A written list of referral sources, including emergency and routine care, will be maintained as necessary and updated at minimum annually.
8. A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (such as the use of ambulance instead of standard transportation) and transfer of medical information.
9. A detainee who requires close, chronic or convalescent medical supervision will be treated in accordance with a written plan approved by licensed physician, dentist, or mental health practitioner that includes directions to health care providers and other involved medical personnel.

10. Detainees will have access to specified 24-hour emergency medical, dental, and mental health services.
11. Minimum requirements for medical housing units will be met.
12. Female detainees will undergo pregnancy testing and pregnancy management services.
13. Screening, prevention and control measures will be utilized to assist in prevention and management of infectious and communicable diseases.
14. Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with standard medical practices and in compliance with applicable laws.
15. Detainees with chronic conditions will receive care and treatment for conditions where non-treatment would result in negative outcomes or permanent disability as determined by the clinical medical authority.
16. The facility administrator will develop a plan to ensure that ICE is notified in writing of any detainee whose special medical or mental health needs require special consideration in such matters as housing, transfer, or transportation.
17. Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.
18. Detainees will be provided health education and wellness information.
19. Each newly admitted detainee, including transfers, will receive a documented medical, dental, and mental health screening upon intake and, within 14 days of arrival, a comprehensive health appraisal by qualified personnel in a private setting as practicable to ensure safety.
20. Detainees with suspected or known mental health concerns will be referred as needed for evaluation, diagnosis, treatment, and stabilization
21. Mental health crisis intervention services will be identified and available for detainees who experience acute mental health episodes.
22. Restraints for medical or mental health purposes will be authorized only by the facility's clinical medical authority, in accordance with the requirements specified in this Detention Standard.
23. Prior to placement in a non-detention facility or special unit within the facility specifically designated for the care of the severely mentally ill or developmentally disabled, a detainee shall be afforded due process in compliance with applicable laws.
24. Medical and dental orthoses or prostheses and other aids to impairment are supplied in a timely manner when the health of the detainee would otherwise be adversely affected, as determined by the responsible physician or dentist.
25. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedatives is done only under medical supervision in accordance with applicable laws.
26. Pharmaceuticals and nonprescription medicines will be secured, stored and inventoried.
27. Prescriptions and medications will be ordered, dispensed, and administered in a timely and sufficient manner as prescribed by a health care professional.

28. Health care services will be administered by the health administrative authority, and clinical decisions will be the sole province of the clinical medical authority.
29. Health care services will 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 verifiable licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.
30. Detention and health care personnel will be trained, initially and annually, to respond to health-related emergency situations within four minutes and in the proper use of emergency medical equipment
31. Information about each detainee's health status will be treated as confidential, and health records will 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 will be well organized, available to all practitioners, and properly maintained and safeguarded.
32. Informed consent standards will be observed and adequately documented. Staff will make reasonable efforts to ensure that detainees understand their medical condition and care.
33. Medical and mental health interviews, screenings, appraisals, examinations, and procedures will be conducted in settings that respect detainees' privacy in accordance with safe and orderly operations of the facility.
34. Detainees will be provided same sex chaperones as appropriate or as requested.
35. When a detainee is transferred to another facility, the transferring facility will send a completed medical transfer summary and other medical documentation as appropriate to the receiving facility.
36. Detainees in Special Management Units will have access to the same health care services as detainees in the general population.
37. Non-English speaking detainees and/or detainees who are deaf and/or hard at hearing will be provided interpretation/translation services or other assistance as needed for medical care activities.
38. Detainees with special needs, including physical or developmental disabilities, will be evaluated and given the appropriate care and communication their situation requires.

III. DIRECTIVES AFFECTED. This Detention Standard replaces **Medical Care** dated 9/12/2008.

IV. REFERENCES

American Correctional Association 4th Edition Standards for Adult Detention Facilities: 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.

Detention Standard on **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.

Detention Standard on **Sexual Abuse and Assault Prevention and Intervention.**

Detention Standard on **Suicide Prevention and Intervention.**

Detention Standard on **Hunger Strikes.**

Detention Standard on **Terminal Illness, Advance Directives, and Death.**

United States Public Health Service (USPHS) Division of Immigration Health Services (DIHS) Policies and Procedures Manual.

National Commission on Correctional Health Care (NCCHC), Standards for Health Services in Jails .

The Joint Commission (TJC)

http://www.cdc.gov/tb/pubs/mmwr/Maj_guide/Correctional.htm/ (for CDC guidelines on prevention and control of tuberculosis in correctional and detention facilities).

V. EXPECTED PRACTICES

A. General

Every facility shall directly or contractually provide its detainee population:

- Initial medical, mental health, and dental screening,
- Primary medical and dental care,
- Emergency care,
- Specialty health care,
- Timely responses,
- Mental health care, and
- Hospitalization as needed within the local community
- Identification of a health administrative authority and a clinical medical authority within the facility.

B. Designation of Authority

A designated administrative health authority shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The administrative health authority is a physician, health services administrator, or health agency. When the administrative health authority is other than a physician, final clinical judgment shall rest with the facility's designated clinical medical authority.

In no event should clinical decisions be made by non-clinicians.

The administrative health authority 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.

A designated clinical medical authority shall have overall responsibility for medical clinical care pursuant to a written agreement, contract, or job description. The clinical medical authority is a physician, licensed independent practitioner, or other clinically trained professional designated by a physician to have final medical decision-making authority. In the event that the clinical medical authority is not a licensed physician, the clinical medical authority must establish a physician-level collaboration for purposes of medical management and professional collaboration. The clinical medical authority together with the administrative health authority establishes the processes and procedures necessary to meet the medical standards outlined herein.

All facilities shall provide a medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually by the administrative health authority, identifies the positions needed to perform the required services.

Health care personnel perform duties 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 clinical medical authority and administrative health authority, 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 prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies.

Plans shall include:

- Coordination with public health authorities;
- Ongoing education for staff and detainees;
- Control, treatment and prevention strategies;
- Protection of individual confidentiality;
- Media relations;
- Procedures for the identification, surveillance, immunization, follow-up and isolation of patients;
- Manage infectious diseases and report them to local and/or state health departments in accordance with established guidelines and applicable laws; and

- Management of biohazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on **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 with ICE in the Quarterly Administrative Meetings required later in this Detention Standard.

2. Additional Requirements Regarding Tuberculosis (TB)

As indicated below in the section on **Medical Screening of New Arrivals**, screening for tuberculosis 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 using methods in accordance with CDC guidelines for non-minimal risk detention facilities [symptom screening plus at least one of the following: tuberculin skin test (TST), chest radiography, or QuantiFERON-TB Gold or In-tube test (QFT)]; for CDC guidelines on prevention and control of TB in correctional and detention settings, see http://www.cdc.gov/tb/pubs/mmwr/Maj_guide/Correctional.htm/.

Detainees will receive TB testing every 12 months.

Detainees with symptoms suggestive of TB shall be placed in a functional airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease. If TB screening is negative and the detainee is asymptomatic, the detainee will be allowed to join the general population.

Suspected and confirmed active TB patients shall be placed in a functional airborne infection isolation room with negative pressure ventilation (on- or off-site) until determined by a qualified provider to be noninfectious in accordance with CDC guidelines for non-minimal risk detention facilities.

For all **confirmed and suspected** active tuberculosis cases, designated medical staff shall 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 (i.e., ICE detainees are reported as being in ICE custody and identified by their alien numbers).
- All cases to the ICE HQ Epidemiology Unit within one working day.

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 point of contact and telephone number for follow-up, and provision of medication administration records (MARs).

- Any movement of TB patients, including hospitalizations, facility transfers, releases, or removals/deportations to the local and/or state health department and the ICE HQ Epidemiology Unit.

When treatment is indicated, multi-drug, anti-TB therapy will 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 will be consulted to establish a customized treatment regimen and treatment plan. Patients receiving anti-TB therapy will be provided with at least a two week 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 ICE Epidemiology Program 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 disease contact investigations.

Designated medical staff shall report to the ICE Epidemiology Unit all cases of nationally notifiable infectious diseases as per the CDC list located at the following link: <http://www.cdc.gov/ncphi/diss/nndss/phs/infdis.htm>.

Designated medical staff also shall report to the ICE Epidemiology Unit all cases of Varicella, (herpes zoster [shingles], chicken pox).

3. Varicella

Designated medical staff shall notify the ICE HQ Epidemiology Unit of any varicella cases among ICE detainees and of any ICE detainees exposed to active varicella without a history of prior varicella or varicella immunization.

4. Bloodborne Pathogens

Infection control awareness shall be communicated on a regular basis to correctional and medical staff as well as detainees. 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 must develop a 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 physician, based on a medical history, current clinical evaluation of signs and symptoms, and laboratory studies.

a. Clinical Evaluation

When current symptoms are suggestive of HIV infection, the following shall be implemented:

- Clinical evaluation shall determine the medical need for isolation.
The health authority shall not recommend to ICE/DRO that the detainee 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.
- 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 hospital, or other appropriate facility, for further medical testing, final diagnosis, and acute treatment as needed, consistent with local operational procedures.
- Any detainee with active tuberculosis should also be evaluated for possible HIV infection.
- HIV positive detainees should be hospitalized until any acute treatment deemed necessary is completed.

When the attending physician determines that a detainee is in remission from his or her illness and/or no longer requires off-site care, he or she shall be returned to the detention facility. The physician shall recommend whether the detainee should be housed in the general population or in another location for medical purposes.

- An HIV positive diagnosis must be reported to government bodies according to state and federal requirements. Reports of AIDS, and not HIV infection, are required by the CDC. State laws differ considerably, and the administrative health authority is responsible for ensuring that all applicable state requirements are met.

b. Exposure

Detainee's exposure to potentially infectious body fluids, such as 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.

Each facility shall establish a plan to address exposure to bloodborne pathogens, including reporting.

c. Precautions

All detainees should be assumed to be infectious for blood-borne pathogens, and standard precautions are to be used at all times when caring for all detainees.

The **Standard Precautions** section of the Detention Standard on **Environmental Health and Safety** provides more detailed information.

D. Notifying Detainees about Health Care Services

In accordance with the Detention Standard on **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.

In accordance with the section on **Orientation** in the Detention Standard on **Admission and Release**, access to health care services, sick call and a medical grievance process shall be included in the orientation curriculum for newly admitted detainees.

E. 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 at the entrance to the medical facility that is 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, the following minimum standards shall be met:

a. Care

- Clearly defined scope of care services available;
- Physician on call or available 24 hours per day;
- Health care personnel are on duty 24 hours per day when patients are present;
- All patients within sight or sound of a staff member;
- Housing record that is a separate and distinct section of the complete medical record; and
- Compliance with all established guidelines and applicable laws.

Facilities are expected to provide detainees in medical housing access to other services such as telephone, legal access and materials consistent with their medical condition.

b. Wash Basins, Bathing Facilities, and Toilets

- Detainees have access to operable washbasins with hot and cold running water at a minimum ratio of one for every 12 detainees, unless state or local building codes specify a different ratio.

- Sufficient bathing facilities are provided to allow detainees to bathe daily, and at least one is configured and equipped to accommodate detainees with physical impairments or who need assistance to bathe. Water is thermostatically controlled to temperatures ranging from 100 F to 120 F degrees.
- Detainees have access to operable toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance. Unless state or local building or health codes specify otherwise:
 - Toilets are provided at a minimum ratio of one to every 12 detainees in male facilities and one for every 8 in female facilities.
 - All housing units with three or more detainees have a minimum of two toilets.

F. Pharmaceutical Management

Each facility shall have written policy and procedures for the management of pharmaceuticals that include:

- A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.
- A method for promptly approving and obtaining medicines not on the formulary should be identified.
- Prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed.
- Procurement, receipt, distribution, storage, dispensing, administration and disposal of medications.
- Secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes and needles.
- Medicine administration error reports shall be kept for all administration errors.
- All staff responsible for administering or having access to pharmaceuticals will be trained on medication management before beginning duty.
- All pharmaceuticals shall be stored in a secure area with the following features:
 - A secure perimeter;
 - Access limited to authorized medical staff (never detainees);
 - Solid walls from floor to ceiling and a solid ceiling;
 - A solid core entrance door with a high security lock (with no other access); and

- A secure medication storage area.
- Administration and management in accordance with state and federal law
- Supervision by properly licensed personnel
- Administration of medications by properly trained personnel under the supervision of the health services administrator, or equivalent
- Accountability for administering or distributing medications in a timely manner and according to licensed provider orders

G. Nonprescription Medications

The facility administrator and administrative health authority shall jointly approve any nonprescription medications that are available to detainees outside of health services (sold in commissary, distributed by housing officers, etc.), and they shall jointly review the list annually.

H. Medical Personnel

All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements

I. Medical Screening of New Arrivals

1. Medical Screening

Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function.

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:

- Any past history of serious infectious or communicable illness, and any treatment or symptoms;
- Current illness and health problems, including communicable diseases;
- Pain assessment;
- Current and past medication;
- Allergies;
- Past surgical procedures;
- Symptoms of active TB or previous TB treatment;
- Dental problems;
- Use of alcohol and other drugs;
- Possibility of pregnancy;

- Other health programs designated by the responsible clinical medical authority;
- Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;
- History of suicide attempts or current suicidal/homicidal ideation or intent;
- Observation of body deformities and other physical abnormalities;
- Questions and an assessment regarding past or recent sexual victimization.

For further information, see the Detention Standard on **Admission and Release**.

Screening shall include observation and interview items related to the detainee's potential suicide risk and possible mental disabilities, including mental illness. For further information, see the Detention Standard on **Suicide Prevention and Intervention**.

If at any time during the screening process there is an indication of need, or request for, mental health services, the health authority must be notified within 24 hours. The clinical medical authority will ensure a full mental health evaluation if indicated. See the section on **Mental Health Program** below.

Medical and mental health interviews and examinations shall be conducted in settings that respect detainees' privacy.

All facilities shall have policies and procedures to ensure the initial health screening and assessment is documented.

- The In Processing Health Screening form I-795A or medical facility equivalent will be completed during the in-processing and prior to the detainee's placement in a housing unit.
- The health intake screening shall be conducted using form **I-795A or an equivalent**. Upon completion, the In-Processing Health Screening form shall be forwarded to the facility medical staff for appropriate action.

The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine).

For other facilities that do not use the ICE/DRO In-Processing Health Screening form, ICE/DRO Medical must approve any substitute form.

Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities.

- Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service.

2. Substance Dependence and Detoxification

All detainees shall be evaluated through the initial screening for their use of 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.

The clinical medical authority shall establish guidelines for evaluation and treatment of new arrivals who require detoxification. Treatment and supportive measures shall permit withdrawal with minimal physiological and physical discomfort.

Detoxification shall be done only at facilities qualified to do so in accordance with established guidelines and applicable laws.

J. Health Appraisal

Each facility's health care provider shall conduct a health appraisal including a physical examination 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, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals. If there is documentation of one within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required.

Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainees' privacy.

Detainees will be provided same sex chaperones as appropriate or as requested.

The clinical medical authority shall be responsible for review of all health appraisals to assess the priority for treatment.

Detainees diagnosed with a communicable disease shall be isolated according to national standards of medical practice and procedures.

K. 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:

- Intake screening (see DIHS Form 795A or equivalent) for mental health problems will include:
- Referral as needed for evaluation, diagnosis, treatment, and monitoring of mental illness;
- Crisis intervention and management of acute mental health episodes;
- Transfer to licensed mental health facilities of detainees whose mental health needs exceed the capabilities of the facility; and
- Suicide prevention program.

2. Mental Health Provider

The term "mental health provider" includes a psychiatrist, physician, psychologist, clinical social worker, or other appropriately licensed independent mental health practitioner.

3. Mental Health Evaluation

Based on intake screening, medical documentation or subsequent observations by detention staff or medical personnel, the administrative health authority shall immediately refer any detainee with mental health needs to a mental health provider for a mental health evaluation.

Such evaluation and screenings shall include:

- Reason for referral;
- History of any mental health treatment or evaluation;
- History of illicit drug/alcohol use or abuse or treatment for such;
- History of suicide attempts;
- Current suicidal/homicidal ideation or intent;
- Current use of any medication;
- Estimate of current intellectual function;
- Mental health screening should include prior history physical, sexual, or emotional abuse; and
- Impact of any pertinent physical condition, such as head trauma;.
- Recommend any appropriate treatment, for example:
 - Remain in general population with psychotropic medication and counseling,
 - “Short-stay” unit or infirmary,
 - Special Management Unit, or
 - Community hospitalization.
- Recommend and/or implement 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 a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than 14 days of the referral.

The provider shall develop an overall treatment/management plan that may include transfer to a mental health facility if the detainee’s mental illness or developmental disability needs exceed the treatment capability of the facility.

The health administrative authority/clinical medical authority shall ensure due process in compliance with applicable laws.

5. Medical Isolation

The clinical medical authority may place in medical isolation a detainee who is at high risk for violent behavior because of a mental health condition. The clinical medical authority must provide for reassessment on a daily basis the need for continued medical isolation for the health and safety of the detainee.

6. Restraints

Restraints for medical or mental health purposes may be authorized only by the facility's clinical medical authority, after reaching the conclusion that less restrictive measures are not appropriate. The facility shall have written procedures that specify:

- The conditions under which restraints may be applied;
- The types of restraints to be used;
- The proper use, application, and monitoring of restraints;
- Requirements for documentation, including efforts to use less restrictive alternatives; and
- After-incident review.

7. Involuntary Administration of Psychotropic Medications

Involuntary administration of psychotropic medications to detainees shall comply with established guidelines and applicable laws and only pursuant to the specific, written and detailed authorization of a physician. When psychotropic medication is involuntarily administered, it is required that the administrative health authority contact DRO Management, who shall contact respective DHS/ICE Chief Counsel. The authorizing physician shall:

- Review the medical record of the detainee and conduct a medical examination;
- Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication;
- Specify the medication to be administered, the dosage, and the possible side effects of the medication;
- Document that less restrictive intervention options have been exercised without success;
- Detail how the medication is to be administered;
- Monitor the detainee for adverse reactions and side effects; and
- Prepare treatment plans for less restrictive alternatives as soon as possible.

Also see the section on Informed Consent and Involuntary Treatment later in this Detention Standard.

L. Annual Health Examinations

The clinical medical authority or health administrative authority (or their equivalents) may determine that detainees not covered below in the section on **Special Needs and Close Medical Supervision** are to be scheduled for annual medical examinations.

A detainee that is in ICE custody for over a year shall receive health examinations on an annual basis. Such examinations may occur more frequently for certain individuals, depending on their medical history or health conditions. Detainees shall have access to age and gender appropriate exams annually, including rescreening for tuberculosis.

M. 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, registered dental hygienist, or registered nurse.

- **Emergency dental treatment** shall be provided for immediate relief of pain, trauma and acute oral infection.
- **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 (6) 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.

N. 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:

- Clearly written policies and procedures;
- Sick call process will be communicated in writing and verbally to detainees during their orientation;
- Regularly scheduled "sick call" times will be established and communicated to detainees;
- All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 48 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately.

If the procedure uses a written request slip, they shall be provided in English and the most common languages spoken by the detainee population of that facility. Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation/translation services as needed or other assistance as needed to complete a request slip.

Medical personnel shall review the request slips and determine when the detainee will be seen.

All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call. See the Detention Standard on **Special Management Units** for details.

All facilities shall maintain a permanent record of all sick call requests.

O. Emergency Medical Services and First Aid

Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care.

A plan shall be prepared in consultation with the facility's clinical medical authority or the administrative health authority. The plan will include the following:

- An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day;
- A list of telephone numbers for local ambulances and hospital services available to all staff;
- An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff.
- All detention staff shall receive cardio pulmonary resuscitation (CPR, AED) , and emergency first aid training annually;
- Detention and health care personnel will be trained annually to respond to health-related situations within four (4) minutes;
- Security procedures that ensure the immediate transfer of detainees for emergency medical care.

The training shall be provided by a responsible medical authority in cooperation with the facility administrator and shall include:

1. Recognizing of signs of potential health emergencies and the required responses;
2. Administering first aid, AED, and cardiopulmonary resuscitation (CPR);
3. Obtaining emergency medical assistance through the facility plan and its required procedures;
4. Recognizing signs and symptoms of mental illness and suicide risk;
5. 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.

When an employee is unsure whether emergency care is required, he or she shall immediately notify medical personnel to make the determination.

Medical and safety equipment shall be available and maintained, and staff shall be trained in proper use of the equipment.

In each detention facility, the designated health authority and facility administrator shall determine the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.

P. Delivery of Medication

Distribution of medication shall be in accordance with specific instructions and procedures established by the administrative health authority. Written records of all medication given to detainees shall be maintained.

- If medication must be delivered at a specific time when medical staff is not on duty, it may be distributed by detention officers who have received proper training by the administrative health authority.
- 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.
- Detainees may not deliver or administer medications to other detainees.

Q. Health Education and Wellness Information

The health authority shall provide detainees health education and wellness information on such topics as dangers of self-medication, personal hygiene and dental care, prevention of communicable diseases, smoking cessation, self-care for chronic conditions, and the benefits of physical fitness.

R. Special Needs and Close Medical Supervision

The health administrative authority for each facility must have a plan to notify ICE for any detainee with special needs. The written notification must become part of the detainee's health record file.

When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate physician, dentist, or mental health practitioner, in consultation with the patient, with periodic review. The written treatment plan will conform to NCCHC and TJC requirements. Likewise, staff responsible for such matters as housing and program assignments, and disciplinary measures shall consult with the responsible clinician, clinical director, or health services administrator.

Female detainees shall have access to pregnancy testing and pregnancy management services that include routine prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.

Detainees shall have access to age and gender-appropriate examinations.

Durable medical equipment shall be provided as determined by the responsible physician or dentist in conjunction with the health care authorization process.

Exercise areas will be available to meet exercise and physical therapy requirements of individual detainee treatment plans.

S. Continuity of Care

The facility administrative health authority 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 and alternatives to transfer shall be considered, taking into account the disruption that a transfer will cause to a detainee receiving medical care (see ICE/DRO National Detention Standard on **Transfer of Detainees**, Section II-A). Upon transfer to another facility or release, the medical provider shall ensure that all relevant medical records and at least 7 days' (or, in the case of TB medications, 15 days') supply of medication shall accompany the detainee.

T. Informed Consent and Involuntary Treatment

As a rule, medical treatment shall not be administered against a detainee's will.

- Upon admission at the facility, documented informed consent will be obtained for the provision of health care services.
- For any additional procedure, a separate documented informed consent will be obtained.
- Informed consent standards of the jurisdiction shall be observed, and consent forms shall either be in a language understood by the detainee or translation assistance shall be provided and documented on the form.
- If a detainee refuses treatment and the clinical medical authority determines that the treatment is necessary, ICE/DRO shall be consulted in determining whether involuntary treatment shall be pursued.
- If the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to convince the detainee to voluntarily accept treatment.
- Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and the refusal of treatment in the detainee's medical record.
- When determined to be medically necessary by the clinical medical authority, a detainee who refuses examination or treatment may be segregated from the general population. Such segregation shall only be for medical reasons that are documented in the medical record and may not be used for punitive purposes.
- Involuntary treatment is a decision made only by medical staff under strict legal restrictions. Prior to any contemplated action involving involuntary medical treatment, DHS / ICE respective Chief Counsel will be consulted.
- In the event of a hunger strike, see the Detention Standard on **Hunger Strikes**.

The Detention Standard on **Terminal Illness, Advance Directives, and Death** provides details regarding living wills and advance directives, organ donations, and "do-not-resuscitate" orders.

U. Medical Records

1. Health Record File

The administrative health authority shall maintain a complete health record on each detainee that is:

- Organized uniformly in accordance with recognized medical records standards;
- Available to all practitioners and used by them for health care documentation;
- Properly maintained and safeguarded in a securely locked area within the medical unit.

2. Confidentiality and Release of Medical Records

All medical providers 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 administrative health authority shall provide the facility administrator and designated staff information that is necessary:

- To preserve the health and safety of the detainee, other detainees, staff, or any other person.
- For administrative and detention decisions such as housing, voluntary work assignments, security, and transport.
- 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.

Copies of health records shall be released by the administrative health authority directly to a detainee or their designee, at no cost to the detainee, upon receipt by the administrative health authority of a written authorization from the detainee that complies with the Health Insurance Portability and Accountability Act (HIPAA).

While in detention, a detainee, or their designated representative, shall receive requested information from their medical records. Upon request, medical record information will be released within a reasonable timeframe after receipt of an authorization.

A written request may serve as authorization for the release of health information, as long as it includes the following (and meets any other requirements of the administrative health authority):

- Address of the facility to release the information;
- Name of the individual or institution to receive the information;

- Detainee's full name, A-number (or other facility identification number), date of birth and nationality;
- Specific information to be released with inclusive dates of treatment; and
- Detainee's signature and date.

Following the release of health information, the written authorization shall be retained in the health record.

Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form. ICE/DRO, or the facility administrator, shall provide non-English speaking detainees and detainees who are deaf or hard of hearing with interpretation or translation services or other assistance as needed to make the written request and assist in transmitting the request to the facility administrative health authority.

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/DRO and the administrative health authority shall be notified when detainees are to be transferred or released. Detainees should be transferred with proper medication to ensure continuity of care throughout the transfer and subsequent intake process. (See Section S – Continuity of care)

a. Medical/Psychiatric Alert. Medical staff shall notify the facility administrator in writing, when they determine that a detainee's medical or psychiatric condition requires:

- Clearance by the medical staff prior to release or transfer, or
- Medical escort during removal, deportation, or transfer.

b. Notification of Transfers, Releases, and Removals. The administrative health authority shall be given advance notice 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 or release.

c. Transfer of Health Records. A summary of the detainee's medical care (transfer summary) shall be marked "CONFIDENTIAL MEDICAL RECORDS" and shall accompany the detainee who is being transferred. This includes detainees who are being transferred into or out of ICE custody. Full copies of the medical records or parts thereof must be made immediately available upon the request of the receiving facility's administrative health authority or clinical medical authority. Other requirements for the transfer of records are contained in the Detention Standard on **Transfers of Detainees**.

V. Terminal Illness, Fatal Injury, or Death of a Detainee

Procedures to be followed in the event of a detainee's terminal illness, fatal injury, or death are in the Detention Standard on **Terminal Illness, Advance Directives, and Death**. The Detention Standard also addresses detainee organ donations.

W. Medical Experimentation

Detainees will not participate in medical, pharmaceutical or cosmetic research while under the care of ICE detention facilities.

This 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.

X. Administration of the Medical Department

1. Quarterly Administrative Meetings

The administrative health authority shall convene a meeting at least quarterly and include other facility and medical staff as appropriate.

The meeting agenda shall include, at a minimum:

- An account of the effectiveness of the facility health care program;
- Discussions of health environment factors that may need improvement;
- Review and discussion of communicable disease and infectious control activities;
- Changes effected since the previous meetings; and
- 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 administrative health authority shall implement a system of internal review and quality assurance. Elements of the system shall include:

- Participating in a multidisciplinary quality improvement committee.
- Collecting, trending, and analysis of data along with planning, interventions, and reassessments.
- Evaluating defined data.
- Analyze the need for ongoing education and training.
- On-site monitoring of health service outcomes on a regular basis through:
 1. Chart reviews by the responsible physician or his or her designee, including investigation of complaints and quality of health records.
 2. Review of prescribing practices and administration of medication practices.
 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.
10. Ensuring records of internal review activities comply with legal requirements on confidentiality of records.

3. Peer Review

The administrative health authority shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years.

Y. 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/DRO 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 or 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 it would not present an unreasonable security risk. Requests for independent examinations shall be answered as quickly as practicable. If a request is denied, the Field Office Director shall advise the requester in writing of the rationale.

Neither ICE/DRO nor the facility may assume any costs of the examination, which shall 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 security and good order.

Z. Medical Grievance Process

See **Grievance System** Detention Standard.

Standard Approved:

James T. Hayes, Jr. /s/

12/5/2008

James T. Hayes, Jr
Director
Office of Detention and Removal Operations

Date

Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of **March 23, 2020**.

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the following CDC website periodically for updated interim guidance: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

This document provides interim guidance specific for correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated and detained persons, staff, and visitors. Recommendations may need to be revised as more information becomes available.

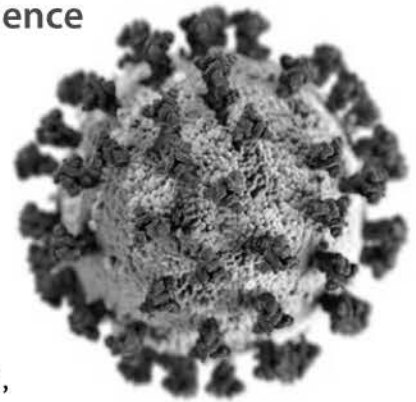
In this guidance

- Who is the intended audience for this guidance?
- Why is this guidance being issued?
- What topics does this guidance include?
- Definitions of Commonly Used Terms
- Facilities with Limited Onsite Healthcare Services
- COVID-19 Guidance for Correctional Facilities
- Operational Preparedness
- Prevention
- Management
- Infection Control
- Clinical Care of COVID-19 Cases
- Recommended PPE and PPE Training for Staff and Incarcerated/Detained Persons
- Verbal Screening and Temperature Check Protocols for Incarcerated/Detained Persons, Staff, and Visitors

Who is the intended audience for this guidance?

This document is intended to provide guiding principles for healthcare and non-healthcare administrators of correctional and detention facilities (including but not limited to federal and state prisons, local jails, and detention centers), law enforcement agencies that have custodial authority for detained populations (i.e., US Immigration and Customs Enforcement and US Marshals Service), and their respective health departments, to assist in preparing for potential introduction, spread, and mitigation of COVID-19 in their facilities. In general, the document uses terminology referring to correctional environments but can also be applied to civil and pre-trial detention settings.

This guidance will not necessarily address every possible custodial setting and may not use legal terminology specific to individual agencies' authorities or processes. **The guidance may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions.** Facilities should contact CDC or their state, local, territorial, and/or tribal public health department if they need assistance in applying these principles or addressing topics that are not specifically covered in this guidance.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

MULTI-DHS-ICE-20-0602-H-000024

DHS-ICE-1367-001838

Why is this guidance being issued?

Correctional and detention facilities can include custody, housing, education, recreation, healthcare, food service, and workplace components in a single physical setting. The integration of these components presents unique challenges for control of COVID-19 transmission among incarcerated/detained persons, staff, and visitors. Consistent application of specific preparation, prevention, and management measures can help reduce the risk of transmission and severe disease from COVID-19.

- Incarcerated/detained persons live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced.
- In most cases, incarcerated/detained persons are not permitted to leave the facility.
- There are many opportunities for COVID-19 to be introduced into a correctional or detention facility, including daily staff ingress and egress; transfer of incarcerated/detained persons between facilities and systems, to court appearances, and to outside medical visits; and visits from family, legal representatives, and other community members. Some settings, particularly jails and detention centers, have high turnover, admitting new entrants daily who may have been exposed to COVID-19 in the surrounding community or other regions.
- Persons incarcerated/detained in a particular facility often come from a variety of locations, increasing the potential to introduce COVID-19 from different geographic areas.
- Options for medical isolation of COVID-19 cases are limited and vary depending on the type and size of facility, as well as the current level of available capacity, which is partly based on medical isolation needs for other conditions.
- Adequate levels of custody and healthcare staffing must be maintained to ensure safe operation of the facility, and options to practice social distancing through work alternatives such as working from home or reduced/alternate schedules are limited for many staff roles.
- Correctional and detention facilities can be complex, multi-employer settings that include government and private employers. Each is organizationally distinct and responsible for its own operational, personnel, and occupational health protocols and may be prohibited from issuing guidance or providing services to other employers or their staff within the same setting. Similarly, correctional and detention facilities may house individuals from multiple law enforcement agencies or jurisdictions subject to different policies and procedures.
- Incarcerated/detained persons and staff may have medical conditions that increase their risk of severe disease from COVID-19.
- Because limited outside information is available to many incarcerated/detained persons, unease and misinformation regarding the potential for COVID-19 spread may be high, potentially creating security and morale challenges.
- The ability of incarcerated/detained persons to exercise disease prevention measures (e.g., frequent handwashing) may be limited and is determined by the supplies provided in the facility and by security considerations. Many facilities restrict access to soap and paper towels and prohibit alcohol-based hand sanitizer and many disinfectants.
- Incarcerated persons may hesitate to report symptoms of COVID-19 or seek medical care due to co-pay requirements and fear of isolation.

CDC has issued separate COVID-19 guidance addressing healthcare infection control and clinical care of COVID-19 cases as well as close contacts of cases in community-based settings. Where relevant, community-focused guidance documents are referenced in this document and should be monitored regularly for updates, but they may require adaptation for correctional and detention settings.

This guidance document provides additional recommended best practices specifically for correctional and detention facilities. **At this time, different facility types (e.g., prison vs. jail) and sizes are not differentiated. Administrators and agencies should adapt these guiding principles to the specific needs of their facility.**

What topics does this guidance include?

The guidance below includes detailed recommendations on the following topics related to COVID-19 in correctional and detention settings:

- ✓ 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 isolation 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

Definitions of Commonly Used Terms

Close contact of a COVID-19 case—In the context of COVID-19, an individual is considered a close contact if they a) have been within approximately 6 feet of a COVID-19 case for a prolonged period of time or b) have had direct contact with infectious secretions from a COVID-19 case (e.g., have been coughed on). Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).

Cohorting—Cohorting refers to the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group, or quarantining close contacts of a particular case together as a group. Ideally, cases should be isolated individually, and close contacts should be quarantined individually. However, some correctional facilities and detention centers do not have enough individual cells to do so and must consider cohorting as an alternative. See [Quarantine](#) and [Medical Isolation](#) sections below for specific details about ways to implement cohorting to minimize the risk of disease spread and adverse health outcomes.

Community transmission of COVID-19—Community transmission of COVID-19 occurs when individuals acquire the disease through contact with someone in their local community, rather than through travel to an affected location. Once community transmission is identified in a particular area, correctional facilities and detention centers are more likely to start seeing cases inside their walls. Facilities should consult with local public health departments if assistance is needed in determining how to define “local community” in the context of COVID-19 spread. However, because all states have reported cases, all facilities should be vigilant for introduction into their populations.

Confirmed vs. Suspected COVID-19 case—A confirmed case has received a positive result from a COVID-19 laboratory test, with or without symptoms. A suspected case shows symptoms of COVID-19 but either has not been tested or is awaiting test results. If test results are positive, a suspected case becomes a confirmed case.

Incarcerated/detained persons—For the purpose of this document, “incarcerated/detained persons” refers to persons held in a prison, jail, detention center, or other custodial setting where these guidelines are generally applicable. The term includes those who have been sentenced (i.e., in prisons) as well as those held for pre-trial (i.e., jails) or civil purposes (i.e., detention centers). Although this guidance does not specifically reference individuals in every type of custodial setting (e.g., juvenile facilities, community confinement facilities), facility administrators can adapt this guidance to apply to their specific circumstances as needed.

Medical Isolation—Medical isolation refers to confining a confirmed or suspected COVID-19 case (ideally to a single cell with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established clinical and/or testing criteria for release from isolation, in consultation with clinical providers and public health officials (detailed in guidance [below](#)). In this context, isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. Staff are encouraged to use the term “medical isolation” to avoid confusion.

Quarantine—Quarantine refers to the practice of confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Quarantine for COVID-19 should last for a period of 14 days. Ideally, each quarantined individual would be quarantined in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, the individual should be placed under [medical isolation](#) and evaluated for COVID-19. If symptoms do not develop, movement restrictions can be lifted, and the individual can return to their previous residency status within the facility.

Social Distancing—Social distancing is the practice of increasing the space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic). Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals will be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between them). Although social distancing is challenging to practice in correctional and detention environments, it is a cornerstone of reducing transmission of respiratory diseases such as COVID-19. Additional information about social distancing, including information on its use to reduce the spread of other viral illnesses, is available in this [CDC publication](#).

Staff—In this document, “staff” refers to all public sector employees as well as those working for a private contractor within a correctional facility (e.g., private healthcare or food service). Except where noted, “staff” does not distinguish between healthcare, custody, and other types of staff including private facility operators.

Symptoms—Symptoms of COVID-19 include fever, cough, and shortness of breath. Like other respiratory infections, COVID-19 can vary in severity from mild to severe. When severe, pneumonia, respiratory failure, and death are possible. COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical course of the disease, and the individuals and populations most at risk for disease and complications are not yet fully understood. Monitor the [CDC website](#) for updates on these topics.

Facilities with Limited Onsite Healthcare Services

Although many large facilities such as prisons and some jails usually employ onsite healthcare staff and have the capacity to evaluate incarcerated/detained persons for potential illness within a dedicated healthcare space, many smaller facilities do not. Some of these facilities have access to on-call healthcare staff or providers who visit the facility every few days. Others have neither onsite healthcare capacity nor onsite medical isolation/quarantine space and must transfer ill patients to other correctional or detention facilities or local hospitals for evaluation and care.

The majority of the guidance below is designed to be applied to any correctional or detention facility, either as written or with modifications based on a facility's individual structure and resources. However, topics related to healthcare evaluation and clinical care of confirmed and suspected COVID-19 cases and their close contacts may not apply directly to facilities with limited or no onsite healthcare services. It will be especially important for these types of facilities to coordinate closely with their state, local, tribal, and/or territorial health department when they encounter confirmed or suspected cases among incarcerated/detained persons or staff, in order to ensure effective medical isolation and quarantine, necessary medical evaluation and care, and medical transfer if needed. The guidance makes note of strategies tailored to facilities without onsite healthcare where possible.

Note that all staff in any sized facility, regardless of the presence of onsite healthcare services, should observe guidance on recommended PPE in order to ensure their own safety when interacting with confirmed and suspected COVID-19 cases. Facilities should make contingency plans for the likely event of PPE shortages during the COVID-19 pandemic.

COVID-19 Guidance for Correctional Facilities

Guidance for correctional and detention facilities is organized into 3 sections: Operational Preparedness, Prevention, and Management of COVID-19. Recommendations across these sections can be applied simultaneously based on the progress of the outbreak in a particular facility and the surrounding community.

- **Operational Preparedness.** This guidance is intended to help facilities prepare for potential COVID-19 transmission in the facility. Strategies focus on operational and communications planning and personnel practices.
- **Prevention.** This guidance is intended to help facilities prevent spread of COVID-19 from outside the facility to inside. Strategies focus on reinforcing hygiene practices, intensifying cleaning and disinfection of the facility, screening (new intakes, visitors, and staff), continued communication with incarcerated/detained persons and staff, and social distancing measures (increasing distance between individuals).
- **Management.** This guidance is intended to help facilities clinically manage confirmed and suspected COVID-19 cases inside the facility and prevent further transmission. Strategies include medical isolation and care of incarcerated/detained persons with symptoms (including considerations for cohorting), quarantine of cases' close contacts, restricting movement in and out of the facility, infection control practices for individuals interacting with cases and quarantined contacts or contaminated items, intensified social distancing, and cleaning and disinfecting areas visited by cases.

Operational 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 incarcerated/detained persons about these preparations and how they may temporarily alter daily life.

Communication & Coordination

✓ **Develop information-sharing systems with partners.**

- Identify points of contact in relevant state, local, tribal, and/or territorial public health departments before cases develop. Actively engage with the health department to understand in advance which entity has jurisdiction to implement public health control measures for COVID-19 in a particular correctional or detention facility.
- Create and test communications plans to disseminate critical information to incarcerated/detained persons, staff, contractors, vendors, and visitors as the pandemic progresses.

- o Communicate with other correctional facilities in the same geographic area to share information including disease surveillance and absenteeism patterns among staff.
- o Where possible, put plans in place with other jurisdictions to prevent confirmed and suspected COVID-19 cases and their close contacts from being transferred between jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.
- o Stay informed about updates to CDC guidance via the CDC COVID-19 website as more information becomes known.

✓ **Review existing pandemic flu, all-hazards, and disaster plans, and revise for COVID-19.**

- o Ensure that physical locations (dedicated housing areas and bathrooms) have been identified to isolate confirmed COVID-19 cases and individuals displaying COVID-19 symptoms, and to quarantine known close contacts of cases. (Medical isolation and quarantine locations should be separate). The plan should include contingencies for multiple locations if numerous cases and/or contacts are identified and require medical isolation or quarantine simultaneously. See Medical Isolation and Quarantine sections below for details regarding individual medical isolation and quarantine locations (preferred) vs. cohorting.
- o Facilities without onsite healthcare capacity should make a plan for how they will ensure that suspected COVID-19 cases will be isolated, evaluated, tested (if indicated), and provided necessary medical care.
- o Make a list of possible social distancing strategies that could be implemented as needed at different stages of transmission intensity.
- o Designate officials who will be authorized to make decisions about escalating or de-escalating response efforts as the epidemiologic context changes.

✓ **Coordinate with local law enforcement and court officials.**

- o Identify lawful alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce the risk of COVID-19 transmission.
- o Explore strategies to prevent over-crowding of correctional and detention facilities during a community outbreak.

✓ **Post signage throughout the facility communicating the following:**

- o **For all:** symptoms of COVID-19 and hand hygiene instructions
- o **For incarcerated/detained persons:** report symptoms to staff
- o **For staff:** stay at home when sick; if symptoms develop while on duty, 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.
- o Ensure that signage is understandable for non-English speaking persons and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.

Personnel Practices

✓ **Review the sick leave policies of each employer that operates in the facility.**

- o Review policies to ensure that they actively encourage staff to stay home when sick.
- o If these policies do not encourage staff to stay home when sick, discuss with the contract company.
- o Determine which officials will have the authority to send symptomatic staff home.

- ✓ **Identify staff whose duties would allow them to work from home. Where possible, allowing staff to work from home can be an effective social distancing strategy to reduce the risk of COVID-19 transmission.**
 - Discuss work from home options with these staff and determine whether they have the supplies and technological equipment required to do so.
 - Put systems in place to implement work from home programs (e.g., time tracking, etc.).
- ✓ **Plan for staff absences.** Staff should stay home when they are sick, or they may need to stay home to care for a sick household member or care for children in the event of school and childcare dismissals.
 - Allow staff to work from home when possible, within the scope of their duties.
 - Identify critical job functions and plan for alternative coverage by cross-training staff where possible.
 - Determine minimum levels of staff in all categories required for the facility to function safely. If possible, develop a plan to secure additional staff if absenteeism due to COVID-19 threatens to bring staffing to minimum levels.
 - Consider increasing keep on person (KOP) medication orders to cover 30 days in case of healthcare staff shortages.
- ✓ **Consider offering revised duties to staff who are at higher risk of severe illness with COVID-19.** Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions including lung disease, heart disease, and diabetes. See CDC's website for a complete list, and check regularly for updates as more data become available to inform this issue.
 - Facility administrators should consult with their occupational health providers to determine whether it would be allowable to reassign duties for specific staff members to reduce their likelihood of exposure to COVID-19.
- ✓ **Offer the seasonal influenza vaccine to all incarcerated/detained persons (existing population and new intakes) and staff throughout the influenza season.** Symptoms of COVID-19 are similar to those of influenza. Preventing influenza cases in a facility can speed the detection of COVID-19 cases and reduce pressure on healthcare resources.
- ✓ **Reference the Occupational Safety and Health Administration website for recommendations regarding worker health.**
- ✓ **Review CDC's guidance for businesses and employers** to identify any additional strategies the facility can use within its role as an employer.

Operations & Supplies

- ✓ **Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available, and have a plan in place to restock as needed if COVID-19 transmission occurs within the facility.**
 - Standard medical supplies for daily clinic needs
 - Tissues
 - Liquid soap when possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing.
 - Hand drying supplies
 - Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)
 - Cleaning supplies, including EPA-registered disinfectants effective against the virus that causes COVID-19

- o Recommended PPE (facemasks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls). See [PPE section](#) and [Table 1](#) for more detailed information, including recommendations for extending the life of all PPE categories in the event of shortages, and when face masks are acceptable alternatives to N95s.
- o Sterile viral transport media and sterile swabs [to collect nasopharyngeal specimens](#) if COVID-19 testing is indicated
- ✓ **Make contingency plans for the probable event of PPE shortages during the COVID-19 pandemic, particularly for non-healthcare workers.**
 - o See CDC guidance [optimizing PPE supplies](#).
- ✓ **Consider relaxing restrictions on allowing alcohol-based hand sanitizer in the secure setting where security concerns allow.** If soap and water are not available, [CDC recommends](#) cleaning hands with an alcohol-based hand sanitizer that contains at least 60% alcohol. Consider allowing staff to carry individual-sized bottles for their personal hand hygiene while on duty.
- ✓ **Provide a no-cost supply of soap to incarcerated/detained persons, sufficient to allow frequent hand washing.** (See [Hygiene](#) section below for additional detail regarding recommended frequency and protocol for hand washing.)
 - o Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing.
- ✓ **If not already in place, employers operating within the facility should establish a [respiratory protection program](#) as appropriate, to ensure that staff and incarcerated/detained persons are fit tested for any respiratory protection they will need within the scope of their responsibilities.**
- ✓ **Ensure that staff and incarcerated/detained persons are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.** See [Table 1](#) for recommended PPE for incarcerated/detained persons and staff with varying levels of contact with COVID-19 cases or their close contacts.

Prevention

Cases of COVID-19 have been documented in all 50 US states. Correctional and 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.

Operations

- ✓ **Stay in communication with partners about your facility's current situation.**
 - o State, local, territorial, and/or tribal health departments
 - o Other correctional facilities
- ✓ **Communicate with the public about any changes to facility operations, including visitation programs.**

- ✓ **Restrict transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.**
 - Strongly consider postponing non-urgent outside medical visits.
 - If a transfer is absolutely necessary, perform verbal screening and a temperature check as outlined in the [Screening](#) section below, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the [protocol for a suspected COVID-19 case](#)—including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure that the receiving facility has capacity to properly isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE (see [Table 1](#)) and that the transport vehicle is [cleaned](#) thoroughly after transport.
- ✓ **Implement lawful alternatives to in-person court appearances where permissible.**
- ✓ **Where relevant, consider suspending co-pays for incarcerated/detained persons seeking medical evaluation for respiratory symptoms.**
- ✓ **Limit the number of operational entrances and exits to the facility.**

Cleaning and Disinfecting Practices

- ✓ **Even if COVID-19 cases have not yet been identified inside the facility or in the surrounding community, begin implementing intensified cleaning and disinfecting procedures according to the recommendations below. These measures may prevent spread of COVID-19 if introduced.**
- ✓ **Adhere to** [CDC recommendations for cleaning and disinfection during the COVID-19 response](#). Monitor these recommendations for updates.
 - Several times per day, 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 should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs).
 - Use household cleaners and [EPA-registered disinfectants effective against the virus that causes COVID-19](#) as appropriate for the surface, following label instructions. This may require lifting restrictions on undiluted disinfectants.
 - Labels contain instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use.
- ✓ **Consider increasing the number of staff and/or incarcerated/detained persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.**
- ✓ **Ensure adequate supplies to support intensified cleaning and disinfection practices, and have a plan in place to restock rapidly if needed.**

Hygiene

- ✓ **Reinforce healthy hygiene practices, and provide 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).**
- ✓ **Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Post signage throughout the facility, and communicate this information verbally on a regular basis.** Sample signage and other communications materials are available on the CDC website. Ensure that materials can be understood by non-English speakers and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.
 - **Practice good cough etiquette:** Cover your mouth and nose with your elbow (or ideally with a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash immediately after use.
 - **Practice good hand hygiene:** Regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating or preparing food; before taking medication; and after touching garbage.
 - **Avoid touching your eyes, nose, or mouth without cleaning your hands first.**
 - **Avoid sharing eating utensils, dishes, and cups.**
 - **Avoid non-essential physical contact.**
- ✓ **Provide incarcerated/detained persons and staff no-cost access to:**
 - **Soap**—Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin, as this would discourage frequent hand washing.
 - **Running water, and hand drying machines or disposable paper towels for hand washing**
 - **Tissues** and no-touch trash receptacles for disposal
- ✓ **Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions.** Consider allowing staff to carry individual-sized bottles to maintain hand hygiene.
- ✓ **Communicate that sharing drugs and drug preparation equipment can spread COVID-19 due to potential contamination of shared items and close contact between individuals.**

Prevention Practices for Incarcerated/Detained Persons

- ✓ **Perform pre-intake screening and temperature checks for all new entrants. Screening should take place in the sallyport, before beginning the intake process,** in order to identify and immediately place individuals with symptoms under medical isolation. See Screening section below for the wording of screening questions and a recommended procedure to safely perform a temperature check. Staff performing temperature checks should wear recommended PPE (see PPE section below).
 - **If an individual has symptoms of COVID-19** (fever, cough, shortness of breath):
 - Require the individual to wear a face mask.
 - Ensure that staff who have direct contact with the symptomatic individual wear recommended PPE.
 - Place the individual under medical isolation (ideally in a room near the screening location, rather than transporting the ill individual through the facility), and refer to healthcare staff for further evaluation. (See Infection Control and Clinical Care sections below.)
 - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care.

- o **If an individual is a close contact of a known COVID-19 case (but has no COVID-19 symptoms):**

- Quarantine the individual and monitor for symptoms two times per day for 14 days. (See Quarantine section below.)
- Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective quarantine and necessary medical care.

- ✓ **Implement social distancing strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of the presence of symptoms).** Strategies will need to be 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:

- o **Common areas:**

- Enforce increased space between individuals in holding cells, as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area)

- o **Recreation:**

- Choose recreation spaces where individuals can spread out
- Stagger time in recreation spaces
- Restrict recreation space usage to a single housing unit per space (where feasible)

- o **Meals:**

- Stagger meals
- Rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table)
- Provide meals inside housing units or cells

- o **Group activities:**

- Limit the size of group activities
- Increase space between individuals during group activities
- Suspend group programs where participants are likely to be in closer contact than they are in their housing environment
- Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out

- o **Housing:**

- If space allows, reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions. (Ensure that bunks are cleaned thoroughly if assigned to a new occupant.)
- Arrange bunks so that individuals sleep head to foot to increase the distance between them
- Rearrange scheduled movements to minimize mixing of individuals from different housing areas

- o **Medical:**

- If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering sick call.
- Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process for COVID-19 symptoms or case contact, before they move to other parts of the facility.

