



**Homeland
Security**

Privacy Office, Mail Stop 0655

December 14, 2020

SENT VIA E-MAIL TO: sara.creighton@americanoversight.org

Sara K. Creighton
American Oversight
1030 15th Street, NW B255
Washington, DC 20005

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

Dear Ms. Creighton:

This is our first 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 334 pages of potentially responsive records. Of those 334 pages the DHS has determined that all pages are responsive to your request. The DHS has determined to withhold in part or in full 49 pages, pursuant to FOIA Exemptions (b)(5), (b)(6), (b)(7)(c), and (b)(7)(e). Further, 285 pages will be released to you in full. **Bates Numbers DHS-PRIV-000001-000334**

If you have any questions regarding this release, please contact Assistant U.S. Attorney Andrew Freidah, United States Department of Justice, at Andrew.f.freidah@usdoj.gov.

Sincerely,

A handwritten signature in cursive script that reads "Bradley E. White".

Bradley E. White

Senior Director, FOIA Litigation, Appeals, and Policy

Enclosed: 334 pages

(b)(7)(E)

Task Type: Information Request**Internal Due Date:** 4/13/2020 12:00:00 AM**Task Information:**

Request:

1. The number of COVID-19 tests requested by and provided to your facilities;
2. The number of individuals who have been tested for COVID-19;
3. The number of tests which (a) returned a positive determination (i.e. confirmed the presence of coronavirus) and (b) returned a negative determination (i.e. did not confirm the presence of coronavirus); and

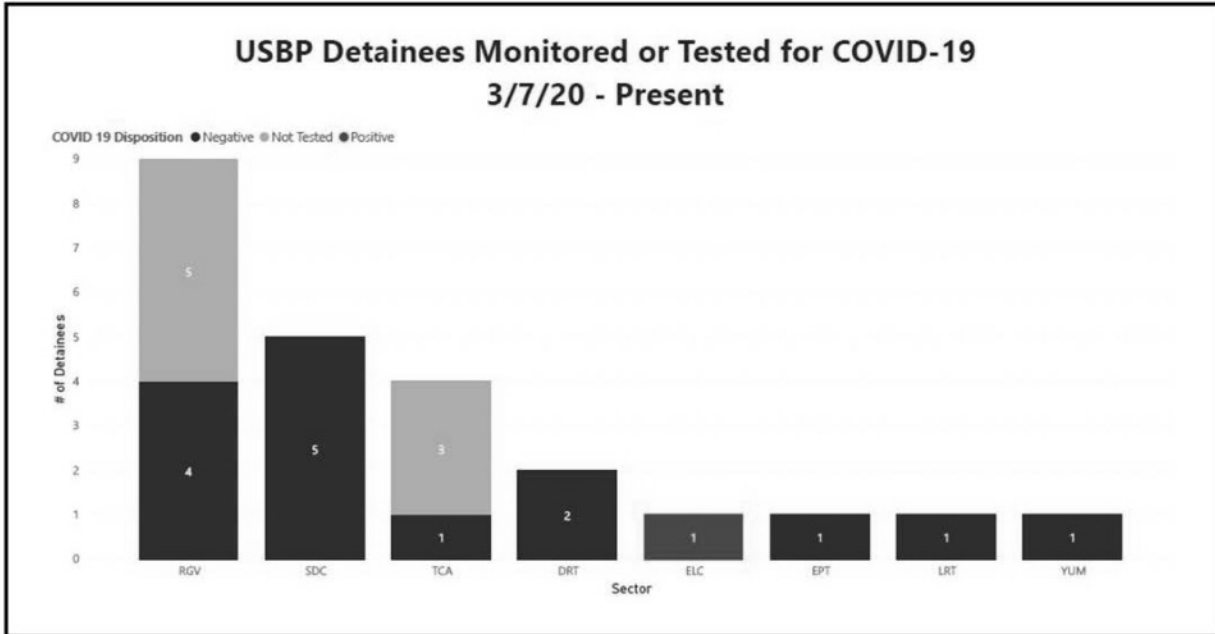
Test Results if Tested	Count of ID
COVID-19 test positive	6
Test Result Pending	7
Pending decision to test	3
COVID-19 test negative	46
Grand Total	62

4. The number of coronavirus-related fatalities.

None as of 4/2/2020

From: (b)(6)
 To: (b)(6) BPTasking
 Cc: OPS PROGRAMS SPECIALTY PROGRAMS/PLANNING; OPS SPECIAL OPERATIONS (b)(6); (b)(7)(C)
 Subject: RE: HOT *****SHORT TURN AROUND - RE: FOIA Assignment for CBP-2020-044261
 Date: Friday, May 8, 2020 4:32:05 PM
 Attachments: USBP Detainee COVID Monitoring_05082020.pdf
 image006.png

USBP HQ EOC reports the following:



- (1) number of COVID-19 tests requested by and provided to U.S. Border Patrol detention facilities:

USBP has **NOT RECEIVED** any COVID-19 Tests from any source.

USBP **DOES NOT** conduct COVID-19 Testing of any kind in its temporary holding / processing facilities to date.

- (2) the number of detainees in U.S. Border Patrol facilities tested for COVID-19:

Since 03/07/2020, USBP is aware of **16** detainees in temporary custody being tested for COVID-19 by local medical/health system. Those listed as **not tested** had been isolated after consultation with medical system / CDC guidance out of abundance of caution to protect the temporary detainee population, USBP law enforcement officers, their families, and the local community.

- (3) the number of detainee tests that returned a positive determination as well as a negative determination:

Since 03/07/2020, USBP reports **1** Detainee **TESTING POSITIVE** for COVID-19 while in temporary custody

Since 03/07/2020, USBP reports **15** Detainees **TESTING NEGATIVE** for COVID-19 while in temporary custody

- (4) the number of coronavirus-related detainee fatalities from January 30, 2020 through the present –

Since 01/30/2020, USBP reports **ZERO FATALITIES** of detainees while in temporary custody.

Respectfully,

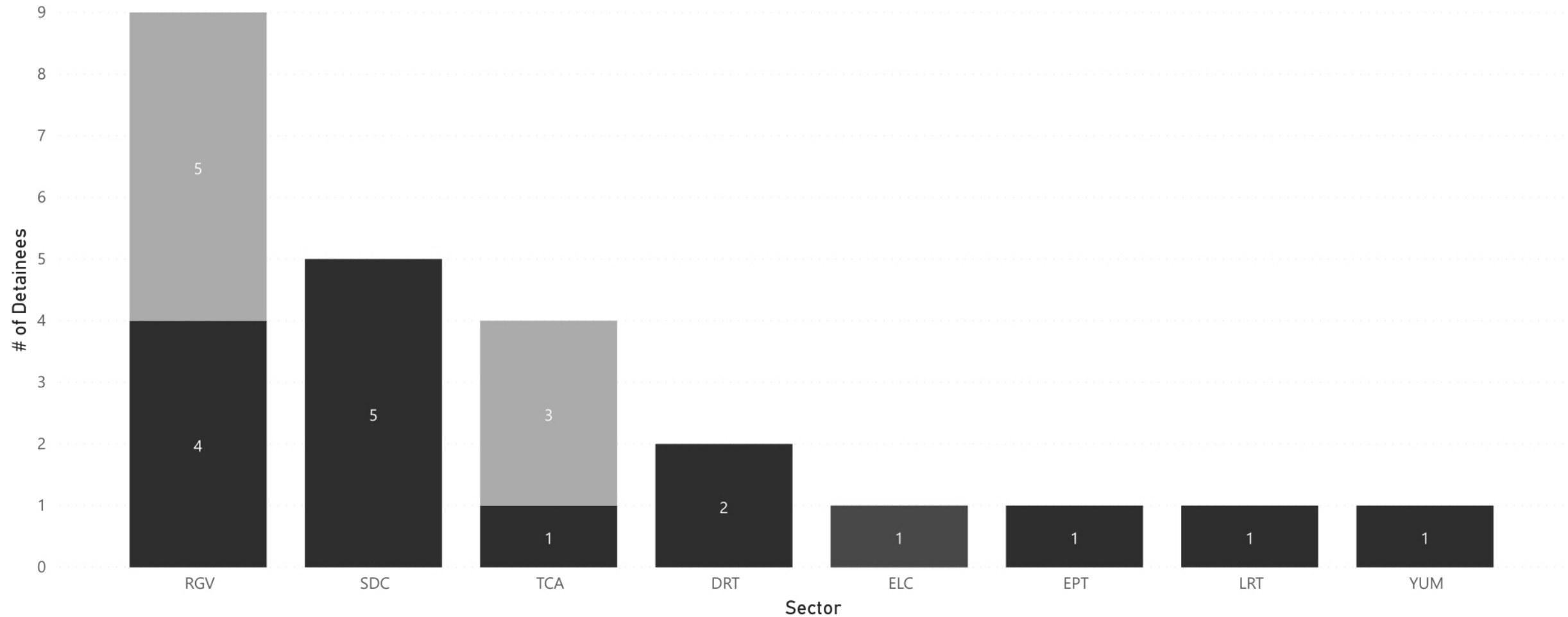
(b)(6); (b)(7)(C) Assistant Chief | Emergency Manager | Special Operations Headquarters | U.S. Border Patrol | Washington D.C.

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

USBP Detainees Monitored or Tested for COVID-19

3/7/20 - Present

COVID 19 Disposition ● Negative ● Not Tested ● Positive







From: (b)(6); (b)(7)(C)
Sent: Friday, May 8, 2020 3:06 PM
To: OPS PROGRAMS SPECIALTY PROGRAMS/PLANNING (b)(6); (b)(7)(C) OPS SPECIAL
OPERATIONS (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: FOIA Assignment for CBP-2020-044261

ALCON,

I just launched the below and attached so you might be getting tasked with it.

Freedom of Information Act Request Coordination

(b)(6); (b)(7)(C) -Assistant Chief
U.S. Border Patrol Headquarters

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

Washington, DC 20229

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

From: (b)(6); (b)(7)(C)
Sent: Friday, May 8, 2020 3:03 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: FOIA Assignment for CBP-2020-044261

Alcon,

This is an expedited request from DHS level, 2020-HQFO-00727. The full request is attached.

Please see the attached expedited FOIA request (MULTI-20-0609-0613)

These questions pertain to U.S. Border Patrol detainees only. Please provide answers and relevant records concerning the following:

- (1) number of COVID-19 tests requested by and provided to U.S. Border Patrol detention facilities
- (2) the number of detainees in U.S. Border Patrol facilities tested for COVID-19
- (3) the number of detainee tests that returned a positive determination as well as a negative determination
- (4) the number of coronavirus-related detainee fatalities from January 30, 2020 through the present

Due: ASAP

Freedom of Information Act Request Coordination

(b)(6); (b)(7)(C) Assistant Chief
U.S. Border Patrol Headquarters
(b)(6); (b)(7)(C)
Washington, DC 20229
(b)(6); (b)(7)(C)

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

Sent: Sunday, March 22, 2020 3:30 PM

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

Subject: FOIA Assignment for CBP-2020-044261

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

You have been assigned to the FOIA request - CBP-2020-044261. Additional details for this item are as follows:

- Tracking Number: CBP-2020-044261
- Requester: Austin R Evers
- Request Track: Complex
- Submitted Date: 03/19/2020
- Due Date: 04/20/2020
- Short Description: N/A
- Description: Please see the attached expedited FOIA request (MULTI-20-0609-0613), which contains our fee waiver justification.
- Assigned Comments: USBP: Please conduct a search of records/information that are responsive to this request by March 30, 2020. See details of the request under the Submission Details tab, attach all pertinent records using the Upload Responsive Records tab, choosing the disposition "UU". Please assign completed searches with responsive records to the OBPCComplete queue. If you have any questions or have determined that this case was sent to you in error please reach out to your FOIA liaison (b)(6); (b)(7)(C)

From: (b)(6);
 To: (b)(6); (b)(7)(C)
 Cc: OPS PROGRAMS SPECIALTY PROGRAMS/PLANNING; OPS SPECIAL OPERATIONS; (b)(6);
 Subject: RE: HOT ****SHORT TURN AROUND - RE: FOIA Assignment for CBP-2020-044261
 Date: Friday, May 8, 2020 3:59:47 PM
 Attachments: image003.png

USBP CAT has maintained in-house surveillance of this situation in anticipation of what would come as a potential question such as this one.

For record, we only have information going back to March 7, 2020. We can not answer prior to that. This was as far back as anyone has been able to provide us information about any detainee being tested.

We are currently updating the document we use to track this and will be generating a new chart with the latest information.

Stand-by for an answer to all questions. (b)(6) thanks for verifying our responses.

Respectfully,

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

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



From: (b)(6); (b)(7)(C)
 Sent: Friday, May 8, 2020 3:53 PM
 To: (b)(6); (b)(7)(C) USBP CAT (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C)
 Cc: OPS PROGRAMS SPECIALTY PROGRAMS/PLANNING (b)(6); (b)(7)(C) OPS SPECIAL OPERATIONS (b)(6); (b)(7)(C)
 Subject: RE: HOT ****SHORT TURN AROUND - RE: FOIA Assignment for CBP-2020-044261

Sorry, I see that Q2 was for CAT. Please disregard my answer.

From: (b)(6); (b)(7)(C)
 Sent: Friday, May 8, 2020 3:47 PM
 To: (b)(6); (b)(7)(C) USBP CAT (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C)
 Cc: OPS PROGRAMS SPECIALTY PROGRAMS/PLANNING (b)(6); (b)(7)(C) OPS SPECIAL OPERATIONS (b)(6); (b)(7)(C)
 Subject: RE: HOT ****SHORT TURN AROUND - RE: FOIA Assignment for CBP-2020-044261

(1) the number of detainees in U.S. Border Patrol facilities tested for COVID-19:

USBP has not tested any detainee while within a USBP facility.

(b)(5)

From: (b)(6); (b)(7)(C)
 Sent: Friday, May 8, 2020 3:24 PM
 To: USBP CAT (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C)
 Cc: OPS PROGRAMS SPECIALTY PROGRAMS/PLANNING (b)(6); (b)(7)(C) OPS SPECIAL OPERATIONS (b)(6); (b)(7)(C)
 Subject: HOT ****SHORT TURN AROUND - RE: FOIA Assignment for CBP-2020-044261

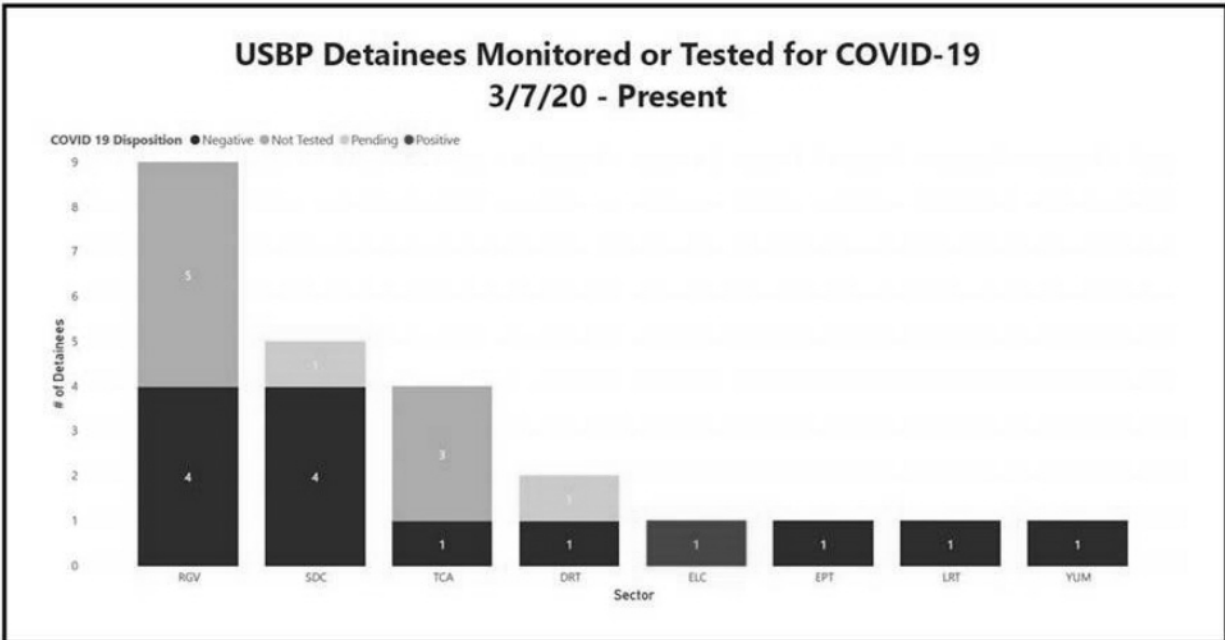
USBP CAT (b)(6); (b)(7)(C)

Please generate an updated PDF with the information collected: (as of 05/08/2020 – latest) the below was as of 05/06/2020 which was the latest change detected/reported to USBPCAT

USBP CAT, please verify my numbers below



SOH, please verify my response to first question within the medical program



As of 5/6/2020 2400 hours

These questions pertain to U.S. Border Patrol detainees only. Please provide answers and relevant records concerning the following:

- (1) number of COVID-19 tests requested by and provided to U.S. Border Patrol detention facilities: **we have not received any COVID-19 Tests at USBP Facilities to date**
- (2) the number of detainees in U.S. Border Patrol facilities tested for COVID-19: **PROVIDE TOTAL TESTED**
- (3) the number of detainee tests that returned a positive determination as well as a negative determination: (b)(5)
- (4) the number of coronavirus-related detainee fatalities from January 30, 2020 through the present — (b)(5)

Respectfully,

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

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



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

Sent: Friday, May 8, 2020 3:06 PM

To: OPS PROGRAMS SPECIALTY PROGRAMS/PLANNING (b)(6); (b)(7)(C) OPS SPECIAL OPERATIONS (b)(6); (b)(7)(C)

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

Subject: FW: FOIA Assignment for CBP-2020-044261

ALCON,

I just launched the below and attached so you might be getting tasked with it.

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000009

Freedom of Information Act Request Coordination

(b)(6); (b)(7)(C) Assistant Chief
U.S. Border Patrol Headquarters

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

Washington, DC 20229

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

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

Sent: Friday, May 8, 2020 3:03 PM

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

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Due: ASAP

Freedom of Information Act Request Coordination

(b)(6); (b)(7)(C) Assistant Chief
U.S. Border Patrol Headquarters

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

Washington, DC 20229

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

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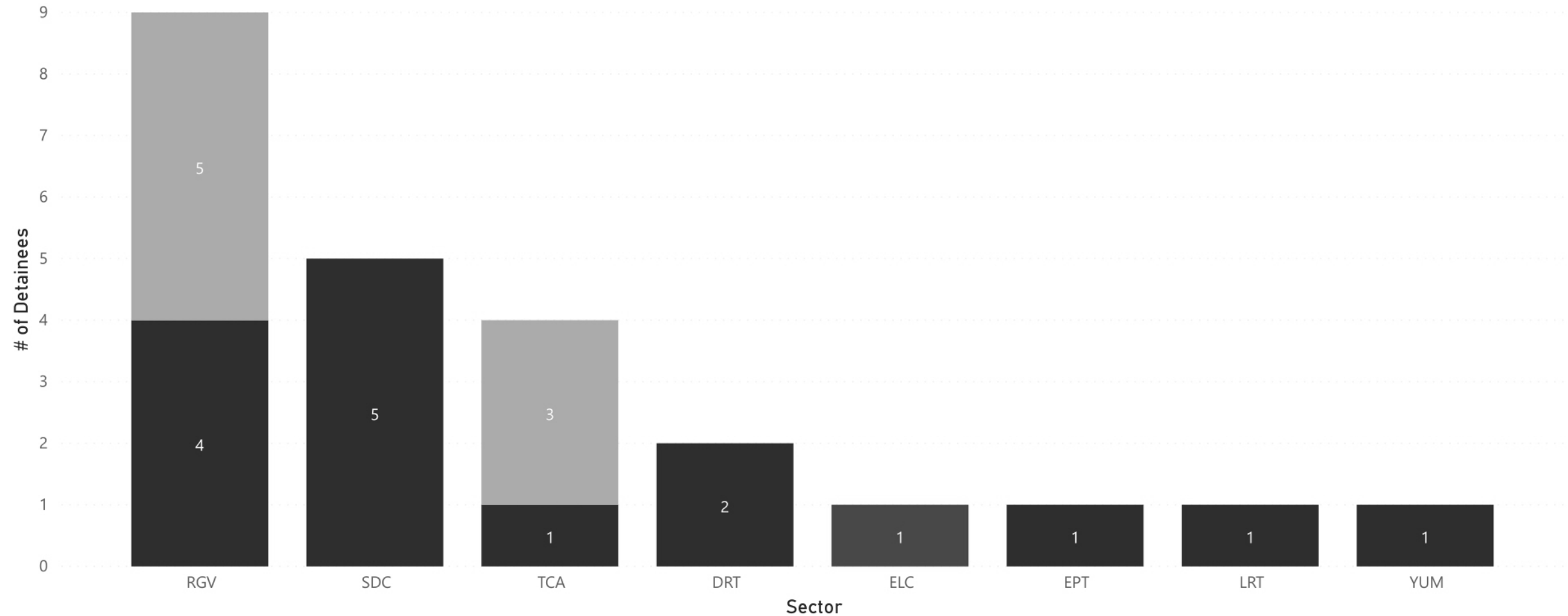
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- Requester: Austin R Evers
- Request Track: Complex
- Submitted Date: 03/19/2020
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- Short Description: N/A
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USBP Detainees Monitored or Tested for COVID-19

3/7/20 - Present

COVID 19 Disposition ● Negative ● Not Tested ● Positive



(b)(7)(E)

Task Type: Information Request**Internal Due Date:** 4/13/2020 12:00:00 AM**Task Information:**

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1. The number of COVID-19 tests requested by and provided to your facilities;
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COVID-19 test negative	46
Grand Total	62

4. The number of coronavirus-related fatalities.

None as of 4/2/2020

Reducing the Risk of COVID-19 Transmission Interim Guidance for IHSC Dental Clinics

March 18, 2020

Adapted from the Centers for Disease Control Interim Infection Prevention and Control Recommendations; IHSC [Reducing the Risk of COVID Transmission](#); [American Dental Association \(ADA\) CORONAVIRUS FAQ](#); [ADA Statement on COVID-19](#)

Preventing the spread of infections and protecting staff requires a multi-faceted approach that encompasses engineering controls, administrative controls, and personal protective equipment (PPE). PPE is the least effective measure for preventing the spread of infection and should not be a substitute or take priority over engineering and administrative controls. Utilizing a broad range of controls and measures can add protection against the spread of infection even when one measure or control fails or is not available. Using PPE appropriately can ensure that PPE is available for use when needed.

Recommendations for the Dental Setting

Note: recommendations will be updated if and as necessary to address the evolving public health situation. These specific recommendations serve as a supplement to the general guidelines set forth by the IHSC Public Health, Safety, and Preparedness (PHSP) Unit. See also [2019 Novel Coronavirus Resource Page](#) including [Reducing the Risk of COVID-19 Transmission](#)

Priorities of Care

Recent interim ADA guidelines to mitigate the spread of COVID-19 recommends dentists nationwide postpone elective procedures through at least April 10. Considering the fact that aerosols and droplets are considered as the main spread routes of COVID-19, it is currently recommended to postpone elective/routine procedures, especially aerosol generating procedures that could otherwise be deferred for **all patients**. Examples are routine operative procedures, routine hygiene procedures, and non-urgent surgical extractions requiring the use of the hand piece or Cavitron ultrasonic scaling unit.

Until follow-up guidance from the ADA and the CDC is provided, the IHSC dental program will be focusing on emergency dental care only. Emergency dental care includes services for conditions that are of an immediate, acute, or grave nature that may require treatment for the relief of persistent acute pain, acute infection exhibiting the cardinal signs, or traumatic injuries. Clinical judgement and decision making should

include patient/provider safety, professional standards and responsible PPE stewardship.

- Invasive dental treatment should be deferred for all patients with respiratory symptoms, have a fever of 100.4 F or greater, are under observation for suspect or known COVID-19 exposure, or are confirmed COVID-19 affected.
- For dental conditions which are considered clinically emergent within the suspect or confirmed cohorts, dental health care personnel, medical providers, Infection Prevention Officer, and Regional Infection Prevention Supervisory Nurse should work together to determine an appropriate plan of care.

Effective Infection Control Protocols

Hand hygiene has been considered the most critical measure for reducing the risk of transmitting microorganism to patients ([Larson et al. 2000](#)). COVID-19 can persist on surfaces for a few hours or up to several days, depending on the type of surface, the temperature, or the humidity of the environment ([WHO 2020c](#)). This reinforces the need for good hand hygiene and the importance of thorough disinfection of all surfaces within the dental clinic after each patient use. The use of personal protective equipment (PPE), which may include N-95 respirators, surgical masks, gloves, gowns, and goggles or face shields, is recommended to protect skin and mucosa from potentially infected blood or secretion. Additionally, the routine use of surface barriers on dental equipment is essential (e.g. chairs covers, x-ray head cover, sensor shield, light and light handle barriers, etc.).

Due to the unique characteristics of dental procedures and the routine use of high-speed hand pieces, many saliva/blood/virus laden droplets and aerosols are generated during the course of patient care. Particles of droplets and aerosols are small enough to stay airborne for an extended period before they settle on environmental surfaces or enter the respiratory tract. Since airborne droplet transmission of infection is considered a main route of spread, dental personnel need to be especially vigilant in their infection control practices. In addition to the routine use of PPE such as surgical masks, gloves, eye protection, and protective disposable gowns, the following additional measures are strongly recommended throughout this epidemic:

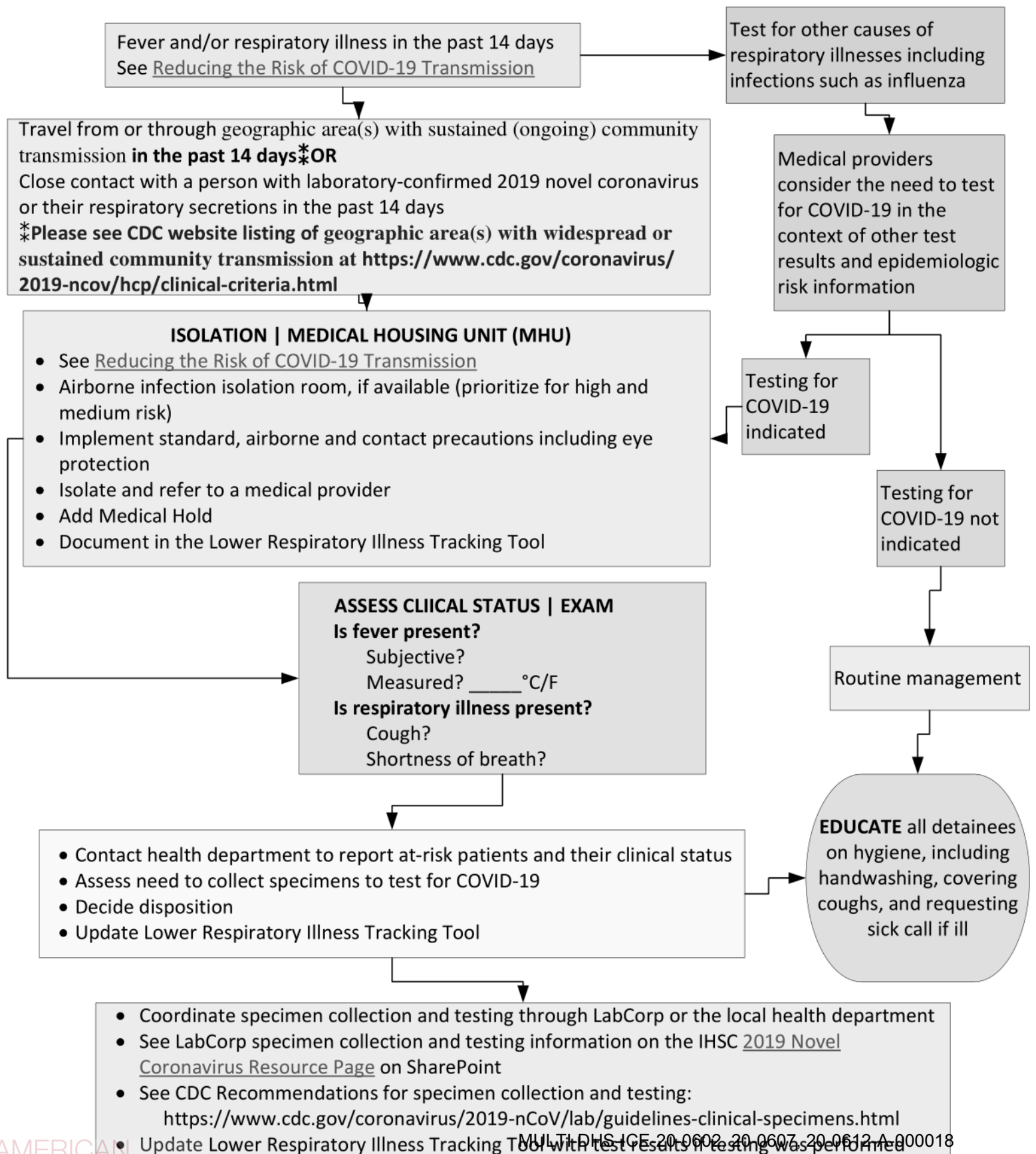
Reducing risk of transmission while caring for asymptomatic detainees who do not have an epidemiologic risk factor and are not under monitoring	
Engineering Controls	• Ensure limited staff and patient movement around dental clinic entrance during invasive procedures that generate aerosols • Place disposable barriers on all frequently handled surfaces (i.e. chair covers, x-ray head cover, sensor shield, light and light handle barriers, etc.) • Aggressive high-volume evacuation (HVE) suction (and rubber dam for operative/endo) during urgent/emergent procedures requiring the use of a hand piece.
Administrative Controls	• Limit aerosol generating procedures that could otherwise be deferred for ALL patients. (<i>Examples are routine operative procedures, routine hygiene procedures, and non-urgent surgical extractions requiring the use of the hand piece or cavitron unit.</i>) • Pre-visit vitals, particularly temperature, are extremely important during this epidemic. A temperature greater than 100.4 F prompts immediate consult with the Clinical Director (CD) or designee • Question the patient about respiratory symptoms during pre-visit vital/temp check (e.g. cough or shortness of breath) • Ensure PPE and cleaning agents are in a secure location are used appropriately • Only ONE patient should be present in the dental clinic during emergent invasive procedures that generate aerosols (high speed hand piece use/cavitron) • Do not leave dental clinic until all PPE has been removed/disposed
Environmental Infection Control	• Ensure adequate Environmental Protection Agency (EPA)-approved disinfectants are available • Clean all equipment that is used in accordance with manufacturer's instructions and facility protocols • Ensure all surfaces are cleaned and disinfected between each patient • Ask the facility operator to ensure all areas are thoroughly cleaned and disinfected regularly (e.g. floors, sinks, doorknobs)
Recommended Precautions and PPE	• Strict adherence to hand hygiene • Standard precautions (administrative controls, environmental infection control, PPE) • Face shield for all invasive procedures • Protective eye wear • Disposable Gown • The American Society of Testing and Materials (ASTM) Level 2 or Level 3 surgical masks for all procedures • ASTM Level 1 mask appropriate for follow-up care, evaluations, problem focused exams

Reducing risk of transmission while caring for asymptomatic or symptomatic detainees who have an epidemiologic risk factor and are under monitoring or have been confirmed COVID-19 positive	
Engineering Controls	• Ensure ventilation systems are working properly • If patient assessed in dental clinic, place disposable barriers on all frequently handled surfaces (i.e. chairs covers, x-ray head cover, sensor shield, light and light handle barriers, etc.) • Consider discussing with facility operators increasing use of High efficiency particulate air (HEPA) filters, more air exchange cycles, and ultraviolet light to augment cleaning
Administrative Controls	• Do not provide invasive care; supportive, palliative treatment only • Problem focused exams using disposable mirror in the area where the patient is cohorted • COVID-19 positive patients will generally not be moved to the dental clinic and should be assessed in an airborne infection isolation (AII) room • If patient is not symptomatic or confirmed COVID-19 positive and cohorted, movement to the dental clinic is established and feasible, and a radiograph is necessary: strongly consider limiting to panoramic imaging only to reduce the possibility of generating aerosols (i.e. patient coughing/gagging risk)
Environmental Infection Control	• Ensure adequate EPA approved disinfectants are available • Clean all equipment that is used in accordance with manufacturer's instructions and facility protocols • Ensure all surfaces are cleaned and disinfected between each patient • Ask the facility operator to ensure all areas are thoroughly cleaned and disinfected regularly (e.g. floors, sinks, doorknobs)
Recommended precautions and PPE	• Social distancing before, during, and after examination as feasible • Strict adherence to hand hygiene • Standard precautions (administrative controls, environmental infection control, hand hygiene, PPE) • N-95 mask, face shield and eye protection should be used for these cohorts during problem focused oral exam • Surgical mask is appropriate for verbal consultation with a masked patient without problem focused oral exam

Additional COVID-19 Infection Control 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](#)

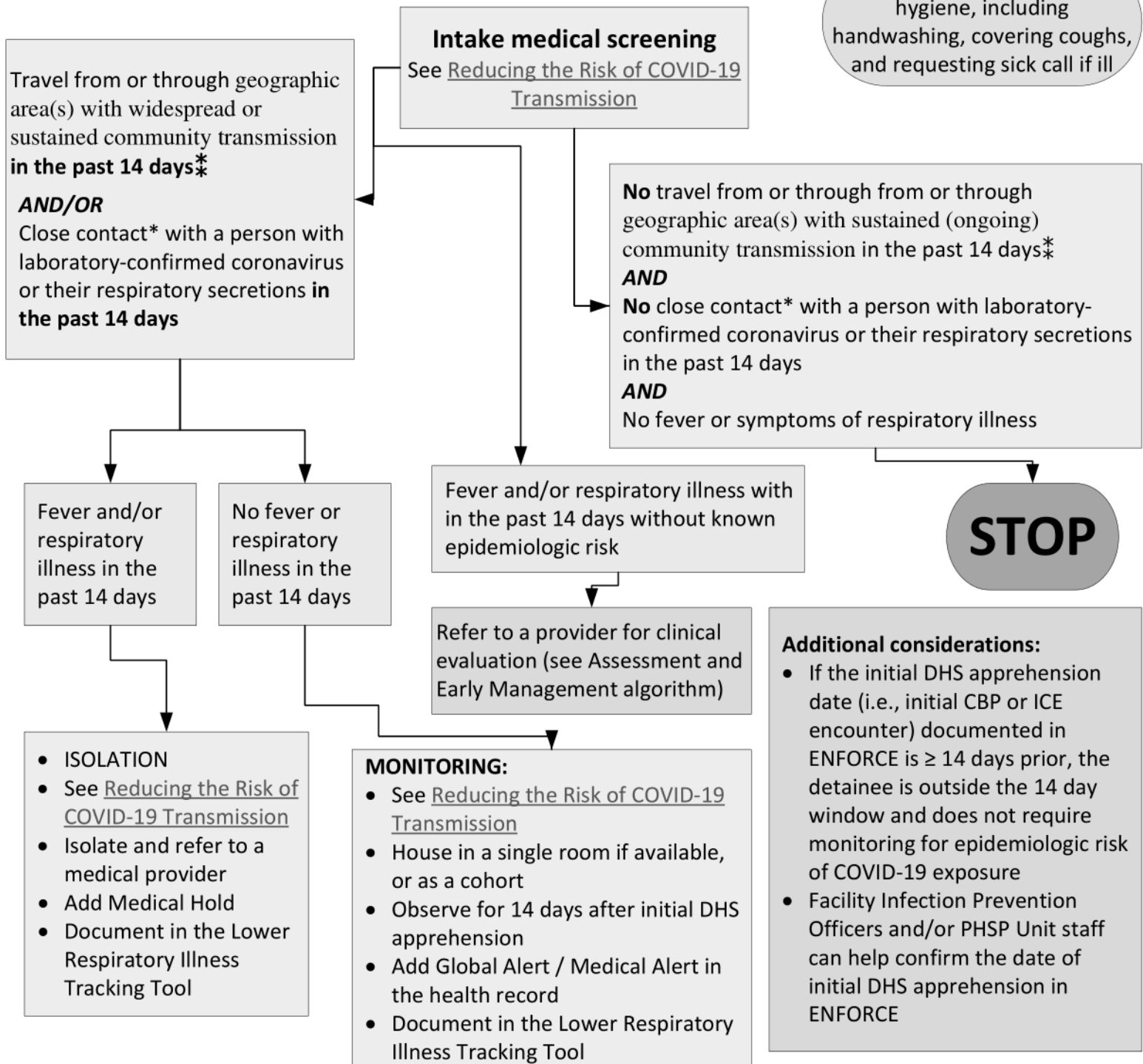
ICE Health Service Corps Interim Recommendations
For 2019 Novel Coronavirus (COVID-19) Risk | Assessment and Early Management
Updated March 11, 2020



DHS-PRIV-00001912/14/2020

ICE Health Service Corps Interim Recommendations for Screening and Early Management for 2019 Novel Coronavirus (COVID-19) Updated March 11, 2020

EDUCATE all detainees on hygiene, including handwashing, covering coughs, and requesting sick call if ill



*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) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare 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)

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000019

DHS-PRIV-00001912/14/2020

IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

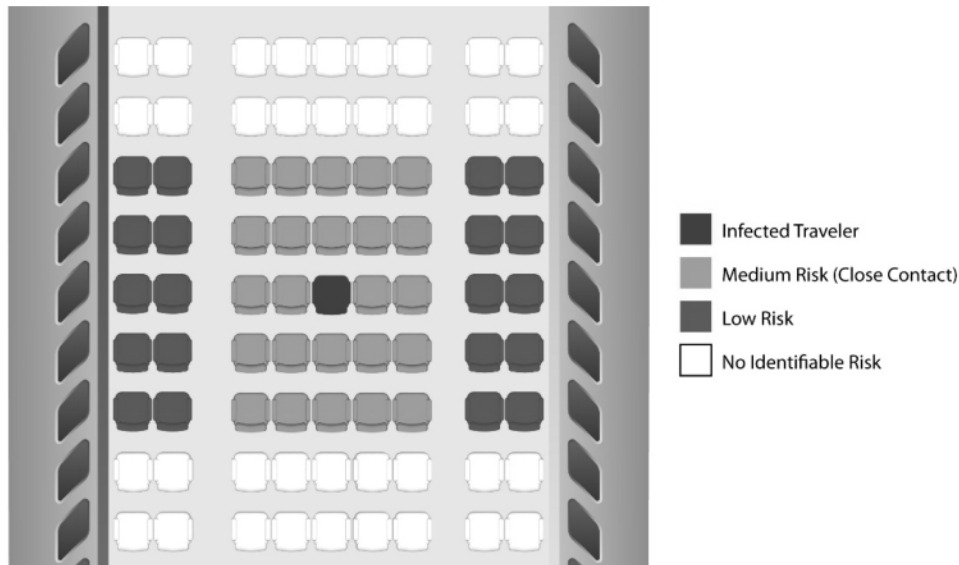
Updated March 11, 2020

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of March 7, 2020)	IHSC Detention Setting Definition
High risk	Travel from Hubei Province, China or Iran	Travel from or through Hubei Province, China or Iran
	Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection <i>without using recommended precautions</i> for <u>home care</u> and <u>home isolation</u>	Housing in the same 2–4-person cell or sleeping with head position within 6 feet of a person with symptomatic laboratory-confirmed COVID-19
Medium risk (assumes not having any exposures in the high-risk category)	- Travel from a country with widespread sustained transmission, other than Hubei Province, China or Iran - Travel from a country with sustained community transmission	Travel from or through international area(s) with sustained community transmission* in the past 14 days other than Hubei Province, China or Iran *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

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of March 7, 2020)	IHSC Detention Setting Definition
	• Close contact with a person with symptomatic laboratory-confirmed COVID-19 • On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction • Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection <i>while consistently using recommended precautions</i> for <u>home care</u> and <u>home isolation</u>	• Close contact² with a person with symptomatic laboratory-confirmed COVID-19) • On an aircraft, bus, or van, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19; this distance correlates approximately with 2 rows or 2 seats in each direction • Housing in the same unit as a person with symptomatic laboratory-confirmed COVID-19 but not in the same 2–4- person cell and not sleeping with head position within 6 feet of a person with symptomatic laboratory-confirmed COVID-19
Low risk (assumes not having any exposures in the high- or medium risk categories)	• Travel from or through any other country • Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact	• Travel from or through any other country • Being in the same indoor environment (e.g., general detention population, dining hall, recreation, work duty, library, or religious services) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact²
	• On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)	• On an aircraft, bus, or van being seated within two rows of a traveler with symptomatic laboratory-confirmed COVID-19 but not within 6 feet (2 meters) (refer to graphic)

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of March 7, 2020)	IHSC Detention Setting Definition
	N/A	Direct close contact ² with a person under investigation for COVID-19 that is pending laboratory confirmation
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Interactions with a person with symptomatic laboratory-confirmed COVID-19 or a person under investigation for COVID-19 that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.
No risk	N/A	Exposure to an asymptomatic person who was exposed to another person with high-, medium, low-, or no identifiable risk of exposure to COVID-19

Graphic



Sample seating chart for a COVID-19 aircraft contact investigation showing risk levels based on distance from the infected traveler.¹

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases](#)

²**Close contact** is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare 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)

IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated March 11, 2020

Exposure Risk Category	CDC Recommended Management (as of March 7, 2020)	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
SYMPTOMATIC [refer also to 2019 Novel Coronavirus Resource Page]		
High risk	• Immediate isolation with consideration of public health orders • Public health assessment to determine the need for medical evaluation; if medical evaluation warranted, diagnostic testing should be guided by CDC's PUI definition • If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an airborne infection isolation room (AII); priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • Implement transmission-based precautions; see Reducing the Risk of COVID-19 Transmission • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Medium risk	• Self-isolation • Public health assessment to determine the need for medical evaluation; if medical evaluation warranted, diagnostic testing should be guided by CDC's PUI definition	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider

Exposure Risk Category	CDC Recommended Management (as of March 7, 2020)	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
	• If medical evaluation is needed, it should ideally occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <u>infection control precautions</u> in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• Promptly place in an AII room; priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • Implement transmission-based precautions; see <u>Reducing the Risk of COVID-19 Transmission</u> • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Low risk	• Self-isolation, social distancing • Person should seek health advice to determine if medical evaluation is needed. • If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's <u>PUI definition</u>. • Travel on commercial conveyances should be postponed until no longer symptomatic.	• ISOLATION • Promptly place in an AII room if available, or other single room • Use discretion to prioritize AII room needs, including high- and medium- risk and symptoms consistent with COVID-19, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions

Exposure Risk Category	CDC Recommended Management (as of March 7, 2020)	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
		• Implement transmission-based precautions; see Reducing the Risk of COVID-19 Transmission • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
No Identifiable Risk²	• Self-isolation, social distancing • Person should seek health advice to determine if medical evaluation is needed. • If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's PUI definition. • Travel on commercial conveyances should be postponed until no longer symptomatic.	• ISOLATION • Promptly place in an AII room if available, or other single room • Use discretion to prioritize AII room needs, including high- and medium- risk and symptoms consistent with COVID-19, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • Implement transmission-based precautions; see Reducing the Risk of COVID-19 Transmission
No risk	N/A	No restriction

ASYMPTOMATIC [refer also to <u>2019 Novel Coronavirus Resource Page</u>]		
High risk	• Quarantine (voluntary or under public health orders) in a location to be determined by public health authorities. • No public activities. • Daily active monitoring, if possible based on local priorities • Controlled travel	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • See <u>Reducing the Risk of COVID-19 Transmission</u> • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	Close contacts in this category: • Recommendation to remain at home or in a comparable setting • Practice social distancing • Active monitoring as determined by local priorities • Recommendation to postpone long-distance travel on commercial conveyances Travelers from mainland China (outside Hubei Province) or Iran • Recommendation to remain at home or in a comparable setting • Practice social distancing	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • See <u>Reducing the Risk of COVID-19 Transmission</u> • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period

	• Self-monitoring with public health supervision as determined by local priorities • Recommendation to postpone additional long-distance travel on commercial conveyances after they reach their final destination Travelers from other country with widespread transmission • Recommendation to remain at home or in a comparable setting, • Practice social distancing • Self-monitoring • Recommendation to postpone additional long-distance travel on commercial conveyances after they reach their final destination Travelers from country with sustained community transmission • Practice social distancing • Self-observation	• Document in Lower Respiratory Illness Tracking Tool
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Low risk	• No restriction on movement • Self-observation	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • See Reducing the Risk of COVID-19 Transmission • Monitor daily for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
No identifiable risk	None	No restriction
No risk	N/A	No restriction

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Case](#)



Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)

ICE Health Service Corps (IHSC)

Version 7.0, March 11, 2020

WHAT'S NEW

Version 7.0

- Recommendations to reduce the risk of transmission now link to a separate [Reducing the Risk of COVID-19 Transmission](#) document on the [2019 Novel Coronavirus Resource Page](#)
- [Reducing the Risk of COVID-19 Transmission](#) incorporates Centers for Disease Control and Prevention (CDC) guidance including but not limited to the following:
 - [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
 - [Strategies for Optimizing the Supply of N95 Respirators](#)
 - [Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings](#)
 - [Frequently Asked Questions about Personal Protective Equipment](#)
 - [Transmission-Based Precautions](#)

Version 6.0

- Information added to convey that revised CDC guidance expands testing to a wider group of symptomatic patients. Providers should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the epidemiology of COVID-19, as well as the clinical course of illness. Providers are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
- Information added to convey that testing is now available through LabCorp and other commercial laboratories.