- ✓ **Communicate clearly and frequently with incarcerated/detained persons about changes to their daily routine and how they can contribute to risk reduction.**
- ✓ **Note that if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons.**
- ✓ **Consider suspending work release programs and other programs that involve movement of incarcerated/detained individuals in and out of the facility.**
- ✓ **Provide up-to-date information about COVID-19 to incarcerated/detained persons on a regular basis, including:**
 - Symptoms of COVID-19 and its health risks
 - Reminders to report COVID-19 symptoms to staff at the first sign of illness
- ✓ **Consider having healthcare staff perform rounds on a regular basis to answer questions about COVID-19.**

Prevention Practices for Staff

- ✓ **Remind staff to stay at home if they are sick.** Ensure that staff are aware that they will not be able to enter the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility as soon as possible if they develop symptoms while on duty.
- ✓ **Perform verbal screening (for COVID-19 symptoms and close contact with cases) and temperature checks for all staff daily on entry.** See [Screening](#) section below for wording of screening questions and a recommended procedure to safely perform temperature checks.
 - In very small facilities with only a few staff, consider self-monitoring or virtual monitoring (e.g., reporting to a central authority via phone).
 - Send staff home who do not clear the screening process, and advise them to follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).
- ✓ **Provide staff 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
 - Employers' sick leave policy
 - **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 follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).
 - **If staff test positive for COVID-19:** inform workplace and personal contacts immediately, and do not return to work until a decision to discontinue home medical isolation precautions is made. Monitor [CDC guidance on discontinuing home isolation](#) regularly as circumstances evolve rapidly.
 - **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. If symptoms do develop, follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).
- ✓ **If a staff member has a confirmed COVID-19 infection, the relevant employers should inform other staff about their possible exposure to COVID-19 in the workplace, but should maintain confidentiality as required by the Americans with Disabilities Act.**
 - 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, encourage staff to maintain a distance of 6 feet or more from an individual with respiratory symptoms while interviewing, escorting, or interacting in other ways.**
- ✓ **Ask staff to keep interactions with individuals with respiratory symptoms as brief as possible.**

Prevention Practices for Visitors

- ✓ **If possible, communicate with potential visitors to discourage contact visits in the interest of their own health and the health of their family members and friends inside the facility.**
- ✓ **Perform verbal screening (for COVID-19 symptoms and close contact with cases) and temperature checks for all visitors and volunteers on entry.** See [Screening](#) section below for wording of screening questions and a recommended procedure to safely perform temperature checks.
 - Staff performing temperature checks should wear [recommended PPE](#).
 - Exclude visitors and volunteers who do not clear the screening process or who decline screening.
- ✓ **Provide alcohol-based hand sanitizer with at least 60% alcohol in visitor entrances, exits, and waiting areas.**
- ✓ **Provide visitors and volunteers with information to prepare them for screening.**
 - Instruct visitors to postpone their visit if they have symptoms of respiratory illness.
 - If possible, inform potential visitors and volunteers before they travel to the facility that they should expect to be screened for COVID-19 (including a temperature check), and will be unable to enter the facility if they do not clear the screening process or if they decline screening.
 - Display [signage](#) outside visiting areas explaining the COVID-19 screening and temperature check process. Ensure that materials are understandable for non-English speakers and those with low literacy.
- ✓ **Promote non-contact visits:**
 - Encourage incarcerated/detained persons to limit contact visits in the interest of their own health and the health of their visitors.
 - Consider reducing or temporarily eliminating the cost of phone calls for incarcerated/detained persons.
 - Consider increasing incarcerated/detained persons' telephone privileges to promote mental health and reduce exposure from direct contact with community visitors.
- ✓ **Consider suspending or modifying visitation programs, if legally permissible. For example, provide access to virtual visitation options where available.**
 - If moving to virtual visitation, clean electronic surfaces regularly. (See [Cleaning](#) guidance below for instructions on cleaning electronic surfaces.)
 - Inform potential visitors of changes to, or suspension of, visitation programs.
 - Clearly communicate any visitation program changes to incarcerated/detained persons, along with the reasons for them (including protecting their health and their family and community members' health).
 - If suspending contact visits, provide alternate means (e.g., phone or video visitation) for incarcerated/detained individuals to engage with legal representatives, clergy, and other individuals with whom they have legal right to consult.

NOTE: Suspending visitation would be done in the interest of incarcerated/detained persons' physical health and the health of the general public. However, visitation is important to maintain mental health.

If visitation is suspended, facilities should explore alternative ways for incarcerated/detained persons to communicate with their families, friends, and other visitors in a way that is not financially burdensome for them. See above suggestions for promoting non-contact visits.

- ✓ **Restrict non-essential vendors, volunteers, and tours from entering the facility.**

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.

Operations

- ✓ **Implement alternate work arrangements deemed feasible in the Operational Preparedness section.**
- ✓ **Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release where relevant), unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.**
 - If a transfer is absolutely necessary, perform verbal screening and a temperature check as outlined in the Screening section below, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the protocol for a suspected COVID-19 case—including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure that the receiving facility has capacity to appropriately isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE (see Table 1) and that the transport vehicle is cleaned thoroughly after transport.
- ✓ **If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population (SEPARATELY from other individuals who are quarantined due to contact with a COVID-19 case).** Subsequently in this document, this practice is referred to as **routine intake quarantine**.
- ✓ **When possible, arrange lawful alternatives to in-person court appearances.**
- ✓ **Incorporate screening for COVID-19 symptoms and a temperature check into release planning.**
 - Screen all releasing individuals for COVID-19 symptoms and perform a temperature check. (See Screening section below.)
 - If an individual does not clear the screening process, follow the protocol for a suspected COVID-19 case—including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing.
 - If the individual is released before the recommended medical isolation period is complete, discuss release of the individual with state, local, tribal, and/or territorial health departments to ensure safe medical transport and continued shelter and medical care, as part of release planning. Make direct linkages to community resources to ensure proper medical isolation and access to medical care.
 - Before releasing an incarcerated/detained individual with COVID-19 symptoms to a community-based facility, such as a homeless shelter, contact the facility's staff to ensure adequate time for them to prepare to continue medical isolation, or contact local public health to explore alternate housing options.

✓ **Coordinate with state, local, tribal, and/or territorial health departments.**

- When a COVID-19 case is suspected, work with public health to determine action. See Medical Isolation section below.
- When a COVID-19 case is suspected or confirmed, work with public health to identify close contacts who should be placed under quarantine. See Quarantine section below.
- Facilities with limited onsite medical isolation, quarantine, and/or healthcare services should coordinate closely with state, local, tribal, and/or territorial health departments when they encounter a confirmed or suspected case, in order to ensure effective medical isolation or quarantine, necessary medical evaluation and care, and medical transfer if needed. See Facilities with Limited Onsite Healthcare Services section.

Hygiene

- ✓ **Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility.** (See above.)
- ✓ **Continue to emphasize practicing good hand hygiene and cough etiquette.** (See above.)

Cleaning and Disinfecting Practices

- ✓ **Continue adhering to recommended cleaning and disinfection procedures for the facility at large.** (See above.)
- ✓ **Reference specific cleaning and disinfection procedures for areas where a COVID-19 case has spent time (below).**

Medical Isolation of Confirmed or Suspected COVID-19 Cases

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. Facilities with Limited Onsite Healthcare Services, or without sufficient space to implement effective medical isolation, should coordinate with local public health officials to ensure that COVID-19 cases will be appropriately isolated, evaluated, tested (if indicated), and given care.

- ✓ **As soon as an individual develops symptoms of COVID-19, they should wear a face mask (if it does not restrict breathing) and should be immediately placed under medical isolation in a separate environment from other individuals.**
- ✓ **Keep the individual's movement outside the medical isolation space to an absolute minimum.**
 - Provide medical care to cases inside the medical isolation space. See Infection Control and Clinical Care sections for additional details.
 - Serve meals to cases inside the medical isolation space.
 - Exclude the individual from all group activities.
 - Assign the isolated individual a dedicated bathroom when possible.
- ✓ **Ensure that the individual is wearing a face mask at all times when outside of the medical isolation space, and whenever another individual enters.** Provide clean masks as needed. Masks should be changed at least daily, and when visibly soiled or wet.
- ✓ **Facilities should make every possible effort to place suspected and confirmed COVID-19 cases under medical isolation 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.

- o If cohorting is necessary:
 - **Only individuals who are laboratory confirmed COVID-19 cases should be placed under medical isolation as a cohort. Do not cohort confirmed cases with suspected cases or case contacts.**
 - Unless no other options exist, do not house COVID-19 cases with individuals who have an undiagnosed respiratory infection.
 - Ensure that cohorted cases wear face masks at all times.

✓ **In order of preference, individuals under medical isolation should be housed:**

- o Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
- o Separately, in single cells with solid walls but without solid doors
- o 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.
- o 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.
- o 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.)
- o 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.
- o Safely transfer individual(s) to another facility with available medical isolation capacity in one of the above arrangements
(NOTE—Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)

If the ideal choice does not exist in a facility, use the next best alternative.

✓ **If the number of confirmed cases exceeds the number of individual medical 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 medical isolation space.)

- o Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See CDC's website for a complete list, and check regularly for updates as more data become available to inform this issue.
- o Note that incarcerated/detained populations have higher prevalence of infectious and chronic diseases and are in poorer health than the general population, even at younger ages.

✓ **Custody staff should be designated to monitor these individuals exclusively where possible.** These staff should wear recommended PPE as appropriate for their level of contact with the individual under medical isolation (see PPE section below) and should limit their own movement between different parts of the facility to the extent possible.

✓ **Minimize transfer of COVID-19 cases between spaces within the healthcare unit.**

- ✓ **Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle.** Instruct them to:
 - **Cover** their mouth and nose with a tissue when they cough or sneeze
 - **Dispose** of used tissues immediately in the lined trash receptacle
 - **Wash hands** immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit). Ensure that hand washing supplies are continually restocked.
- ✓ **Maintain medical isolation until all the following criteria have been met. Monitor the CDC website for updates to these criteria.**

For individuals who will be tested to determine if they are still contagious:

- The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
- The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
- The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart

For individuals who will NOT be tested to determine if they are still contagious:

- The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
- The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
- At least 7 days have passed since the first symptoms appeared

For individuals who had a confirmed positive COVID-19 test but never showed symptoms:

- At least 7 days have passed since the date of the individual's first positive COVID-19 test **AND**
- The individual has had no subsequent illness

- ✓ **Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.**
 - If an incarcerated/detained individual who is a COVID-19 case is released from custody during their medical isolation period, contact public health to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning.

Cleaning Spaces where COVID-19 Cases Spent Time

Thoroughly clean and disinfect all areas where the confirmed or suspected COVID-19 case spent time. Note—these protocols apply to suspected cases as well as confirmed cases, to ensure adequate disinfection in the event that the suspected case does, in fact, have COVID-19. Refer to the Definitions section for the distinction between confirmed and suspected cases.

- Close off areas used by the infected individual. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions (consult CDC Guidelines for Environmental Infection Control in Health-Care Facilities for wait time based on different ventilation conditions), before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.
- Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces (see list above in Prevention section).

✓ **Hard (non-porous) surface cleaning and disinfection**

- 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. Choose cleaning products based on security requirements within the facility.
 - Consult a list of products that are EPA-approved for use against the virus that causes COVID-19. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer's instructions for application and proper ventilation, and 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 (1/3rd cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water

✓ **Soft (porous) surface cleaning and disinfection**

- For soft (porous) surfaces such as carpeted floors and rugs, 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 are suitable for porous surfaces.

✓ **Electronics cleaning and disinfection**

- For electronics such as tablets, touch screens, keyboards, and remote controls, 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 spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Additional information on cleaning and disinfection of communal facilities such can be found on [CDC's website](#).

✓ **Ensure that staff and incarcerated/detained persons performing cleaning wear recommended PPE.** (See [PPE](#) section below.)

✓ **Food service items.** Cases under medical isolation should throw disposable food service items in the trash in their medical 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.

✓ **Laundry from a COVID-19 cases can be washed with other 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.
- 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.

- o 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.
- ✓ **Consult cleaning recommendations above to ensure that transport vehicles are thoroughly cleaned after carrying a confirmed or suspected COVID-19 case.**

Quarantining Close Contacts of COVID-19 Cases

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. Facilities without onsite healthcare capacity, or without sufficient space to implement effective quarantine, should coordinate with local public health officials to ensure that close contacts of COVID-19 cases will be effectively quarantined and medically monitored.

- ✓ **Incarcerated/detained persons who are close contacts of a confirmed or suspected COVID-19 case (whether the case is another incarcerated/detained person, staff member, or visitor) should be placed under quarantine for 14 days (see CDC guidelines).**
 - o If an individual is quarantined due to contact with a suspected case who is subsequently tested for COVID-19 and receives a negative result, the quarantined individual should be released from quarantine restrictions.
- ✓ **In the context of COVID-19, an individual (incarcerated/detained person or staff) is considered a close contact if they:**
 - o Have been within approximately 6 feet of a COVID-19 case for a prolonged period of time OR
 - o Have had direct contact with infectious secretions of a COVID-19 case (e.g., have been coughed on)

Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).

- ✓ **Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.**
 - o Provide medical evaluation and care inside or near the quarantine space when possible.
 - o Serve meals inside the quarantine space.
 - o Exclude the quarantined individual from all group activities.
 - o Assign the quarantined individual a dedicated bathroom when possible.
- ✓ **Facilities should make every possible effort to quarantine close contacts of COVID-19 cases individually.** Cohorting multiple quarantined close contacts of a COVID-19 case could transmit COVID-19 from those who are infected to those who are uninfected. Cohorting should only be practiced if there are no other available options.
 - o If cohorting of close contacts under quarantine is absolutely necessary, symptoms of all individuals should be monitored closely, and individuals with symptoms of COVID-19 should be placed under medical isolation immediately.
 - o If an entire housing unit is under quarantine due to contact with a case from the same housing unit, the entire housing unit may need to be treated as a cohort and quarantine in place.
 - o Some facilities may choose to quarantine all new intakes for 14 days before moving them to the facility's general population as a general rule (not because they were exposed to a COVID-19 case). Under this scenario, avoid mixing individuals quarantined due to exposure to a COVID-19 case with individuals undergoing routine intake quarantine.

- If at all possible, do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.
 - ✓ **If the number of quarantined individuals exceeds the number of individual quarantine spaces available in the facility, be especially mindful of those who are at higher risk of severe illness from COVID-19.** Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure risk for the higher-risk individuals. (For example, intensify social distancing strategies for higher-risk individuals.)
 - ✓ **In order of preference, multiple quarantined individuals 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, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions
 - As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each individual in all directions, but without a solid door
 - 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 creating at least 6 feet of space between individuals. (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 to maintain at least 6 feet of space between individuals housed in the same cell.
 - As a cohort, in individuals' regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed). Employ social distancing strategies related to housing in the Prevention section above to maintain at least 6 feet of space between individuals.
 - Safely transfer to another facility with capacity to quarantine in one of the above arrangements
- (NOTE—Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)
- ✓ **Quarantined individuals should wear face masks if feasible based on local supply, as source control, under the following circumstances** (see PPE section and Table 1):
 - If cohorted, quarantined individuals should wear face masks at all times (to prevent transmission from infected to uninfected individuals).
 - If quarantined separately, individuals should wear face masks whenever a non-quarantined individual enters the quarantine space.
 - All quarantined individuals should wear a face mask if they must leave the quarantine space for any reason.
 - Asymptomatic individuals under routine intake quarantine (with no known exposure to a COVID-19 case) do not need to wear face masks.
 - ✓ **Staff who have close contact with quarantined individuals should wear recommended PPE if feasible based on local supply, feasibility, and safety within the scope of their duties** (see PPE section and Table 1).
 - Staff supervising asymptomatic incarcerated/detained persons under routine intake quarantine (with no known exposure to a COVID-19 case) do not need to wear PPE.

- ✓ **Quarantined individuals should be monitored for COVID-19 symptoms twice per day, including temperature checks.**
 - If an individual develops symptoms, they should be moved to medical isolation immediately and further evaluated. (See [Medical Isolation](#) section above.)
 - See [Screening](#) section for a procedure to perform temperature checks safely on asymptomatic close contacts of COVID-19 cases.
- ✓ **If an individual who is part of a quarantined cohort becomes symptomatic:**
 - **If the individual is tested for COVID-19 and tests positive:** the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
 - **If the individual is tested for COVID-19 and tests negative:** the 14-day quarantine clock for this individual and the remainder of the cohort does not need to be reset. This individual can return from medical isolation to the quarantined cohort for the remainder of the quarantine period.
 - **If the individual is not tested for COVID-19:** the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
- ✓ **Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.**
- ✓ **Quarantined individuals can be released from quarantine restrictions if they have not developed symptoms during the 14-day quarantine period.**
- ✓ **Meals should be provided to quarantined individuals in their quarantine spaces.** Individuals under quarantine should throw disposable food service items in the trash. 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.
- ✓ **Laundry from quarantined individuals can be washed with other individuals' laundry.**
 - Individuals handling laundry from quarantined persons 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.
 - 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.

Management of Incarcerated/Detained Persons with COVID-19 Symptoms

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. Facilities without onsite healthcare capacity or without sufficient space for medical isolation should coordinate with local public health officials to ensure that suspected COVID-19 cases will be effectively isolated, evaluated, tested (if indicated), and given care.

- ✓ **If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.**
- ✓ **Incarcerated/detained individuals with COVID-19 symptoms should wear a face mask and should be placed under medical isolation immediately. Discontinue the use of a face mask if it inhibits breathing. See [Medical Isolation](#) section above.**

- ✓ **Medical staff should evaluate symptomatic individuals to determine whether COVID-19 testing is indicated.** Refer to CDC guidelines for information on [evaluation](#) and [testing](#). See [Infection Control](#) and [Clinical Care](#) sections below as well.
- ✓ **If testing is indicated (or if medical staff need clarification on when testing is indicated), contact the state, local, tribal, and/or territorial health department. Work with public health or private labs as available to access testing supplies or services.**
 - o If the COVID-19 test is positive, continue medical isolation. (See [Medical Isolation](#) section above.)
 - o If the COVID-19 test is negative, return the individual to their prior housing assignment unless they require further medical assessment or care.

Management Strategies for Incarcerated/Detained Persons without COVID-19 Symptoms

- ✓ **Provide clear information to incarcerated/detained persons about the presence of COVID-19 cases within the facility, and the need to increase social distancing and maintain hygiene precautions.**
 - o Consider having healthcare staff perform regular rounds to answer questions about COVID-19.
 - o Ensure that information is provided in a manner that can be understood by non-English speaking individuals and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.
- ✓ **Implement daily temperature checks in housing units where COVID-19 cases have been identified, especially if there is concern that incarcerated/detained individuals are not notifying staff of symptoms.** See [Screening](#) section for a procedure to safely perform a temperature check.
- ✓ **Consider additional options to intensify [social distancing](#) within the facility.**

Management Strategies for Staff

- ✓ **Provide clear information to staff about the presence of COVID-19 cases within the facility, and the need to enforce social distancing and encourage hygiene precautions.**
 - o Consider having healthcare staff perform regular rounds to answer questions about COVID-19 from staff.
- ✓ **Staff identified as close contacts of a COVID-19 case should self-quarantine at home for 14 days and may return to work if symptoms do not develop.**
 - o See [above](#) for definition of a close contact.
 - o Refer to [CDC guidelines](#) for further recommendations regarding home quarantine for staff.

Infection Control

Infection control guidance below is applicable to all types of correctional facilities. Individual facilities should assess their unique needs based on the types of exposure staff and incarcerated/detained persons may have with confirmed or suspected COVID-19 cases.

- ✓ **All individuals who have the potential for direct or indirect exposure to COVID-19 cases or infectious materials (including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air) should follow infection control practices outlined in the [CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#). Monitor these guidelines regularly for updates.**

- Implement the above guidance as fully as possible within the correctional/detention context. Some of the specific language may not apply directly to healthcare settings within correctional facilities and detention centers, or to facilities without onsite healthcare capacity, and may need to be adapted to reflect facility operations and custody needs.
- Note that these recommendations apply to staff as well as to incarcerated/detained individuals who may come in contact with contaminated materials during the course of their work placement in the facility (e.g., cleaning).
- ✓ **Staff should exercise caution when in contact with individuals showing symptoms of a respiratory infection.** Contact should be minimized to the extent possible until the infected individual is wearing a face mask. If COVID-19 is suspected, staff should wear recommended PPE (see [PPE](#) section).
- ✓ **Refer to [PPE](#) section to determine recommended PPE for individuals persons in contact with confirmed COVID-19 cases, contacts, and potentially contaminated items.**

Clinical Care of COVID-19 Cases

- ✓ **Facilities should ensure that incarcerated/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 should be in place to safely transfer the individual to another facility or local hospital.
 - The initial medical evaluation should determine whether a symptomatic individual is at [higher risk for severe illness from COVID-19](#). Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See [CDC's website](#) for a complete list, and check regularly for updates as more data become available to inform this issue.
- ✓ **Staff evaluating and providing care for confirmed or suspected COVID-19 cases should 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.**
- ✓ **Healthcare staff should evaluate persons with respiratory symptoms or contact with a COVID-19 case in a separate room, with the door closed if possible, while wearing [recommended PPE](#) and ensuring that the suspected case is wearing a face mask.**
 - If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.
- ✓ **Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).**
- ✓ **The facility should have a plan 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.**
- ✓ **When evaluating and treating persons with symptoms of COVID-19 who do not speak English, using a language line or provide a trained interpreter when possible.**

Recommended PPE and PPE Training for Staff and Incarcerated/Detained Persons

- ✓ **Ensure that all staff (healthcare and non-healthcare) and incarcerated/detained persons who will have contact with infectious materials in their work placements have been trained to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with confirmed and suspected COVID-19 cases.**

- Ensure that staff and incarcerated/detained persons who require respiratory protection (e.g., N95s) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer's respiratory protection program.
- For PPE training materials and posters, please visit the CDC website on Protecting Healthcare Personnel.
- ✓ **Ensure that all staff are trained to perform hand hygiene after removing PPE.**
- ✓ **If administrators anticipate that incarcerated/detained persons will request unnecessary PPE, consider providing training on the different types of PPE that are needed for differing degrees of contact with COVID-19 cases and contacts, and the reasons for those differences (see Table 1). Monitor linked CDC guidelines in Table 1 for updates to recommended PPE.**
- ✓ **Keep recommended PPE near the spaces in the facility where it could be needed, to facilitate quick access in an emergency.**
- ✓ **Recommended PPE for incarcerated/detained individuals and staff in a correctional facility** will vary based on the type of contact they have with COVID-19 cases and their contacts (see Table 1). Each type of recommended PPE is defined below. **As above, note that PPE shortages are anticipated in every category during the COVID-19 response.**
 - **N95 respirator**

See below for guidance on when face masks are acceptable alternatives for N95s. N95 respirators should be prioritized when staff anticipate contact with infectious aerosols from a COVID-19 case.

 - **Face mask**
 - **Eye protection**—goggles or disposable face shield that fully covers the front and sides of the face
 - **A single pair of disposable patient examination gloves**

Gloves should be changed if they become torn or heavily contaminated.

 - **Disposable medical isolation gown or single-use/disposable coveralls, when feasible**
 - If custody staff are unable to wear a disposable gown or coveralls because it limits access to their duty belt and gear, ensure that duty belt and gear are disinfected after close contact with the individual. Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of staff.
- ✓ **Note that shortages of all PPE categories are anticipated during the COVID-19 response, particularly for non-healthcare workers. Guidance for optimizing the supply of each category can be found on CDC's website:**
 - Guidance in the event of a shortage of N95 respirators
 - Based on local and regional situational analysis of PPE supplies, **face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand**. During this time, available respirators should be prioritized for staff engaging in activities that would expose them to respiratory aerosols, which pose the highest exposure risk.
 - Guidance in the event of a shortage of face masks
 - Guidance in the event of a shortage of eye protection
 - Guidance in the event of a shortage of gowns/coveralls

Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional Facility during the COVID-19 Response

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/Coveralls
Incarcerated/Detained Persons					
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of a COVID-19 case*)	Apply face masks for source control as feasible based on local supply, especially if housed as a cohort				
Incarcerated/detained persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19	–	✓	–	–	–
Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact	–	–	–	✓	✓
Incarcerated/detained persons in a work placement cleaning areas where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			✓	✓
Staff					
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case* (but not performing temperature checks or providing medical care)	–	Face mask, eye protection, and gloves as local supply and scope of duties allow.			–
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons	–	✓	✓	✓	✓
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see CDC infection control guidelines)	✓**		✓	✓	✓
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see CDC infection control guidelines)	✓	–	✓	✓	✓
Staff handling laundry or used food service items from a COVID-19 case or case contact	–	–	–	✓	✓
Staff cleaning an area where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			✓	✓

* If a facility chooses to routinely quarantine all new intakes (without symptoms or known exposure to a COVID-19 case) before integrating into the facility's general population, face masks are not necessary.

** A NIOSH-approved N95 is preferred. However, based on local and regional situational analysis of PPE supplies, face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.

Verbal Screening and Temperature Check Protocols for Incarcerated/Detained Persons, Staff, and Visitors

The guidance above recommends verbal screening and temperature checks for incarcerated/detained persons, staff, volunteers, and visitors who enter correctional and detention facilities, as well as incarcerated/detained persons who are transferred to another facility or released from custody. Below, verbal screening questions for COVID-19 symptoms and contact with known cases, and a safe temperature check procedure are detailed.

✓ **Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions:**

- *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 the novel coronavirus (COVID-19)?*

✓ **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), gown/coveralls, and a single pair of disposable gloves
- Check 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

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 (b)(6); (b)(7)(C) [@ice.dhs.gov](mailto:[REDACTED]@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.

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

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.

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.

If staff register a temperature greater than or equal to 100.4 degrees (Fahrenheit), they should be denied entry to the facility and placed on leave per the employer's administrative policies.

DETAINEE SCREENING: IHSC developed guidance for IHSC-staffed facilities to assist in the risk assessment and management of detained individuals with potential exposure to COVID-19, and guidance was disseminated to non IHSC-staffed ICE detention facilities for potential adoption of this guidance at their respective sites. This guidance addresses intake medical screenings, monitoring, encounters, laboratory testing, and public health actions. The CDC remains the authoritative source for information on how to protect individuals and reduce exposure to COVID-19. ICE continues to encourage facilities to follow CDC guidelines and those of their state and local health departments for non IHSC-staffed ICE detention facilities.

ICE requests that Wardens and Facility Administrators ensure ICE detainees are provided guidance and education in a language that they fully comprehend regarding basic hygiene and measures to maintain health. Links for detainee/patient education resources, in a variety of languages, are maintained in the IHSC guidance and information on the CDC website.

MODIFIED OPERATIONS: Wardens and Facility Administrators should implement modified operations to maximize social distancing in facilities, as much as practicable. For example, Wardens and Facility Administrators should consider staggered mealtimes and recreation times in order to limit congregate gatherings. All community service projects are suspended until further notice.

CONSIDERATIONS FOR DETAINEE RELEASE: Upon notification of a detainee's pending release, a qualified health care provider will conduct a temperature screening:

- Temperature checks will be completed no more than 12 hours prior to facility departure and documented in the detainee medical record and transfer summary.
- Temperature checks must be completed and documented prior to providing ICE with transfer summary documents.

When considering the release of detainees into the United States with confirmed or suspected COVID-19, the following must be addressed for detainees exposed to an individual with confirmed or suspected COVID-19 or detainees under monitoring for having epidemiologic risk of exposure to COVID-19:

- If the detainee will be released prior to completion of the recommended medical isolation, cohorting, or monitoring period, the state or local health department in the facility jurisdiction should be notified of the detainee's release:
 - The health department should be provided with the detainee's name, intended address, email address, and all available telephone numbers.
- Facilitate safe transport, continued shelter, and medical care, as part of release planning:
 - Provide information regarding any potential community resources to promote continuity of care.
 - Attempt to facilitate transportation coordination through a family or friend.

- 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.



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

Public Health Recommendations for Community-Related Exposure

The following updates CDC guidance for definitions and management of contacts of persons with COVID-19 contained in "Public Health Recommendations after Travel from Areas with Potential Risk of Exposure to Coronavirus Disease 2019 (COVID-19)." Separate guidance is available for travelers and health care workers. See also [Guidance for essential workers](#).

Public health recommendations have been updated to accommodate new scientific evidence, evolving epidemiology and the need to simplify risk stratification. New recommendations are based on:

- Growing evidence of transmission risk from infected persons without symptoms or before the onset of recognized symptoms;
- Increased community transmission in many parts of the country;
- A need to communicate effectively to the general public and to simplify implementation for public health authorities;
- Limitations in access to COVID-19 testing and increasing number of cases diagnosed clinically
- Continued focus on reducing transmission through social distancing of individuals in affected areas

Summary of Changes:

- Changed risk strata descriptions – levels of risk have been reduced to simplify communications and implementation
- Changed period of exposure risk from "onset of symptoms" to "48 hours before symptom onset"
- Added the definition of a contact to include exposure to a laboratory confirmed case as well as a clinically compatible case in regions with widespread ongoing transmission
- Removed "no risk" category and replaced with unknown risk to acknowledge that all persons in the United States are at some risk of COVID-19 given the increases in community spread throughout the United States.

Current guidance based on community exposure, for asymptomatic persons exposed to persons with known or suspected COVID-19 or possible COVID-19

Travelers, health care workers and critical infrastructure workers should follow guidance that include special consideration for these groups. CDC's recommendations for community-related exposures are provided below. Individuals should always follow guidance of the state and local authorities.

Person	Exposure to	Recommended Precautions for the Public
AMERICAN OVERSIGHT		

MULTI-DHS-ICE-20-0602-H-000056

DHS-ICE-1367-001870

- Household member - Intimate partner - Individual providing care in a household without using recommended infection control precautions - Individual who has had close contact (< 6 feet)** for a prolonged period of time ***	Person with symptomatic COVID-19 during period from 48 hours before symptoms onset until meets criteria for discontinuing home isolation (can be a laboratory-confirmed disease or a clinically compatible illness in a state or territory with widespread community transmission)	- Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times - Self-monitor for symptoms - Check temperature twice a day - Watch for fever*, cough, or shortness of breath - Avoid contact with people at higher risk for severe illness (unless they live in the same home and had same exposure) - Follow CDC guidance if symptoms develop
All U.S. residents, other than those with a known risk exposure	Possible unrecognized COVID-19 exposures in U.S. communities	- Be alert for symptoms - Watch for fever*, cough, or shortness of breath - Take temperature if symptoms develop - Practice social distancing - Maintain 6 feet of distance from others - Stay out of crowded places - Follow CDC guidance if symptoms develop

*For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4°F (38°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs).

** Data are limited to define of close contact. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment).

***Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than a few minutes because the contact is someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.

Integration of these definitions and actions into communications and actions of public health authorities can be guided by CDC's "Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission" 

Page last reviewed: March 30, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

Strategies to Optimize the Supply of PPE and Equipment

Personal protective equipment (PPE) is used every day by healthcare personnel (HCP) to protect themselves, patients, and others when providing care. PPE helps protect HCP from potentially infectious patients and materials, toxic medications, and other potentially dangerous substances used in healthcare delivery.

PPE shortages are currently posing a tremendous challenge to the US healthcare system because of the COVID-19 pandemic. Healthcare facilities are having difficulty accessing the needed PPE and are having to identify alternate ways to provide patient care.

CDC's optimization strategies for PPE offer options for use when PPE supplies are stressed, running low, or absent. Contingency strategies can help stretch PPE supplies when shortages are anticipated, for example if facilities have sufficient supplies now but are likely to run out soon. Crisis strategies can be considered during severe PPE shortages and should be used with the contingency options to help stretch available supplies for the most critical needs. As PPE availability returns to normal, healthcare facilities should promptly resume standard practices.

Eye Protection

Isolation Gowns

Facemasks

N95 Respirators

Decontamination and Reuse of Filtering Facepiece Respirators

Ventilators

Key Concepts

HCP and facilities—along with their healthcare coalitions, local and state health departments, and local and state partners—will have to work together to develop strategies that identify and extend PPE supplies, so that recommended PPE will be available when needed most. When using PPE optimization strategies, training on PPE use, including proper donning and doffing procedures, must be provided to HCP before they carry out patient care activities.

- All U.S. healthcare facilities should begin using PPE contingency strategies now.
 - Maximize use of engineering controls, such as barriers and maintained ventilation systems, and administrative controls, such as altering work practices to minimize patient contacts.
 - Cancel elective and non-urgent procedures/appointments.
 - Reserve PPE for HCP and replace PPE normally used for source control with other barrier precautions such as tissues.
 - Use re-usable PPE that can be reprocessed.
 - Use PPE beyond the manufacturer-designated shelf life for training.

- Consider allowing HCP to extend use of respirators, facemasks, and eye protection, beyond a single patient contact.
- U.S. healthcare facilities experiencing PPE shortages may need to consider crisis capacity strategies, which must be carefully planned before implementation. The effectiveness of crisis strategies is uncertain and they may pose a risk for transmission between HCP and patients.
 - Consider using intact PPE that is beyond the manufacturer-designated shelf life for patient care activities.
 - Carefully prioritize PPE use for selected care activities. This could include reserving sterile gowns and gloves for urgent sterile patient procedures, such as surgery, and reserving respirators for aerosol-generating procedures and patient care with airborne transmitted disease risks, like tuberculosis, measles, and varicella.
 - If no commercial PPE is available, carefully consider if alternative approaches will reduce the risk of HCP exposure and are safe for patient care.
- As PPE becomes available, healthcare facilities should promptly resume standard practices.

Guidance

Personal Protective Equipment Burn
Rate Calculator

Using PPE

Emergency Use Authorization (EUA) of Respiratory Protective Devices

On February 4, 2020, the HHS Secretary declared that circumstances exist to justify the authorization of emergency use of additional respiratory protective devices in healthcare settings during the COVID-19 outbreak. The FDA is providing frequent updates for manufacturers, facilities, and local/state jurisdictions about Emergency Use Authorizations (EUA) for respirators and other types of personal protective equipment. The FDA has issued EUAs to authorize all NIOSH approved particulate-filtering air purifying respirators (APRs) [↗](#) to be used in healthcare settings, including all NIOSH approved filtering facepiece respirators, elastomeric APRs, powered air purifying respirators, expired NIOSH-approved filtering facepiece respirators, and respirators that have been decontaminated pursuant to the terms and conditions of an authorized decontamination system. The authorized decontamination systems are listed on the FDA EUA website. In addition, non-NIOSH-approved disposable filtering facepiece respirators within the context of the posted EUA [↗](#) are permitted for use as well.

Page last reviewed: April 3, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

Cleaning and Disinfection for Community Facilities

Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019 (COVID-19)

Summary of Recent Changes

Revisions made on 4/1/2020:

- Added guidance on the timing of disinfection after a suspected/confirmed COVID-19 case

Revisions made on 3/26/2020:

- Updated guidance for cleaning and disinfection of soft (porous) surfaces
- Updated links to EPA-registered disinfectant list
- Added guidance for disinfection of electronics
- Updated core disinfection/cleaning guidance

Background

There is much to learn about the novel coronavirus (SARS-CoV-2) that causes coronavirus disease 2019 (COVID-19). Based on what is currently known about the virus and about similar coronaviruses that cause SARS and MERS, spread from person-to-person happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets, but disease transmission via infectious aerosols is currently uncertain. Transmission of SARS-CoV-2 to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus in general occurs much more commonly through respiratory droplets than through fomites. Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in community settings.

It is unknown how long the air inside a room occupied by someone with confirmed COVID-19 remains potentially infectious. Facilities will need to consider factors such as the size of the room and the ventilation system design (including flowrate [air changes per hour] and location of supply and exhaust vents) when deciding how long to close off rooms or areas used by ill persons before beginning disinfection. Taking measures to improve ventilation in an area or room where someone was ill or suspected to be ill with COVID-19 will help shorten the time it takes respiratory droplets to be removed from the air.

Purpose

This guidance provides recommendations on the cleaning and disinfection of rooms or areas occupied by those with suspected or with confirmed COVID-19. It is aimed at limiting the survival of SARS-CoV-2 in key environments. These recommendations will be updated if additional information becomes available.

These guidelines are focused on community, non-healthcare facilities such as schools, institutions of higher education, offices, daycare centers, businesses, and community centers that do, and do not, house persons overnight. These guidelines are not meant for cleaning staff in healthcare facilities or repatriation sites, households, or for others for whom specific guidance already exists.

Definitions

- *Community facilities* such as schools, daycare centers, and businesses comprise most non-healthcare settings that are visited by the general public outside of a household.
- *Cleaning* refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.
- *Disinfecting* works by using chemicals, for example EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility

Timing and location of cleaning and disinfection of surfaces

- At a school, daycare center, office, or other facility that does not house people overnight:
 - Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.
 - Cleaning staff should clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines used by the ill persons, focusing especially on frequently touched surfaces.
- At a facility that does house people overnight:
 - Follow Interim Guidance for US Institutions of Higher Education on working with state and local health officials to isolate ill persons and provide temporary housing as needed.
 - Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.
 - In areas where ill persons are being housed in isolation, follow Interim Guidance for Environmental Cleaning and Disinfection for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019. This includes focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons but reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons to as-needed.
 - In areas where ill persons have visited or used, continue routine cleaning and disinfection as in this guidance.
- If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.

How to Clean and Disinfect

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

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.

Personal Protective Equipment (PPE) and Hand Hygiene:

- The risk of exposure to cleaning staff is inherently low. Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
 - Gloves and gowns should be compatible with the disinfectant products being used.
 - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.

- If gowns are not available, coveralls, aprons or work uniforms can be worn during cleaning and disinfecting. Reuseable (washable) clothing should be laundered afterwards. Clean hands after handling dirty laundry.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE such as a tear in gloves or any other potential exposures to their supervisor.
- Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.
 - Additional key times to clean hands include:
 - After blowing one's nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After contact with animals or pets
 - Before and after providing routine care for another person who needs assistance such as a child

Additional Considerations for Employers:

- Employers should work with their local and state health departments to ensure appropriate local protocols and guidelines, such as updated/additional guidance for cleaning and disinfection, are followed, including for identification of new potential cases of COVID-19.
- Employers should educate staff and workers performing cleaning, laundry, and trash pick-up activities to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms within 14 days after their last possible exposure to the virus. At a minimum, any staff should immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The health department will provide guidance on what actions need to be taken.
- Employers should develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks. Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard (29 CFR 1910.1200 [↗](#)).
- Employers must comply with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030 [↗](#)), including proper disposal of regulated waste, and PPE (29 CFR 1910.132 [↗](#)).

Additional Resources

- OSHA COVID-19 Website [↗](#)
- CDC Home Care Guidance
- CDC COVID-19 Environmental Cleaning and Disinfection Guidance for Households
- CDC Home Care Guidance for People with Pets

Page last reviewed: April 1, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

An official website of the United States government.

We've made some changes to EPA.gov. If the information you are looking for is not here, you may be able to find it on the EPA Web Archive or the January 19, 2017 Web Snapshot.

Close



List N: Disinfectants for Use Against SARS-CoV-2

Other COVID-19 Resources

- [EPA's Coronavirus Site](#)
- [CDC's Coronavirus Disease 2019 Site](#)
- [CDC's Cleaning and Disinfection Recommendations for COVID-19](#)
- [NPIC's COVID-19 Virus Factsheet](#)

All products on this list meet EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19.

Finding a Product

The easiest way to find a product on this list is to enter the **first two sets** of its **EPA registration number** into the search bar below.

For example, if EPA Reg. No. 12345-12 is on List N, you can buy EPA Reg. No. 12345-12-2567 and know you're getting an equivalent product. You can find this number by looking for the EPA Reg. No. on the product label.

Using Other Products

If you can't find a product on this list to use against SARS-CoV-2, look at a different product's label to confirm it has an EPA registration number and that human coronavirus is listed as a target pathogen.

Follow the Label

When using an EPA-registered disinfectant, **follow the label directions** for safe, effective use. Make sure to follow the contact time, which is the amount of time the surface should be visibly wet, listed in the table below.

These products are for use on surfaces, not humans.

Additional Resources

- [Still have questions? See our FAQs about this list.](#)
- [My company has a product it would like included on this list](#)

Note: Inclusion on this list does not constitute an endorsement by EPA. Additional disinfectants may meet the criteria for use against SARS-CoV-2. EPA will update this list with additional products as needed.

List N was last updated on April 2, 2020.

Search:

Export to PDF

Show entries

List N: Products with Emerging Viral Pathogens AND Human Coronavirus claims for use against SARS-CoV-2

EPA Registration Number	Active Ingredient (s)	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Surface Types for Use	Use Site	Emerging Viral Pathogen Claim?
84683-3	Thymol	Benefect Botanical Daily Cleaner Disinfectant Spray	Cleanwell LLC	Rhinovirus	10	RTU	Hard nonporous	Healthcare; Institutional; Residential	Yes

<u>EPA Registration Number</u>	<u>Active Ingredient (s)</u>	<u>Product Name</u>	<u>Company</u>	<u>Follow the disinfection directions and preparation for the following virus</u>	<u>Contact Time (in minutes)</u>	<u>Formulation Type</u>	<u>Surface Types for Use</u>	<u>Use Site</u>	<u>Emerging Viral Pathogen Claim?</u>
88897-2	Quaternary ammonium; Isopropanol; Ethanol	Panther Disinfectant	Maxill Inc	Adenovirus; Feline calicivirus	3	RTU	Hard nonporous	Healthcare; Institutional	Yes
42048-4	L-Lactic Acid	Sani-Cide EX3 (10X) RTU	Celeste Industries Corp	Feline calicivirus	10	RTU	Hard nonporous	Institutional	Yes
66171-7	Quaternary ammonium; Glutaraldehyde	Synergize	Preserve International	Feline calicivirus	10	Dilutable	Hard nonporous	Institutional	Yes
85837-4	Hydrogen peroxide	Proxi Home General Disinfectant Cleaner Spray	Innovasource LLC	Rhinovirus	10	RTU	Hard nonporous	Healthcare; Institutional; Residential	Yes
498-179	Quaternary ammonium; Ethanol	Champion Sprayon Spray Disinfectant Formula 3	Chase Products Co	Rhinovirus	10	RTU	Hard nonporous	Healthcare; Institutional; Residential	Yes
1839-236	Quaternary ammonium	SC-5:128N	Stepan Company	Rotavirus	5	Dilutable	Hard nonporous	Healthcare; Institutional; Residential	Yes
70385-6	Quaternary ammonium	QGC	Prorestore Products	Feline calicivirus	10	Dilutable	Hard nonporous	Healthcare; Institutional; Residential	Yes
1043-87	Phenolic	Vesphene II se	Steris Corporation	Adenovirus	10	Dilutable	Hard nonporous	Healthcare; Institutional	Yes
1043-91	Phenolic	LpH®	Steris Corporation	Adenovirus	10	Dilutable	Hard nonporous	Institutional	Yes
1839-100	Quaternary ammonium	Veterinarian Type Disinfectant	Stepan Company	Feline calicivirus; norovirus	10	Dilutable	Hard nonporous	Residential	Yes
4091-20	Quaternary ammonium	Phoenix 2	W.M. Barr & Company Inc	Rotavirus; Feline calicivirus; Rhinovirus	5	RTU	Hard nonporous	Healthcare; Institutional; Residential	Yes
44446-67	Phenolic; Ethanol	Concept Hospital Disinfectant Deodorant	Quest Specialty Corp	Rhinovirus; Canine hepatitis virus	10	RTU	Hard nonporous	Healthcare; Institutional; Residential	Yes
45745-11	Hydrogen peroxide	HP2O2	Midlab	Rotavirus; Norovirus; Rhinovirus	5	Dilutable	Hard nonporous	Healthcare; Institutional	Yes
56392-8	Sodium hypochlorite	Dispatch	Clorox Professional Products Company	Adenovirus	1	Towelette	Hard nonporous	Healthcare; Institutional; Residential	Yes
65402-9	Peroxyacetic acid; Hydrogen Peroxide	VigorOx 15/10 Antimicrobial Agent	PeroxyChem LLC	Feline calicivirus	5	Dilutable	Hard nonporous	Healthcare; Institutional	Yes
67619-40	Sodium hypochlorite	TNT	Clorox Professional Products Company	Murine norovirus	1	RTU	Hard nonporous	Healthcare; Institutional; Residential	Yes
70060-19	Sodium chlorite; Sodium dischloroisocyanurate dihydrate	Aseptrol S10-Tab	BASF Corporation	Feline calicivirus	10	Solid	Hard nonporous	Healthcare; Institutional; Residential	Yes

<u>EPA Registration Number</u>	<u>Active Ingredient (s)</u>	<u>Product Name</u>	<u>Company</u>	<u>Follow the disinfection directions and preparation for the following virus</u>	<u>Contact Time (in minutes)</u>	<u>Formulation Type</u>	<u>Surface Types for Use</u>	<u>Use Site</u>	<u>Emerging Viral Pathogen Claim?</u>
70144-4	Quaternary ammonium; Ethanol	Opti-cide Max Wipes	Micro-Scientific LLC	Rotavirus	1	Wipe	Hard nonporous	Healthcare; Institutional; Residential	Yes
70271-13	Sodium hypochlorite	Pure Bright Germicidal Ultra Bleach	KIK International LLC	Adenovirus; Rotavirus; Canine parvovirus; Feline panleukopenia virus; Hepatitis A virus; Norovirus; Poliovirus; Rhinovirus	5	Dilutable	Hard nonporous	Healthcare; Institutional; Residential	Yes
70271-31	Sodium hypochlorite	Nova	KIK International LLC	Rhinovirus	10	Dilutable	Hard nonporous	Healthcare; Institutional; Residential	Yes
777-131	Hypochlorous acid	Cousteau	Reckitt Benckiser	Rhinovirus	10	RTU	Hard nonporous	Healthcare; Institutional; Residential	Yes
82972-1	Chlorine dioxide; Quaternary ammonium	Vital Oxide	Vital Solutions LLC	Adenovirus; Canine parvovirus	10	RTU	Hard nonporous	Healthcare; Institutional; Residential	Yes
84198-1	Hydrogen peroxide	Peroxy HDOX	Earth Laboratories Inc	Norovirus	5	Dilutable	Hard nonporous	Healthcare; Institutional	Yes
84683-4	Thymol	Benefect Botanical Daily Cleaner Disinfectant Towelette	Cleanwell LLC	Rhinovirus	10	Wipe	Hard nonporous	Healthcare; Institutional; Residential	Yes

Showing 1 to 25 of 357 entries

Previous 1 2 3 4 5 ... 15 Next

LAST UPDATED ON APRIL 2, 2020

From: Berg, Peter B

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

Cc:

Subject: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Date: Saturday, April 4, 2020 5:17:40 PM

UPDATE: Please see the updated guidance below. The previous version of this guidance is rescinded.

This message is sent from Peter B. Berg, (a)Assistant Director, Field Operations

To: Field Office Directors and Deputy Field Office Directors

Subject: COVID-19 Detained Docket Review

Background:

U.S. Immigration and Customs Enforcement (ICE) has taken a number of significant and proactive measures in response to the Coronavirus Disease 2019 (COVID-19) pandemic, in order to mitigate the spread of COVID-19 to aliens detained in its custody, its workforce, and stakeholders at its detention facilities. As more becomes known about the virus, ERO will continue to update its practices and guidance in this regard. General ICE COVID-19 guidance is available [here](#) and will be updated and supplemented on an ongoing basis.

On March 18, 2020, you were directed to review the cases of aliens detained in your area of responsibility who were over the age of 70 or pregnant to determine whether continued detention was appropriate. The Centers for Disease Control and Prevention (CDC) has developed a [list](#) of categories of individuals identified as potentially being at higher-risk for serious illness from COVID-19. Expanding on that list, ERO has identified the following categories of cases that should be reviewed to re-assess custody:

- Pregnant detainees or those having delivered in the last two weeks
- Detainees over 60 years old
- Detainees of any age having chronic illnesses which would make them immune-compromised, including but not limited to:
 - Blood Disorders
 - Chronic Kidney Disease
 - Compromised immune system (e.g., ongoing treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications)
 - Endocrine disorders

- Metabolic disorders
- Heart disease
- Lung disease
- Neurological and neurologic and neurodevelopment conditions

As part of your ongoing application of the CDC's Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (available [here](#)), please identify all cases within your AOR that meet any of the criteria above and validate that list with assistance from IHSC or your Field Medical Coordinator to ensure the conditions listed are still present and do result in the detainee potentially having a higher risk for serious illness from COVID-19. After identifying a case as meeting any of the above criteria, you should review the case to determine whether continued detention remains appropriate in light of the COVID-19 pandemic.

The presence of one of the factors listed above should be considered a significant discretionary factor weighing in favor of release. To be clear, however, it may not always be determinative. Field offices must remain cognizant of the requirements of mandatory detention. Section 236(c) of the Immigration and Nationality Act (INA) mandates the detention of certain categories of criminal and terrorist aliens during the pendency of removal proceedings. Such aliens may not be released in the exercise of discretion during the pendency of removal proceedings even if potentially higher-risk for serious illness from COVID-19. INA § 236(c); 8 C.F.R. § 236.1(c)(1)(i). Such aliens may only be released following a final order issued by an immigration judge, the Board of Immigration Appeals, or a federal court granting the alien relief, dismissing proceedings, or terminating proceedings. Similarly, pursuant to section 241(a)(2), certain criminal and terrorist aliens subject to a final order of removal may not be released during the 90-day removal period even if potentially higher-risk for serious illness from COVID-19. INA § 241(a)(2). For alien's subject to discretionary detention under section 236(a), please remember that release is prohibited, even if the alien is potentially higher-risk for serious illness from COVID-19, if such release would pose a danger to property or persons. 8 C.F.R. § 236.1(c)(8).

When reviewing cases of alien's subject to discretionary detention under 236(a), the following must be completed:

- **Cases involving any arrests or convictions for any crimes that involve risk to the public regardless of the date of arrest or conviction must be reviewed and approved by a Deputy Field Office Director (DFOD) or higher before a determination is made to release.**
 - Examples of crimes that involve a risk to the public include any crime that: involves any form of violence, driving while intoxicated, threatening behaviors, terroristic threats, stalking, domestic violence, harm to a child, or any form of assault or battery. This list is not intended to be

comprehensive. If there is any doubt whether a crime involves risk to the public, consult with your Office of the Principal Legal Advisor (OPLA) field location and your respective Deputy Assistant Director for Domestic Operations before a custody redetermination is completed.