Situation Summary

The CDC is closely monitoring an outbreak caused by a novel (new) coronavirus (COVID-19). The situation is evolving and expanding with community transmission occurring in multiple

countries. For the most current information, check the CDC information pages at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> frequently for updates.

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. See also [2019 Novel Coronavirus Resource Page](#) including [Reducing the Risk of COVID-19 Transmission](#)*

1. *During intake medical screening:*

- Ask all detainees if they have had close contact¹ with a person with laboratory-confirmed COVID-19 in the past 14 days**
- Ask all detainees what countries they have traveled from or through in the past two weeks**
 - Check whether these countries include geographic area(s) with widespread or sustained community transmission.*
 - *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>.**
 - 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.**
 - If the detainee has a fever and/or symptoms of respiratory illness, refer to #4 ISOLATION below.
 - If the detainee does not have fever or respiratory illness, refer to #2 MONITORING, below.
 - 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.
- If the detainee has fever and/or symptoms or respiratory illness and has not traveled from or through area(s) with sustained community transmission* in the past 14 days and if they have not had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days → refer to a medical provider (see #3 ENCOUNTER below).
- Educate all detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.

- i. Illness Prevention and Patient Education resources in multiple languages are available on the 2019 Novel Coronavirus Resource Page.

2. MONITORING of detainees with exposure risk who do not present with fever or symptoms:

- a. See also IHSC Interim COVID-19 Risk Assessment on the 2019 Novel Coronavirus Resource Page.
- b. For detainees with travel history from or through geographic area(s) with 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 international area(s) with sustained 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 Intake Screening and Early Management Algorithm on the 2019 Novel Coronavirus Resource Page.
- 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 geographic area(s) with widespread or sustained community transmission” 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. ENCOUNTER. 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 international area(s) with sustained transmission.*

- ii. ***Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.**
 - b. **If the detainee has traveled from or through area(s) with 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 ISOLATION below.
 - c. If the detainee has not traveled from or through area(s) with sustained community transmission* in the past 14 days and if they have not had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days then
 - i. → Providers should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the epidemiology of COVID-19, as well as the clinical course of illness. Providers are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
 - ii. See [Reducing the Risk of COVID-19 Transmission](#)
 - iii. See #5 SPECIMEN COLLECTION AND LABORATORY TESTING below.
 - d. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on the [2019 Novel Coronavirus Resource Page](#).
- 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 Risk Assessment on the 2019 Novel Coronavirus Resource Page](#).
 - b. See [Reducing the Risk of COVID-19 Transmission](#)
 - c. Place a tight-fitting surgical mask on the detainee.
 - d. Promptly consult with a medical provider, preferably the Clinical Director or designee.
 - e. 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.
 - f. Call the local and/or state health department for notification and guidance.

- g. Laboratory testing for COVID-19 is now available through commercial laboratories including LabCorp and through local and/or state health departments.
- i. See #5 SPECIMEN COLLECTION AND LABORTORY TESTING below.
- h. 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.
- i. 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.
- j. 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.
- k. Facilities without IHSC medical staffing should notify their assigned Field Medical Coordinator.
- l. IHSC Infection Prevention Officers, Facility Healthcare Program Managers, Field Medical Coordinators, or designees should notify the Regional Infection Prevention Supervisory Nurse immediately.
- m. 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 isolation room.
- n. Document any ill detainee who is suspected of having COVID-19 on the [Lower Respiratory Illness Tracking Tool](#).
- o. 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.
 - iii. See also [IHSC Interim COVID-19 Risk Assessment](#) on the [2019 Novel Coronavirus Resource Page](#).
 - iv. 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
- p. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on the [2019 Novel Coronavirus Resource Page](#).

5. ***SPECIMEN COLLECTION AND LABORATORY TESTING for COVID-19***

- a. Laboratory testing for COVID-19 is available through commercial laboratories including LabCorp and through local and/or state health departments.
- b. See **Specimen Collection instructions on the 2019 Novel Coronavirus Resource Page**.
 - i. LabCorp ordering codes are 2019 Novel Coronavirus (COVID-19), NAA; TEST: 139900.

6. ***Infectious disease public health actions:***

- a. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. Illness Prevention and Patient Education resources in multiple languages are available on SharePoint.
- b. See also 05-06-G-02 Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms.
- c. **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.
- d. **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).

- e. Report cohorting through routine IHSC cohort reporting protocols.
- f. Document any asymptomatic and afebrile detainees under monitoring for COVID-19 on the Lower Respiratory Illness Tracking Tool.
- g. 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 Risk Assessment on the 2019 Novel Coronavirus Resource Page.
- h. 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.

¹**Close contact** is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare 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)

Resources and references

- [2019 Novel Coronavirus Resource Page](#) on SharePoint
- [Reducing the Risk of COVID-19 Transmission](#)
- [Illness Prevention and Patient Education](#) resources in multiple languages are available on SharePoint.
- [COVID-19 Questions and Responses](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses

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	Environmental Health Directive	Policy
05-04 G-01	IHSC Environmental Health Guide	Guide
05-06	Infectious Disease Public Health Actions Directive	Policy
05-06 G-01	Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigation Guide	Guide
05-06 G-02	Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms	Guide
05-06 G-03	Infectious Disease Public Health Actions Guide: Surveillance and Reporting	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](#)
- [ADHS - Highlighted Infectious Diseases for Arizona - Coronavirus Disease 2019 \(COVID-19\)](#)

- [Coronavirus | NYC Health](#)
- [2019 Novel \(New\) Coronavirus | NYDOH](#)
- [2019 Novel Coronavirus \(2019-nCoV\) | Florida Department of Health](#)
- [NJ Department of Health | Communicable Disease Service | COVID-2019 \(Novel Coronavirus\)](#)
- [Pennsylvania Department of Health | Coronavirus](#)
- [2019 Novel Coronavirus \(2019 nCoV\) | Frequently Asked Questions | IDPH](#)

Points of contact for questions

- **IHSC Staff:** [COVID-19 Questions and Responses](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses
 - 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 March 11, 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, isolate and refer to a medical provider, add Medical Hold, notify FHPM, IPO, or designee.**
 - See Reducing the Risk of COVID-19 Transmission
 - **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 international area(s) with sustained 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 international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**

Personal Protective Equipment

Standard precautions include:

- Strict adherence to hand hygiene
- The proper use of PPE (gloves when touching a patient or their belonging)
- Respiratory hygiene/cough etiquette
- Appropriate patient placement
- Properly handle, clean, and disinfect patient care equipment and devices
- Clean and disinfect the environment appropriately
- Handle textiles and laundry carefully
- Follow safe injection practices
- Ensure proper handling of needles and sharps

For Asymptomatic Detainees use standard precautions PLUS:

- Standard surgical mask can be used for both provider and detainee during evaluations if necessary, to preserve supply of N95 respirators
- N95 filtering facepiece respirator should only be used for aerosolizing procedures (specimen collection)

For Symptomatic Detainees use standard precautions PLUS transmission-based precautions for COVID-19:

- Face shield (preferred) or goggles
- N95 filtering facepiece respirator
- Clean nonsterile gloves
- Gown

Reducing the Risk of COVID-19 Transmission

March 12, 2020

*Adapted from the Centers for Disease Control Interim Infection Prevention and Control Recommendations; Strategies for Optimizing the Supply of N95 Respirators; Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare**

Preventing the spread of infections and protecting staff requires a multi-faceted approach that encompasses engineering controls, administrative controls, and personal protective equipment (PPE). PPE is the least effective measure for preventing the spread of infection and should not be a substitute or take priority over engineering and administrative controls. Utilizing a broad range of controls and measures can add protection against the spread of infection even when one measure or control fails or is not available. Using PPE appropriately can ensure that PPE is available for use when needed.

Reducing the risk of transmission during intake	
Engineering Controls	• Ensure ventilation systems are working properly • Close doors, pull curtains, provide distance between those who are being evaluated/screened
Administrative Controls	• Consider having initial screening of detainees for symptoms in a separate area • Limit the number of staff involved in the intake and screening process • Post signs instructing on hand hygiene, respiratory etiquette, and what to do if the individual feels ill
Environmental Infection Control	• Ensure adequate EPA approved disinfectants are available • Clean all equipment that is used in accordance with manufacturer's instructions and facility protocols • Ask the facility operator to ensure all areas are thoroughly cleaned and disinfected regularly especially items which are frequently touched by multiple individuals (door handles, keyboards, touch screens) • Ask the facility operator to increase the number of cleanings occurring in the housing, visitation, intake, holding, library, religious service, food service, and recreation areas • CDC recommends ensuring exam rooms/chairs/holding areas are cleaned and disinfected between each patient • Provide access to hand washing stations and/or hand hygiene products for staff and detainees (excluding bar soap)
PPE	• Strict adherence to hand hygiene • Standard precautions (administrative controls, environmental infection control, hand hygiene, gloves) • If a detainee is identified in the screening process as having an epidemiologic risk factor and is asymptomatic, please refer to the guidance <i>Reducing risk of transmission while caring for asymptomatic detainees who may have an epidemiologic risk factor or are being monitored</i> • If a detainee is identified during the screening process as having symptoms consistent with COVID-19, refer to this guidance on page 3:

Reducing the risk of transmission during intake	
	<i>Reducing risk of transmission while caring for symptomatic detainees who have an epidemiologic risk and are isolated</i>

Reducing risk of transmission while caring for asymptomatic detainees who may have an epidemiologic risk factor and are under monitoring	
Engineering Controls	• Ensure <i>ventilation</i> systems are working properly • Close doors, pull curtains, provide distance <i>between</i> those who are being monitored and those that are in the general population
Administrative Controls	• Ensure PPE and cleaning agents are in a secure location are used appropriately • Patients should be housed in a single cell (if available) • If single cell is not available, designate a specific place to house suspected cases • Limit the number of people going into the cohorted area • Consider bundling care and services in the cohorted area • Ask the facility operator to post signs for visitors asking them not to come to the facility if they are ill and/or are over age 60 and/or immunocompromised • Limit movement between rooms/units • Recommend to ERO Field Operations Staff to limit transfers to other facilities • Explore alternatives to face-to-face visits (telemedicine, televisitation) • Designate a specific part of the facility as the place where those with respiratory complaints can seek care (specific rooms in the clinic, intake, separate building)
Environmental Infection Control	• Ensure adequate EPA approved disinfectants are available • Designated equipment should be used for the cohorted units • Clean all equipment that is used in accordance with manufacturer's instructions and facility protocols • Ask the facility operator to ensure all areas are thoroughly cleaned and disinfected regularly • Ask the facility operator to consider increasing the number of cleanings occurring in the cohorted units (twice a day or more instead of daily) especially items which are frequently touched by multiple individuals (door handles, keyboards, touch screens) • Ensure exam rooms are cleaned and disinfected between each patient
Recommended precautions and PPE	• Strict adherence to hand hygiene • Standard precautions (administrative controls, environmental infection control, hand hygiene, gloves) • A standard surgical mask can be used for both provider and patient during evaluation

	• N95 respirator use should be prioritized for aerosol generating procedures (specimen collection) and are not necessary for routine examination of asymptomatic individuals
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Reducing risk of transmission while caring for symptomatic detainees who have an epidemiologic risk and are isolated	
Engineering Controls	• Ensure ventilation systems are working properly • Consider discussing with facility operators increasing use of HEPA filters, more air exchange cycles, and ultraviolet light to augment cleaning
Administrative Controls	• Ensure PPE and cleaning agents are in a secure location are used appropriately • Patients should be housed in All rooms • Bundle care to limit the number of entries into the room • Limit the number of people providing care to detainees in airborne infection isolation (All) rooms • Ask the facility operator to post signs asking visitors to not visit if they are sick, over the age of 60, and/or immunocompromised • Ask the facility operator to ask visitors not to visit the facility if they are ill, over the age of 60, and/or immunocompromised • Explore alternatives to face-to-face visits (telemedicine, televisitation) • Do not move detainees when they are ill • Recommend to facility operators that if detainees must be moved when they are ill, the detainee should wear a surgical mask and those escorting the detainee should wear a fit-tested N95 respirator in accordance with the respective employer's respiratory protection program
Environmental Controls	• Designated equipment should be used for the airborne infection isolation (All) rooms • Clean all equipment (that is not disposable) used in accordance with the manufacturer's instructions and facility protocols • Ensure all areas are thoroughly cleaned and disinfected regularly especially items which are frequently touched by multiple individuals (door handles, keyboards, touch screens) • Follow established protocols for cleaning of All rooms between detainee use
Recommended precautions and PPE	• Strict adherence to hand hygiene • Standard precautions and transmission-based precautions • N95 respirators use should be prioritized for aerosol generating procedures (specimen collection) ○ When there is a shortage of N95 respirators the following can be utilized in order of priority: 1. Prioritize N95 respirator use for those healthcare providers who are at highest risk of complications due to infection 2. A standard surgical mask can be used for both provider and patient during evaluation and non-aerosol generating procedures

Reducing risk of transmission while caring for symptomatic detainees who have an epidemiologic risk and are isolated	
	3. Limited reuse of N95 respirators conditions that do not require contact precautions (TB patient care) 4. Extended use of N95 respirators when caring for patients with the same health condition in the same location (medical housing unit/All rooms) 5. Limited reuse of N95 respirators when caring for patients with the same health condition in the same location (the medical housing unit/All rooms)

Extended Use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters. Extended use may be implemented when multiple patients are infected with the same respiratory pathogen and patients are placed together in dedicated waiting rooms or hospital wards. Extended use has been recommended as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics.

- The staff member must ensure proper fit and function prior to respirator use
- A N95 respirator can be used continuously or intermittently for a maximum of 8 hours
- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.
- Discard the N95 respirator if it is torn, visibly soiled, difficult to breathe through or no longer fits appropriately (straps become too loose, cannot ensure adequate seal)
- We recommend use of a cleanable face shield over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce respirator surface contamination.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary, for comfort or to maintain fit)

Reuse refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it ('doffing') appropriately after each encounter. The respirator is stored in between encounters to be put on again ('donned') appropriately prior to the next encounter with a patient. For pathogens in which contact transmission (e.g., fomites) is not a concern, non-emergency reuse can be practiced safely. For example, for tuberculosis prevention, CDC recommends that a respirator classified as disposable can be reused by the same worker as long as it remains functional and is used in accordance with local infection control procedures. Even when N95 respirator reuse is practiced or recommended, restrictions must be in place which limit the number of times the same filtering facepiece respirator (FFR) is reused. Thus, N95 respirator reuse is often referred to as "limited reuse". Limited reuse has been recommended and widely used as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics.

- Each respirator should only be used by 1 individual and should not be shared.

- Consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model(s) used. If no manufacturer guidance is available, preliminary data limit the number of reuses to no more than five uses per device in to ensure an adequate safety margin.
- Prior to each donning
 - Inspect the respirator for signs of any damage, tears, soiling; if the respirator is damaged, it must be discarded.
 - Follow the manufacturer's user instructions, including conducting a user seal check.
 - Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.
- Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary, for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- Storing respirators for reuse:
 - **Hang** used respirators in a designated storage area or keep them in a clean, breathable container such as a **paper bag** between uses.
 - To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.
 - Label storage containers and mask with the wearers name to prevent inadvertent sharing of respirators

Standard precautions include:

- Strict adherence to hand hygiene
- The proper use of PPE (gloves when touching a patient or their belonging)
- Respiratory hygiene/cough etiquette
- Appropriate patient placement
- Properly handle, clean, and disinfect patient care equipment and devices
- Clean and disinfect the environment appropriately
- Handle textiles and laundry carefully
- Follow safe injection practices
- Ensure proper handling of needles and sharps

Transmission-based precautions for COVID-19

- Standard precautions plus:
- Face shield (preferred) or goggles
- N95 filtering facepiece respirator
- Clean nonsterile gloves
- Gown

*References:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>
<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html#defin>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>
<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
<https://kdvr.com/news/coronavirus/colorado-company-uses-uv-lighting-technology-to-kill-99-9-percent-of-bacteria-and-viruses/>

From: ERO Assistant Directors
Sent: 20 Mar 2020 20:36:27 +0000
Subject: [UPDATED as of 3/20/2020] Temporary Suspension of Detention Facility Social Visitation in Response to COVID-19 [CMD]



Enforcement and Removal Operations Assistant Director for Custody Management

To: Field Office Directors and Deputy Field Office Directors

On March 13, 2020, U.S. Immigration and Customs Enforcement (ICE) temporarily suspended social visitation at all its detention facilities until further notice in order to mitigate the potential transmission of the novel coronavirus (COVID-19).

Unless and until it is determined to pose a risk to the safety and security of the facility, legal visitation should be permitted to continue.

- Non-contact legal visitation should be offered first to limit exposure to detainees.
 - If the legal visitation requires direct personal contact, ICE will permit the visit but reinforce the recommendation for non-contact visitation.
 - However, ICE will now be requiring all visitors to provide and wear personal protective equipment (PPE) (disposable vinyl gloves, N-95 or surgical masks, and eye protection) while visiting any facility. Visitors may also be required to go through similar testing as employees of the detention facility.
- Should in-person legal visitation be suspended, ICE will ensure detainee communication with legal representatives continues unimpeded via Skype or teleconference as available. ICE will also take steps to facilitate such communication, in the absence of visitation, through extended access to telephones and other reasonable means.

Notwithstanding the above, Members of Congress, Congressional Member Delegations (CODELs), and Congressional Staff Delegations (STAFFDELS) will not be prevented from accessing facilities for the purpose of conducting oversight. However, in order to safeguard visitors, detainees, and ICE and facility staff, visitors may be subject to special screening procedures. For example, if public access to a facility is limited due to concern about the potential spread of the virus to visitors given a possible COVID-19 exposure by a detainee or detainees, notification should be made to the CODEL or STAFFDEL to inform its decision whether to conduct a visit.

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000047

In light of new information about the virus, such as its potential transmissibility without a person showing symptoms, ICE will now be requiring all legal visitors, CODELs, and STAFFDELs to provide and wear personal protective equipment (PPE) (disposable vinyl gloves, N-95 or surgical masks, and eye protection) while visiting any facility. Visitors may also be required to go through similar testing as employees of the detention facility. If there is an articulable concern that a visitor or visitors may transmit COVID-19 to detainees, ICE may ask them to leave.

All visitors should be advised of standard hygiene practices to help prevent the spread of disease, i.e., washing hands and avoiding close contact, and should be made aware of available washrooms within the facility.

Although ICE has no confirmed cases of COVID-19 within its detained population, ICE has decided to revise its visitation practices during this time.

- Legal representatives, CODELs, and STAFFDELs, seeking to enter an ICE detention facility may be subject to additional, enhanced screening procedures.
- Legal representatives, CODELs, and STAFFDELs will be required to wear PPE while visiting any facility.
- Legal representatives, CODELs, and STAFFDELs, in an ICE detention facility who exhibit symptoms of respiratory illness may be asked to leave at any time.
- Anyone entering the facility should be advised of standard hygiene practices to help prevent the spread of disease, i.e. washing hands and avoiding close contact, and should be made aware of available washrooms within the facility.
- All volunteer activities, with the exception of legal orientation programs, should be suspended until further notice.
- All facilities should develop a written sanitation procedure to ensure that all non-contact visitation surfaces and telephones are sanitized before and after each visit.

ICE recognizes the considerable impact of temporarily suspending personal visitation but has determined it necessary in order to maintain the safety and security of its detention facilities, its employees, and those detained in its custody. ICE will ensure detainees can continue to communicate with their families, the community, legal representatives, and consular officials through various other means including telephone. ICE will take steps to facilitate such communication, in the absence of visitation, through extended access to telephones and other reasonable means. Should visits with legal representatives be suspended, communication will continue to be offered via Skype and teleconference capabilities.

ICE will continue to collaborate with the Centers for Disease Control and Prevention, the ICE Health Service Corps, and its network of care providers to provide updates and revise procedures as necessary. Your patience during this pandemic is greatly appreciated.

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

Acting ERO Assistant Director, Custody Management

This message was sent in concurrence with AD Field Operations.

This message expires one year from the date it was sent, pursuant to ERO policy.

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From: ERO Assistant Directors
Sent: 30 Mar 2020 15:45:42 +0000
Subject: Bond Posting Guidance During COVID-19 Pandemic [CMD]
Attachments: Bond Posting Guidance for Prospective Bond Obligor During COVID-19 Pandemic.doc.pdf



Enforcement and Removal Operations Assistant Director for Custody Management

To: Field Office Directors and Deputy Field Office Directors

To minimize potential exposure to the Coronavirus (COVID-19) some field office bond posting locations have closed their physical offices to work remotely and therefore are unable to take cash bonds. For continuity of operations regarding bond postings, the Bond Management Unit has created the attached document for these field offices to use when contacted by prospective bond obligors.

When an office that is not currently physically accepting bonds is contacted by a prospective bond obligor, the attached documents can be emailed to that obligor. The attachments provide a listing of the contact information for ICE offices that are currently physically posting bonds as well as a listing for contact information for surety agencies that are currently posting surety bonds with ICE. This information is also available on www.ICE.gov.

If you have any questions or concerns, please contact your Bond Management Unit POC for your respective field office.

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

Acting ERO Assistant Director, Custody Management

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Bond Management Unit (BMU)
500 12th Street SW
Washington, DC 20536



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

March 27, 2020

To Whom it May Concern:

Bond Posting Guidance during COVID-19 Pandemic

To minimize potential exposure to the Coronavirus (COVID-19), and keeping everyone safe and to help slow the spread of the virus, ICE will limit the acceptance of where bonds are posted to locations with "bond windows" or other appropriate barriers that will limit exposure to staff. Generally, only the individual (obligor) appearing to post the bond(s) will be permitted to enter the office. Anyone accompanying the obligor, including children accompanied by another adult, will be asked by security not to enter the building.

The attached listing provides the contact information for ICE offices that post bonds. Due to the current limitations, it is recommended that you check with that office, prior to going to the office to post a bond, to ensure they are open. Also attached is the contact information for surety agencies that are currently posting surety bonds with ICE. This list does not indicate an endorsement of any surety agency on ICE's part and is subject to change.

ICE ERO Bond Acceptance Offices

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

From: Office of the Executive Associate Director for ERO
Sent: 24 Mar 2020 21:41:56 +0000
Subject: CDC Interim Guidance on Management of COVID-19 for Correctional and Detention Facilities [FO]



Enforcement and Removal Operations Office of the Executive Associate Director

To: All ERO Personnel

In our continued efforts to provide the ERO workforce the most current and relevant information regarding COVID-19, I would like to share *Interim Guidance on Management of COVID-19 for Correctional and Detention Facilities* from the Centers for Disease Control and Prevention (CDC).

Please keep in mind that this situation is fluid and we will continue to share information as it becomes available. Your health is paramount; remain vigilant and stay safe.

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

*Executive Associate Director
Enforcement and Removal Operations*

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From: Office of the Executive Associate Director for ERO
Sent: 1 Feb 2020 20:40:30 +0000
Subject: Coronavirus Workforce Protection [FO]



Enforcement and Removal Operations Office of the Executive Associate Director

To: All ERO Personnel

The World Health Organization ([WHO](#)), Centers for Disease Control ([CDC](#)), Department of Homeland Security (DHS), and ICE are closely monitoring an outbreak of the Novel Coronavirus, 2019-nCoV. The ICE Occupational Safety and Health (OSH) Unit is working with DHS headquarters to actively assess the risk to the DHS workforce, and provide guidance to ensure the safety of all employees.

Coronavirus Current Information

- Target Group is people who have traveled from/through Wuhan, Hubei Province, China or had close contact with a patient.
- Virus transmission route, transmission risk, and severity is currently unknown. Primary route of infection likely to be respiratory exposure.
- The virus is resilient on hard surfaces.
- There is no vaccine or treatment currently available.

The following precautions apply when interacting with known or suspected Target Group people:

- Personnel in close contact (within 6 feet) of a person who has not been medically screened – for longer than just passing by – wear disposable gloves, a properly fitted N95 respirator, and avoid physical contact when possible unless the person is wearing a surgical mask.
- If a person is symptomatic (fever, coughing, etc.) and the DHS member must come within 6 feet – for longer than just passing by – should wear disposable gloves, protective eyewear, a properly fitted N95 respirator and disposable clothing. Symptomatic persons will wear surgical masks.
- Personnel in close contact, as above, with Target Group who have been medically cleared (no symptoms) or travelers/migrants of other origin, wear disposable gloves and avoid physical contact when possible.

Signs and Symptoms

Respiratory Symptoms:

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000057

- Fever
- Coughing or shortness of breath and/or breathing difficulties

Protective Measures:

- Wash hands often with soap and water for at least 20 seconds
- Avoid touching your eyes, nose, or mouth with unwashed hands
- Use of disposable gloves
- Avoid close contact with people who are exhibiting signs/symptoms
- Voluntary use of N-95 respirator
 - Employees choosing to utilize an N-95 respirator shall be provided with a copy of OSHA Appendix D.

Related Documents

- 2019-nCoV Interim Workforce Protection Assumed risks and Interim Workplace Controls
- OSHA 1910.134 - Appendix D (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard
- How to Properly Put on and Take off a Disposable Respirator

ERO employees with additional questions and/or concerns can contact ICE OSU Unit Chief

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

or Nurse Consultant (b)(6); (b)(7)(C)

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

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

*Acting Deputy Executive Associate Director
Enforcement and Removal Operations*

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From: Office of the Executive Associate Director for ERO
Sent: 20 Mar 2020 19:16:29 +0000
Subject: COVID-19 Daily Reporting Reminder [FO]



Enforcement and Removal Operations Office of the Executive Associate Director

To: Field Office Directors, Assistant Directors, Deputy Field Office Directors, Deputy Assistant Directors

In order to do our part in slowing the transmission of COVID-19, while continuing to fulfill our law enforcement mission, we recently issued guidance and took aggressive steps to ensure we are protecting our personnel from unnecessary exposure to this virus. These adjustments are needed to preserve the readiness and, above all, the health and wellbeing of our workforce. We are confident that, as our field leaders, you will continue to exercise sound judgment in ensuring we are meeting our law enforcement obligations while balancing the need to reduce the risk of employee exposure. Your swift actions will continue to demonstrate to our workforce that they are indeed our number one priority. We are committed to ensuring that our personnel and families stay healthy.

As we continue to face the challenges imposed by COVID-19, information and knowledge are paramount as we adjust our posture and processes in this ever changing environment. To that end, we are encouraging and reminding our field leaders that daily reporting in regards to employee readiness, health status and potential exposure (whether positive or self-quarantine) is appreciated and necessary. As you know, we have been collecting daily data across all ICE components using a unified process. This information is then consolidated by the ICE Crisis Action Team (CAT) and provided to leadership for awareness and actions as necessary. When responding to daily data calls and in order to protect our employees privacy, we are asking that you do not report any personal identifiable information (PII) such as name, age, or date of birth. Should ICE need to share an employee's PII outside the Department, please coordinate with the Office of Information Governance and Privacy (IGP) for guidance.

Lastly, this reminder and daily data call doesn't supersede additional reporting through your chain or local actions as you deem necessary.

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

*Executive Associate Director
Enforcement and Removal Operations*

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From: ERO Assistant Directors
Sent: 21 Mar 2020 20:25:26 +0000
Subject: COVID-19 Response Plan and Best Practices [CMD]
Attachments: COVID-19 Response Plan Facility Memorandum.pdf, ICE Guidance For Detention Facilities.docx



Enforcement and Removal Operations Assistant Director for Custody Management

To: Field Office Directors and Deputy Field Office Directors

The combination of a dense and highly transient detained population places ICE facilities at a higher risk of infection and transmission. To ensure a unified preventative response to COVID-19, the ICE Office Enforcement and Removal Operations (ERO), ICE Health Service Corps (IHSC), Custody Management Division, and Field Operations are providing the attached guidance which includes both a Facility Response Plan and Best Practices for Detention Facilities in managing COVID-19. These measures were developed to reduce exposure, protect the detained population, and ensure staff remain healthy and available for duty. Please share with your stakeholders as appropriate.

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

Acting ERO Assistant Director, Custody Management

This message was sent in concurrence with AD Field Operations.

This message expires one year from the date it was sent, pursuant to ERO policy.

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



U.S. Immigration and Customs Enforcement

March 20, 2020

MEMORANDUM FOR: Detention Wardens and Superintendents

THROUGH: Field Office Directors

FROM: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)
Executive Associate Director
Enforcement and Removal Operations

SUBJECT: Memorandum on Novel Coronavirus (COVID-19) Action Plan

Background:

U.S. Immigration and Customs Enforcement (ICE) is monitoring the increase of the Novel (new) Coronavirus (COVID-19) and continues to work in conjunction with select Component leaders and the Acting Secretary to implement a mitigation strategy.

To ensure a unified 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 places ICE facilities at a higher risk of infection and transmission. Consequently, these measures were developed to reduce exposure to COVID-19, protect the detained population, and ensure staff remain healthy and available for duty.

This memorandum only applies to 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. Questions and concerns related to the following Action Plan can be addressed to:

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

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, contact and work relief, rest periods, and starting and stopping work, to include ensuring 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, medicines, cleaning supplies, personal protective equipment (PPE), and facility operational practices to have sufficient services and supplies at all times to assure the safety, security, health, and wellbeing of ICE detainees. Facilities should have updated pandemic plans and policies and have established quarantine and/or isolation areas within their facilities in case they are needed.

SOCIAL VISITATION: 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 transmission of COVID-19. ICE recognizes the considerable impact of suspending personal visitation, and requests service providers that currently offer teleconferencing, video visitation (e.g., Skype, Facetime), email and/or tablets to detainees, increase use of these communication services, with extended hours where possible.

Detention facilities should make a timely effort to identify indigence in the detainee population to ensure indigent detainees are afforded the same telephone access and telephone-related privileges as other detainees. A detainee is considered “indigent” if he/she has less than \$15.00 in his/her account for 10 days. Each facility must ensure all detainees are able to make calls to the ICE-provided list of free legal service providers and consulate 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 counsel remains a paramount requirement and should be accommodated to the maximum extent practicable. Unless and until it is determined to pose a risk to the safety and security of the facility, legal visitation will continue.

Non-contact legal visitation (e.g., Skype or teleconference) should be offered first to limit exposure to ICE detainees, but if the attorney believes the legal visit requires contact, the facility should permit the visit. For in-person visits to occur, the attorney must undergo screening using the same procedures as staff. ICE will require all legal visitors to provide and wear PPE (e.g., gloves, N-95 masks, and eye protection) while visiting any facility. Visitors may also be required to go through similar testing as employees of the detention facility. The overall authority to approve legal visits 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 of Immigration Review (EOIR) and authorized by congressional appropriations currently operate at a limited number of detention sites and may continue to make presentations to detainees. No more than four LOP presenters may be allowed in the facility at any time and they will need to undergo screening using the same procedures as staff. ICE will require all legal visitors to provide and wear PPE (e.g., gloves, N-95 masks, and eye protection) while visiting any facility. Non-LOP legal rights group presentations offered by volunteers are suspended until further notice.

STAFF-DETAINEE COMMUNICATION VISITS: Detainees should continue to have frequent opportunities for informal contact with facility managerial and supervisory staff and

with ERO field office staff. Regular communication is particularly important at a time when feelings of fear and confusion are experienced by many detainees.

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

ICE staff-detainee communication contact visits to remotely located detention facilities requiring ERO officers to fly or take public transportation as part of the route are suspended until further notice. Essential services include, for example, medical and mental health services, telephone access, cleaning, laundry, waste disposal, and critical infrastructure repairs.

CONTRACTORS: Contractors performing essential services or maintenance on essential systems in ICE detention facilities must continue to be provided facility access, and should be screened prior to entry by the same screening procedures used for staff. 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, (b)(6) 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 exception to this suspension is the Chaplain who, if a volunteer, should continue to be available to provide pastoral care and counseling to detainees who request it, both through group programs and individual services. To conduct counseling or in-person services, the Chaplain must undergo screening using the same procedures as staff. 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 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, including undergoing testing similar to that administered to facility employees. Congressional visitors may also be required to wear protective equipment and should be advised of standard hygiene practices to help prevent the spread of disease (i.e., washing hands and avoiding close contact) and should be made aware of available washrooms 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, to include 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 are required to be up to date.

SCREENING OF FACILITY STAFF: Enhanced health screening of both ICE and facility staff should be implemented by ICE detention facilities in areas with “sustained community transmission.” “Sustained community transmission” is determined by the Centers for Disease Control and Prevention (CDC) and information is available on [this resource page](https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html): <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>. Such screening includes self-reporting and temperature checks.

Wardens and Facility Administrators in those areas should work with their Health Services Administrator to designate a qualified health care professional to be available on all shifts to administer and record temperature checks. The health care professionals should take care to protect the privacy of each person being screened. Employees performing the screening must have appropriate PPE, to include the N-95 respirator, face shield/goggles, gloves, and a gown.

Given the public health emergency, staff who refuse the enhanced health screening should be denied entry to the facility. If staff register an oral temperature of greater than or equal to 100.4 degrees (Fahrenheit), they should be denied entry to the facility and placed on Weather and Safety leave.

DETAINEE SCREENING: IHSC developed guidance for IHSC-staffed facilities to help in the risk assessment and management of detained individuals with potential exposure to COVID-19, and this guidance was disseminated to ICE detention facilities for possible adoption at their sites. Version 6.0, issued March 6, 2020, addresses intake medical screenings, monitoring, encounters, laboratory testing, and public health actions. The CDC remains the authoritative source for information about how to protect individuals and reduce exposure to the virus. ICE continues to encourage facilities to follow CDC guidelines as well as those of their state and local health departments.

ICE requests that Wardens and Facility Administrators ensure ICE detainees are given guidance and educated in a language that they fully understand on basic hygiene measures to keep themselves healthy. Links for detainee/patient education resources in multiple languages are included 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 our facilities, as much as practicable. For example, Wardens and Facility Administrators should consider staggered mealtimes and staggered recreation times in order to limit congregate gatherings.

Any community service projects should also be suspended until further notice. Anyone entering the facility should be advised of standard hygiene practices to help prevent the spread of disease (i.e., washing hands and avoiding close contact) and should be made aware of available washrooms within the facility.

Anyone seeking to enter an ICE detention facility should be subject to additional, enhanced screening procedures.

If this guidance creates any contractual issues, please reach out to your respective Contracting Officer.



Detention facilities are 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. In addition, detention facilities may house individuals from multiple law enforcement agencies or jurisdictions with differing policies and procedures.

There are many opportunities for COVID-19 to be introduced into a detention facility, including daily staff ingress and egress; transfer of detained persons between facilities and systems, to court appearances, and outside medical visits; and visits from family, legal counsel, 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.

Symptoms of COVID-19 include fever, cough, and shortness of breath. Like other lower respiratory infections, COVID-19 can vary in severity from mild to severe. When severe, pneumonia, respiratory failure, and even 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.

The following serves as guidelines or best practices that all detention facilities should follow and focus on preparedness, prevention, and management.

Preparedness. This guidance is intended to help facilities prepare for COVID-19 transmission in the facility and focus on operational and communications planning, reinforcing hygiene practices, intensifying cleaning and disinfection of the facility, and monitoring for potential cases.

1) Develop information-sharing systems with partners.

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

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

- 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 confirmed cases.



(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 isolation or quarantine simultaneously.

- Facilities without onsite healthcare capacity should plan for how they will ensure that suspected COVID-19 cases will be isolated, evaluated, tested (if indicated), and provided necessary medical care.

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

4) Staffing:

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

5) Supplies: Ensure that sufficient stocks of hygiene supplies (soap, hand sanitizer, tissues), personal protective equipment (PPE) (to include facemasks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls), and medical supplies (consistent with the healthcare capabilities of the facility) are on hand, and have a plan in place to restock as needed if COVID-19 transmission occurs within the facility.

- Note that shortages of N95 respirators are anticipated during the COVID-19 response. Based on local and regional situational analysis of PPE supplies, face masks should be used when the supply chain of respirators cannot meet the demand.



- Soiled PPE items should be disposed in leak-proof plastic bags that are tied at the top and not re-opened. Bags can be disposed of in the regular solid waste stream.

6) Cleaning/Disinfecting Practices: Adhere to CDC recommendations for cleaning and disinfection during the COVID-19 response.

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

7) Hygiene: Reinforce healthy hygiene practices and provide and restock (as feasible) hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).

- Encourage all persons within the facility to cover their mouth and nose with their elbow (or ideally with a tissue) rather than with their hand when they cough or sneeze, and to throw all tissues in the trash immediately after use. Provide detained persons and staff no-cost access to tissues, and no-touch receptacles for disposal.
- Encourage all persons within the facility to maintain good hand hygiene by regularly washing their hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing their nose; after using the bathroom; before eating or preparing food; before taking medication; and after touching garbage.
- Provide detained persons and staff no-cost, unlimited access to supplies for hand cleansing, including liquid soap, running water, hand drying machines or disposable paper towels, and no-touch trash receptacles.
- Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions.
- Encourage all persons within the facility to avoid touching their eyes, nose, or mouth without cleaning their hands first.



and Customs
COVID-19 Best Practices for Detention Facilities
Enforcement

- Post signage throughout the facility reminding detained persons and staff to practice good hand hygiene and cough etiquette (printable materials for community-based settings can be found on the [CDC website](#)).
- Discourage sharing of eating utensils, dishes, and cups.
- Discourage non-essential personal contact such as handshakes, hugs, and high-fives.

Prevention. This guidance is intended to help facilities prevent spread of COVID-19 from outside the facility to inside. Social distancing is critical by increasing the space between individuals and decrease the frequency of contact to reduce the risk of spreading a disease. Additional information about social distancing, including information on its use to reduce the spread of other viral illnesses, is available in this [CDC publication](#).

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

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

- **If an individual has symptoms of COVID-19** (fever, cough, shortness of breath):
 - Require the individual to wear a face mask.
 - Ensure that staff interacting with the symptomatic individual at a distance of <6 feet wear recommended PPE.
 - Isolate the individual and refer to healthcare staff for further evaluation.
 - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective isolation and necessary medical care.
- **If an individual is a close contact of a known COVID-19 case or has traveled to an affected area (but has no COVID-19 symptoms):**
 - Quarantine the individual and monitor for symptoms two times per day for 14 days.

2) Visitations:

- Suspend or modify visitation programs, if legally permissible, and provide access to virtual visitation options where available. If suspension of visitations is not



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DHS-PRIV-00007112/14/2020

possible, verbally screen all visitors and volunteers on entry for symptoms of COVID-19 and perform temperature checks.

- Communicate with the public about any changes to facility operations, including visitation programs. Most facilities should have restricted or prohibited visitation programs.

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

4) Implement virtual court appearances where permissible.

5) Consider social distancing options to increase the physical space between detained persons and to limit interactions in large group settings. 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:

- Enforce increased space between individuals in holding cells, as well as in lines and waiting spaces
- Stagger time in recreation spaces
- Stagger meals, and rearrange seating in the dining hall so that there is more space between individuals
- Limit the size of group activities
- Increase space between individuals during group activities
- If space allows, reassign bunks to provide more space between individuals, ideally ≥ 6 feet in all directions. (Ensure that bunks are cleaned thoroughly if assigned to a new occupant.)
- Arrange bunks so that detained persons sleep head to foot to increase distance.
- Suspend group programs where participants are likely to be in close contact.
- Rearrange scheduled movements to minimize mixing of individuals from different housing areas.
- Provide meals inside housing units.
- Restrict recreation space usage to a single housing unit per space (where feasible).



- If possible, designate a room near each housing unit to evaluate sick individuals rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering sick call.

6) Consider suspending work release programs.

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

Management. This guidance is intended to help facilities clinically manage confirmed and suspected COVID-19 cases and their close contacts inside the facility and prevent further transmission.

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

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

- **For suspected or confirmed COVID-19 cases:**

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

3) If the number of confirmed cases exceeds the number of individual isolation spaces available in the facility, be especially mindful of cases who are at higher risk of severe illness from COVID-19. Ideally, they should not be cohorted with other infected individuals. If cohorting is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk individual. (For example, allocate more space for a higher-risk individual within a shared isolation room.)

4) Custody staff should be designated to monitor these individuals exclusively where possible. These staff should wear recommended PPE when interacting with infected individuals and should limit their movement between different parts of the facility to the extent possible.



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

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

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

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

8) Laundry from a COVID-19 case can be washed with 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.

From: Office of the Executive Associate Director for ERO
Sent: 16 Mar 2020 00:07:33 +0000
Subject: UPDATED (Attachments Added): COVID-19 Telework Guidance for ERO Employees [FO]
Attachments: ICE-Mobile-Tech WPaaS.pdf, Telework Agreement with Directions to Sign Electronically.pdf



Enforcement and Removal Operations Office of the Executive Associate Director

To: All ERO Personnel

ERO leadership continues to closely monitor and evaluate rapidly evolving developments with Coronavirus (COVID-19). The health and well-being of ERO employees are paramount. At the same time, our operational functions must continue to ensure public safety and national security. My goal is to balance the very real needs and concerns of our workforce with the critical mission ERO remains responsible for executing.

Based on countless hours gathering information and evaluating options and in consideration of recent [ICE leadership guidance](#) waiving general telework program policies and requirements, I am enacting several operational changes, to include authorizing ERO divisions and field locations to maximize telework from Monday, March 16th through Friday, March 27th. **This is not a blanket authorization for employees to telework;** rather, my intent is to provide requisite flexibility to employees and your families – to the extent possible and practicable in your respective work locations and functions. This guidance may be extended or withdrawn at any time.

Effective immediately:

-

1. Non-mission-critical training, travel, ceremonies, and operations should be cancelled and/or rescheduled. Only mission-critical operations will continue. *To determine what is mission critical, please consult with your leadership team, but guidance should mirror what was determined to be mission critical during past sequestration periods.*
2. International travel is restricted for certain regions designated as Risk Level 3 or higher by the [Centers for Disease Control and Prevention](#) (CDC).
3. For telework-eligible employees, telework should be maximized when operationally

feasible and when telework is authorized by your local office or your respective HQ division. On a case-by-case basis, some telework restrictions may be waived. *See below for further telework guidance.*

4. Special leave categories for employees who are not telework-eligible may be instituted in certain situations and under certain conditions. *See below for additional information.*

Telework Guidance:

- While ICE has waived several telework restrictions, which were outlined in (A) Deputy Director (b)(6); (b)(7)(C) message to the ICE workforce on 3/13/20, supervisors may not waive the Telework Agreement or Safety Checklist requirement. Supervisors should ensure all employees who will be utilizing any form of telework have a signed telework agreement and Safety Checklist on file. Employees and supervisors can use the instructions in the “Telework Agreement with Directions to Sign Electronically” attachment to assist them with digitally signing these documents. Field office employees should submit their signed agreement to their offices’ telework point-of-contact. Headquarters personnel should submit their signed agreement to the ERO HRU mailbox- (b)(6); (b)(7)(C)
- Supervisors should thoughtfully evaluate which mission-critical duties definitively require on-site work, and which may be realized remotely, in part or in whole.
- Employees with Government-issued laptops who can work remotely should ensure that their government-furnished computer equipment (GFE) has up-to-date software, which can be verified using the “Software Center” app in Windows.
- Employees who have difficulty connecting via the Virtual Private Network (VPN) while teleworking and/or who do not have government-furnished laptops should consider activating Workplace as a Service (WPaaS) on their home computers as an alternative means of accessing the ICE network – including web-based applications such as (b)(7)(C); (b)(7)(E) attachment has additional information about WPaaS and further information is available here for Windows devices, and here for Mac OS devices. A PIV card reader is necessary to allow WPaaS to be used on a home computer.
- Employees who are permitted to telework during this temporary period due to COVID-19 need to be particularly diligent in communicating with their supervisors about the work they are performing and accurately reporting their duty/leave time in WebTA.
- As a reminder, an employee must always have a sufficient amount of work to perform throughout the workday when he/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.

- Employees who need to be out of the office (e.g., to care for children whose schools

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

*Executive Associate Director
Enforcement and Removal Operations*

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Page 077

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(b)(7)(E)

of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

Page 083

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(b)(7)(E)

of the Freedom of Information and Privacy Act

ICE Telework Agreement

Privacy Act Notice

Authority: 5 U.S.C. 301 and Public Laws 111-292, 108-447 and 106-346 authorize ICE to collect your information. *Purpose(s):* Your information requested in this agreement will be used to implement the ICE Telework Directive and is intended to facilitate your participation in the ICE Telework Program. *Routine Use(s):* Your information will be maintained in your telework official personnel folder, which is covered by a Government-wide system of records notice, OPM/GOVT-1, and used primarily within ICE to monitor the Telework Program and provide required reports. *Disclosure:* The disclosure of your information in this agreement is voluntary, but if you do not provide it, you may not be able to participate in the ICE Telework Program.

Date of Request: _____

The following constitutes an agreement on the terms and conditions of the telework arrangement between:

ICE Program Office/subcomponent: _____

Name of Participant (print): _____

Employee's first line Supervisor (print): _____

Employee's official duty station is: _____

- The days in a biweekly Pay Period this employee is authorized to telework at an approved alternative worksite are specified below. Telework days are scheduled and will not be substituted without advance approval of the supervisor.

Work

Schedule:

☐

Situational (occasional, non-routine)

☐

Episodic (ad-hoc, short term)

Start _____ to end _____ date

☐ **Core** (routine, regular, recurring) – Complete schedule below

Work Schedule (Days/Location/Hours):					
Week 1			Week 2		
Day	Location	From: To:	Day	Location	From: To:
Sunday			Sunday		
Monday			Monday		
Tuesday			Tuesday		

Revised January 28, 2015

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000084

Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		

2. Administrative Leave, Dismissals and Emergency Closings:

- When federal government offices are closed due to inclement weather or other emergency situations, employees who are scheduled to work, and are telework ready, will be required to telework.
- When federal offices are closed and the employee's telework site is adversely impacted due to inclement weather or emergency situation, and are therefore unable to perform their telework duties, the employee will be granted administrative leave.
- Employees, whose telework location is adversely affected during unscheduled telework/unscheduled leave day, will be required to report to their office or use unscheduled leave.
- Employees on pre-approved leave for the entire work day or employees who have notified their supervisors of their intent to use unscheduled leave will be charged leave for the entire work day. Such employees will not be granted excused absence.
- When OPM guidelines allow for unscheduled Telework due to inclement weather or other emergency situations, employees "who are telework ready" that choose to telework must notify their supervisors prior to when their official workday begins.

3. Employee's alternate work site:

☐

Residence

☐

Approved Telework Center

☐

Other (Describe): _____

Address of alternate worksite: _____

Phone numbers: _____

Fax numbers: _____

Work e-mail address: _____

Revised January 28, 2015

4. An employee approved for telework is required to satisfactorily complete all assigned work and mandatory trainings, consistent with the approach adopted for all other employees in the workgroup.
5. The employee shall meet and/or speak with the supervisor to receive assignments and to review completed work as necessary or appropriate. The employee's job performance shall be evaluated on criteria and milestones determined by the supervisor.
6. The employee shall apply approved safeguards to protect ICE records from compromise and unauthorized disclosure or damage. The employee shall only use government-owned equipment (e.g., computers, printers, thumb drives, etc.) to store agency records. In handling records containing Personally Identifiable Information (PII), the employee shall comply with the Privacy Act requirements set forth in the Privacy Act of 1974 (5 U.S.C. 552a) and the DHS Handbook for Safeguarding Sensitive PII. The Program Office shall provide employee instructions on safeguarding documents from compromise and unauthorized disclosure, and the employee will agree to implement them.
7. The employee must report the suspected and/or confirmed loss of ICE records, especially those containing sensitive personally identifiable information (PII) and law enforcement sensitive information, or any Government-issued equipment immediately to the ICE Service Desk (1-888-3472423) as well as notify their supervisor of the reported incident.
8. Government-owned equipment, including government-owned computer equipment, may be issued by the organization and used for the purposes of telework and limited personal use in accordance with ICE policies. The teleworker agrees to protect Government-owned equipment in accordance with established procedures and understands that he or she is accountable to the Program Office for any Government-owned equipment that may be assigned to the teleworker. The Program Office is responsible and will pay for maintenance and repair of Government-owned equipment in the possession of the teleworker. The employee must notify his or her supervisor immediately following a malfunction of Government-owned equipment and arrange to return it to the primary worksite for service or repair. If repairs are extensive, the employee may be asked to report to the primary worksite until equipment is usable. If Government-owned equipment is unsecured and consequently damaged by non-employees (for example, dependents of the employee), the employee may be held liable for the repair or replacement of the equipment, software, etc., to the same extent to which he or she is presently held when loaned equipment is damaged due to employee negligence. The Program Office is not responsible for maintenance and repair of any personal equipment owned or operated by the teleworker. The Program Office may provide dial-in telecommunication access if sufficient safeguards are put in place such as encryption, anti-viral, and other security software or components.
9. The Government shall not be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities, insurance, etc.) whatsoever, associated with the use of the employee's residence. The Program Office shall provide a phone card or reimbursement for long distance calls, if necessary.
10. The employee's timekeeper shall have a copy of the employee's schedule, and the timekeeper shall record employee's time and attendance as performing official duties at the official duty station.
11. The employee must obtain supervisory approval before taking leave in accordance with established office procedures. The supervisor must approve in advance use of sick leave, annual leave, or other leave credits during regularly scheduled telework time. The supervisor must approve performance of overtime work in advance.

Revised January 28, 2015

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000086

12. Teleworking employees continue to be bound by the Department of Homeland Security standards of conduct, directives and policies while working at the alternate worksite and/or using Government furnished equipment.
13. Telework is not a substitute for dependent care. Teleworkers must make arrangements for dependent care.
14. It is the teleworker's responsibility to ensure that the alternative work environment is conducive to productivity, comfort, safety, and health. Teleworking employees are covered for on-the-job injury or occupational illness at the alternate worksite by the Federal Employees Compensation Act when conducting official Government business. Any accident or illness occurring at the alternate worksite must be brought to the immediate attention of the employee's supervisor. The supervisor must investigate all reports immediately following notification.
15. The alternate worksite may be unaffected by emergencies leading to the closure of or dismissal from the traditional worksite, i.e., weather-related closings. Therefore, work at the alternate worksite may be required to continue. The converse may also be applicable.
16. Management may terminate participation in this arrangement at any time.
17. Bargaining unit employees and supervisors of bargaining unit employees should refer to the appropriate collective bargaining agreement regarding rules and regulations related to the termination, modification and /or suspension of telework agreements.
18. The employee may withdraw from the program at any time.

I have read and understand the ICE Telework Directive and this agreement and agree to abide by the established policies and provisions of this agreement.

Participant Date

Authorizing Management Official Date

1. Telework agreement terminated on (date) _____

2. Individual requesting termination: Participant _____

Supervisor _____

From: ERO Assistant Directors
Sent: 10 Mar 2020 17:32:22 +0000
Subject: Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19) [CMD]
Attachments: IHSC Interim Reference Sheet COVID-19- Version 6.pdf



Enforcement and Removal Operations Assistant Director for Custody Management

To: Field Office Directors, Deputy Field Office Directors

The ICE Health Service Corps (IHSC) has developed guidance for IHSC-staffed facilities to help in the risk assessment and management of individuals with potential exposure to Novel Coronavirus (COVID-19). ERO Custody Management (CM) is requesting that you share the attached reference sheet with facilities in your area of responsibility for possible adoption at their sites.

Situational updates and Frequently Asked Questions (FAQs) about the rapidly evolving coronavirus can be found at www.cdc.gov/coronavirus/2019-ncov/about/index.html. For questions about the IHSC interim reference sheet, please contact IHSC Taskings at

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

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

Acting ERO Assistant Director, Custody Management

This message was sent in concurrence with AD Field Operations.

This message expires one year from the date it was sent, pursuant to ERO policy.

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Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)

ICE Health Service Corps (IHSC)

Version 6.0, March 6, 2020

WHAT'S NEW

Version 6.0

- Information added to convey that revised CDC guidance expands testing to a wider group of symptomatic patients. Providers should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the epidemiology of COVID-19, as well as the clinical course of illness. Providers are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
- Information added to convey that testing is now available through LabCorp and other commercial laboratories.

Version 5.1

- Information added to emphasize that medical staff should educate detainees to include hygiene, covering coughs, and requesting sick call if ill.
- Add a link to [Illness Prevention and Patient Education](#) resources in multiple languages on SharePoint, including signage.
- Added a link to [COVID-19 Questions and Responses](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses.
- Added a link to a [2019 Novel Coronavirus Resource Page](#) on SharePoint.

Version 5.0

- 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.

Situation Summary

The CDC is closely monitoring an outbreak caused by a novel (new) coronavirus (COVID-19). The situation is evolving and expanding with community transmission occurring in multiple countries. For the most current information, check the CDC information pages at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> frequently for updates.

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 ISOLATION below.
 - b. If the detainee does not have fever or respiratory illness, refer to #2 MONITORING, 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.
- c. If the detainee has fever and/or symptoms or respiratory illness and has not traveled from or through area(s) with sustained community transmission* in the past 14 days and if they have not had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days → refer to a medical provider (see #3 ENCOUNTER below).

- d. Educate all detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
- i. Illness Prevention and Patient Education resources in multiple languages are available on the 2019 Novel Coronavirus Resource Page.

2. MONITORING of detainees with exposure risk who do not present with fever or symptoms:

- a. See also IHSC Interim COVID-19 Risk Assessment on the 2019 Novel Coronavirus Resource Page.
- b. For detainees with travel history from or through geographic area(s) with 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 international area(s) with sustained 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 Intake Screening and Early Management Algorithm on the 2019 Novel Coronavirus Resource Page.
- 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 geographic area(s) with widespread or sustained community transmission” 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. ***ENCOUNTER. 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 international area(s) with sustained transmission.*
 - ii. ***Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.**
 - b. **If the detainee has traveled from or through area(s) with 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 ISOLATION below.
 - c. If the detainee has not traveled from or through area(s) with sustained community transmission* in the past 14 days and if they have not had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days then
 - i. → Providers should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the epidemiology of COVID-19, as well as the clinical course of illness. Providers are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
 - ii. See #5 SPECIMEN COLLECTION AND LABORATORY TESTING below.
 - d. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. Illness Prevention and Patient Education resources in multiple languages are available on the [2019 Novel Coronavirus Resource Page](#).
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 Risk Assessment on the 2019 Novel Coronavirus Resource Page.
 - 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 guidance.
- g. Laboratory testing for COVID-19 is now available through commercial laboratories including LabCorp and through local and/or state health departments.
 - i. See #5 SPECIMEN COLLECTION AND LABORTORY TESTING below.
- h. 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.
- i. 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.
- j. 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.
- k. Facilities without IHSC medical staffing should notify their assigned Field Medical Coordinator.
- l. IHSC Infection Prevention Officers, Facility Healthcare Program Managers, Field Medical Coordinators, or designees should notify the Regional Infection Prevention Supervisory Nurse immediately.
- m. 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.
- n. Document any ill detainee who is suspected of having COVID-19 on the [Lower Respiratory Illness Tracking Tool](#).
- o. 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.

- iii. See also [IHSC Interim COVID-19 Risk Assessment on the 2019 Novel Coronavirus Resource Page](#).
- iv. 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
- p. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on the [2019 Novel Coronavirus Resource Page](#).

5. ***SPECIMEN COLLECTION AND LABORATORY TESTING for COVID-19***

- a. Laboratory testing for COVID-19 is available through commercial laboratories including LabCorp and through local and/or state health departments.
- b. See **Specimen Collection instructions on the [2019 Novel Coronavirus Resource Page](#)**.
 - i. LabCorp ordering codes are 2019 Novel Coronavirus (COVID-19), NAA; TEST: 139900.

6. ***Infectious disease public health actions:***

- a. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on SharePoint.
- b. See also [05-06-G-02 Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms](#).
- c. **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.
- d. **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).
- e. Report cohorting through routine IHSC cohort reporting protocols.
- f. Document any asymptomatic and afebrile detainees under monitoring for COVID-19 on the [Lower Respiratory Illness Tracking Tool](#).
- g. 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 Risk Assessment](#) on the [2019 Novel Coronavirus Resource Page](#).
- h. 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.

¹**Close contact** is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare 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)

Resources and references

- [2019 Novel Coronavirus Resource Page](#) on SharePoint
- [Illness Prevention and Patient Education](#) resources in multiple languages are available on SharePoint.
- [COVID-19 Questions and Responses](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses

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	Environmental Health Directive	Policy
05-04 G-01	IHSC Environmental Health Guide	Guide
05-06	Infectious Disease Public Health Actions Directive	Policy
05-06 G-01	Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigation Guide	Guide
05-06 G-02	Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms	Guide
05-06 G-03	Infectious Disease Public Health Actions Guide: Surveillance and Reporting	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](#)

- [ADHS - Highlighted Infectious Diseases for Arizona - Coronavirus Disease 2019 \(COVID-19\)](#)
- [Coronavirus | NYC Health](#)
- [2019 Novel \(New\) Coronavirus | NYDOH](#)
- [2019 Novel Coronavirus \(2019-nCoV\) | Florida Department of Health](#)
- [NJ Department of Health | Communicable Disease Service | COVID-2019 \(Novel Coronavirus\)](#)
- [Pennsylvania Department of Health | Coronavirus](#)
- [2019 Novel Coronavirus \(2019 nCoV\) | Frequently Asked Questions | IDPH](#)

Points of contact for questions

- [IHSC Staff: COVID-19 Questions and Responses](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses
 - 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 international area(s) with sustained 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 international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**

From: Office of the Executive Associate Director for ERO
Sent: 19 Mar 2020 17:29:29 +0000
Subject: UPDATED (Attachments Added): Mandatory Telework Test for ERO HQ Employees: Tomorrow, 3/20 [FO]
Attachments: ICE-Mobile-Tech WPaaS.pdf, Telework Agreement with Directions to Sign Electronically.pdf



Enforcement and Removal Operations Office of the Executive Associate Director

To: ERO Headquarters Employees in Washington, DC, who do not have scheduled leave or AWS tomorrow, March 20, 2020

To ensure ERO HQ is technologically ready to maintain continuity of operations with a remote workforce, **tomorrow, March 20, all employees located in PCN and Portals III will be required to telework.** This is a **practice exercise** to stress test our network, confirm we have adequate bandwidth to support widespread telework capabilities, and address any technical issues. **Please bring your government-issued laptop home with you this evening.**

Additionally, I wanted to highlight a few important points:

- Supervisors should ensure all employees have a signed Telework Agreement and Safety Checklist on file. Employees and supervisors can use the instructions in the "Telework Agreement with Directions to Sign Electronically" attachment to assist them with digitally signing these documents. Field office employees should submit their signed agreement to their offices' telework point-of-contact. Headquarters personnel should submit their signed agreement to the ERO HRU mailbox-
(b)(6); (b)(7)(C)
- Employees who have difficulty connecting via the Virtual Private Network (VPN) while teleworking and/or who do not have government-furnished laptops should consider activating Workplace as a Service (WPaaS) on their home computers as an alternative means of accessing the ICE network – including web-based applications such as (b)(7)(E) attachment has additional information about WPaaS and further information is available here for Windows devices, and here for Mac OS devices. A PIV card reader is necessary to allow WPaaS to be used on a home computer.
- Coordinate with your supervisor to ensure you have a sufficient amount of work to perform throughout the workday.

The work of ERO HQ enables the mission, and I know we can rise to this challenge together.

Thank you for the incredibly strong work ethic that you have continued to display during these uncertain times.

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

*Executive Associate Director
Enforcement and Removal Operations*

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Page 101

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of the Freedom of Information and Privacy Act

ICE Telework Agreement

Privacy Act Notice

Authority: 5 U.S.C. 301 and Public Laws 111-292, 108-447 and 106-346 authorize ICE to collect your information. *Purpose(s):* Your information requested in this agreement will be used to implement the ICE Telework Directive and is intended to facilitate your participation in the ICE Telework Program. *Routine Use(s):* Your information will be maintained in your telework official personnel folder, which is covered by a Government-wide system of records notice, OPM/GOVT-1, and used primarily within ICE to monitor the Telework Program and provide required reports. *Disclosure:* The disclosure of your information in this agreement is voluntary, but if you do not provide it, you may not be able to participate in the ICE Telework Program.

Date of Request: _____

The following constitutes an agreement on the terms and conditions of the telework arrangement between:

ICE Program Office/subcomponent: _____

Name of Participant (print): _____

Employee's first line Supervisor (print): _____

Employee's official duty station is: _____

- The days in a biweekly Pay Period this employee is authorized to telework at an approved alternative worksite are specified below. Telework days are scheduled and will not be substituted without advance approval of the supervisor.

Work

Schedule:

☐

Situational (occasional, non-routine)

☐

Episodic (ad-hoc, short term)

Start _____ to end _____ date

☐ **Core** (routine, regular, recurring) – Complete schedule below

Work Schedule (Days/Location/Hours):					
Week 1			Week 2		
Day	Location	From: To:	Day	Location	From: To:
Sunday			Sunday		
Monday			Monday		
Tuesday			Tuesday		

Revised January 28, 2015

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Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		

2. Administrative Leave, Dismissals and Emergency Closings:

- When federal government offices are closed due to inclement weather or other emergency situations, employees who are scheduled to work, and are telework ready, will be required to telework.
- When federal offices are closed and the employee's telework site is adversely impacted due to inclement weather or emergency situation, and are therefore unable to perform their telework duties, the employee will be granted administrative leave.
- Employees, whose telework location is adversely affected during unscheduled telework/unscheduled leave day, will be required to report to their office or use unscheduled leave.
- Employees on pre-approved leave for the entire work day or employees who have notified their supervisors of their intent to use unscheduled leave will be charged leave for the entire work day. Such employees will not be granted excused absence.
- When OPM guidelines allow for unscheduled Telework due to inclement weather or other emergency situations, employees "who are telework ready" that choose to telework must notify their supervisors prior to when their official workday begins.

3. Employee's alternate work site:

☐

Residence

☐

Approved Telework Center

☐

Other (Describe): _____

Address of alternate worksite: _____

Phone numbers: _____

Fax numbers: _____

Work e-mail address: _____

Revised January 28, 2015

4. An employee approved for telework is required to satisfactorily complete all assigned work and mandatory trainings, consistent with the approach adopted for all other employees in the workgroup.
5. The employee shall meet and/or speak with the supervisor to receive assignments and to review completed work as necessary or appropriate. The employee's job performance shall be evaluated on criteria and milestones determined by the supervisor.
6. The employee shall apply approved safeguards to protect ICE records from compromise and unauthorized disclosure or damage. The employee shall only use government-owned equipment (e.g., computers, printers, thumb drives, etc.) to store agency records. In handling records containing Personally Identifiable Information (PII), the employee shall comply with the Privacy Act requirements set forth in the Privacy Act of 1974 (5 U.S.C. 552a) and the DHS Handbook for Safeguarding Sensitive PII. The Program Office shall provide employee instructions on safeguarding documents from compromise and unauthorized disclosure, and the employee will agree to implement them.
7. The employee must report the suspected and/or confirmed loss of ICE records, especially those containing sensitive personally identifiable information (PII) and law enforcement sensitive information, or any Government-issued equipment immediately to the ICE Service Desk (1-888-3472423) as well as notify their supervisor of the reported incident.
8. Government-owned equipment, including government-owned computer equipment, may be issued by the organization and used for the purposes of telework and limited personal use in accordance with ICE policies. The teleworker agrees to protect Government-owned equipment in accordance with established procedures and understands that he or she is accountable to the Program Office for any Government-owned equipment that may be assigned to the teleworker. The Program Office is responsible and will pay for maintenance and repair of Government-owned equipment in the possession of the teleworker. The employee must notify his or her supervisor immediately following a malfunction of Government-owned equipment and arrange to return it to the primary worksite for service or repair. If repairs are extensive, the employee may be asked to report to the primary worksite until equipment is usable. If Government-owned equipment is unsecured and consequently damaged by non-employees (for example, dependents of the employee), the employee may be held liable for the repair or replacement of the equipment, software, etc., to the same extent to which he or she is presently held when loaned equipment is damaged due to employee negligence. The Program Office is not responsible for maintenance and repair of any personal equipment owned or operated by the teleworker. The Program Office may provide dial-in telecommunication access if sufficient safeguards are put in place such as encryption, anti-viral, and other security software or components.
9. The Government shall not be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities, insurance, etc.) whatsoever, associated with the use of the employee's residence. The Program Office shall provide a phone card or reimbursement for long distance calls, if necessary.
10. The employee's timekeeper shall have a copy of the employee's schedule, and the timekeeper shall record employee's time and attendance as performing official duties at the official duty station.
11. The employee must obtain supervisory approval before taking leave in accordance with established office procedures. The supervisor must approve in advance use of sick leave, annual leave, or other leave credits during regularly scheduled telework time. The supervisor must approve performance of overtime work in advance.

Revised January 28, 2015

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000110

12. Teleworking employees continue to be bound by the Department of Homeland Security standards of conduct, directives and policies while working at the alternate worksite and/or using Government furnished equipment.
13. Telework is not a substitute for dependent care. Teleworkers must make arrangements for dependent care.
14. It is the teleworker's responsibility to ensure that the alternative work environment is conducive to productivity, comfort, safety, and health. Teleworking employees are covered for on-the-job injury or occupational illness at the alternate worksite by the Federal Employees Compensation Act when conducting official Government business. Any accident or illness occurring at the alternate worksite must be brought to the immediate attention of the employee's supervisor. The supervisor must investigate all reports immediately following notification.
15. The alternate worksite may be unaffected by emergencies leading to the closure of or dismissal from the traditional worksite, i.e., weather-related closings. Therefore, work at the alternate worksite may be required to continue. The converse may also be applicable.
16. Management may terminate participation in this arrangement at any time.
17. Bargaining unit employees and supervisors of bargaining unit employees should refer to the appropriate collective bargaining agreement regarding rules and regulations related to the termination, modification and /or suspension of telework agreements.
18. The employee may withdraw from the program at any time.

I have read and understand the ICE Telework Directive and this agreement and agree to abide by the established policies and provisions of this agreement.

Participant Date

Authorizing Management Official Date

1. Telework agreement terminated on (date) _____

2. Individual requesting termination: Participant _____

Supervisor _____

Revised January 28, 2015

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000111

From: ERO Assistant Directors
Sent: 24 Mar 2020 18:11:24 +0000
Subject: N95 Respirator and Surgical Mask Order – Employee Numbers
Attachments: Support Centers Mask Count 3_23_2020.xlsx



Enforcement and Removal Operations Assistant Director for Field Operations

To: Directors of the Law Enforcement Support Center (LESC), National Criminal Analysis and Targeting Center (NCATC) and Pacific Enforcement Response Center (PERC)

To ensure the N95 respirator masks and surgical masks ordered are properly distributed, please update the following on the attached spreadsheet:

- Current number of **all ERO Federal employees assigned to your centers**
- N95 and surgical mask information

The Special Operations Division, Incident and Special Response Unit is requesting this information **no later than 4:00 pm EDT on March 25, 2020**. Please submit your completed spreadsheet to Emergency Management Specialist (b)(6); (b)(7)(C) at

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

If you have any questions regarding this message, please contact Emergency Management Specialist (b)(6); (b)(7)(C)

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

ERO Assistant Director, Field Operations

This message expires one year from the date it was sent, pursuant to ERO policy.

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Center	# of ERO Federal Employees Assigned to the Center	# of N95 Masks On-hand and/or Ordered by the Center	# of Surgical Masks On-hand and/or Ordered by the Center	# of Surgical Masks Needed	Additional Comments																																																																																																																																																																																																								
					<table><tr><th>N-95 Required</th><th>Med GS Onboard</th><th>Med Contract or Onboard</th><th>Other GS</th><th>Other Contract ors</th><th>Surplus</th><th>Surgical Masks Required</th><th>Surgical Mask Onhand</th><th>Surgical Masks Ordered</th><th>Surgical Mask Surplus</th></tr><tr><td>200</td><td>10</td><td>35</td><td>1</td><td>5</td><td>111</td><td>200</td><td>400</td><td>None</td><td>200</td></tr><tr><td>100</td><td>2</td><td>17</td><td>0</td><td>2</td><td>325</td><td>100</td><td>700</td><td>None</td><td>600</td></tr><tr><td>200</td><td>8</td><td>25</td><td>0</td><td>5</td><td>1374</td><td>200</td><td>6000</td><td>None</td><td>5800</td></tr><tr><td>200</td><td>2</td><td>16</td><td>0</td><td>3</td><td>1774</td><td>200</td><td>550</td><td>None</td><td>350</td></tr><tr><td>200</td><td>1</td><td>110</td><td>0</td><td>8</td><td>343</td><td>200</td><td>1200</td><td>None</td><td>1000</td></tr><tr><td>200</td><td>10</td><td>28</td><td>2</td><td>4</td><td>271</td><td>200</td><td>300</td><td>None</td><td>100</td></tr><tr><td>200</td><td>1</td><td>12</td><td>0</td><td>2</td><td>28</td><td>200</td><td>244</td><td>None</td><td>44</td></tr><tr><td>200</td><td>12</td><td>49</td><td>0</td><td>7</td><td>103</td><td>200</td><td>140</td><td>None</td><td>-60</td></tr><tr><td>200</td><td>14</td><td>27</td><td>0</td><td>5</td><td>375</td><td>200</td><td>300</td><td>None</td><td>100</td></tr><tr><td>200</td><td>7</td><td>37</td><td>0</td><td>5</td><td>97</td><td>200</td><td>1450</td><td>None</td><td>1250</td></tr><tr><td>200</td><td>12</td><td>45</td><td>0</td><td>7</td><td>775</td><td>200</td><td>300</td><td>None</td><td>100</td></tr><tr><td>200</td><td>19</td><td>45</td><td>3</td><td>2</td><td>0</td><td>200</td><td>700</td><td>None</td><td>500</td></tr><tr><td>200</td><td>24</td><td>42</td><td>2</td><td>5</td><td>1451</td><td>200</td><td>1500</td><td>None</td><td>1300</td></tr><tr><td>200</td><td>20</td><td>54</td><td>1</td><td>7</td><td>1206</td><td>200</td><td>1100</td><td>None</td><td>900</td></tr><tr><td>200</td><td>11</td><td>50</td><td>0</td><td>6</td><td>8678</td><td>200</td><td>800</td><td>None</td><td>600</td></tr><tr><td>200</td><td>13</td><td>65</td><td>0</td><td>6</td><td>3523</td><td>200</td><td>1300</td><td>None</td><td>1100</td></tr><tr><td>200</td><td>11</td><td>40</td><td>0</td><td>6</td><td>0</td><td>200</td><td>6500</td><td>None</td><td>6300</td></tr><tr><td>200</td><td>3</td><td>19</td><td>0</td><td>4</td><td>429</td><td>200</td><td>1950</td><td>None</td><td>1750</td></tr><tr><td>3500</td><td>180</td><td>716</td><td>9</td><td>89</td><td>20863</td><td>3500</td><td>25434</td><td>0</td><td>21934</td></tr></table>	N-95 Required	Med GS Onboard	Med Contract or Onboard	Other GS	Other Contract ors	Surplus	Surgical Masks Required	Surgical Mask Onhand	Surgical Masks Ordered	Surgical Mask Surplus	200	10	35	1	5	111	200	400	None	200	100	2	17	0	2	325	100	700	None	600	200	8	25	0	5	1374	200	6000	None	5800	200	2	16	0	3	1774	200	550	None	350	200	1	110	0	8	343	200	1200	None	1000	200	10	28	2	4	271	200	300	None	100	200	1	12	0	2	28	200	244	None	44	200	12	49	0	7	103	200	140	None	-60	200	14	27	0	5	375	200	300	None	100	200	7	37	0	5	97	200	1450	None	1250	200	12	45	0	7	775	200	300	None	100	200	19	45	3	2	0	200	700	None	500	200	24	42	2	5	1451	200	1500	None	1300	200	20	54	1	7	1206	200	1100	None	900	200	11	50	0	6	8678	200	800	None	600	200	13	65	0	6	3523	200	1300	None	1100	200	11	40	0	6	0	200	6500	None	6300	200	3	19	0	4	429	200	1950	None	1750	3500	180	716	9	89	20863	3500	25434	0	21934
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From: ERO Assistant Directors
Sent: 10 Mar 2020 18:47:43 +0000
Subject: N95 Respirator Mask Shipments [FOD]



Enforcement and Removal Operations Assistant Director for Field Operations

To: Field Office Directors and Deputy Field Office Directors

The Incident and Special Response Unit (ISRU) is coordinating the distribution of N95 masks to all 24 ERO Field Offices.

To enable the timely manner of shipping to each field office, it is requested that each field office provide the name of a POC who will be tasked with accepting the shipment of masks, as well as providing the physical address for shipment.

Guidance on the use of N95 masks will be forthcoming.

Instructions:

Please email the Point of Contact name and physical address for shipment to (b)(6); (b)(7)(C) by **5:00 pm EDT Wednesday, March 11, 2020.**

Please direct questions to ISRU Unit Chief (b)(6); (b)(7)(C) or (b)(6); (b)(7)(C)

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

ERO Assistant Director, Field Operations

This message expires one year from the date it was sent, pursuant to ERO policy.

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From: Office of the Executive Associate Director for ERO
Sent: 4 Feb 2020 23:42:39 +0000
Subject: Personal Protective Equipment - Surgical Mask vs. N95 Disposable Respirator
[FO]



Enforcement and Removal Operations Office of the Executive Associate Director

To: All ERO Personnel

It is important to understand the difference between types of masks and their respective use when choosing personal protective equipment. Detainees should wear a surgical facemask to prevent the spread of disease. Staff with occupational risk of airborne exposures (per their job hazard risk assessments) should wear N95 disposable respirators to protect themselves from exposure to the virus. Please note that these masks are re-usable; do not discard them after one use.

Surgical Facemask. A protective device that covers the ill patient's nose and mouth to protect health care workers and others from exposures to wearer-generated microorganisms.

N95 Disposable Respirator. An air-purifying, filtering-facepiece respirator that is $\geq 95\%$ efficient at removing $0.3 \mu\text{m}$ particles and is not resistant to oil. The respirator is used to protect the wearer from exposures in the air. *This type of respirator is not worn by a patient.* Users require education, medical clearance, and fit testing before wearing an N95 respirator.

Additional information regarding the N95 respirator can be found on the Department of Labor and Occupational Safety and Health Administration website or by clicking [here](#).

For additional information on the Novel Coronavirus and updates, please visit the ICE inSight page or click [here](#).

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

*Acting Deputy Executive Associate Director
Enforcement and Removal Operations*

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From: ERO Assistant Directors
Sent: 20 Mar 2020 22:38:29 +0000
Subject: Technological Capabilities for Other Than In-Person Immigration Hearings [CMD]
Attachments: FILE_6953.pdf, EOIR COVID-19 Court Guidance Gap Assessment.xlsx



Enforcement and Removal Operations Assistant Director for Custody Management

To: Field Office Directors and Deputy Field Office Directors

In order to reduce the rate of transmission of COVID-19, the Executive Office for Immigration Review (EOIR) has released the attached Policy Memorandum: *Immigration Court Practices During the Declared National Emergency Concerning the COVID-19 Outbreak*. The Memorandum serves as a reminder that physical court appearances may be waived under certain circumstances and limits some court visitation for potentially ill individuals, ensuring the safety of court personnel, representatives, aliens, attorneys, staff, and the public. Possible alternatives to in-person hearings include video teleconferencing (VTC), phones, and WebX to ensure court appearances continue unimpeded.

In discussions with EOIR, ERO requested that EOIR suspend the requirement for in-person appearances to limit the exposure of employees and detainees to COVID-19 risks during transportation.

Before considering the request, EOIR requested that ERO identify the VTC and telephone capabilities at each detention facility so as to develop a contingency plan and whether facilities would be able to facilitate detained proceedings through other than in-person appearances.

Accordingly, by 3:00 pm EST on Tuesday, March 24, 2020, the Custody Management Division requests that field offices identify the number of available phone lines and/or VTC lines to conduct detained court hearings in each facility. If a facility is currently conducting detained court hearings via VTC exclusively, please annotate the spreadsheet accordingly.

Please send replies to (b)(6); (b)(7)(C)

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

Acting ERO Assistant Director, Custody Management

This message was sent in concurrence with AD Field Operations.

This message expires one year from the date it was sent, pursuant to ERO policy.

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OOD
PM 20-10

Effective: March 18, 2020

To: All of EOIR
From: (b)(6); (b)(7)(C) Director (b)(6); (b)(7)(C)
Date: March 18, 2020

IMMIGRATION COURT PRACTICES DURING THE DECLARED NATIONAL EMERGENCY CONCERNING THE COVID-19 OUTBREAK

PURPOSE: Memorialize Immigration Court Practices During the Declared National Emergency Concerning the COVID-19 Outbreak

OWNER: Office of the Director

AUTHORITY: 8 C.F.R. § 1003.0(b)

CANCELLATION: None

To promote the safety of immigration court personnel, representatives, aliens, attorneys for the Department of Homeland Security, and the general public during the ongoing national emergency related to the COVID-19 outbreak¹, EOIR is issuing a Policy Memorandum (PM) adopting the following guidance for all immigration court cases² effective immediately and until further notice.