- You may consider the age of an arrest or conviction as a mitigating or an aggravating factor, but the age of an arrest or a conviction does not automatically outweigh public safety concerns.

With regard to arriving aliens and certain other aliens eligible for consideration of parole from custody, under current circumstances and absent significant adverse factors, the fact that an alien is potentially higher-risk for serious illness from COVID-19, may form the basis for a determination that “continued detention is not in the public interest,” justify release under 8 C.F.R. § 212.5(b) (5).

For other aliens for whom there is discretion to release, field offices remain responsible for articulating individualized custody determinations, taking into consideration the totality of the circumstances presented in the case. The fact that an alien is potentially higher-risk for serious illness from COVID-19 should be considered a factor weighing in favor of release. You may also consider alternatives to detention consistent with ICE ATD policies, if ATD is determined to sufficiently mitigate the risk of flight.

Any releases attributed to reviews of COVID-19 susceptibility shall be documented in the ENFORCE Alien Removal Module (EARM) under Special Class - COVID-19 Chronic Care Release. As previously communicated, these individuals should be placed on ATD if possible.

Please contact your local OPLA field location should you have any questions or concerns regarding your authority to release in any individual case.

For any questions on this guidance, please contact your respective Deputy Assistant Director for Domestic Operations.

Limitation on the Applicability of this Guidance. This message is intended to provide internal guidance to the operational components of U.S. Immigration and Customs Enforcement. It does not, is not intended to, shall not be construed to, and may not be relied upon to create any rights, substantive or procedural, enforceable at law by any person in any matter, civil or criminal.



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 103, 2020)

1

MULTI-DHS-ICE-20-0602-H-000072

DHS-ICE-1367-001886

Page 073

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 074

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 075

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 076

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 077

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 078

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 079

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 080

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 081

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 082

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 083

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 084

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 085

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 086

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 087

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 088

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 089

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act



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

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

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

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.

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.

- 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 14:01:50 +0000
To: Loiacono, Adam V
Subject: FW: National Immigration Project v. EOIR, No. 20-852 (D.D.C.)
Attachments: Legal Consultation Phone Access.doc

Adam - please see below and let me know what you guys think.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) (b)(6); @ice.dhs.gov>
Date: Friday, Apr 10, 2020, 9:57 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, #ERO CHIEFS OF STAFF
(b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: National Immigration Project v. EOIR, No. 20-852 (D.D.C.)

Tae,

Here are Field Ops and CMDs initial comments,

(b)(5)

Field Ops:

(b)(5)

CMD:

(b)(5)

(b)(5)

Thank you,

(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); [redacted]@ice.dhs.gov
(202) 734-(b)(6); (office)
(202) 770-(b)(7) (cell)

NOTICE: This communication may contain privileged or otherwise confidential information. If you are not an intended recipient or believe you have received this communication in error, please do not print, copy, retransmit, disseminate, or otherwise use this information. Please inform the sender that you received this message in error and delete the message.

From: Johnson, Tae D (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Sent: Friday, April 10, 2020 9:48 AM

To: (b)(6); (b)(7)(C) [redacted] (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; #ERO CHIEFS OF STAFF

(b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; Berg, Peter B (b)(6); [redacted]@ice.dhs.gov>;

(b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Subject: RE: National Immigration Project v. EOIR, No. 20-852 (D.D.C.)

This is another one we need back this morning that I failed to mention on this mornings call.

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Date: Thursday, Apr 09, 2020, 6:15 PM

To: (b)(6); (b)(7)(C) [redacted] (b)(6); [redacted]@ice.dhs.gov>; #ERO CHIEFS OF STAFF

(b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; Berg, Peter B (b)(6); [redacted]@ice.dhs.gov> (b)(6);

(b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Subject: FW: National Immigration Project v. EOIR, No. 20-852 (D.D.C.)

(b)(6); (b)(7)(C) [redacted] - we need (b)(5)
(b)(5)

(b)(5)

From: Loiacono, Adam V. [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Sent: Thursday, April 9, 2020 5:31 PM
To: Johnson, Tae D. [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: FW: National Immigration Project v. EOIR, No. 20-852 (D.D.C.)

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)(7)(C)]@ice.dhs.gov

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

For the ICE declarations, here is our list of things we need to address:

(b)(5)

(b)(5)

We will need (b)(5)

(b)(5)

- (b)(5)
-

We also need (b)(5)

(b)(5)

- (b)(5)
-
-
-
-



**U.S. Immigration and Customs Enforcement (ICE)
Enforcement and Removal Operations (ERO)
Legal Consultation Phone Access**

April 9, 2020

ISSUE

- As part of its response to the Coronavirus 2019 (COVID-19), ERO has taken unprecedented steps to protect the detainees entrusted to its care, including the suspension of all social visitation and modified legal visitation.
- Though it has discouraged contact legal visitation to prevent the introduction and/or spread of COVID-19 to its detention facilities, ERO has continued to support all legal visitation to its facilities.
- ERO has directed that legal visitors wishing to participate in contact visits must provide and wear personal protective equipment. ERO has heard from advocacy groups that legal visitation has been impacted by COVID-19 policies.
- In response, ERO has collaborated with telephone service providers and detention facilities to expand phone privileges and ensure that legal consultation continues unabated.

BACKGROUND

At the onset of COVID-19, ERO consulted with service providers to expand access to electronic and phone services during diminished contact visitation. The service providers agreed to providing increased access. Further, the service providers agreed to provide indigent aliens with unfettered phone access. ERO expounded on the commitments of the service providers and agreed to double all access at the cost of \$180K per month as a flat fee.

Since March 2020, ERO has participated in discussions with Talton Communications and pro bono attorneys to identify possible solutions to increase attorney accessibility through other communication methods:

(b)(5)



(b)(5)

(b)(5)

(b)(5)

However, of the options explored, ERO

(b)(5)

RELATED SEN NUMBER: (none)

OFFICE: FOD ATLANTA - ATL

LEAD AGENCY: DHS / ICE

ICE COMPONENT: Enforcement & Removal Operations

DIVISION: Field Operations Division

AREA: Eastern Operations

LOCATION:

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

ALIEN NUMBER: (b)(6); (b)(7)(C)

REPORTED BY: (b)(6); (b)(7)(C)

41095 (b)(6); office)

(b)(7)(C)
41095 (C) cell/pager)

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

229-838- (b)(6) office)

229-529- (b)(6) cell/pager)

REPORT NARRATIVE:

On April 8, 2020 at 2340 hours EST, Core Civic (CC) medical staff at the Stewart Detention Center (SDC) in Lumpkin, GA informed ERO Atlanta that ICE detained (b)(6); (b)(7)(C) (b)(6); a 34-year-old national of (b)(6) has been diagnosed with having positive test results for the Novel Coronavirus (COVID-19). (b)(6); is currently in cohort status within the medical unit at SDC. CC medical staff are monitoring the situation and will notify ERO Atlanta of any changes in (b)(6); condition. Condition: Stable.

BACKGROUND:

On May 4, 2019, ERO Atlanta encountered (b)(6); at the Chester County Detention Center in Chester, SC following his arrest for no driver's license.

On May 7, 2019, ERO Atlanta assumed custody of (b)(6); and issued him a Notice to Appear, Form I-862, charging inadmissibility pursuant to Section 212(a)(6)(A)(i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

On May 14, 2019, the Office of Principal Legal Advisor (OPLA) Atlanta determined (b)(6); Form I-862 to be legally sufficient.

On May 22, 2019, an immigration judge (IJ) granted (b)(6); (b)(7)(C) a continuance to seek legal representation.

On June 5, 2019, an IJ granted (b)(6); a continuance to seek legal representation.

On June 26, 2019, an IJ offered (b)(6); an Application for Asylum and for Withholding of Removal, Form I-589, to complete and submit to the Executive Office for Immigration Review (EOIR).

On July 24, 2019, (b)(6); submitted his I-589 to EOIR.

On December 13, 2019, an IJ denied (b)(6); request for a bond custody release and deemed (b)(6); a flight risk.

On January 13, 2020, an IJ ordered (b)(6); removed to (b)(6) (b)(6); reserved his right to appeal.

On February 4, 2020, (b)(6); filed a case appeal with the Board of Immigration Appeals (BIA).

(b)(6); remains detained pending the outcome of his immigration proceedings. His case is currently pending.

Officer in Charge (b)(6); reviewed and approved this SIR Narrative.

From: Johnson, Tae D
Sent: 7 Apr 2020 12:55:47 +0000
To: Berg, Peter B
Cc: Lucero, Enrique M
Subject: FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately
Attachments: RE: High Risk COVID detainees

FYSA

Sent with BlackBerry Work
(www.blackberry.com)

From: Smith, Stewart D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Tuesday, Apr 07, 2020, 8:51 AM
To: Johnson, Tae D <(b)(6);@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>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Tae –

Here are the salient points:

- A few days ago Ms (b)(6); from OPLA asked (b)(6) about the high risk list (b)(6); shared with her the CDC guidance and the Minnesota guidance that we utilized to develop our comprehensive list (see attached).
- Yesterday (b)(6); was asked to review again the public facing document where OPLA had commented as to why a list had been included there and not just a link. So I responded in comments with the CDC guidance link.
- The conditions that are considered high risk if exposed to COVID-19 are pretty consistent. What can vary is the age consideration. The CDC considers over 65. At some point we (IHSC) went with over 60 – since that was initial guidance from CDC. As stated on multiple occasions, CDC guidance changes, as we've seen with the masks issue.
- We have been monitoring and submitting to ERO our listing of detainees that meet these high risk parameters. The FMCs put together one big list that was shared last week utilizing the same criteria. I assume this was shared with ERO.
- The issue at hand (b)(5)
(b)(5)
(b)(5) These are two different scenarios.

- (b)(5)
- (b)(5)
- This is what we have been doing with the habeas cases in coordination with OPLA and for any cases requesting compassionate release.
 - So we need to determine what is being asked of us. It can be (b)(5)
- (b)(5) or (b)(5)
- (b)(5)

Please share with (b)(6); (b)(7)(C) and others as appropriate.

Thx - Stew

Dr. Stewart D. Smith, MPH, CCHP, FACHE
 Assistant Director | ICE Health Service Corps
 Desk: 202-732-(b)(6); Cell: 202-321-(b)(6);
 Executive Assistant: (b)(6); (b)(7)(C) @associates.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: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 7:04 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Sent with BlackBerry Work
www.blackberry.com

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:50 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, Berg, Peter B (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

IHSC needs to put out clear guidance so we are consistent across the nation.

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:41 PM
To: Berg, Peter B (b)(6); @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Agreed. Need to find out if the regional FMC wants to concur/not concur with those recommendations as well.

Sent with BlackBerry Work
(www.blackberry.com)

From: Berg, Peter B (b)(6); @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:38 PM
To: Johnson, Tae D (b)(6); @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

That makes sense, but I think they still need to tell the office if a medical condition might make them high risk. The FOD and DFOD will make the decisions.

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Monday, April 6, 2020 5:34 PM
To: Berg, Peter B (b)(6); @ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

IHSC wanted to make sure that FMCs were not making the decisions/recommendations alone - without supervisory approval.

Sent with BlackBerry Work
(www.blackberry.com)

From: Berg, Peter B (b)(6); @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:26 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: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Another hiccup..

(b)(6); is going to call CMDR (b)(6); to smooth this over, but the FMC in San Diego (b)(5)
(b)(5)

(b)(5)

I only send this to you in case we need to modify the guidance again. (b)(6) is trying to work it out, but I don't want anything to get filed with the court if we have to modify it some.

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 3:31 PM
To: Berg, Peter B (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Yes (b)(6) provided the list and it does exceed the CDC requirements.

Sent with BlackBerry Work
(www.blackberry.com)

From: Berg, Peter B (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 4:27 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

OPLA got it from (b)(6) and then OPLA sent it to Domestic Ops for the tasking.

It was in an email that I attached to the first one.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 3:23 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

We can let it stand, let's find out where our list came from exactly.

I rather do more than the minimum.

From: Berg, Peter B (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 4:21 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

I don't pretend to be an expert, but I think our list goes a little farther. Which I think is ok because that means it's a broader pool to review. Unless I am missing something...

A solution (if we think we need one) would be to issue another update that just links the CDC website.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 3:17 PM
To: Berg, Peter B (b)(6); @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Does our list have more or is it less than cdc guidance?

From: Berg, Peter B (b)(6); @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 4:01 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

(b)(6) got this from IHSC today. IHSC is saying they don't recommend (b)(5)
(b)(5)

I think (b)(5)
(b)(5) If you think we should update it again, please let me know.

From: Meade, Michael W (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 9:05 AM
To: Berg, Peter B (b)(6); @ice.dhs.gov>
Subject: FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

That list came from someone at IHSC.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 9:38 AM
To: Meade, Michael W (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Just so you know, I recommended (b)(5)
(b)(5)

(b)(6); MD, CCHP
Deputy Assistant Director Clinical Services
IHSC Medical Director
500 12th Street, SW

Washington, DC 20536

Desk: 202-734-(b)(6);

Cell: 202-515-(b)(7)(C)

(b)(6); [redacted]@ice.dhs.gov

IHSC: One Team, One Mission...Leading the Way in Immigration Health Care.

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

Sent: Monday, April 6, 2020 9:35 AM

To: Meade, Michael W (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Cc: Wong, Ricardo (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Below is the list as of this moment for your awareness.

People who are at higher risk for severe illness

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Based upon available information to date, people at high-risk for severe illness from COVID-19 include:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
 - People with chronic lung disease or moderate to severe asthma
 - People who have heart disease with complications
 - People who are immunocompromised including cancer treatment
 - People of any age with severe obesity (body mass index [(BM)I] ≥ 40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

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

IHSC: One Team, One Mission...Leading the Way in Immigration Health Care.

Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

(b)(6) I forgot to ask about Diabetes, would that fall under blood disorder, or kidney disease?

Thanks!

Subject: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

UPDATE: Please see the updated guidance below. The previous version of this guidance is rescinded.

This message is sent from Peter B. Berg, (a)Assistant Director, Field Operations

To: Field Office Directors and Deputy Field Office Directors

Subject: COVID-19 Detained Docket Review

Background:

U.S. Immigration and Customs Enforcement (ICE) has taken a number of significant and proactive measures in response to the Coronavirus Disease 2019 (COVID-19) pandemic, in order to mitigate the spread of COVID-19 to aliens detained in its custody, its workforce, and stakeholders at its detention facilities. As more becomes known about the virus, ERO will continue to update its practices and guidance in this regard. General ICE COVID-19 guidance is available [here](#) and will be updated and supplemented on an ongoing basis.

On March 18, 2020, you were directed to review the cases of aliens detained in your area of responsibility who were over the age of 70 or pregnant to determine whether continued detention was appropriate. The Centers for Disease Control and Prevention (CDC) has developed a [list](#) of categories of individuals identified as potentially being at higher-risk for serious illness from COVID-19. Expanding on that list, ERO has identified the following categories of cases that should be reviewed to re-assess custody:

- Pregnant detainees or those having delivered in the last two weeks
- Detainees over 60 years old
- Detainees of any age having chronic illnesses which would make them immune-compromised, including but not limited to:
 - Blood Disorders
 - Chronic Kidney Disease
 - Compromised immune system (e.g., ongoing treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications)
 - Endocrine disorders
 - Metabolic disorders
 - Heart disease
 - Lung disease
 - Neurological and neurologic and neurodevelopment conditions

As part of your ongoing application of the CDC's Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (available [here](#)), please identify all cases within your AOR that meet any of the criteria above and validate that list with assistance from IHSC or your Field Medical Coordinator to ensure the conditions listed are still present and do result in the detainee potentially

having a higher risk for serious illness from COVID-19. After identifying a case as meeting any of the above criteria, you should review the case to determine whether continued detention remains appropriate in light of the COVID-19 pandemic.

The presence of one of the factors listed above should be considered a significant discretionary factor weighing in favor of release. To be clear, however, it may not always be determinative. Field offices must remain cognizant of the requirements of mandatory detention. Section 236(c) of the Immigration and Nationality Act (INA) mandates the detention of certain categories of criminal and terrorist aliens during the pendency of removal proceedings. Such aliens may not be released in the exercise of discretion during the pendency of removal proceedings even if potentially higher-risk for serious illness from COVID-19. INA § 236(c); 8 C.F.R. § 236.1(c)(1)(i). Such aliens may only be released following a final order issued by an immigration judge, the Board of Immigration Appeals, or a federal court granting the alien relief, dismissing proceedings, or terminating proceedings. Similarly, pursuant to section 241(a)(2), certain criminal and terrorist aliens subject to a final order of removal may not be released during the 90-day removal period even if potentially higher-risk for serious illness from COVID-19. INA § 241(a)(2). For alien's subject to discretionary detention under section 236(a), please remember that release is prohibited, even if the alien is potentially higher-risk for serious illness from COVID-19, if such release would pose a danger to property or persons. 8 C.F.R. § 236.1(c)(8).

When reviewing cases of alien's subject to discretionary detention under 236(a), the following must be completed:

- **Cases involving any arrests or convictions for any crimes that involve risk to the public regardless of the date of arrest or conviction must be reviewed and approved by a Deputy Field Office Director (DFOD) or higher before a determination is made to release.**
 - Examples of crimes that involve a risk to the public include any crime that: involves any form of violence, driving while intoxicated, threatening behaviors, terroristic threats, stalking, domestic violence, harm to a child, or any form of assault or battery. This list is not intended to be comprehensive. If there is any doubt whether a crime involves risk to the public, consult with your Office of the Principal Legal Advisor (OPLA) field location and your respective Deputy Assistant Director for Domestic Operations before a custody redetermination is completed.
- You may consider the age of an arrest or conviction as a mitigating or an aggravating factor, but the age of an arrest or a conviction does not automatically outweigh public safety concerns.

With regard to arriving aliens and certain other aliens eligible for consideration of parole from custody, under current circumstances and absent significant adverse factors, the fact that an alien is potentially higher-risk for serious illness from COVID-19, may form the basis for a determination that “continued detention is not in the public interest,” justify release under 8 C.F.R. § 212.5(b)(5).

For other aliens for whom there is discretion to release, field offices remain responsible for articulating individualized custody determinations, taking into consideration the totality of the circumstances presented in the case. The fact that an alien is potentially higher-risk for serious illness from COVID-19 should be considered a factor weighing in favor of release. You may also consider alternatives to detention consistent with ICE ATD policies, if ATD is determined to sufficiently mitigate the risk of flight.

Any releases attributed to reviews of COVID-19 susceptibility shall be documented in the ENFORCE Alien Removal Module (EARM) under Special Class - COVID-19 Chronic Care Release. As previously communicated, these individuals should be placed on ATD if possible.

Please contact your local OPLA field location should you have any questions or concerns regarding your authority to release in any individual case.

For any questions on this guidance, please contact your respective Deputy Assistant Director for Domestic Operations.

Limitation on the Applicability of this Guidance. This message is intended to provide internal guidance to the operational components of U.S. Immigration and Customs Enforcement. It does not, is not intended to, shall not be construed to, and may not be relied upon to create any rights, substantive or procedural, enforceable at law by any person in any matter, civil or criminal.

From: (b)(6);
Sent: 30 Mar 2020 22:01:58 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: High Risk COVID detainees

Here you go. This is more detailed one. Comes from Minnesota health department. We put this together with the CDC guidance to make a more robust list.

<https://www.health.state.mn.us/diseases/coronavirus/prevention.html#risk> –scroll to the bottom of the page and this info is listed:

People who are at higher risk for severe illness

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Based upon available information to date, people at high-risk for severe illness from COVID-19 include:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
 - People with chronic lung disease or moderate to severe asthma
 - People who have heart disease with complications
 - People who are immunocompromised including cancer treatment
 - People of any age with severe obesity (body mass index [(BMI)] ≥ 40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

(b)(6); MD
Deputy Assistant Director Clinical Services
IHSC Medical Director

500 12th Street, SW
Washington, DC 20536
Desk: 202-734-(b)(6);
Cell: 202-515-(b)(7)(C)
(b)(6): [redacted]@ice.dhs.gov

From: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>
Sent: Monday, March 30, 2020 5:53 PM
To: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>
Subject: RE: High Risk COVID detainees

Dr (b)(6); (b)(7)(C) [redacted]

First, thank you so much for your continued assistance. (b)(5) [redacted]
(b)(5) [redacted]
(b)(5) [redacted] Adding (b)(6); (b)(7)(C) [redacted] for situational
awareness as we are working up language for a document. So I guess the question is, (b)(5) [redacted]
(b)(5) [redacted]

Thanks!!

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

From: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>
Sent: Monday, March 30, 2020 5:45 PM
To: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>
Subject: FW: High Risk COVID detainees

Below is the CDC link but what I included came from NCIRD.

I see the CDC revised their guidance recently and now has more details about obesity and other conditions:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

People who are at higher risk for severe illness

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults and people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.



Based upon available information to date, those at high-risk for severe illness from COVID-19 include:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised including cancer treatment
 - People of any age with severe obesity (body mass index [BMI] ≥ 40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

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

Page last reviewed: March 26, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 30, 2020 5:18 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: High Risk COVID detainees

Dr. (b)(6);
(b)(7)(C)

Where are you pulling the medical condition (bullets) language from? I'm trying to quickly paste into a document, but I can't b/c of the formatting herein and I've searched the CDC's website pages and I can't find this language. I just don't; have th time to transcribe it word for word.

Many thanks for all your help!

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 30, 2020 2:22 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Subject: RE: High Risk COVID detainees

Below is the criteria that CDC utilizes for the underlying medical conditions that could place a detainee at higher risk if they are exposed to COVID-19. For IHSC staffed facilities, our health information technology unit (HITU) was tasked to develop a report which included detainees over the age of 60 with any of the below chronic care conditions. This is shared with ERO. The list includes the information on the report I sent you. We track this report twice a week to ensure that there is a steady decrease in the numbers.

Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age:

- **Blood disorders** (e.g., sickle cell disease or on blood thinners).
- **Chronic kidney disease** as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis.
- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS).
- **Current or recent pregnancy** in the last two weeks.
- **Endocrine disorders** (e.g., diabetes mellitus).
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders).
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease).
- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen.
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 30, 2020 1:28 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: High Risk COVID detainees

Good afternoon and thanks again for all your continued assistance. Can you educate me on how we are placing people on this high risk list? In other words, what criteria are we using to put folks on this list?

Thanks so much!

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 30, 2020 10:41 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: High Risk COVID detainees

We are generating a list twice a week. This is today's list. This is for IHSC staffed facilities only. The FMC shop is collecting information from their assigned facilities but I have not seen a list yet.

+ CAPT (b)(6);
(b)(7)(C)

(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: Monday, March 30, 2020 10:35 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: High Risk COVID detainees

Good morning Dr. (b)(6);

I have been asked by EROLD management to reach out to IHSC to see if a list has been compiled of our high risk COVID detainees? If so, would you be able to provide it to us? I am happy to send this to IHSC taskings if that is a better avenue.

Thanks so much and again, thank you for all your continued assistance as the crisis continues.

(b)(6): (b)(7)(C)
OPLA/EROLD

From: Johnson, Tae D
Sent: 28 May 2020 20:03:06 +0000
To: Lucero, Enrique M
Subject: FW: COVID19 Tests Kits
Importance: High

FYSA

From: Smith, Stewart D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Thursday, May 28, 2020, 3:35 PM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: COVID19 Tests Kits

FYI

Dr. Stewart D. Smith, MPH, CCHP, FACHE
Assistant Director | ICE Health Service Corps
Desk: 202-732(b)(6); Cell: 202-321(b)(6);
(b)(7)(C)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Thursday, May 28, 2020, 3:34 PM
To: Smith, Stewart D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: COVID19 Tests Kits

Dr. Smith

FYSA, the award document was sent to LabCorps for signature. The total award amount (b)(5); (b)(4)

Thank you

(b)(6); (b)(7)(C) MHA, MHRD
CAPT, United States Public Health Service (USPHS)
Chief Professional Officer, Health Services Category

Deputy Assistant Director, Administration
Immigration and Customs Enforcement (ICE)
Enforcement and Removal Operations (ERO)
ICE Health Service Corps (IHSC)

500 12th Street SW, Mailstop (b)(6);
Washington, DC 20536-5009
Office: 202-732(b)(6);
Cell: 202-641(b)(6);
(b)(7)(C)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, May 28, 2020 3:25 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: COVID19 Tests Kits

CAPT (b)(6);

FYSA: The award document was sent to LabCorps for signature.

V/r

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

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, May 28, 2020 11:39 AM
To: (b)(6); (b)(7)(C)@LabCorp.com> (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@LabCorp.com> (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: RE: RE: RE: RE: COVID19

(b)(6);

Please see attached TO. IHSC has an overall estimate on how many test are needed and the TO will fund those tests. Please review, sign, and send back to me for full execution.

****Please note the TO starts today 05/28. If you can't get this back to me today, please let me know and I will update it to a date in the future****

Thank you,

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

Contracting Officer

Detention, Compliance & Removals (DCR)

DHS | ICE | Office of Acquisition Management (OAQ)

Office: (202) 732-(b)(6);

Mobile: (202) 878-(b)(6);

(b)(6);@ice.dhs.gov

NOTICE: This communication may contain privileged or otherwise confidential information. If you are not an intended recipient or believe you have received this communication in error, any review, dissemination, distribution, or copying of this message is strictly prohibited. Please inform the sender that you received this message in error and delete the message from your system.

From: (b)(6); (b)(7)(C)@LabCorp.com>
Sent: Thursday, May 28, 2020 10:51 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@LabCorp.com>; (b)(6); (b)(7)(C)

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

Subject: RE: RE: RE: RE: RE: COVID19

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact [ICE SOC SPAM](#) with questions or concerns.

Thanks CDR (b)(6); (b)(7)(C) I will let (b)(6); (b)(7)(C) know.

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

National Accounts Project Analyst
Hospitals and Health Systems
1400 Donelson Pike Suite (b)(6); (b)(7)(C)
Nashville, TN 37217
Direct: 615-762 (b)(6); (b)(7)(C)
Cell: 615-906 (b)(6); (b)(7)(C)
615-361-9565 Fax

(b)(6); (b)(7)(C)@labcorp.com



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

Sent: Thursday, May 28, 2020 9:10 AM

To: (b)(6); (b)(7)(C)@LabCorp.com>

Cc: (b)(6); (b)(7)(C)@LabCorp.com>(b)(6); (b)(7)(C)

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

Subject: [External] RE: RE: RE: RE: RE: COVID19

The COVID tests that have been ordered thus far can be invoiced under the current Order number. Please refer to the attachment I sent previously for the reason it was rejected. It was not rejected by the program office, and therefore would not have been rejected due to the COVID tests.

CDR (b)(6); (b)(7)(C) MSW, LCSW, BCD
Contract Management Officer
DHS | ICE | ERO | ICE Health Service Corps
Resource Management Unit
500 12th St. SW, Mailstop (b)(6); (b)(7)(C)
Washington, DC 20536-5202
(c) 202.321 (b)(6); (b)(7)(C)



Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5

U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do 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) @LabCorp.com>
Sent: Thursday, May 28, 2020 10:06 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); CDR
(b)(6); @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @LabCorp.com> (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: RE: RE: RE: COVID19

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact [ICE SOC SPAM](#) with questions or concerns.

Good morning (b)(6); I spoke to (b)(6); and she is willing (b)(5)
(b)(5)

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, May 27, 2020 8:29 AM
To: (b)(6); (b)(7)(C) @LabCorp.com> (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @LabCorp.com> (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: [External] RE: RE: RE: RE: COVID19

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

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

After some research, I think (b)(5)
(b)(5)

I should be able to have the new Task Order out for you to sign by tomorrow.

Thank you,

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

Contracting Officer

Detention, Compliance & Removals (DCR)

DHS | ICE | Office of Acquisition Management (OAQ)

Office: (202) 732-(b)(6);

Mobile: (202) 878-(b)(6);

(b)(6); @ice.dhs.gov

NOTICE: This communication may contain privileged or otherwise confidential information. If you are not an intended recipient or believe you have received this communication in error, any review, dissemination, distribution, or copying of this message is strictly prohibited. Please inform the sender that you received this message in error and delete the message from your system.

From: (b)(6); (b)(7)(C) @LabCorp.com>

Sent: Friday, May 22, 2020 5:36 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) @LabCorp.com>; (b)(6); (b)(7)(C)

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

Subject: RE: RE: RE: COVID19

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact [ICE SOC SPAM](#) with questions or concerns.

Ok, thanks CDR (b)(6);

(b)(7)(C)

I will update our records.

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

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

Sent: Friday, May 22, 2020 4:33 PM

To: (b)(6); (b)(7)(C) @LabCorp.com>; (b)(6); (b)(7)(C)

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

Cc: (b)(6); (b)(7)(C) @LabCorp.com>; (b)(6); (b)(7)(C)

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

Subject: [External] RE: RE: RE: COVID19

And just to confirm, Santa Ana and Stewart are no longer our sites. Alexandria is a hub, so that might not be an issue. Varick just got back up and running, so let us know if you continue to see no requests.

CDR (b)(6); MSW, LCSW, BCD

Contract Management Officer

DHS | ICE | ERO | ICE Health Service Corps

Resource Management Unit

500 12th St. SW, Mailstop (b)(6);
Washington, DC 20536-5202
(c) 202.321 (b)(6);



Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do 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) @LabCorp.com>
Sent: Friday, May 22, 2020 5:16 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @LabCorp.com> (b)(6); (b)(7)(C) @ice.dhs.gov>;
(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: RE: COVID19

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

(b)(6);
(b)(7)(C) Ok, I will wait on your direction...

Have a great and safe Memorial Day weekend!!

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 22, 2020 4:14 PM
To: (b)(6); (b)(7)(C) @LabCorp.com>
Cc: (b)(6); (b)(7)(C) @LabCorp.com>; (b)(6); (b)(7)(C) @ice.dhs.gov>;
(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: [External] RE: RE: COVID19

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

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

Until we get a new contract together, please do not start creating new account numbers. We are working (b)(5)

Thank you,

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

Contracting Officer

Detention, Compliance & Removals (DCR)

DHS | ICE | Office of Acquisition Management (OAQ)

Office: (202) 732-(b)(6);

Mobile: (202) 878-(b)(6);

(b)(6); @ice.dhs.gov

NOTICE: This communication may contain privileged or otherwise confidential information. If you are not an intended recipient or believe you have received this communication in error, any review, dissemination, distribution, or copying of this message is strictly prohibited. Please inform the sender that you received this message in error and delete the message from your system.

From: (b)(6); (b)(7)(C) @LabCorp.com>

Sent: Friday, May 22, 2020 5:08 PM

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

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

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

Subject: RE: COVID19

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Good afternoon, per our call this morning, new account numbers for COVID19 testing will be created for each site.

While working on submitting my request, I noticed there are four sites that have not been submitting specimens. I needed to ask if there are detainees at the locations and will send COVID19 testing to LabCorp?

IHSC Santa Ana

IHSC Stewart

IHSC Alexandria

IHSC Varick

Please advise if the sites will need a COVID19 account number.

Thanks,

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

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

Sent: Friday, May 22, 2020 9:24 AM

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

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

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

Subject: RE: [External] RE: COVID19

Good morning (b)(6);
(b)(7)(C)

Regarding setting up new account numbers, please call me to discuss
Regarding the delivery of the swabs, I can advise after we discuss with the local
distribution teams.

Yes, the FDA attachment is in regards to the COVID19 swab test that we are discussing.

Best,

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

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

Sent: Thursday, May 21, 2020 2:28 PM

To: (b)(6); (b)(7)(C) @LabCorp.com>

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

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

Subject: [External] RE: COVID19

EXTERNAL: This email originated from outside of the organization. Do not click any links or
open any attachments unless you trust the sender and know the content is safe.

(b)(6);

In addition to the below questions, just a couple more:

(b)(5)

Thank you,

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

Contracting Officer

Detention, Compliance & Removals (DCR)

DHS | ICE | Office of Acquisition Management (OAQ)

Office: (202) 732 (b)(6);

Mobile: (202) 878 (b)(6);

(b)(6); @ice.dhs.gov

NOTICE: This communication may contain privileged or otherwise confidential information. If you are not an intended recipient or believe you have received this communication in error, any review, dissemination, distribution, or copying of this message is strictly prohibited. Please inform the sender that you received this message in error and delete the message from your system.

From: (b)(6); (b)(7)(C)
Sent: Thursday, May 21, 2020 7:20 AM
To: (b)(6); (b)(7)(C)@LabCorp.com>
Cc: (b)(6); (b)(7)(C)@LabCorp.com> (b)(6); (b)(7)(C)@ice.dhs.gov>;
(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: COVID19

(b)(6);

Thank you for the attached. A couple of quick questions:

(b)(5)

Thank you,

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

Contracting Officer
Detention, Compliance & Removals (DCR)
DHS | ICE | Office of Acquisition Management (OAQ)
Office: (202) 732-(b)(6);
Mobile: (202) 878-(b)(6);
(b)(6);@ice.dhs.gov

NOTICE: This communication may contain privileged or otherwise confidential information. If you are not an intended recipient or believe you have received this communication in error, any review, dissemination, distribution, or copying of this message is strictly prohibited. Please inform the sender that you received this message in error and delete the message from your system.

From: (b)(6); (b)(7)(C)@LabCorp.com>
Sent: Wednesday, May 20, 2020 3:12 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@LabCorp.com>
Subject: COVID19

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact [ICE SOC SPAM](#) with questions or concerns.

Hi (b)(6); attached is the Mod that adds COVID19 screen test to LabCorp's GSA. .

As we discussed, the test code is 139900, SARS-CoV-2, NAA (which is the swab test)

As a reminder, I will need approximately a week's notice to setup new account numbers for the COVID19 testing.

Best,

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

National Accounts Project Analyst
Hospitals and Health Systems
1400 Donelson Pike Suite (b)(6);
Nashville, TN 37217

Direct: 615-762 (b)(6);

Cell: 615-906 (b)(6);

615-361-9565 Fax

(b)(6); @labcorp.com



-This e-mail and any attachments may contain CONFIDENTIAL information, including PROTECTED HEALTH INFORMATION. If you are not the intended recipient, any use or disclosure of this information is STRICTLY PROHIBITED; you are requested to delete this e-mail and any attachments, notify the sender immediately, and notify the LabCorp Privacy Officer at privacyofficer@labcorp.com or call (877) 23-HIPAA / (877) 234-4722

From: Johnson, Tae D
Sent: 8 Mar 2020 18:45:47 +0000
To: Meade, Michael W; Berg, Peter B
Cc: Wong, Ricardo; Lucero, Enrique M
Subject: FW: (U//FOUO) COVID-19 (Update 43) - Worldwide (Awareness NOC 0051-20)

Mike - just confirming that staff were notified - correct?

Sent with BlackBerry Work
(www.blackberry.com)

From: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Mar 08, 2020, 2:42 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) (b)(6); @ice.dhs.gov>
Cc: Benner, Derek N (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)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: (U//FOUO) COVID-19 (Update 43) - Worldwide (Awareness NOC 0051-20)

FYSA. Have notifications been made to employees to return tomorrow?

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @hq.dhs.gov>
Date: Sunday, Mar 08, 2020, 2:36 PM
To: (b)(6); (b)(7)(C) @hq.dhs.gov>, Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @uscis.dhs.gov>, MORGAN, MARK A (b)(6); (b)(7)(C) @cbp.dhs.gov>
Cc: (b)(6); (b)(7)(C) @hq.dhs.gov>, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @HQ.DHS.GOV>, (b)(6); (b)(7)(C) @HQ.DHS.GOV>
Subject: RE: (U//FOUO) COVID-19 (Update 43) - Worldwide (Awareness NOC 0051-20)

Thanks, (b)(6); (b)(7)(C)

Matt (b)(6) Mark, Looking good for Tukwila opening tomorrow.

V/R
(b)(6); (b)(7)(C)
(202) 447 (b)(6); (O)

From: (b)(6);
Sent: Sunday, March 8, 2020 14:30
To: Alles, Randolph (b)(6)@hq.dhs.gov; (b)(6)i@HQ.DHS.GOV>
Cc: (b)(6)@hq.dhs.gov; (b)(6)
(b)(6)@HQ.DHS.GOV>
Subject: Re: (U//FOUO) COVID-19 (Update 43) - Worldwide (Awareness NOC 0051-20)

Sir,

Just a quick update, cleaning will be implements today. Additional cleaning/disinfectants will be provided/available onsite for employee use if they want. All looks good for facility availability tomorrow.

V/r, (b)(6);
(b)(7)(C)

From: (b)(6); (b)(7)(C)@hq.dhs.gov>
Sent: Saturday, March 7, 2020 1:20:47 PM
To: Alles, Randolph (b)(6); (b)(6)@HQ.DHS.GOV>
Cc: (b)(6)@hq.dhs.gov>
Subject: Re: (U//FOUO) COVID-19 (Update 43) - Worldwide (Awareness NOC 0051-20)

Sir,

Not sure who came up with the public opening date—it was relayed to us. Recommend based on your comments I relay that the facility will be clean and available to re-open Monday based on Component specific guidance on employee return/public opening. Concur?

V/r, (b)(6);
(b)(7)(C)

From: Alles, Randolph (b)(6); [REDACTED]@hq.dhs.gov>

Sent: Saturday, March 7, 2020 1:16:02 PM

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

Cc: (b)(6) [REDACTED]

Subject: Re: (U//FOUO) COVID-19 (Update 43) - Worldwide (Awareness NOC 0051-20)

Yes, looks good to proceed on timeline. Who directed the public opening date, that should be left to component.

V/R

R. D. "Tex" Alles

(b)(6) [REDACTED]

From: (b)(6); (b)(7)(C) [REDACTED]@hq.dhs.gov>

Sent: Saturday, March 7, 2020 1:02:05 PM

To: Alles, Randolph (b)(6) [REDACTED]@hq.dhs.gov>; (b)(6) [REDACTED]@HQ.DHS.GOV>

Cc: (b)(6) [REDACTED]@hq.dhs.gov>

Subject: Re: (U//FOUO) COVID-19 (Update 43) - Worldwide (Awareness NOC 0051-20)

Sir,

We just got the question from USCIS (HQ (facilities folks) has DHS approved the building opening on Monday (after cleaning is completed). The Mon/Wed plan was relayed to for USCIS.

From our standpoint the bldg cleaning will be complete.

Are we cleaned hot to relay, the plan as outlined below (Mon - open for employees, Wed - the public) is approved?

V/r (b)(6);
(b)(7)(C) [REDACTED]

From: Alles, Randolph (b)(6) @hq.dhs.gov>

Sent: Saturday, March 7, 2020 12:39:06 PM

To: (b)(6); (b)(7)(C) @hq.dhs.gov> (b)(6) @HQ.DHS.GOV>

Cc: (b)(6) @hq.dhs.gov>

Subject: Re: (U//FOUO) COVID-19 (Update 43) - Worldwide (Awareness NOC 0051-20)

Thanks.

V/R

R. D. "Tex" Alles

(b)(6)

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

Sent: Saturday, March 7, 2020 12:37:48 PM

To: (b)(6) @hq.dhs.gov> (b)(6) @HQ.DHS.GOV>

Cc: (b)(6) @hq.dhs.gov>

Subject: Re: (U//FOUO) COVID-19 (Update 43) - Worldwide (Awareness NOC 0051-20)

Sir,

Just confirmed with our on site coordinator. Cleaning will be done today and tomorrow. There is an on site USCIS Industrial Hygienist so they are monitoring the cleaning as it occurs. There is no other validation occurring. We are not aware of a CDC process to do a verification/validation. Cleaners are following the procedures as outlined by CDC with EPA approved disinfectants. Additionally, yesterday CHCO provided in the OPSDEP brief that the virus can only live 2 hr to 2 days on surfaces. Building has been closed more than that amount of time so we are being extremely prudent in accordance with the guidance that is out.

So the timeline is:

Sat/Sun - professional cleaning today and finish tomorrow

Mon (9 Mar) - bldg open - employees will return to work (USCIS). Some employees may self quarantine as necessary based on interaction with pos COVID-19 employee. Not open to the public

Wed (11 Mar) - facility will open to the public

Any questions, standing by.

V/r, (b)(6)

From: (b)(6); (b)(7)(C) @hq.dhs.gov>
Sent: Saturday, March 7, 2020 11:58:54 AM
To: Alles, Randolph (b)(6) @hq.dhs.gov> (b)(6) @HQ.DHS.GOV>
Cc: (b)(6) @hq.dhs.gov>
Subject: Re: (U//FOUO) COVID-19 (Update 43) - Worldwide (Awareness NOC 0051-20)

Copy sir,

Confirming and will circle back.

V/r (b)(6)

From: Alles, Randolph (b)(6) @hq.dhs.gov>
Sent: Saturday, March 7, 2020 11:55:00 AM
To: (b)(6) @HQ.DHS.GOV>
Cc: (b)(6) @hq.dhs.gov> (b)(6); (b)(7)(C) @hq.dhs.gov>
Subject: Fwd: (U//FOUO) COVID-19 (Update 43) - Worldwide (Awareness NOC 0051-20)

(b)(6)

Please verify. My understanding is Seattle USCIS/ICE building will be open Tuesday.
Cleaning finishes this weekend? And Monday verify all is good?

V/R

R. D. "Tex" Alles

(b)(6)

From: (b)(6)@hq.dhs.gov>

Sent: Saturday, March 7, 2020 10:20:24 AM

Cc: (b)(6)@hq.dhs.gov>

Subject: (U//FOUO) COVID-19 (Update 43) - Worldwide (Awareness NOC 0051-20)

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

(U) **Overview:** There are 102,469 (+3,764) COVID-19 cases in 94 (+3) countries and 3,460 (+77) confirmed fatalities worldwide as reported by Johns Hopkins University (JHU). There are 338 (+105) confirmed cases of COVID-19 in the U.S as reported by JHU. There are 16 (+4) reported domestic fatalities, including 13 (+2) in WA, 2 (+2) in FL and 1 (n/c) in CA.

(U) As of 0623 ET 7 Mar, JHU reported 25 (+5) states have confirmed and presumptive COVID-19 cases (AZ, CA, CO, FL, GA, IL, IN, KY, MA, MD, MN, NC, NE, NH, NJ, NV, NY, OK, OR, RI, TN, TX, UT, WA, and WI). There are 11 (+4) states and 1 (+1) Indian tribe that have declared Public Health or States of Emergency for COVID-19 (CA, FL, HI, IN, KY, MD, OR, PA, UT, WA, WV and Hoopa Valley Tribe, CA). The CDC reports 42 (-4) individuals remain under quarantine. HHS reports the Governor of MD declared a State of Emergency after three cases of COVID-19 were confirmed in Montgomery County. Thirty-one patients were tested; 3 were positive; 17 were negative; and 11 are pending. The MD State Public Health Laboratory in Baltimore reported the patients contracted the virus while traveling overseas. WA health officials report

79 cases of COVID-19 in four counties. King County, which includes Seattle, is reporting 58 cases. Snohomish County has 19 cases and Grant and Jefferson Counties each have one case.

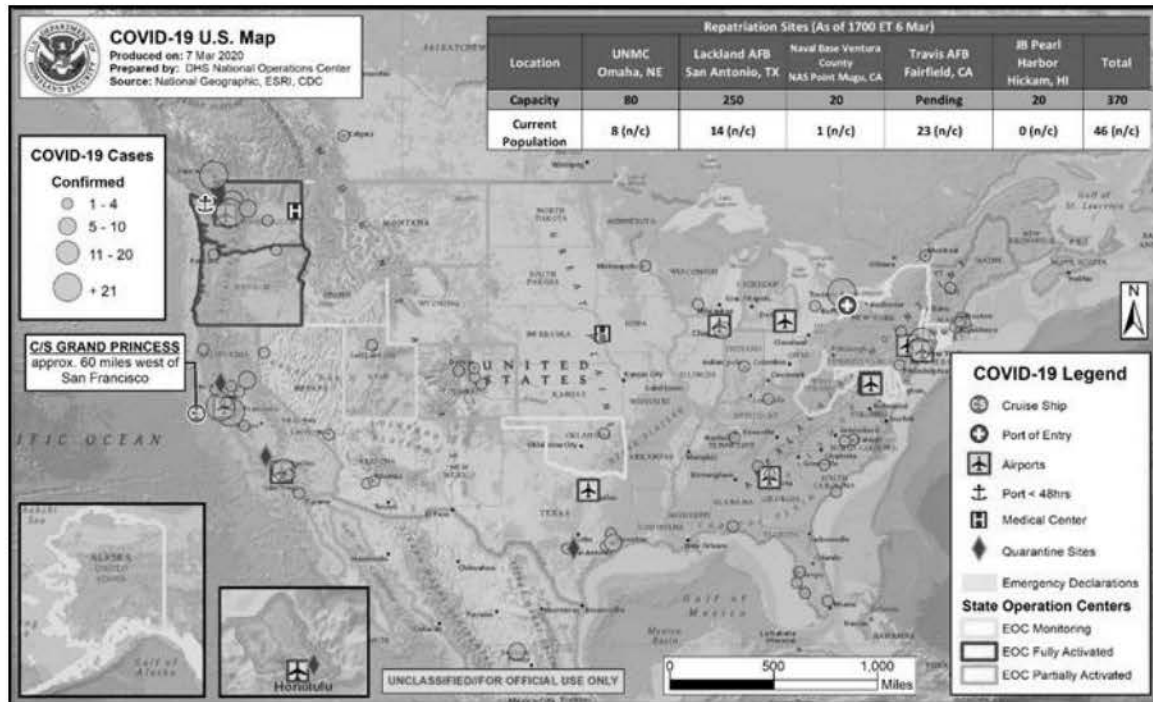
(U) USCG reports Cruise Ship (CS) GRAND PRINCESS remains off shore of San Francisco, CA. CDC reports the ship has 2,422 passengers and 1,122 crew on board. USCG reports a 76-year-old individual had a heart attack on the ship and a medical evacuation has been recommended. The individual has not exhibited symptoms of COVID-19 and was not tested for the virus. USCG is currently working on a plan to conduct the medical evacuation. USCG reports 100 Coronavirus test kits were delivered to the cruise ship by a CA Air National Guard (CAANG) helicopter; HHS reports 46 test kits were used to collect samples aboard the vessel on 5 Mar. There were 21 positive COVID-19 cases, 24 negative, and one inconclusive test result. HHS reports two suspected COVID-19 cases on CS VIKING SUN (Norway Flag) off the coast of East Java, Indonesia; 930 passengers with approximately 556 AMCITs.

(U) As of 0516 ET 7 Mar, DHS CWMD reported 55,480 (+397) travelers have received enhanced screening; including 78 (n/c) who were referred to CDC for further screening. There are no new CDC Travel Health Notices. DOS updated travel advisories for Turkmenistan and Azerbaijan to Level III (Reconsider Travel) due to COVID-19. FEMA reports 19 State Emergency Operations Centers activated.

(U) USCIS reports the Seattle Field Office, which was closed 3 Mar, is scheduled to reopen 9 Mar. There are four USCIS employees returning from Italy between 6 Mar and 30 June; they have been advised to self-quarantine for 14 days upon return per CDC guidance.

(U) For additional information, refer to the DHS Common Operating Picture and the Homeland Security Information Network.

(U) **Distribution:** DHS HQ Leadership and Senior Staff; DHS Component Leadership and Operations Centers; WHSR; Federal Interagency Operations Centers; and State and Local Mission Partners.



(b)(6)

Senior Watch Officer
National Operations Center
Office of Operations Coordination
U.S. Department of Homeland Security

Unclassified (b)(6)

Secure (b)(6)

~~**WARNING:** This document is FOR OFFICIAL USE ONLY (FOUO); it contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official.~~

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

From: Johnson, Tae D
Sent: 12 Apr 2020 16:29:52 +0000
To: Loiacono, Adam V
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Is tomorrow too late

Sent with BlackBerry Work
(www.blackberry.com)

From: Wong, Ricardo [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 12:24 PM
To: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>, [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Meade, Michael W [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

We will [(b)(5)] and get something up by tomorrow.

Thanks

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

From: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 11:59 AM
To: Wong, Ricardo [(b)(6); (b)(7)(C)]@ice.dhs.gov>, [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Meade, Michael W [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Is there a list of the 20 or so cases that include criminal histories?

Sent with BlackBerry Work
(www.blackberry.com)

From: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 11:03 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>, Meade, Michael W (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Gents,

Please see the response Simona provide to he local OPLA on the issue below. She also stated that 2 of the detainees were released prior to the order because of an exposure to COVID-19.

////////////////////

I have discussed with Acting DFOD (b)(6); and I know he discussed with (b)(6); yesterday. I think we (b)(5)

(b)(5)

(b)(5)

(b)(5)

Lastly I just received an inquiry from my supervisor DAD Wong and we are drafting a response to that too. It's an inquiry from OPLA HQ. For this reason I have copied him on this email.

Thanks,
Simona

////////////////////

Thanks

Ricardo A. Wong
Deputy Assistant Director
Immigration and Customs Enforcement
Enforcement and Removal Operations
Domestic Operations East
500 12th Street S.W MS5201
Washington, D.C. 20536
(b)(6); (b)(7)(C) @ice.dhs.gov

(202) 732-(b)(6);
(b)(7)(C) Desk)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:44 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, Meade, Michael W
(b)(6); (b)(7)(C) @ice.dhs.gov>, Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Adam believes (b)(5)

(b)(5)

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, April 12, 2020 10:42 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(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);
Iphone: 202-500-(b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov

— ATTORNEY/CLIENT PRIVILEGE — ATTORNEY WORK PRODUCT —

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:40 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(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);

Iphone: 202-500-(b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov

— ATTORNEY/CLIENT PRIVILEGE — ATTORNEY WORK PRODUCT —

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:40 AM
To: Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Is this the same case?

From: Wong, Ricardo (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Tuesday, Apr 07, 2020, 4:25 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>, Meade, Michael W (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

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

Great news from Philly. They were granted a Stay by the 3rd Circuit Court in this case and Philly did not have to release the 14 detainees.

Thanks

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

From: Wong, Ricardo
Sent: Tuesday, April 7, 2020 12:17 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>; Meade, Michael W (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

It appears as though the Middle District of PA granted a TRO to immediately release 14 detainees from both York and Pike County Jails. The USAO (b)(5)

(b)(5)

Simona

(b)(5)

I will let you know if the

Stay was granted.

Thanks

Ricardo A. Wong
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); (b)(7)(C)

(b)(7)(C)

From: Flores-Lund, Simona L (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Tuesday, April 7, 2020 11:49 AM

To: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYI

Thank you,
Simona L. Flores-Lund
Field Office Director
Immigration and Customs Enforcement
Enforcement and Removal Operations
114 N. 8th St.
Philadelphia, PA 19107
267-479-(b)(6);

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

Sent: Tuesday, April 7, 2020 11:28 AM

To: Flores-Lund, Simona L (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

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

Sent: Tuesday, April 07, 2020 11:18 AM

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

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

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Good morning (b)(6);

Please see the below information indicating the District Court granted the TRO. (b)(6); indicated the U.S. Attorney's Office is filing a petition with the 3rd Circuit to stay the order. We will keep you posted.

(b)(6);

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

Sent: Tuesday, April 07, 2020 10:53 AM

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

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

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYI, Apparently Judge Jones just granted the TRO without ever giving us an opportunity to respond. The U.S. Attorney's office (b)(5)

(b)(5)

Please say tuned . . .

This is unbelievable!!!!

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

Deputy Chief Counsel
Office of the Principal Legal Advisor, Philadelphia (York)
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security



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

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE

ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 USC §§ 552(b)(5), (b)(7).

From: (b)(6); (b)(7)(C) (USAPAM) <(b)(6); (b)(7)(C)@usdoj.gov>
Sent: Tuesday, April 07, 2020 10:38 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) (USAPAM) <(b)(6); (b)(7)(C)@usdoj.gov>; (b)(6); (b)(7)(C) (USAPAM) <(b)(6); (b)(7)(C)@usdoj.gov>; (b)(6); (b)(7)(C) (USAPAM) <(b)(6); (b)(7)(C)@usdoj.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(b)(6); some unwelcome news. Judge Jones granted the TRO without giving us a chance to make a submission. I've attached the TRO to this message, but the blurb below encapsulates the essence. Respondents "Shall Immediately Release" the Petitioners "Today." (b)(5)

(b)(5)

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

Assistant United States Attorney
U.S. Attorney's Office
Middle District of Pennsylvania
228 Walnut Street, Suite (b)(6)
P.O. Box 11754
Harrisburg, PA 17108-1754
717 (b)(6); (p)
717 (b)(7)(C) (c)
717 (f)

From: PAMDEfilingstat@pamd.uscourts.gov <PAMDEfilingstat@pamd.uscourts.gov>
Sent: Tuesday, April 7, 2020 10:15 AM
To: pamd_ecf_nef@pamd.uscourts.gov
Subject: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

This is an automatic e-mail message generated by the CM/ECF system. Please DO NOT RESPOND to this e-mail because the mail box is unattended.

NOTE TO PUBLIC ACCESS USERS Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing. However, if the referenced document is a transcript, the free copy and 30 page limit do not apply.

United States District Court

Middle District of Pennsylvania

Notice of Electronic Filing

The following transaction was entered on 4/7/2020 at 10:14 AM EDT and filed on 4/7/2020

Case Name: Hope et al v. Doll et al

Case Number: 1:20-cv-00562-JEJ

Filer:

Document Number: 11

ORDER 1. The Petitioners Motion for Temporary Restraining Order, (Doc. 5), is GRANTED.2. Respondents, and the York County Prison and Pike County Correctional Facility SHALL IMMEDIATELY RELEASE the Petitioners TODAY on their own recognizance.3. Petitioners will SELF-QUARANTINE in their respective homes for FOURTEEN (14) DAYS from the date of release.4. This TRO will expire on April 20, 2020 at 5:00 p.m.5. No later than noon on April 13, 2020, the Respondents shall SHOW CAUSE why the TRO should not be converted into a preliminary injunction.6. The Petitioners may file a response before the opening of business on April 16, 2020. (eo)

1:20-cv-00562-JEJ Notice has been electronically mailed to:

(b)(6)

1:20-cv-00562-JEJ Filer will deliver notice by other means to:

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1027698419 [Date=4/7/2020] [FileNumber=6425083-0]
[39157d54067a2b2e5cc59257b34ceaec24b62c795d24a7c364dbec3ced05ca0714a5
b2aa5e79d2645fc701cc3f8355199ef21f720d8e2b47c4414e69e4975c61]]

From: Johnson, Tae D
Sent: 12 Apr 2020 15:52:17 +0000
To: Berg, Peter B
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

See below. (b)(5)

(b)(5)

Sent with BlackBerry Work
(www.blackberry.com)

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 11:49 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(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
Iphone: 202-500(b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, April 12, 2020 11:48 AM
To: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(b)(5)

Sent with BlackBerry Work
(www.blackberry.com)

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 11:36 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: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Tae-

(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

— ATTORNEY/CLIENT PRIVILEGE — ATTORNEY WORK PRODUCT —

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, April 12, 2020 11:06 AM
To: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Please see below

Sent with BlackBerry Work
(www.blackberry.com)

From: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 11:03 AM

To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>, Berg, Peter <(b)(6)@ice.dhs.gov>, Meade, Michael W <(b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Gents,

Please see the response Simona provide to he local OPLA on the issue below. She also stated that 2 of the detainees were released prior to the order because of an exposure to COVID-19.

////////////////////////////////////

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

Lastly I just received an inquiry from my supervisor DAD Wong and we are drafting a response to that too. It's an inquiry from OPLA HQ. For this reason I have copied him on this email.

Thanks,

(b)(6);

////////////////////////////////////

Thanks

Ricardo A. Wong
Deputy Assistant Director
Immigration and Customs Enforcement
Enforcement and Removal Operations
Domestic Operations East
500 12th Street S.W MS5201
Washington, D.C. 20536

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

(202) 732-(b)(6) (Desk)

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:44 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>, Meade, Michael W (b)(6); (b)(7)(C)@ice.dhs.gov>, Wong, Ricardo (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Adam believes (b)(5)

(b)(5)

From: Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Sunday, April 12, 2020 10:42 AM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(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);
Iphone: 202-500-(b)(6);
(b)(6); (b)(7)(C)@ice.dhs.gov

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:40 AM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(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);
Iphone: 202-500-(b)(6);
(b)(6); (b)(7)(C)@ice.dhs.gov

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended

recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:40 AM
To: Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Is this the same case?

From: Wong, Ricardo (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Tuesday, Apr 07, 2020, 4:25 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>, Meade, Michael W (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(b)(6);

Great news from Philly. They were granted a Stay by the 3rd Circuit Court in this case and Philly did not have to release the 14 detainees.

Thanks

Ricardo A. Wong
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); (b)(7)(C) Desk)

From: Wong, Ricardo
Sent: Tuesday, April 7, 2020 12:17 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>; Meade, Michael W (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

It appears as though the Middle District of PA granted a TRO to immediately release 14 detainees from both York and Pike County Jails. The USAO (b)(5)

(b)(5)

Simona

(b)(5) I will let you know if the
Stay was granted.

Thanks

Ricardo A. Wong
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- Desk)

From: Flores-Lund, Simona L (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, April 7, 2020 11:49 AM
To: Wong, Ricardo (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYI

Thank you,
Simona L. Flores-Lund
Field Office Director
Immigration and Customs Enforcement
Enforcement and Removal Operations
114 N. 8th St.
Philadelphia, PA 19107
267-479- (b)(6);
(b)(7)(C)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, April 7, 2020 11:28 AM
To: Flores-Lund, Simona L (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, April 07, 2020 11:18 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Good morning (b)(6);
(b)(7)(C)

Please see the below information indicating the District Court granted the TRO (b)(6); (b)(7)(C) indicated the U.S. Attorney's Office is filing a petition with the 3rd Circuit to stay the order. We will keep you posted.

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

@ice.dhs.gov>

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

```
@ice.dhs.gov>
```

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

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

@ice.dhs.gov>

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYI, Apparently Judge Jones just granted the TRO without ever giving us an opportunity to respond. The U.S. Attorney's office (b)(5)

(b)(5)

This is unbelievable!!!!

Deputy Chief Counsel
Office of the Principal Legal Advisor, Philadelphia (York)
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security

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

From: (b)(6); (b)(7)(C) (USAPAM) (b)(6); (b)(7)(C) @usdoj.gov>
Sent: Tuesday, April 07, 2020 10:38 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) (USAPAM) (b)(6); (b)(7)(C) @usdoj.gov>; (b)(6); (b)(7)(C) (USAPAM) (b)(6); (b)(7)(C) @usdoj.gov>; (b)(6); (b)(7)(C) (USAPAM) (b)(6); (b)(7)(C) @usdoj.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(b)(6); (b)(7)(C) some unwelcome news. Judge Jones granted the TRO without giving us a chance to make a submission. I've attached the TRO to this message, but the blurb below encapsulates the essence. Respondents "Shall Immediately Release" the Petitioners "Today." (b)(5)

(b)(5)

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

Assistant United States Attorney
U.S. Attorney's Office
Middle District of Pennsylvania
228 Walnut Street, Suite (b)(6)
P.O. Box 11754
Harrisburg, PA 17108-1754

717 (b)(6); (b)(7)(C) (p)
717 (b)(7)(C) (c)
717 (b)(7)(C) (f)

From: PAMDEFilingstat@pamd.uscourts.gov <PAMDEFilingstat@pamd.uscourts.gov>
Sent: Tuesday, April 7, 2020 10:15 AM
To: pamd_ecf_nef@pamd.uscourts.gov
Subject: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

This is an automatic e-mail message generated by the CM/ECF system. Please DO NOT RESPOND to this e-mail because the mail box is unattended.

*****NOTE TO PUBLIC ACCESS USERS***** Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing. However, if the referenced document is a transcript, the free copy and 30 page limit do not apply.

United States District Court

Middle District of Pennsylvania

Notice of Electronic Filing

The following transaction was entered on 4/7/2020 at 10:14 AM EDT and filed on 4/7/2020

Case Name: Hope et al v. Doll et al

Case Number: 1:20-cv-00562-JEJ

Filer:

Document Number: 11

ORDER 1. The Petitioners Motion for Temporary Restraining Order, (Doc. 5), is GRANTED.2. Respondents, and the York County Prison and Pike County Correctional Facility SHALL IMMEDIATELY RELEASE the Petitioners TODAY on their own recognizance.3. Petitioners will SELF-QUARANTINE in their respective homes for FOURTEEN (14) DAYS from the date of release.4. This TRO will expire on April 20, 2020 at 5:00 p.m.5. No later than noon on April 13, 2020, the Respondents shall SHOW CAUSE why the TRO should not be converted into a preliminary injunction.6. The Petitioners may file a response before the opening of business on April 16, 2020. (eo)

1:20-cv-00562-JEJ Notice has been electronically mailed to:

(b)(6)

1:20-cv-00562-JEJ Filer will deliver notice by other means to:

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1027698419 [Date=4/7/2020] [FileNumber=6425083-0]
[39157d54067a2b2e5cc59257b34ceaec24b62c795d24a7c364dbec3ced05ca0714a5
b2aa5e79d2645fc701cc3f8355199ef21f720d8e2b47c4414e69e4975c61]]

From: Johnson, Tae D
Sent: 12 Apr 2020 15:49:23 +0000
To: Berg, Peter B
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYSA

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 11:48 AM
To: Loiacono, Adam V [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Cc: Loiacono, Adam V [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(b)(5)

Sent with BlackBerry Work
(www.blackberry.com)

From: Loiacono, Adam V [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 11:36 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: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Tae-

(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

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, April 12, 2020 11:06 AM
To: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Please see below

Sent with BlackBerry Work
(www.blackberry.com)

From: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 11:03 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>,
Meade, Michael W (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Gents,

Please see the response Simona provide to he local OPLA on the issue below. She also stated that 2 of the detainees were released prior to the order because of an exposure to COVID-19.

////////////////////////////////////

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

(b)(5)

Lastly I just received an inquiry from my supervisor DAD Wong and we are drafting a response to that too. It's an inquiry from OPLA HQ. For this reason I have copied him on this email.

Thanks,
Simona

////////////////////

Thanks

Ricardo A. Wong
Deputy Assistant Director
Immigration and Customs Enforcement
Enforcement and Removal Operations
Domestic Operations East
500 12th Street S.W MS5201
Washington, D.C. 20536

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

(202) 732- (b)(6); (b)(7)(C) Desk)

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

Date: Sunday, Apr 12, 2020, 10:44 AM

To: (b)(6); (b)(7)(C) @ice.dhs.gov>, Meade, Michael W

(b)(6); (b)(7)(C) @ice.dhs.gov>, Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Adam believes (b)(5)

(b)(5)

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Sunday, April 12, 2020 10:42 AM

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

Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(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); (b)(7)(C)
Iphone: 202-500-(b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov

— ATTORNEY/CLIENT PRIVILEGE — ATTORNEY WORK PRODUCT —

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:40 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(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);
Iphone: 202-500-(b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov

— ATTORNEY/CLIENT PRIVILEGE — ATTORNEY WORK PRODUCT —

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:40 AM
To: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Is this the same case?

From: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Apr 07, 2020, 4:25 PM
To: Berg, Peter (b)(6); @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, Meade, Michael W (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Pete,

Great news from Philly. They were granted a Stay by the 3rd Circuit Court in this case and Philly did not have to release the 14 detainees.

Thanks

Ricardo A. Wong
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); (b)(7)(C) Desk)

From: Wong, Ricardo
Sent: Tuesday, April 7, 2020 12:17 PM
To: Berg, Peter B (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; Meade, Michael W (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

It appears as though the Middle District of PA granted a TRO to immediately release 14 detainees from both York and Pike County Jails. The USAO (b)(5)

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

(b)(5) I will let you know if the Stay was granted.

Thanks

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

From: Flores-Lund, Simona L (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 7, 2020 11:49 AM

To: Wong, Ricardo <(b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYI

Thank you,
Simona L. Flores-Lund
Field Office Director
Immigration and Customs Enforcement
Enforcement and Removal Operations
114 N. 8th St.
Philadelphia, PA 19107
267-479(b)(6); (b)(7)(C)

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

Sent: Tuesday, April 7, 2020 11:28 AM

To: Flores-Lund, Simona L (b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

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

Sent: Tuesday, April 07, 2020 11:18 AM

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

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

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Good morning (b)(6); (b)(7)(C)

Please see the below information indicating the District Court granted the TRO. (b)(6); indicated the U.S. Attorney's Office (b)(5) We will keep you posted.

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

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

Sent: Tuesday, April 07, 2020 10:53 AM

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

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

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYI, Apparently Judge Jones just granted the TRO without ever giving us an opportunity to respond. The U.S. Attorney's office (b)(5)

(b)(5)

Please say tuned . . .

This is unbelievable!!!!

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

Deputy Chief Counsel
Office of the Principal Legal Advisor, Philadelphia (York)
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security



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

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 USC §§ 552(b)(5), (b)(7).

From: Euliss, Richard D. (USAPAM) (b)(6) @usdoj.gov>

Sent: Tuesday, April 07, 2020 10:38 AM

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

Cc: (b)(6) (b)(6) @usdoj.gov> (b)(6)

(b)(6) @usdoj.gov> (b)(6) @usdoj.gov>

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Brian, some unwelcome news. Judge Jones granted the TRO without giving us a chance to make a submission. I've attached the TRO to this message, but the blurb below encapsulates the essence. Respondents "Shall Immediately Release" the Petitioners "Today." (b)(5)

(b)(5)

Richard D. Euliss

Assistant United States Attorney
U.S. Attorney's Office
Middle District of Pennsylvania

228 Walnut Street, Suite 220
P.O. Box 11754
Harrisburg, PA 17108-1754

(b)(6)

From: PAMDEfilingstat@pamd.uscourts.gov <PAMDEfilingstat@pamd.uscourts.gov>
Sent: Tuesday, April 7, 2020 10:15 AM
To: pamd_ecf_nef@pamd.uscourts.gov
Subject: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

This is an automatic e-mail message generated by the CM/ECF system. Please **DO NOT RESPOND** to this e-mail because the mail box is unattended.

*****NOTE TO PUBLIC ACCESS USERS***** Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing. However, if the referenced document is a transcript, the free copy and 30 page limit do not apply.

United States District Court

Middle District of Pennsylvania

Notice of Electronic Filing

The following transaction was entered on 4/7/2020 at 10:14 AM EDT and filed on 4/7/2020

Case Name: Hope et al v. Doll et al

Case Number: 1:20-cv-00562-JEJ

Filer:

Document Number: 11

ORDER 1. The Petitioners Motion for Temporary Restraining Order, (Doc. 5), is **GRANTED**.**2.** Respondents, and the York County Prison and Pike County Correctional Facility **SHALL IMMEDIATELY RELEASE** the Petitioners **TODAY** on their own recognizance.**3.** Petitioners will **SELF-QUARANTINE** in their respective homes for **FOURTEEN (14) DAYS** from the date of release.**4.** This TRO will expire on April 20, 2020 at 5:00 p.m.**5.** No later than noon on April 13, 2020, the Respondents shall **SHOW CAUSE** why the TRO should not be converted into a preliminary injunction.**6.** The Petitioners may file a response before the opening of business on April 16, 2020. (eo)

1:20-cv-00562-JEJ Notice has been electronically mailed to:

(b)(6)

1:20-cv-00562-JEJ Filer will deliver notice by other means to:

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1027698419 [Date=4/7/2020] [FileNumber=6425083-0]
[39157d54067a2b2e5cc59257b34ceaec24b62c795d24a7c364dbec3ced05ca0714a5
b2aa5e79d2645fc701cc3f8355199ef21f720d8e2b47c4414e69e4975c61]]

From: Johnson, Tae D
Sent: 12 Apr 2020 15:48:45 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

What say you?

Sent with BlackBerry Work
(www.blackberry.com)

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 11:36 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: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Tae-

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

— ATTORNEY/CLIENT PRIVILEGE — ATTORNEY WORK PRODUCT —

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, April 12, 2020 11:06 AM

To: Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Please see below

Sent with BlackBerry Work
(www.blackberry.com)

From: Wong, Ricardo (b)(6); (b)(7)(C)@ice.dhs.gov>

Date: Sunday, Apr 12, 2020, 11:03 AM

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

Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Gents,

Please see the response Simona provide to he local OPLA on the issue below. She also stated that 2 of the detainees were released prior to the order because of an exposure to COVID-19.

////////////////////////////////////

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

Lastly I just received an inquiry from my supervisor DAD Wong and we are drafting a response to that too. It's an inquiry from OPLA HQ. For this reason I have copied him on this email.

Thanks,
Simona

////////////////////////////////////

Thanks

Ricardo A. Wong
Deputy Assistant Director
Immigration and Customs Enforcement
Enforcement and Removal Operations
Domestic Operations East
500 12th Street S.W MS5201
Washington, D.C. 20536
(b)(6); (b)(7)(C) @ice.dhs.gov
(202) 732-(b)(6); (b)(7)(C) esk)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:44 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, Meade, Michael W
(b)(6); (b)(7)(C) @ice.dhs.gov>, Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Adam believes (b)(5)

(b)(5)

From: Loiacono, Adam (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, April 12, 2020 10:42 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(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);
Iphone: 202-500-(b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov

— ATTORNEY/CLIENT PRIVILEGE — ATTORNEY WORK PRODUCT —

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:40 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(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);
Iphone: 202-500-(b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:40 AM
To: Loiacono, Adam (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Is this the same case?

From: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Apr 07, 2020, 4:25 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, Meade, Michael W (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(b)(6);

Great news from Philly. They were granted a Stay by the 3rd Circuit Court in this case and Philly did not have to release the 14 detainees.

Thanks

Ricardo A. Wong
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);
(b)(7) (Desk)

From: Wong, Ricardo

Sent: Tuesday, April 7, 2020 12:17 PM

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

Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; Meade, Michael W

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

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

It appears as though the Middle District of PA granted a TRO to immediately release 14 detainees from both York and Pike County Jails. The USAO (b)(5)

(b)(5)

Simona

(b)(5) I will let you know if the Stay was granted.

Thanks

Ricardo A. Wong
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);
(b)(7) (Desk)

From: Flores-Lund, Simona L (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Tuesday, April 7, 2020 11:49 AM

To: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYI

Thank you,
Simona L. Flores-Lund
Field Office Director
Immigration and Customs Enforcement
Enforcement and Removal Operations
114 N. 8th St.
Philadelphia, PA 19107
267-479-(b)(6);

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

Sent: Tuesday, April 7, 2020 11:28 AM

To: Flores-Lund, Simona L (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

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

Sent: Tuesday, April 07, 2020 11:18 AM

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

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

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Good morning (b)(6);

Please see the below information indicating the District Court granted the TRO. (b)(6); indicated the U.S. Attorney's Office (b)(5) We will keep you posted.

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

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

Sent: Tuesday, April 07, 2020 10:53 AM

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

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

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYI, Apparently Judge Jones just granted the TRO without ever giving us an opportunity to respond. The U.S. Attorney's office (b)(5)

(b)(5)

Please say tuned . . .

This is unbelievable!!!!

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

Deputy Chief Counsel

Office of the Principal Legal Advisor, Philadelphia (York)

U.S. Immigration and Customs Enforcement

U.S. Department of Homeland Security

To: pamd_ecf_nef@pamd.uscourts.gov

Subject: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

This is an automatic e-mail message generated by the CM/ECF system. Please **DO NOT RESPOND** to this e-mail because the mail box is unattended.

*****NOTE TO PUBLIC ACCESS USERS***** Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing. However, if the referenced document is a transcript, the free copy and 30 page limit do not apply.

United States District Court

Middle District of Pennsylvania

Notice of Electronic Filing

The following transaction was entered on 4/7/2020 at 10:14 AM EDT and filed on 4/7/2020

Case Name: Hope et al v. Doll et al

Case Number: 1:20-cv-00562-JEJ

Filer:

Document Number: 11

ORDER 1. The Petitioners Motion for Temporary Restraining Order, (Doc. 5), is **GRANTED**. **2.** Respondents, and the York County Prison and Pike County Correctional Facility **SHALL IMMEDIATELY RELEASE** the Petitioners **TODAY** on their own recognizance. **3.** Petitioners will **SELF-QUARANTINE** in their respective homes for **FOURTEEN (14) DAYS** from the date of release. **4.** This TRO will expire on April 20, 2020 at 5:00 p.m. **5.** No later than noon on April 13, 2020, the Respondents shall **SHOW CAUSE** why the TRO should not be converted into a preliminary injunction. **6.** The Petitioners may file a response before the opening of business on April 16, 2020. (eo)

1:20-cv-00562-JEJ Notice has been electronically mailed to:

(b)(6)

(b)(6)

1:20-cv-00562-JEJ Filer will deliver notice by other means to:

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1027698419 [Date=4/7/2020] [FileNumber=6425083-0]
[39157d54067a2b2e5cc59257b34ceaec24b62c795d24a7c364dbec3ced05ca0714a5
b2aa5e79d2645fc701cc3f8355199ef21f720d8e2b47c4414e69e4975c61]]

From: Johnson, Tae D
Sent: 26 May 2020 11:58:10 +0000
To: (b)(6); (b)(7)(C) Meade, Michael W
Subject: FW: Additional feedback from BOP

This may also be good for Denver to see. Thanks

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 22, 2020 2:00 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Additional feedback from BOP

FYSA

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 22, 2020 1:58 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>
Subject: FW: Additional feedback from BOP

I spoke with a BOP colleague who works in infection prevention and control. Following is a summary of her feedback

(b)(5)

(b)(5)

(b)(6); [redacted] DrPH, MA, CAPT USPHS
Chief, Public Health, Safety, and Preparedness (PHSP) Unit
DHS/ICE/ERO/ICE Health Service Corps
Cell: 202-210-(b)(6); [redacted]
Fax: 866-573-8531
Email: (b)(6); [redacted]@ice.dhs.gov
In office: Mon, Wed
Telework: Tue, Thu, Fri

From: Johnson, Tae D
Sent: 26 May 2020 11:57:29 +0000
To: Lucero, Enrique M
Subject: FW: Additional feedback from BOP

FYSA

From: Smith, Stewart D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Friday, May 22, 2020 2:00 PM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Additional feedback from BOP

FYSA

(b)(6); (b)(7)(C) MPH, CCHP, FACHE
Assistant Director | ICE Health Service Corps
Desk: 202-732-(b)(6); Cell: 202-321-(b)(6);
(b)(7)(C)
Executive Assistant (b)(6); (b)(7)(C)@associates.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: Friday, May 22, 2020 1:58 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>
Subject: Additional feedback from BOP

I spoke with a BOP colleague who works in infection prevention and control. Following is a summary of her feedback

(b)(5)

(b)(5)

(b)(6);
(b)(7)(C) DrPH, MA, CAPT USPHS
Chief, Public Health, Safety, and Preparedness (PHSP) Unit
DHS/ICE/ERO/ICE Health Service Corps
Cell: 202-210-(b)(6); (b)(7)(C)
Fax: 866-573-8531
Email: (b)(6); (b)(7)(C)@ice.dhs.gov
In office: Mon, Wed
Telework: Tue, Thu, Fri

From: Johnson, Tae D
Sent: 26 May 2020 11:59:30 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: Additional feedback from BOP

Hey (b)(6); (b)(7)(C) we received the below from BOP. This may be worth sharing as well. Thanks

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 22, 2020 2:00 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Additional feedback from BOP

FYSA

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 22, 2020 1:58 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>
Subject: Additional feedback from BOP

I spoke with a BOP colleague who works in infection prevention and control. Following is a summary of her feedback

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

(b)(5)

(b)(6);
(b)(7)(C) DrPH, MA, CAPT USPHS
Chief, Public Health, Safety, and Preparedness (PHSP) Unit
DHS/ICE/ERO/ICE Health Service Corps
Cell: 202-210-(b)(6);
Fax: 866-573-8531
Email: (b)(6);@ice.dhs.gov
In office: Mon, Wed
Telework: Tue, Thu, Fri

From: Johnson, Tae D
Sent: 28 May 2020 23:46:40 +0000
To: Lucero, Enrique M
Subject: FW: Adelanto Operations Plan for Saturation Testing

Sorry (b)(6); (b)(7)(C) Not sure if I ever sent you this but here is a better explanation of the issue at MV.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, May 28, 2020, 7:26 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Adelanto Operations Plan for Saturation Testing

FYI

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 22, 2020, 11:07 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Adelanto Operations Plan for Saturation Testing

I don't think (b)(5)

(b)(5)

Am I missing something here?

From: Meade, Michael W (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 22, 2020 11:04 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Adelanto Operations Plan for Saturation Testing

Here is the response from SFR (b)(5)

(b)(5)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 22, 2020 10:40 AM

To: Meade, Michael W (b)(6); (b)(7)(C) @ice.dhs.gov>; Jennings, David W (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: RE: Adelanto Operations Plan for Saturation Testing

Mesa Verde Immigration Processing Center (MVIPC) is comprised of four 100 bed housing units, two medical isolation cells and three administrative segregation/suicide watch cells. All housing units are male, with three designated as High/Medium High and the remaining designated as Low/Medium Low.

As of today, all medical isolation and segregation cells are occupied. There is no space within the facility to cohort detainees that decline to be tested from any given housing unit.

Additionally, MVIPC's acting Health Services Administrator (b)(6); (b)(7)(C) providing the following information with respect to offering tests to detainees upon intake:

(b)(5)

From: Meade, Michael W (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Thursday, May 21, 2020 6:22 PM

To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Jennings, David W (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: RE: Adelanto Operations Plan for Saturation Testing

(b)(5)

Unfortunately I won't be able to get those folks on a call.

Sent with BlackBerry Work
(www.blackberry.com)

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

Date: Thursday, May 21, 2020, 8:48 PM

To: Meade, Michael W (b)(6); (b)(7)(C) @ice.dhs.gov>; Jennings, David W (b)(6); (b)(7)(C) @ice.dhs.gov>; Marin, David A (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); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: RE: Adelanto Operations Plan for Saturation Testing

Not at Mesa Verde.

From: Meade, Michael W <(b)(6); (b)(7)(C)@ice.dhs.gov>

Date: Thursday, May 21, 2020, 5:46 PM

To: Jennings, David W <(b)(6); (b)(7)(C)@ice.dhs.gov>, Marin, David A

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

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

(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

Subject: RE: Adelanto Operations Plan for Saturation Testing

(b)(5)

Sent with BlackBerry Work
(www.blackberry.com)

From: Jennings, David W <(b)(6); (b)(7)(C)@ice.dhs.gov>

Date: Thursday, May 21, 2020, 7:23 PM

To: Meade, Michael W <(b)(6); (b)(7)(C)@ice.dhs.gov>, Marin, David A

<(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)

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

Subject: RE: Adelanto Operations Plan for Saturation Testing

Good afternoon Mike!

(b)(5)

We are happy to figure out ways to incorporate testing as scenarios evolve, just don't see the value at the moment in the scenario we are in.

dj

Field Office Director
San Francisco, CA

Sent with BlackBerry Work
(www.blackberry.com)

From: Meade, Michael W <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Thursday, May 21, 2020, 14:09
To: Marin, David A <(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, Jennings, David W <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Adelanto Operations Plan for Saturation Testing

I was told that you should try to be incorporate what you can.

Sent with BlackBerry Work
(www.blackberry.com)

From: Marin, David A <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Thursday, May 21, 2020, 5:02 PM
To: Meade, Michael W <(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, Jennings, David W <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Adelanto Operations Plan for Saturation Testing

After a quick review and discussion with AIPC staff, we need some clarification: do you want us

(b)(5)

(b)(5)

From: Meade, Michael W <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, May 21, 2020 12:48 PM
To: Marin, David A <(b)(6); (b)(7)(C)@ice.dhs.gov>; Jennings, David W

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

Subject: FW: Adelanto Operations Plan for Saturation Testing

Gents...for your plans, attached are the docs from Adelanto with the OPLA comments.....the other two are using these to see what they can incorporate in their plans from the comments.

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

Sent: Wednesday, May 20, 2020 2:17 PM

To: Meade, Michael W (b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: FW: Adelanto Operations Plan for Saturation Testing

FYI

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D (b)(6);@ice.dhs.gov>

Date: Wednesday, May 20, 2020, 12:16 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>

Cc: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: FW: Adelanto Operations Plan for Saturation Testing

Please see attached.

From: Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>

Sent: Wednesday, May 20, 2020 12:52 PM

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

Cc: Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>; Davis, Mike P (b)(6);@ice.dhs.gov>

Subject: RE: Adelanto Operations Plan for Saturation Testing

Tae-

Attached please find comments/recommendations on the operations plan and the consent forms.

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

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work

product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, May 19, 2020 11:59 AM
To: Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>; Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Adelanto Operations Plan for Saturation Testing

Here are the consent forms.

From: (b)(6); (b)(7)(C)@ice.dhs.gov
Sent: Tuesday, May 19, 2020 11:54 AM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Adelanto Operations Plan for Saturation Testing

These are the additional forms for implementation

From: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, May 19, 2020 11:46 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov
Subject: RE: Adelanto Operations Plan for Saturation Testing

Thx

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)@ice.dhs.gov
Date: Tuesday, May 19, 2020, 11:37 AM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Adelanto Operations Plan for Saturation Testing

10-4; I'll touch base

From: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, May 19, 2020 11:32 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov
Subject: FW: Adelanto Operations Plan for Saturation Testing

See below

From: Davis, Mike P (b)(6); [REDACTED]@ice.dhs.gov>
Date: Tuesday, May 19, 2020, 11:30 AM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>, Loiacono, Adam V (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: RE: Adelanto Operations Plan for Saturation Testing

We just need to (b)(5) [REDACTED]

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); [REDACTED] office) | 202.904.(b)(6); [REDACTED] mobile)
(b)(6); [REDACTED]@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: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, May 19, 2020 11:23 AM
To: Davis, Mike P (b)(6); [REDACTED]@ice.dhs.gov>; Loiacono, Adam V (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: RE: Adelanto Operations Plan for Saturation Testing

(b)(5) [REDACTED]

From: Davis, Mike P (b)(6); [REDACTED]@ice.dhs.gov>
Date: Tuesday, May 19, 2020, 11:07 AM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>, Loiacono, Adam V (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: RE: Adelanto Operations Plan for Saturation Testing

Do you (b)(5) [REDACTED]

(b)(5) [REDACTED]?

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: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, May 19, 2020 11:06 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: Adelanto Operations Plan for Saturation Testing

Hi Adam/Mike – can we get your thoughts on any legal concerns that are raised below. We

(b)(5)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, May 19, 2020 9:13 AM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Adelanto Operations Plan for Saturation Testing

Good morning Tae,

LOS reached out late last night (b)(5)

(b)(5)

Thanks,

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

From: Marin, David A (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Monday, May 18, 2020 10:08 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Adelanto Operations Plan for Saturation Testing

Good evening. For your consideration and discussion with senior leadership.

The plan we received for the voluntary testing of staff and detainees (b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

Thank you for your time.

From: Johnson, Tae D
Sent: 22 May 2020 13:44:52 +0000
To: Lucero, Enrique M
Subject: FW: Abbott COVID Tests - DHS

Arrival kits have been delayed till next Wednesday. Please see below.

From: (b)(6) <(b)(6)@hq.dhs.gov>
Date: Friday, May 22, 2020, 6:59 AM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Abbott COVID Tests - DHS

Tae,

Keeping you in the loop – Abbott Tests will arrive next week.

Jackie

(b)(6)

Office of the Chief Procurement Officer
Department of Homeland Security

(b)(6)

From: Roach, Jessica (HHS/OASH) <Jessica.Roach@hhs.gov>
Sent: Thursday, May 21, 2020 10:57 PM
To: (b)(6) <(b)(6)@hhs.gov>; Haddad, Carla (HHS/OASH) <Carla.Haddad@hhs.gov>
Subject: RE: Abbott COVID Tests - DHS

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact your component SOC with questions or concerns.

Good evening (b)(6)

Due to unforeseen manufacturing delays coupled with the holiday weekend, this week's shipment of ID NOW test kits and controls is delayed and is scheduled to arrive by Wednesday, May 27. Please let me know if you have any questions.

Best wishes,

Jess

From: (b)(6)

Sent: Tuesday, May 19, 2020 10:26 AM

To: Roach, Jessica (HHS/OASH) <Jessica.Roach@hhs.gov>; Haddad, Carla (HHS/OASH) <Carla.Haddad@hhs.gov>

Subject: FW: Abbott COVID Tests - DHS

Hi Jessica,

The information is contained below.

All sites are CLIA approved/certified. And POC information below.

Thank you!

(b)(6)

Office of the Chief Procurement Officer
Department of Homeland Security

(b)(6)

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

Sent: Tuesday, May 19, 2020 10:17 AM

To: (b)(6)@hq.dhs.gov>

Subject: RE: Abbott COVID Tests - DHS

(b)(6)

We have confirmed that the four locations are all CLIA certified. Updated POC information and phone numbers are below. Thank you.

PHO – 500 kits

Florence Detention Center

Attn: (b)(6)

3250 North Pinal Parkway

Florence, AZ 85132

(b)(6)

HOU – 400 kits

Immigration & Customs Enforcement

Attn: (b)(6)

15850 Export Plaza Drive

Houston, TX 77032

(b)(6)

NOL: 700 kits

Alexandria Staging Facility

Attn: (b)(6)
96B George Thompson Road
Alexandria, LA 71303
Office (b)(6)

SNA – 400 kits

Port Isabel

Attn: (b)(6)
27991 Buena Vista Road
Los Fresnos, TX 78566
Office (b)(6)
Cel (b)(6)

From: (b)(6) <(b)(6)@hq.dhs.gov>
Sent: Tuesday, May 19, 2020 8:49 AM
To: Johnson, Tae D (b)(6): (b)(7)(C) <(b)(6): (b)(7)(C)@ice.dhs.gov>
Subject: FW: Abbott COVID Tests - DHS

Good Morning Tae,

See below for the questions from HHS. Can you please provide the information requested?
Onsite Phone numbers and POCs, and confirmation that the new sites meet the CLIA
certification standards and have devices available to process the tests?

Thank you,

(b)(6)

(b)(6)

Office of the Chief Procurement Officer
Department of Homeland Security

(b)(6)

From: Roach, Jessica (HHS/OASH) <Jessica.Roach@hhs.gov>
Sent: Tuesday, May 19, 2020 8:42 AM
To: (b)(6) <(b)(6)@hq.dhs.gov>
Subject: RE: Abbott COVID Tests - DHS

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact your component SOC with questions or concerns.

Great, thanks Jackie. One point of clarification and one additional request.

1) The test ship in kits of 24 – I've noted the number of kits next to each location below for a total of 84 kits.

2) These will be shipping from the Strategic National Stockpile and require phone numbers for an on-site point of contact. **Can you please provide phone numbers by COB today?**

Also, I wanted to confirm that these sites have devices, meet CLIA certification standards, etc. since they are different than the locations where we originally sent the devices.

Thanks!

Jess

—
Jessica L. Roach, MPH
U.S. Department of Health and Human Services

From: (b)(6)@hq.dhs.gov
Sent: Tuesday, May 19, 2020 7:27 AM
To: Roach, Jessica (HHS/OASH) <Jessica.Roach@hhs.gov>
Subject: FW: Abbott COVID Tests - DHS

Jessica,

Below are the shipping addresses and quantities this month for the test kits. Let me know if you need anything further.

Thanks!

(b)(6)

Office of the Chief Procurement Officer
Department of Homeland Security

(b)(6)

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, May 19, 2020 7:21 AM
To: (b)(6)@hq.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6)@hq.dhs.gov>; (b)(6)@hq.dhs.gov>
Subject: RE: Abbott COVID Tests - DHS

Good morning (b)(6)

Shipping addresses are below. Please let me know if you need additional information. Thx

PHO – 500 tests 21 kits

*Florence Detention Center
Attn: John Cantu
3250 North Pinal Parkway
Florence, AZ 85132*

HOU – 400 tests 17 kits

*Immigration & Customs Enforcement
Attn: IHSC CMDR H. Phan
15850 Export Plaza Drive
Houston, TX 77032*

NOL: 700 tests 29 kits

*Alexandria Staging Facility
Attn: HSA Penny Strother
96B George Thompson Road
Alexandria, LA 71303*

SNA – 400 tests 17 kits

*Port Isabel
Attn: HSA CMDR Herman Auhl
27991 Buena Vista Road
Los Fresnos, TX 78566*

From: (b)(6)
Date: Monday, May 18, 2020, 9:46 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6) @hq.dhs.gov>, (b)(6) (b)(6) @hq.dhs.gov>
Subject: Re: Abbott COVID Tests - DHS

Thanks. I'll let HHS know that we will provide tomorrow.

(b)(6)
Office of the Chief Procurement Officer
Department of Homeland Security
(b)(6)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, May 18, 2020 9:45:34 PM
To: (b)(6) @hq.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6) @hq.dhs.gov> (b)(6)

(b)(6) @hq.dhs.gov>
Subject: RE: Abbott COVID Tests - DHS

We will get you the addresses in the morning. Apologies for the delay.

Sent with BlackBerry Work

(<https://protect2.fireeye.com/url?k=028eb89a-5edaa1e6-028e89a5-0cc47adc5fa2-4f880740908549d1&u=https://protect2.fireeye.com/url?k=4e1a4787-124e6eac-4e1a76b8-0cc47a6d17cc-283f79fa1f68c746&u=http://www.blackberry.com/>)

From: (b)(6) @hq.dhs.gov>
Date: Monday, May 18, 2020, 9:25 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6)
(b)(6) @hq.dhs.gov> (b)(6) @hq.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Re: Abbott COVID Tests - DHS

Good Evening Henry,

Following up to get the information to HHS on where to send the Abbott test kits. HHS is standing by to ship the weekly allotment of test kits to your desired locations. Please advise if someone at ICE already gave them the information. If not, my POC is standing by for us to provide it. I am guessing that shipments should go to the locations with the devices to read results, however need confirmation and numbers.

Thanks

(b)(6)

Office of the Chief Procurement Officer
Department of Homeland Security

(b)(6)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, May 18, 2020 1:00:37 PM
To: (b)(6) @hq.dhs.gov> (b)(6)
(b)(6) @hq.dhs.gov> (b)(6) @hq.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Abbott COVID Tests - DHS

Apologies, I thought this would be for new machines. I will resend where the 2000 monthly kits should be sent shortly.

From: (b)(6)@hq.dhs.gov>

Date: Monday, May 18, 2020, 12:57 PM

To: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6)

(b)(6)@hq.dhs.gov>; (b)(6)@hq.dhs.gov>

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

Subject: RE: Abbott COVID Tests - DHS

Henry,

To clarify, this would only be for the 84 Abbott ID Now test kits that HHS is shipping us. This is not anything new. Would the same quantities go to the three locations where the devices are?

(b)(6)

(b)(6)

Office of the Chief Procurement Officer
Department of Homeland Security

(b)(6)

From: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>

Sent: Monday, May 18, 2020 12:51 PM

To: (b)(6)@hq.dhs.gov>; (b)(6)

(b)(6)@hq.dhs.gov>; (b)(6)@hq.dhs.gov>

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

Subject: RE: Abbott COVID Tests - DHS

H (b)(6)

Shipping locations below for machines and test kits:

PHO – 3 Machines, 1000 tests

*Florence Detention Center
C/O John Cantu
3250 North Pinal Parkway
Florence, AZ 85132*

ELP – 2 Machines

*Priscilla A. Vega
AFOD Mission Support
US DHS ICE ERO – El Paso Field Office
11541 Montana, Suite E Room 101*

DAL – 2 Machines

(a)AFOD Joshua Johnson

1209 Sunflower Lane,
Alvarado, TX 76009

NOL: 3 Machines, 1000 tests
Alexandria Staging Facility
Attn: HSA Penny Strother
96B George Thompson Road
Alexandria, LA 71303

MIA: 2 Machines, 500 tests
ICE-Krome Service Processing Center
18201 SW 12th Street.
Miami, FL 33194
ATTN: Acting OIC Liana Castano

ATL: 3 Machines Total broken out below:
2 Machines, 500 tests
Attn: Assistant Warden Donald Dupree
Stewart Detention Center (STWRTGA)
146 CCA Rd
Lumpkin, GA 31815

1 Machine
Attn: Health Services Administrator Marian Cole
Irwin County Detention Center (IRWINGA)
132 Cotton Dr
Ocilla, GA 31774

Thanks,

Henry

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

From: (b)(6) @hq.dhs.gov>
Sent: Monday, May 18, 2020 11:57 AM
To: (b)(6) @hq.dhs.gov> (b)(6)
(b)(6) @hq.dhs.gov>
Cc: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Abbott COVID Tests - DHS

Hi Henry –

Can you confirm the shipping addresses for the second round of test kits?

Thank you!

(b)(6)

Office of the Under Secretary for Management
U.S. Department of Homeland Security

(b)(6)



"With honor and integrity, we will safeguard the American people, our homeland, and our values." ...DHS Mission

From: Johnson, Tae D
Sent: 21 Apr 2020 12:36:34 +0000
To: Lucero, Enrique M
Subject: FW: Abbott ID NOW COVID-19 Testing

What do you think - (b)(5)

(b)(5)

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Tuesday, Apr 21, 2020, 8:25 AM
To: Albence, Matthew <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>, Benner, Derek N <(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: Abbott ID NOW COVID-19 Testing

10-4, will do

From: Albence, Matthew <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, April 21, 2020 8:24 AM
To: Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>; Benner, Derek N <(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: Abbott ID NOW COVID-19 Testing

Just got off AS1 call. Tex is supposed to reach out to us to get the addresses. If you can forward me them I will send to him and get the POC.

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Tuesday, Apr 21, 2020, 8:21 AM
To: Albence, Matthew (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>, Benner, Derek N (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: Abbott ID NOW COVID-19 Testing

Good morning,

(b)(5)

From: Albence, Matthew (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Monday, April 20, 2020 9:16 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>; Benner, Derek N (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: Abbott ID NOW COVID-19 Testing

Great work, Henry. Thank you!

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Monday, Apr 20, 2020, 9:08 PM
To: Albence, Matthew (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>, Benner, Derek N (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: FW: Abbott ID NOW COVID-19 Testing

GEO requested an email and it is below. They are fully on board and have agreed to start testing at the two locations identified below. We are reaching out to Core Civic and La Salle as well. Based on the email from IHSC and what I have learned I don't think

(b)(5)

Enrique M. Lucero
Executive Associate Director

Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
202 732 (b)(6); (b)(7)(C) office)
(b)(6); (b)(7)(C) @ice.dhs.gov

From: Lucero, Enrique M
Sent: Monday, April 20, 2020 9:03 PM
To: (b)(6); (b)(7)(C) @geogroup.com>
Cc: (b)(6); (b)(7)(C) @geogroup.com>; (b)(6); (b)(7)(C) @geogroup.com>;
(b)(6); (b)(7)(C) @geogroup.com>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Abbott ID NOW COVID-19 Testing

Good evening,

ICE is requesting that GEO begin testing aliens identified by ICE that will be scheduled for repatriation utilizing new Abbott ID COVID-19 testing machines. I appreciate your willingness to utilize these new machines as we plan to ship at least one to Karnes and Joe Corley as early as tomorrow. ERO is reaching out to other partners to request the same testing begin with machines ICE has been able to acquire. I truly appreciate your partnership and quick response to this pandemic. Acting AD (b)(6); (b)(7)(C) will be the ICE POC for coordination and is copied on this email.

Regards,

Henry

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

Henry,

As discussed, we will be able to assist. Please have your point person send us an email on the details so we can coordinate with our field staff at Joe Corley and Karnes Residential.

From: Johnson, Tae D
Sent: 19 Apr 2020 15:13:52 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: ACCC-hospital update day 5 (b)(6); (b)(7)(C)

What is the latest on this guy? It can wait will Monday. Thx

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Saturday, April 11, 2020 3:23 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: ACCC-hospital update day 5 (b)(6); (b)(7)(C)

NOL detainee that has been at the hospital for possible meningitis is confirmed COVID positive and Hep B positive. The meningitis test is still pending.

Sent with BlackBerry Work
(www.blackberry.com)

From: Wong, Ricardo (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Saturday, Apr 11, 2020, 1:20 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>, Meade, Michael W (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: ACCC-hospital update day 5 (b)(6); (b)(7)(C)

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

NOL is reporting a detainee testing positive for COVID-19 I Adams Correctional Center in Natchez, MS.

Thanks

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

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

Date: Saturday, Apr 11, 2020, 1:12 PM

To: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: FW: ACCC-hospital update day 5 (b)(6); (b)(7)(C)

Hi Ricardo,

One more detainee positive for COVID-19. This one is from Adams (Natchez, MS) and has been at the hospital already for 5 days pending a diagnosis for meningitis. The hospital has the documentation regarding the positive test for COVID.

SIR forthcoming.

Thanks,

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

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

Date: Saturday, Apr 11, 2020, 12:06 PM

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

Subject: FW: ACCC-hospital update day (b)(6); (b)(7)(C)

He just popped positive at the hospital - been there for five days. Meningitis results still pending and he was just diagnosed with Hepatitis B as well.

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

Deputy Field Office Director

New Orleans Field Office

Oakdale, Louisiana

M: 225-892-(b)(6);

(b)(7)(C)

From: (b)(6); (b)(7)(C) @corecivic.com>

Sent: Saturday, April 11, 2020 11:08 AM

To: #FNL-HUB-MED (b)(6); (b)(7)(C) @ice.dhs.gov>; Adams County CC

Exec. Staff (b)(6); @corecivic.com>; (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @corecivic.com>; (b)(6); (b)(7)(C)

(b)(6); @corecivic.com>; (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @corecivic.com>; (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)

(b)(6); (b)(7)(C)@corecivic.com;(b)(6); (b)(7)(C)@corecivic.com>

Subject: ACCC-hospital update day (b)(6); (b)(7)(C)

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

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

Hospital day: #5

Admit Date: 4/8/2020

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

Diagnosis: Sepsis , meningitis, mastoiditis, positive COVID, hepatitis B positive.

Detainee (b)(6); remains in ICU at Merit Health Central. Per report this morning, his COVID results came back positive and also positive for Hepatitis B. Vital signs BP118/ 54, RR 22, HR 72, Temp 98.7.

He continues to receive vancomycin, acyclovir, and rocephin. No respiratory distress noted.

If you have have any questions, feel free to call me.

(b)(6); (b)(7)(C) RN, AHSA

601-807(b)(6);

(i) This e-mail and any files transmitted with it are confidential and intended solely for the use of the intended recipient(s). If you have received this e-mail in error, please notify the sender immediately and delete this e-mail and any associated files from your system. (ii) Views or opinions presented in this e-mail are solely those of the author and do not necessarily represent those of CoreCivic. (iii) The recipient should check this e-mail and any attachments for the presence of viruses. The company accepts no liability for errors or omissions caused by e-mail transmission or any damage caused by any virus transmitted by or with this e-mail. This email has been scanned for content and viruses by the Barracuda Email Security System. --

From: Johnson, Tae D
Sent: 12 Apr 2020 16:46:24 +0000
To: Lucero, Enrique M
Cc: (b)(6); (b)(7)(C)
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYSA

Sent with BlackBerry Work
(www.blackberry.com)

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 12:45 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Thanks. (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);
Iphone: 202-500 (b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov

— ATTORNEY/CLIENT PRIVILEGE — ATTORNEY WORK PRODUCT —

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 12:42 PM
To: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Yes, that is correct

Sent with BlackBerry Work
(www.blackberry.com)

From: Loiacono, Adam V [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 12:32 PM
To: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(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
Iphone: 202-500-[(b)(6)];
[(b)(6); (b)(7)(C)]@ice.dhs.gov

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Sent: Sunday, April 12, 2020 12:30 PM
To: Loiacono, Adam V [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Is tomorrow too late

Sent with BlackBerry Work
(www.blackberry.com)

From: Wong, Ricardo [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 12:24 PM
To: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>, [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Meade, Michael W [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

We will work with [(b)(6); (b)(7)(C)] and get something up by tomorrow.

Thanks

Ricardo A. Wong
Deputy Assistant Director
Immigration and Customs Enforcement
Enforcement and Removal Operations
Domestic Operations East

500 12th Street S.W MS5201
Washington, D.C. 20536
(b)(6); (b)(7)(C)@ice.dhs.gov
(202) 732 (b)(6); Desk)

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 11:59 AM
To: Wong, Ricardo (b)(6); (b)(7)(C)@ice.dhs.gov>, Berg, Peter B (b)(6); (b)(7)(C)@ice.dhs.gov>, Meade, Michael W (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

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

Sent with BlackBerry Work
(www.blackberry.com)

From: Wong, Ricardo (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 11:03 AM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, Meade, Michael W (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Gents,

Please see the response Simona provide to he local OPLA on the issue below. She also stated that 2 of the detainees were released prior to the order because of an exposure to COVID-19.