¹ The President issued a Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak on March 13, 2020. COVID-19 refers to a novel coronavirus first identified in 2019 in Wuhan, Hubei Province, People's Republic of China that has subsequently spread globally. It is also abbreviated SARS-CoV-2 to distinguish it from a previously-identified coronavirus SARS-CoV that causes severe acute respiratory syndrome, or SARS. Severe acute respiratory syndromes are considered communicable diseases of public health significance for purposes of 8 U.S.C. § 1182(a)(1)(A)(i). See 42 C.F.R. § 34.2(b)(1) (a communicable disease of public health significance under 8 U.S.C. § 1182(a)(1)(A)(i) includes "[c]ommunicable diseases as listed in a Presidential Executive Order, as provided under Section 361(b) of the Public Health Service Act [42 U.S.C. § 264(b)]"); Executive Order 13674, *Revised List of Quarantinable Communicable Diseases* (July 31, 2014) (amending Executive Order 13295 to specify that "[s]evere acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled" are communicable disease for purposes of Section 361(b) of the Public Health Service Act).

² Effective March 18, 2020, EOIR has deferred hearings for all non-detained cases in immigration court scheduled to occur between that date and April 10, 2020. Nevertheless, some non-detained cases may be adjudicated without a hearing during that time consistent with this PM. This PM will continue to apply upon the resumption of hearings in non-detained cases.

I. All individuals having business in person before an immigration court, to include respondents, representatives, and members of the general public, shall notify the security officer³ at any security screening checkpoint if any of the following apply:

- Within the last 14 days, the individual has been in a country with a Level 3 Public Health Notice (signifying widespread, ongoing transmission) or a country subject to a Level 3 or Level 4 Travel Advisory based on COVID-19. As of the date of this Policy Memorandum, those countries include: 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, and Malaysia.

The current list of countries with a Level 3 Public Health Notice may be found at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>. Travel advisories the Department of State has issued may be found at: <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>.

- The individual has been asked to self-quarantine by local health authorities or a medical provider.
- The individual, or someone with whom the individual has had contact, has been diagnosed with COVID-19 within the past 14 days.

No individual described in one of the above categories should be allowed into EOIR court space. If EOIR receives information that a respondent or representative is described in one of these categories, the adjudication of the relevant case shall be deferred to another date.

II. EOIR does not typically provide general guidance or reminders about established law or immigration court procedures because immigration judges and practitioners are already well-versed in the law applicable to immigration proceedings. Nevertheless, under the current conditions related to the COVID-19 outbreak, EOIR has determined that it may be helpful to remind immigration judges and practitioners of the following well-established authorities which may be utilized for preventative purposes to minimize contact among individuals involved in immigration proceedings. Immigration judges may consider applicable public health guidance in exercising these authorities.

- Immigration judges may waive the presence of represented aliens. 8 C.F.R. § 1003.25(a). An alien's representative and the attorney for the Department of Homeland

³ As of the date of this PM, EOIR is holding hearings only for cases of detained aliens, and all visitors to detention facilities are typically subject to a security screening. EOIR does not control entry into any detention facility in which hearings may be conducted, and individuals seeking to attend hearings in such a facility may be subject to additional restrictions imposed by the facility operator that are not addressed in this PM.

Security (DHS) may also agree to hold a hearing without the presence of the alien. 8 U.S.C. § 1229a(b)(2)(A)(ii).

- Immigration judges may grant a motion for a continuance upon a showing of good cause. 8 C.F.R. § 1003.29.
- Depending upon physical facilities, immigration judges may place reasonable limitations upon the number in attendance at a hearing at any one time with priority being given to the press over the general public. For the purpose of protecting witnesses, parties, or the public interest, immigration judges may limit attendance at a hearing or hold a closed hearing. 8 C.F.R. §§ 1003.27(a) and (b).
- Immigration judges control their courtrooms and may exclude persons on a case-by-case basis, including persons exhibiting signs or symptoms of a potentially communicable condition.
- Immigration judges may issue standing orders, including orders regarding telephonic appearances by representatives, consistent with Policy Memorandum 20-09, *The Immigration Court Practice Manual And Orders* (Feb. 13, 2020).
- Immigration judges may direct that provisions of the Immigration Court Practice Manual (ICPM) are not applicable in particular cases. ICPM, sec. 1.1(b) (“The requirements set forth in this manual are binding on the parties who appear before the Immigration Courts, unless the Immigration Judge directs otherwise in a particular case.”).
- Immigration judges may conduct any hearing by video teleconferencing (VTC) where operationally feasible. Immigration judges may conduct individual merits hearings by telephone in removal proceedings if the alien consents after being advised of the right to proceed in person or through VTC. 8 U.S.C. § 1229a(b)(2).

III. EOIR further memorializes the following policies in order to encourage immigration judges to resolve as many cases as practicable without the need for a hearing and, thus, to minimize contact among individuals involved in immigration proceedings.

- Parties are encouraged to resolve cases through written pleadings, stipulations, and joint motions. Such actions may resolve some types of cases without the parties needing to appear physically in court, though the ultimate disposition of any particular case remains committed to the immigration judge in accordance with the law. Joint or stipulated requests for the disposition of a pending case—e.g. requests for a stipulated order of removal, a stipulated order of voluntary departure, or a stipulated order granting protection or relief from removal or joint motions to terminate or dismiss proceedings—shall be adjudicated expeditiously by an immigration judge.

- Scheduling and holding a master calendar hearing solely for the filing of an application by a represented alien and the scheduling of an individual merits hearing on a future date is a disfavored practice. For cases involving represented respondents for whom removability has already been determined, the case is not on a status docket, and the case is not yet scheduled for an individual merits hearing, immigration judges are encouraged to issue a pre-hearing scheduling order establishing a deadline for the filing of any applications for protection or relief from removal in lieu of scheduling a master calendar hearing solely for the purpose of filing that application and scheduling a future individual merits hearing. If an application is not filed within the time set by the immigration judge, the opportunity to file that application or document shall be deemed waived. 8 C.F.R. § 1003.31(c). Upon expiration of the filing deadline, the immigration judge shall either schedule the case for an individual merits hearing or issue an appropriate order (e.g. for removal, voluntary departure, or withdrawal of application for admission).
- Scheduling and holding a hearing for a represented respondent on a contested issue of removability which involves solely a pure legal question (e.g. whether a respondent's criminal conviction constitutes a conviction for a particular category of aggravated felony) is a disfavored practice. Immigration judges are encouraged to resolve such issues based on briefing from the parties.
- Holding a hearing following the timely filing of a motion to dismiss or a motion to pretermitt to which the opposing party has had an opportunity to respond in a case in which the ruling on the motion is dispositive of the outcome of the case is also a disfavored practice. Immigration judges should adjudicate motions in an expeditious manner and are encouraged to resolve cases based on the filings of the parties to the maximum extent practicable in accordance with the law.
- Hearings amenable to being conducted by telephone or VTC, especially for cases involving detained aliens, should be conducted through those mediums to the maximum extent practicable in accordance with the law.⁴ In particular, reviews of negative credible fear determinations made by DHS may be heard by telephone or by VTC. 8 U.S.C. § 1225(b)(1)(B)(iii)(III).

This PM is not intended to, does not, and may not be relied upon to create, any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person. Nothing herein should be construed as mandating a particular outcome in any specific case.

Please contact your supervisor if you have any questions.

⁴ EOIR has used VTC for hearings for nearly three decades, and it has been shown to be a "proven success." *Jurisdiction and Venue in Removal Proceedings*, 72 Fed. Reg. 14494 (Mar. 28, 2007).

*Enforcement and Removal Operations
Custody Management Division*

EOIR COVID-



ap Assessment

ICE EOIR COVID-19 Guidance - Gap Assessment

To ensure the health and safety of immigration court personnel, representatives, aliens, attorneys, and staff during the

Instructions

- 1) Each tab has been broken out by AOR. Please navigate to your assigned tab, complete each column, and return your
- 2) For Column E, "Conducting physical appearance before EOIR," indicate via a Yes or No answer if the selected facility
- 3) For the subsequent columns, identify the facility's existing infrastructure to remotely conduct immigration hearings where
- 4) If a facility is using another system, other phone, VTC, or WebX connections, describe the type and capacity of the process in place in columns M and N - titled "Other Coverage" and "Other Coverage Connections Available."
- 5) If the facility has any additional comments, concerns, or questions, please provide a response in the "Comments"

			Office of Enforcement and Removal Operations Immigration Court Assessment For the COVID-19 Outbreak March 20, 2020								Immigration and Customs Enforcement Custody Management Division 500 12th Street, SW Washington, DC 20024		
	U.S. Immigration and Customs Enforcement	AOR	Conducting physical appearance before EOIR (Yes or No)	EOIR/IJ Coverage Onsite	EOIR/IJ VTC Coverage	Number of VTC's Available	EOIR/IJ Phone Coverage	Number of Phone Lines Available	EOIR/IJ WebX Coverage	Number of WebX Connections Available	Other Coverage	Other Coverage Connections Available	Comments
STWRTGA	STEWART DETENTION CENTER	ATL											
IRWINGA	IRWIN COUNTY DETENTION CENTER	ATL											
JAMESGA	MAIN - FOLKSTON IPC (D RAY JAMES)	ATL											
FIPCAGA	ANNEX - FOLKSTON IPC	ATL											
RADDFGA	ROBERT A. DEYTON DETENTION FACILITY	ATL											
CHARLSC	CHARLESTON COUNTY DETENTION CENTER	ATL											
COBBJGA	COBB COUNTY JAIL	ATL											
LEXINSC	LEXINGTON COUNTY JAIL	ATL											
WHITFGA	WHITFIELD COUNTY JAIL	ATL											
NWHNVNC	NEW HANOVER COUNTY JAIL	ATL											
GASTNNC	GASTON COUNTY JAIL	ATL											
YORCOSC	YORK COUNTY DETENTION CENTER	ATL											
CBRRSNC	CABARRUS COUNTY JAIL	ATL											
FORSYNC	FORSYTH COUNTY JAIL	ATL											
HALLJGA	HALL COUNTY JAIL	ATL											
MECKLNC	MECKLENBURG COUNTY DETENTION CENTER NORTH	ATL											
WAKECNC	WAKE COUNTY SHERIFF DEPARTMENT	ATL											

			Office of Enforcement and Removal Operations Immigration Court Assessment For the COVID-19 Outbreak March 20, 2020								Immigration and Customs Enforcement Custody Management Division 500 12th Street, SW Washington, DC 20024		
	U.S. Immigration and Customs Name	AOR	Conducting physical appearance before EOIR (Yes or No)	EOIR/IJ Coverage Onsite	EOIR/IJ VTC Coverage	Number of VTC's Available	EOIR/IJ Phone Coverage	Number of Phone Lines Available	EOIR/IJ WebX Coverage	Number of WebX Connections Available	Other Coverage	Other Coverage Connections Available	Comments
WORCEMD	WORCESTER COUNTY JAIL	BAL											
HOWARMD	HOWARD COUNTY DETENTION CENTER	BAL											
FREDEMD	FREDERICK COUNTY DETENTION CENTER	BAL											

			Office of Enforcement and Removal Operations Immigration Court Assessment For the COVID-19 Outbreak March 20, 2020								Immigration and Customs Enforcement Custody Management Division 500 12th Street, SW Washington, DC 20024		
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	PLYMOMA	PLYMOUTH COUNTY CORRECTIONAL FACILITY	BOS										
	BRINDMA	BRISTOL COUNTY DETENTION CENTER	BOS										
	WYATTTRI	WYATT DETENTION CENTER	BOS										
	STRAFANH	STRAFFORD COUNTY CORRECTIONS	BOS										
	GREENMA	FRANKLIN COUNTY HOUSE OF CORRECTION	BOS										
	SUFFOMA	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BOS										
	CUMBEME	CUMBERLAND COUNTY JAIL	BOS										
	VTSTALB	NORTHWEST STATE CORRECTIONAL CENTER	BOS										
	MEYTHCT	MAINE YOUTH CENTER - LONG CREEK	BOS										

			Office of Enforcement and Removal Operations Immigration Court Assessment For the COVID-19 Outbreak March 20, 2020								Immigration and Customs Enforcement Custody Management Division 500 12th Street, SW Washington, DC 20024		
	U.S. Immigration and Customs Enforcement	AOR	Conducting physical appearance before EOIR (Yes or No)	EOIR/IJ Coverage Onsite	EOIR/IJ VTC Coverage	Number of VTC's Available	EOIR/IJ Phone Coverage	Number of Phone Lines Available	EOIR/IJ WebX Coverage	Number of WebX Connections Available	Other Coverage	Other Coverage Connections Available	Comments
BTVC	U.S. Immigration and Customs Enforcement	AOR											
BTVC	BUFFALO (BATAVIA) SERVICE PROCESSING CENTER	BUF											
CLICONY	CLINTON COUNTY JAIL	BUF											
CHACONY	CHAUTAUQUA COUNTY JAIL	BUF											
ALBCONY	ALBANY COUNTY JAIL	BUF											
CMPJVN	COMPASS HOUSE SHELTER	BUF											

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	U.S. Immigration and Customs Name	AOR	Conducting physical appearance before EOIR (Yes or No)	EOIR/IJ Coverage Onsite	EOIR/IJ VTC Coverage	Number of VTC's Available	EOIR/IJ Phone Coverage	Number of Phone Lines Available	EOIR/IJ WebX Coverage	Number of WebX Connections Available	Other Coverage	Other Coverage Connections Available	Comments
MCHINIL	MCHENRY COUNTY CORRECTIONAL FACILITY	CHI											
PULASIL	PULASKI COUNTY JAIL	CHI											
KENOSWI	KENOSHA COUNTY DETENTION CENTER	CHI											
KANKAIL	KANKAKEE COUNTY JAIL (JEROME COMBS D	CHI											
BOONEKY	BOONE COUNTY JAIL	CHI											
DODGEWI	DODGE COUNTY JAIL	CHI											
CHASEKS	CHASE COUNTY DETENTION FACILITY	CHI											
CLAYCIN	CLAY COUNTY JAIL	CHI											
MORGMO	MORGAN COUNTY ADULT DETENTION CENTE	CHI											
MONTGMO	MONTGOMERY COUNTY JAIL	CHI											
CALDWMO	CALDWELL COUNTY DETENTION CENTER	CHI											
CHRISMO	CHRISTIAN COUNTY JAIL	CHI											
PLATTMO	PLATTE COUNTY DETENTION CENTER	CHI											
LINCOMO	LINCOLN COUNTY DETENTION CENTER	CHI											
OLDHAKY	OLDHAM COUNTY JAIL	CHI											
SHACOKS	SHAWNEE COUNTY DEPARTMENT OF CORRE	CHI											
FAYETKY	FAYETTE COUNTY DETENTION CENTER	CHI											
BUTLEKS	BUTLER COUNTY JAIL	CHI											
GRAYSKY	GRAYSON COUNTY JAIL	CHI											
OGLECIL	OGLE COUNTY JAIL	CHI											
SHAJUKS	SHAWNEE COUNTY JUVENILE DETENTION CE	CHI											

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PRLDCTX	PRAIRIELAND DETENTION FACILITY	DAL											
EDNDCTX	EDEN DETENTION CENTER	DAL											
OKMULOK	OKMULGEE COUNTY JAIL	DAL											
JOHNSTX	JOHNSON COUNTY CORRECTIONS CENTER	DAL											
KCOJFOK	KAY COUNTY JUSTICE FACILITY	DAL											
HASKLTX	ROLLING PLAINS DETENTION CENTER	DAL											
TULCOOK	TULSA COUNTY JAIL (DAVID L. MOSS JUSTICE CTR)	DAL											
BEDCITX	BEDFORD MUNICIPAL DETENTION CENTER	DAL											
EULESTX	EULESS CITY JAIL	DAL											
DALCOTX	DALLAS COUNTY JAIL - LEW STERRETT JUSTICE CENTER	DAL											
RNDLLTX	RANDALL COUNTY JAIL	DAL											
GARVIOK	GARVIN COUNTY DETENTION CENTER	DAL											
LUBBOTX	LUBBOCK COUNTY DETENTION CENTER	DAL											

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DENICDF	DENVER CONTRACT DETENTION FACILITY	DEN											
DENICO	DENVER CONTRACT DETENTION FACILITY (CDF) II	DEN											
TELLECO	TELLER COUNTY JAIL	DEN											
PLATTWY	PLATTE COUNTY JAIL	DEN											
NATROWY	NATRONA COUNTY JAIL	DEN											
MOFFECO	MOFFAT COUNTY JAIL	DEN											
RIOGRCO	RIO GRANDE COUNTY JAIL	DEN											
LAPLACO	LA PLATA COUNTY JAIL	DEN											

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	U.S. Immigration and Customs Enforcement Home	AOR	Conducting physical appearance before EOIR (Yes or No)	EOIR/IJ Coverage Onsite	EOIR/IJ VTC Coverage	Number of VTC's Available	EOIR/IJ Phone Coverage	Number of Phone Lines Available	EOIR/IJ WebX Coverage	Number of WebX Connections Available	Other Coverage	Other Coverage Connections Available	Comments
CALHOMI	CALHOUN COUNTY CORRECTIONAL CENTER	DET											
BUTLEOH	BUTLER COUNTY JAIL	DET											
MONROMI	MONROE COUNTY DETENTION-DORM	DET											
STCLAMI	SAINT CLAIR COUNTY JAIL	DET											
SENECOH	SENECA COUNTY JAIL	DET											
GEAUGOH	GEAUGA COUNTY JAIL	DET											
MOROWOH	MORROW COUNTY CORRECTIONAL FACILITY	DET											
CHIPPMI	CHIPPEWA COUNTY SSM	DET											
DEAPDMI	DEARBORN POLICE DEPARTMENT	DET											
KENTCMI	KENT COUNTY JAIL	DET											

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OTROPNM	OTERO COUNTY PROCESSING CENTER	ELP												
EPC	EL PASO SERVICE PROCESSING CENTER	ELP												
TOORANM	TORRANCE COUNTY DETENTION FACILITY	ELP												
CIBOCNM	CIBOLA COUNTY CORRECTIONAL CENTER	ELP												
WTXDFTX	WEST TEXAS DETENTION FACILITY	ELP												
OTROPNM	OTERO COUNTY PRISON FACILITY	ELP												

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MTGPCTX	MONTGOMERY ICE PROCESSING CENTER	HOU												
HOUICDF	HOUSTON CONTRACT DETENTION FACILITY	HOU												
MONTGTX	JOE CORLEY ICE PROCESSING CENTER	HOU												
POLKCTX	IAH SECURE ADULT DETENTION FACILITY (POLK)	HOU												
CBENDTX	COASTAL BEND DETENTION FACILITY	HOU												

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ADLNTCA	ADELANTO ICE PROCESSING CENTER	LOS											
GLEPDCA	GLENDALE POLICE DEPARTMENT	LOS											
OCIRCCA	ORANGE COUNTY INTAKE RELEASE FACILITY	LOS											

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KRO	KROME NORTH SERVICE PROCESSING CENTER	MIA											
WCCPBFL	BROWARD TRANSITIONAL CENTER	MIA											
GLADEFL	GLADES COUNTY DETENTION CENTER	MIA											
BAKERFL	BAKER COUNTY SHERIFF'S OFFICE	MIA											
WAKULFL	WAKULLA COUNTY JAIL	MIA											
MONROFL	MONROE COUNTY DETENTION CENTER	MIA											
COLLIFL	COLLIER COUNTY NAPLES JAIL CENTER	MIA											
PINELFL	PINELLAS COUNTY JAIL	MIA											
ORANGFL	ORANGE COUNTY JAIL	MIA											

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ESSEXNJ	ESSEX COUNTY CORRECTIONAL FACILITY	NEW											
ELZICDF	ELIZABETH CONTRACT DETENTION FACILITY	NEW											

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LAWINCT	WINN CORRECTIONAL CENTER	NOL											
JENADLA	LASALLE ICE PROCESSING CENTER (JENA)	NOL											
ADAMSMS	ADAMS COUNTY DET CENTER	NOL											
RWCCMLA	RICHWOOD CORRECTIONAL CENTER	NOL											
JKPCCLA	JACKSON PARISH CORRECTIONAL CENTER	NOL											
PINEPLA	PINE PRAIRIE ICE PROCESSING CENTER	NOL											
BASILLA	SOUTH LOUISIANA DETENTION CENTER	NOL											
CATAHLA	CATAHOULA CORRECTIONAL CENTER	NOL											
OLACCLA	LASALLE CORR CTR OLLA	NOL											
RVRCLA	RIVER CORRECTIONAL CENTER	NOL											
TALLAMS	TALLAHATCHIE CO CORR FACILITY	NOL											
ETOWAAL	ETOWAH COUNTY JAIL (ALABAMA)	NOL											
APPSCLA	ALLEN PARISH PUBLIC SAFETY COMPLEX	NOL											
DEKALAL	DEKALB COUNTY DETENTION CENTER	NOL											
STTAMLA	SAINT TAMMANY PARISH JAIL	NOL											
BALDWAL	BALDWIN COUNTY CORRECTIONAL CENTER	NOL											
MNTGMAL	MONTGOMERY CITY JAIL	NOL											
TNWESDF	WESTERN TENNESSEE DETENTION FACILITY	NOL											
LONPDAR	LONOKE POLICE DEPARTMENT	NOL											
SEBASAR	SEBASTIAN COUNTY DETENTION CENTER	NOL											
MILLRAR	MILLER COUNTY JAIL	NOL											
DAVIDTN	DAVIDSON COUNTY SHERIFF	NOL											

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HUDSONJ	HUDSON COUNTY CORRECTIONAL CENTER	NYC											
BERGENJ	BERGEN COUNTY JAIL	NYC											
ORANGNY	ORANGE COUNTY JAIL	NYC											

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YGR/COPA	YORK COUNTY PRISON	PHI											
PIKCOPA	PIKE COUNTY CORRECTIONAL FACILITY	PHI											
CLINTPA	CLINTON COUNTY CORRECTIONAL FACILITY	PHI											
BEFAMPA	BERKS COUNTY FAMILY SHELTER	PHI											
CAMBRPA	CAMBRIA COUNTY JAIL	PHI											
WVSCENT	SOUTH CENTRAL REGIONAL JAIL	PHI											
DELAWPA	DELAWARE CO JAIL (GEORGE W. HILL)	PHI											
BEAVRPA	BEAVER COUNTY JAIL	PHI											
ERICOPA	ERIE COUNTY JAIL	PHI											
ABRXSPA	ABRAXAS ACADEMY DETENTION CENTER	PHI											

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LPALAZ	LA PALMA CORRECTIONAL CENTER	PHO											
EAZ	ELOY FEDERAL CONTRACT FACILITY	PHO											
LPAPSAZ	LA PALMA CORRECTION CENTER - APSO	PHO											
FLO	FLORENCE SERVICE PROCESSING CENTER	PHO											
CCAFLAZ	CCA, FLORENCE CORRECTIONAL CENTER	PHO											
LAPAZAZ	LA PAZ COUNTY ADULT DETENTION FACILITY	PHO											
SCRUZAZ	SANTA CRUZ COUNTY JAIL	PHO											

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CSCNWWA	TACOMA ICE PROCESSING CENTER (NORTHWEST DET CTR)	SEA											
NORCOOR	NORTHERN OREGON CORRECTIONAL FACILITY	SEA											
COWJVA	COWLITZ COUNTY JUVENILE	SEA											
YIKIMWA	YAKIMA COUNTY DEPARTMENT OF CORRECTIONS	SEA											
NOJUVOR	NORTHERN OREGON JUVENILE DETENTION	SEA											
ANCHOAK	ANCHORAGE CORRECTIONAL COMPLEX	SEA											

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CACFMES	MESA VERDE ICE PROCESSING CENTER	SFR											
YUBAJCA	YUBA COUNTY JAIL	SFR											

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HENDNV	HENDERSON DETENTION CENTER	SLC												
NVSDCNV	NEVADA SOUTHERN DETENTION CENTER	SLC												
NYEPANV	NYE COUNTY DETENTION CENTER, SOUTHERN (PAHRUMP)	SLC												
CACHEUT	CACHE COUNTY JAIL	SLC												
WASHONV	WASHOE COUNTY JAIL	SLC												
WASHCUT	WASHINGTON COUNTY JAIL (PURGATORY CORRECTIONAL FAC	SLC												
MINICID	MINICASSIA DETENTION CENTER	SLC												
JEFFEID	JEFFERSON COUNTY JAIL	SLC												
ELMORID	ELMORE COUNTY JAIL	SLC												
SLSLCUT	SALT LAKE COUNTY METRO JAIL	SLC												
CASCAMT	CASCADE COUNTY JAIL (MONTANA)	SLC												
TOOEELUT	TOOELE COUNTY JAIL	SLC												
HAILEID	DALE G. HAILE DETENTION CENTER	SLC												

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STCDFTX	SOUTH TEXAS ICE PROCESSING CENTER	SNA												
STFRCTX	SOUTH TEXAS FAMILY RESIDENTIAL CENTER	SNA												
PIC	PORT ISABEL	SNA												
ELVDFTX	EL VALLE DETENTION FACILITY	SNA												
CCAHUTX	T DON HUTTO RESIDENTIAL CENTER	SNA												
RGRNDTX	RIO GRANDE DETENTION CENTER	SNA												
LIMESTX	LIMESTONE COUNTY DETENTION CENTER	SNA												
LRDICTX	LAREDO PROCESSING CENTER	SNA												
KRNRCCTX	KARNES COUNTY RESIDENTIAL CENTER	SNA												
WEBDCCTX	WEBB COUNTY DETENTION CENTER (CCA)	SNA												
BURNCTX	BURNET COUNTY JAIL	SNA												
EHDLGTX	EAST HIDALGO DETENTION CENTER	SNA												
LSRDCCTX	LA SALLE COUNTY REGIONAL DETENTION CENTER	SNA												
WACLATX	CENTRAL TEXAS DETENTION FACILITY	SNA												
VALVETX	VAL VERDE CORRECTIONAL FACILITY	SNA												
JHRWLTX	JACK HARWELL DETENTION CENTER	SNA												
WCRDFTX	WILLACY CO REGIONAL DETENTION FACILITY	SNA												
KCCDCTX	KARNES COUNTY CIVIL DETENTION CENTER	SNA												
KARNCTX	KARNES COUNTY CORRECTIONAL CENTER	SNA												

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CCASDCA	OTAY MESA DETENTION CENTER (SAN DIEGO CDF)	SND											
IRADFCA	IMPERIAL REGIONAL DETENTION FACILITY	SND											
SLRDCAZ	SAN LUIS REGIONAL DETENTION CENTER	SND											

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SHERBMN	SHERBURNE COUNTY JAIL	SPM											
HASHENE	HALL COUNTY DEPARTMENT OF CORRECTIONS	SPM											
HARDJIA	HARDIN COUNTY JAIL	SPM											
KANDIMN	KANDIYOH COUNTY JAIL	SPM											
FREEBMN	FREEBORN COUNTY ADULT DETENTION CENTER	SPM											
POLKJIA	POLK COUNTY JAIL	SPM											
CASSCNE	CASS COUNTY JAIL	SPM											
CARJAMN	CARVER COUNTY JAIL	SPM											
DOCORNE	DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS	SPM											
PHelpNE	PHELPS COUNTY JAIL	SPM											
GFCORND	GRAND FORKS COUNTY CORRECTIONAL FACILITY	SPM											
LINNIA	LINN COUNTY JAIL	SPM											
POTTAIA	POTTAWATTAMIE COUNTY JAIL	SPM											
DAKOTNE	DAKOTA COUNTY JAIL	SPM											
NOBLEMN	NOBLES COUNTY JAIL	SPM											
YANCOSD	YANKTON COUNTY JAIL	SPM											
BREMEIA	BREMER COUNTY JAIL	SPM											
PENNISD	PENNINGTON COUNTY JAIL (SOUTH DAKOTA)	SPM											
CAJUVMN	CARVER COUNTY JUVENILE DETENTION CENTER	SPM											
GFJUVND	GRAND FORKS COUNTY	SPM											

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FRMVLVA	IMMIGRATION CENTERS OF AMERICA FARMVILLE	WAS												
CARDFVA	CAROLINE DETENTION FACILITY	WAS												
ROCKIVA	ROCKINGHAM COUNTY JAIL	WAS												
ALEXAVA	ALEXANDRIA CITY JAIL	WAS												
NVJDCVA	NORTHERN VIRGINIA JUVENILE DETENTION CENTER	WAS												
RONKEVA	ROANOKE CITY JAIL	WAS												

From: ERO Assistant Directors
Sent: 17 Mar 2020 17:24:15 +0000
Subject: Temporary Measures to Reduce COVID-19 Exposure at ERO Field Offices [FOD]



Enforcement and Removal Operations Assistant Director for Field Operations

To: Field Office Directors and Deputy Field Office Directors

In response to COVID-19, ERO leadership will be implementing procedures to limit its public facing operations for a temporary period in order to mitigate the potential spread of COVID-19 consistent with the Center for Disease Control (CDC) guidelines.

A temporary scaling back of public facing operations as outlined below is not unprecedented, and as such, ERO Field Offices should be prepared to implement these temporary measures to reduce the potential risk of transmission of COVID-19 to staff and other visitors to our workplace.

Field Offices can use existing lines of communications with stakeholder organizations, such as AILA and other Non-Governmental Organizations to message these temporary changes. This information should also be sent to Consular Officials, posted on the public facing ICE website and an aggressive media campaign in conjunction with the local Public Affairs Officer to ensure a wide distribution of these precautionary measures. In addition, Field Offices should closely collaborate with the Federal Protective Service and their contracted security staff at federal buildings as well as private security and ERO employees to ensure awareness and implementation of these procedures.

Effective immediately, please adhere to the following temporary operational changes until further notice:

Temporary Operational Changes:

1. For cases being released from the Southwest Border, the initial reporting requirement to an ERO Field Office will generally be scheduled for 60 days after release as opposed to the current practice of scheduling such reporting for 30 days or less post release.
2. To the extent possible, ERO will limit the acceptance of bonds to locations with "bond windows" or other appropriate barriers that will limit exposure to staff.
 - a. Generally, only the individual appearing to post the bonds will be permitted to enter the office. Anyone accompanying such individuals (e.g., for

support, or children accompanied by another adult), will be asked by security not to enter the building.

3. Eliminate non-mission critical meetings with the public and encourage the use of technology (e.g, VTC) to conduct stakeholder meetings to the extent practicable.
4. Suspend social visitation of aliens detained at ICE detention facilities and encourage non-contact legal and congressional visitation.
5. Engage with DOJ EOIR to institute VTC hearings for detained cases, where sufficient IT equipment is available, to reduce transportation and the potential exposure of detainees and others attending hearings.
 - a. Engage with EOIR to limit those permitted to attend immigration court hearings to attorneys and witnesses for detained cases.
6. Coordinate with USCIS to conduct credible and reasonable fear interviews telephonically where practicable.
7. Temporarily change in-person reporting requirements to telephonic reporting.
8. Temporarily permit the filing of Form I-246, Application for Stay of Deportation or Removal, through the mail accompanied by money orders, certified funds, or request for fee waivers only.

To notify those with upcoming scheduled appointments of the temporary change in procedures, case officers will:

1. Call those who have telephone numbers on file,
2. Call and/or email attorneys listed as legal representatives, and
3. Update EARM with reporting changes and subsequent telephonic reporting details to include the date and time called and/or emailed along with the details of the next scheduled appointment.
4. Additionally, upon request, case officers will send an email to counsel as proof that their client complied with the reporting requirements in lieu of an original signature on OREC/OSUP documentation.

This message includes guidance provided for internal ERO use only.

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

ERO Assistant Director, Field Operations

This message expires one year from the date it was sent, pursuant to ERO policy.

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From: ERO Assistant Directors
Sent: 13 Mar 2020 20:43:25 +0000
Subject: Temporary Suspension of Detention Facility Social Visitation in Response to COVID-19 [CMD]



Enforcement and Removal Operations Assistant Director for Custody Management

To: Field Office Directors and Deputy Field Office Directors

Effective March 13, 2020, U.S. Immigration and Customs Enforcement (ICE) will temporarily suspend social visitation at all its detention facilities until further notice in order to mitigate the for potential transmission of the novel coronavirus (COVID-19).

Unless and until it is determined to pose a risk to the safety and security of the facility, legal visitation should be permitted to continue.

- Non-contact legal visitation should be offered first to limit exposure to detainees.
 - If the legal visitation requires contact, ICE will permit the visit but reinforce the recommendation for non-contact visitation.
- Should in-person legal visitation be suspended, ICE will ensure detainee communication with legal representatives continues unimpeded via Skype or teleconference as available. ICE will also take steps to facilitate such communication, in the absence of visitation, through extended access to telephones and other reasonable means.

Notwithstanding the above, Members of Congress, Congressional Member Delegations (CODELs), and Congressional Staff Delegations (STAFFDELs) will not be prevented from accessing facilities for the purpose of conducting oversight. However, in order to safeguard visitors, detainees, and ICE and facility staff, visitors may be subject to special screening procedures. For example, if the public is limited access to the facility due to potential COVID-19 exposure by a detainee or detainees, raising concern about the potential spread of the virus to visitors, notification should be made to the CODEL or STAFFDEL to inform its decision whether to conduct a visit.

In appropriate circumstances, ICE may impose additional requirements, such as requiring the visitors to wear protective equipment. If there is an articulable concern that a visitor or visitors may transmit COVID-19 to detainees, ICE may ask them to leave or require them to wear equipment which will prevent the spread of the virus and/or require them to go

through similar testing as employees of the detention facility. All visitors should be advised of standard hygiene practices to help prevent the spread of disease, i.e., washing hands and avoiding close contact, and should be made aware of available washrooms within the facility.

Although ICE has no confirmed cases of COVID-19 within its detained population, ICE has decided to revise its visitation practices during this time.

- Legal representatives, CODELs and STAFFDELS, seeking to enter an ICE detention facility may be subject to additional, enhanced screening procedures.
- Legal representatives, CODELs, and STAFFDELS, in an ICE detention facility who exhibit symptoms of respiratory illness may be asked to leave at any time.
- Anyone entering the facility should be advised of standard hygiene practices to help prevent the spread of disease, i.e. washing hands and avoiding close contact, and should be made aware of available washrooms within the facility.
- All volunteer activities, with the exception of legal orientation programs, should be suspended until further notice.
- All facilities should develop a written sanitation procedure to ensure that all non-contact visitation surfaces and telephones are sanitized before and after each visit.

ICE recognizes the considerable impact of temporarily suspending personal visitation but has determined it necessary to temporarily suspend such visitation in order to maintain the safety and security of its detention facilities, its employees, and those detained in its custody. ICE will ensure detainees can continue to communicate with their families, the community, legal representatives, and consular officials through various other means including telephone. ICE will take steps to facilitate such communication, in the absence of visitation, through extended access to telephones and other reasonable means. Should visits with legal representatives be suspended, communication will continue to be offered via Skype and teleconference capabilities.

ICE will continue to collaborate with the Centers for Disease Control and Prevention, the ICE Health Service Corps, and its network of care providers to provide updates and revise procedures as necessary. Your patience during this pandemic is greatly appreciated.

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

Acting ERO Assistant Director, Custody Management

This message was sent in concurrence with AD Field Operations.

This message expires one year from the date it was sent, pursuant to ERO policy.

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From: ERO Assistant Directors
Sent: 18 Mar 2020 19:16:26 +0000
Subject: Travel Document Interviews for Honduran Nationals [RMD]



Enforcement and Removal Operations Assistant Director for Removal

To: Field Office Directors and Deputy Field Office Directors

Due to COVID-19, removals to Honduras were temporarily paused, which also impacted consular interviews. Effective immediately, the Government of Honduras will resume conducting interviews for final order Honduran nationals within their respective consular offices, with removals expected to resume in the very near future.

Please begin coordinating interviews today, and note that the Honduran consulates will expedite interviews and work through backlogs, specifically by conducting interviews by phone that would typically be completed via VTC. If issues arise with the local consulates, please contact Deputy Assistant Director (b)(6); (b)(7)(C) or via email

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

As a reminder, field offices must adhere to the following case management procedures to help alleviate the build-up of final order cases.

- Field Offices must upload complete TD requests into the *electronic* Travel Document (eTD) system ASAP but no later than seven (7) days of a case becoming a final order of removal, or within seven (7) days of the detention of an alien with an administrative final order of removal.
 - Include copies of any identity documents, including previously issued TDs
 - Include a current and *complete* form I-217
- Field offices are reminded of the mandatory requirement to redact removal orders and other documents within TD requests that reference refugee status, the Violence Against Women Act (VAWA), T and U visa applications, asylum, credible fear, reasonable fear, statutory withholding of removal, and withholding and/or deferral of removal under the regulations implementing the Convention Against Torture.
 - TD requests **must** be redacted **prior** to uploading into the eTD system.

If you have any questions concerning this message, please contact (b)(6); (b)(7)(C) at

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

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

ERO Assistant Director, Removal

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Office of the Chief Human Capital Officer
Workforce Health and Safety Division
Health Advisory

January 22, 2020

TO: DHS Workforce

SUBJECT: ALERT-2019 Novel Coronavirus (2019-nCoV), Wuhan, China

The Centers for Disease Control and Prevention (CDC) is closely monitoring an outbreak caused by a novel (new) coronavirus in Wuhan City, Hubei Province, China. Chinese authorities identified the new coronavirus, which has resulted in approximately 300 cases of confirmed human infections in China: 2 cases in Thailand, 1 in Japan, 1 in Korea, 1 in Taiwan and 1 in Nepal.



Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with MERS and SARS. Most of the patients in the outbreak in Wuhan, China have reportedly had some link to a large seafood and animal market, suggesting a zoonotic origin to the outbreak.

This is a rapidly evolving situation and information will be updated as it becomes available. What you need to know now:

*CDC and the World Health Organization (WHO) have issued a level 1 travel notice (practice usual precautions) for this destination.

*The Coronavirus can be spread by Human to Human Transmission

*Standard recommendations to prevent infection spread include regular hand washing, covering mouth and nose when coughing and sneezing, thoroughly cooking meat and eggs.

*Avoid close contact with anyone showing signs of respiratory illness, such as coughing and sneezing, who has traveled to Wuhan, China or neighboring area.

*There is now one confirmed case in the United States.

Signs and Symptoms:

Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

This Safety and Health Information Bulletin is not a standard or regulation, and it creates no new legal obligations. The Bulletin is advisory in nature, for internal DHS use only; informational in content, and is intended to assist supervisors and employees in providing a safe and healthful workplace.

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000159

Office of the Chief Human Capital Officer
Workforce Health and Safety Division
Health Advisory



What can travelers do to protect themselves?

- Avoid non-critical travel to Wuhan, China and Hubei Province – for DHS employees.

If you are planning on traveling to the affected area:

- Avoid animals (alive or dead), animal markets, and eating raw or undercooked meat.
- Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.
- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.
- Minimize physical contact and use hand sanitizer after hand shaking activity.

If you traveled to Wuhan and feel sick, you should:

- Stay home. Except for seeking medical care, avoid contact with others.
- Seek medical care right away. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.
- Do not travel while sick
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.

Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available. Disinfecting surfaces:

When: Coronaviruses can live for long periods on surfaces, so regular cleaning and disinfection should be performed when working with potentially infected populations. Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift.

What: Broad-spectrum hard surface disinfectants from the EPA registered disinfectants found at [EPA Disinfectants and Sterilizers](#) are effective against similar viruses. Special chemicals are not needed; household bleach is also effective in a solution of 3/4 Cup per 1 gallon of water – spray or wipe on, let sit 5 minutes, then wipe off. Read and follow all

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MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000160

Office of the Chief Human Capital Officer
Workforce Health and Safety Division
Health Advisory

disinfectant product information and directions, including any Personal Protective Equipment needed while using the product.

This is an emerging, rapidly evolving situation and Workforce Health & Safety will provide updated information as it becomes available.