////////////////////

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

Lastly I just received an inquiry from my supervisor DAD Wong and we are drafting a response to that too. It's an inquiry from OPLA HQ. For this reason I have copied him on this email.

Thanks,
Simona

////////////////

Thanks

Ricardo A. Wong
Deputy Assistant Director
Immigration and Customs Enforcement
Enforcement and Removal Operations
Domestic Operations East
500 12th Street S.W. (b)(6);
Washington, D.C. 20536
(b)(6); (b)(7)(C) @ice.dhs.gov
(202) 732 (b)(6); esk)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:44 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, Meade, Michael W
(b)(6); (b)(7)(C) @ice.dhs.gov>, Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Adam believes (b)(6); (b)(7)(C)

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

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, April 12, 2020 10:42 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

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

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

— ATTORNEY/CLIENT PRIVILEGE — ATTORNEY WORK PRODUCT —

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended

recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:40 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

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

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

— ATTORNEY/CLIENT PRIVILEGE — ATTORNEY WORK PRODUCT —

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:40 AM
To: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Is this the same case?

From: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Apr 07, 2020, 4:25 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, Meade, Michael W (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

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

Great news from Philly. They were granted a Stay by the 3rd Circuit Court in this case and Philly did not have to release the 14 detainees.

Thanks

Ricardo A. Wong

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); (b)(7)(C) Desk)

From: Wong, Ricardo
Sent: Tuesday, April 7, 2020 12:17 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; Meade, Michael W
(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

It appears as though the Middle District of PA granted a TRO to immediately release 14 detainees from both York and Pike County Jails. The USAO (b)(5)
(b)(6); (b)(7)(C); (b)(5)
(b)(5) I will let you know if the
Stay was granted.

Thanks

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

From: Flores-Lund, Simona L (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 7, 2020 11:49 AM
To: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYI

Thank you,
Simona L. Flores-Lund
Field Office Director
Immigration and Customs Enforcement
Enforcement and Removal Operations

114 N. 8th St.
Philadelphia, PA 19107
267-479-(b)(6);

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 7, 2020 11:28 AM
To: Flores-Lund, Simona L (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 07, 2020 11:18 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Good morning (b)(6); (b)(7)(C)

Please see the below information indicating the District Court granted the TRO (b)(6); indicated the U.S. Attorney's Office (b)(5) We will keep you posted.

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 07, 2020 10:53 AM
To: (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>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYI, Apparently Judge Jones just granted the TRO without ever giving us an opportunity to respond. The U.S. Attorney's office (b)(5)

(b)(5)

Please say tuned . . .

This is unbelievable!!!!

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

Deputy Chief Counsel
Office of the Principal Legal Advisor, Philadelphia (York)
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security



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

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 USC §§ 552(b)(5), (b)(7).

From: Euliss, Richard D. (USAPAM) (b)(6) @usdoj.gov>

Sent: Tuesday, April 07, 2020 10:38 AM

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

Cc: (b)(6) @usdoj.gov>; (b)(6)

(b)(6) @usdoj.gov> (b)(6) @usdoj.gov>

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Brian, some unwelcome news. Judge Jones granted the TRO without giving us a chance to make a submission. I've attached the TRO to this message, but the blurb below encapsulates the essence. Respondents "Shall Immediately Release" the Petitioners "Today." (b)(5)

(b)(5)

Richard D. Euliss

Assistant United States Attorney
U.S. Attorney's Office
Middle District of Pennsylvania
228 Walnut Street, Suite 220
P.O. Box 11754
Harrisburg, PA 17108-1754
717-221-4462 (p)
717-919-6137 (c)
717-221-4493 (f)

From: PAMDEfilingstat@pamd.uscourts.gov <PAMDEfilingstat@pamd.uscourts.gov>

Sent: Tuesday, April 7, 2020 10:15 AM

To: pamd_ecf_nef@pamd.uscourts.gov

Subject: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

This is an automatic e-mail message generated by the CM/ECF system. Please **DO NOT RESPOND** to this e-mail because the mail box is unattended.

*****NOTE TO PUBLIC ACCESS USERS***** Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing. However, if the referenced document is a transcript, the free copy and 30 page limit do not apply.

United States District Court

Middle District of Pennsylvania

Notice of Electronic Filing

The following transaction was entered on 4/7/2020 at 10:14 AM EDT and filed on 4/7/2020

Case Name: Hope et al v. Doll et al

Case Number: 1:20-cv-00562-JEJ

Filer:

Document Number: 11

ORDER 1. The Petitioners Motion for Temporary Restraining Order, (Doc. 5), is **GRANTED**. **2.** Respondents, and the York County Prison and Pike County Correctional Facility **SHALL IMMEDIATELY RELEASE** the Petitioners **TODAY** on their own recognizance. **3.** Petitioners will **SELF-QUARANTINE** in their respective homes for **FOURTEEN (14) DAYS** from the date of release. **4.** This TRO will expire on April 20, 2020 at 5:00 p.m. **5.** No later than noon on April 13, 2020, the Respondents shall **SHOW CAUSE** why the TRO should not be converted into a preliminary injunction. **6.** The Petitioners may file a response before the opening of business on April 16, 2020. (eo)

1:20-cv-00562-JEJ Notice has been electronically mailed to:

(b)(5)

(b)(5)

I:20-cv-00562-JEJ Filer will deliver notice by other means to:

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1027698419 [Date=4/7/2020] [FileNumber=6425083-0]
[39157d54067a2b2e5cc59257b34ceaec24b62c795d24a7c364dbec3ced05ca0714a5
b2aa5e79d2645fc701cc3f8355199ef21f720d8e2b47c4414e69e4975c61]]

From: Johnson, Tae D
Sent: 12 Apr 2020 15:06:16 +0000
To: Loiacono, Adam V
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Please see below

Sent with BlackBerry Work
(www.blackberry.com)

From: Wong, Ricardo [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 11:03 AM
To: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>, [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Meade, Michael W [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Gents,

Please see the response Simona provide to he local OPLA on the issue below. She also stated that 2 of the detainees were released prior to the order because of an exposure to COVID-19.

////////////////////
[(b)(6); (b)(7)(C); (b)(5)]

Lastly I just received an inquiry from my supervisor DAD Wong and we are drafting a response to that too. It's an inquiry from OPLA HQ. For this reason I have copied him on this email.

Thanks,

Simona

////////////////////

Thanks

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

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:44 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, Meade, Michael W
(b)(6); (b)(7)(C) @ice.dhs.gov>, Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Adam believes (b)(5)

(b)(5)

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, April 12, 2020 10:42 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(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);
Iphone: 202-500 (b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Loiacono, Adam V. (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:40 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(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);
Iphone: 202-500-(b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov

— ATTORNEY/CLIENT PRIVILEGE — ATTORNEY WORK PRODUCT —

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:40 AM
To: Loiacono, Adam V. (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Is this the same case?

From: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Apr 07, 2020, 4:25 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, Meade, Michael W
(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(b)(6);

Great news from Philly. They were granted a Stay by the 3rd Circuit Court in this case and Philly did not have to release the 14 detainees.

Thanks

Ricardo A. Wong
Deputy Assistant Director
Immigration and Customs Enforcement
Enforcement and Removal Operations

Domestic Operations, Eastern Operations

500 12th Street S.W. (b)(6);

Washington, D.C. 20536

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

(202) 732 (b)(6);

(b)(7)(C)

Desk)

From: Wong, Ricardo

Sent: Tuesday, April 7, 2020 12:17 PM

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

Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; Meade, Michael W

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

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

It appears as though the Middle District of PA granted a TRO to immediately release 14 detainees from both York and Pike County Jails. The USAO (b)(5)

(b)(5)

Simona

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

I will let you know if the

Stay was granted.

Thanks

Ricardo A. Wong

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);

(b)(7)(C)

Desk)

From: Flores-Lund, Simona L (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Tuesday, April 7, 2020 11:49 AM

To: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYI

Thank you,

Simona L. Flores-Lund

Field Office Director

Immigration and Customs Enforcement

Enforcement and Removal Operations

114 N. 8th St.

Philadelphia, PA 19107

267-479 (b)(6);

(b)(7)(C)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 7, 2020 11:28 AM
To: Flores-Lund, Simona L (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 07, 2020 11:18 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

Good morning (b)(6);
(b)(7)(C)

Please see the below information indicating the District Court granted the TRO. (b)(6); indicated the U.S. Attorney's Office (b)(5) We will keep you posted.

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 07, 2020 10:53 AM
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>; (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: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

FYI, Apparently Judge Jones just granted the TRO without ever giving us an opportunity to respond. The U.S. Attorney's office (b)(5)

(b)(5)

Please say tuned . . .

This is unbelievable!!!!

(b)(6); (b)(7)(C)
Deputy Chief Counsel
Office of the Principal Legal Advisor, Philadelphia (York)
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security



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

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 USC §§ 552(b)(5), (b)(7).

From: Euliss, Richard D. (USAPAM) (b)(5) @usdoj.gov>

Sent: Tuesday, April 07, 2020 10:38 AM

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

Cc: (b)(5) @usdoj.gov> (b)(5) @usdoj.gov>

(b)(5) @usdoj.gov> (b)(5) @usdoj.gov>

Subject: FW: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

(b)(6): some unwelcome news. Judge Jones granted the TRO without giving us a chance to make a submission. I've attached the TRO to this message, but the blurb below encapsulates the essence. Respondents "Shall Immediately Release" the Petitioners "Today." (b)(5)

(b)(5)

Richard D. Euliss

Assistant United States Attorney
U.S. Attorney's Office
Middle District of Pennsylvania
228 Walnut Street, Suite 220
P.O. Box 11754
Harrisburg, PA 17108-1754

(b)(5)

From: PAMDEfilingstat@pamd.uscourts.gov <PAMDEfilingstat@pamd.uscourts.gov>

Sent: Tuesday, April 7, 2020 10:15 AM

To: pamd_ecf_nef@pamd.uscourts.gov

Subject: Activity in Case 1:20-cv-00562-JEJ Hope et al v. Doll et al Order on Motion for TRO

This is an automatic e-mail message generated by the CM/ECF system. Please **DO NOT RESPOND** to this e-mail because the mail box is unattended.

*****NOTE TO PUBLIC ACCESS USERS***** Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing. However, if the referenced document is a transcript, the free copy and 30 page limit do not apply.

United States District Court

Middle District of Pennsylvania

Notice of Electronic Filing

The following transaction was entered on 4/7/2020 at 10:14 AM EDT and filed on 4/7/2020

Case Name: Hope et al v. Doll et al

Case Number: 1:20-cv-00562-JEJ

Filer:

Document Number: 11

ORDER 1. The Petitioners Motion for Temporary Restraining Order, (Doc. 5), is **GRANTED**.**2.** Respondents, and the York County Prison and Pike County Correctional Facility **SHALL IMMEDIATELY RELEASE** the Petitioners **TODAY** on their own recognizance.**3.** Petitioners will **SELF-QUARANTINE** in their respective homes for **FOURTEEN (14) DAYS** from the date of release.**4.** This TRO will expire on April 20, 2020 at 5:00 p.m.**5.** No later than noon on April 13, 2020, the Respondents shall **SHOW CAUSE** why the TRO should not be converted into a preliminary injunction.**6.** The Petitioners may file a response before the opening of business on April 16, 2020. (eo)

1:20-cv-00562-JEJ Notice has been electronically mailed to:

(b)(5)

(b)(5)

1:20-cv-00562-JEJ Filer will deliver notice by other means to:

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1027698419 [Date=4/7/2020] [FileNumber=6425083-0]
[39157d54067a2b2e5cc59257b34ceaec24b62c795d24a7c364dbec3ced05ca0714a5
b2aa5e79d2645fc701cc3f8355199ef21f720d8e2b47c4414e69e4975c61]]

From: Johnson, Tae D
Sent: 31 Mar 2020 18:12:04 +0000
To: Pineiro, Marlen
Subject: FW: CDC guidance

Additional thoughts from Workforce folks.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, March 31, 2020 8:33 AM
To: Johnson, Tae D (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>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: CDC guidance

Good morning again:

The guidance referenced in the very first email below is for healthcare personnel. It does not align with the DHS Supervisor Decision Matrix ([found here](#)).

Of particular interest, I think, is the FAA-CDC guidance dated 12MAR2020 for airline operators [found here](#). It does recommend that "Crew members with high-risk exposures to COVID-19 ...may also need to be excluded from work until no longer at risk for becoming infectious." That would be the 14-day self-quarantine.

(b)(5)

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

V/R,

(b)(6):
202.425.(b)(6):

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 30, 2020 8:56 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>; (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

Thank you all very much

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: (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, the contractor is following guidance put out for health care professionals as far back as March 7, 2020.

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

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); — Just looking for your thoughts on whether the contractor's plan of action meets the minimum CDC requirements in your view. This is a situation where two flight crew members tested positive for CV19. (b)(5)

(b)(5) I know this doesn't fall in your lane, but we could use the help interpreting this. Thanks

From: Pineiro, Marlen (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: Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: CDC guidance

MP,

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 IAO to impose more stringent requirements, we can get started on the contracting actions, as outlined below. We will just need to work through the potential reduction in available flight crews/guards/nurses, if that's the direction given.

Thank you,

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

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) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: CDC guidance

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

If ICE wants to direct that all exposed employees are sent home for 14-days, the we can ask the
(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-(b)(7) Mobile

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



WARNING: This document is FOR OFFICIAL USE ONLY (FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). This document is to be controlled, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to Sensitive But Unclassified (SBU) information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval from the originator.

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-assesment-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



WARNING: This document is FOR OFFICIAL USE ONLY (FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). This document is to be controlled, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to Sensitive But Unclassified (SBU) information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval from the originator.

From: Johnson, Tae D
Sent: 18 Apr 2020 17:17:08 +0000
To: Lucero, Enrique M
Subject: FW: CDC Report
Attachments: Interim Conclusions.docx

Sent with BlackBerry Work
(www.blackberry.com)

From: Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Apr 18, 2020, 1:07 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: CDC Report

I'll limit distro too but not sure why?

From: Boyd, Valerie (b)(6) @hq.dhs.gov>
Sent: Saturday, April 18, 2020 12:53 PM
To: McCament, James (b)(6) @hq.dhs.gov>; Glabe, Scott (b)(6) @hq.dhs.gov>; Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: CDC Report

Arreaga sent this to (b)(6) and (b)(6) at State WHA last night.

(b)(6) advised them not to send to anyone. (b)(6) sent it to (b)(6) and AS1 last night.

We are the only others to my knowledge who have it now.

AS1 is talking to Dr. Redfield at CDC at 1pm about it.

Referred to Another Agency/Component

Page 231

Withheld pursuant to exemption
Referred to Another Agency/Component
of the Freedom of Information and Privacy Act

Page 232

Withheld pursuant to exemption
Referred to Another Agency/Component
of the Freedom of Information and Privacy Act

From: Johnson, Tae D
Sent: 16 Apr 2020 23:10:01 +0000
To: Lucero, Enrique M; Albence, Matthew
Subject: FW: CDC review of Guatemala claims

For awareness.

Sent with BlackBerry Work
(www.blackberry.com)

From: Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 16, 2020, 6:48 PM
To: Johnson, Tae 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>
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> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: CDC review of Guatemala claims

Folks CDC wants another call which will include the Guatemala doc.

We will use the same number, he does speak English

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, Apr 15, 2020, 6:54 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>, Pineiro, Marlen (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> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: CDC review of Guatemala claims

Yes waiting on call in now

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, Apr 15, 2020, 6:45 PM

To: Johnson, Tae 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>
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)(6);@ice.dhs.gov>
Subject: RE: CDC review of Guatemala claims

Is this call suppose to be in 15 mins?

Dr (b)(6); (b)(7)(C) MPH, CCHP, FACHE
Assistant Director | ICE Health Service Corps
Desk: 202-732 (b)(6); Cell: 202-321 (b)(6);

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Wednesday, Apr 15, 2020, 6:41 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>, Pineiro, Marlen (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: CDC review of Guatemala claims

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

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Wednesday, Apr 15, 2020, 6:39 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>, Pineiro, Marlen (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: CDC review of Guatemala claims

We sent it up just before 4 pm. Here's the info for those who weren't copied:

As of this morning's IHSC report we have 103 cases that have tested positive for COVID-19 (cumulative total).

Of those positive cases, fourteen (14) are Guatemalan

- 13 remain in ICE custody
- 1 was released on OSUP from Florence SPC

Please let me know if you need anything additional.

Thank You

(b)(6);

Adams County Correctional (ERO NOL)

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

Stewart Detention Center (ERO ATL)

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

Buffalo SPC (ERO BUF)

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

Florence SPC (ERO PHO)

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

- Released from ICE custody on OSUP on 4/03/2020

La Palma Correctional Center (ERO PHO)

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

Pulaski County Jail (ERO CHI)

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

Pike County Jail (ERO PHI)

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

Elizabeth Contract Detention Facility (ERO NEW)

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

Otay Mesa Detention Center (ERO SND)

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

Essex County jail (NJ) – ERO NY

- (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)(7)(C) (cell)

NOTICE: This communication may contain privileged or otherwise confidential information. If you are not an intended recipient or believe you have received this communication in error, please do not print, copy, retransmit, disseminate, or otherwise use this information. Please inform the sender that you received this message in error and delete the message.

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 15, 2020 6:37 PM
To: Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Smith, Stewart D (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)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: CDC review of Guatemala claims

And still no list of the supposed positive cases?

Sent with BlackBerry Work
(www.blackberry.com)

From: Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, Apr 15, 2020, 6:31 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: 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)(6); (b)(7)(C) @ice.dhs.gov>

Subject: RE: CDC review of Guatemala claims

10-4, call was just set for 7pm our time today. Once I have the details I'll send to everyone on group and hopefully each AD can participate and/or at least send rep.

This will likely touch each of you not only getting past info or also on future flights.

MP

From: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Wednesday, April 15, 2020 6:29 PM
To: Pineiro, Marlen <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: 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>
Subject: RE: CDC review of Guatemala claims

Let's set up a call with CDC to discuss and see if we can get them the information needed.

Sent with BlackBerry Work
(www.blackberry.com)

From: Pineiro, Marlen <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Wednesday, Apr 15, 2020, 6:18 PM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: 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>
Subject: RE: CDC review of Guatemala claims

Tae,

Here is some additional information we received that might help inform your decision:

(b)(5)

I know (b)(6); (b)(7)(C) team sent the detainees that tested positive but I haven't shared yet because now I'm waiting to see what else they are going to need and also I'm trying to get them to centralize their request.

MP

From: Pineiro, Marlen
Sent: Wednesday, April 15, 2020 3:51 PM

To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Smith, Stewart D (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>
Subject: FW: CDC review of Guatemala claims

Tae,

How do you want to handle? (b)(5)

(b)(5)

Thoughts? Other ideas?

Thanks

MP

Referred to Another Agency/Component

Sent from Workspace ONE Boxer

On April 15, 2020 at 13:33:48 CST, Pineiro, Marlen <(b)(6); (b)(7)(C)@ice.dhs.gov> wrote:

Hi Hugo,

I'll follow up to see if there is additional information but all I've gotten so far is a request for a POC from IHSC and we are working on getting a POC ASAP. Is there more than that? If yes and someone can share with me directly I'll get working on it immediately.

MP

Referred to Another Agency/Component

From: Johnson, Tae D
Sent: 13 Mar 2020 18:51:55 +0000
To: Pineiro, Marlen
Subject: FW: CDC Travel guidelines

Sent with BlackBerry Work
(www.blackberry.com)

From: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, Mar 13, 2020, 2:51 PM
To: Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: CDC Travel guidelines

Agree.

Sent with BlackBerry Work
(www.blackberry.com)

From: Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, Mar 13, 2020, 2:17 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: CDC Travel guidelines

Having just reviewed the European numbers (b)(5)

(b)(5)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, March 13, 2020 2:10 PM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) (b)(6); @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: CDC Travel guidelines

Today it was reported a change in CDC guidelines (see below) and level 3 travel advisories were added to the majority of Europe. (b)(5)

(b)(5)

From: Berg, Peter <(b)(6): [REDACTED]@ice.dhs.gov>
Sent: Friday, March 13, 2020 1:38 PM
To: Lucero, Enrique M <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Cc: Johnson, Tae D <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: CDC Travel guidelines

Sir,

The Centers for Disease Control (CDC) has issued new guidance for travelers arriving from countries with "Widespread Sustained (Ongoing) Transmission Arriving in the United States" of Covid-19. In this guidance, they indicate that "depending on your travel history, you will be asked to stay home for a period of 14 days from the time you left an area with widespread or ongoing community spread". This guidance applies to Level 3 Travel Health Notice Countries which now include the following countries:

- China
- Iran
- South Korea
- Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City

(b)(5)

Here is a link to the CDC website that describes these new travel advisories:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>

In light of this advisory, I recommend (b)(5)

(b)(5)

Thanks,

Peter Berg

(A) Assistant Director

Field Operations

U.S. Immigration and Customs Enforcement

Enforcement and Removal Operations

202-732-(b)(6); Office

612-219-(b)(7)(C) Cell

(C)

From: Johnson, Tae D
Sent: 21 Apr 2020 00:10:56 +0000
To: Smith, Stewart D (b)(6); (b)(7)(C)
Subject: FW: CDC will provide update on findings and results

I believe we have a contract with LabCorp. What are the chances, given their many locations throughout the US that they could send someone to one of our facilities to run the machines on test day? I assume they are all CLIA certified and have the requisite training to run the machines. Might something like this be possible. Just trying to come up with options.

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 20, 2020, 5:20 PM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>, Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>, Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: CDC will provide update on findings and results

(b)(5)

We do have GEO facilities in SNA, HOU, and Miami but not sure the populations will work well yet as we have to determine those numbers.

From: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 20, 2020, 4:19 PM
To: Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Benner, Derek N (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 will provide update on findings and results

Thanks, Staci.

Henry/Tae: Referencing the 3rd bullet, I don't know how those align w/our detention facilities,

(b)(5)

(b)(5)

From: Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 20, 2020 3:59 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Benner, Derek N (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 will provide update on findings and results

(b)(5)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 20, 2020 2:46 PM
To: Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov>; Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Benner, Derek N (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 will provide update on findings and results

For discussion as well, are contractors limited to perform tests in states they are licensed and or other states that honor their license via licensure compact. We are looking at options where the testers and test readers are mobile and can move to multiple sites/states.

From: Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 20, 2020 2:35 PM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Benner, Derek N (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 will provide update on findings and results

OAQ COs are working this issue and ultimately the answer depends on where the tests are administered. This is what we have so far:

(b)(5)

Will let you know as soon as we hear back from STGI and ICE Air Contractor.

Staci

From: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 20, 2020 12:58 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Benner, Derek N (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: CDC will provide update on findings and results
Importance: High

Staci:

I don't believe this is accurate but can you please confirm?

Thanks.

Matt

From: Correa, Soraya (b)(6) @hq.dhs.gov>
Sent: Monday, April 20, 2020 12:50 PM
To: Alles, Randolph (b)(6) @hq.dhs.gov>; (b)(6); (b)(6) @hq.dhs.gov>; Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: CDC will provide update on findings and results

My understanding is that both ICE and CBP have medical contracts that likely have CLIA certification; however, I did ask the COs to confirm. I will follow-up with additional information shortly.

Many thanks,
S.

Soraya Correa
DHS Chief Procurement Officer

(b)(6); (b)(7)(C); Referred to
(b)(6); (b)(7)(C); @hq.dhs.gov

From: Alles, Randolph (b)(6) @hq.dhs.gov>
Sent: Monday, April 20, 2020 12:47 PM
To: (b)(6) @hq.dhs.gov>; Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Correa, Soraya (b)(6) @hq.dhs.gov>
Subject: RE: CDC will provide update on findings and results

Yes, size of a toaster.

V/R

R. D. "Tex" Alles

(b)(6)

From: (b)(6) @hq.dhs.gov>
Sent: Monday, April 20, 2020 12:47
To: Alles, Randolph (b)(6) @hq.dhs.gov>; Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Correa, Soraya (b)(6) @hq.dhs.gov>
Subject: RE: CDC will provide update on findings and results

And for Matt's benefit, those machines are relatively small (toaster oven size), so they can be moved around

From: Alles, Randolph (b)(6) @hq.dhs.gov>
Sent: Monday, April 20, 2020 12:46 PM
To: (b)(6) @hq.dhs.gov>; Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>;
Correa, Soraya (b)(6) @hq.dhs.gov>
Subject: RE: CDC will provide update on findings and results

The 10 machines to process give us some flexibility on location but understand it won't be one site.

V/R

R. D. "Tex" Alles

(b)(6)

From: (b)(6) @hq.dhs.gov>
Sent: Monday, April 20, 2020 12:30
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Alles, Randolph (b)(6) @hq.dhs.gov>; Correa, Soraya (b)(6) @hq.dhs.gov>
Subject: Re: CDC will provide update on findings and results

That is what I figured and wanted to flag that for the management team.

From: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 20, 2020 12:29:02 PM
To: (b)(6) @hq.dhs.gov>; Alles, Randolph (b)(6) @hq.dhs.gov>; Correa, Soraya (b)(6) @hq.dhs.gov>
Subject: RE: CDC will provide update on findings and results

We are going to need these to be mobile, as they will likely need to go from facility to facility, and perhaps to the CBP tents as well.

From: (b)(6) @hq.dhs.gov>
Sent: Monday, April 20, 2020 12:27 PM
To: Alles, Randolph (b)(6) @hq.dhs.gov>; Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Correa, Soraya (b)(6) @hq.dhs.gov>
Subject: RE: CDC will provide update on findings and results

There is also the question of where these tests would happen and the logistics needed if the locations move.

Ken

From: Alles, Randolph (b)(6) @hq.dhs.gov>
Sent: Monday, April 20, 2020 12:26 PM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Correa, Soraya (b)(6) @hq.dhs.gov>

Cc: (b)(6)@hq.dhs.gov>

Subject: RE: CDC will provide update on findings and results

We think we can add onto the CBP contract for the CLIA part.

Soraya, can you comment on your work for a CLIA contractor to give the tests.

V/R

R. D. "Tex" Alles

(b)(6)

From: Albence, Matthew (b)(6); (b)(7)(C)@ice.dhs.gov>

Sent: Monday, April 20, 2020 12:24

To: Alles, Randolph (b)(6)@hq.dhs.gov>; (b)(6) (b)(6)@hq.dhs.gov>

Subject: RE: CDC will provide update on findings and results

Tex:

What's a realistic timeframe on the contract? That will inform how we proceed. Thanks!

Matt

From: Alles, Randolph (b)(6)@hq.dhs.gov>

Sent: Monday, April 20, 2020 12:13 PM

To: (b)(6)@hq.dhs.gov>; Albence, Matthew (b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: Re: CDC will provide update on findings and results

Also we will get a CLIA certified provider to do the tests via a contract.

R. D. "Tex" Alles

(b)(6)

From: Alles, Randolph (b)(6)@hq.dhs.gov>

Sent: Monday, April 20, 2020 12:12:07 PM

To: (b)(6); (b)(6)@hq.dhs.gov>; Albence, Matthew (b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: Re: CDC will provide update on findings and results

UACs only is one option presented. Detainees are another option. Only agreement with HHS was kits can be used on either. Clearly they are interested in UACs since they get stuck with them.

R.D. "Tex" Alles

(b)(6)

From: Johnson, Tae D
Sent: 11 Mar 2020 13:58:23 +0000
To: Johnson, Tae D
Subject: FW: Changes in Trans Housing at ICE?

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Wednesday, Jan 22, 2020, 12:08 PM
To: Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Changes in Trans Housing at ICE?

Yes - the January invoice will be offset by any beds we couldn't use to meet the GM for the month and the cost of the transports to Aurora and Tacoma.

From: Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Wednesday, Jan 22, 2020, 11:53 AM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Changes in Trans Housing at ICE?

Is El Paso working with OAQ to issue a CDR?

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

From: Robbins, Timothy S <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Wednesday, January 22, 2020 1:52 PM
To: Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Changes in Trans Housing at ICE?

Thx

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, Jan 22, 2020, 1:51 PM
To: Robbins, Timothy S (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Changes in Trans Housing at ICE?

Attached is the FMC report at Cibola

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, January 22, 2020 1:49 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Changes in Trans Housing at ICE?

Sent with BlackBerry Work
(www.blackberry.com)

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, Jan 15, 2020, 16:23
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Changes in Trans Housing at ICE?

Here you go.

Dr. Stewart D. Smith, CCHP, FACHE
Assistant Director | ICE Health Service Corps
Desk: 202-732 (b)(6); Cell: 202-321 (b)(6);

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, Jan 15, 2020, 4:08 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Re: Changes in Trans Housing at ICE?

Please see attached.

Thanks,

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

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Wednesday, January 15, 2020 3:32 PM

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

Subject: FW: Changes in Trans Housing at ICE?

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

Please send me the last FMC Inspection for Cibola.

Thx - Stew

Dr. Stewart D. Smith, CCHP, FACHE

Assistant Director | ICE Health Service Corps

Desk: 202-732 (b)(6); Cell: 202-321 (b)(6);
(b)(7)(C) (b)(7)(C)

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

Date: Wednesday, Jan 15, 2020, 2:46 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>

Subject: RE: Changes in Trans Housing at ICE?

Not sure – adding Stew and (b)(6); (b)(7)(C) I've only seen an email with the FMC findings. Not sure there is an actual formal report.

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

Sent: Wednesday, January 15, 2020 1:56 PM

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

Subject: RE: Changes in Trans Housing at ICE?

I talked to Adam Loiacano about this. Do you have the actual FMC report that being requested or is it just embedded below? He will (b)(5)

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

Sent: Tuesday, January 14, 2020 4:38 PM

To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M

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

Subject: FW: Changes in Trans Housing at ICE?

FYSA

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, Jan 10, 2020, 1:03 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Changes in Trans Housing at ICE?

fysa

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, January 10, 2020 10:47 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Changes in Trans Housing at ICE?

Heads up.

Read initial email also.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, January 10, 2020 10:29 AM
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>; (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>; Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Changes in Trans Housing at ICE?

Good Afternoon (b)(6);

Please find summaries of both the most recent FMC site visit and CRCL's findings from September 2019. Despite CoreCivic assuming medical services from WellPath last summer, many of the concerns identified by CRCL and previous FMC site visits have persisted.

Thank you,

(b)(6);

Summary of Field Medical Coordinator (FMC) Findings (12/2019)

PBNDS 2011 Deficiencies

- PBNDS 2011 4.3, V, B - The HSA is a physician or health care professional and shall be identified to detainees.
FINDINGS: The newly hired HSA is not a licensed health care professional.
- PBNDS 2011 4.3, IV, M – 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.
FINDINGS: Comprehensive health assessments are not being completed within 14 days of arrival to Cibola.
- PBNDS 2011 4.3, V, C, 2 - Screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines.

FINDINGS: For a two-month period, detainees only received TB symptom screening while at the facility due to a national shortage of PPD. (Note: Chest x-ray or blood testing was not used as an option during the 2 month period.)

- PBNDS 2011 4.3, IV, O, 3 & 4 - 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.

FINDINGS: Detainees referred for mental health evaluation are not being evaluated by a mental health provider within 72 hours of the referral.

- PBNDS 2011 4.3, V, O, 4 - The provider shall develop an overall treatment/management plan.

FINDINGS: Treatment Plans were not documented on detainees evaluated by mental health providers.

- PBNDS 2011 4.3, II, 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.

Findings: Medical staff are not receiving training in proper use of medical emergency equipment; e.g. equipment in emergency bags -- some nurses have never looked in to the bag or know how to use oral airways or the manual pump.

- PBNDS 2011 4.3, II, 23 - Information about each detainee's health status shall be treated as confidential.

FINDINGS: Security staff are handling sick call requests in order to deposit them in the medical box.

QMC Findings

- Laboratory orders are not being completed as ordered by medical providers.
- Laboratory reports were not received back timely nor was there clinical acknowledgment of the findings.
- No time urgency is documented for specialty care or laboratory orders.
- No Special Needs Forms are completed for detainees that have medical equipment in general population
- SEG rounds medical documentation is not found in the patient medical chart. There is insufficient information on the security SEG monitoring form to clearly know patient medical/mental health status.
- Refusals are not acquired for significant medications that are not administered (e.g. anticonvulsive, diabetic, hypertension, HIV, etc.).
- Detainees not taking medications consistently or missing 3 consecutive doses are not being referred to a medical provider.
- There are delays in providing HIV travel medications when detainees are released as mandated by immigration courts.
- Medical staff are not familiar with new CoreCivic medical policies and PBNDS 2011 requirements.
- Nursing is not documenting review of the security officer's suicide watch form.

- Detainees identified as having HIV are not seen by an infectious disease specialist within 30 days of arrival.
- Detainees identified as having hypertension are not receiving base line laboratory tests as per CoreCivic chronic care guidelines.
- Diabetics did not have a baseline HgbA1C, degree of control documented nor a strategy to attain control.
- HIV patients did not have CD4 and viral loads drawn within 14 days of arrival or last 3 months.
- Vital signs on all medical encounters are not documented (Noted in sick call encounters).
- List of chronic care ICE detainees are not identified or separated from facility USM and County prisoners.
- No outbound or inbound progress note for detainee referred for emergency services.
- Post-hospital assessments do not reflect hospital findings and concurrence or justification for deviation from hospital recommendations.
- Mental health notes did not document assessment, treatment plan and follow-up.

Summary of CRCL Findings (9/2019) please note, the formal CRCL report has not been issued yet

MEDICAL CARE

1. **Access to emergency medical care:** Our review of urgent medical care requests and our onsite interviews with detainees at Cibola demonstrated that medical staff are not responding to urgent medical requests in a timely manner. In fact, we found several instances where urgent medical requests were not responded to for approximately 13-17 days. As an example, a detainee submitted an urgent medical request for rectal bleeding but received no response for approximately 13 days. Diagnostic testing determined the detainee had HIV. Adding to this problem, the investigation team's Environmental Health and Safety Expert found that the transgender housing unit was not being appropriately cleaned and sanitized, heightening the concern that infectious diseases may spread. In another instance, we reviewed the file for an individual who had been admitted to the hospital several times for seizures. When this detainee filed urgent medical sick call requests indicating that they did not receive their seizure medication, they were not seen for approximately 15 days.
2. **Quarantine and medical protocols:** In April of 2019, Cibola was under quarantine for mass mumps and varicella outbreaks. CRCL's experts noted lapses in following medical protocols. This included observing a nurse wearing gloves while administering medications during med pass in a quarantined housing unit, and subsequently administering medications in non-quarantined housing unit wearing the same gloves. During the onsite, an additional housing unit was placed under quarantine.
3. **Chronic care:** While onsite, we reviewed the medical files of detainees on the chronic care list and found that detainees with diabetes, epilepsy, and TB were not receiving their medications, as directed by the doctor. Additionally, we found a detainee who was receiving the incorrect medication dosage for several days after the dosage had been changed. We also found expired medication in the pharmacy.

4. **Sick call:** We reviewed the sick call practices at Cibola during the onsite and found that the facility routinely did not meet the 24hr triage standard. Detainees were not being seen by medical staff on a timely basis.
5. **Medical files and documentation:** We reviewed numerous medical files and found a number that were incomplete and missing required documents and information, as well as records that were not filed in a consistent manner. Further, there is no quality assurance process occurring to ensure medical files are accurate and up to date.

MENTAL HEALTH CARE

1. **Suicide prevention:** During detainee interviews, it was reported that a transgender detainee told a custodial officer that she felt suicidal but was not seen by a mental health provider. A review of the detainee's mental health record confirmed that a mental health referral was not made. Corrections staff should not be determining whether a referral is necessary.
2. **Language services:** Review of mental health records demonstrated that mental health staff have used corrections staff for translation needs, including for a detainee on suicide watch, instead of using the language line.
3. **Mental health staffing:** The facility does not have sufficient mental health staffing to meet the needs of the facility. A mental health staffing needs assessment must be conducted at Cibola.
4. **Mental health records:** Six of nine mental health records lacked documentation of a mental health evaluation following a PREA allegation. This lack of required mental health evaluations must be corrected to ensure that detainees who report a PREA event are consistently evaluated by mental health and receive follow-up evaluations and care as clinically appropriate and mandated by the regulation.
5. **Training:** Mental health and medical staff have not received training on interacting with transgender detainees. Findings indicate a lack of sensitivity toward detainees in the transgender housing unit by medical staff.

ENVIRONMENTAL HEALTH AND SAFETY

1. **Bloodborne pathogens:** A detainee with HIV had rectal bleeding for 11 days in their housing unit. However, despite ongoing bleeding, it was not handled as a biohazard spill, exposing both detainees and employees to HIV. Per the PBNDS 2011 Environmental Health and Safety standard, "Infection control awareness shall be communicated on a regular basis to correctional and medical staff, as well as detainees."
2. **Housing unit cleanliness and sanitation:** The level of cleanliness and sanitation found in Housing Unit 900 and in the Segregation Unit did not comply with the PBNDS 2011 Environmental Health and Safety standard requiring, "Facility cleanliness shall be maintained at the highest level." The floors should be maintained in clean condition. This requires thorough sweeping and mopping along the floor and wall junctures and, particularly, under the beds and lockers. Unit 900's walls were soiled with

unidentifiable spatter and should be thoroughly cleaned and then maintained in a manner that complies with the PBNDS.

3. **Segregation housing unit food tray pass slots:** The food tray pass slots in the cell doors of the segregation housing unit were filthy with an accumulation of old food debris. The accumulated food debris presents a health hazard because harmful bacteria can grow on the food particles and contaminate food, food trays and other items passing through the slot openings, including hands.
4. **Unsafe food temperatures:** Cartons of milk and scrambled eggs were observed sitting out at room temperature at 3:00 p.m., in Housing Unit 900, placing detainees at risk of foodborne illness.
5. **Barber tools, supplies and chair:** The hair clippers, clipper guides, storage case, capes and related tools and accessories were dirty and not properly cleaned and disinfected as required by the PBNDS 2011 Environmental Health and Safety standard. Dirty tools used between detainees without the proper sanitizing create an opportunity for the transmission of skin and scalp diseases including Hepatitis B and C, impetigo, ringworm, head lice and MRSA. The vinyl cover on the barber chair in the gym (located across from Housing Unit 200) was cracked and torn, exposing the inner foam cushion, which inhibits the cleaning and disinfection necessary to prevent the transfer of communicable diseases between detainees.
6. **Mattresses and pillows:** Mattresses and pillows had cracked covers that exposed the inner lining and filling. Once the integrity of the cover is compromised, exposing the inner filling, it can no longer be properly cleaned and disinfected. Mattresses and pillows in this condition can transfer disease-causing pathogens from detainee to detainee.

CONDITIONS OF DETENTION

1. Mistreatment of transgender detainees:

Grievances - It appears that transgender complaints of staff mistreatment are not thoroughly or adequately investigated. Over 18 members of the Cibola staff had multiple complaints filed against them. Upon review, the standard grievance response for every staff complaint grievance was "Core Civic takes all allegations of staff misconduct very seriously. This matter has been submitted to Chief Cavin for investigation." Beyond this, there is no documentation regarding the investigations. Chief Cavin only verbally reports his findings to the Grievance Officer. Moreover, ICE is not notified of staff complaint investigations and outcomes.

Recreation - Transgender detainees routinely do not have equal access to the large outside exercise yard. There is insufficient staffing to allow transgender detainees access to the large exercise yard, and additionally the exercise schedule is not followed. The Cibola Handbook recreation section is also not compliant with PBNDS 2011 in regard to recreation. The PBNDS requires that detainees have four hours access to yard, but the Handbook only provides two

hours. Additionally, this lack of a consistent recreation schedule also interferes with medication distribution.

Language Access: Cibola does not provide Limited English Proficient detainees with adequate language access. CRCL experts observed instances in the housing units in which the language barrier was an impediment to proper care and treatment. LEP detainees were routinely required to sign forms written in English that they did not understand. Further, there were 15 critical forms that were not available in Spanish.

- 2. Staff turnover:** Significant staff turnover is occurring because the nearby Torrance facility, also operated by Core Civic, is re-opening. This impacts operations by creating confusion regarding policy, practice, and procedure.
- 3. Special Management Unit (SMU):** The SMU operation does not comply with PBNDS 2011. Detainees are not provided with immediate written notice of the reason for placement in Administrative Segregation and the attorney of record is not notified within 24 hours as required by PBNDS 2011. Also, SMU records are incomplete and staff are not consistently filling out daily activity sheets. These lapses in protocols require additional staff training. Deficiencies were raised to the Security Chief, along with recommendations for rectifying the deficiencies.
- 4. Sexual Assault and Abuse Prevention and Intervention (SAAPI):** There are problems with Cibola's PREA/SAAPI program, including that the Cibola Handbook lacks a clearly stated Zero Tolerance Policy, which should be at the beginning of the section rather than buried in the middle. Further, the Orientation Video SAAPI section lacks a Spanish version for LEP detainees.
- 5. Grievances:** Cibola's grievance procedure is ineffective. Emergency grievances are not addressed in a timely manner. Grievances are referred to the supervisor of the issue or area involved in the grievance, for investigation, which creates a conflict of interest. Also, grievances were not available in Spanish for LEP detainees and the Grievance Officer routinely relies on "Google translate" to translate grievance responses into Spanish. As a result, the responses often did not make sense.
- 6. Property:** Cibola staff turnover resulted in four different changes in the property staffing and a resultant breakdown of the property process. Detainee property records are inaccurate, detainee property is missing and unaccounted for, and detainees who are the owners of property in the property room cannot be identified.
- 7. Excessive hold room stays:** A prior ICE ODO finding was excessive hold room stays at Cibola. Currently, eight percent of detainee hold room processing exceeds the PBNDS 2011 processing time limit.
- 8. Visitation:** ICE Deportation Officers (DO) are not adhering to the schedule posted in the housing units. Some detainees stated they had never met their DO even after spending considerable time in the facility.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, January 10, 2020 2:56 AM
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>; (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: FW: Changes in Trans Housing at ICE?

Good morning and FYI

(b)(5)

Please provide the language to us no later than COB today (Friday 1/10) so that we can hopefully have something to share with all by Monday. We will also need to work with OPLA to ensure any such statement is appropriate.

Once finalized, we can circulate the statement with the larger group so that ICE is consistent when addressing the issue moving forward.

Thanks

(b)(6);

From: (b)(6); (b)(7)(C) @heartlandalliance.org>
Date: Thursday, Jan 09, 2020, 2:10 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @heartlandalliance.org>; (b)(6); (b)(7)(C) @heartlandalliance.org>; (b)(6); (b)(7)(C) @heartlandalliance.org>
Subject: Changes in Trans Housing at ICE?

Hi (b)(6);

I'm not sure if you're still the right person to go to with these questions, so feel free to bounce this if not.

We have been hearing from numerous clients detained in Cibola that they are being told by CoreCivic staff that the transgender unit in Cibola is about to be shut down and they should expect to be transferred. Do you have a sense of if that's true, and if so where the folks will go and on what timing? Any heads up that we can give the clients will go a long way to reducing

panic, and it will obviously be critical to ensuring ongoing access to counsel for folks with attorneys.

Relatedly, we have also recently heard that Prairieland is housing transgender folks, and at least one trans person has been recently transferred there on the basis that it was the one place in the country where she could get adequate care. Are there any updates about this?

We'd be happy to discuss by phone if that's more appropriate,

(b)(6);

(b)(6); (b)(7)(C) (Pronouns: she/her/ella)
Director of Litigation
National Immigrant Justice Center
A HEARTLAND ALLIANCE Program

Please Note New Address:

224 S. Michigan Ave., Suite (b)(6); Chicago, IL 60604
T: 312.660. (b)(6); F: 312.660.1505 | E: (b)(6); @heartlandalliance.org
www.immigrantjustice.org | [Facebook](#) | [Twitter](#)

Thanks,

(b)(6); (b)(7)(C)
Senior Litigation Attorney | Pronouns: she/her/ella
National Immigrant Justice Center
A HEARTLAND ALLIANCE Program
224 S. Michigan Avenue, Suite (b)(6); Chicago, IL 60604
T: 773.672 (b)(6); F: 312.660.1505 | E: (b)(6); @heartlandalliance.org
www.immigrantjustice.org | [Facebook](#) | [Twitter](#)

From: Johnson, Tae D
Sent: 27 Apr 2020 17:39:00 +0000
To: Albence, Matthew (b)(6); (b)(7)(C) Benner, Derek N
Cc: Lucero, Enrique M
Subject: FW: Afternoon Apr 27

Latest update below

From: Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 27, 2020 1:37 PM
To: (b)(6); (b)(7)(C) @hq.dhs.gov>; (b)(6); (b)(7)(C) @HQ.DHS.GOV>; Lucero, Enrique M (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>; (b)(6); (b)(7)(C) @HQ.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>
Subject: Afternoon Apr 27

Nicaragua

(b)(5)

(b)(5)

Guatemala

The ICE Director's office advised that (b)(5)

(b)(5)

(b)(5)

Peru

(b)(5)

Monday, April 27, 2020

Honduras – Approved

Departure: 0520 EDT

Foreign Departure: 0910 EDT

Routing: Miami, FL – Houston, TX – Honduras – Miami, FL

- UAC – 5
- Title 42 – 0
- Total – 31

Colombia – (Postponed until 05.04.20)

Departure: 0700 EDT

Foreign Departure: 0700 EDT

Routing: Alexandria, LA – Brownsville, TX – Colombia -Alexandria, LA

- UAC – 0
- Title 42 – 4 (4 Single Adults)
- Total – 77

Tuesday, April 28, 2020

El Salvador – Approved

Departure: 0525 EDT

Foreign Departure: 0910 EDT

Routing: San Antonio, TX – Houston, TX – El Salvador – San Antonio, TX

- UAC – 3 (Title 42)
- Title 42 – 3 (3 Title 42)
- Total – 57

Guatemala – Pending

Departure: Pending

Foreign Departure: Pending

Routing: Brownsville, TX – Houston, TX – Guatemala – Brownsville, TX

- UAC – 0
- Title 42 – 0
- Total – 135

Wednesday, April 29, 2020

Honduras – Approved

Departure: 1000 EDT

Foreign Departure: 1210 EDT

Routing: Mesa, AZ – El Paso, TX – Honduras – Mesa, AZ

- UAC – 1 (Title 42)
- Title 42 – 1 (1 UAC)
- Total – Manifest Pending

Departure: 0730 EDT

Foreign Departure: 0730 EDT

Routing: Brownsville, AZ – Honduras – Brownsville, TX

- UAC – 2 (Title 42)
- Title 42 – 2 (UAC)
- Total – Manifest Pending

Nicaragua – (Postponed until 05.04.20)

Departure: 0725 EDT

Foreign Departure: 1000 EDT

Routing: Alexandria, LA – Brownsville, TX – Nicaragua – Alexandria, LA

- UAC – 0
- Title 42 – 2 (2 Single Adults)
- Total – 36

From: Johnson, Tae D
Sent: 1 May 2020 00:21:17 +0000
To: Pineiro, Marlen
Subject: FW: Afternoon flight schedule 04.30.20

FYSA

Sent with BlackBerry Work
(www.blackberry.com)

From: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 30, 2020, 4:07 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @usdoj.gov>
Subject: RE: Afternoon flight schedule 04.30.20

10-4. I don't have anymore from State. They were supposed to get back w me later today re: the Saturday flight, and I see you're aware of Peru, so that's positive movement. Will advise once I hear.

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 30, 2020, 2:43 PM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>, Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @usdoj.gov>
Subject: FW: Afternoon flight schedule 04.30.20

Latest update

From: Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 30, 2020, 2:27 PM
To: (b)(6); (b)(7)(C) @hq.dhs.gov>, (b)(6); (b)(7)(C) @HQ.DHS.GOV>, Lucero, Enrique M (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>, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @HQ.DHS.GOV> (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(6); (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>

Subject: Afternoon flight schedule 04.30.20

Honduras

(b)(5)

Nicaragua

No additional updates available, continued higher level engagement is necessary.

(b)(5)

Guatemala

(b)(5)

Peru

On April 30, 2020, AAR was notified by the Attaché in Lima verbally that the MFA has approved the flight on May 5, 2020.

Haiti

On April 30, 2020, ERO notified the U.S. Ambassador that ERO will agree to the proposed date of May 11, provided ERO is able to include criminal removals in addition to the already manifested non-criminal cases. ERO has offered to provide COVID testing if requested by GOH.

There are currently 50 manifested for this flight: 10 FAMUs (32 Family members); 18 Single Adults (Non-crim) along with the criminals that were previously removed from manifest.

Thursday, April 30, 2020

Guatemala – Approved

Departure: 1250 EDT

Foreign Departure: 1500 EDT

Routing: Brownsville, TX - San Antonio, TX – Guatemala – Brownsville, TX

- UAC – 3 (Title 42)
- Title 42 – 3 (UAC)
- FAMUs: 08 (20 members)
 - 03 Males
 - 07 Females
 - 04 Male Children
 - 06 Female Children
- Total – 93

Friday, May 01, 2020

El Salvador – Approved

Departure: 0900 EDT

Foreign Departure: 1100 EDT

Routing: El Paso, TX – Alexandria, LA – El Salvador – Mesa, AZ

- UAC – 1 (Title 42)

- Title 42 – 1 (UAC)
- Total – 122

Saturday, May 02, 2020

Guatemala – PENDING

Departure: 1250 EDT

Foreign Departure: 1500 EDT

Sunday, May 03, 2020

No Removal Flights Scheduled

Monday, May 04, 2020

Honduras – Approved

Departure: 0725 EDT

Foreign Departure: 1310 EDT

Routing: Miami, FL – Columbus, GA – Houston, TX – Honduras – Miami, FL

- UAC – 0 (Title 42)
- Title 42 – 0 (UAC)
- Total – 93

Departure: 0700 EDT

Foreign Departure: 0915 EDT

Routing: San Antonio, TX – Alexandria, LA – Honduras – San Antonio, TX

- UAC – 0
- Title 42 – 0
- Total – 55

Nicaragua –Pending

Departure: 0905 EDT

Foreign Departure: 1140 EDT

Routing: Brownsville, TX – Alexandria, LA - Nicaragua

- UAC – 0
- Title 42 – 2 (2 Single Adults)
- Total – 36

Ecuador –Pending

Departure: 0620 EDT

Foreign Departure: 0855 EDT

Routing: Alexandria, LA - Harlingen, TX – Ecuador - Alexandria, LA

- UAC – 0
- Title 42 – 58
 - 56 Single Adults
 - 1 FAMU (1 Adult / 1 Juvy)
- Total – 120

Colombia –Pending

Departure: 0640 EDT

Foreign Departure: 0915 EDT

Routing: Alexandria, LA - Brownsville, TX – Colombia - Alexandria, LA

- UAC – 0
- Title 42 – 4 (4 Single Adults)

From: Johnson, Tae D
Sent: 27 May 2020 01:33:26 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: Amended Aurora Operational Plan
Attachments: Aurora - Operational Plan 5.26.2020-Amended.doc

Please let me know what you all think. Thanks

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Tuesday, May 26, 2020, 7:45 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Amended Aurora Operational Plan

Here is the updated plan back from GEO Corporate. This is a much more comprehensive plan.