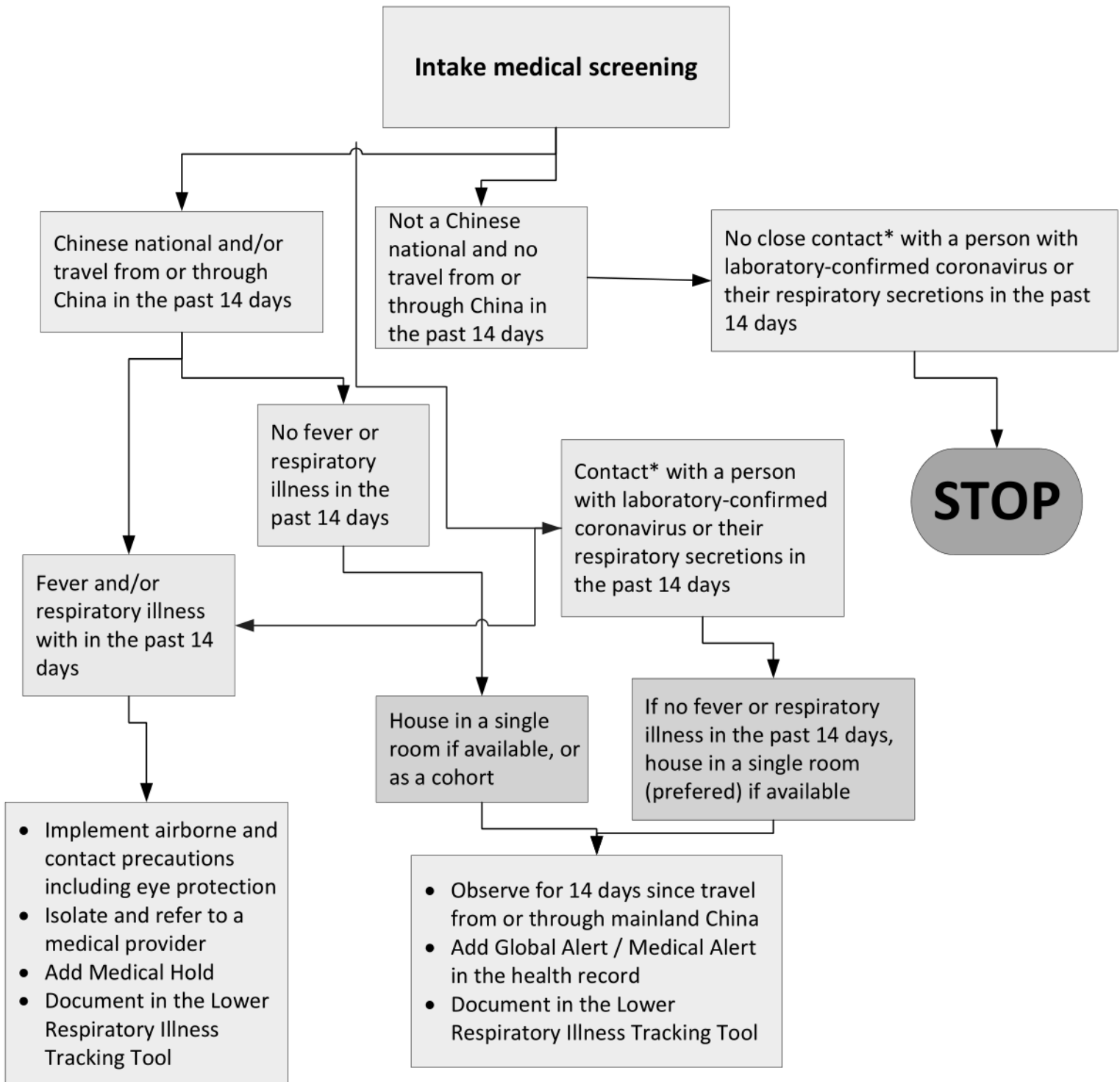
References:

1. Centers for Disease Control and Prevention- <https://emergency.cdc.gov/han/han00424.asp>
2. Centers for Disease Control and Prevention - <https://wwwnc.cdc.gov/travel/notices/watch/novel-coronavirus-china>
3. World Health Organization - <https://www.who.int/health-topics/coronavirus>
4. https://www.epa.gov/sites/production/files/2016-12/documents/list_a_sterilizer.pdf

This Safety and Health Information Bulletin is not a standard or regulation, and it creates no new legal obligations. The Bulletin is advisory in nature, for internal DHS use only; informational in content, and is intended to assist supervisors and employees in providing a safe and healthful workplace.

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000161

**ICE Health Service Corps Interim Recommendations for Screening
and Early Management for 2019 Novel Coronavirus (COVID-19)
Updated February 14, 2020**



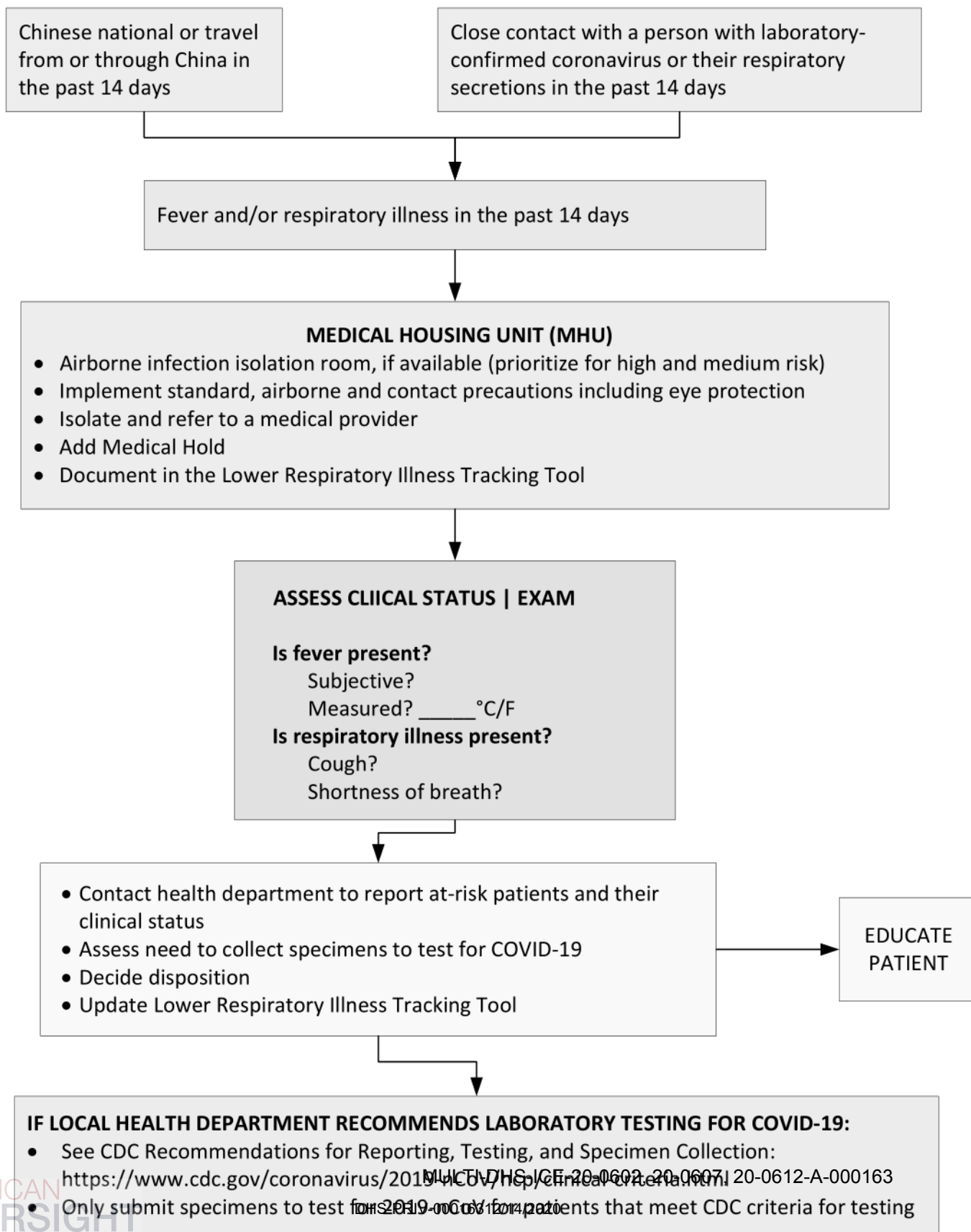
***Close contact is defined as—**

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* –

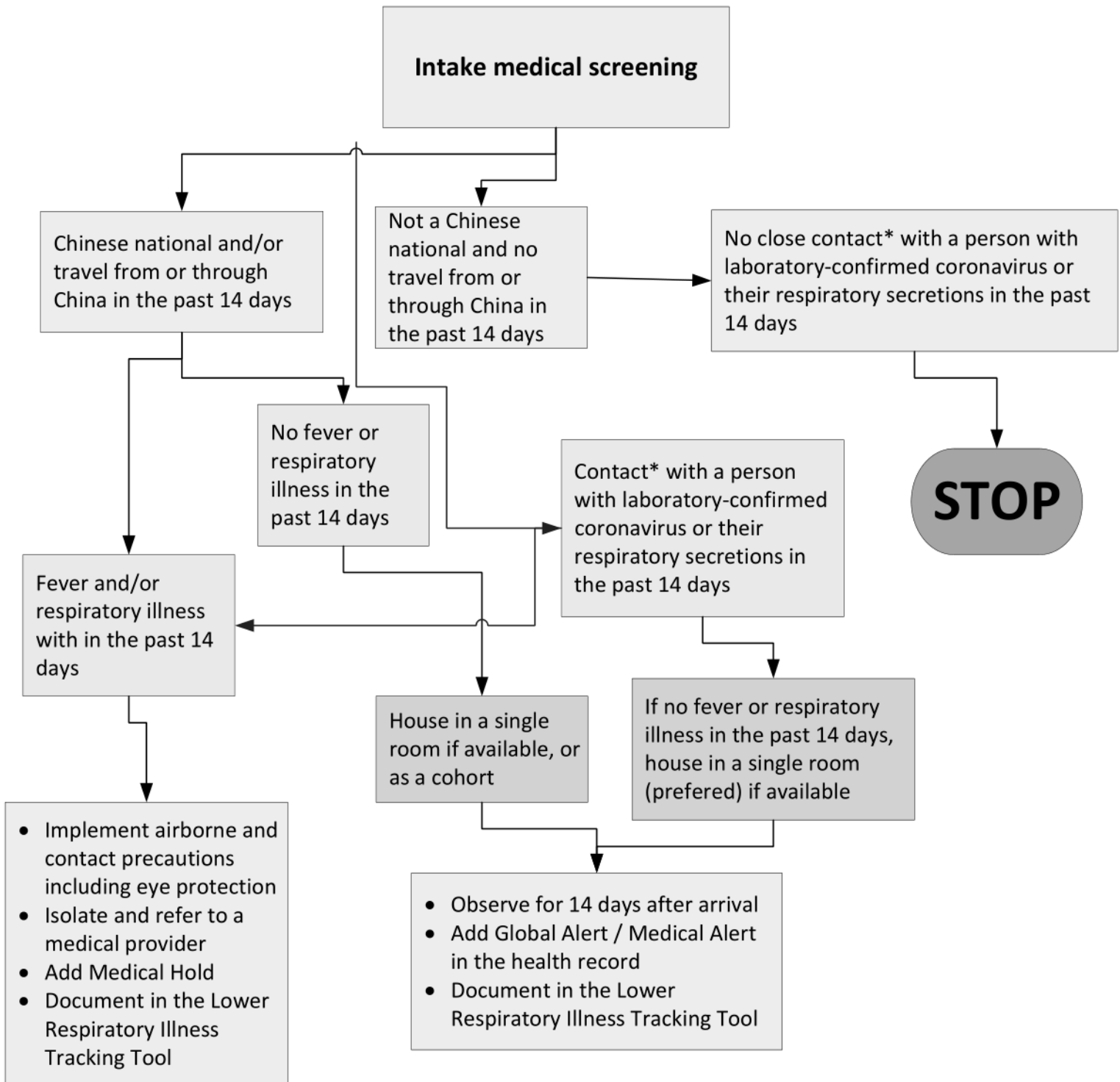
b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000162

ICE Health Service Corps Interim Recommendations
For 2019 Novel Coronavirus (COVID-19) Risk | Isolation, Assessment, and Early Management
Updated February 14, 2020



**ICE Health Service Corps Interim Recommendations for Screening
and Early Management for 2019 Novel Coronavirus (COVID-19)
Updated February 15, 2020**



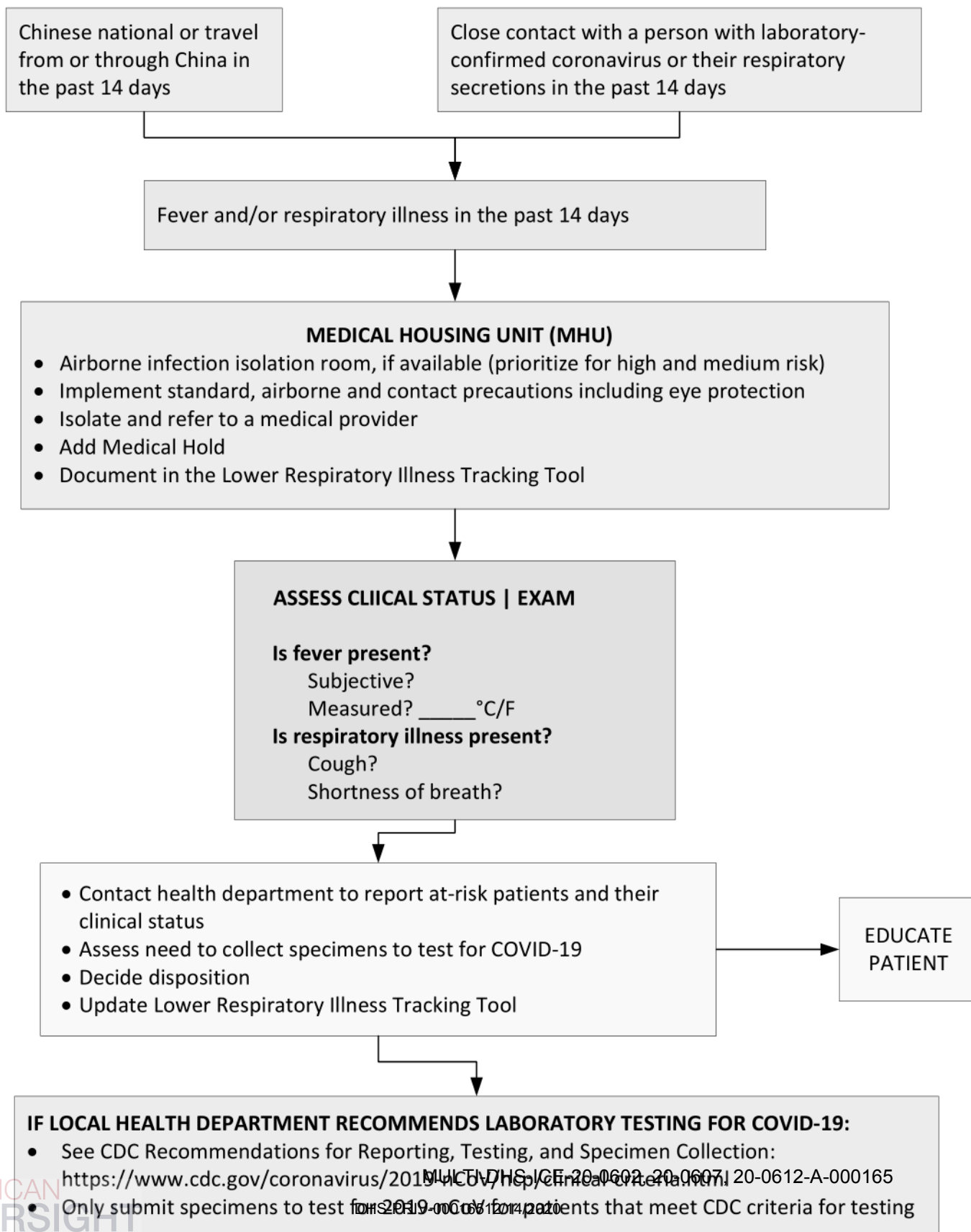
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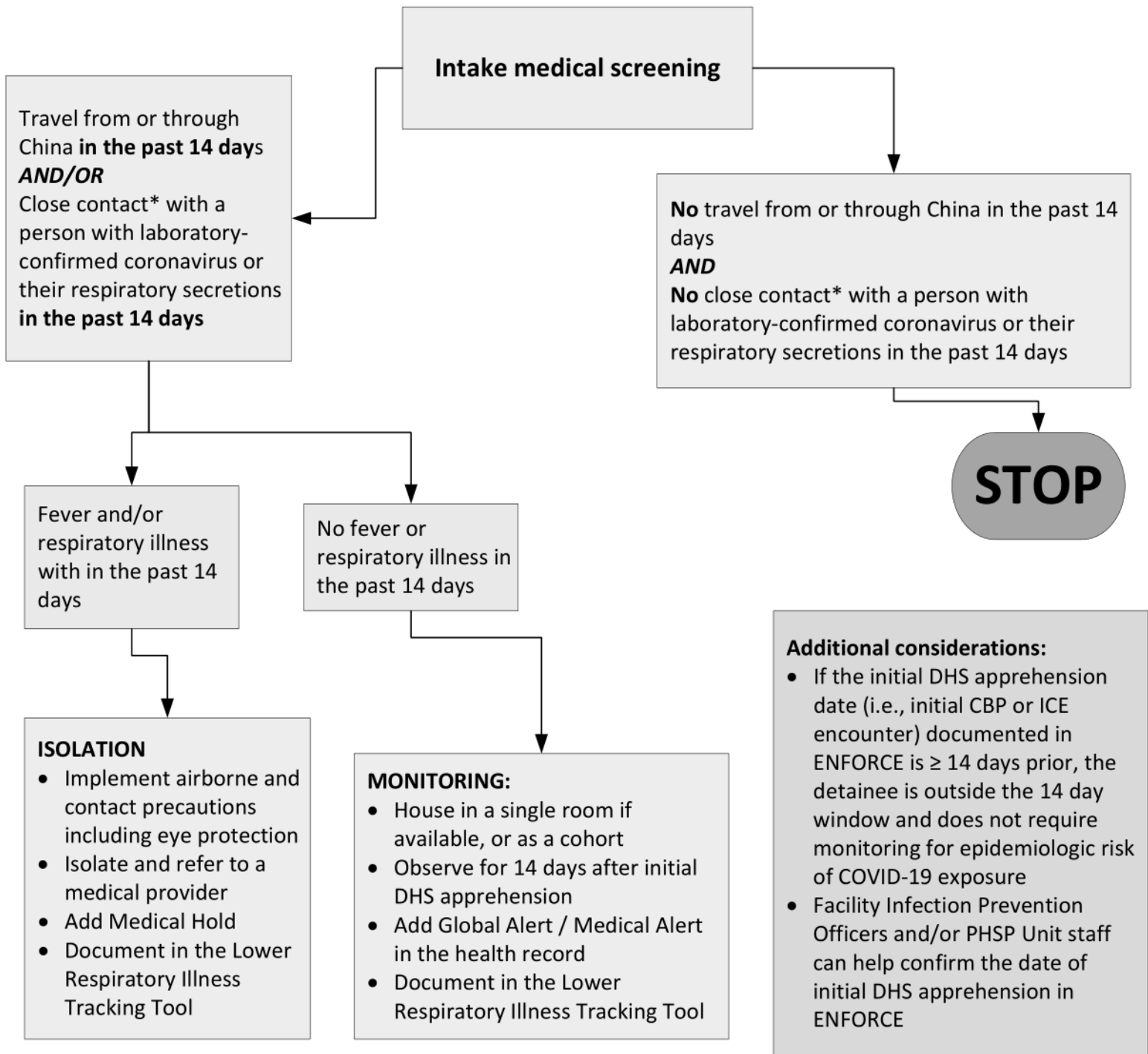
MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000164

ICE Health Service Corps Interim Recommendations
For 2019 Novel Coronavirus (COVID-19) Risk | Isolation, Assessment, and Early Management
Updated February 14, 2020



DHS-PRIV-00016612/14/2020

ICE Health Service Corps Interim Recommendations for Screening and Early Management for 2019 Novel Coronavirus (COVID-19) Updated February 25, 2020



***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.

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000166

ICE Health Service Corps Interim Recommendations
For 2019 Novel Coronavirus (COVID-19) Risk | Isolation, Assessment, and Early Management
Updated February 25, 2020

Travel from or through
China in the past 14 days

Close contact with a person with laboratory-
confirmed coronavirus or their respiratory
secretions in the past 14 days

Fever and/or respiratory illness in the past 14 days

ISOLATION | MEDICAL HOUSING UNIT (MHU)

- Airborne infection isolation room, if available (prioritize for high and medium risk)
- Implement standard, airborne and contact precautions including eye protection
- Isolate and refer to a medical provider
- Add Medical Hold
- Document in the Lower Respiratory Illness Tracking Tool

ASSESS CLINICAL STATUS | EXAM

Is fever present?

Subjective?

Measured? _____ °C/F

Is respiratory illness present?

Cough?

Shortness of breath?

- Contact health department to report at-risk patients and their clinical status (i.e., if the detainee is suspected of meeting the CDC definition of a person under investigation for COVID-19 described at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>)
- Assess need to collect specimens to test for COVID-19
- Decide disposition
- Update Lower Respiratory Illness Tracking Tool

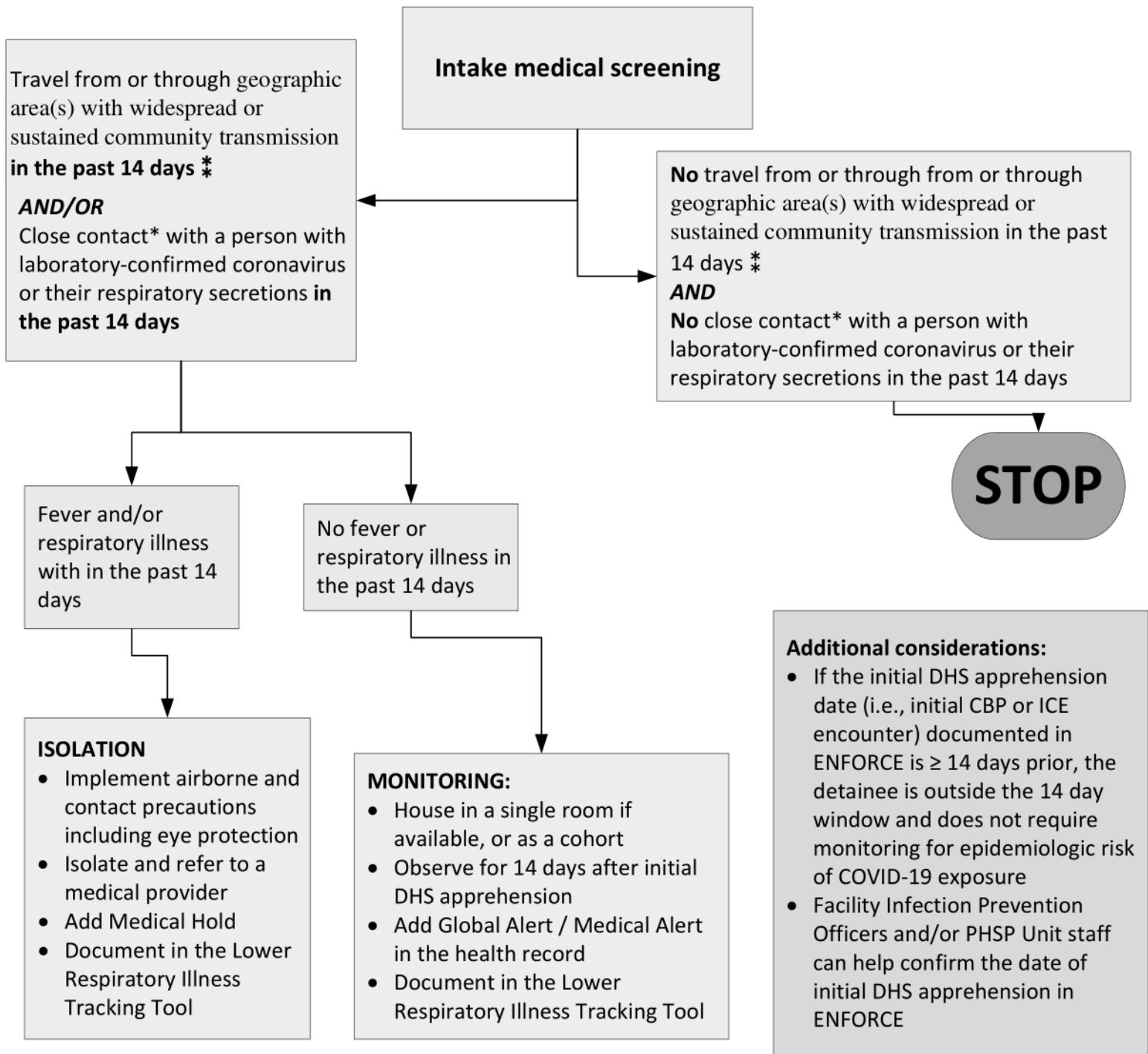
EDUCATE
PATIENT

IF LOCAL HEALTH DEPARTMENT RECOMMENDS LABORATORY TESTING FOR COVID-19:

- See CDC Recommendations for Reporting, Testing, and Specimen Collection: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
- Only submit specimens to test for 2019-nCoV for patients that meet CDC criteria for testing

DHS-PRIV-00016812/14/2020

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.

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000168

DHS-PRIV-00016812/14/2020

ICE Health Service Corps Interim Recommendations
For 2019 Novel Coronavirus (COVID-19) Risk | Isolation, Assessment, and Early Management
Updated February 28, 2020

Travel 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>

Close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days

Fever and/or respiratory illness in the past 14 days

ISOLATION | MEDICAL HOUSING UNIT (MHU)

- Airborne infection isolation room, if available (prioritize for high and medium risk)
- Implement standard, airborne and contact precautions including eye protection
- Isolate and refer to a medical provider
- Add Medical Hold
- Document in the Lower Respiratory Illness Tracking Tool

ASSESS CLILICAL STATUS | EXAM

Is fever present?

Subjective?

Measured? _____ °C/F

Is respiratory illness present?

Cough?

Shortness of breath?

- Contact health department to report at-risk patients and their clinical status (i.e., if the detainee is suspected of meeting the CDC definition of a person under investigation for COVID-19 described at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>)
- Assess need to collect specimens to test for COVID-19
- Decide disposition
- Update Lower Respiratory Illness Tracking Tool

EDUCATE
PATIENT

IF LOCAL HEALTH DEPARTMENT RECOMMENDS LABORATORY TESTING FOR COVID-19:

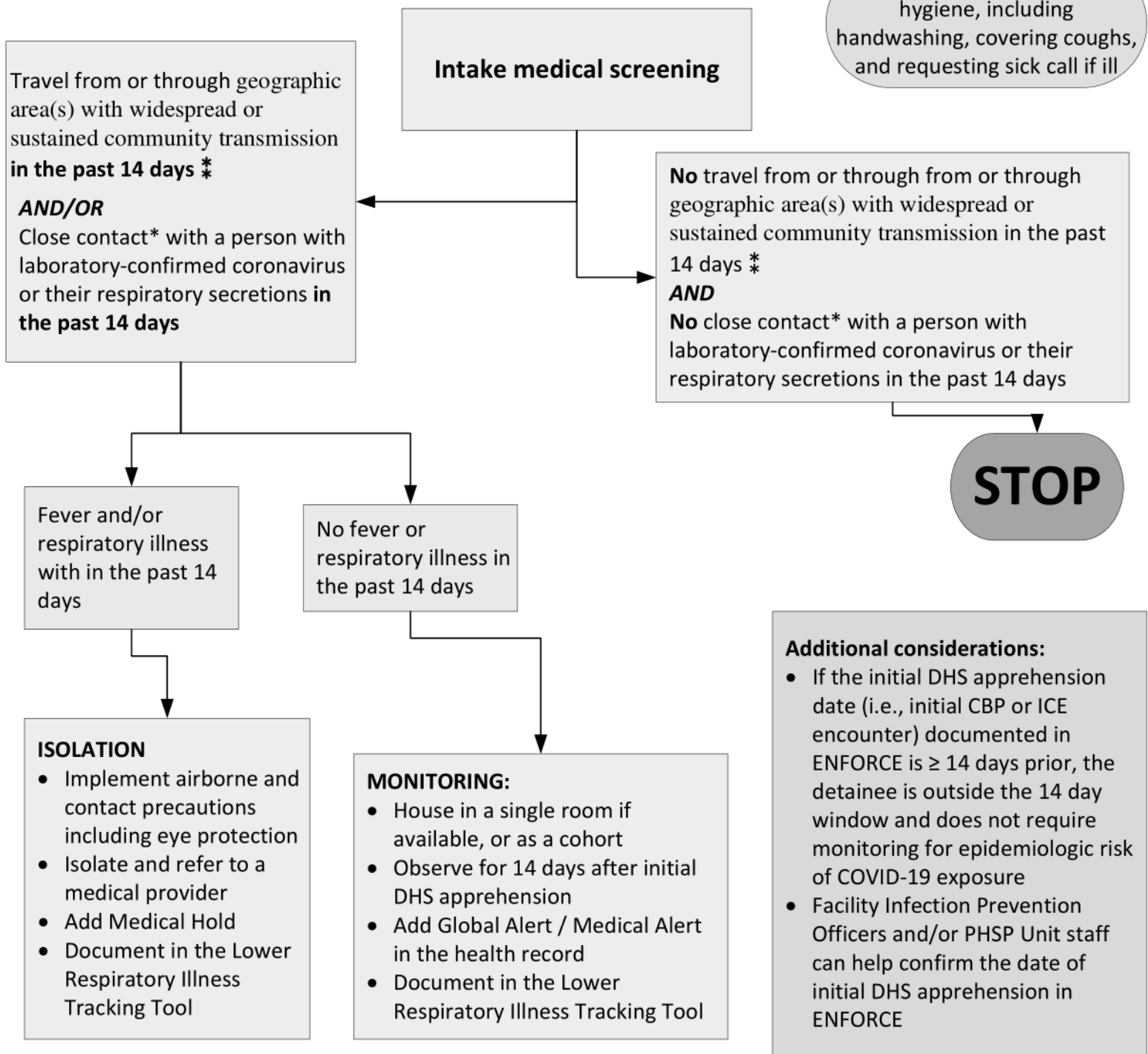
- See CDC Recommendations for Reporting, Testing, and Specimen Collection: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>
- Only submit specimens to test for COVID-19 for patients that meet CDC criteria for testing

DHS-PRIV-00017012/14/2020

ICE Health Service Corps Interim Recommendations for Screening and Early Management for 2019 Novel Coronavirus (COVID-19)

Updated March 3, 2020

EDUCATE all detainees on hygiene, including handwashing, covering coughs, and requesting sick call if ill



* 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.

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000170

DHS-PRIV-00017012/14/2020

ICE Health Service Corps Interim Recommendations
 For 2019 Novel Coronavirus (COVID-19) Risk | Isolation, Assessment, and Early Management
 Updated March 3, 2020

DHS-PRIV-00017112/14/2020

Travel 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>

Close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days

Fever and/or respiratory illness in the past 14 days

ISOLATION | MEDICAL HOUSING UNIT (MHU)

- Airborne infection isolation room, if available (prioritize for high and medium risk)
- Implement standard, airborne and contact precautions including eye protection
- Isolate and refer to a medical provider
- Add Medical Hold
- Document in the Lower Respiratory Illness Tracking Tool

ASSESS CLILICAL STATUS | EXAM

Is fever present?

Subjective?

Measured? ____ °C/F

Is respiratory illness present?

Cough?

Shortness of breath?

- Contact health department to report at-risk patients and their clinical status (i.e., if the detainee is suspected of meeting the CDC definition of a person under investigation for COVID-19 described at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>)
- Assess need to collect specimens to test for COVID-19
- Decide disposition
- Update Lower Respiratory Illness Tracking Tool

EDUCATE all detainees on hygiene, including handwashing, covering coughs, and requesting sick call if ill

IF LOCAL HEALTH DEPARTMENT RECOMMENDS LABORATORY TESTING FOR COVID-19:

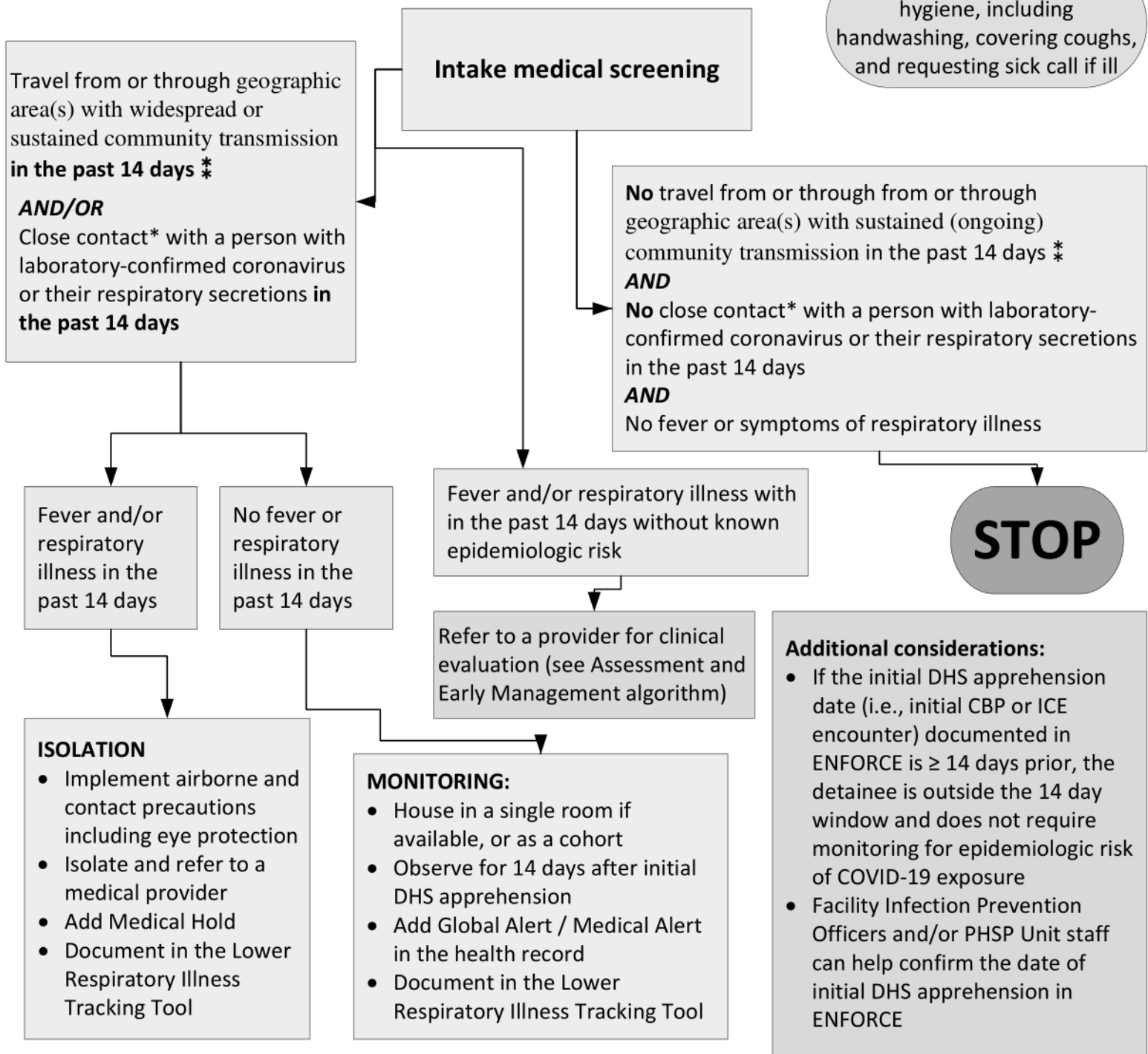
- See CDC Recommendations for Reporting, Testing, and Specimen Collection: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>
- Only submit specimens to test for 2019-nCoV for patients that meet CDC criteria for testing

DHS-PRIV-00017212/14/2020

ICE Health Service Corps Interim Recommendations for Screening and Early Management for 2019 Novel Coronavirus (COVID-19)

Updated March 5, 2020

EDUCATE all detainees on hygiene, including handwashing, covering coughs, and requesting sick call if ill



* 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—

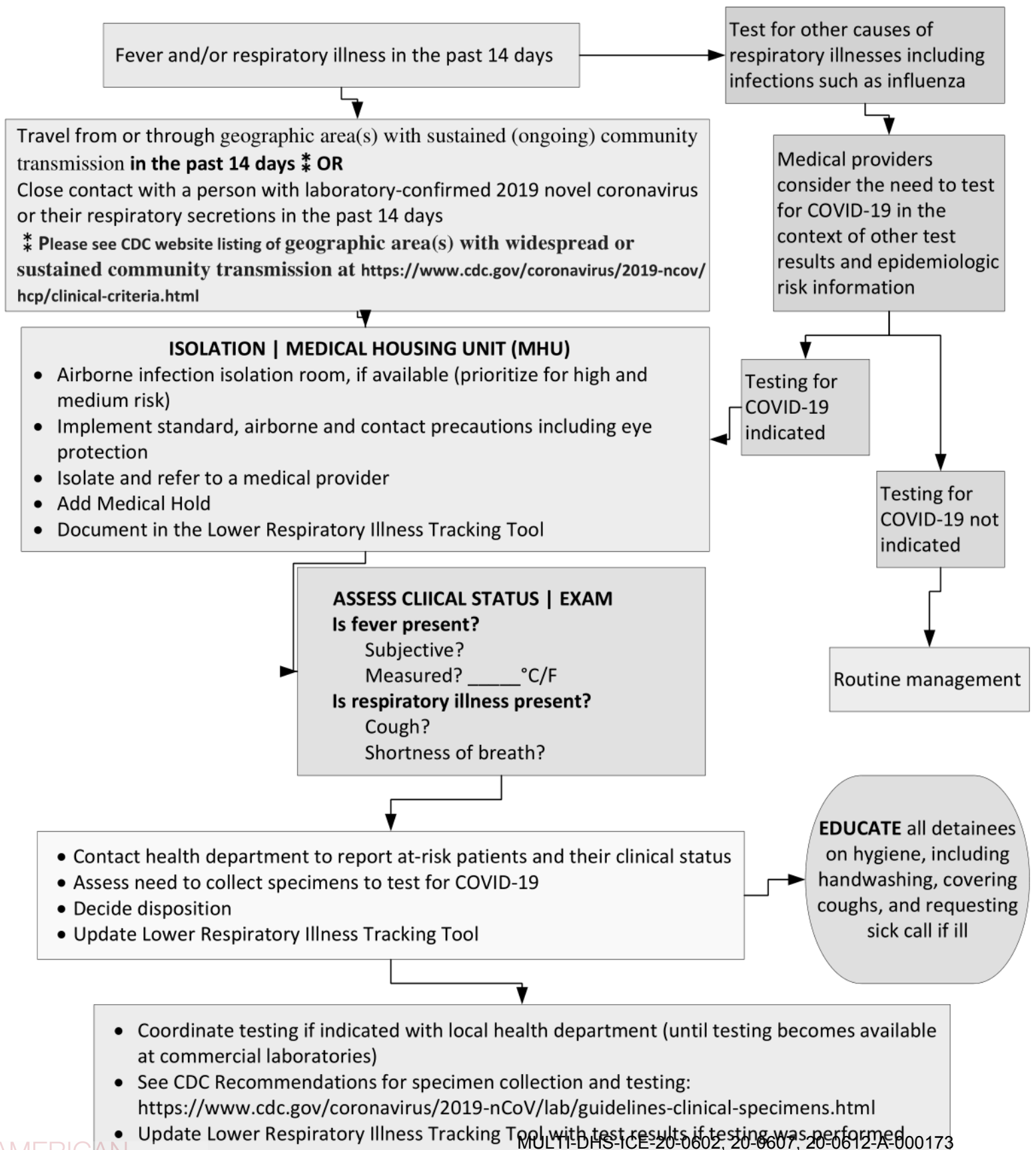
a) being within approximately 6 feet (2 meters), or within the room or care area, of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include 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.