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, May 26, 2020 6:26 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Amended Aurora Operational Plan

Updated plan from GEO.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Tuesday, May 26, 2020, 6:32 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Amended Aurora Operational Plan

(b)(6):

Improved GEO operational plan. More points from CDC hit.

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

(Acting) Field Office Director
Denver Field Office ICE/ERO

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Tuesday, May 26, 2020, 4:03 PM

To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Amended Aurora Operational Plan

Sir,

GEO made some modifications to the plan. I am not sure if it was a result of HQ and GEO corp conversations. It was not requested at the local level. See attached.

Thanks,

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

(A)Deputy Field Office Director
ICE - Enforcement Removal Operations
12445 East Caley Avenue
Centennial, CO 80111
(720)875-(b)(6) Office/Direct
(303)304-(b)(6) Mobile
HSDN (b)(6); (b)(7)(C)@dhs.gov
Unclass (b)(6); (b)(7)(C)@ice.dhs.gov

MEMORANDUM



Date: May 26, 2020

To: (b)(6); [redacted] Vice President
Western Region

From: (b)(6); (b)(7)(C) [redacted] Facility Administrator

GEO Secure Services™
Aurora ICE Processing Center
3130 North Oakland Street
Aurora, CO 80010

Tel: 303 361 (b)(6); [redacted]
Fax: 303 341 2652
www.geogroup.com

RE: COVID-19 TESTING OPERATIONAL PLAN

(b)(5); WIF Draft

(b)(5)

(b)(5); WIF Draft

WIF Draft; (b)(5)

(b)(5); WIF Draft

From: Johnson, Tae D
Sent: 4 May 2020 12:33:59 +0000
To: Lucero, Enrique M (b)(6); (b)(7)(C)
Subject: FW: ATD Participants Positive for COVID-19: 4/30/20

FYSA

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, May 04, 2020, 8:27 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: ATD Participants Positive for COVID-19: 4/30/20

Good morning Tae,

As of last week, we have catalogued ATD 118 participants and 7 Case Specialists as testing positive for COVID-19. Please see new summaries for the new cases below. Please let me know if you have any questions or concerns.

Thanks,

(b)(6);

Newark: A Participant reported that he was tested for COVID-19 on 04/10/20 and received a positive diagnosis on 04/16/20. The last three digits of the Participant's A# (b)(6); The Participant's test was administered at the Hudson Regional Hospital. This individual became symptomatic while in custody. He was released on 04/04/20, along with other individuals who also reported themselves symptomatic. ISAP staff performed the GPS installation, wore both gloves and a mask, in the presence of ERO. Since his diagnosis, he has been self-isolating at home. The last date of in person contact was on 04/04/20, when the GPS device was installed; none of the Newark ISAP staff that had contact with the participant have experienced any symptoms.

Boston: A Participant informed ISAP that he was tested for COVID-19 and received a positive diagnosis on 04/16/20. The last three digits of the Participant's A# are (b)(6); The Participant reported that his brother visited his home days before he became symptomatic and tested positive. He is certain this is how he contracted the virus. The Participant is home and currently self-isolating. The last date of in person contact was on 03/05/20; there do not appear to be any exposure concerns.

Queens: A Participant stated that she was tested for COVID-19 and received a positive diagnosis on 04/02/20. The last three digits of the Participant's A# (b)(6); The Participant reported she was the first person in her home to become ill but that multiple other family members had since also become symptomatic. The Participant confirmed that everyone in the home was able to manage their symptoms and no one had been hospitalized. The Participant considers herself and her family members as "recovered". The last date of in person contact was on 03/06/20; there do not appear to be any exposure concerns.

Los Angeles: A Los Angeles ISAP participant reported during a telephonic office visits that she tested positive for COVID-19 on 4/30/2020; the last three digits of the participant's A# (b)(6); She began experiencing symptoms, including a cough and body aches, about 1 week ago on 4/23/2020. The participant is unsure who or when she was exposed to the virus; but that both her cousins also tested positive. The participant is in stable condition and is self-isolating. The

last in person contact with the Participant was on 3/12/2020. No ISAP staff are exhibiting symptoms.

Chicago ISAP: During a telephonic office visit today the participant informed ISAP that she was diagnosed with COVID-19 on 04/26/2020; the last three of the A#(b)(6); [REDACTED] The participant stated she began feeling symptomatic on 04/20/2020 and continued getting worse. The participant said that she lives with her two children who are not showing symptoms and she will continue to monitor their health. The participant stated she thinks she was exposed to the virus at her place of employment since she works doing cleaning jobs. The last in-person contact with the participant was on 03/05/2020 during an office visit; there do not appear to be any concerns with staff exposure at this time.

Chicago ISAP: During a telephonic office visit today the participant informed ISAP that he was diagnosed with COVID-19 on 04/30/2020; the last three of the A#(b)(6); [REDACTED] The participant stated he began feeling symptomatic about 3 weeks ago and continued getting worse. The participant said that he lives with his 18 year old daughter and a male roommate, also an ISAP Participant, who are not showing symptoms at the moment but will continue to monitor their health. The participant states he is in quarantine now. The participant stated he thinks he was exposed to the virus at a grocery store since that is the only place he had been going to besides his home. The last in-person contact with the participant was on 03/05/2020 during an office visit; there do not appear to be any concerns with staff exposure at this time.

Omaha ISAP: The Participant was called for a scheduled telephonic office visit, and stated that she was diagnosed with COVID-19 on 04/24/2020; the last three of the A#(b)(6); [REDACTED] The Participant stated that she started feeling symptoms the morning of 4/24/2020 and then went to the clinic that afternoon to get tested. The Participant is self-quarantining at home and was advised to go to the hospital if symptoms worsen. The Participant lives with her husband, two children, and sister. The Participant is staying in a different room and is not having contact with her husband and children. The Participant was exposed through her sister who was diagnosed positive for COVID-19 on 04/23/2020. The last in-person contact with the participant was on 03/04/2020 during an office visit; there does not appear to be any concerns with staff exposure at this time.

A total of 118 participants have now tested positive for COVID-19. The table below has been updated accordingly.

<u>Office Location</u>	<u>Total Participants COVID-19+</u>	<u>ISAP Staff COVID- 19+</u>
Chicago	19	
Queens	8	2
Dover	7	
Salt Lake City	6	
Indianapolis	5	
Philadelphia	5	

Seattle	5	
Washington, DC	5	
Newark	5	
Boston	5	
Los Angeles	4	
San Francisco	4	
Cincinnati	4	
San Antonio	3	
San Diego	3	
Denver	3	
Grand Rapids	3	
Manassas	3	1
Atlanta	2	
Baltimore	2	
Omaha	2	
Charlotte	1	
Detroit	1	
Houston	1	
Jackson	1	
Wichita	2	
Nashville	1	
St. Paul	1	
Ventura	1	
St. Louis	1	
Marlton	1	3
Miami	1	
Santa Maria	1	
Reno	1	
El Paso	1	
Manhattan		1

From: Johnson, Tae D
Sent: 19 Mar 2020 16:44:03 +0000
To: Lucero, Enrique M
Subject: FW: Bop covid
Attachments: COVID-19 Response Plan Facility Memorandum v2.doc

I think this is fine. Let me know if you have any issues. For now, this will be applicable at the dedicated (largely dedicated) ICE facilities.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, March 19, 2020 12:39 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Bop covid

From: (b)(6); (b)(7)(C)
Sent: Monday, March 16, 2020 4:21 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Bop covid

Gentlemen,

Please let me know if this attachment meets the expectations. It strongly mirrors the BOP memorandum.

Thanks,

(b)(6);

From: (b)(6); (b)(7)(C)
Sent: Friday, March 13, 2020 3:34 PM
To: Lucero, Enrique M (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: RE: Bop covid

10-4.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, March 13, 2020 3:13 PM
To: Johnson, Tae D (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>
Subject: Bop covid

Let's prepare a similar memo, we can still start suspension of visitation today stating formal guidance is forthcoming.

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



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

March 16, 2020

MEMORANDUM FOR: []

THROUGH: []

FROM: []

SUBJECT: Memorandum on Novel Coronavirus (COVID-19) Action Plan

(b)(5)

Page 279

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 280

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 281

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

From: Johnson, Tae D
Sent: 19 Mar 2020 18:29:44 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: By 4 pm TODAY - CDC Community Intervention Guidance
Attachments: COVID-19 corrections guidance_DRAFT for final review_cross agency_031920.docx
Importance: High

CP should be able to pull from this a list of best practices to share with our facilities.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, March 19, 2020 2:25 PM
To: Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: By 4 pm TODAY - CDC Community Intervention Guidance
Importance: High

New corrections CDC guidelines that will be published recommend temperature check screening protocols for staff and visitors

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

From: Davis, Mike P (b)(6); @ice.dhs.gov>
Sent: Thursday, March 19, 2020 2:18 PM
To: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M (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>; Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: By 4 pm TODAY - CDC Community Intervention Guidance
Importance: High

Gentlemen,

I don't know whether this came through other channels to you folks, but OGC HQ just gave us until 4 pm to (b)(5)

Adam and I will give it a look, but you may want to (b)(5)

(b)(5)

Thanks,
Mike

Michael P. Davis
Executive Deputy Principal Legal Advisor
U.S. Immigration and Customs Enforcement
202.732.(b)(6); office | 202.904.(b)(6); mobile)
(b)(6); @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: (b)(6) (b)(6) @hq.dhs.gov>
Sent: Thursday, March 19, 2020 2:09 PM
To: (b)(6) @cbp.dhs.gov>; (b)(6) (b)(6) @dhs.gov>; (b)(6) (b)(6) CBP.DHS.GOV>; Davis, Mike P. (b)(6); (b)(7)(C) @ice.dhs.gov>; Loiacono, Adam V. (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6) @hq.dhs.gov>; (b)(6) @hq.dhs.gov>; (b)(6) (b)(6) @HQ.DHS.GOV>; (b)(6) @HQ.DHS.GOV>
Subject: By 4 pm TODAY - CDC Community Intervention Guidance
Importance: High

ICE and CBP:

By 4 pm TODAY, please review & send me any comments on the attached CDC guidance regarding correctional facilities and detention centers during the outbreak of COVID-19.

CDC requests clearance specifically from CBP and ICE.

(b)(6)

This communication, along with any attachments, is covered by federal and state law governing electronic communications and may contain confidential and legally privileged information. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, use or copying of this message is strictly prohibited. If you have received this in error, please reply immediately to the sender and delete this message. Thank you.

From: Hirsch, Quinn N. EOP/OMB (b)(6) @omb.eop.gov>
Sent: Thursday, March 19, 2020 2:01 PM
To: (b)(6) @usdoj.gov>; Gene Hamilton (b)(6) @usdoj.gov>; (b)(6) @usdoj.gov>; (b)(6) @treasury.gov>; (b)(6) @hq.dhs.gov>; (b)(6) @hq.dhs.gov>; osd.mc- (b)(6) @mail.mil>; (b)(6) @dol.gov>
Cc: Aguilar, Brenda L. EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) @omb.eop.gov>; Ray, Paul J. EOP/OMB (b)(6) @omb.eop.gov>; Nye, Joseph B. EOP/OMB (b)(6) @omb.eop.gov>; Tatham, Steph J. EOP/OMB (b)(6) @omb.eop.gov>

(b)(6) <[redacted]@omb.eop.gov>; Brammer, Josh J. EOP/OMB
<[redacted]@omb.eop.gov>; Wise, Julie A. EOP/OMB (b)(6) <[redacted]@omb.eop.gov>;
(b)(6) <[redacted]@omb.eop.gov>; Mancini, Dominic J. EOP/OMB
(b)(6) <[redacted]@omb.eop.gov>; Brammer, Josh J. EOP/OMB
(b)(6) <[redacted]@omb.eop.gov>; Theroux, Rich P. EOP/OMB

Subject: FLASH CLEARANCE: CDC Community Intervention Guidance - response requested by 4pm

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact your component SOC with questions or concerns.

Good afternoon,

Attached for your review is specific interim guidance from CDC regarding correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated persons, staff, and visitors.

To the extent possible, we are asking for comments by **4PM today**. We will affirmatively proceed if we do not hear from you by this deadline.

CDC specifically requested clearance from:

DOJ/Federal Bureau of Prisons

DHS/CBP and DHS/ICE

Additional note from CDC: Recommendations may need to be revised as more information becomes available. The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the following CDC website periodically for updated interim guidance: ><https://www.cdc.gov/coronavirus/2019-ncov/index.html><.)

Reminder: Given the origination of this document, and to ensure coordination and version control, please send comments only to me – not directly to the agency. If there are additional parties you think should participate in this review, please let me know and I will forward to them. These are pre-decisional, deliberative documents that should not be shared outside the Executive Branch at this time. Please help us maintain the integrity of the review process by respecting these process requirements.

Quinn N. Hirsch, MPH

Office of Information and Regulatory Affairs

(b)(6) <[redacted]@omb.eop.gov>
(b)(6) <[redacted]@omb.eop.gov>
(she/her/hers)

Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

WIF Draft; (b)(5)

WIF Draft; (b)(5)

(b)(5); WIF Draft

WIF Draft; (b)(5)

(b)(5); WIF Draft

(b)(5); WIF Draft

WIF Draft; (b)(5)

(b)(5)

(b)(5); WIF Draft

WIF Draft; (b)(5)

(b)(5); WIF Draft

WIF Draft; (b)(5)

(b)(5); WIF Draft

WIF Draft; (b)(5)

(b)(5); WIF Draft

WIF Draft; (b)(5)

(b)(5)

(b)(5); WIF Draft

WIF Draft; (b)(5)

(b)(5)

(b)(5)

(b)(5); WIF Draft

(b)(5)

WIF Draft; (b)(5)

(b)(5)

(b)(5); WIF Draft

WIF Draft; (b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5); WIF Draft

WIF Draft; (b)(5)

(b)(5); WIF Draft

WIF Draft; (b)(5)

(b)(5); WIF Draft

DRAFT

WIF Draft; (b)(5)

(b)(5); WIF Draft

(b)(5)

(b)(5)

DRAFT

From: Johnson, Tae D
Sent: 31 Mar 2020 01:36:50 +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, 6:20 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>, Smith, Stewart D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: CDC guidance

Good evening,

It depends on whether the other staff had prolonged close contact within 6 feet of the person with confirmed COVID-19 without using PPE. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment).

CDC's risk assessment criteria for non-health care workers are available here: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>.

There is a nice table to interpret the type and duration of exposure and recommended actions.

(b)(6); [redacted] DrPH, MA, CAPT USPHS
Chief, Public Health, Safety, and Preparedness (PHSP) Unit
DHS/ICE/ERO/ICE Health Service Corps
Cell: 202-210-(b)(6); [redacted]
Fax: 866-573-8531
Email: (b)(6); [redacted]@ice.dhs.gov
In office: Mon, Wed
Telework: Tue, Thu, Fri

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Monday, March 30, 2020 6:08 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>; Smith, Stewart D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: CDC guidance

Hi Stew and (b)(6); Just looking for your thoughts on whether the contractor's plan of action meets the minimum CDC requirements in your view. (b)(5)

(b)(5)

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); 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>

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

Subject: RE: CDC guidance

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

If ICE wants to direct that all exposed employees are sent home for 14-days, the we can ask the contacting officer to direct it. The vendors are meeting the minimum CDC guidance. If we want

(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-(b)(7)(C) Mobile

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



WARNING: This document is FOR OFFICIAL USE ONLY (FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). This document is to be controlled, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to Sensitive But Unclassified (SBU) information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval from the originator.

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-assesment-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)(6) Mobile

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



WARNING: This document is FOR OFFICIAL USE ONLY (FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). This document is to be controlled, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to Sensitive But Unclassified (SBU) information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval from the originator.

From: Johnson, Tae D
Sent: 31 Mar 2020 01:35:10 +0000
To: Lucero, Enrique M
Subject: FW: CDC guidance

FYSA

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: (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, the contractor is following guidance put out for health care professionals as far back as March 7, 2020.

(b)(5)

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

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); [redacted] just looking for your thoughts on whether the contractor's plan of action meets the minimum CDC requirements in your view. (b)(6); (b)(7)(C)

(b)(5)

(b)(5)

[redacted] I know this doesn't fall in your lane, but we could use the help interpreting this. Thanks

From: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

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

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

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

To: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Subject: FW: CDC guidance

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

In response to your question on what the contractor is doing, COR Waddington 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); [redacted]

From: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

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

To: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; (b)(6); (b)(7)(C) [redacted]

(b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Subject: RE: CDC guidance

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

If ICE wants to direct that all exposed employees are sent home for 14-days, then we can ask the contacting officer to direct it. The vendors are meeting the minimum CDC guidance. If we want

(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-(b)(7)(C) Mobile

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

WARNING: This document is FOR OFFICIAL USE ONLY (FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). This document is to be controlled, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to Sensitive But Unclassified (SBU) information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval from the originator.

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-assesment-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-[redacted] Mobile
(b)(6); (b)(7)(C) [redacted]@ice.dhs.gov



WARNING: This document is FOR OFFICIAL USE ONLY (FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). This document is to be controlled, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to Sensitive But Unclassified (SBU) information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval from the originator.

From: Johnson, Tae D
Sent: 13 Mar 2020 01:00:37 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: COVID 19 AURORA Colorado Contract Detention Facility (GEO)

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Mar 12, 2020, 6:52 PM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>, Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID 19 AURORA Colorado Contract Detention Facility (GEO)

The attorney states in his motion that he is experiencing flu like symptoms consistent with COVID-19.

From: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Mar 12, 2020, 8:46 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Benner, Derek N (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>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID 19 AURORA Colorado Contract Detention Facility (GEO)

For clarity-is the attorney experiencing flu-like symptoms or is it the COVID-positive individual who he had contact? I assume attorney but want to make sure I'm reading properly-it's a bit ambiguous.

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Mar 12, 2020, 8:39 PM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>, Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID 19 AURORA Colorado Contract Detention Facility (GEO)

FYSA

BLUF- attorney filed for continuance based on being exposed to an individual with COVID-19. He was exposed to 10 detainees at detained hearings today.

Below are more details

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Mar 12, 2020, 7:51 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID 19 AURORA Colorado Contract Detention Facility (GEO)

FYSA

We will pass on anything further from the USAO or EOIR that we receive.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Mar 12, 2020, 7:46 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID 19 AURORA Colorado Contract Detention Facility (GEO)

Here is the email from (b)(6); and a copy of the motion. As mentioned (b)(6); reported that the attorney was at the facility for 6 hours before motion was filed.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Mar 12, 2020, 7:39 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: COVID 19 AURORA Colorado Contract Detention Facility (GEO)

Sir,

Per our earlier conversation, Non-Government, Immigration Attorney (b)(6); (b)(7)(C) of the Novo Legal Group LLC, filed a motion asking for a Continuance of his Friday case since he has been exposed to someone who has tested positive for COVID-19. He stated that in that motion, he has not been tested, but has only been exposed to someone who has tested positive and is experiencing "flu-like symptoms consistent with the Coronavirus".

We identified 10 detainees that were in court and met with that attorney. All have been moved to an empty pod where they will be observed for the next few days.

I have ordered all employees to make sure that they are bringing assigned Laptops and operational field gear home with them each day in case of a COOP situation.

Tri-County Health was notified by the GEO Warden of the situation.

OPLA Denver is in contact with the Chief EOIR Judge and the USAO to determine if there may be some criminal intent by the attorney in knowingly "exposing" the court.

At 1725 MST, Tri-County health notified GEO that they should thoroughly clean the judges courtroom tonight and resume normal business tomorrow, as we do not have a presumptive test.

I'll be following up with an email from OPLA once I receive it.

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

(Acting) Field Office Director
Denver Field Office
Immigration and Customs Enforcement
Enforcement & Removal Operations

12445 E. Caley Avenue, Centennial, Colorado 80111 | 303-472-(b)(6) cell

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do 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: Johnson, Tae D
Sent: 16 Mar 2020 22:11:20 +0000
To: (b)(6); (b)(7)(C) Smith, Stewart D; Klopp, Jacki
Becker: (b)(6); (b)(7)(C)
Cc: #ERO CHIEFS OF STAFF
Subject: FW: COVID 19 DHS Guidance - Additional Self-Quarantine Requirements.
Attachments: DUSM Alles signed Memo regarding COVID19 06 Schengen 16mar2020.pdf

FYSA

From: Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 16, 2020 6:09 PM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>; Erichs, Alysa (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>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae 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>; Pham, Tony H (b)(6); (b)(7)(C) @ice.dhs.gov>; Davis, Mike P (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) (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>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: COVID 19 DHS Guidance - Additional Self-Quarantine Requirements.

All,

Please find attached additional guidance from DUSM Alles effective March 14th regarding requirements for employees to self-quarantine upon return from the Schengen area for distribution to your offices.

Thanks

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



Homeland Security

March 16, 2020

MEMORANDUM FOR: Distribution

FROM: R. D. Alles *R. D. Alles*
Deputy Under Secretary for Management

SUBJECT: Novel Coronavirus Workforce Guidance 06 – Employees
Returning from the Schengen Area

Per the Acting Secretary's Notice of Arrival Restrictions, as of March 14, 2020 all Americans returning from the 26-nation Schengen Area of Europe (see below) are now subject to a 14-day self-quarantine upon their return. DHS employees who meet this condition must follow the Centers for Disease Control and Prevention's (CDC) self-quarantine protocol and may be granted Weather & Safety Leave for the self-quarantine period if they are unable to telework. At the end of the 14-day period, employees who are not symptomatic for COVID-19 (coughing, fever, or difficulty breathing) are expected to return to their normal work schedule and location, including telework, as appropriate and in consultation with their supervisor.

Any employee returning to the office at the conclusion of the 14-day period and exhibiting symptoms of the novel Coronavirus illness (coughing, fever, or difficulty breathing) should be sent home immediately, advised to contact their local public health department, and instructed to follow CDC guidelines.

Please direct questions on human resources policy to (b)(6)@hq.dhs.gov.
Please direct medical questions regarding COVID-19 to (b)(6)@hq.dhs.gov.

Schengen Area (including its microstates):

Austria	Iceland	Norway
Belgium	Italy	Poland
Czech Republic	Latvia	Portugal
Denmark	Liechtenstein	Slovakia
Estonia	Lithuania	Slovenia
Finland	Luxembourg	Spain
France	Malta	Sweden
Germany	Netherlands	Switzerland
Greece		Monaco
Hungary		San Marino
		Vatican City

Distribution List

Chief of Staff
Under Secretary for Management
Under Secretary for Science and Technology
Under Secretary for Intelligence and Analysis
Under Secretary for Strategy, Policy, and Plans
Commissioner, U.S. Customs and Border Protection
Commandant, United States Coast Guard
Director, United States Secret Service
Director, U.S. Citizenship and Immigration Services
Administrator, Federal Emergency Management Agency
Assistant Secretary (Administrator), Transportation Security Administration
Assistant Secretary (Director), U.S. Immigration and Customs Enforcement
General Counsel
Inspector General
Executive Secretary
Director, Federal Law Enforcement Training Centers
Director, Cybersecurity and Infrastructure Security Agency
Assistant Secretary for Countering Weapons of Mass Destruction
Assistant Secretary for Legislative Affairs
Assistant Secretary for Public Affairs
Assistant Secretary for Partnership and Engagement
Director, Operations Coordination
Officer for Civil Rights and Civil Liberties
Chief Privacy Officer
U.S. Citizenship and Immigration Services Ombudsman
Law Enforcement Advisor to the Secretary
Military Advisor to the Secretary
Chief Financial Officer
Chief Human Capital Officer
Chief Information Officer
Chief Procurement Officer
Chief Readiness Support Officer
Chief Security Officer
Director, Federal Protective Service
Director, Office of Biometric Identity Management
Executive Director, Program Accountability and Risk Management

FYSA

All,

Appreciate the assistance from all the ICE Program offices in completing this guidance.

Thanks
Staci



COVID-19 Screening Protocols/Considerations for Criminal and Civil Arrests

Given the proliferation of COVID-19 across the United States, in advance of undertaking mission critical arrests, targeted enforcement actions, or execution of search warrants, all ICE law enforcement officers and their supervisors should consider the totality of the circumstances, including making the most of finite agency resources.

Where arrest is determined appropriate based on the totality of the circumstances, prior to encounter with the targeted individual, ICE agents and officers should be diligent of exposure and, to the maximum extent possible, wear all appropriate personal protective equipment (PPE), including, but not limited to, latex gloves, eye protection, and an N-95 respirator and prepare to:

- Have a face/surgical mask available to provide to or place on the arrestee.
- Conduct all interview communications at least 6 feet from arrestee.
- Observe the arrestee for signs and/or symptoms of COVID-19, including, but not limited to, fever, coughing, shortness of breath, complaining of chest pain, confused, and/or blueish lips and face. EMS response can be considered if arrestees are exhibiting signs and/or symptoms of COVID-19.
- Contact your supervisor to advise of individual's condition and/or any medical concerns prior to transport to determine best course of action, including, but not limited to, contacting EMS, if necessary.

If the individual is encountered at a state/local jail, request any medical information, to include any available medical clearance documentation, from the releasing facility. Information indicating that an arrestee is medically cleared for transport is particularly important.

Safety protocols identified above should be maintained from the start of the encounter through any arrest and transportation to the jail and/or detention facility (as applicable), and maintained until such time as the subject is no longer in ICE custody.

These practices will remain in place until further notice, as we continue to assess the trajectory of the virus and its ongoing implications to ICE operations nationwide.

No Private Rights Statement: This document is intended only as internal ICE guidance, which may be modified, rescinded, or superseded at any time without notice. It is not intended to, does not, and may not be relied upon to create any right or benefit, substantive or procedural, enforceable at law by any party in any administrative, civil, or criminal matter. Likewise, no limitations are placed by this guidance on the otherwise lawful enforcement or litigative prerogatives of DHS or ICE.

From: Johnson, Tae D
Sent: 6 Apr 2020 16:04:15 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: CIVID-19 Test Kit- Requirements
Attachments: Technical Packet.pdf, e25bio-covid19-public.pdf
Importance: High

From: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 12:01 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>; Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: CIVID-19 Test Kit- Requirements
Importance: High

Did we ever decide the policy question? CFO needs to provide numbers on test kits needed.

From: Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 11:46 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Benner, Derek N (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: FW: CIVID-19 Test Kit- Requirements
Importance: High

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

CRSO reached out to (b)(6); on test kit needs that DHS is looking for an answer on today. Understand this ask went directly to leadership. Has this already been tasked out? Just looking to know if we need to do anything on this one or if it is covered. If it is covered, would ask to be looped into the response for viz in case we get follow-up from CRSO.

Thanks
Staci

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Saturday, April 4, 2020 11:04 PM
To: Barrera, Staci A (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) (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: CIVID-19 Test Kit- Requirements

FYI below. Not sure if this was tasked out or who ICE f/o tasked but looks like a Monday report back on number of test kits needed by each Component.

(b)(6) and (b)(6); are aware. Standing by.

(b)(6); (b)(7)(C) CFO
U.S. Immigration and Customs Enforcement
202 819-(b)(6);

From: Watkins, Trae (b)(6) @hq.dhs.gov>
Date: Saturday, Apr 04, 2020, 4:52 PM
To: (b)(6) @cbp.dhs.gov>, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
(b)(6); (b)(7)(C) @HQ.DHS.GOV> (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6) (b)(6) @CBP.DHS.GOV> (b)(6) @CBP.DHS.GOV>
(b)(6) @HQ.DHS.GOV>
Subject: FW: CIVID-19 Test Kit- Requirements

(b)(6)

See below for your awareness, not sure if y'all have been tagged to provide this info or not. Nonetheless, wanted to ensure you were aware. Appears that we will be procuring some in the future—the who and where I do not know. MTF.

R, Trae

From: Alles, Randolph (b)(6) @hq.dhs.gov>
Sent: Friday, April 3, 2020 5:20 PM
To: (b)(6) @cbp.dhs.gov>; Benner, Derek N (b)(6) @ice.dhs.gov>
Cc: MORGAN, MARK (b)(6) @cbp.dhs.gov>; Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Watkins, Trae (b)(6) @hq.dhs.gov>
Subject: FW: CIVID-19 Test Kit- Requirements

Gents,

Per the below request S2 is trying to get an estimate of requirements for COVID-19 test kits for CBP & ICE. Need to hear back on either numbers for the kits or not interested.

Trae Watkins on the copy line can take the input from your staff. Kit details are in the attachments but you may need to be an MD to read them.

V/R

R. D. "Tex" Alles

(b)(6)

From: (b)(6) @hq.dhs.gov>

Sent: Thursday, April 2, 2020 14:47

To: (b)(6) @ST.DHS.GOV>; Albence, Matthew

(b)(6) @ice.dhs.gov; (b)(6) @hq.dhs.gov; (b)(6)

(b)(6) @hq.dhs.gov>; (b)(6)

(b)(6) @hq.dhs.gov>; Boyd, Valerie (b)(6) @hq.dhs.gov>; McCament, James

(b)(6) @hq.dhs.gov>; Alles, Randolph (b)(6) @hq.dhs.gov>; Mizelle, Chad

(b)(6) @hq.dhs.gov>; Gaynor, Pete (b)(6) @fema.dhs.gov>

cc: (b)(6) @hq.dhs.gov>; (b)(6) @hq.dhs.gov>; (b)(6)

(b)(6) @hq.dhs.gov>; (b)(6) @hq.dhs.gov>; (b)(6)

(b)(6) @hq.dhs.gov>

Subject: COVID-19 Test Kits

This is being sent at the direction of AS2 Cuccinelli...

All...During the 8:00 Sync call today, I mentioned a COVID-19 test kit that would soon be available. S&T identified the company on Monday, entered a CRADA on Tuesday, validated the technology for accuracy on Wednesday and are now working with the company to get the test kit FDA certified (hopefully in the next few days).

Because of our investment and relationship with the E25Bio, we, DHS, have an opportunity to identify how many kits we would need prior to certification. Once they are FDA certified, I suspect DHS, as a whole, will be towards the bottom of the priority list.

The kits will cost approximately \$15. One kit equals one test. Results are rendered on site in approx 15 minutes and it is "very" accurate. This is moving very quickly and the company is still securing a robust supply chain for other kit items (swabs, gloves, tubes) but we can seek other procurement means to get those items once we have the testing device.

Please think of the various use-cases in your AOR (detainees coming and going, repatriation activities, etc) and identify the number of kits you plan to procure. WE NEED TO HAVE A DEPARTMENT TOTAL BY MONDAY (prior to FDA certification). If we have the number, the company will put those aside for DHS.

I will mention this at the SLG tomorrow but the AS2 felt it was important to tee this up with all of prior.

Best Regards,

(b)(6)

(b)(6)

Science & Technology Directorate
U.S. Department of Homeland Security
202-254-8392

Page 336

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 337

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 338

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 339

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 340

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 341

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 342

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 343

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 344

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 345

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 346

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 347

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 348

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 349

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 350

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 351

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 352

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 353

Withheld pursuant to exemption

(b)(4)

of the Freedom of Information and Privacy Act

Page 354

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 355

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 356

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 357

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 358

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 359

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 360

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 361

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 362

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 363

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 364

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 365

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 366

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 367

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 368

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 369

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 370

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 371

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 372

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

Page 373

Withheld pursuant to exemption

Duplicate

of the Freedom of Information and Privacy Act

From: Johnson, Tae D
Sent: 11 Apr 2020 17:48:13 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: Component Clearance for COVID-19 Weekly Update

You get this one

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Apr 11, 2020, 1:10 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Component Clearance for COVID-19 Weekly Update

Can we pull this number?

From: Asher, Nathalie R (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Apr 11, 2020, 12:57 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (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>
Subject: FW: Component Clearance for COVID-19 Weekly Update

Good Afternoon -

AS1 wants our vul pop release number as of April 10 as part of a briefing of overall dept efforts during pandemic.

Can we please have that number at your earliest convenience today?

Thanks - I've let Matt and Derek know - they are good with it.

NRA

Sent with BlackBerry Work
(www.blackberry.com)

From: Asher, Nathalie R (b)(6); (b)(7)(C) @ice.dhs.gov>

Date: Saturday, Apr 11, 2020, 12:02 PM

To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>, Benner, Derek N

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

Cc: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6);

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

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

Subject: FW: Component Clearance for COVID-19 Weekly Update

DHS OPA is tasking us to provide updated vulnerable pop release number as of April 10 for AS1 direct review and probable messaging on Monday.

We can easily get that number from ERO - wanted you to have viz before we do so.

NRA

Sent with BlackBerry Work
(www.blackberry.com)

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

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

Date: Saturday, Apr 11, 2020, 11:43 AM

To: Asher, Nathalie R (b)(6); (b)(7)(C) @ice.dhs.gov>,

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

Subject: FW: Component Clearance for COVID-19
Weekly Update

AS1 wants numbers as of the 10th by
noon tomorrow for possible use on
Monday.

From: (b)(6)

(b)(6) @hq.dhs.gov>

Date: Saturday, Apr 11, 2020, 9:33 AM

To: (b)(6) @hq.dhs.gov>,

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

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

(b)(6) @hq.dhs.gov> (b)(6)

(b)(6) @uscis.dhs.gov> (b)(6)

(b)(6) @cbp.dhs.gov>, Gillis,

(b)(6) (b)(6)

(b)(6) @gmail.com (b)(6)

(b)(6) @uscg.mil> (b)(6)
(b)(6) @cisa.dhs.gov> (b)(6)
(b)(6)

Subject: Component Clearance for COVID-19 Weekly Update

Good Morning All,

As many of you are aware, Acting Secretary Wolf wants to highlight the great work each component is doing on a weekly basis throughout the COVID-19 response. Before DHS OPA sends this week's update to him, we are asking each of you to review your respective section and 1.) clear the substance for your component, and 2.) update the highlighted figures by this Sunday at **NOON** (if applicable). The Acting Secretary has personally requested to see the numbers Monday morning.

For tracking purposes, please edit within this email and not in a separate document. If you do not have any edits or updates to offer, then simply respond with a "clear." Thanks!

V/R

Colton R. Overcash

Director of Strategic Outreach and Communications

Office of Public Affairs

U.S. Department of Homeland Security

=====
=====
=====

WASHINGTON – The Department of Homeland Security and its dedicated workforce across more than a dozen offices and components are working diligently with the White House every day to execute an unprecedented, whole-of-America response to the COVID-19 pandemic. These

strategic and tactical efforts range from coordinating critical air transportation to addressing medical supply shortages to expediting the inspection of vital goods at our borders, ensuring that our national supply chains remain abundant, accessible, and reliable.

“Everything we have done to this point has been unprecedented and everything we do in the coming weeks and months ahead focuses on life-safety and reducing suffering,” said FEMA Administrator Pete Gaynor, whose agency is leading the federal response. “It is absolutely critical that we maintain our response efforts alongside our federal, state, local, tribal, and industry partners to ensure the virus’s spread is contained and human life is preserved.”

Below is a list of some of DHS’s efforts against COVID-19 last week:

COUNTERING WEAPONS OF MASS DESTRUCTION (CWMD)

Medical Screening at Airports. CWMD contract personnel are continuing to support the CDC with enhanced medical screenings for travelers through 13 specially designated airports. As of April 10th, CWMD has processed approximately 270,344 travelers for enhanced screening, including 1,486 who were referred to the Centers for Disease Control and Prevention (CDC) for further screening.

CUSTOMS AND BORDER PROTECTION (CBP)

Maintaining Domestic Supply of Critical Medical Equipment. On April 8th, Customs and Border Protection (CBP) and FEMA announced that the federal government will begin restricting exports of PPE to ensure critical supplies stay in the country to fight COVID-19.

Protecting U.S. Borders. On April 9th, CBP provided an operational update on activities for the month of March. Total Border Patrol encounters have declined 7% total in March from February, and 76% since the height of the crisis last May. In

addition, 80% of the people who CBP encounters since the March 21 enactment of Title 42 are being returned to the country from where they came within 2 hours.

CYBERSECURITY AND INFRASTRUCTURE SECURITY AGENCY (CISA)

Protecting Workers and Critical Infrastructure from Potential Threats. CISA regularly publishes guidance to help individuals, businesses, organizations, and governments protect their essential workers, while also improving their security posture against a myriad of potential threats throughout the COVID-19 pandemic.

- On April 6th, CISA updated its list of essential businesses. To date, 45 states and territories have published Essential Business Designations, 20 of them are referencing this list in their essential business designations, while 14 states or territories have incorporated CISA guidance fully into their own lists.
- On April 8th, CISA and CDC issued new guidelines aimed at getting workers in critical infrastructure who may have been exposed to COVID-19 back to work faster. It also calls on employers to take steps to ensure workplace safety, like sending workers home immediately if they are sick and increasing air exchange in the workplace.
- On April 8th, CISA and the United Kingdom's National Cyber Security Centre issued an activity alert titled, *COVID-19 Exploited by Malicious Cyber Actors*. This joint alert addresses the growing use of COVID-19-related themes by malicious cyber actors to attack individuals, businesses, and organizations with a range of ransomware and malware.

- On April 9th, CISA released interim Trusted Internet Connections (TIC) guidance to aid agencies in securing their network and cloud environments. This guidance supports the current surge in teleworking and use of collaboration tools amongst the federal workforce during the COVID-19 pandemic.

FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA)

Deploying Federal Funds and Personnel in Support of State Response Efforts. Federal funds are being deployed to help ensure that health care providers have the critical resources they need to provide rapid care and treatment to COVID-19 patients in hard-hit areas across the U.S. To date, FEMA has obligated \$5.02 billion in support of state response efforts.

Increasing Availability of Critical Resources. As a part of the Supply Chain Stabilization Task Force, FEMA is executing a whole-of-nation approach to address the limited supply of critical and life-saving equipment. As of April 10th, FEMA has coordinated the delivery of or are currently shipping the following to critical locations: 48.6 million N95 respirators, 57.6 million surgical masks, 5.5 million face shields, 9 million surgical gowns, 105 million gloves, 212,000 coveralls, and 9,090 ventilators.

Expanding Surge Capacity in Highly-Impacted Areas. FEMA is focusing its allocation of resources in highly impacted areas experiencing the greatest increase in COVID-19 transmission and the greatest increase in forecasted capacity shortfalls.

- On April 6th, FEMA and the U.S. Army Corps of Engineers announced plans to convert three convention centers in Virginia into temporary hospital facilities. The facilities – the Dulles Expo Center in Northern Virginia and the Richmond and Hampton Roads convention centers – will be able to provide beds for 1,107 acute patients or 1,848 non-acute patients. The conversion is expected to be complete within six weeks.

- On April 8th, FEMA and HHS delivered 80,000 nasopharyngeal swabs to various federal Community-Based Testing Sites (CBTS) locations to help surge testing capacity nationwide. To date, 77,344 tests have been administered.
- As of April 10th, FEMA has delivered or is currently shipping 8,500 medical beds to surge capacity and care for an increased volume of COVID-19 patients across the U.S.

Coordinating Air Flights to Address Medical Supply Shortages. FEMA is expediting movement of critical supplies including masks, respirators, gloves, goggles and surgical gowns, from the global market to medical distributors in various locations across the U.S. This historic partnership with the private sector is named Project Air-Bridge:

- As of April 10th, 26 international flights have arrived in the U.S. with critical medical supplies. An additional 54 flights are scheduled over the next three weeks.
- On April 6th, a total of 7 flights arrived in the U.S. – the greatest number of air-bridge flights to arrive in a single day since the start of the program.

IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE)

Bringing Americans Home. ICE, in close coordination with the State Department, continues to bring stranded Americans home on the return leg of removal flights to Central America. Between March 22 and April 10th, ICE has flown 1,037 individuals from Columbia, El Salvador, Honduras, and Nicaragua.

Protecting Vulnerable Populations. ICE regularly reviews cases of individuals in detention who may be vulnerable to the virus. Utilizing CDC guidance along with the advice of medical professionals, ICE makes determinations every day on a case-by-case basis to place detainees into alternative facilities. As of April 10th, ICE identified more than 160 individuals for release after evaluating their immigration history, criminal record, potential threat to public safety, flight risk, and national security concerns.

INTELLIGENCE & ANALYSIS (I&A)

Keeping the Homeland Safe, Secure and Resilient.

On April 8, DHS Intelligence and Analysis (I&A) published a bulletin providing information to federal, state, local, tribal and territorial counterterrorism and law enforcement officials on the potential for COVID-19-related cyber threats and fraud. These threat-monitoring activities ensure the homeland is safe, secure, and resilient from hostile actors who might otherwise attempt to exploit the crisis to harm American lives.

TRANSPORTATION SECURITY ADMINISTRATION (TSA)

Keeping Americans Safe While Ensuring Continuity of U.S. Travel: TSA continues to follow CDC guidance to protect its workers and the nation's transportation system, while ensuring the freedom of movement for people and commerce will not be impeded during the pandemic. As of April 10th, TSA has screened approximately 900,000 travelers who have all reached their destinations safely.

UNITED STATES COAST GUARD (USCG)

Facilitating the Offload of Cruise Ships. The U.S. Coast Guard is working non-stop to protect the health and safety of Americans inbound to the U.S. while helping slow the spread of COVID-19.

- Between April 5th and April 10th, USCG facilitated the offload of 100 passengers and 881 crew members from one cruise ship in Florida and helped transfer 7 crew members from a second cruise ship to local hospitals.

In Louisiana, the USCG worked with state and local authorities to disembark several healthy crew members after determining they were not infected with COVID-19.

Keeping the U.S. Maritime Supply Chain Open and Viable. As of April 10th, USCG is monitoring 38 commercial vessels with crew or passengers that have embarked from a coronavirus port of interest in the last 14 days.

From: Johnson, Tae D
Sent: 28 Mar 2020 21:47:13 +0000
To: Smith, Stewart D
Subject: FW: Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of 03.28.2020 v2.xlsx
Attachments: Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of 03.28.2020 v2.xlsx

FYSA

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Saturday, March 28, 2020 4:44 PM
To: Asher, Nathalie R (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: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C)@ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of 03.28.2020 v2.xlsx

All,

I was just notified that there was an error on today's report. There are only 3 detainees who have tested positive for COVID 19, not 4 as previously reported. The detainee in Houston is being tested but results have not yet been returned. Please see the corrected report. IHSC reported the alien as positive when they are only presumptive positive.

Thank you,

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

Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of March 28, 2020			
ICE/ERO Employees		ICE Detainees	
1	Elizabeth Contract Detention Facility (Elizabeth, NJ)	2	Bergen County Jail (Hackensack, NJ)
1	Houston Contract Detention Facility (Houston, TX)	1	Essex County Correctional Facility (Newark, NJ)
2	Aurora Contract Detention Facility (Aurora, CO)		
1	Hudson County Jail (Kearny, NJ)		
Total		Total	
5		3	

From: Johnson, Tae D
Sent: 28 May 2020 12:41:27 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: COVID Positive Cases by Custody Status

FYSA

Still trying to wrap my arms around this data pull.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, May 27, 2020, 3:03 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID Positive Cases by Custody Status

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

Here is what the IHSC data says for people who are positive COVID and the variable for if they have been released from isolation.

I also ran it with those in and out of custody and as you can see they have 110 people listed as still in isolation, but they have already been released from custody, so I don't know how much I would rely on this data right now.

RELEASED_MONITORING_ISOLATION				
RELEASED_MONITORING_ISOLATION	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	875	66.79	875	66.79
Yes	435	33.21	1310	100.00

Table of RELEASED_MONITORING_ISOLATION by in_custody			
RELEASED_MONITORING_ISOLATION	in_custody		
Frequency Percent Row Pct Col Pct	No	Yes	Total
No	110 8.40 12.57 50.46	765 58.40 87.43 70.05	875 66.79
Yes	108 8.24 24.83 49.54	327 24.96 75.17 29.95	435 33.21
Total	218 16.64	1092 83.36	1310 100.00

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, May 27, 2020 2:48 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D
(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID Positive Cases by Custody Status

Thanks, (b)(6);

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, May 27, 2020 2:45 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: COVID Positive Cases by Custody Status

Tae (b)(6);

(b)(5)

I have three different tables, the first one is just the overall number of people still in custody, the second one is the number of people in custody or released and the facility where the person tested positive and the third one is the people still in custody by the facility they are currently in.

This report is not the prettiest thing I have ever seen, but I just wanted to get this to you quicker.

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

Let me know if you have any questions or any other ideas.

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

Please see attached

All,
I've made changes to the checklist to account for the difference between a release and a transfer/removal. This version still includes Mr. (b)(6); comments so you can see if the changes address his concerns. I also considered Dr. (b)(6); comments in the revisions.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 1, 2020 4:36 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; 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)
(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>;
Wong, Ricardo (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>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID release checklist

AMERICAN
OVERSIGHT

(b)(6); (b)(7)(C)@ice.dhs.gov>; ERO DM Tasking Users (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Taskings Request for ERO Broadcast

CM Tasking,

CPD submits the attached checklist and broadcast for release. The content has already been circulated and approved by CPD, IHSC, and Field Ops. We just need AD (b)(6); AD (b)(6); and AD (b)(6); concurrence.

(b)(6);

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

ICE/ERO/CMD/CPD

Desk: 202-732 (b)(6);

Mobile: 202-321 (b)(6);

(b)(6);@ice.dhs.gov

Page 390

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

From: Johnson, Tae D
Sent: 27 Apr 2020 20:46:34 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: COVID Testing 4.27.20 (Guates)
Attachments: COVID-19 Testing Daily Report 4.27.20.xlsx

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 27, 2020, 4:04 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID Testing 4.27.20 (Guates)

Are we testing at Dilley?

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

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 27, 2020 3:57 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae 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>; Wong, Ricardo (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: #IHSC_LEADERSHIP (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID Testing 4.27.20 (Guates)

Please see attached.

R/ Stew

Dr. Stewart D. Smith, MPH, CCHP, FACHE
Assistant Director | ICE Health Service Corps
Desk: 202-732 (b)(6); Cell: 202-321 (b)(6);

Executive Assistant: M (b)(6); (b)(7)(C) @associates.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: Monday, April 27, 2020 2:45 PM
To: Smith, Stewart D (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>
Subject: COVID Testing 4.27.20 (Guates)

Good Day Dr. Smith,

See attached report for today. All testing of the Guatemalans are complete.

Respectfully,

(b)(6); (b)(7)(C) MSHS, BSN, RN, CCHP
CDR, U.S. Public Health Service
Deputy Assistant Director, Health Systems Support
ICE Health Service Corps
500 12th St. SW, Mailstop (b)(6);
Washington, DC 20536
(202) 732 (b)(6); Office
(202) 836 (b)(7)(C) BB

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do 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.

Date	Location	# of Testing Machines	# of Test Administered	G	H	E	M	Invald Results (Retest)	G	H	E	M	# of Positive Results	G	H	E	M	# of Negative Results	G	H	E	M	Positive Test	G	H	E	M	Staff Members Trained
4/26/20	Houston Processing	4	97	97	0	0	0	4	4	0	0	0	0	0	0	0	0	97	97	0	0	0	32	38	0	0	0	1
4/26/20	El Paso SPC	2	2	2	0	0	0	0	0	0	0	0	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0	
4/26/20	Port Isabel SPC	2	97	97	0	0	0	18	18	0	0	0	0	0	0	0	0	97	97	0	0	0	20	25	0	0	0	
4/26/20	Katzen FRC	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1 (Hansen)	1 (M)	0	0	0	1
Totals	10	202	197	197	0	0	0	22	22	0	0	0	1	1	0	0	0	196	196	0	0	0	67	67	0	0	0	23
4/27/20	Houston Processing	4	38	38	0	0	0	0	0	0	0	0	0	0	0	0	0	38	0	0	0	0	0	0	0	0	0	
4/27/20	El Paso SPC	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4/27/20	Port Isabel SPC	2	23	23	0	0	0	0	0	0	0	0	0	0	0	0	0	23	0	0	0	0	0	0	0	0	0	
4/27/20	Katzen FRC	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	10	67	67	67	0	0	0	0	0	0	0	0	0	0	0	0	0	67	0	0	0	0	0	0	0	0	0	13
Testing Complete	10	264	264	264	0	0	0	22	22	0	0	0	1	1	0	0	0	263	196	0	0	0	67	67	0	0	0	38

Nationality Legend
G = Guatemala
H = Honduras
E = El Salvador
M = Mexico

From: Johnson, Tae D
Sent: 27 May 2020 14:08:12 +0000
To: Lucero, Enrique M
Subject: FW: Covid Testing for deportees

FYSA

From: Smith, Stewart D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Saturday, May 23, 2020, 4:31 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>, Johnson, Tae D <(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: Covid Testing for deportees

The two tests are the rapid Abbott test and the other is the PCR test that has to be sent to the lab - 2 day turnaround.

Dr. Stewart D. Smith, MPH, CCHP, FACHE
Assistant Director | ICE Health Service Corps
Desk: 202-732-(b)(6); (b)(7)(C) Cell: 202-321-(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Saturday, May 23, 2020, 4:28 PM
To: Johnson, Tae D <(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>
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: Covid Testing for deportees

So should we go back to the Indians and let them know we will be using a different test?
And if yes what's the name

Thanks

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Saturday, May 23, 2020, 3:37 PM
To: (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>
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: Covid Testing for deportees

Subject: RE: Covid Testing for deportees

That might help.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, May 23, 2020, 3:36 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov> (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> (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Covid Testing for deportees

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

Sent with BlackBerry Work
(www.blackberry.com)

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, May 23, 2020, 3:27 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (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>
Subject: RE: Covid Testing for deportees

IHSC will remain on standby until a final decision is made on what to do. Just let me know.