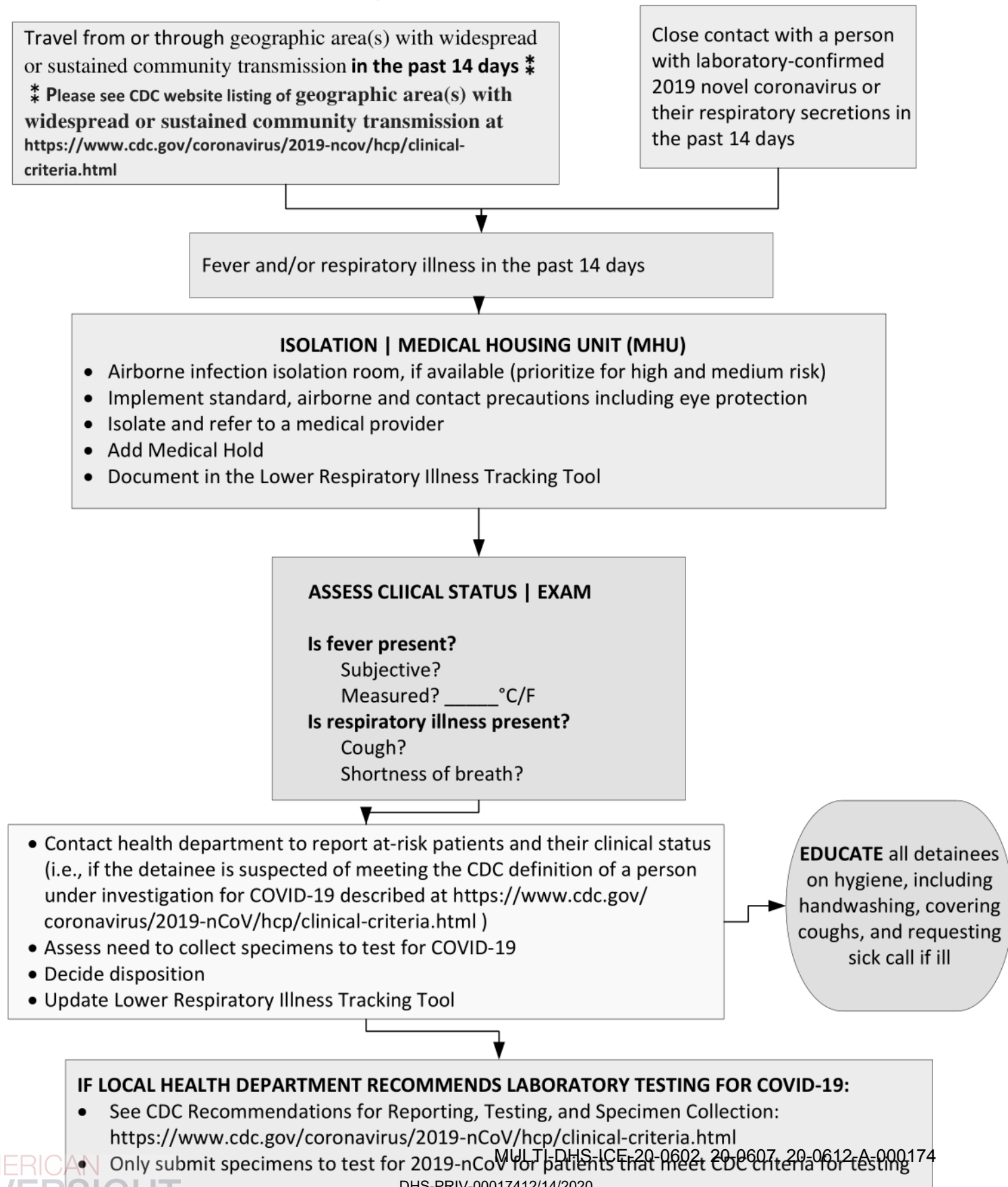
MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000172

DHS-PRIV-00017212/14/2020

ICE Health Service Corps Interim Recommendations
For 2019 Novel Coronavirus (COVID-19) Risk | Assessment and Early Management
Updated March 5, 2020



ICE Health Service Corps Interim Recommendations
For 2019 Novel Coronavirus (COVID-19) Risk | Isolation, Assessment, and Early Management
Updated March 5, 2020



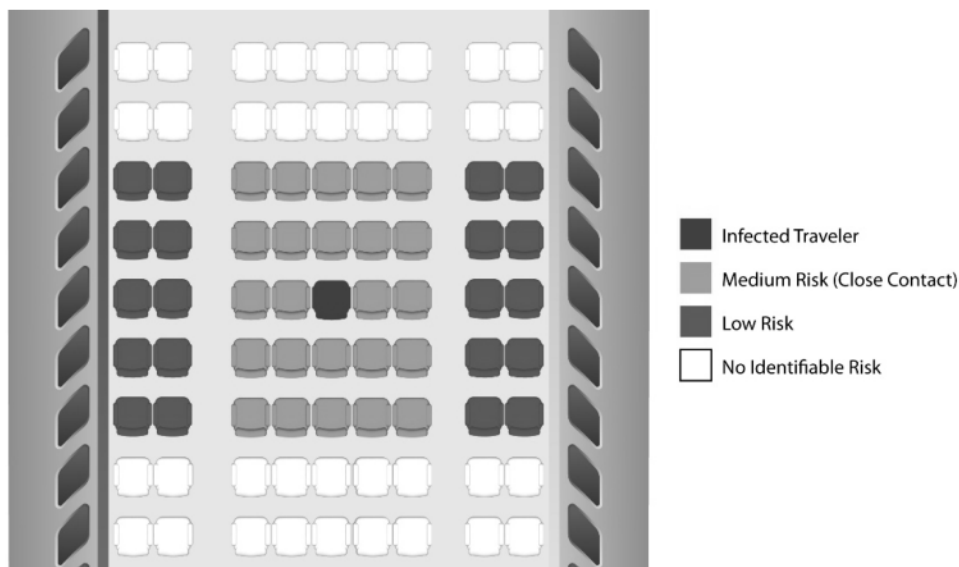
Appendix D. IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (2019-nCoV Exposure in Travel-, Community-, or Custody Settings¹

Version 1.0, February 10, 2020

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
High risk	Travel from Hubei Province, China	Travel from Hubei Province, China in the past 14 days
High risk	Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>without using recommended precautions</i> for <u>home care</u> and <u>home isolation</u> The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing.	Living in the same 2–4-person cell or sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed 2019-nCoV infection</u>
Medium risk	Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition	Travel from or through mainland China outside Hubei Province in the past 14 days AND not having any exposures that meet a high-risk definition
Medium risk	Close contact ² with a person with symptomatic laboratory-confirmed 2019-nCoV infection, and not having any exposures that meet a high-risk definition. - The same risk assessment applies for close contact with a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing. - On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection; this distance correlates approximately with 2 seats in each direction (refer to graphic)	Close contact ² with a person with <u>symptomatic laboratory-confirmed 2019-nCoV infection</u> , and not having any exposures that meet a high-risk definition On an aircraft, bus, or van, being seated within 6 feet (two meters) of a traveler <u>with symptomatic laboratory-confirmed 2019-nCoV infection</u>; this distance correlates approximately with 2 rows or 2 seats in each direction
Medium risk	Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>while consistently using</i>	Housing in the same unit as a person with <u>symptomatic laboratory-confirmed 2019-nCoV infection</u> but not in the same 2–4-person cell and not sleeping with head position within 6 feet of a

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
	<i>recommended precautions</i> for <u>home care</u> and <u>home isolation</u>	person with <u>symptomatic laboratory-confirmed 2019-nCoV infection</u>
Low risk	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed 2019-nCoV infection for a prolonged period of time but not meeting the definition of close contact	Being in the same indoor environment (e.g., general detention population, dining hall, recreation, work duty, library, or religious services) as a person with <u>symptomatic laboratory-confirmed 2019-nCoV infection for a prolonged period of time</u> but not meeting the definition of close contact ²
Low risk	On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)	On an aircraft, bus, or van being seated within two rows of a traveler with <u>symptomatic laboratory-confirmed 2019-nCoV infection</u> but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)
Low risk	N/A	Direct close contact ² with a person under investigation for 2019-nCoV that is pending laboratory confirmation
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed 2019-nCoV infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Interactions with a person with <u>symptomatic laboratory-confirmed 2019-nCoV infection</u> or a person under investigation for 2019-nCoV that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.
No risk	N/A	Exposure to an <u>asymptomatic</u> person who was exposed to another person with high-, medium, low-, or no identifiable risk of exposure to 2019-nCoV

Graphic



Sample seating chart for a 2019-nCoV aircraft contact investigation showing risk levels based on distance from the infected traveler.¹

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a 2019-nCoV 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 occur while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case – *or* –

b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's updated [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 2019-nCoV (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

Appendix E. IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019-Novel Coronavirus (2019-nCoV Exposure in Travel-, Community-, or Custody Settings¹

Version 1.0, February 10, 2020

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
SYMPTOMATIC [refer also to Interim Reference Sheet on 2019-Novel Coronavirus (2019-nCoV)]				
High risk	Immediate isolation.	Medical evaluation is recommended; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u> but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <u>infection control precautions</u> in place.	Controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an airborne infection isolation room (AII); priority for AII room use • Consult with the local health department for guidance on testing for 2019-nCoV • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
Medium risk	Immediate isolation.	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u> . If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <u>infection control precautions</u> in place.	Controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an AII room; priority for AII room use • Consult with the local health department for guidance on testing for 2019-nCoV • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Low risk	Recommendation to avoid contact with others and public activities while symptomatic	Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be	Recommendation to not travel on long-distance commercial conveyances or local public transport while symptomatic	• Promptly place in an AII room if available, or other single room • Use discretion to prioritize AII room needs, including high and medium risk and symptoms consistent with 2019-nCoV, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
		guided by CDC's <u>PUI definition</u>		- Consult with the local health department for guidance on testing for 2019-nCoV - Consult with Regional Clinical Director and Infectious Disease Program - Implement strict hand hygiene - Implement standard precautions - Implement contact precautions - Implement airborne precautions - Implement administrative controls - Request medical hold - Recommend no transfer or transport - Document in Lower Respiratory Illness Tracking Tool
No Identifiable Risk²	No restriction	Routine medical care	No restriction	No restriction
No risk	No restriction	Routine medical care	No restriction	No restriction
ASYMPTOMATIC [refer also to Interim Reference Sheet on 2019-Novel Coronavirus (2019-nCoV)]				
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public	Daily active monitoring	Controlled	Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after exposure risk ended

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
	health authorities. No public activities.			• Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision All others in this category: Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after exposure risk ended • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
Low risk	No restriction	Self-observation	No restriction	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after exposure risk ended • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
No identifiable risk	No restriction	None	No restriction	No restriction
No risk	No restriction	None	No restriction	No restriction

¹Source and adapted from CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel associated or Community Settings

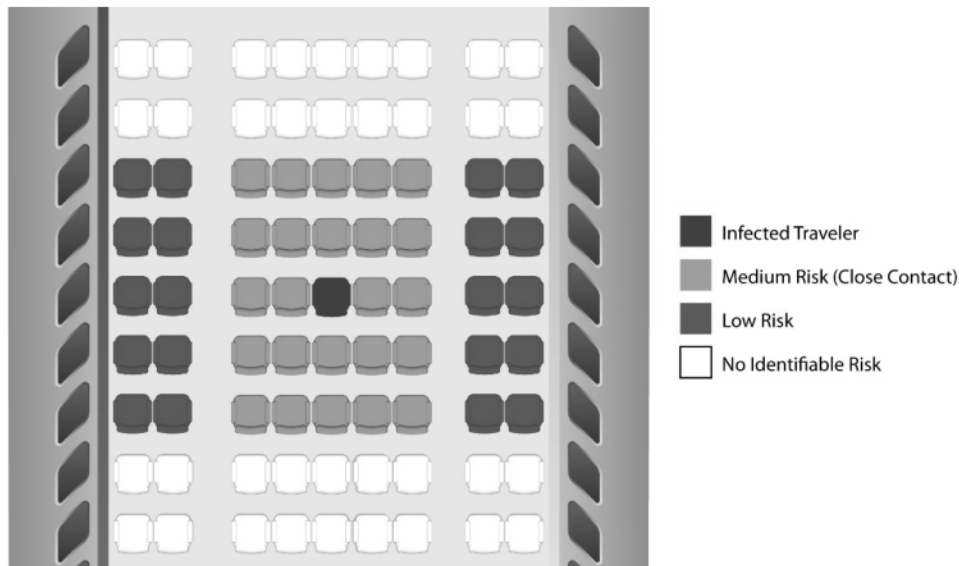
IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated February 28, 2020

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of February 8, 2020)	IHSC Detention Setting Definition
High risk	Travel from Hubei Province, China	Travel from Hubei Province, China in the past 14 days
High risk	Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>without using recommended precautions</i> for <u>home care</u> and <u>home isolation</u> The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing.	Housing in the same 2–4-person cell or sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed COVID-19</u>
Medium risk	Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition	Travel from or through geographic area(s) with widespread or sustained community transmission* in the past 14 days AND not having any exposures that meet a high-risk definition *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
Medium risk	Close contact² with a person with symptomatic laboratory-confirmed 2019-nCoV infection, and not having any exposures that meet a high-risk definition. - The same risk assessment applies for close contact with a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing. - On an aircraft, being seated within 6 feet (two meters) of a traveler with	Close contact² with a person with <u>symptomatic laboratory-confirmed COVID-19</u>, and not having any exposures that meet a high-risk definition On an aircraft, bus, or van, being seated within 6 feet (two meters) of a traveler <u>with symptomatic laboratory-confirmed COVID-19</u>; this distance correlates approximately with 2 rows or 2 seats in each direction

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of February 8, 2020)	IHSC Detention Setting Definition
	symptomatic laboratory-confirmed 2019-nCoV infection; this distance correlates approximately with 2 seats in each direction (refer to graphic)	
Medium risk	Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>while consistently using recommended precautions</i> for home care and home isolation	Housing in the same unit as a person with <u>symptomatic laboratory-confirmed COVID-19</u> but not in the same 2–4-person cell and not sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed COVID-19</u>
Low risk	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed 2019-nCoV infection for a prolonged period of time but not meeting the definition of close contact	Being in the same indoor environment (e.g., general detention population, dining hall, recreation, work duty, library, or religious services) as a person with <u>symptomatic laboratory-confirmed COVID-19</u> for a <u>prolonged period of time</u> but not meeting the definition of close contact ²
Low risk	On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)	On an aircraft, bus, or van being seated within two rows of a traveler with <u>symptomatic laboratory-confirmed COVID-19</u> but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)
Low risk	N/A	Direct close contact ² with a person under investigation for COVID-19 that is pending laboratory confirmation
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed 2019-nCoV infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Interactions with a person with <u>symptomatic laboratory-confirmed COVID-19</u> or a person under investigation for COVID-19 that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.
No risk	N/A	Exposure to an <u>asymptomatic</u> person who was exposed to another person with high-, medium, low-, or no identifiable risk of exposure to COVID-19

Graphic



Sample seating chart for a COVID-19 aircraft contact investigation showing risk levels based on distance from the infected traveler.¹

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a 2019-nCoV 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 occur while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case – *or* –

b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's updated [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 2019-nCoV (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

IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated February 28, 2020

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
SYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				
High risk	Immediate isolation.	Medical evaluation is recommended; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u> but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <u>infection control precautions</u> in place.	Controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an airborne infection isolation room (AII); priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
				• Document in Lower Respiratory Illness Tracking Tool
Medium risk	Immediate isolation.	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u> If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <u>infection control precautions</u> in place.	Controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an AII room; priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Low risk	Recommendation to avoid contact with others and public activities while symptomatic	Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical	Recommendation to not travel on long-distance commercial conveyances or local	• ISOLATION • Promptly place in an AII room if available, or other single room

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
		presentation; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u>	public transport while symptomatic	• Use discretion to prioritize AII room needs, including high- and medium-risk and symptoms consistent with COVID-19, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
No Identifiable Risk²	No restriction	Routine medical care	No restriction	No restriction
No risk	No restriction	Routine medical care	No restriction	No restriction

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
ASYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision All others in this category: Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
			to return if they become symptomatic during travel.	• Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Low risk	No restriction	Self-observation	No restriction	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
No identifiable risk	No restriction	None	No restriction	No restriction
No risk	No restriction	None	No restriction	No restriction

¹Source and adapted from CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel associated or Community Settings

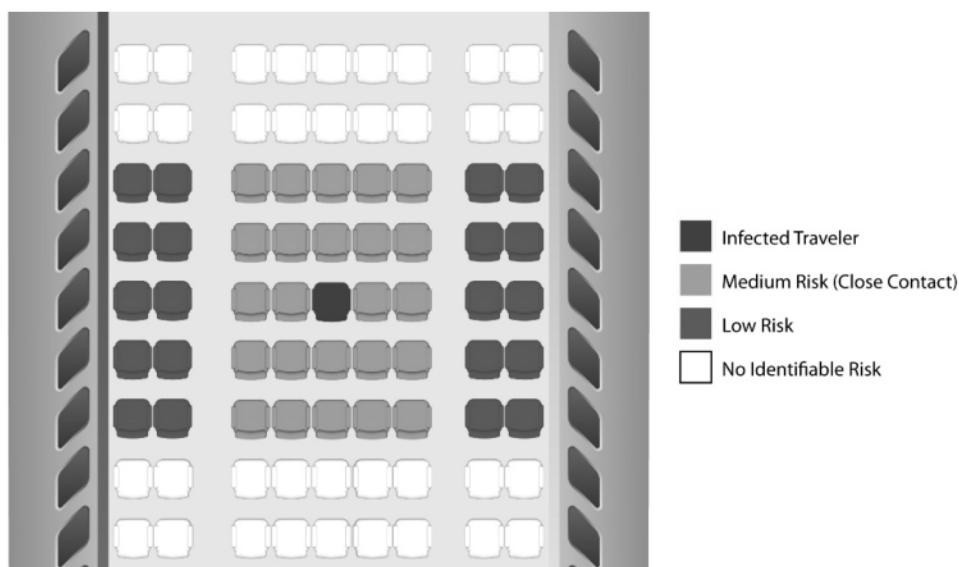
Appendix D. IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated February 14, 2020

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
High risk	Travel from Hubei Province, China	Travel from Hubei Province, China in the past 14 days
High risk	Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>without using recommended precautions</i> for <u>home care</u> and <u>home isolation</u> The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing.	Housing in the same 2–4-person cell or sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed COVID-19</u>
Medium risk	Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition	Travel from or through mainland China outside Hubei Province in the past 14 days or Chinese national with non-verifiable travel history AND not having any exposures that meet a high-risk definition
Medium risk	Close contact ² with a person with symptomatic laboratory-confirmed 2019-nCoV infection, and not having any exposures that meet a high-risk definition. - The same risk assessment applies for close contact with a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing. - On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection; this distance correlates approximately with 2 seats in each direction (refer to graphic)	Close contact ² with a person with <u>symptomatic laboratory-confirmed COVID-19</u> , and not having any exposures that meet a high-risk definition On an aircraft, bus, or van, being seated within 6 feet (two meters) of a traveler <u>with symptomatic laboratory-confirmed COVID-19</u>; this distance correlates approximately with 2 rows or 2 seats in each direction
Medium risk	Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed	Housing in the same unit as a person with <u>symptomatic laboratory-confirmed COVID-19</u> but not in the same 2–4- person

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
	2019-nCoV infection <i>while consistently using recommended precautions</i> for <u>home care</u> and <u>home isolation</u>	cell and not sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed COVID-19</u>
Low risk	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed 2019-nCoV infection for a prolonged period of time but not meeting the definition of close contact	Being in the same indoor environment (e.g., general detention population, dining hall, recreation, work duty, library, or religious services) as a person with <u>symptomatic laboratory-confirmed COVID-19</u> for a <u>prolonged period of time</u> but not meeting the definition of close contact ²
Low risk	On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)	On an aircraft, bus, or van being seated within two rows of a traveler with <u>symptomatic laboratory-confirmed COVID-19</u> but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)
Low risk	N/A	Direct close contact ² with a person under investigation for COVID-19 that is pending laboratory confirmation
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed 2019-nCoV infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Interactions with a person with <u>symptomatic laboratory-confirmed COVID-19</u> or a person under investigation for COVID-19 that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.
No risk	N/A	Exposure to an <u>asymptomatic</u> person who was exposed to another person with high-, medium, low-, or no identifiable risk of exposure to COVID-19

Graphic



Sample seating chart for a COVID-19 aircraft contact investigation showing risk levels based on distance from the infected traveler.¹

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a 2019-nCoV 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 occur while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case – *or* –

b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's updated [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 2019-nCoV (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

Appendix E. IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated February 14, 2020

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
SYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				
High risk	Immediate isolation.	Medical evaluation is recommended; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u> but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <u>infection control precautions</u> in place.	Controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an airborne infection isolation room (AII); priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
				• Document in Lower Respiratory Illness Tracking Tool
Medium risk	Immediate isolation.	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u> If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <u>infection control precautions</u> in place.	Controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an AII room; priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Low risk	Recommendation to avoid contact with others and public activities while symptomatic	Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical	Recommendation to not travel on long-distance commercial conveyances or local	• ISOLATION • Promptly place in an AII room if available, or other single room

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
		presentation; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u>	public transport while symptomatic	• Use discretion to prioritize AII room needs, including high- and medium-risk and symptoms consistent with COVID-19, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
No Identifiable Risk²	No restriction	Routine medical care	No restriction	No restriction
No risk	No restriction	Routine medical care	No restriction	No restriction
ASYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision All others in this category: Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
				• Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Low risk	No restriction	Self-observation	No restriction	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
No identifiable risk	No restriction	None	No restriction	No restriction
No risk	No restriction	None	No restriction	No restriction

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)

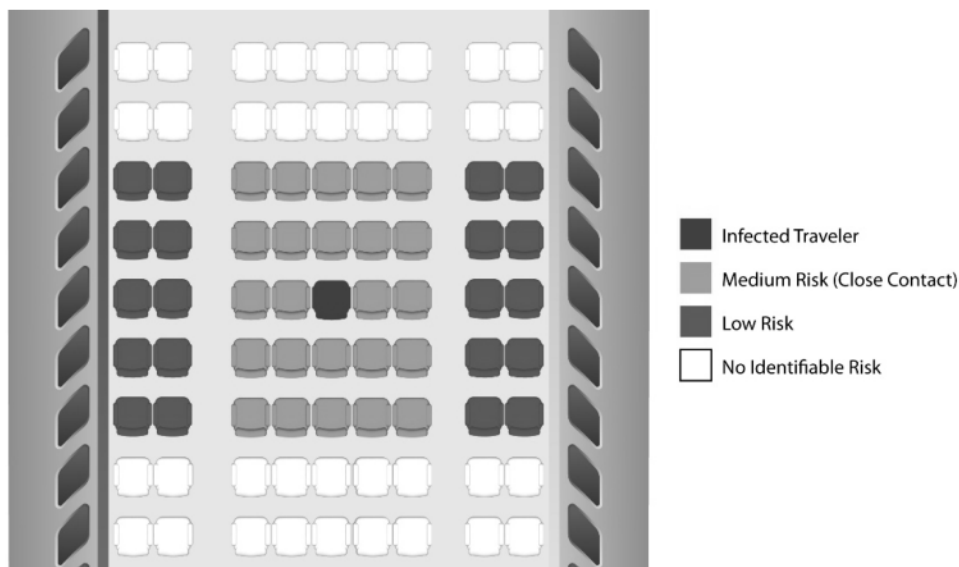
Appendix D. IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated February 25, 2020

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
High risk	Travel from Hubei Province, China	Travel from Hubei Province, China in the past 14 days
High risk	Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>without using recommended precautions</i> for <u>home care</u> and <u>home isolation</u> The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing.	Housing in the same 2–4-person cell or sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed COVID-19</u>
Medium risk	Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition	Travel from or through mainland China outside Hubei Province in the past 14 days AND not having any exposures that meet a high-risk definition
Medium risk	Close contact ² with a person with symptomatic laboratory-confirmed 2019-nCoV infection, and not having any exposures that meet a high-risk definition. - The same risk assessment applies for close contact with a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing. - On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection; this distance correlates approximately with 2 seats in each direction (refer to graphic)	Close contact ² with a person with <u>symptomatic laboratory-confirmed COVID-19</u> , and not having any exposures that meet a high-risk definition On an aircraft, bus, or van, being seated within 6 feet (two meters) of a traveler <u>with symptomatic laboratory-confirmed COVID-19</u>; this distance correlates approximately with 2 rows or 2 seats in each direction
Medium risk	Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>while consistently using</i>	Housing in the same unit as a person with <u>symptomatic laboratory-confirmed COVID-19</u> but not in the same 2–4- person cell and not sleeping with head position within 6 feet of a person

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
	<i>recommended precautions</i> for <u>home care</u> and <u>home isolation</u>	with <u>symptomatic laboratory-confirmed COVID-19</u>
Low risk	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed 2019-nCoV infection for a prolonged period of time but not meeting the definition of close contact	Being in the same indoor environment (e.g., general detention population, dining hall, recreation, work duty, library, or religious services) as a person with <u>symptomatic laboratory-confirmed COVID-19</u> for a <u>prolonged period of time</u> but not meeting the definition of close contact ²
Low risk	On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)	On an aircraft, bus, or van being seated within two rows of a traveler with <u>symptomatic laboratory-confirmed COVID-19</u> but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)
Low risk	N/A	Direct close contact ² with a person under investigation for COVID-19 that is pending laboratory confirmation
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed 2019-nCoV infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Interactions with a person with <u>symptomatic laboratory-confirmed COVID-19</u> or a person under investigation for COVID-19 that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.
No risk	N/A	Exposure to an <u>asymptomatic</u> person who was exposed to another person with high-, medium, low-, or no identifiable risk of exposure to COVID-19

Graphic



Sample seating chart for a COVID-19 aircraft contact investigation showing risk levels based on distance from the infected traveler.¹

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a 2019-nCoV 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 occur while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case – *or* –

b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's updated [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 2019-nCoV (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

Appendix E. IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated February 25, 2020

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
SYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				
High risk	Immediate isolation.	Medical evaluation is recommended; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u> but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <u>infection control precautions</u> in place.	Controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an airborne infection isolation room (AII); priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
				• Document in Lower Respiratory Illness Tracking Tool
Medium risk	Immediate isolation.	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u> If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <u>infection control precautions</u> in place.	Controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an AII room; priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Low risk	Recommendation to avoid contact with others and public activities while symptomatic	Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical	Recommendation to not travel on long-distance commercial conveyances or local	• ISOLATION • Promptly place in an AII room if available, or other single room

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
		presentation; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u>	public transport while symptomatic	• Use discretion to prioritize AII room needs, including high- and medium-risk and symptoms consistent with COVID-19, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
No Identifiable Risk²	No restriction	Routine medical care	No restriction	No restriction
No risk	No restriction	Routine medical care	No restriction	No restriction
ASYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision All others in this category: Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
				• Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Low risk	No restriction	Self-observation	No restriction	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
No identifiable risk	No restriction	None	No restriction	No restriction
No risk	No restriction	None	No restriction	No restriction

¹Source and adapted from CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel associated or Community Settings

IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

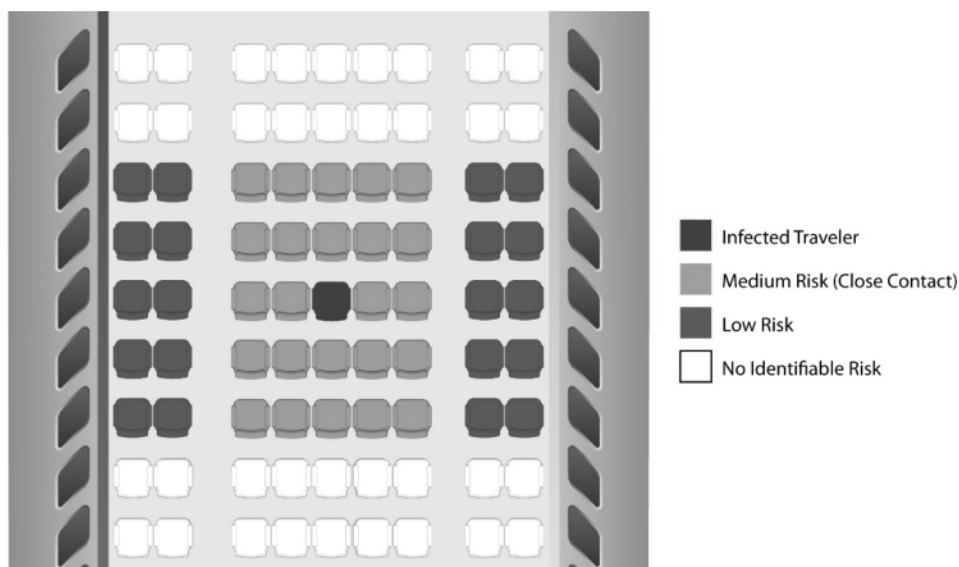
Updated March 4, 2020

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of February 8, 2020)	IHSC Detention Setting Definition
High risk	Travel from Hubei Province, China	Travel from or through international 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
High risk	Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>without using recommended precautions</i> for <u>home care</u> and <u>home isolation</u> The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing.	Housing in the same 2–4-person cell or sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed COVID-19</u>
Medium risk	Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition	Travel from or through other geographic area(s) with community transmission in the past 14 days AND not having any exposures that meet a high-risk definition
Medium risk	Close contact ² with a person with symptomatic laboratory-confirmed 2019-nCoV infection, and not having any exposures that meet a high-risk definition. The same risk assessment applies for close contact with a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing.	Close contact ² with a person with <u>symptomatic laboratory-confirmed COVID-19</u> , and not having any exposures that meet a high-risk definition On an aircraft, bus, or van, being seated within 6 feet (two meters) of a traveler <u>with symptomatic laboratory-confirmed COVID-19</u>; this distance correlates approximately with 2 rows or 2 seats in each direction

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of February 8, 2020)	IHSC Detention Setting Definition
	On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection; this distance correlates approximately with 2 seats in each direction (refer to graphic)	
Medium risk	Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>while consistently using recommended precautions</i> for home care and home isolation	Housing in the same unit as a person with <u>symptomatic laboratory-confirmed COVID-19</u> but not in the same 2–4-person cell and not sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed COVID-19</u>
Low risk	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed 2019-nCoV infection for a prolonged period of time but not meeting the definition of close contact	Being in the same indoor environment (e.g., general detention population, dining hall, recreation, work duty, library, or religious services) as a person with <u>symptomatic laboratory-confirmed COVID-19</u> for a <u>prolonged period of time</u> but not meeting the definition of close contact ²
Low risk	On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)	On an aircraft, bus, or van being seated within two rows of a traveler with <u>symptomatic laboratory-confirmed COVID-19</u> but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)
Low risk	N/A	Direct close contact ² with a person under investigation for COVID-19 that is pending laboratory confirmation
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed 2019-nCoV infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Interactions with a person with <u>symptomatic laboratory-confirmed COVID-19</u> or a person under investigation for COVID-19 that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.
No risk	N/A	Exposure to an <u>asymptomatic</u> person who was exposed to another person with

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of February 8, 2020)	IHSC Detention Setting Definition
		high-, medium, low-, or no identifiable risk of exposure to COVID-19

Graphic



Sample seating chart for a COVID-19 aircraft contact investigation showing risk levels based on distance from the infected traveler.¹

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a 2019-nCoV 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 occur while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case – *or* –

b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's updated [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 2019-nCoV (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

IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated February 28, 2020

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
SYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				
High risk	Immediate isolation.	Medical evaluation is recommended; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u> but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <u>infection control precautions</u> in place.	Controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an airborne infection isolation room (AII); priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
				• Document in Lower Respiratory Illness Tracking Tool
Medium risk	Immediate isolation.	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u> If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <u>infection control precautions</u> in place.	Controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an AII room; priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Low risk	Recommendation to avoid contact with others and public activities while symptomatic	Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical	Recommendation to not travel on long-distance commercial conveyances or local	• ISOLATION • Promptly place in an AII room if available, or other single room

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
		presentation; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u>	public transport while symptomatic	• Use discretion to prioritize AII room needs, including high- and medium-risk and symptoms consistent with COVID-19, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
No Identifiable Risk²	No restriction	Routine medical care	No restriction	No restriction
No risk	No restriction	Routine medical care	No restriction	No restriction

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
ASYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision All others in this category: Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
			to return if they become symptomatic during travel.	• Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Low risk	No restriction	Self-observation	No restriction	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
No identifiable risk	No restriction	None	No restriction	No restriction
No risk	No restriction	None	No restriction	No restriction

¹Source and adapted from CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel associated or Community Settings



Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)

ICE Health Service Corps (IHSC)

Version 3.0, February 14, 2020 1545 EST

What's new in this version

- Nomenclature changed to align with new World Health Organization and Centers for Disease Control and Prevention (CDC) terminology. The 2019 novel coronavirus outbreak is now referred to as COVID-19.
- Updates have been made based on revised guidance and definitions issued by the CDC.
- Appendix A screening questions were updated to include steps to identify any Chinese national and direct them to monitoring, and to specify to start the 14-day monitoring period from the time of arrival to the facility.
- Appendix B is updated
- Appendix C is updated
- Appendix D is updated
- Appendix E is updated

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. 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 Hubei Province, there have been a few people identified with COVID-19 throughout mainland China and in other countries, including the United States.

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**
 - i. If yes, assess for symptoms of fever or respiratory illness.
 - a. If detainee has a fever or symptoms of respiratory illness, refer to #3 below
 - b. If the detainee does not have fever or respiratory illness, observe for 14 days; house in a single cell room if available; if a single cell room is not available, house detainees as a cohort for 14 days.
 - c. For IHSC-staffed medical clinics, add a Global Alert / Medical Alert in the electronic health record that states, “*Contact with laboratory-confirmed COVID-19. The last reported date of contact was mm/dd/yyyy.*” Click [here](#) for the eCW guide for adding a Global Alert.
- b. **Ask all detainees if they are a Chinese national and/or have traveled from or through mainland China in the past 14 days**
 - i. If yes → for IHSC-staffed medical clinics, add a Global Alert / Medical Alert in the electronic health record that states, “*Intake travel history includes mainland China. The last reported day in China was mm/dd/yyyy.*” Click [here](#) for the eCW guide for adding a Global Alert.
 - c. For Chinese nationals and/or detainees with travel history from or through China in the past 14 days who present with fever and/or symptoms of respiratory illness → refer to #3 below

2. MONITORING of detainees with exposure risk who do not present with fever or symptoms:

- a. See also Appendix D, *IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings*
- b. For Chinese nationals and/or detainees with travel history from or through China in the past 14 days who do not present with fever or symptoms of respiratory illness → observe for 14 days after arrival; house in a single cell room if available. If a single cell room is not available, house detainees as a cohort for 14 days after arrival.
- c. Refer also to appendix A, Intake Screening Questions and Appendix B, Intake Screening Algorithm
- d. If detainee is housed in a facility without IHSC medical staffing, medical staff should notify their assigned IHSC Field Medical Coordinator.
- e. 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 observation period.
- f. During the 14-day observation period, if an asymptomatic detainee under observation who is a Chinese national or who has traveled from or through China in the past 14

days must be released in the U.S., notify the local health department including the intended address and telephone number of the detainee's intended destination.

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 the detainee if they are a Chinese national or if they have traveled from or through China 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**
 - b. If yes → refer to #3 below
4. ***ISOLATION and management of detainees with fever and/or symptoms of respiratory illness who are Chinese nationals, or have traveled from or through China 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 also Appendix D, *IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings*
 - b. See also Appendix E, *IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings*
 - c. Place a tight-fitting surgical mask on the detainee
 - d. Promptly consult with a medical provider, preferably the Clinical Director or designee
 - e. 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
 - f. Implement standard, airborne and contact precautions, including use of eye protection
 - g. 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
 - h. 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.
 - i. 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.
 - j. 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
- k. Facilities without IHSC medical staffing should notify their assigned Field Medical Coordinator
 - l. IHSC Infection Prevention Officers, Facility Healthcare Program Managers, Field Medical Coordinators, or designees should notify the Regional Infection Prevention Supervisory Nurse immediately.
 - m. Detainees in isolation for respiratory illness and who are Chinese nationals or have traveled from or through China in the past 14 days should wear a tight-fitting surgical mask when outside of the room under airborne and contact precautions
 - n. Document any ill detainee who is suspected of having COVID-19 on the [Lower Respiratory Illness Tracking Tool](#)
 - o. 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 (see Appendix D), and symptoms have resolved, release from isolation after completion of the 14 day monitoring period after arrival
 - 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 (see Appendix D) or known exposure to an ill person not be transferred or transported.
- 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
05-06	Infectious Disease Public Health Actions Directive	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

- [Novel Coronavirus 2019, Wuhan, China | CDC](#)
- [Infection Control: Novel Coronavirus 2019 \(COVID-19\) | CDC](#)
- [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

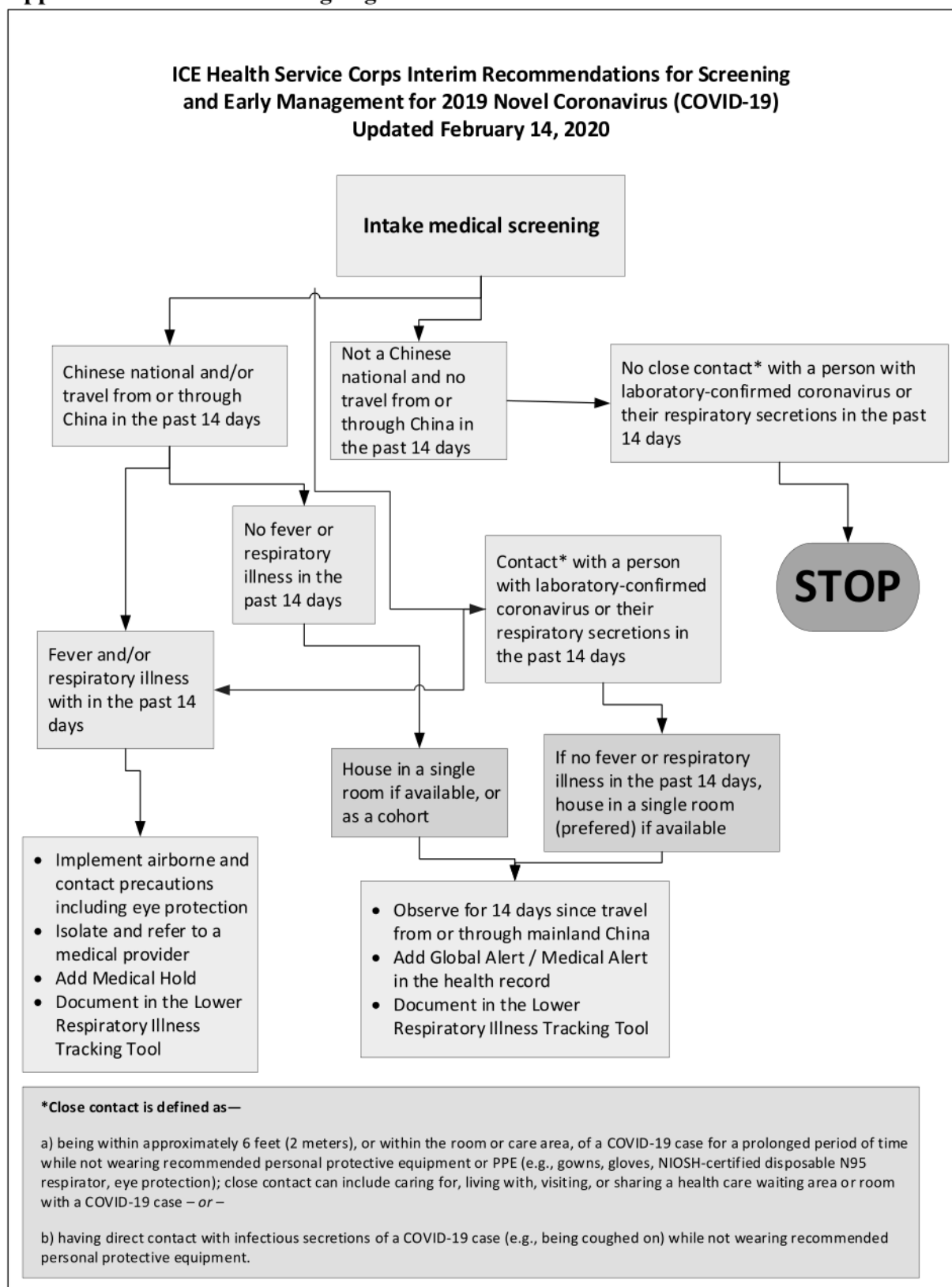
- **IHSC Staff:** Regional Infection Prevention Supervisory Nurses, PHSP Unit Senior Public Health Analyst, PHSP Unit Chief
- **Facilities without IHSC Medical Staffing:** Assigned Field Medical Coordinators
- **Public health agencies:** IHSC_InfectionPrevention@ice.dhs.gov