Dr. Stewart D. Smith, MPH, CCHP, FACHE
Assistant Director | ICE Health Service Corps
Desk: 202-732-(b)(6); (b)(7)(C) Cell: 202-321-(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, May 23, 2020, 3:25 PM
To: Johnson, Tae D (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>
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>
Subject: RE: Covid Testing for deportees

I believe it's Alexandria.

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, May 23, 2020, 2:11 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>, (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>
Subject: RE: Covid Testing for deportees

Need to know where they are being staged and if IHSC staffed, can lab Corp send about 150 swabs well in advance to test and get results by June 1

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, May 23, 2020, 3:08 PM
To: Johnson, Tae D (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>
Subject: RE: Covid Testing for deportees

Tae (b)(6);

Let us know what you need from IHSC.

Dr (b)(6); (b)(7)(C) MPH, CCHP, FACHE
Assistant Director | ICE Health Service Corps
Desk: 202-732 (b)(6); (b)(7)(C) Cell: 202-321 (b)(6); (b)(7)(C)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, May 23, 2020, 3:06 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, Boyd, Valerie (b)(6) @hq.dhs.gov>
Cc: Cloe, David (b)(6) @HQ.DHS.GOV>, Chalkley, Marie (b)(6) @hq.dhs.gov>, Jeffrey Lynch (b)(6) @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>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (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)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Covid Testing for deportees

This won't be an easy task.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, May 23, 2020, 2:23 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, Boyd, Valerie (b)(6) @hq.dhs.gov>
Cc: Cloe, David (b)(6) @HQ.DHS.GOV>, Chalkley, Marie (b)(6) @HQ.DHS.GOV>, Paschall, Robert (b)(6) @hq.dhs.gov>, Jeffrey Lynch (b)(6) @dhs.gov>, Kane, Katrina S (b)(6) @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>, (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: Covid Testing for deportees

6-1

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, May 23, 2020, 2:21 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, Boyd, Valerie <Valerie.Boyd@hq.dhs.gov>
Cc: Cloe, David <David.Cloe@HQ.DHS.GOV>, Chalkley, Marie <marie.chalkley@HQ.DHS.GOV>, Paschall, Robert <Robert.Paschall@hq.dhs.gov>, Jeffrey Lynch <jeffrey.lynch@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>, (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: Covid Testing for deportees

Thanks MP.

When is the flight?

Sent with BlackBerry Work
(www.blackberry.com)

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

Date: Saturday, May 23, 2020, 2:16 PM

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

Cc: Cloe, David (b)(6) @HQ.DHS.GOV>, Chalkley, Marie

(b)(6) @HQ.DHS.GOV>, Paschall, Robert (b)(6) @hq.dhs.gov>, Jeffrey Lynch

(b)(6) @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> (b)(6);

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

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

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

Subject: FW: Covid Testing for deportees

Tae/Valerie,

FYSA, Sorry to ruin your Saturday! We just received the below from the Embassy of India in DC advising of at least 22 positive from last flight and requesting that we change our testing before next flight.

Simultaneously we are now receiving reports of positive cases from Ecuador as well on this week's flight however we are still trying to run down that information how many and A#.

Meanwhile we will try and get the A#s of the Indian cases to begin contact tracing.

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

From: Dr. Jaideep Nair (b)(6) @mea.gov.in>

Date: Saturday, May 23, 2020, 1:12 PM

To:

Subject: Covid Testing for deportees

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Good Afternoon (b)(6);
(b)(7)(C)

In light of the number of cases which turned out Covid positive (22 out of 76 from Haryana) (<https://www.ndtv.com/india-news/coronavirus-haryana-minister-anil-vij-says-22-of-76-deported-from-us-test-positive-for-covid-19-2234035>), Delhi has requested a change in the testing regime from rapid antibody test to RtPCR test for the deportees. Otherwise, more of them will be exposed during travel and this creates issues on the ground for our authorities.

Appreciate a quick feedback on this in light of ongoing planning for the next charter flight.

Jaideep

Dr. Jaideep Nair

Minister (Consular)

Embassy of India

2536 Massachusetts Avenue NW,

Washington DC 20008 , USA

Tel: (b)(6)

Email: (b)(6)@mea.gov.in

Sent from my iPhone



From: Johnson, Tae D
Sent: 10 Apr 2020 21:11:05 +0000
To: (b)(6); (b)(7)(C)
Cc: Lucero, Enrique M
Subject: FW: COVID 19 Requirements Document
Attachments: ERO COVID-19 Response Requirements for Facilities 4.10.20 Clean.docx

FYSA

From: Johnson, Tae D
Sent: Friday, April 10, 2020 5:10 PM
To: (b)(6); (b)(7)(C); (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: COVID 19 Requirements Document

Hi (b)(6); (b)(7)(C) —

(b)(6); (b)(7)(C) just mentioned that there may be concerns with getting this document to OPA for posting and disseminated thru the FODs to all of our detention facilities. As you can see from the below thread, OPLA (b)(5) I just want to make sure we're all on the same page. We was planning to send this document to the field and request that they confirm delivery to all of our jails by Monday. We would then immediately follow up with a questionnaire for each facility to get more details on some of their site specific CV19 efforts. OPLA had been waiting for the attached document to clear DHS before finalizing the survey.

Please let me know if we should continue to hold on getting this out or if we a clear to move this forward. Thanks

From: Davis, Mike P (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Friday, April 10, 2020 1:12 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: ICE Detention Facilities COVID 19 Response Requirements

Outstanding. Thanks so much!

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: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, April 10, 2020 1:12 PM
To: Davis, Mike P (b)(6); @ice.dhs.gov>
Subject: RE: ICE Detention Facilities COVID 19 Response Requirements

Folks are finalizing for posting and distribution to field offices today.

Sent with BlackBerry Work
(www.blackberry.com)

From: Davis, Mike P (b)(6); @ice.dhs.gov>
Date: Friday, Apr 10, 2020, 1:09 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ICE Detention Facilities COVID 19 Response Requirements

Tae—do you think we're on track to get this finalized and posted today? Is there anything further you need from OPLA to help make that happen?

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); office) | 202.904(b)(6); mobile)
(b)(6); @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: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, April 10, 2020 11:21 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Davis, Mike P (b)(6); @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: ICE Detention Facilities COVID 19 Response Requirements

Sorry. One typo corrected here

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

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Loiacono, Adam V

Sent: Friday, April 10, 2020 11:17 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>; Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>; Pham, Tony H <(b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: FW: ICE Detention Facilities COVID 19 Response Requirements

Importance: High

Tae-

As you can see below, (b)(5) Will ERO (b)(5)
(b)(5)? If we could get this out today, that would be great and (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

Iphone: 202-500-(b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

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

Sent: Friday, April 10, 2020 11:12 AM

To: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>; Pham, Tony H <(b)(6); (b)(7)(C)@ice.dhs.gov>

Cc: Davis, Mike P <(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>; Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: RE: ICE Detention Facilities COVID 19 Response Requirements

Importance: High

Good Morning Adam,

Thank you for your patience. The ICE ERO PRR is cleared with one minor edit (as seen in the attached) to adjust an inadvertent font change.

Please be sure to keep us apprised of (b)(5) and don't hesitate to let me know if I can be of assistance with anything else.

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); (m) (202) 853-(b)(6);
(b)(6); (b)(7)(C) @hq.dhs.gov

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

This document contains confidential and/or sensitive attorney/client privileged information or attorney work product and is not for release, review, retransmission, dissemination or use by anyone other than the intended recipient. Please notify the sender if this message has been misdirected and immediately destroy all originals and copies. Any disclosure of this document must be approved by the Office of the General Counsel, U.S. Department of Homeland Security. This document is for INTERNAL GOVERNMENT USE ONLY. FOIA exempt under 5 U.S.C. § 552(b)(5).

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 9, 2020 10:16 PM
To: (b)(6); (b)(7)(C) @hq.dhs.gov>; Pham, Tony H <(b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Davis, Mike P (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>; Loiacono, Adam V (b)(6); (b)(7)(C) @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 ERO's changes consistent with the

(b)(5)

At this point, it appears from our perspective to be ready for issuance, but please confirm next steps. (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)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov

— ATTORNEY/CLIENT PRIVILEGE — ATTORNEY WORK PRODUCT —

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: (b)(6) <(b)(6)@hq.dhs.gov>
Sent: Thursday, April 9, 2020 6:05 PM
To: (b)(6); (b)(7)(C) <(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)@HQ.DHS.GOV>
Subject: FW: ICE Detention Facilities COVID 19 Response Requirements

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

Attached please find CDC's input concerning ERO's draft guidance. As you will see, it is minimal, and as Dr. Cohn mentions below, the CDC reviewers believe the document is well aligned with the CDC guidance for detention facilities.

Kind regards,

(b)(6)

Legal Counsel Division
Office of the General Counsel
U.S. Department of Homeland Security

(b)(6)

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

This document contains confidential and/or sensitive attorney/client privileged information or attorney work product and is not for release, review, retransmission, dissemination or use by anyone other than the intended recipient. Please notify the sender if this message has been misdirected and immediately destroy all originals and copies. Any disclosure of this document must be approved by the Office of the General Counsel, U.S. Department of Homeland Security. This document is for INTERNAL GOVERNMENT USE ONLY. FOIA exempt under 5 U.S.C. § 552(b)(5).

Referred to Another Agency/Component

<Jonathan.Wall@hhs.gov>; NAPOLITANO, AMBER <amber.napolitano@hq.dhs.gov>; Cox, John <john.cox@hq.dhs.gov>; Houry, Debra E. (CDC/DDNID/NCIPC/OD) <vjz7@cdc.gov>; Brand, Jennifer S <Jennifer.Brand@HQ.DHS.GOV>; DEVILLIER, MIKELLE <mikelle.devillier@hq.dhs.gov>; Maher, Joseph <Joseph.Maher@HQ.DHS.GOV>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; Wade, David <david.wade@hq.dhs.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov (b)(6); (b)(7)(C) @ice.dhs.gov; Greco Kone, Rebecca (CDC/DDPHSIS/OD) <ftm1@cdc.gov>

Subject: RE: ICE Detention Facilities COVID 19 Response Requirements

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact your component SOC with questions or concerns.

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: Caneva, Duane <duane.caneva@hq.dhs.gov>

Sent: Wednesday, April 8, 2020 8:46 PM

To: (b)(6)

Cc: Strom, John (HHS/OGC) <John.Strom@hhs.gov>; Wall, Jonathan (HHS/OGC)

(b)(6)

(b)(6)

Maher, Joseph (b)(6)

(b)(6)

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,

Duane

Duane C. Caneva, MD, MS
Chief Medical Officer
Department of Homeland Security

(b)(6)

(b)(6) [hq.dhs.gov](mailto:(b)(6)@hq.dhs.gov)

(b)(6) [@dhs.ic.gov](mailto:(b)(6)@dhs.ic.gov)

Executive Assistant: (b)(6) [associates.hq.dhs.gov](mailto:(b)(6)@associates.hq.dhs.gov), 202-25

(b)(6)

The information in this e-mail may be privileged and confidential, intended only for the use of the addressee(s) above. Any unauthorized use or disclosure of this information is prohibited. If you have received this e-mail by mistake, please delete it and immediately contact the sender.



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

MULTI-DHS-ICE-20-0602-H-000407

DHS-ICE-1367-002221

Page 408

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 409

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 410

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 411

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 412

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 413

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 414

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 415

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 416

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 417

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 418

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 419

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 420

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 421

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 422

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 423

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 424

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

From: Johnson, Tae D
Sent: 10 Apr 2020 21:10:15 +0000
To: Davis, Mike P
Subject: FW: COVID 19 Requirements Document
Attachments: ERO COVID-19 Response Requirements for Facilities 4.10.20 Clean.docx

FYSA

From: Johnson, Tae D
Sent: Friday, April 10, 2020 5:10 PM
To: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: COVID 19 Requirements Document

Hi Chris –

(b)(6); just mentioned that there may be concerns with getting this document to OPA for posting and disseminated thru the FODs to all of our detention facilities. As you can see from the below thread, OPLA (b)(5) I just want to make sure we're all on the same page. We was planning to send this document to the field and request that they confirm delivery to all of our jails by Monday. We would then immediately follow up with a questionnaire for each facility to get more details on some of their site specific CV19 efforts. OPLA had been waiting for the attached document to clear DHS before finalizing the survey.

Please let me know if we should continue to hold on getting this out or if we a clear to move this forward. Thanks

From: Davis, Mike P (b)(6); @ice.dhs.gov>
Sent: Friday, April 10, 2020 1:12 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ICE Detention Facilities COVID 19 Response Requirements

Outstanding. Thanks so much!

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); (office) | 202.904.(b)(6); (b)(7)(C) (mobile)
(b)(6); @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: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Friday, April 10, 2020 1:12 PM
To: Davis, Mike P (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: ICE Detention Facilities COVID 19 Response Requirements

Folks are finalizing for posting and distribution to field offices today.

Sent with BlackBerry Work
(www.blackberry.com)

From: Davis, Mike P (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Friday, Apr 10, 2020, 1:09 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: ICE Detention Facilities COVID 19 Response Requirements

Tae—do you think we're on track to get this finalized and posted today? Is there anything further you need from OPLA to help make that happen?

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: Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Friday, April 10, 2020 11:21 AM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Davis, Mike P (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: ICE Detention Facilities COVID 19 Response Requirements

Sorry. One typo corrected here

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

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: Loiacono, Adam V
Sent: Friday, April 10, 2020 11:17 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>; Davis, Mike P (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: ICE Detention Facilities COVID 19 Response Requirements
Importance: High

Tae-

As you can see below, the PRR is cleared. Will ERO have ICE Policy clean up any formatting, and make sure OD is good with it going out? If we could get this out today, that would be great and limit what needs to be included in the declaration we discussed last night.

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

--- ATTORNEY/CLIENT PRIVILEGE --- ATTORNEY WORK PRODUCT ---

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: (b)(6) @hq.dhs.gov>
Sent: Friday, April 10, 2020 11:12 AM
To: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Davis, Mike P (b)(6); @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Maher, Joseph (b)(6) @HQ.DHS.GOV>; Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ICE Detention Facilities COVID 19 Response Requirements
Importance: High

Good Morning Adam,

Thank you for your patience. The ICE ERO PRR is cleared with one minor edit (as seen in the attached) to adjust an inadvertent font change.

(b)(5)

(b)(5)

and don't

hesitate to let me know if I can be of assistance with anything else.

Kind regards,

(b)(6)

Legal Counsel Division
Office of the General Counsel
U.S. Department of Homeland Security

(b)(6)

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

This document contains confidential and/or sensitive attorney/client privileged information or attorney work product and is not for release, review, retransmission, dissemination or use by anyone other than the intended recipient. Please notify the sender if this message has been misdirected and immediately destroy all originals and copies. Any disclosure of this document must be approved by the Office of the General Counsel, U.S. Department of Homeland Security. This document is for INTERNAL GOVERNMENT USE ONLY. FOIA exempt under 5 U.S.C. § 552(b)(5).

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Thursday, April 9, 2020 10:16 PM

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

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

Cc: Davis, Mike P (b)(6); @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Maher, Joseph (b)(6) @HQ.DHS.GOV>; Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: RE: ICE Detention Facilities COVID 19 Response Requirements

(b)(6)

Attached please find a revised version of the draft ICE ERO COVID-19 Pandemic Response Requirements (PRR) document. This version is redlined, reflecting ERO's changes consistent with the

(b)(5)

At this point, it appears from our perspective to be ready for issuance, but please confirm next steps. Of course, it would be great to have this issued in advance of Monday's filing deadline in the *NIPNLG* litigation.

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

— ATTORNEY/CLIENT PRIVILEGE — ATTORNEY WORK PRODUCT —

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 U.S.C. §§ 552(b)(5), (b)(7).

From: (b)(6) @hq.dhs.gov>
Sent: Thursday, April 9, 2020 6:03 PM
To: (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>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Maher, Joseph (b)(6) 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. Cohn mentions below, the CDC reviewers believe the document is well aligned with the CDC guidance for detention facilities.

Kind regards,

(b)(6)
Attorney Advisor, Litigation
Legal Counsel Division
Office of the General Counsel
U.S. Department of Homeland Security
(o) (202) (b)(6) (m) (202) (b)(6)
(b)(6) hq.dhs.gov

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

This document contains confidential and/or sensitive attorney/client privileged information or attorney work product and is not for release, review, retransmission, dissemination or use by anyone other than the intended recipient. Please notify the sender if this message has been misdirected and immediately destroy all originals and copies. Any disclosure of this document must be approved by the Office of the General Counsel, U.S. Department of Homeland Security. This document is for INTERNAL GOVERNMENT USE ONLY. FOIA exempt under 5 U.S.C. § 552(b)(5).

Referred to Another Agency/Component

Referred to Another Agency/Component

DHS-ICE-1367-002244

Duane C. Caneva, MD, MS
Chief Medical Officer
Department of Homeland Security

(b)(6)

(b)(6)@hq.dhs.gov

(b)(6)@dhs.ic.gov

Executive Assistant: (b)(6)@associates.hq.dhs.gov, 202 (b)(6)

The information in this e-mail may be privileged and confidential, intended only for the use of the addressee(s) above. Any unauthorized use or disclosure of this information is prohibited. If you have received this e-mail by mistake, please delete it and immediately contact the sender.



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

MULTI-DHS-ICE-20-0602-H-000432

DHS-ICE-1367-002246

Page 433

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 434

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 435

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 436

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 437

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 438

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 439

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 440

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 441

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 442

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 443

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 444

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 445

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 446

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 447

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 448

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

Page 449

Withheld pursuant to exemption

WIF Draft ; (b)(5)

of the Freedom of Information and Privacy Act

From: Johnson, Tae D
Sent: 4 Mar 2020 19:17:29 +0000
To: Lucero, Enrique M
Subject: FW: COVID Briefing (2 pager)
Attachments: ICE ERO Course of Action for Isolation and Monitoring COVID 19 Clean.docx, IHSC Interim Reference Sheet COVID-19 v5 20200228.pdf

Is this the document you were referring to?

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 2, 2020 12:43 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: COVID Briefing (2 pager)

Gentlemen,

Per your request, please see the attached briefing document with bullet points from Domestic Operations, ICE Health Service Corps (IHSC) and Custody Management regarding measures taken and Course of Action with respect to monitoring and isolation of ICE detainees due to the current Novel Coronavirus outbreak. The latest guidance from IHSC which is referenced in the briefing paper is also attached for your reference.

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

Thank you,

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

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

Policy Advisor
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)(7)cell)

NOTICE: This communication may contain privileged or otherwise confidential information. If you are not an intended recipient or believe you have received this communication in error, please do not print, copy, retransmit, disseminate, or otherwise use this information. Please inform the sender that you received this message in error and delete the message.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 1, 2020 8:55 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Planning materials

Please have a DCOS draft bullet points using some of these documents. No more than 2 pages. The goal is to show what we have done for coronavirus and how we will handle if we have contagious detainees. We will need a few talking points from IHSC, CMD, and Dom Ops as well.

Need by 1500 tomorrow.

Thx

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Feb 29, 2020, 6:48 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Planning materials

Henry –

IHSC does not have a pandemic plan. We can reference the ICE Pandemic Workforce Protection Plan. IHSC has routine outbreak and influenza plans. We have guides related to specific infectious disease management (attached) that we use.

(b)(6);

Dr (b)(6);, 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) @associates.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: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Saturday, February 29, 2020 6:04 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Planning materials

Stew,

Please see attached documents. Do you know if these were ever completed or does IHSC have something similar that is complete?

Thanks,

Henry

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

Date: Saturday, Feb 29, 2020, 4:57 PM

To: Lucero, Enrique M [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>

Subject: FW: Planning materials

Gents,

Attached is what ISRU found in their library. It will need significant updating, but there is some useful information in these older plans. I can task ISRU to start updating on Monday. They would need some help from IHSC, CMD and the ERU to make one comprehensive plan if that's the route we want to take.

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

Sent with BlackBerry Work
(www.blackberry.com)

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

Date: Saturday, Feb 29, 2020, 3:05 PM

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

Subject: Planning materials

Sir,

Attached are some IHSC plans. The IHSC Pandemic Plan attachment and the ERO ID&P Contingency Plan attachment appear to be stuck in the creation phase and are incomplete.

The DRO Pandemic Influenza Contingency plan attachment is dated from 2009 but still offers a lot of viable information and procedures.

The organizational and operational checklists in the appendices are helpful implementation options to mitigate the threat of a pandemic virus entering the ERO detention system.

I hope this helps.

Thank you.

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

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

Sent: Saturday, February 29, 2020 12:48 PM

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

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

Subject: RE: Planning materials

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

(b)(5)

(b)(6);

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Saturday, Feb 29, 2020, 12:39 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Planning materials

Afternoon (b)(6);

I looked in our library and talked with some of the other folks in our unit to double check. We (ISRU) do not have any pandemic/H1NI/etc. plans. However, I'm told that IHSC should have those plans since they are the medical folks. If they are looking for planning process itself, we can help with that since we teach the ERO Planners Course, but unfortunately we do not actually have a pandemic or H1N1 plan in our unit. That should be IHSC.

(b)(6);

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

Emergency Management Specialist
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
Washington, DC 20536-5201

Office: 202-732-(b)(6);

Mobile: 202-607-(b)(6);

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Saturday, February 29, 2020 11:02 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Planning materials

(b)(6);

See (b)(6); message below and let me know something by 1400.

Thank you.

(b)(6);

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

Date: Saturday, Feb 29, 2020, 10:59 AM

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

Subject: Planning materials

(b)(6);
[redacted]

(b)(5)
[redacted]

Let me know today if you think there might be something we can use.

Thanks!

Sent with BlackBerry Work
(www.blackberry.com)

ICE ERO Course of Action for Monitoring and Isolation | COVID – 19

March 2, 2019

In preparation for a potential Novel Coronavirus outbreak, Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) has taken below measures:

Domestic Operations

- ERO worked with ICE Health Service Corps (IHSC) to deliver over 4085 N-95 masks to various field offices who reported they had no masks available.
- IHSC has supported with fit testing ERO staff with the N-95 mask.
- ERO sent a tasking to the field to ascertain how many N-95 masks were still needed to ensure each staff member has 5 masks to perform their duties.
- ERO worked with the Division Chief for Safety and Sustainability at ICE Management & Administration to obtain clarification on the requirements for fit testing for the staff in the field. This informed the different requirements for fit testing line officers, who may encounter the virus on a voluntary and involuntary basis.
- ERO has informed all field offices of N-95 respirator stocks available for dissemination (e.g., detention facilities, ICE Air Operations, Assistant Attachés for Removal).

ICE Health Service Corps Protocols

- During intake medical screening:
 - Medical staff ask all detainees if they have had close contact with a person with laboratory-confirmed COVID-19 in the past 14 days.
 - Medical staff ask all detainees what countries they have traveled from or through in the past two weeks.
- Monitoring of detainees with exposure risk who do not present with fever or symptoms:
 - See also IHSC Interim COVID-19 exposure risk assessment 2020028.pdf.
- During sick call, health assessment, or other clinical encounter in which a detainee presents with or complains of fever and/or respiratory illness, or is observed with signs of fever and/or respiratory illness.
- Isolation and management of detainees with fever and/or symptoms of respiratory illness and who have traveled from or through geographic area(s) with widespread or sustained community transmission at in the past 14 days or have had close contact with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days.

ERO Custody Management has initiated four essential themes for contingency planning

- Designate and review essential functions and resources;
 - Within a detention setting, the safety and security of all detainees, employees, and contractors through the duration of a pandemic will be prioritized.
 - ERO has identified two primary detention facilities, one along the southwest border and one on the east coast, to serve as designated cohort sites in the event of a pandemic.
 - East Coast:
 - The LaSalle ICE Processing Center (Jena), located in Jena, LA, and operated by GEO, is designated as a primary quarantine site for the east coast. It has a listed capacity of 1,160 beds and a current population of 1,200 detainees.

- West Coast:
 - The Florence Correctional Center, located in Florence, AZ, and operated by Core Civic, is designated as a primary quarantine site for the west coast. It has a listed capacity of 806 beds
- Define short- and long-term goals and objectives;
 - Within 12 hours of distress, operational capability at all detention centers must be reestablished for any emergency.
 - Obtain and distribute PPE within 30 days of a global warning of a pandemic.
- Identify program issues, concerns, potential obstacles, and the strategy for addressing these, as appropriate; and
- Establish planning, training, and exercise activities and milestones for these activities.
 - During the incident phase, ERO will coordinate and track administrative requirements within the impacted AOR. However, substantive administrative matters shall continue to be handled within existing response-agency channels.
- As of March 2nd, 2020, IHSC is monitoring 12 ICE detainees at six (6) facilities that are under observation for possible exposure, with one (1) in isolation.

Facility	Total in isolation	Total under monitoring	Subset who have symptoms	Subset who were tested	Subset seen in ER for acute symptoms
Otay Mesa Detention Center (San Diego CDF)	1	4	0	1	0
South Texas Ice Processing Center (Pearsall)	0	3	0	0	0
Port Isabel	0	1	0	0	0
El Valle Detention Facility	0	1	0	0	0
Adelanto ICE Processing Center	0	1	0	0	0
Florence Service Processing Center	0	1	0	0	0
Subtotal	1	11	0	1	0
Total	12				

Table 1: IHSC Daily CoV Reporting by Facility



Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)

ICE Health Service Corps (IHSC)

Version 5.0, February 28, 2020

What's new in this version

- Updates have been made for screening to identify detainees with revised CDC criteria for epidemiologic risk of COVID-19 exposure and to specify the start of the 14-day monitoring period from the date of initial DHS apprehension. Epidemiologic travel risk now includes travel from or through geographic areas with widespread or sustained community transmission
- Appendix A screening questions were updated to include steps to identify detainees with epidemiologic risk of COVID-19 exposure per revised CDC criteria and direct them to monitoring, and to specify to start the 14-day monitoring period from the date of initial DHS apprehension.
- Appendix B is updated
- Appendix C is updated
- Appendix D and Appendix E were removed; instead a SharePoint link to the document [IHSC Interim COVID-19 exposure risk assessment 2020028.pdf](#) is available

Situation Summary

The CDC is closely monitoring an outbreak caused by a novel (new) coronavirus (COVID-19) first identified in Wuhan City, Hubei Province, China. The situation is evolving and expanding. For the most current information, check the CDC information pages at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> frequently for updates.

While most of the people identified with COVID-19 have association with mainland China, there have been people identified with COVID-19 throughout the world, including the United States with community transmission occurring in multiple countries.

CDC interim guidance for health care professionals, including clinical criteria, is available at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>

ICE Health Service Corps Recommendations

Note: recommendations will be updated if and as necessary to address the evolving public health situation.

1. **During intake medical screening:**

- a. **Ask all detainees if they have had close contact¹ with a person with laboratory-confirmed COVID-19 in the past 14 days**
- b. **Ask all detainees what countries they have traveled from or through in the past two weeks**
 - i. Check whether these countries include geographic area(s) with widespread or sustained community transmission*
 - ii. ***Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**
 - iii. **If the detainee responded yes to 1a and/or the detainee traveled from or through geographic area(s) with widespread or sustained community transmission* in the past 14 days (1b), assess for fever and symptoms of respiratory illness.**
 - a. If the detainee has a fever and/or symptoms of respiratory illness, refer to #4 below
 - b. If the detainee does not have fever or respiratory illness, refer to #2 below
 - c. For IHSC-staffed medical clinics, add a Global Alert / Medical Alert in the electronic health record that states, *“Epidemiologic risk of possible COVID-19 exposure. The last reported date of possible exposure was mm/dd/yyyy.”*
Click [here](#) for the eCW guide for adding a Global Alert.

2. **MONITORING of detainees with exposure risk who do not present with fever or symptoms:**

- a. See also [IHSC Interim COVID-19 exposure risk assessment 2020028.pdf](#).
- b. For detainees with travel history from or through geographic area(s) with widespread or sustained community transmission* in the past 14 days and/or detainees who have had close contact¹ with a person with laboratory-confirmed COVID-19 in the past 14 days who do not present with fever or symptoms of respiratory illness → monitor for 14 days after initial DHS apprehension and observe daily for fever and/or symptoms of respiratory illness
 - i. ***Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**
- c. House detainees under monitoring in a single cell room if available or as a cohort for 14 days after initial DHS apprehension.

- d. Refer also to appendix A, Intake Screening Questions and Appendix B, Intake Screening and Early Management Algorithm
 - e. If detainee is housed in a facility without IHSC medical staffing, medical staff should notify their assigned IHSC Field Medical Coordinator.
 - f. Request a medical alert in following usual protocols stating that “the detainee is under observation through mm/dd/yyyy due to recent travel from or through mainland China.” Release the medical alert at the completion of the 14-day monitoring period.
 - g. During the 14-day monitoring period, if an asymptomatic detainee under monitoring must be released in the U.S., notify the local health department and provide information on the detainee including the intended address and telephone number of the detainee’s intended destination.
 - h. Document any asymptomatic detainee under monitoring on the Lower Respiratory Illness Tracking Tool
 - i. For monitoring of asymptomatic detainees, it is not necessary to contact the local health department.
3. ***During sick call, health assessment, or other clinical encounter in which a detainee presents with or complains of fever and/or respiratory illness, or is observed with signs of fever and/or respiratory illness:***
- a. Ask all detainees what countries they have traveled from or through in the past two weeks
 - i. Check whether these countries include geographic area(s) with widespread or sustained community transmission*
 - ii. ***Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**
 - b. **If the detainee has traveled from or through geographic area(s) with widespread or sustained community transmission*in the past 14 days, or if they have had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days**
 - i. → refer to #4 below
4. ***ISOLATION and management of detainees with fever and/or symptoms of respiratory illness and who have traveled from or through geographic area(s) with widespread or sustained community transmission at in the past 14 days or have had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days:***
- a. See IHSC Interim COVID-19 exposure risk assessment 2020028.pdf.
 - b. Place a tight-fitting surgical mask on the detainee
 - c. Promptly consult with a medical provider, preferably the Clinical Director or designee

- d. Place the detainee in a private medical housing room, ideally in an airborne infection isolation room if available. If no single occupancy medical housing unit room is available, placement in other areas of the facility may be utilized to house the ill detainee separately from the general detention population
- e. **Implement strict hand hygiene and standard, airborne and contact precautions, including use of eye protection**
 - i. **Increase hand hygiene and routine cleaning of surfaces**
 - ii. **Appropriate personal protective equipment includes gloves, gowns, N95 respirators, and goggles or face shields**
- f. Call the local and/or state health department for notification and to request guidance on medical evaluation and procedures for specimen collection and testing for COVID-19
- g. If the detainee has underlying illness or is acutely ill, or symptoms do not resolve, consult with the Regional Clinical Director, and/or Infectious Disease program.
- h. If the detainee is referred to a local hospital, call the hospital in advance to notify of the recent relevant travel history and respiratory symptoms and to coordinate how manage the detainee safely.
- i. Promptly notify the facility's staff responsible for infection prevention and control (e.g., in IHSC facilities, notify the Infection Prevention Officer, or the Facility Healthcare Program Manager (if the facility does not have an Infection Prevention Officer position); if the Infection Prevention Officer or Facility Healthcare Program Manager is not available, IHSC staff should notify the Infection Prevention Group at [#IHSC PHSP IPO@ice.dhs.gov](mailto:#IHSC_PHSP_IPO@ice.dhs.gov)
- j. Facilities without IHSC medical staffing should notify their assigned Field Medical Coordinator
- k. IHSC Infection Prevention Officers, Facility Healthcare Program Managers, Field Medical Coordinators, or designees should notify the Regional Infection Prevention Supervisory Nurse immediately.
- l. Detainees isolated for respiratory illness and who have epidemiologic risk for COVID-19 exposure should wear a tight-fitting surgical mask when outside of the room under airborne and contact precautions
- m. Document any ill detainee who is suspected of having COVID-19 on the [Lower Respiratory Illness Tracking Tool](#)
- n. The contagious period for COVID-19 is still undetermined
 - i. If the detainee tests positive for COVID-19 and fever and symptoms have resolved, consult with the Infectious Disease Program and/or local health department regarding appropriate release from isolation
 - ii. If the detainee tests negative for COVID-19, had high or medium exposure risk, and fever and symptoms have resolved, release from isolation after completion of the 14-day monitoring period after initial DHS apprehension
 - a. See also [IHSC Interim COVID-19 exposure risk assessment 2020028.pdf](#)

- iii. If the detainee tests negative for COVID-19 and fever and/or symptoms persist, consult with the Regional Clinical Director and/or Infectious Disease Program

5. *Infectious disease public health actions:*

- a. See also 05-06-G-02 Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms
- b. Known exposure to a person with confirmed COVID-19**
 - i. Implement cohorting with restricted movement for detainees housed with the ill detainee or who have been in close contact¹ with the ill detainee for the duration of the most recent incubation period (14 days after most recent exposure to an ill detainee)
 - ii. Monitor cohorted detainees daily to observe for fever and symptoms of respiratory illness
 - iii. Refer exposed detainees with new onset fever and/or respiratory illness to a medical provider for evaluation
 - iv. Discontinue cohorting when 14-day incubation period completes with no new cases
- c. Exposure to a person with fever or symptoms being evaluated or under investigation for COVID-19 but not confirmed to have COVID-19**
 - i. Implement cohorting with restricted movement for detainees housed with the ill detainee or who have been in close contact¹ with the ill detainee for the duration of the most recent incubation period
 - ii. Monitor cohorted detainees daily to observe for fever and symptoms of respiratory illness
 - iii. Refer exposed detainees with new onset fever and/or respiratory illness to a medical provider for evaluation
 - iv. If the index patient is subsequently confirmed to have COVID-19, see section 5.b above
 - v. Discontinue cohorting if the index patient receives an alternate diagnosis that excludes COVID-19
 - vi. Any of the cohorted detainees with exposure risk should complete their initial 14-day monitoring period (i.e., for asymptomatic monitoring)
- d. Report cohorting through routine IHSC cohort reporting protocols
- e. Document any asymptomatic and afebrile detainees under monitoring for COVID-19 on the Lower Respiratory Illness Tracking Tool
- f. Recommend to Field Office Director or designee that detainees cohorted due to high or medium exposure risk or known exposure to an ill person not be transferred or transported.
 - i. See IHSC Interim COVID-19 exposure risk assessment 2020028.pdf
- g. If a cohorted detainee must be released in the U.S., notify the local health department including the intended address and telephone numbers of the detainee's intended destination.

¹Per CDC COVID-19 guidance (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>), a close contact is currently defined as:

- a) being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a novel coronavirus case.— *or* —
- b) having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with novel coronavirus (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

Resources and references

IHSC Official Guidance

Guidance number	Guidance name	Type
05-02	Occupational Health Directive	Policy
05-02 G-04	Occupational Health Guide: Workforce Health	Guide
05-02 G-1	Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials	Guide
05-02 G-2	Occupational Health Guide: Personal Protective Equipment Program	Guide
05-02-G-03	Occupational Health Guide: Respiratory Protection Program	Guide
05-04	<u>Environmental Health Directive</u>	Policy
05-04 G-01	<u>IHSC Environmental Health Guide</u>	Guide
05-06	<u>Infectious Disease Public Health Actions Directive</u>	Policy
05-06 G-01	<u>Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigation Guide</u>	Guide
05-06 G-02	<u>Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms</u>	Guide
05-06 G-03	<u>Infectious Disease Public Health Actions Guide: Surveillance and Reporting</u>	Guide

- **Infection Control: Novel Coronavirus 2019 (COVID-19) | CDC**
- **Interim Guidance: Healthcare Professionals 2019-nCoV | CDC (including CDC website listing of geographic area(s) with widespread or sustained community transmission**
- CDC | Coronavirus Disease 2019 (COVID-19)
- 2019 Novel Coronavirus (2019-nCoV) | TDSHS
- nCOV2019 | CDPH
- Novel Coronavirus Outbreak 2020 | Washington State Department of Health
- Coronavirus | NYC Health
- 2019 Novel (New) Coronavirus | NYDOH
- 2019 Novel Coronavirus (2019-nCoV) | Florida Department of Health
- 2019 Novel Coronavirus (2019 nCoV) | Frequently Asked Questions | IDPH

Points of contact for questions

- IHSC Staff: Regional Infection Prevention Supervisory Nurses, PHSP Unit Senior Public Health Analyst, PHSP Unit Chief
- Facilities without IHSC Medical Staffing: Assigned Field Medical Coordinators
- Public health agencies: IHSC_InfectionPrevention@ice.dhs.gov

Appendix A: Intake Screening Questions

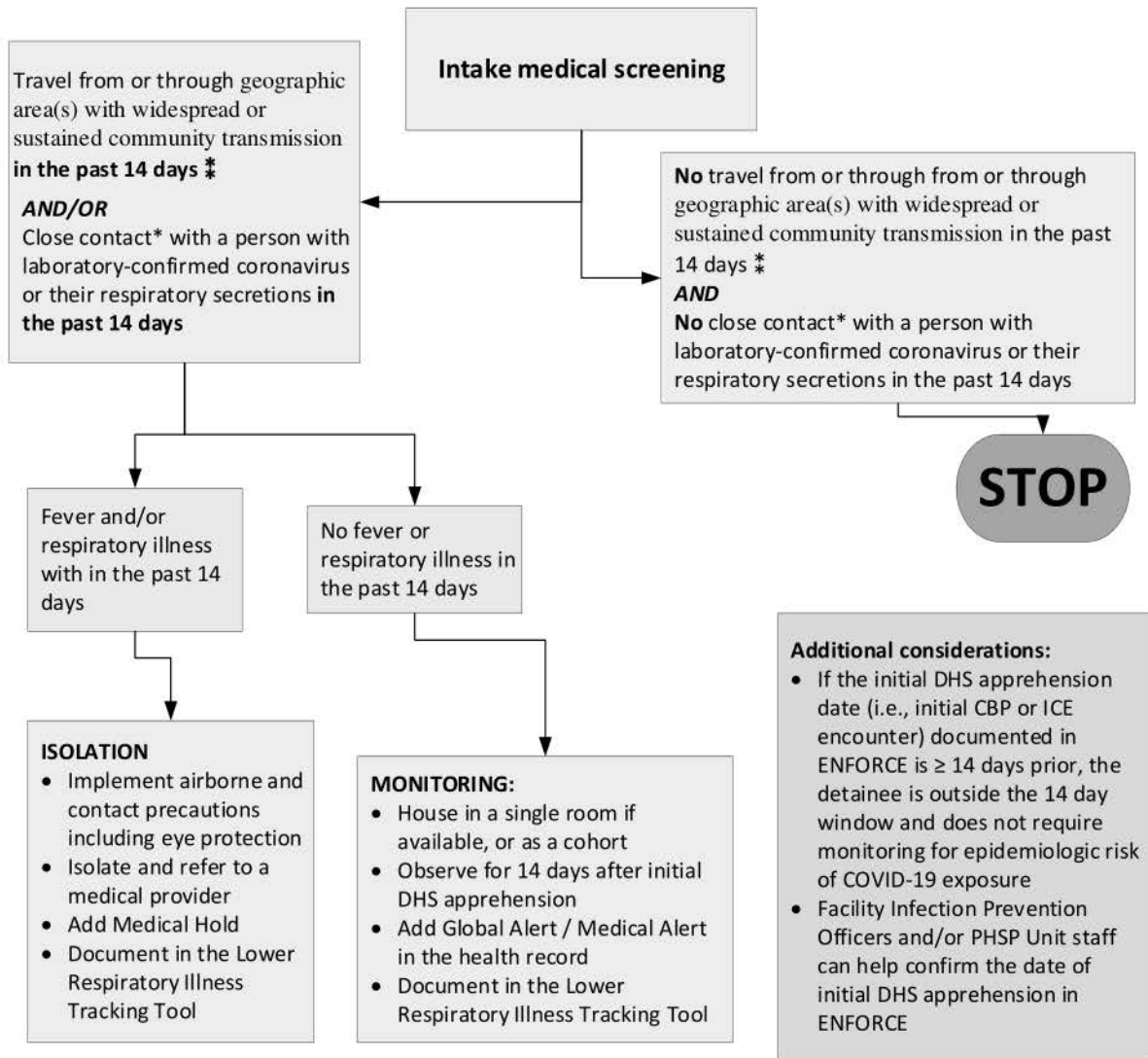
Updated February 28, 2020

1. **Have you been in close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days?**
 - Last date you had contact with that person: mm/dd/yyyy**OR**
2. **What countries have you traveled from or through in the past two weeks?**
 - Check whether the detainee traveled from or through geographic area(s) with widespread or sustained community transmission* in the past 14 days?
 - ***Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**
3. If yes to #1 **or** the detainee traveled from or through geographic area(s) with widespread or sustained community transmission* in the past 14 days? (#2):
 - **Have you had fever and/or respiratory illness with onset in the past 14 days?**
 - **If yes, what date did you first notice symptoms?: mm/dd/yyyy**
 - **If yes, implement standard, airborne, and contact precautions including eye protection, isolate and refer to a medical provider, add Medical Hold, notify FHPM, IPO, or designee.**
 - **If no, implement MONITORING;** house in single room (preferred) if available, implement daily checks for 14 days after initial DHS apprehension, add Medical Hold, notify FHPM, IPO, or designee.
4. If no travel from or through geographic area(s) with widespread or sustained community transmission* in the past 14 days **AND** no close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days?
 - ***Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**
 - Routine intake
 - If the initial DHS apprehension date (i.e., initial CBP or ICE encounter) documented in ENFORCE is ≥ 14 days prior, the detainee is outside the 14 day window and does not require monitoring for the epidemiologic risk of COVID-19 exposure
 - Facility Infection Prevention Officers and/or PHSP Unit staff can help confirm the date of initial DHS apprehension in ENFORCE

***Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**

Appendix B

ICE Health Service Corps Interim Recommendations for Screening and Early Management for 2019 Novel Coronavirus (COVID-19) Updated February 28, 2020



* Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

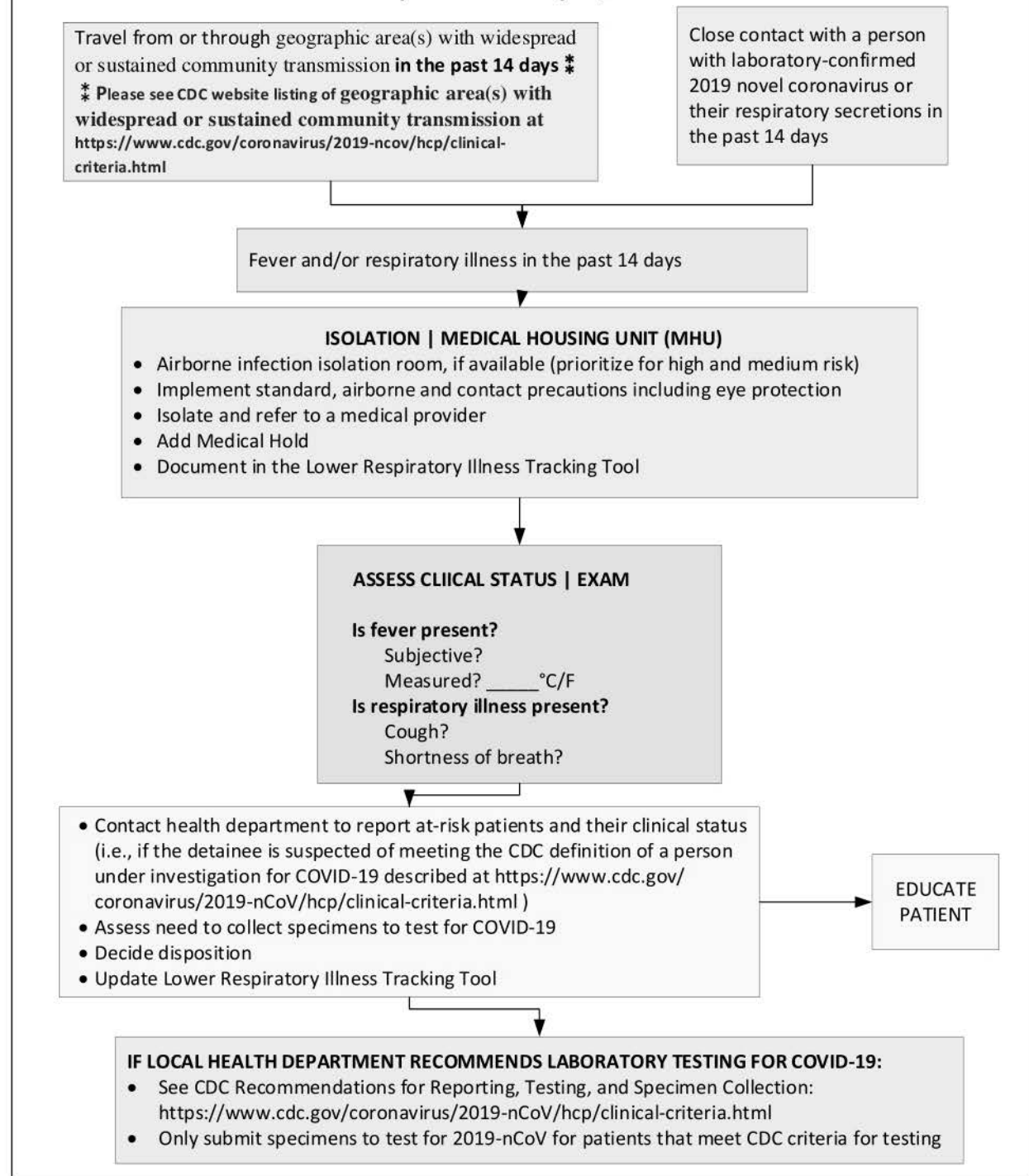
*Close contact is defined as—

a) being within approximately 6 feet (2 meters), or within the room or care area, of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case — or —

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

Appendix C

ICE Health Service Corps Interim Recommendations For 2019 Novel Coronavirus (COVID-19) Risk | Isolation, Assessment, and Early Management Updated February 28, 2020



From: Johnson, Tae D
Sent: 30 Mar 2020 22:59:03 +0000
To: (b)(6); (b)(7)(C)
W: Wong, Ricardo; (b)(6); (b)(7)(C) #ERO CHIEFS OF STAFF; Smith, Stewart
D: (b)(6); (b)(7)(C)
Cc: Lucero, Enrique M; (b)(6); (b)(7)(C)
Subject: FW: COVID19 Habeas matters

Good evening all –

Can you all start giving this some thought? We may need to put together a fairly comprehensive policy document (in short order – of course) that covers what is being requested below. Please feel free to share any initial thoughts you may have. Thanks

From: Davis, Mike P (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Monday, March 30, 2020 5:57 PM
To: Johnson, Tae D (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>
Cc: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: COVID19 Habeas matters

Thanks, Tae. We truly appreciate the hard work ERO is doing, (b)(5)

(b)(5)

In terms of the way forward, OPLA thinks (b)(5)

(b)(5)

(b)(5)

Would you guys be able to participate in a call early tomorrow to discuss this further? I'll see if (b)(6); (b)(7)(C) can help us all get on AD1's calendar.

Thanks again!

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) 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: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 30, 2020 4:17 PM
To: Pham, Tony H (b)(6); (b)(7)(C) @ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C) @ice.dhs.gov>; Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID19 Habeas matters

Tony/Mike - Here is the remaining piece from IHSC.

- **IHSC Response:** As it relates to the list generated to perform custody reviews, for the IHSC staffed facilities, a report was generated from the electronic health record that reflects detainees over the age of 60 with chronic medical conditions that put them at higher risk if exposed to COVID-19. Added to this list was any individual over the age of 60 and pregnant females, regardless of their health condition. The IHSC list of chronic care conditions is based on CDC guidance that includes underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age:
 - Blood disorders
 - Chronic kidney disease
 - Chronic liver disease
 - Compromised immune system
 - Current of recent pregnancy
 - endocrine disorders
 - Metabolic disorders
 - Heart disease
 - Lung disease

- Neurological and neurologic and neurodevelopment conditions

- **IHSC Response:** As it relates to getting a formal blessing from CDC on ICE's policies and plan - according to them, CDC would need to undergo cross-agency clearance to obtain a formal statement of concurrence. This stated, IHSC guidance is routinely updated to reflect changes in CDC guidance to our field health care providers.

From: Pham, Tony H (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 30, 2020 12:53 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C) @ice.dhs.gov>;
Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Albence, Matthew (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>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID19 Habeas matters

Thanks Tae!

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

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

This communication and any attachments may contain confidential and/or sensitive attorney/client privileged information or attorney work product and/or law enforcement sensitive information. It is not for release, review, retransmission, dissemination, or use by anyone other than the intended recipient. Please notify the sender if this email has been misdirected and immediately destroy all originals and copies. Furthermore do not print, copy, re-transmit, disseminate, or otherwise use this information. Any disclosure of this communication or its attachments must be approved by the Office of the Principal Legal Advisor, U.S. Immigration and Customs Enforcement. This document is for INTERNAL GOVERNMENT USE ONLY and may be exempt from disclosure under the Freedom of Information Act, 5 USC §§ 552(b)(5), (b)(7).

From: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Monday, March 30, 2020 12:42 PM
To: Pham, Tony H <(b)(6); (b)(7)(C)@ice.dhs.gov>; Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>; Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Albence, Matthew <(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>; Vitello, Caleb <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: COVID19 Habeas matters

Tony/Mike – please see below and attached. We are still working on one of these, but I wanted to get you what we have thus far so we can decide on next steps. Thank you.

From: Pham, Tony H <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 3:31 PM
To: Albence, Matthew <(b)(6); (b)(7)(C)@ice.dhs.gov>; Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>; Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>; (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>
Subject: COVID19 Habeas matters

All-

As you are aware, OGC HQ leadership and DOJ leadership has begun taking an active role in the management of the flood of litigation seeking release of ICE detainees in response to COVID-19. Earlier today, OGC HQ conveyed the requests below from DOJ. We need your position on whether ICE would be willing to take these measures (and input on the timelines – there are short, but likely necessary under the circumstances). I have included some thoughts from OPLA in red for your consideration.

(b)(5)

(b)(5)

(b)(5)

Can you get back to us as soon as possible today. And for anything you are willing to pursue, provide us with your POCs.