Appendix A: Intake Screening Questions

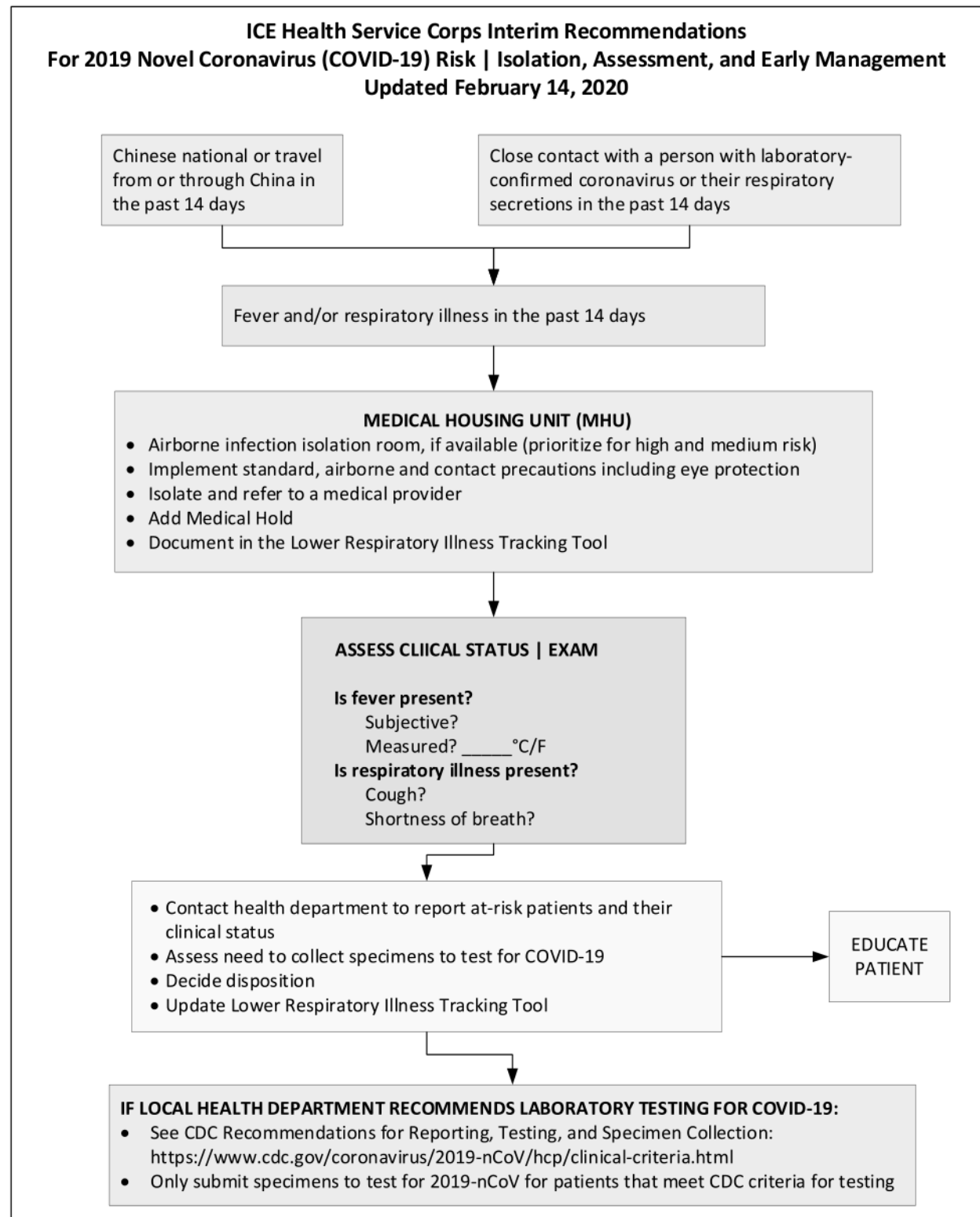
Updated February 14, 2020

- Are you a Chinese national or have you been in mainland China in the past 14 days?
 - If yes:
 - Last date in mainland China:
 - Have you had a fever or respiratory symptoms in the past 14 days? (nurse also screens for current objective/subjective signs)
 - 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, add Global Alert/Medical Alert and place in single room, if available, or cohort for observation for 14 days after arrival
- Have you been in close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days?
 - If yes:
 - Last date you had contact with that person: mm/dd/yyyy
 - If yes:
 - 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, house in single room (preferred) if available, implement daily checks for 14 days after arrival, add Medical Hold, notify FHPM, IPO, or designee.
- If not a Chinese national and no travel from or through mainland China 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?
 - Routine intake

Appendix B: Intake Screening Algorithm



Appendix C: Early Management Algorithm



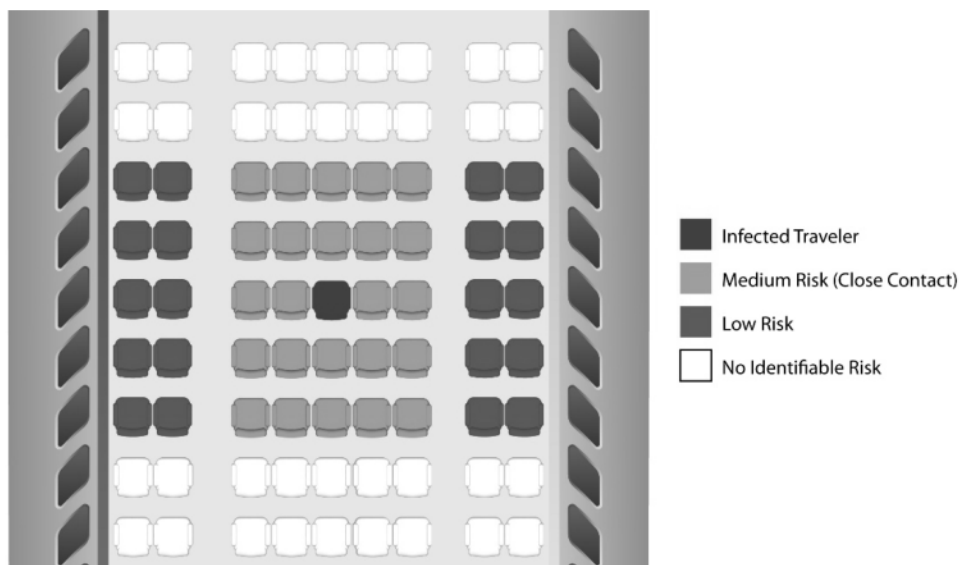
Appendix D. IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated February 14, 2020

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
High risk	Travel from Hubei Province, China	Travel from Hubei Province, China in the past 14 days
High risk	Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>without using recommended precautions</i> for home care and home isolation The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing.	Housing in the same 2–4-person cell or sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed COVID-19</u>
Medium risk	Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition	Travel from or through mainland China outside Hubei Province in the past 14 days or Chinese national with non-verifiable travel history AND not having any exposures that meet a high-risk definition
Medium risk	Close contact ² with a person with symptomatic laboratory-confirmed 2019-nCoV infection, and not having any exposures that meet a high-risk definition. - The same risk assessment applies for close contact with a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing. - On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection; this distance correlates approximately with 2 seats in each direction (refer to graphic)	Close contact ² with a person with <u>symptomatic laboratory-confirmed COVID-19</u> , and not having any exposures that meet a high-risk definition On an aircraft, bus, or van, being seated within 6 feet (two meters) of a traveler <u>with symptomatic laboratory-confirmed COVID-19</u>; this distance correlates approximately with 2 rows or 2 seats in each direction
Medium risk	Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed	Housing in the same unit as a person with <u>symptomatic laboratory-confirmed COVID-19</u> but not in the same 2–4- person

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
	2019-nCoV infection <i>while consistently using recommended precautions</i> for <u>home care</u> and <u>home isolation</u>	cell and not sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed COVID-19</u>
Low risk	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed 2019-nCoV infection for a prolonged period of time but not meeting the definition of close contact	Being in the same indoor environment (e.g., general detention population, dining hall, recreation, work duty, library, or religious services) as a person with <u>symptomatic laboratory-confirmed COVID-19</u> for a <u>prolonged period of time</u> but not meeting the definition of close contact ²
Low risk	On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)	On an aircraft, bus, or van being seated within two rows of a traveler with <u>symptomatic laboratory-confirmed COVID-19</u> but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)
Low risk	N/A	Direct close contact ² with a person under investigation for COVID-19 that is pending laboratory confirmation
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed 2019-nCoV infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Interactions with a person with <u>symptomatic laboratory-confirmed COVID-19</u> or a person under investigation for COVID-19 that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.
No risk	N/A	Exposure to an <u>asymptomatic</u> person who was exposed to another person with high-, medium, low-, or no identifiable risk of exposure to COVID-19

Graphic



Sample seating chart for a COVID-19 aircraft contact investigation showing risk levels based on distance from the infected traveler.¹

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)

²Close contact is defined as—

- a) being within approximately 6 feet (2 meters) 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 occur while 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.

See CDC's updated [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 COVID-19 (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.

Appendix E. IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated February 14, 2020

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
SYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				
High risk	Immediate isolation.	Medical evaluation is recommended; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.	Controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an airborne infection isolation room (AII); priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
				• Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Medium risk	Immediate isolation.	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.	Controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an AII room; priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Low risk	Recommendation to avoid contact with	Person should seek health advice to determine if medical	Recommendation to not travel on long-distance	• ISOLATION

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
	others and public activities while symptomatic	evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition	commercial conveyances or local public transport while symptomatic	• Promptly place in an AII room if available, or other single room • Use discretion to prioritize AII room needs, including high- and medium-risk and symptoms consistent with COVID-19, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
No Identifiable Risk²	No restriction	Routine medical care	No restriction	No restriction
No risk	No restriction	Routine medical care	No restriction	No restriction

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
ASYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision All others in this category: Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
			to return if they become symptomatic during travel.	• Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Low risk	No restriction	Self-observation	No restriction	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
No identifiable risk	No restriction	None	No restriction	No restriction
No risk	No restriction	None	No restriction	No restriction

ASYMPTOMATIC

[refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]

High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor for daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision All others in this category: Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period

				• Document in Lower Respiratory Illness Tracking Tool
Low risk	No restriction	Self-observation	No restriction	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
No identifiable risk	No restriction	None	No restriction	No restriction
No risk	No restriction	None	No restriction	No restriction

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)



Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)

ICE Health Service Corps (IHSC)

Version 3.1, February 15, 2020 1830 EST

What's new in this version

- Nomenclature changed to align with new World Health Organization and Centers for Disease Control and Prevention (CDC) terminology. The 2019 novel coronavirus outbreak is now referred to as COVID-19.
- Updates have been made based on revised guidance and definitions issued by the CDC and to extend screening to identify and monitor all Chinese nationals
- Appendix A screening questions were updated to include steps to identify any Chinese national and direct them to monitoring, and to specify to start the 14-day monitoring period from the time of arrival to the facility.
- Appendix B is updated
- Appendix C is updated
- Appendix D is updated
- Appendix E is updated

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. 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 Hubei Province, there have been a few people identified with COVID-19 throughout mainland China and in other countries, including the United States.

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**
 - i. If yes, assess for symptoms of fever or respiratory illness.
 - a. If detainee has a fever or symptoms of respiratory illness, refer to #3 below
 - b. If the detainee does not have fever or respiratory illness, observe for 14 days; house in a single cell room if available; if a single cell room is not available, house detainees as a cohort for 14 days.
 - c. For IHSC-staffed medical clinics, add a Global Alert / Medical Alert in the electronic health record that states, “*Contact with laboratory-confirmed COVID-19. The last reported date of contact was mm/dd/yyyy.*” Click [here](#) for the eCW guide for adding a Global Alert.
- b. **Ask all detainees if they are a Chinese national and/or have traveled from or through mainland China in the past 14 days**
 - i. If yes → for IHSC-staffed medical clinics, add a Global Alert / Medical Alert in the electronic health record that states, “*Intake travel history includes mainland China. The last reported day in China was mm/dd/yyyy.*” Click [here](#) for the eCW guide for adding a Global Alert.
 - c. For Chinese nationals and/or detainees with travel history from or through China in the past 14 days who present with fever and/or symptoms of respiratory illness → refer to #4 below

2. MONITORING of detainees with exposure risk who do not present with fever or symptoms:

- a. See also Appendix D, *IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings*
- b. For Chinese nationals and/or detainees with travel history from or through China in the past 14 days who do not present with fever or symptoms of respiratory illness → observe for 14 days after arrival; house in a single cell room if available. If a single cell room is not available, house detainees as a cohort for 14 days after arrival.
- c. Refer also to appendix A, Intake Screening Questions and Appendix B, Intake Screening Algorithm
- d. If detainee is housed in a facility without IHSC medical staffing, medical staff should notify their assigned IHSC Field Medical Coordinator.
- e. 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 observation period.
- f. During the 14-day observation period, if an asymptomatic detainee under observation who is a Chinese national or who has traveled from or through China in the past 14

days must be released in the U.S., notify the local health department including the intended address and telephone number of the detainee's intended destination.

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 the detainee if they are a Chinese national or if they have traveled from or through China 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**
 - b. If yes → refer to #4 below
4. ***ISOLATION and management of detainees with fever and/or symptoms of respiratory illness who are Chinese nationals, or have traveled from or through China 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 also Appendix D, *IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings*
 - b. See also Appendix E, *IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings*
 - c. Place a tight-fitting surgical mask on the detainee
 - d. Promptly consult with a medical provider, preferably the Clinical Director or designee
 - e. 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
 - f. Implement standard, airborne and contact precautions, including use of eye protection
 - g. 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
 - h. 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.
 - i. 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.
 - j. 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
- k. Facilities without IHSC medical staffing should notify their assigned Field Medical Coordinator
 - l. IHSC Infection Prevention Officers, Facility Healthcare Program Managers, Field Medical Coordinators, or designees should notify the Regional Infection Prevention Supervisory Nurse immediately.
 - m. Detainees in isolation for respiratory illness and who are Chinese nationals or have traveled from or through China in the past 14 days should wear a tight-fitting surgical mask when outside of the room under airborne and contact precautions
 - n. Document any ill detainee who is suspected of having COVID-19 on the [Lower Respiratory Illness Tracking Tool](#)
 - o. 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 (see Appendix D), and symptoms have resolved, release from isolation after completion of the 14 day monitoring period after arrival
 - 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 (see Appendix D) or known exposure to an ill person not be transferred or transported.
- 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
05-06	Infectious Disease Public Health Actions Directive	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

- [Novel Coronavirus 2019, Wuhan, China | CDC](#)
- [Infection Control: Novel Coronavirus 2019 \(COVID-19\) | CDC](#)
- [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

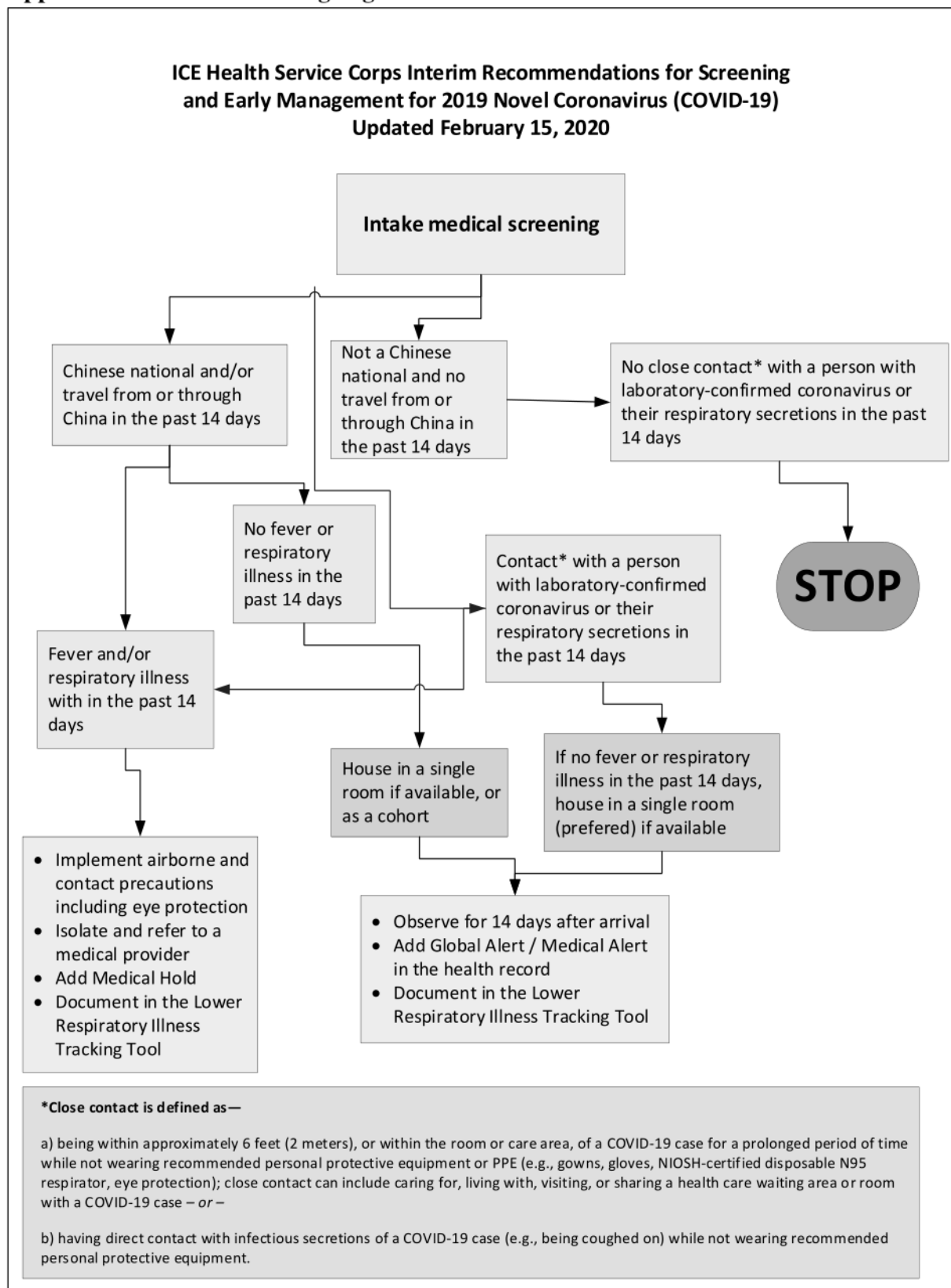
- **IHSC Staff:** Regional Infection Prevention Supervisory Nurses, PHSP Unit Senior Public Health Analyst, PHSP Unit Chief
- **Facilities without IHSC Medical Staffing:** Assigned Field Medical Coordinators
- **Public health agencies:** IHSC_InfectionPrevention@ice.dhs.gov

Appendix A: Intake Screening Questions

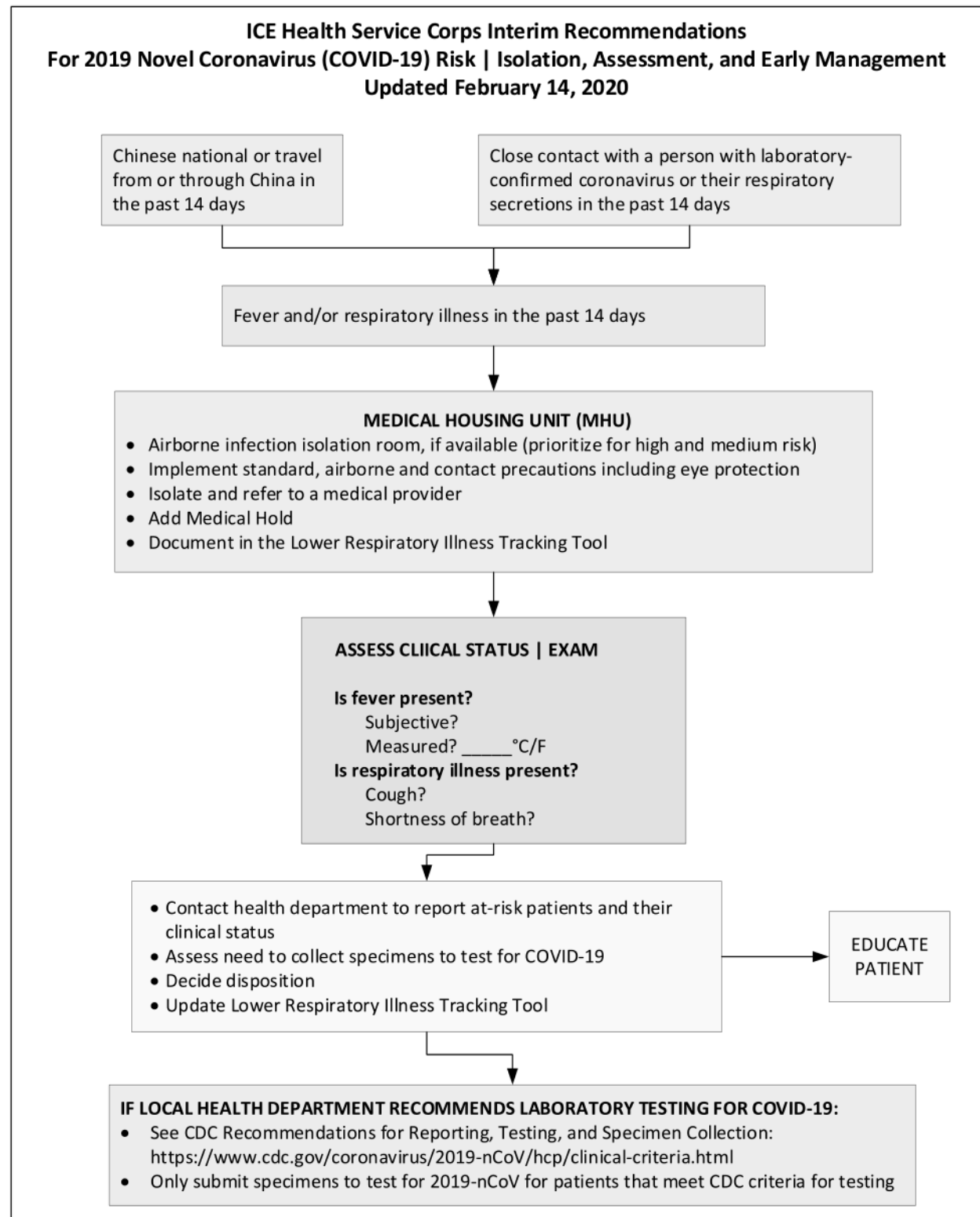
Updated February 14, 2020

- Are you a Chinese national or have you been in mainland China in the past 14 days?
 - If yes:
 - Last date in mainland China:
 - Have you had a fever or respiratory symptoms in the past 14 days? (nurse also screens for current objective/subjective signs)
 - 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, add Global Alert/Medical Alert and place in single room, if available, or cohort for observation for 14 days after arrival
- Have you been in close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days?
 - If yes:
 - Last date you had contact with that person: mm/dd/yyyy
 - If yes:
 - 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, house in single room (preferred) if available, implement daily checks for 14 days after arrival, add Medical Hold, notify FHPM, IPO, or designee.
- If not a Chinese national and no travel from or through mainland China 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?
 - Routine intake

Appendix B: Intake Screening Algorithm



Appendix C: Early Management Algorithm



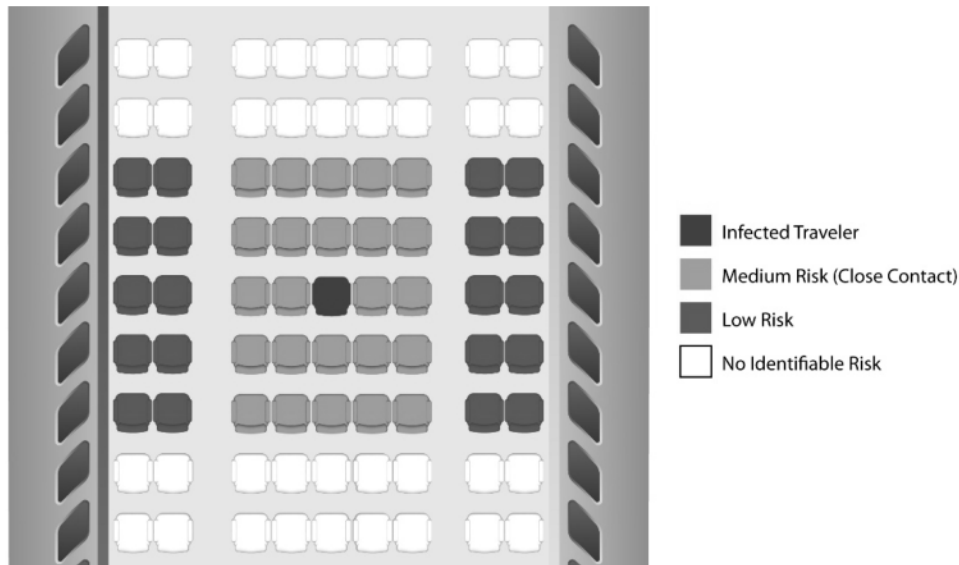
Appendix D. IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated February 14, 2020

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
High risk	Travel from Hubei Province, China	Travel from Hubei Province, China in the past 14 days
High risk	Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>without using recommended precautions</i> for home care and home isolation The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing.	Housing in the same 2–4-person cell or sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed COVID-19</u>
Medium risk	Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition	Travel from or through mainland China outside Hubei Province in the past 14 days or Chinese national with non-verifiable travel history AND not having any exposures that meet a high-risk definition
Medium risk	Close contact ² with a person with symptomatic laboratory-confirmed 2019-nCoV infection, and not having any exposures that meet a high-risk definition. - The same risk assessment applies for close contact with a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing. - On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection; this distance correlates approximately with 2 seats in each direction (refer to graphic)	Close contact ² with a person with <u>symptomatic laboratory-confirmed COVID-19</u> , and not having any exposures that meet a high-risk definition On an aircraft, bus, or van, being seated within 6 feet (two meters) of a traveler <u>with symptomatic laboratory-confirmed COVID-19</u>; this distance correlates approximately with 2 rows or 2 seats in each direction
Medium risk	Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed	Housing in the same unit as a person with <u>symptomatic laboratory-confirmed COVID-19</u> but not in the same 2–4- person

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
	2019-nCoV infection <i>while consistently using recommended precautions</i> for <u>home care</u> and <u>home isolation</u>	cell and not sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed COVID-19</u>
Low risk	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed 2019-nCoV infection for a prolonged period of time but not meeting the definition of close contact	Being in the same indoor environment (e.g., general detention population, dining hall, recreation, work duty, library, or religious services) as a person with <u>symptomatic laboratory-confirmed COVID-19</u> for a <u>prolonged period of time</u> but not meeting the definition of close contact ²
Low risk	On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)	On an aircraft, bus, or van being seated within two rows of a traveler with <u>symptomatic laboratory-confirmed COVID-19</u> but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)
Low risk	N/A	Direct close contact ² with a person under investigation for COVID-19 that is pending laboratory confirmation
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed 2019-nCoV infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Interactions with a person with <u>symptomatic laboratory-confirmed COVID-19</u> or a person under investigation for COVID-19 that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.
No risk	N/A	Exposure to an <u>asymptomatic</u> person who was exposed to another person with high-, medium, low-, or no identifiable risk of exposure to COVID-19

Graphic



Sample seating chart for a COVID-19 aircraft contact investigation showing risk levels based on distance from the infected traveler.¹

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) 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 occur while 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.

See CDC's updated [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 COVID-19 (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.

Appendix E. IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated February 14, 2020

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
SYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				
High risk	Immediate isolation.	Medical evaluation is recommended; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.	Controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an airborne infection isolation room (AII); priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
				• Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Medium risk	Immediate isolation.	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.	Controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an AII room; priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Low risk	Recommendation to avoid contact with	Person should seek health advice to determine if medical	Recommendation to not travel on long-distance	• ISOLATION

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
	others and public activities while symptomatic	evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition	commercial conveyances or local public transport while symptomatic	• Promptly place in an AII room if available, or other single room • Use discretion to prioritize AII room needs, including high- and medium-risk and symptoms consistent with COVID-19, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
No Identifiable Risk²	No restriction	Routine medical care	No restriction	No restriction
No risk	No restriction	Routine medical care	No restriction	No restriction

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
ASYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision All others in this category: Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
			to return if they become symptomatic during travel.	• Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Low risk	No restriction	Self-observation	No restriction	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
No identifiable risk	No restriction	None	No restriction	No restriction
No risk	No restriction	None	No restriction	No restriction

ASYMPTOMATIC

[refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]

High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor for daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision All others in this category: Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period

				• Document in Lower Respiratory Illness Tracking Tool
Low risk	No restriction	Self-observation	No restriction	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after arrival • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
No identifiable risk	No restriction	None	No restriction	No restriction
No risk	No restriction	None	No restriction	No restriction

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)



Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)

ICE Health Service Corps (IHSC)

Version 4.0, February 25, 2020

What's new in this version

- Updates have been made limiting screening to identify detainees with epidemiologic risk of COVID-19 exposure and to specify the start of the 14-day monitoring period from the date of initial DHS apprehension
- Appendix A screening questions were updated to include steps to identify detainees with epidemiologic risk of COVID-19 exposure 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 is updated
- Appendix E is updated

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. 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 Hubei Province, there have been a few people identified with COVID-19 throughout mainland China and in other countries, including the United States.

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 if they have traveled from or through mainland China in the past 14 days
- c.
 - i. If the detainee responded yes to 1a and/or 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 Appendix D, *IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings*
- b. For detainees with travel history from or through China 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
- 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 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 the detainee if they have traveled from or through China 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**
 - b. If the detainee response yes to 3a → 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 China 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 also Appendix D, *IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings*
 - b. See also Appendix E, *IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings*
 - c. Place a tight-fitting surgical mask on the detainee
 - d. Promptly consult with a medical provider, preferably the Clinical Director or designee
 - e. 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
 - f. **Implement standard, airborne and contact precautions, including use of eye protection**
 - g. 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
 - h. 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.
 - i. 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.
 - j. 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

- k. Facilities without IHSC medical staffing should notify their assigned Field Medical Coordinator
- l. IHSC Infection Prevention Officers, Facility Healthcare Program Managers, Field Medical Coordinators, or designees should notify the Regional Infection Prevention Supervisory Nurse immediately.
- m. 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
- n. Document any ill detainee who is suspected of having COVID-19 on the [Lower Respiratory Illness Tracking Tool](#)
- o. 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 (see Appendix D), and fever and symptoms have resolved, release from isolation after completion of the 14-day monitoring period after initial DHS apprehension
 - 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 (see Appendix D) or known exposure to an ill person not be transferred or transported.
- 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

- [Novel Coronavirus 2019, Wuhan, China | CDC](#)
- [Infection Control: Novel Coronavirus 2019 \(COVID-19\) | CDC](#)
- [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

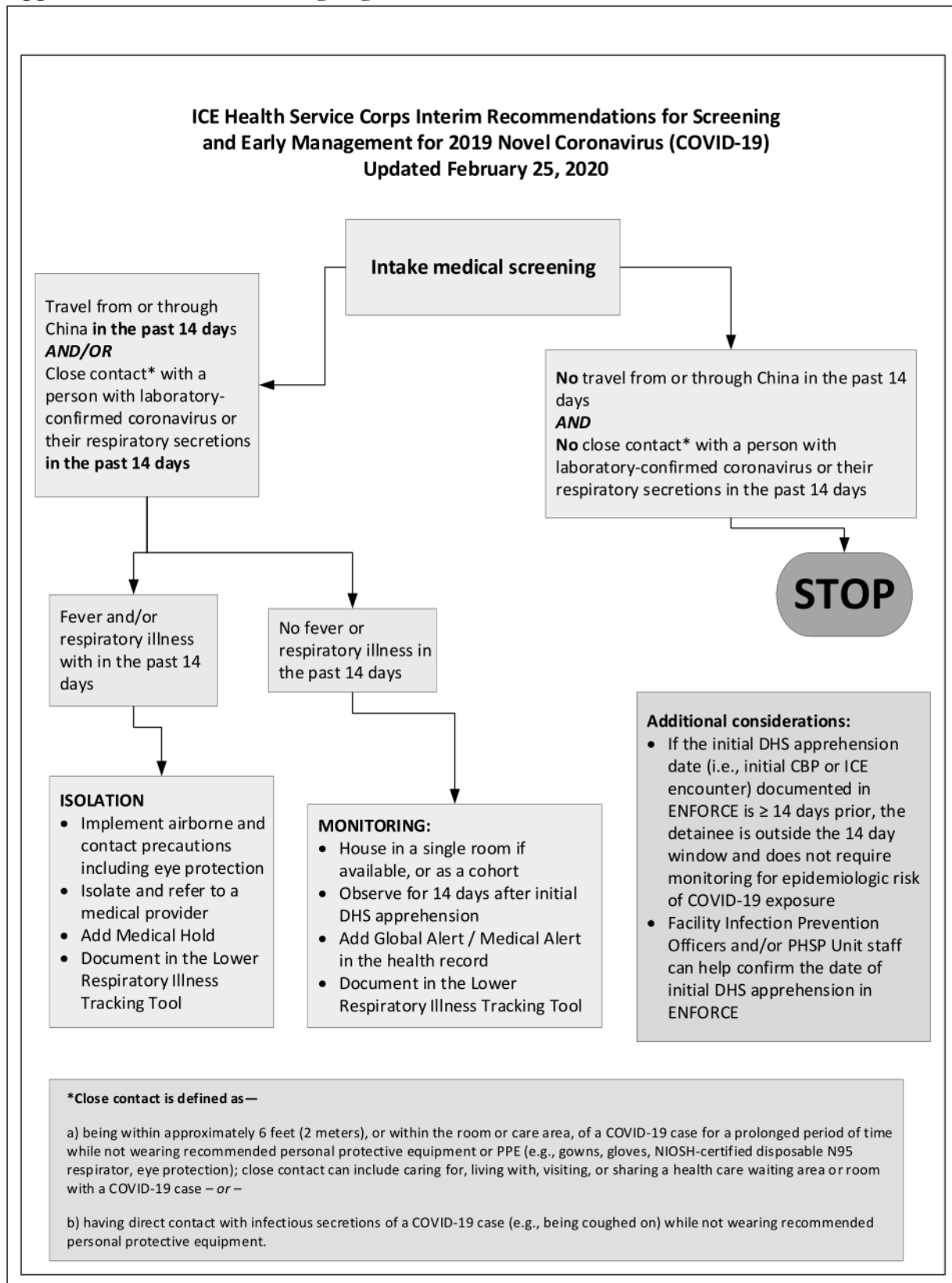
- **IHSC Staff:** Regional Infection Prevention Supervisory Nurses, PHSP Unit Senior Public Health Analyst, PHSP Unit Chief
- **Facilities without IHSC Medical Staffing:** Assigned Field Medical Coordinators
- **Public health agencies:** IHSC_InfectionPrevention@ice.dhs.gov

Appendix A: Intake Screening Questions

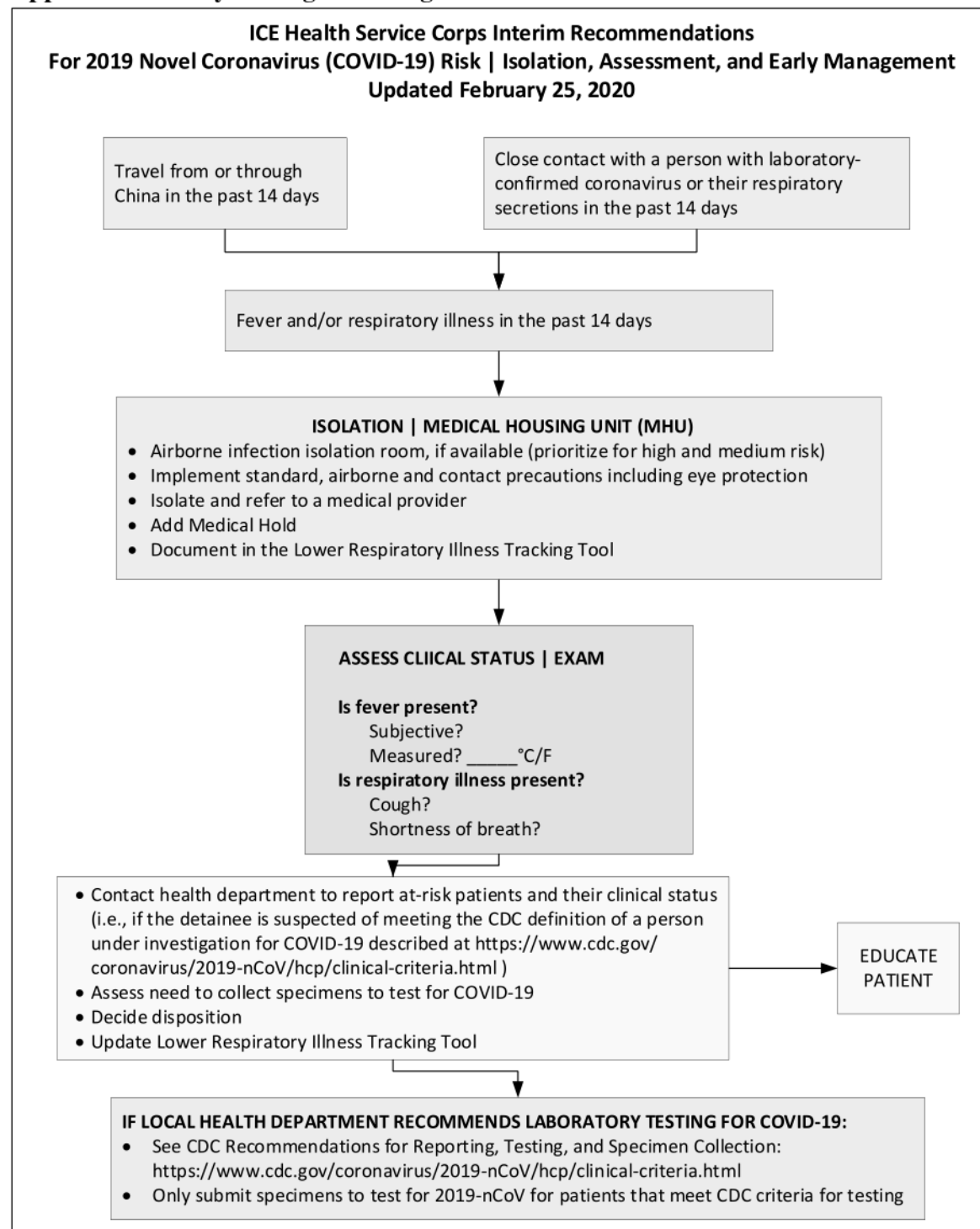
Updated February 25, 2020

- Have you traveled from or through China in the past 14 days? or
- Have you been in close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days?
 - If yes to either #1 or #2:
 - Last date you had contact with that person: mm/dd/yyyy
 - Last date you were in China: mm/dd/yyyy
 - If yes to either #1 or #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.
- If no travel from or through mainland China 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?
 - 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

Appendix B: Intake Screening Algorithm



Appendix C: Early Management Algorithm



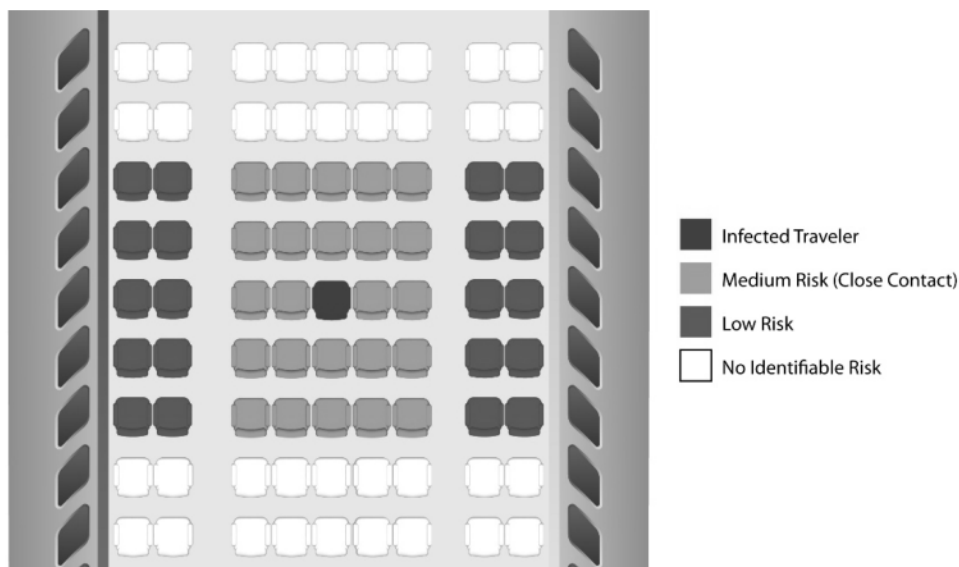
Appendix D. IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated February 25, 2020

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
High risk	Travel from Hubei Province, China	Travel from Hubei Province, China in the past 14 days
High risk	Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>without using recommended precautions</i> for home care and home isolation The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing.	Housing in the same 2–4-person cell or sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed COVID-19</u>
Medium risk	Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition	Travel from or through mainland China outside Hubei Province in the past 14 days AND not having any exposures that meet a high-risk definition
Medium risk	Close contact ² with a person with symptomatic laboratory-confirmed 2019-nCoV infection, and not having any exposures that meet a high-risk definition. - The same risk assessment applies for close contact with a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing. - On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection; this distance correlates approximately with 2 seats in each direction (refer to graphic)	Close contact ² with a person with <u>symptomatic laboratory-confirmed COVID-19</u> , and not having any exposures that meet a high-risk definition On an aircraft, bus, or van, being seated within 6 feet (two meters) of a traveler <u>with symptomatic laboratory-confirmed COVID-19</u>; this distance correlates approximately with 2 rows or 2 seats in each direction
Medium risk	Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>while consistently using</i>	Housing in the same unit as a person with <u>symptomatic laboratory-confirmed COVID-19</u> but not in the same 2–4- person cell and not sleeping with head position within 6 feet of a person

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
	<i>recommended precautions</i> for <u>home care</u> and <u>home isolation</u>	with <u>symptomatic laboratory-confirmed COVID-19</u>
Low risk	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed 2019-nCoV infection for a prolonged period of time but not meeting the definition of close contact	Being in the same indoor environment (e.g., general detention population, dining hall, recreation, work duty, library, or religious services) as a person with <u>symptomatic laboratory-confirmed COVID-19</u> for a <u>prolonged period of time</u> but not meeting the definition of close contact ²
Low risk	On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)	On an aircraft, bus, or van being seated within two rows of a traveler with <u>symptomatic laboratory-confirmed COVID-19</u> but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)
Low risk	N/A	Direct close contact ² with a person under investigation for COVID-19 that is pending laboratory confirmation
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed 2019-nCoV infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Interactions with a person with <u>symptomatic laboratory-confirmed COVID-19</u> or a person under investigation for COVID-19 that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.
No risk	N/A	Exposure to an <u>asymptomatic</u> person who was exposed to another person with high-, medium, low-, or no identifiable risk of exposure to COVID-19

Graphic



Sample seating chart for a COVID-19 aircraft contact investigation showing risk levels based on distance from the infected traveler.¹

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)

²Close contact is defined as—

- a) being within approximately 6 feet (2 meters) 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 occur while 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.