Thanks,

Tony

From: Johnson, Tae D
Sent: 11 Apr 2020 16:20:10 +0000
To: Lucero, Enrique M
Cc: Albence, Matthew (b)(6); (b)(7)(C) Benner, Derek N
Subject: FW: Current CAC COVID-19 Status Report - Akima
Attachments: ICE Air Manifest - US Passengers with Disclaimer Final.xlsx, REVISED MANIFEST 1082.xlsx

FYSA

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov
Date: Saturday, Apr 11, 2020, 11:44 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov, (b)(6); (b)(7)(C) @ice.dhs.gov
Cc: Boyd, Valerie (b)(6) @hq.dhs.gov, (b)(6); (b)(7)(C) @ice.dhs.gov, (b)(6); (b)(7)(C) @ice.dhs.gov, Cloe, David <David.Cloe@HQ.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, Johnson, Tae D <(b)(6); @ice.dhs.gov>
Subject: FW: Current CAC COVID-19 Status Report - Akima

Good Day All,

During the night, I was notified that that 2 **contract** security guards on Mission # 20-1082 to Nicaragua tested positive for COVID-19.

The mission to Nicaragua consisted of fifty (50) Nicaraguan nationals and the return leg consisted of seventeen (17) U.S. citizens and one (1) Lawful Permanent Resident.

We are in the process of tracing all possible exposures as well as notifying as appropriate.

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

Please notify your counterparts in the Nicaraguan Government and/or anyone else you believe was part of the reception.

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

Please have your team notify the DOS Task Force coordination the return of USC.

We will provide any additional Thanks

(b)(6)

(b)(6); (b)(7)(C)
Assistant Director – Removal
Enforcement and Removal Operations

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do 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.

ICE Air Manifest - US Passengers

Provision of the requested information is voluntary. However, unless accurate information for each person is provided consistent with aviation regulations, that person will not be permitted to board the flight. Each non-Federal passenger will be billed for the flight as stated in the Notice to Non-Federal Passengers.

Requestor: (b)(6);
Requestor Contact Information: (b)(7)(C) @ice.dhs.gov

Requested Departure Location: Managua, Nicaragua

Requested Departure Date: 1-Apr-20

Last	First	Middle	Gender	DOB	Passport#	Cou	Passport Exp Date	Nat	Baggage Description	Passenger U.S. Mailing Address (also used for billing)	Passenger	Emergency
1	(b)(6); (b)(7)(C)		Female	(b)(6);		USA	25-Feb-22	USA	2 x suitcase	(b)(6);	(b)(6); (b)(7)(C)	
2			Male	(b)(7)(C)		USA	25-Feb-22	USA	1 x suitcase	(b)(7)(C)		
3			Female			USA	25-Feb-22	USA	1 x suitcase			
4			Female			USA	7/24/2022	USA	2	(b)(6);		
5			Male			USA	10/29/2022	USA	2	(b)(6);		
6			Female			USA	8/11/2029	USA	1 carrying and 1 check	(b)(6);		
7			Male			USA	3/10/2030	USA	1 piece 20 lbs	(b)(6); (b)(7)(C)		
8			Male			USA	10/5/2027	USA	1 30lbs	(b)(6);		
9			Male			USA	3/15/2026	USA	80 lbs	(b)(6); (b)(7)(C)		
10			Female			USA	2/27/2030	USA	One baggage for my gran	(b)(6);		
11			Female			USA	12/4/2024	USA	Roller bag	(b)(6);		
12			Male			USA	3/7/2028	USA	1 carry on and 1 guitar	(b)(6);		
13			Male			USA	2/3/2025	USA	2 luggage	(b)(7)(C)		
14			Female			USA	11/7/2022	USA	2 luggages			
15			Male			NIC	3/11/2024	NIC	Jacqueline Linan			
16			Male			USA	6/5/2029	USA	Una maleta de mano			
17			Female			USA	12/27/2027	USA	No			
18			Female			USA	4/23/2029	USA	Yes, two baggage's	(b)(6);		

NICARAGUA LIST FOR					#59-60 FAMU						
Date: Wednesday, April 1, 2020											
Crew: (b)(6); (b)(7)(C)											
60 Passengers.											
Index	A-NUMBER	LAST NAME	FIRST NAME	DOB	CRIME	GENDER	Code	FromLoc	DropLoc	Age	Identifier
		Facility									
		ALEXANDRIA									
1	2	(b)(6); (b)(7)(C)			NC	M	NCRP	ALEXANDRIA	MNMG	31	PP EXP 1/19/2029
2	3				NC	M	NCRP	ALEXANDRIA	MNMG	37	TD EXP 3/29/2020
3	4				Traffic Offens	M	CRP	ALEXANDRIA	MNMG	31	TD EXP 3/11/2020
4	5				NC	M	NCRP	ALEXANDRIA	MNMG	35	TD EXP 3/19/2020
5	6				NC	M	NCRP	ALEXANDRIA	MNMG	29	PP EXP 2/20/2028
6	7				NC	M	NCRP	ALEXANDRIA	MNMG	37	TD EXP 3/29/2020
		BTC									
7	8	(b)(6); (b)(7)(C)			NC	M	NCRP	BTC	MNMG	31	PP EXP 9/5/2021
		CONROE									
8	9	(b)(6); (b)(7)(C)			Illegal Entry	M	CRP	CONROE	MNMG	33	TD EXP 4/22/2020
9	10				Driving Unde	M	CRP	CONROE	MNMG	40	TD EXP 4/11/2020
10	11				NC	M	NCRP	CONROE	MNMG	38	TD EXP 4/17/2020
11	12				Flight To Av	M	CRP	CONROE	MNMG	32	TD EXP 4/11/2020
12	13				Cocaine - Se	M	CRP	CONROE	MNMG	34	TD EXP 4/17/2020
13	14				NC	M	NCRP	CONROE	MNMG	38	PP EXP 10/30/2020
		EL PASO									
14	15	(b)(6); (b)(7)(C)			Burglary	M	CRP	EL PASO	MNMG	28	TD EXP 4/5/2020
15	16				Illegal Entry	M	CRP	EL PASO	MNMG	36	PP EXP 5/2/2027
16	17				Illegal Reent	M	CRP	EL PASO	MNMG	45	PP EXP 11/7/2024
17	18				NC	M	NCRP	EL PASO	MNMG	22	TD EXP 4/5/2020
		KROME									
18	19	(b)(6); (b)(7)(C)			Larceny	F	CRP	KROME	MNMG	30	TD EXP 4/13/2020
19	20				Robbery	M	CRP	KROME	MNMG	22	TD EXP 4/9/2020
		LUMPKIN									
20	21	(b)(6); (b)(7)(C)			NC	M	NCRP	LUMPKIN	MNMG	24	PP EXP 3/12/2025
21	22				Assault	M	CRP	LUMPKIN	MNMG	27	PP EXP 6/6/2022
22	23				NC	M	NCRP	LUMPKIN	MNMG	25	TD EXP 4/9/2020
23	24				Driving Unde	M	CRP	LUMPKIN	MNMG	44	TD EXP 4/19/2020
24	25				NC	M	NCRP	LUMPKIN	MNMG	34	TD EXP 4/13/2020
25	26				NC	M	NCRP	LUMPKIN	MNMG	44	PP EXP 10/25/2027
		OAKDALE									
26	27	(b)(6); (b)(7)(C)			NC	M	NCRP	OAKDALE	MNMG	29	TD EXP 4/13/2020
27	28				NC	M	NCRP	OAKDALE	MNMG	29	PP EXP 1/21/2026
28	29				NC	M	NCRP	OAKDALE	MNMG	34	PP EXP 8/20/2029
29	30				NC	M	NCRP	OAKDALE	MNMG	36	PP EXP 7/21/2015
30	31				Illegal Entry	M	CRP	OAKDALE	MNMG	38	TD EXP 4/9/2020
31	32				NC	M	NCRP	OAKDALE	MNMG	46	TD EXP 4/13/2020
32	33				NC	M	NCRP	OAKDALE	MNMG	47	PP EXP 6/8/2028
33	34				NC	M	NCRP	OAKDALE	MNMG	29	TD EXP 4/11/2020
		PIDC									
34	35	(b)(6); (b)(7)(C)			NC	F	NCRP	PIDC	MNMG	19	PP EXP 8/22/2029
35	43				NC	F	NCRP	PIDC	MNMG	31	PP EXP 8/17/2027
36	44				NC	F	NCRP	PIDC	MNMG	44	PP EXP 12/19/2024
37	36				NC	M	NCRP	PIDC	MNMG	24	PP EXP 4/2/2024
38	37				NC	M	NCRP	PIDC	MNMG	55	TD PENDING
39	38				NC	M	NCRP	PIDC	MNMG	40	TD PENDING
40	39				NC	M	NCRP	PIDC	MNMG	20	PP EXP 12/2/2029
41	40				NC	M	NCRP	PIDC	MNMG	48	PP EXP 5/2/2028
42	41				NC	M	NCRP	PIDC	MNMG	21	PP EXP 10/16/2029
43	35				Illegal Entry	M	CRP	PIDC	MNMG	28	TD EXP 3/8/2020
		SPM									
44	45	(b)(6); (b)(7)(C)			NC	M	NCRP	SPM	MNMG	33	PP EXP 10/9/2025
		ST. LOUIS									
45	46	(b)(6); (b)(7)(C)			Domestic Vi	M	CRP	ST. LOUIS	MNMG	44	PP EXP 3/29/2022
		STDC									
46	47	(b)(6); (b)(7)(C)			NC	M	NCRP	STDC	MNMG	42	TD EXP 4/17/2020
47	48				NC	M	NCRP	STDC	MNMG	37	PP EXP 12/5/2029
48	49				Illegal Entry	M	CRP	STDC	MNMG	28	PP EXP 1/29/2029
49	50				NC	M	NCRP	STDC	MNMG	28	Pending TD exp TD Pending 2020
50	51				NC	M	NCRP	STDC	MNMG	30	TD EXP 4/11/2020
51	52				NC	M	NCRP	STDC	MNMG	52	TD EXP 6/6/2030
52	53				NC	M	NCRP	STDC	MNMG	40	PP EXP 6/10/2025
53	54				Aggravated A	M	CRP	STDC	MNMG	25	TD EXP 4/17/2020
		STOCKTON									
54	55	(b)(6); (b)(7)(C)			Larceny	M	CRP	STOCKTON	MNMG	31	PENDING TD
		TACOMA									
55	56	(b)(6); (b)(7)(C)			NC	M	NCRP	TACOMA	MNMG	30	TD EXP 1/2/2028
		WASHINGTON									
56	57	(b)(6); (b)(7)(C)			NC	M	NCRP	WASHINGTON	MNMG	38	TD EXP 9/19/2021
		YORK									
57	58	(b)(6); (b)(7)(C)			Aggravated A	M	CRP	YORK	MNMG	39	PP EXP 12/15/2019
58	59				Illegal Entry	M	CRP	YORK	MNMG	27	PENDING TD
		EL PASO									
59	61	(b)(6); (b)(7)(C)			NC	F	NCRP	BATAVIA	MNMG	7	TD EXP 4/1/20/ FAMU
60	60				NC	M	NCRP	BATAVIA	MNMG	23	TD EXP 4/1/2020/FAMU

Received the above listed persons and their belongings.

Signature:

Title:

Place and Date

				NICARAGUA LIST FOR		#59-60 FAMU			
--	--	--	--	--------------------	--	-------------	--	--	--

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

				NICARAGUA LIST FOR		#59-60 FAMU			
--	--	--	--	--------------------	--	-------------	--	--	--

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

				NICARAGUA LIST FOR		#59-80 FAMU			
--	--	--	--	--------------------	--	-------------	--	--	--

From: Johnson, Tae D
Sent: 15 Mar 2020 03:55:57 +0000
To: Klopp, Jacki Becker; Lucero, Enrique M
Subject: FW: COVID-19: Plans for OHC
Attachments: COVID-19 Operational Impacts, DHS COVID-19 FAQs.3-11-2020.pdf
Importance: High

FYSA

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Mar 14, 2020, 11:51 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID-19: Plans for OHC

Here's what I sent out after the DD message was released.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, Mar 13, 2020, 5:14 PM
To: OHC-HROC (b)(6); (b)(7)(C) @ice.dhs.gov>, #ICE Office of Human Capital HQ
(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: COVID-19: Plans for OHC

Good evening everyone,

It's been challenging to provide much messaging on COVID-19 to all of you because the situation has been changing by the hour over the past few days. In order to avoid adding to the confusion, I was awaiting the most recent message from ICE leadership which has now gone out (see attached). Many of us are being impacted by the mass closure of schools or by health risks of our own or those of family members who we are caring for. At this time, I am strongly encouraging the maximum use of telework for the OHC workforce. Based on previous messages that have gone out and information we've received from OHC supervisors, a significant portion of our workforce, if not the entire OHC workforce, is prepared to telework. Employees who don't have their government-issued laptop with them at this time will either need to retrieve it from the workplace or consider accessing the ICE network through Workplace as a Service from their personal computer. Instructions on how to access the ICE network through Workplace as a Service can be found [here](#).

The most recent DHS FAQ sheet regarding COVID-19 is attached to this message. Keep yourself apprised of the latest facts by visiting the CDC's [COVID-19 website](#) or the updated DHS [Employee Resources](#) site. ICE Workplace Safety and Health is also posting updated information and guidance to [InSight](#) as it becomes available.

Thank you for your continued support as we update practices and processes to ensure our workforce remains safe amidst the COVID-19 pandemic.

Hoping you all remain healthy and safe,

(b)(6); [redacted]

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

*Chief Human Capital Officer
Office of Human Capital
U.S. Immigration and Customs Enforcement*

(b)(6); (b)(7)(C) [redacted]@ice.dhs.gov

202-732 (b)(6); (office)

202-834 (b)(7)(cell)

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

*Chief Human Capital Officer
Office of Human Capital
U.S. Immigration and Customs Enforcement*

(b)(6); (b)(7)(C) [redacted]@ice.dhs.gov

202-732 (b)(6); (office)

202-834 (b)(7)(cell)

From: ICE Office of the Deputy Director
Sent: 13 Mar 2020 21:09:39 +0000
Subject: COVID-19 Operational Impacts

A Message from Executive Associate Director for Homeland Security Investigations and Senior Official Performing the Duties of the Deputy Director Derek N. Benner

To All ICE Employees
March 13, 2020

COVID-19 Operational Impacts

To echo Mr. Albence's message earlier today, ICE leadership is continuously monitoring the impacts of the Coronavirus Disease 2019 (COVID-19) to our workforce and taking necessary steps to ensure you are safe. As an ICE employee, your welfare is our highest priority. In light of this, we also recognize that, as a law enforcement agency, our functions must continue in order to ensure public safety and national security. Over the last 24 hours, ICE leadership met to assess the current threat and establish a unified posture within our agency. We were in touch with DHS to ensure we mirror guidance going out from the Department to all DHS employees.

Effective immediately, please adhere to the following operational changes until further notice:

1. Non-mission-critical training, travel, ceremonies, and operations scheduled over the next 30 days should be cancelled and/or rescheduled. Mission-critical operations will continue. Following this message, HQ components may send program-specific guidance regarding mission-critical activities to field leadership. *To determine what is mission critical, please consult with your local field leadership, but guidance should mirror what was determined to be mission critical during past sequestration periods.*
2. For telework-eligible employees, telework should be maximized when operationally feasible. Telework is authorized by your local office or your respective HQ component. On a case-by-case basis, some telework restrictions may be waived. *See below for further telework guidance.*
3. International travel is restricted for certain regions designated as Risk Level 3 or higher by the Centers for Disease Control and Prevention (CDC).
4. Special leave categories for employees who are not telework eligible may be instituted in certain situations and under certain conditions. *See below for further guidance.*

For telework-eligible employees, please reference the following guidance:

Due to the continued spread of COVID-19, ICE is encouraging the maximum use of telework as is operationally feasible for employees who occupy telework-eligible positions and who may be in high-risk groups for COVID-19; employees caring for a loved one who is in a high-risk group; or employees dealing with locality-base issues such as school closures and community spread of COVID-19. Populations that the CDC has identified as at higher risk include older adults and individuals with chronic health conditions, such as high blood pressure, heart disease, diabetes, lung disease or compromised immune systems ([see CDC High Risk Populations](#)). In addition, the CDC identified special populations at risk, which includes pregnant women ([see CDC Special Populations](#)). ICE supervisors are authorized to maximize telework flexibilities to eligible workers within these populations. Please note that supervisors do not need to require certification by a medical professional and may accept self-identification by employees that they are in one of these populations. In order to increase maximum access to telework for those employees who occupy telework-eligible positions, ICE is implementing the following procedures.

Telework Policy Waivers

To ensure the health, safety, and wellbeing of our workforce, and to ensure we are able to fulfill our mission essential functions at ICE, during this time of the COVID-19 pandemic, supervisors are authorized to waive certain requirements of individual ICE program office policies that might otherwise prevent employees who occupy telework-eligible positions from participating. In addition, supervisors should work with each employee on a case-by-case basis to understand the employee's situation and ensure maximum operational readiness. This may entail teleworking split shifts or non-standard hours, or mixing telework and leave within a shift.

What You Need to Know

Waiving the following requirements is permitted on a **case-by-case** basis and will be decided at the supervisor level based on each employee's situation and mission needs. This policy is in effect until April 30, 2020, and could be withdrawn or extended before that date.

The following list includes some examples of requirements that **may** be waived to approve *core or episodic* telework:

- To be a federal employee for one year before applying.
- To come to the office two days per pay period.
- That telework not be conducted where there are persons present that the employee needs to care for or supervise, including children. However, the teleworking employee must account for work and non-work hours during their tour of duty and take appropriate leave (paid or unpaid).

The following are some examples of requirements that **may** be waived to approve *episodic telework only*:

- To complete required telework training.
- That the employee does not have any disciplinary action within the last year.
- That the employee's record of attendance shows no pattern of leave abuse or excessive absence and the employee is not on leave restriction.
- To have "Achieved Expectations" or higher on most recent performance appraisal.
- That telework not include tasks that involve the employee giving or receiving supervisory oversight, mentoring, or assistance on a continuous basis.

These waivers ensure supervisors have the flexibility to use telework as needed, based on local office circumstances. The waivers are only valid through April 30, 2020 or until this policy is withdrawn or extended.

Related Information

Please use these additional resources when considering your office's response to the COVID-19 pandemic.

- [ICE COVID-19 Website](#)
- [ICE Telework page \(includes the telework application links\)](#)
- [Manager and Supervisor Telework Toolkit](#)
- [Coronavirus Disease 2019 \(COVID-19\): Additional Guidance \(OPM\) \(PDF\)](#)
- Online trainings:
 - [Telework 101 for Managers \(PALMS\)](#)
 - [Telework 101 for Employees \(PALMS\)](#)
 - [Telework Fundamentals \(OPM\)](#)

For employees who are not telework eligible:

For those individual workers who are at high risk for contracting COVID-19 or complications from COVID-19, as delineated by the CDC, but perform location-dependent duties or work that is not appropriate for telework, or cannot travel to work safely without increased exposure (due to a "condition that prevents the employee or group of employees from safely traveling to or performing work at an approved location"), these high-risk employees may be provided Weather and Safety Leave. Medical certification of high-risk conditions is not required. This leave is limited to high-risk employees in these circumstances only, this is not for parents dealing with school closures or community spread of COVID-19.

Following this message, ICE leadership at HQ may send additional program-specific guidance. As the current threat is fluid, anticipate additional guidance will be broadcast in the future. We will make every effort to ensure you are aware of any changes in the coming days.

Derek N. Benner

Executive Associate Director for Homeland Security Investigations and Senior Official

Performing the Duties of the Deputy Director
U.S. Immigration and Customs Enforcement

Employee Resources

Know Your Resources. Know Your Benefits. Improve Your Life.



Department of Homeland Security
Questions and Answers on Human Resources Flexibilities and
Authorities for Coronavirus Disease 2019 (COVID-19)

- A. Determination of COVID-19 as a Quarantinable Communicable Disease
- B. Telework
- C. Sick Leave and Other Time Off
- D. Weather and Safety Leave
- E. Evacuation Payments During a Pandemic Health Crisis
- F. Employee Relations
- G. Hazardous Duty Pay Related to Exposure to COVID-19
- H. Workplace Precautions to Prevent Exposure to COVID-19
- I. Office of Workers Compensation Programs (OWCP)

A. Determination of COVID-19 as a Quarantinable Communicable Disease

(1) Is COVID-19 a quarantinable communicable disease pursuant to Executive Order (E.O.) 13295?

The Centers for Disease Control and Prevention (CDC) has determined that COVID-19 meets the definition for “severe acute respiratory syndromes” set forth in E.O. 13674. Therefore, this novel coronavirus is a “quarantinable communicable disease,” as defined by E.O. 13295, as amended by E.O.s 13375 and 13674.

Additional information on quarantinable communicable diseases is available from the CDC at <http://www.cdc.gov/quarantine/AboutLawsRegulationsQuarantineIsolation.html>.

B. Telework

(1) Should a DHS Component authorize weather and safety leave to a telework program participant who was exposed to a confirmed case of a quarantinable communicable disease, such as COVID-19?

Use of weather and safety leave would be subject to the normal conditions—for example, weather and safety leave may be granted only if an employee is not able to safely travel to or perform work at an approved location. Thus, an employee who is **not a telework program participant would be granted weather/safety leave** for quarantine periods under the direction of local or public health authorities. However, **in the case of telework program participants**, the employee’s home is generally an approved location. Thus, **the employee would generally be expected to perform telework** at home as long as the employee is asymptomatic. (See 5 CFR 630.1605.) If a telework program participant in these circumstances needs time off for personal reasons, then the employee would be expected to take other personal leave or paid time off (e.g., annual leave or sick leave to care for a family member).

(2) Generally, how should DHS Components manage telework during incidences of quarantinable communicable disease, such as COVID-19?

For an employee covered by a telework agreement, ad hoc telework arrangements can be used as a flexibility to promote social distancing. Also, an employee who has been quarantined and is asymptomatic, is home with a quarantined family member, or has been exposed to COVID-19, may request to telework from home. Telework may be approved for the length of time the employee is not incapacitated due to illness or caring for an ill family member as long as the employee has work to perform to effectively contribute to the Component's mission. DHS Components should have written telework agreements in place with as many employees who are willing to participate and communicate expectations for telework in emergency situations. The Telework Enhancement Act of 2010 requires agencies to incorporate telework into their continuity of operations plan. When COOP is activated, the plan overrides DHS telework policy.

It is important for DHS Components to have a solid technology infrastructure established to support a high level and volume of connectivity, so employees can work seamlessly from their alternate locations (e.g., home) and maintain established records and security requirements. Managers, employees, and organizations must remain flexible and adapt to the changing environment.

(3) In the event that local school systems are closed due to COVID-19, but Federal offices remain OPEN, is it permissible for a telework program participant to perform telework with a child in the home?

The DHS Telework Program (Management Directive 123-05, Revision 01 and Instruction 123-05-001) does not bar telework because a child is at home. Rather the ability to telework hinges on whether child care or work is being performed. This will depend on the age of the child, whether there are others in the home to care for the child, etc. Elder care is addressed similarly.

DHS Component Heads develop Component-specific telework guidelines to implement the DHS Telework Program. Components should address in their telework policies potential situations that may prevent or impact an employee's ability to effectively perform his or her duties at home. This includes policies regarding the conditions under which employees may telework, even if they have a young child or other person requiring the presence of a caregiver in the home. Teleworking employees are expected to account for work and non-work hours during their tour of duty and take appropriate leave (paid or unpaid) to account for time spent away from normal work-related duties (e.g., to care for small children).

For additional information please see OPM Guidance on Telework and Dependent Care at: <https://www.telework.gov/guidance-legislation/telework-guidance/telework-and-dependent-care/>.

(4) In the event that local school systems are closed due to COVID-19 and Federal offices are CLOSED, is it permissible for a telework program participant to perform telework with a child in the home?

The DHS Telework Program (Management Directive 123-05, Revision 01 and Instruction 123-05-001) does not bar telework because a child is at home. Rather the ability to telework hinges on whether child care or work is being performed. This will depend on the age of the child, whether there are others in the home to care for the child, etc. Elder care is addressed similarly.

DHS Component Heads develop Component-specific telework guidelines to implement the DHS Telework Program. Components should address in their telework policies potential situations that may prevent or impact an employee's ability to effectively perform his or her duties at home. This includes policies regarding the conditions under which employees may telework, even if they have a young child or other person requiring the presence of a caregiver in the home. Teleworking employees are expected to account for work and non-work hours during their tour of duty and take appropriate leave (paid or unpaid) to account for time spent away from normal work-related duties (e.g., to care for small children).

For additional information please see OPM Guidance on Telework and Dependent Care at: <https://www.telework.gov/guidance-legislation/telework-guidance/telework-and-dependent-care/>.

(5) What happens if an employee does not have a sufficient amount of work to perform to cover the entire telework day during incidences of COVID-19?

An employee must always have a sufficient amount of work to perform throughout the workday when he or she teleworks. An employee performing telework who does not have enough work must notify his or her supervisor and receive additional work or discuss leave options such as annual leave, advanced annual leave, other paid time off (e.g., earned compensatory time off, earned credit hours), or leave without pay.

If the employee's Federal office is closed, DHS Components may authorize weather and safety leave to employees when they do not have a sufficient amount of work to perform throughout the workday (ongoing or periodically).

(6) Does a DHS Component possess the authority to have their telework program participants work from home during a DHS Component closure due to COVID-19?

Yes. During a DHS Component closure due to COVID-19 (when the Component's Continuity of Operation Plan (COOP) has not been initiated and the World Health Organization has NOT declared a pandemic), telework program participants will generally be expected to continue working from home. All telework program participants will be ineligible for weather and safety leave during a closure except in rare circumstances when one of the exceptions under 5 CFR 630.1605(a)(2) applies. They must telework for the

entire workday, take other leave (paid or unpaid) or other time off, or use a combination of telework and leave or other paid time off. (Note: A telework program participant may also be referred to as a “telework-ready” employee.) For more information, please see: <https://www.opm.gov/policy-data-oversight/pay-leave/reference-materials/handbooks/dcdissmissal.pdf>

(7) Can a DHS Component order an employee to telework during a COOP event?

Yes. The Telework Enhancement Act of 2010 states that “each executive agency shall incorporate telework into the continuity of operations plan of that agency.” Therefore, all employees, regardless of their election to participate in a telework program, can be leveraged during a COOP activation. If a DHS Component COOP plan is in operation, that plan “shall supersede any telework policy,” (see 5 U.S.C. 6504(d)(2)) and allow greater flexibility to expand telework to a larger segment of the workforce in support of Component operations so that as many employees as possible are working during a COOP activation.

C. Sick Leave and Other Time Off

(1) If an employee, who has been receiving weather and safety leave due to exposure to COVID-19, becomes symptomatic (ill), should he or she continue to receive weather and safety leave?

No. Sick leave would be used to cover such a period of sickness, as provided in 5 CFR 630.401(a)(2). DHS Components must grant sick leave when an illness, such as COVID-19, prevents an employee from performing work.

(2) If an employee runs out of sick leave, can the DHS Component grant advanced sick leave to an employee who is ill (symptomatic) due to a quarantinable communicable disease, such as COVID-19, or must care for a family member who is ill?

Yes. However, while sick leave may be advanced at the DHS Component’s discretion, it is not an employee entitlement. The sick leave regulations allow an employee to be advanced sick leave for exposure to a quarantinable communicable disease, subject to the limitations below:

- 240 hours (30 days) may be advanced if the employee would jeopardize the health of others by his or her presence on the job because of exposure to a quarantinable communicable disease;
- 104 hours (13 days) may be advanced if the employee is providing care for a family member who would jeopardize the health of others by his or her presence in the community because of exposure to a quarantinable communicable disease.

(3) Must an employee have a doctor's note if requesting to use sick leave for 3 days or more due to an illness from a quarantinable communicable disease, such as COVID-19?

Not necessarily. Under OPM's regulations (5 CFR 630.405(a)), a DHS Component may grant sick leave only when the need for sick leave is supported by administratively acceptable evidence. DHS Components are encouraged to consider an employee's self-certification as to the reason for his or her absence as administratively acceptable evidence, regardless of the duration of the absence, during this COVID-19 outbreak. Supervisors should use their best judgment and follow their Component's internal practices for granting sick leave. DHS Components should also be mindful about the burden and impact on the medical system of requiring a medical certificate.

(4) If a telework eligible employee is healthy but chooses to stay home because he or she has been in direct contact with an individual exposed to a quarantinable communicable disease, such as COVID-19, in what pay/leave status is the employee placed?

An employee, covered by a telework agreement, may request to telework with the permission of the supervisor. DHS Components could also consider expanding telework to any telework eligible employees to provide additional flexibility for employees. For employees who are not currently covered by a telework agreement, DHS Components may also consider whether an employee has some portable duties (e.g., reading reports; analyzing documents and studies; preparing written letters, memorandums, reports and other correspondence; setting up conference calls, or other tasks that do not require the employee to be physically present), that would allow him/her to telework on a situational basis. An ad-hoc telework agreement should be signed to cover the period the employee is permitted to work from the approved alternate location (e.g., home).

An employee may also request to take annual leave, advanced annual leave, other paid time off (e.g., earned compensatory time off, earned credit hours), or leave without pay. A DHS Component may not authorize weather and safety leave to a telework ready employee under this scenario. The use of sick leave would be limited to circumstances where an employee has become symptomatic (ill) due to a quarantinable communicable disease, such as COVID-19.

(5) If an employee chooses to stay home because he or she is concerned about coming into contact with an individual infected with a quarantinable communicable disease, such as COVID-19, during their commute or at the office, in what pay/leave status is the employee placed?

An employee, covered by a telework agreement, may request to telework with the permission of the supervisor. DHS Components could also consider expanding telework to any telework eligible employees to provide additional flexibility for employees and reduce the chance for transmission in the workplace. For employees who are not currently covered by a telework agreement, DHS Components may also consider whether an employee has

some portable duties (e.g., reading reports; analyzing documents and studies; preparing written letters, memorandums, reports and other correspondence; setting up conference calls, or other tasks that do not require the employee to be physically present), that would allow him/her to telework on a situational basis. An ad-hoc telework agreement should be signed to cover the period the employee is permitted to work from the approved alternate location (e.g., home).

An employee may also request to take annual leave, advanced annual leave, other paid time off (e.g., earned compensatory time off, earned credit hours), or leave without pay. A DHS Component may not authorize weather and safety leave to an employee under this scenario. The use of sick leave would be limited to circumstances where an employee has become symptomatic (ill) due to a quarantinable communicable disease, such as COVID-19.

(6) If an employee is healthy but stays home because his or her asymptomatic family member has been quarantined due to exposure to COVID-19, in what pay/leave status is the employee placed?

Currently, an employee may use annual leave, advanced annual leave, other paid time off (e.g., earned compensatory time off, earned credit hours), sick leave (up to 104 hours), or leave without pay to care for a family member who is healthy but has been quarantined due to COVID-19. An employee, covered by a telework agreement, may be able to telework pursuant to an ad hoc arrangement with the permission of the supervisor during the quarantine period. Provided the employee has telework capabilities and sufficient work to perform, the DHS Component should be flexible in determining whether the employee can accomplish his or her duties from home while caring for a family member. An employee may telework during the time he or she is not responsible for caring for a family member and must request annual leave, advanced annual leave, other paid time off (e.g., earned compensatory time off, earned credit hours), sick leave (up to 104 hours) or leave without pay while caring for a family member. (See section B, Telework for more information.)

D. Weather and Safety Leave

(1) Can DHS Components approve weather and safety leave for an employee who has been exposed to a quarantinable communicable disease, such as Coronavirus Disease 2019 (COVID-19)?

DHS Components may authorize weather and safety leave for an asymptomatic employee who is subject to movement restrictions (quarantine or isolation) under the direction of public health authorities due to a significant risk of exposure to a quarantinable communicable disease, such as COVID-19. (See Section B, Telework, for more information regarding general *restrictions* on the use of weather and safety leave for telework program participants.)

(2) If an employee not on a telework agreement is healthy but chooses to stay home because he/she has been in direct contact with an individual infected with a quarantinable communicable disease such as COVID-19, should the DHS Component authorize weather and safety leave?

A DHS Component may authorize weather and safety leave to an employee exposed to COVID-19, even if asymptomatic, if a local health authority determines the employee would jeopardize the health of others if allowed to return to work. Employees should refer to CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>) for how to conduct a risk assessment of their potential exposure. (See Section B, Telework, for more information regarding general *restrictions* on the use of weather and safety leave for telework program participants.)

(3) If an employee is healthy but is under quarantine because he/she has traveled to an affected area internationally and may have been in direct contact with an individual infected with a quarantinable communicable disease such as COVID-19, should the DHS Component authorize weather and safety leave?

At present, Federal employees who have spent time in certain countries or specific regions within countries that have been designated by the Centers for Disease Control and Prevention as Level 3 (Avoid Nonessential Travel) due to COVID-19 are advised by the CDC to stay at home and monitor their health for 14 days after returning to the U.S. (i.e., self-quarantine). When telework is not an option, Weather and Safety Leave may be authorized during the quarantine period for asymptomatic employees.

Generally, authorization for Weather and Safety Leave requires that the asymptomatic employee: 1) is subject to movement restrictions (quarantine or isolation) under the direction of public health authorities due to significant risk of exposure to a quarantinable communicable disease, such as COVID-19; 2) a local health authority determines the employee would jeopardize the health of others if allowed to return to work and 3) the employee is not able to telework.

(4) If an employee must stay home to care for an asymptomatic family member who was exposed to a quarantinable communicable disease, such as COVID-19, should a DHS Component authorize weather and safety leave?

No. A DHS Component should not authorize weather and safety leave in this instance. An employee who is healthy and is caring for an asymptomatic family member may request annual leave, advanced annual leave, other paid time off (e.g., earned compensatory time off, earned credit hours), sick leave (up to 104 hours) or leave without pay for the period of absence from his or her job. In addition, an employee who is caring for an asymptomatic family member who has been exposed to a quarantinable communicable disease and who is covered by a telework agreement may also request to telework pursuant to an ad hoc arrangement to the extent possible. (See section B, Telework, for more information.)

If the employee's family member becomes symptomatic (ill) with a quarantinable

communicable disease, sick leave to care for a family member with a serious health condition would be appropriate. (See section C, Sick Leave and Other Time Off, for more information.)

E. Evacuation Payments During a Pandemic Health Crisis

- (1) If a local or state health office makes a determination that COVID-19 has become a public health emergency, could a Federal agency use the evacuation payment authority found at 5 CFR 550.409?**

No. OPM regulations permit this authority to be utilized in connection with communicable diseases only in the context of a declared pandemic health crisis. The World Health Organization (WHO) declared COVID-19 a pandemic on March 11, 2020.

- (2) Now that the WHO declared COVID-19 to be a pandemic, can DHS Components order one or more employees to evacuate their worksite and work from home?**

Yes, under DHS Delegation 03000 (II, C, 1), DHS Component Heads have delegated authority to order an evacuation during a pandemic after the Secretary issues an evacuation authorization. This allows Components to order employees to evacuate their regular worksites and work from home (or an alternative location mutually agreeable to the Component and the employee) during a pandemic health crisis.

- (3) During a pandemic health crisis, can a DHS Component order an employee to work from home (or an alternative location mutually agreeable to the Component and the employee) if the employee does not have a telework agreement?**

Yes. A DHS Component may order an employee to work from home (or an alternative location mutually agreeable to the Component and the employee) without regard to whether the DHS Component and the employee have a telework agreement in place at the time the order to evacuate is issued. DHS Components should consult with their human resources offices and applicable counsel office to determine appropriate collective bargaining obligations where bargaining unit employees are impacted.

- (4) What type of work may a DHS Component assign to an evacuated employee?**

Under OPM regulations, a DHS Component may assign any work considered necessary without regard to the employee's grade or title. However, the DHS Component may not assign work to an employee unless the Component knows the employee has the necessary knowledge and skills to perform the assigned work.

- (5) If an employee is forced to incur additional costs due to working from home (e.g., purchasing a computer or internet service) during a pandemic evacuation, may DHS provide payments to offset those expenses?**

The Secretary of DHS or Component heads may grant special allowance payments, based on

a case-by-case analysis, to offset the direct added expenses incidental to performing work from home (or an alternative location mutually agreeable to the DHS Component and the employee) during a pandemic health crisis. (See 5 CFR 550.409(b).) An employee is **not** entitled to special allowance payments for increased costs during an evacuation unless specifically approved by the Secretary of DHS.

F. Employee Relations

(1) If an employee comes to work and shows symptoms of illness, what should the supervisor do? May the employee be placed on excused absence (administrative leave), and if so, for how long? What is needed before the employee can return to work?

When a supervisor observes an employee at the workplace exhibiting medical symptoms, he or she can express general concern regarding the employee's health and remind the employee of his or her leave options for seeking medical attention, such as requesting sick or annual leave. Supervisors may refer to CDC's Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) for some tips on how to handle employees showing symptoms of acute respiratory illness. See <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>. However, supervisors of federal employees should consider this guidance in conjunction with OPM guidance for the federal workforce.

If the employee has no leave available, supervisors are authorized to approve requests for advanced leave or leave without pay in certain circumstances. When these leave options are not practical, a viable alternative, when the employee is covered by a telework agreement, is for the employee to work from home for social distancing purposes pursuant to an ad hoc arrangement approved by the employee's supervisor. Of course, the feasibility of working from home is dependent on several factors, including the nature of the employee's duties, the availability of any necessary equipment (personal computer, etc.), and computer and communication connectivity.

If none of the above options are possible, DHS Components have the authority to place an employee on excused absence (administrative leave) and order him or her to stay at home or away from the workplace. The duration of any such excused absence (administrative leave) is dependent on the specific circumstances but is typically a short period. Placing an employee on excused absence (administrative leave) is fully within a DHS Component's discretion and does not require the consent or request of the employee. Supervisors should not place an employee on excused absence (administrative leave) without first consulting with their human resources (HR) staff and applicable counsel office to review Component policy, collective bargaining agreements, and applicable law with respect to any applicable collective bargaining provisions.

An employee who is quarantined under the direction of health care authorities should not be reporting to the normal worksite. The employee's supervisor should offer the quarantined

employee the option of ad hoc telework to the maximum extent possible. The quarantined employee may be granted advanced sick leave for the quarantine period, at the employee's request. Other options include annual leave, advanced annual leave, or donated annual leave. Before an employee returns to work, the employee's supervisor should consult with HR and general counsel regarding procedures for requesting administratively acceptable medical documentation in accordance with applicable policies, collective bargaining agreements, and laws.

(2) How may a supervisor handle the situation if an employee who is telework eligible refuses to report to work because of concerns of exposure on mass transit or in the workplace, even though asymptomatic and with no evidence of direct contact with an individual exposed to a quarantinable communicable disease, such as COVID-19?

In these times of heightened concern, it is important to be flexible with options and consider an employee's personal situation (for example, if the employee or a family member is in a high-risk category for health reasons). Remind the employee that DHS is committed to ensuring safety in the workplace to the greatest extent possible, increasing disinfectant cleaning, encouraging frequent hand-washing, and where appropriate authorizing personal protective equipment. If the supervisor can, he/she should approve the employee's telework request. However, if the employee's presence in the workplace is required, a supervisor does have the authority to order the employee to report to work. We recommend the supervisor work with HR and Counsel in making such a determination and ensure the requirement is appropriately documented and communicated to the employee. Should the employee refuse to report to work after receiving a valid supervisory order to report, the employee may be subject to discipline. Should the supervisor determine that discipline is a necessary consequence, consultation with employee relations is required.

(3) If no medical official is present at a Federal building, who assesses employees and orders them home if they appear ill?

Supervisors may require an employee to take leave or stay away from the worksite based on objective evidence only (not suspicion). Supervisors should obtain assistance from HR staff or on-site employee health services (if available), as the action may require compliance with adverse action procedures.

Objective evidence will depend on the facts of each case. Objective evidence could consist of a statement from the health authorities having jurisdiction or from a health care provider that the employee is physically unable to work or poses a danger to other employees or knowledge the employee resides in an area that has been quarantined. Consultation with public health officials may be appropriate. Less definitive, but potentially sufficient, evidence would be the employee making specific comments about being exposed to pandemic influenza or to a quarantinable communicable disease such as COVID-19 (e.g., taking care of a sick relative or friend). If such comments are made, supervisors should consult with HR and general counsel to assess whether a determination from a public health official is appropriate.

and necessary.

Human resources offices and DHS Component legal counsel should be contacted to determine the best course of action based on objective evidence. Employee relations specialists and DHS Component legal counsel have the necessary knowledge to assist supervisors and managers with options, such as telework, and appropriate actions arising from an outbreak of a quarantinable communicable disease or pandemic influenza. HR staff should check OPM's website (www.opm.gov) and the CDC website (www.cdc.gov) on a regular basis to stay current.

While consideration may be given to directing the employee to leave the workplace and placing him or her on enforced leave after appropriate adverse action procedural requirements are satisfied, the human resources office and DHS Component legal counsel should be contacted to ensure these types of adverse actions are permissible and defensible under the circumstances, and if appropriate, how to implement these types of actions. Excused absence (administrative leave) may be used if other options are exhausted and if it is necessary to prevent an employee from being at the worksite and putting other employees at risk before a supervisor can appropriately place an employee on enforced leave. (See additional discussion on enforced leave in question F3 below.)

(4) Can a DHS Component mandate an employee exposed to a quarantinable communicable disease or infected with COVID-19 remain away from the workplace for a specified period?

The CDC or other health agency will provide information related to the length of time an individual remains contagious, as well as current recommendations for social distancing, etc. For information specific to COVID-19, please view CDC's web site at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. In the case of an epidemic or pandemic, DHS Component personnel actions aimed at preventing the spread of a disease may be taken because of the guidance or directive of public health officials regarding the general danger to public health.

Generally, a DHS Component should not prohibit an employee from reporting to work unless it has evidence or a reasonable concern that an employee is physically unable to perform his or her job, or their presence in the workplace poses a risk of infection to others. Whenever possible, sick employees should be encouraged to take leave, such as sick leave, annual leave, advanced leave, other paid time off (e.g., earned compensatory time off, earned credit hours), or leave without pay. Excused absence (administrative leave) may be used if other options are not feasible and it is necessary to prevent an employee from being at the worksite and possibly putting other employees at risk.

Excused absence is a paid, non-duty status that does not require the employee's consent or request and does not trigger adverse action procedures. In addition, excused absence can provide time for the DHS Component to seek appropriate evidence regarding the employee's health. In other cases, such as when an employee refuses to take leave voluntarily, a supervisor may find it appropriate to enforce the employee's use of leave.

Supervisors should consult with appropriate HR staff and applicable legal counsel before taking such a step, because enforced leave is an adverse action that imposes procedural requirements (i.e., advance notice, an opportunity to reply, the right to representation, and a Component decision) before actually enforcing the use of leave. Enforced leave of 14 days or less may be subject to Component administrative grievance procedures or negotiated grievance procedures. In addition, enforced leave lasting longer than 14 days may be appealed to the Merit Systems Protection Board (MSPB) or potentially grieved under any applicable negotiated grievance procedure. Supervisors need to consult with their HR office and legal counsel when deciding to enforce the use of leave, to ensure that the action is permissible and defensible before a third party.

(5) Does a DHS Component have the right to solicit medical documentation when the employee is requesting sick leave? May a DHS Component require all staff to be tested and treated for a quarantinable communicable disease, such as COVID-19?

DHS Component policy and collective bargaining agreements may have provisions for requesting medical documentation from an employee. Accordingly, Components should consult with their HR office and general counsel for guidance. A DHS Component may grant sick leave only when supported by evidence administratively acceptable to the Component. For absences in excess of 3 days, or for a lesser period when determined necessary by the Component, a Component may require a medical certificate or other administratively acceptable evidence.

Under current rules, management may require medical evaluation or screening only when the need for such evaluation is supported by the nature of the work (see 5 CFR 339.301). Any attempt on the part of a supervisor to assume a particular medical diagnosis based on observable symptoms is very problematic and should be avoided. However, when a supervisor observes an employee exhibiting symptoms of illness, he or she may express concern regarding the employee's health and remind the employee of his or her leave options for seeking medical attention, such as requesting sick or annual leave. If the employee has no leave available, supervisors are authorized to approve requests for advanced leave or leave without pay in certain circumstances. DHS Components should also note the provisions of 5 CFR 630.401(a)(5), which require the approval of requests for sick leave if an employee is determined by the health authorities having jurisdiction or by a health care provider, to "jeopardize the health of others by his or her presence on the job because of exposure to a communicable disease."

(6) Under what circumstances should a DHS Component communicate to its employees that there is a confirmed case among one or more of its employees (without identifying the person/specific office)?

The infected employee's privacy should be protected to the greatest extent possible; therefore, his or her identity should not be disclosed. In an outbreak of quarantinable communicable disease or COVID-19, management should share only that information determined to be necessary to protect the health of the employees in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA).

Supervisors should consult with their Component's legal counsel to determine what information is releasable before releasing the information. Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assess-manage-risk.html>

If social distancing, information sharing, or other precautions to assist employees in recognizing symptoms or reducing the spread of the illness can be taken without disclosing information related to a specific employee, that is the preferred approach.

Managers should work with their workplace safety contacts and local health officials to stay apprised of information regarding transmission of the illness and precautions that should be taken to reduce the spread of influenza or any other contagious disease in the workplace. Managers should treat this as they would any other illness in the workplace and continue to protect employee privacy interests while providing sufficient information to all employees related to protecting themselves against the spread of illness.

G. Hazardous Duty Pay Related to Exposure to COVID-19

(1) May an employee receive hazard pay differentials or environmental differential pay if exposed to COVID-19 through the performance of assigned duties?

General Schedule (GS) employees may receive additional pay for the performance of hazardous duty or duty involving physical hardship. (5 U.S.C. 5545(d) and 5 CFR part 550, subpart I.) Appendix A to subpart I of part 550 of Title 5, Code of Federal Regulations, contains a list of approved hazard pay differentials. For example, a 25 percent hazard pay differential is authorized for employee exposure to "virulent biologicals," which is defined as "work with or in close proximity to...[m]aterials of micro-organic nature which when introduced into the body are likely to cause serious disease or fatality and for which protective devices do not afford complete protection."

To be eligible for the hazard pay differential, the DHS Component must determine that the employee is exposed to a qualifying hazard through the performance of his or her assigned duties and that the hazardous duty has not been taken into account in the classification of the employee's position. A hazard pay differential is not payable if safety precautions have reduced the element of hazard to a less than significant level of risk, consistent with generally accepted standards that may be applicable. (See 5 CFR 550.904-550.906 for further information and exceptions.) OPM does not determine when hazard pay differentials must be paid; DHS Components have the responsibility and are in the best position to determine whether duties performed by employees meet the regulatory requirements for hazard pay. Thus, Component managers, in consultation with occupational safety and health experts, must determine whether an employee is entitled to hazard pay on a case-by-case basis.

Prevailing rate (wage) employees may receive an environmental differential when exposed to a working condition, physical hardship, or hazard of an unusually severe nature. (See 5

U.S.C. 5343(c)(4) and 5 CFR 532.511.) A list of approved differentials is contained in Appendix A to subpart E of part 532, of Title 5, Code of Federal Regulations. As with hazard pay differentials, determinations as to whether an employee qualifies for an approved environmental differential must be made by DHS Components on a case-by-case basis.

(2) May an employee who has been exposed incidentally to COVID-19 (i.e., in a manner not directly associated with the performance of assigned duties) receive a hazard pay differential for exposure to “virulent biologicals”?

No. OPM’s regulations define exposure to “virulent biologicals” as “work with or in close proximity to ... [m]aterials of micro-organic nature which when introduced into the body are likely to cause serious disease or fatality and for which protective devices do not afford complete protection.” (See Appendix A to subpart I of part 550 of Title 5, Code of Federal Regulations.) DHS Components may pay a hazard pay differential to a General Schedule employee for exposure to “virulent biologicals” only when the risk of exposure is directly associated with the performance of assigned duties. An employee may not receive a hazard pay differential under the “virulent biologicals” category if exposure to a qualifying virus was not triggered by the performance of assigned duties. The hazard pay differential cannot be paid to an employee who may come in contact with the virus or another similar virus through incidental exposure to the public or other employees who are ill rather than being exposed to the virus during the performance of assigned duties (e.g., as in the case of a poultry handler or health care worker). Also, the virus must be determined to be likely to cause serious disease or fatality for which protective devices do not afford complete protection.

Federal Wage System (FWS) employees may not receive an environmental differential for incidental exposure to the pandemic COVID-19. The environmental differential for FWS employees is additional pay for job-related exposure to hazards, physical hardships, or working conditions of an unusually severe nature which cannot be eliminated or significantly reduced by preventive measures. The environmental differential is not intended to compensate employees for exposure to a safety risk unrelated to their assigned duties.

(3) Where can I find the various hazardous duty pay and environmental differentials?

For General Schedule (GS) employees, hazardous duty pay differentials are established under 5 CFR 550, Appendix A to subpart I. For Federal Wage System employees, pay administration rules for environmental differentials are found in 5 CFR 532.511. Environmental differential pay categories are listed in Appendix A to subpart E of 5 CFR part 532.

(4) Can employees receive hazardous duty pay or environmental differential pay for potential exposure to COVID-19?

No. There is no authority within the hazardous duty pay or environmental differential statutes to pay for *potential* exposure. To pay hazardous duty pay or environmental differential pay for an unusual physical hardship or hazard covered under the regulations, a local installation

must find that there is credible evidence that an employee was actually exposed.

H. Workplace Precautions to Prevent Exposure to COVID-19

(1) If an employee works in an occupation at risk for exposure to a quarantinable communicable disease such as COVID-19, what can he or she do to stay safe and prevent the spread of the disease to others?

Each operational Component has developed a risk assessment and/or Job Hazard Analysis for COVID-19. Employees should consult their supervisor or Component Occupational Safety and Health Office to get access to the appropriate workforce protection documents. The Occupational Safety and Health Administration (OSHA) published guidance and recommended measures to help prevent occupational exposure to COVID-19 in Federal workplaces, which is integrated in the DHS guidance. See OSHA's COVID-19 guidance at <https://www.osha.gov/SLTC/covid-19/index.html>. See also DHS guidance: <http://dhsconnect.dhs.gov/org/comp/mgmt/dhshr/Health-Safety/Pages/COVID-19-Workforce-Information.aspx>; and CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>.

I. Office of Workers Compensation Programs (OWCP)

(1) Where can Federal employees find information on workers compensation benefits related to COVID-19?

Information on worker's compensation benefits for Federal employees related to COVID-19 can be found at <https://www.dol.gov/owcp/dfec/InfoFECACoverageCoronavirus.htm>.