See CDC's updated [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 COVID-19 (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.

Appendix E. IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated February 25, 2020

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
SYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				
High risk	Immediate isolation.	Medical evaluation is recommended; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.	Controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an airborne infection isolation room (AII); priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
				• Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Medium risk	Immediate isolation.	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.	Controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an AII room; priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Low risk	Recommendation to avoid contact with	Person should seek health advice to determine if medical	Recommendation to not travel on long-distance	• ISOLATION

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
	others and public activities while symptomatic	evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition	commercial conveyances or local public transport while symptomatic	• Promptly place in an AII room if available, or other single room • Use discretion to prioritize AII room needs, including high- and medium-risk and symptoms consistent with COVID-19, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
No Identifiable Risk²	No restriction	Routine medical care	No restriction	No restriction
No risk	No restriction	Routine medical care	No restriction	No restriction

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
ASYMPTOMATIC [refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]				
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
		All others in this category: Active monitoring	they might not be able to return if they become symptomatic during travel.	• Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Low risk	No restriction	Self-observation	No restriction	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
No identifiable risk	No restriction	None	No restriction	No restriction
No risk	No restriction	None	No restriction	No restriction

ASYMPTOMATIC

[refer also to Interim Reference Sheet on 2019 Novel Coronavirus (COVID-19)]

High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor for daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision All others in this category: Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Add medical alert

				• Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Low risk	No restriction	Self-observation	No restriction	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor daily for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
No identifiable risk	No restriction	None	No restriction	No restriction
No risk	No restriction	None	No restriction	No restriction

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)



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 geographic area(s) with widespread or sustained community transmission” 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

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Appendix A: Intake Screening Questions

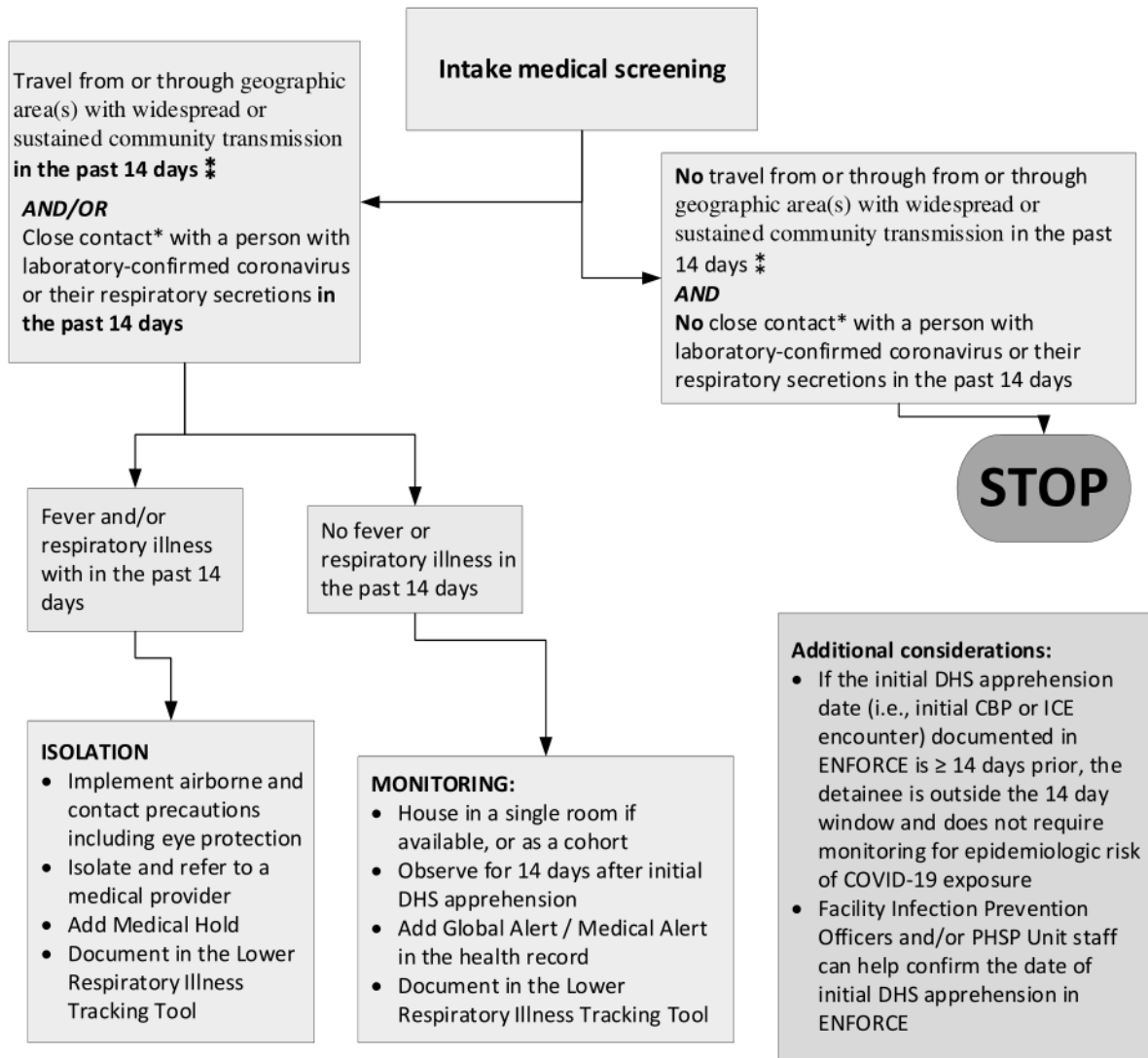
Updated February 28, 2020

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>

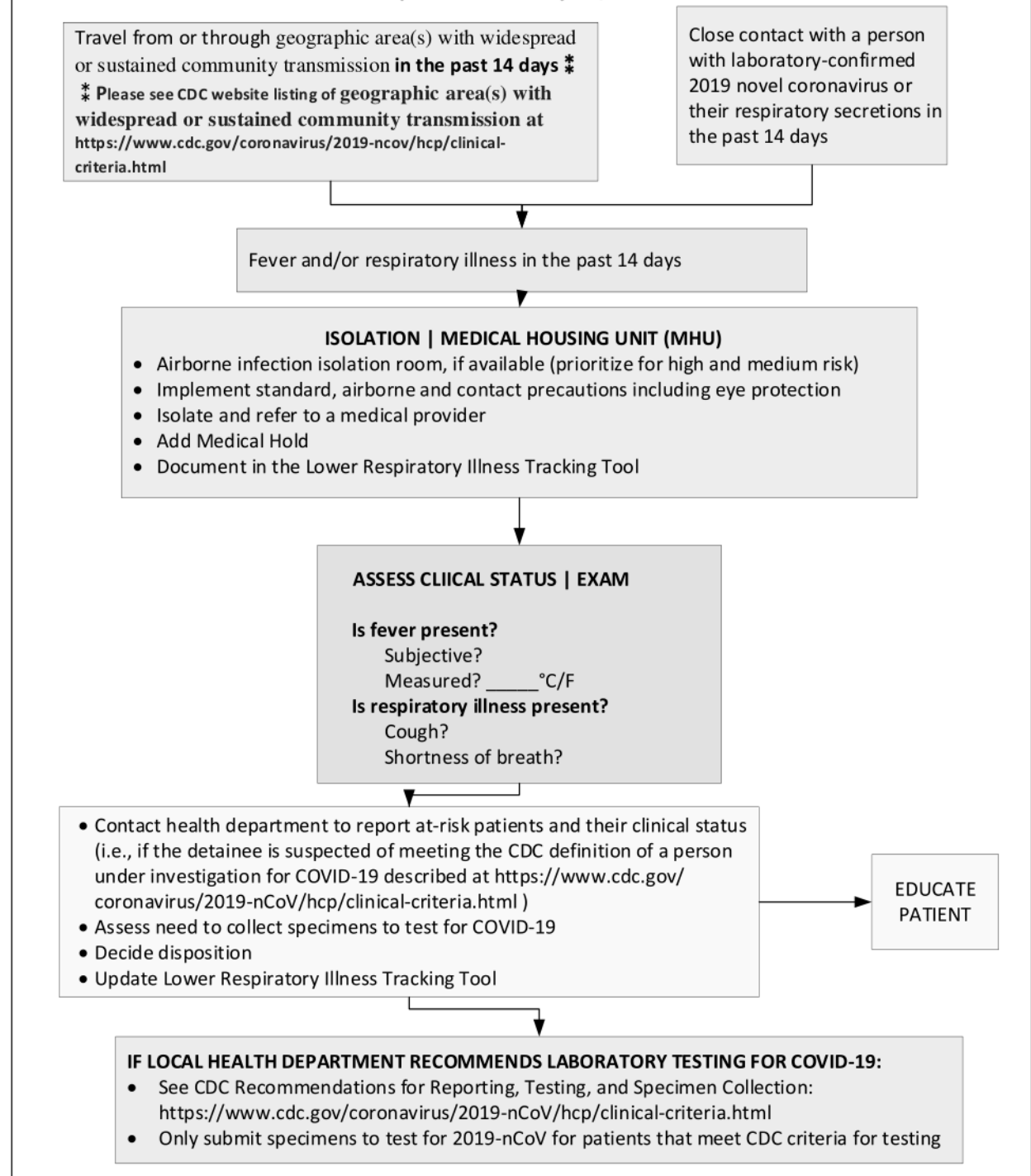
*Close contact is defined as—

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**





Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)

ICE Health Service Corps (IHSC)

Version 5.1, March 3, 2020

WHAT'S NEW

Version 5.1

- Information added to emphasize that medical staff should educate detainees to include hygiene, covering coughs, and requesting sick call if ill
- Add a link to [Illness Prevention and Patient Education](#) resources in multiple languages on SharePoint, including signage
- Added a link to [COVID-19 FAQs](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses
- Added a link to a [2019 Novel Coronavirus Resource Page](#) on SharePoint

Version 5.0

- 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.

- iv. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - a. Illness Prevention and Patient Education resources in multiple languages are available on SharePoint.

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 geographic area(s) with widespread or sustained community transmission” 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
 - c. Educate detainees to include the importance of hand washing and **hand** hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. Illness Prevention and Patient Education resources in multiple languages are available on SharePoint.
- 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
- 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
- o. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on SharePoint.

5. *Infectious disease public health actions:*

- a. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on SharePoint.

- b. See also 05-06-G-02 Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms
- c. **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
- d. **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)
- e. Report cohorting through routine IHSC cohort reporting protocols
- f. Document any asymptomatic and afebrile detainees under monitoring for COVID-19 on the Lower Respiratory Illness Tracking Tool
- g. 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
- h. 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

- [2019 Novel Coronavirus Resource Page on SharePoint](#) [Illness Prevention and Patient Education](#) resources in multiple languages are available on SharePoint.
- [COVID-19 FAQs](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses

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	Environmental Health Directive	Policy
05-04 G-01	IHSC Environmental Health Guide	Guide

Guidance number	Guidance name	Type
05-06	Infectious Disease Public Health Actions Directive	Policy
05-06 G-01	Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigation Guide	Guide
05-06 G-02	Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms	Guide
05-06 G-03	Infectious Disease Public Health Actions Guide: Surveillance and Reporting	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](#)
- [ADHS - Highlighted Infectious Diseases for Arizona - Coronavirus Disease 2019 \(COVID-19\)](#)
- [Coronavirus | NYC Health](#)
- [2019 Novel \(New\) Coronavirus | NYDOH](#)
- [2019 Novel Coronavirus \(2019-nCoV\) | Florida Department of Health](#)
- [NJ Department of Health | Communicable Disease Service | COVID-2019 \(Novel Coronavirus\)](#)
- [Pennsylvania Department of Health | Coronavirus](#)
- [2019 Novel Coronavirus \(2019 nCoV\) | Frequently Asked Questions | IDPH](#)

Points of contact for questions

- [IHSC Staff: COVID-19 FAQs](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses
 - 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

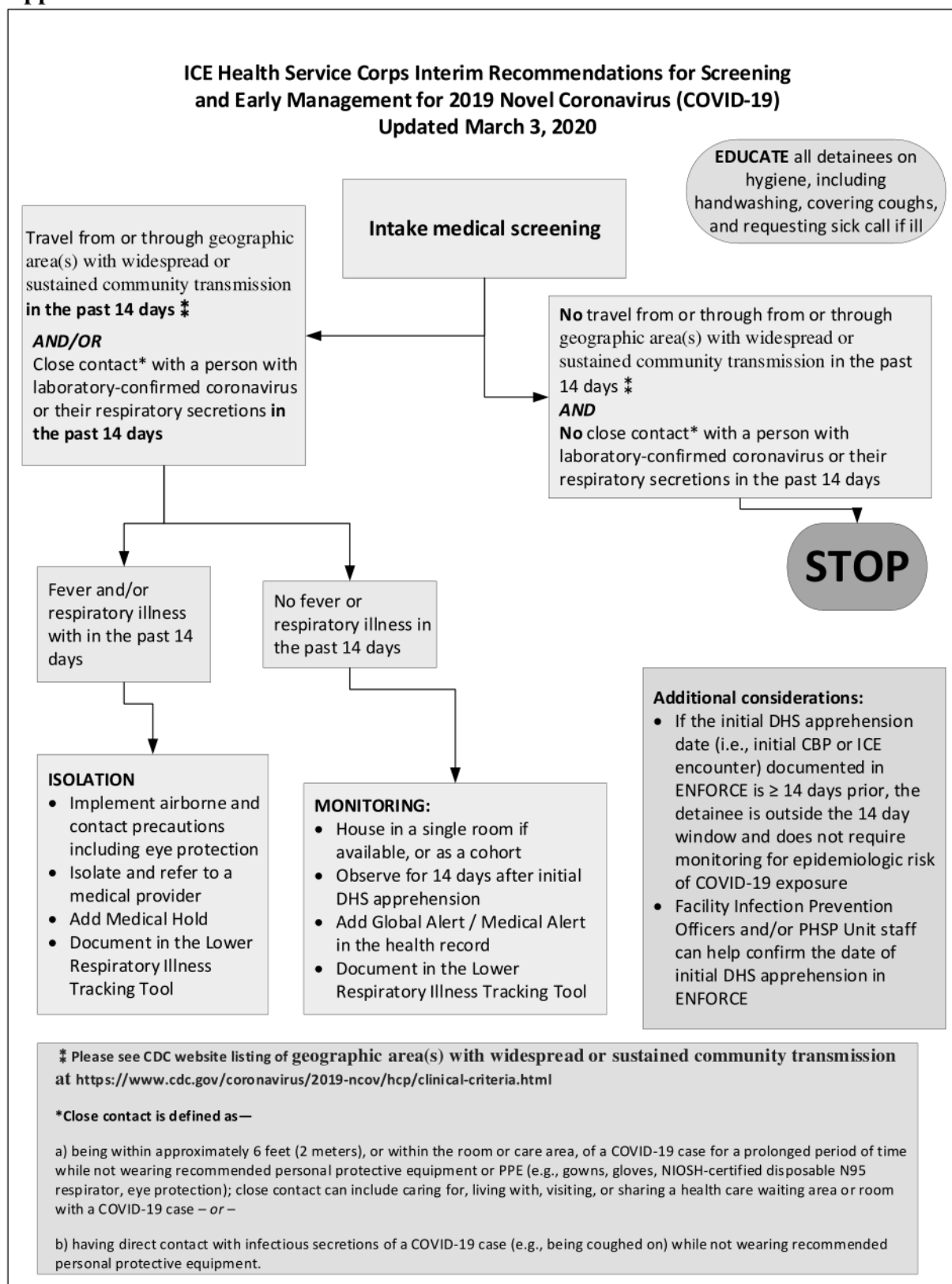
Appendix A: Intake Screening Questions

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



Appendix C

**ICE Health Service Corps Interim Recommendations
For 2019 Novel Coronavirus (COVID-19) Risk | Isolation, Assessment, and Early Management
Updated March 3, 2020**

Travel 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>

Close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days

Fever and/or respiratory illness in the past 14 days

ISOLATION | MEDICAL HOUSING UNIT (MHU)

- Airborne infection isolation room, if available (prioritize for high and medium risk)
- Implement standard, airborne and contact precautions including eye protection
- Isolate and refer to a medical provider
- Add Medical Hold
- Document in the Lower Respiratory Illness Tracking Tool

ASSESS CLINICAL STATUS | EXAM

Is fever present?

Subjective?

Measured? _____°C/F

Is respiratory illness present?

Cough?

Shortness of breath?

- Contact health department to report at-risk patients and their clinical status (i.e., if the detainee is suspected of meeting the CDC definition of a person under investigation for COVID-19 described at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>)
- Assess need to collect specimens to test for COVID-19
- Decide disposition
- Update Lower Respiratory Illness Tracking Tool

EDUCATE all detainees on hygiene, including handwashing, covering coughs, and requesting sick call if ill

IF LOCAL HEALTH DEPARTMENT RECOMMENDS LABORATORY TESTING FOR COVID-19:

- See CDC Recommendations for Reporting, Testing, and Specimen Collection: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
- Only submit specimens to test for 2019-nCoV for patients that meet CDC criteria for testing



Interim Reference Sheet on 2019-Novel Coronavirus (2019-nCoV)

ICE Health Service Corps (IHSC)

Version 2.1, February 10, 2020 1545 EST

What's new in this version

- Updates to patient identification have been made based on revised guidance and definitions issued by the Centers for Disease Control and Prevention.
- Appendix A screening questions were updated
- Appendix C is added to provide an early management algorithm
- Appendix D is added to provide information on exposure risk assessment based on exposure risk categories
- Appendix E is added to provide information on recommend actions based on exposure risk and symptomatic or asymptomatic status.

Situation Summary

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

While most of the people identified with 2019-nCoV have association with Hubei Province, there have been a few people identified with 2019-nCoV throughout mainland China and in other countries, including the United States.

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 2019-nCoV in the past 14 days**
 - i. If yes, assess for symptoms of fever or respiratory illness.
 - a. If detainee has a fever or symptoms of respiratory illness, refer to #3 below
 - b. If the detainee does not have fever or respiratory illness, observe for 14 days; house in a single cell room if available; if a single cell room is not available, house detainees as a cohort for 14 days.
 - c. For IHSC-staffed medical clinics, add a Global Alert / Medical Alert in the electronic health record that states, “*Contact with laboratory-confirmed 2019-nCoV. The last reported date of contact was mm/dd/yyyy.*” Click [here](#) for the eCW guide for adding a Global Alert.
- b. **Ask all detainees if they have traveled from or through mainland China in the past 14 days**
 - i. If yes → for IHSC-staffed medical clinics, add a Global Alert / Medical Alert in the electronic health record that states, “*Intake travel history includes mainland China. The last reported day in China was mm/dd/yyyy.*” Click [here](#) for the eCW guide for adding a Global Alert.
 - c. For detainees with recent, relevant travel history, and fever and/or symptoms of respiratory illness → refer to #3 below
 - d. For detainees with recent, relevant travel history, and no fever or symptoms of respiratory illness → observe for 14 days; house in a single cell room if available. If a single cell room is not available, house detainees as a cohort for 14 days. Refer to appendices D and E for additional guidance on exposure risk assessment and recommended actions based on exposure risk.
 - i. If detainee is housed in a facility without IHSC medical staffing, medical staff should notify their assigned IHSC Field Medical Coordinator.
 - ii. 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 observation period.
 - iii. If an asymptomatic detainee under observation with a relevant recent travel history must be released in the U.S., notify the local health department including the intended address and telephone number of the detainee’s intended destination.
- e. See also Appendix D, *IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (2019-nCoV Exposure in Travel-, Community-, or Custody Settings*

2. ***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 the detainee if they have traveled from or through China in the past 14 days or if they have had close contact¹ with a person with laboratory-confirmed 2019-nCoV or their respiratory secretions in the past 14 days**
 - b. If yes → refer to #3 below
3. ***For detainees with fever and/or symptoms of respiratory illness and recent relevant travel history or close contact¹ with a person with laboratory-confirmed coronavirus or their respiratory secretions in the past 14 days:***
 - a. See also Appendix D, *IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (2019-nCoV Exposure in Travel-, Community-, or Custody Settings* and Appendix E, *IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019-Novel Coronavirus (2019-nCoV Exposure in Travel-, Community-, or Custody Settings*
 - 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 standard, airborne and contact precautions, including use of eye protection
 - f. Call the local and/or state health department for notification and to request guidance on medical evaluation and testing; currently, all testing is only available through coordination with the local and/or state health department
 - 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
 - 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
 - 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. Detainees in isolation for respiratory illness and

relevant recent travel history should wear a tight-fitting surgical mask when outside of the room under airborne and contact precautions

1. The contagious period for 2019-nCoV is still undetermined
 - i. If the detainee tests positive for 2019-nCoV 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 2019-nCoV, had high or medium exposure risk (see Appendix D), and symptoms have resolved, release from isolation after the 14-day period after exposure ended (if the exposure end date is known), or 14 days after entering DHS custody (if the exposure end date is unknown)

4. *Infectious disease public health actions:*

- a. 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 last exposure to the ill detainee)
- b. Monitor cohorted detainees daily to observe for fever and symptoms of respiratory illness
- c. Refer exposed detainees with new onset respiratory illness to a medical provider for evaluation
- d. Report cohorting through routine IHSC cohort reporting protocols
- e. Document any ill detainee who is suspected of having 2019-nCoV on the Lower Respiratory Illness Tracking Tool
- f. Document any asymptomatic meeting the criteria for observation on the Lower Respiratory Illness Tracking Tool
- g. Recommend to Field Office Director or designee that detainees cohorted due to high or medium exposure risk (see Appendix D) or known exposure to an ill person not be transferred or transported.
- h. 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.
- i. Discontinue cohorting when:
 - i. The index patient receives an alternate diagnosis that excludes 2019-nCoV, or
 - ii. A 14-day incubation period completes with no new cases

¹Per CDC 2019-nCoV 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
05-06	Infectious Disease Public Health Actions Directive	Policy
05-06 G-01	Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigation Guide	Guide
05-06 G-02	Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms	Guide
05-06 G-03	Infectious Disease Public Health Actions Guide: Surveillance and Reporting	Guide

- [Novel Coronavirus 2019, Wuhan, China | CDC](#)
- [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

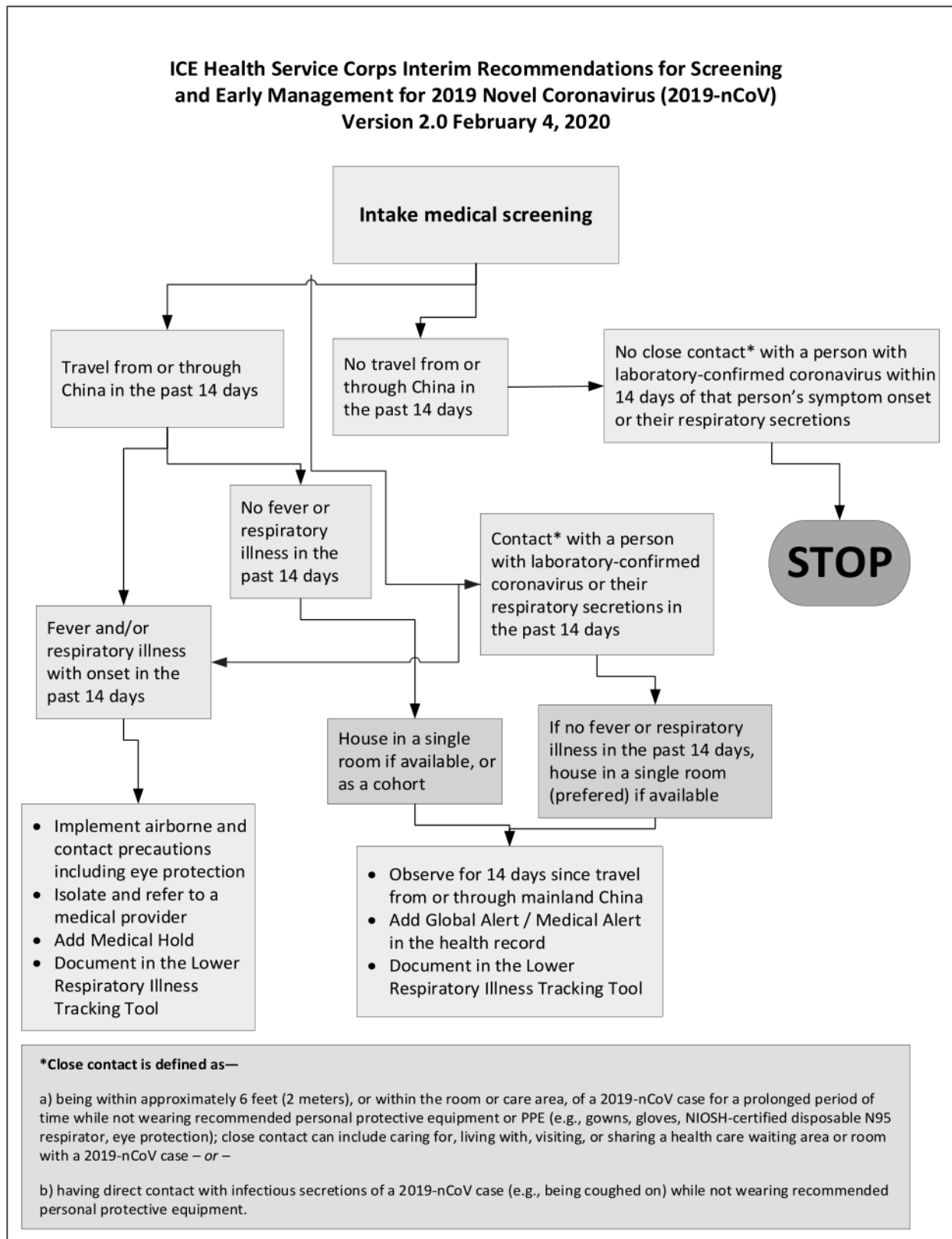
- [IHSC Staff](#): Regional Infection Prevention Supervisory Nurses, PHSP Unit Senior Public Health Analyst, PHSP Unit Chief
- [Facilities without IHSC Medical Staffing](#): Assigned Field Medical Coordinators
- [Public health agencies](#): IHSC_InfectionPrevention@ice.dhs.gov

Appendix A: Intake Screening Questions

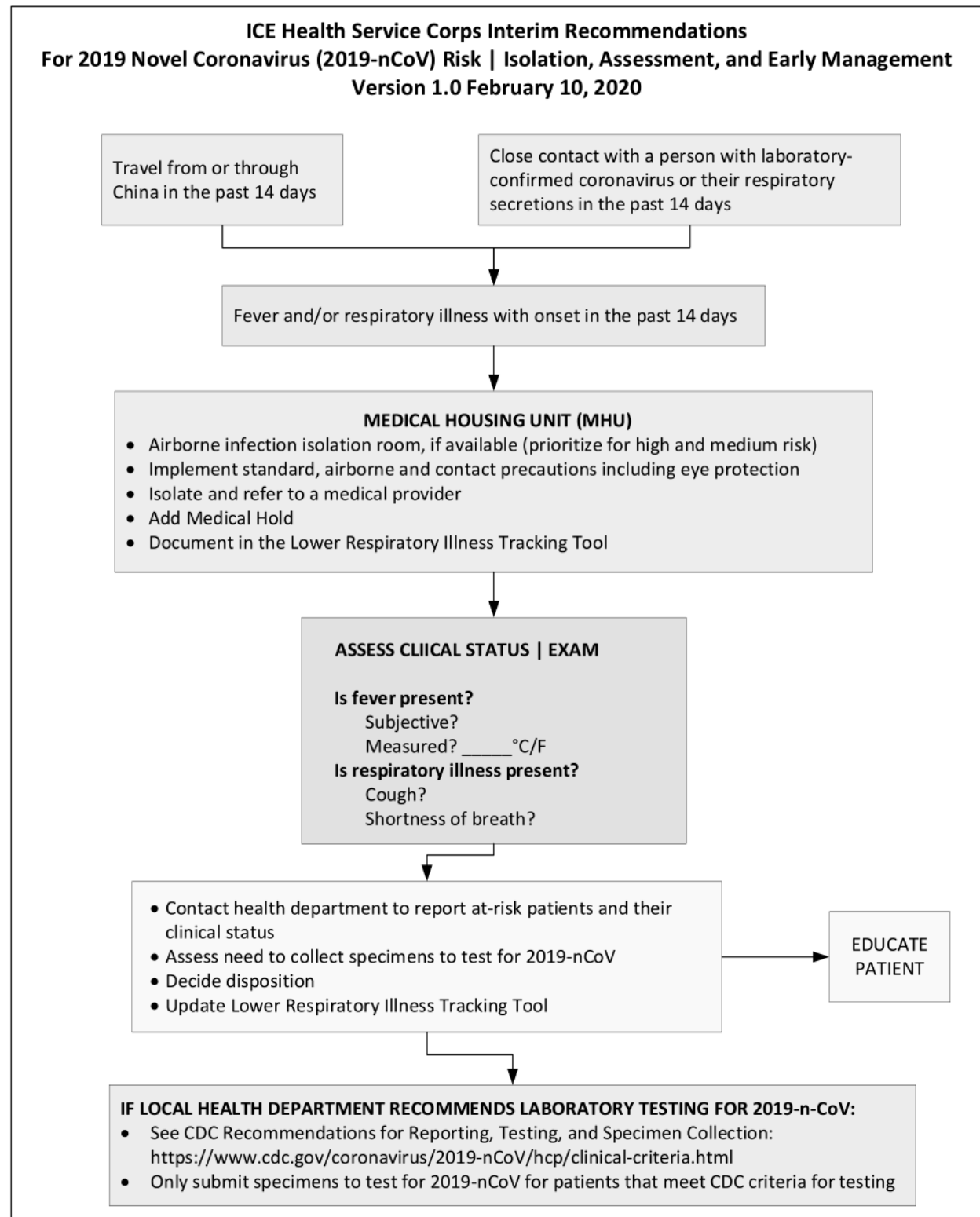
Updated February 3, 2020

- Have you been in mainland China in the past 14 days?
 - If yes:
 - Last date in mainland China:
 - Have you had a fever or respiratory symptoms in the past 14 days? (nurse also screens for current objective/subjective signs)
 - 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, add Global Alert/Medical Alert and place in single room, if available, or cohort for observation for 14 days since travel from mainland China ended
- Have you been in close contact with a person with laboratory-confirmed 2019-novel coronavirus in the past 14 days?
 - If yes:
 - Last date you had contact with that person: mm/dd/yyyy
 - If yes:
 - 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, house in single room (preferred) if available, implement daily checks for 14 days, add Medical Hold, notify FHPM, IPO, or designee.
- If no travel from or through mainland China in the past 14 days AND no close contact with a person with laboratory-confirmed 2019-novel coronavirus in the past 14 days?
 - Routine intake

Appendix B: Intake Screening Algorithm



Appendix C: Early Management Algorithm



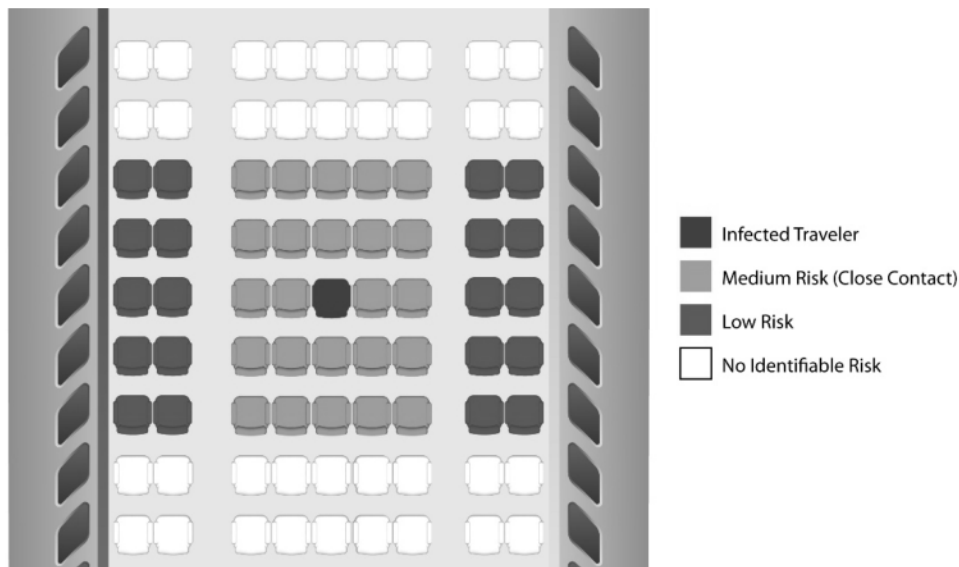
Appendix D. IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (2019-nCoV) Exposure in Travel-, Community-, or Custody Settings¹

Version 1.0, February 10, 2020

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
High risk	Travel from Hubei Province, China	Travel from Hubei Province, China in the past 14 days
High risk	Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>without using recommended precautions</i> for home care and home isolation The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing.	Living in the same 2–4-person cell or sleeping with head position within 6 feet of a person with <u>symptomatic laboratory-confirmed 2019-nCoV infection</u>
Medium risk	Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition	Travel from or through mainland China outside Hubei Province in the past 14 days AND not having any exposures that meet a high-risk definition
Medium risk	Close contact ² with a person with symptomatic laboratory-confirmed 2019-nCoV infection, and not having any exposures that meet a high-risk definition. - The same risk assessment applies for close contact with a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing. - On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection; this distance correlates approximately with 2 seats in each direction (refer to graphic)	Close contact ² with a person with <u>symptomatic laboratory-confirmed 2019-nCoV infection</u> , and not having any exposures that meet a high-risk definition On an aircraft, bus, or van, being seated within 6 feet (two meters) of a traveler <u>with symptomatic laboratory-confirmed 2019-nCoV infection</u>; this distance correlates approximately with 2 rows or 2 seats in each direction
Medium risk	Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed 2019-nCoV infection <i>while consistently using</i>	Housing in the same unit as a person with <u>symptomatic laboratory-confirmed 2019-nCoV infection</u> but not in the same 2–4-person cell and not sleeping with head position within 6 feet of a

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition	IHSC Detention Setting Definition
	<i>recommended precautions</i> for <u>home care</u> and <u>home isolation</u>	person with <u>symptomatic laboratory-confirmed 2019-nCoV infection</u>
Low risk	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed 2019-nCoV infection for a prolonged period of time but not meeting the definition of close contact	Being in the same indoor environment (e.g., general detention population, dining hall, recreation, work duty, library, or religious services) as a person with <u>symptomatic laboratory-confirmed 2019-nCoV infection for a prolonged period of time</u> but not meeting the definition of close contact ²
Low risk	On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)	On an aircraft, bus, or van being seated within two rows of a traveler with <u>symptomatic laboratory-confirmed 2019-nCoV infection</u> but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)
Low risk	N/A	Direct close contact ² with a person under investigation for 2019-nCoV that is pending laboratory confirmation
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed 2019-nCoV infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Interactions with a person with <u>symptomatic laboratory-confirmed 2019-nCoV infection</u> or a person under investigation for 2019-nCoV that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.
No risk	N/A	Exposure to an <u>asymptomatic</u> person who was exposed to another person with high-, medium, low-, or no identifiable risk of exposure to 2019-nCoV

Graphic



Sample seating chart for a 2019-nCoV aircraft contact investigation showing risk levels based on distance from the infected traveler.¹

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a 2019-nCoV 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 occur while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case – *or* –

b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's updated [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 2019-nCoV (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.

Appendix E. IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019-Novel Coronavirus (2019-nCoV) Exposure in Travel-, Community-, or Custody Settings¹

Version 1.0, February 10, 2020

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
SYMPTOMATIC [refer also to Interim Reference Sheet on 2019-Novel Coronavirus (2019-nCoV)]				
High risk	Immediate isolation.	Medical evaluation is recommended; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u> but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <u>infection control precautions</u> in place.	Controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an airborne infection isolation room (AII); priority for AII room use • Consult with the local health department for guidance on testing for 2019-nCoV • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
				• Document in Lower Respiratory Illness Tracking Tool
Medium risk	Immediate isolation.	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.	Controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an AII room; priority for AII room use • Consult with the local health department for guidance on testing for 2019-nCoV • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Low risk	Recommendation to avoid contact with others and public activities while symptomatic	Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical	Recommendation to not travel on long-distance commercial conveyances or local	• Promptly place in an AII room if available, or other single room • Use discretion to prioritize AII room needs, including high and medium

Exposure Risk Category	CDC Recommended Movement Restrictions and Public Activities	CDC Recommended Medical Evaluation	CDC Recommended Travel Considerations	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
		presentation; diagnostic testing for 2019-nCoV should be guided by CDC's <u>PUI definition</u>	public transport while symptomatic	risk and symptoms consistent with 2019-nCoV, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for 2019-nCoV • Consult with Regional Clinical Director and Infectious Disease Program • Implement strict hand hygiene • Implement standard precautions • Implement contact precautions • Implement airborne precautions • Implement administrative controls • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
No Identifiable Risk²	No restriction	Routine medical care	No restriction	No restriction
No risk	No restriction	Routine medical care	No restriction	No restriction

ASYMPTOMATIC

[refer also to Interim Reference Sheet on 2019-Novel Coronavirus (2019-nCoV)]

High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after exposure risk ended • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision All others in this category: Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after exposure risk ended • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period

				• Document in Lower Respiratory Illness Tracking Tool
Low risk	No restriction	Self-observation	No restriction	• Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after exposure risk ended • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement strict hand hygiene • Implement standard precautions • Monitor for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
No identifiable risk	No restriction	None	No restriction	No restriction
No risk	No restriction	None	No restriction	No restriction

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel associated or Community Settings](#)



Interim Reference Sheet on Novel Coronavirus, Wuhan, China

ICE Health Service Corps

Version 1.1, January 27, 2020 0930 EST

Situation Summary

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

While most of the people identified with 2019-nCoV have association with Wuhan City, there have been a few people identified with 2019-nCoV in other countries in Asia. On January 21, 2020, the CDC announced that an individual was identified in the U.S. with confirmed 2019-nCoV with recent travel from Wuhan City.

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 Chinese national detainees if they have traveled from or through China in the past 14 days
- b. If yes → ask detainee if they have been in Wuhan City in the past 14 days (i.e., recent relevant travel history)
- c. If yes → for IHSC-staffed medical clinics, add note in electronic health record “yellow sticky note” area that states, “*Intake travel history includes Wuhan City, China. The last reported day in Wuhan City was mm/dd/yyyy*”
- d. For detainees with recent, relevant travel history, and symptoms of respiratory illness → refer to #3 below
- e. For detainees with recent, relevant travel history, and no symptoms of respiratory illness → observe for 14 days; house in a single cell room if available. If a single cell room is not available, staff should accommodate social distancing to the extent feasible

- i. If detainee is housed in a facility without ICE Health Service Corps medical staffing, medical staff should notify their assigned ICE Health Service Corps Field Medical Coordinator
- ii. Request a medical hold in following usual protocols stating that “the detainee is under observation through mm/dd/yyyy due to recent travel from or through Wuhan, China.” Release the medical hold at the completion of the 14-day observation period
- iii. If an asymptomatic detainee under observation with a relevant recent travel history must be released in the U.S., notify the local health department including of the intended address and telephone number

2. *During sick call, physical examinations, or other clinical encounter in which a detainee presents with or complains of respiratory illness, or is observed with signs of respiratory illness:*

- a. Ask the detainee if they have traveled from or through China in the past 14 days
- b. If yes → ask detainee if they have been in Wuhan City in the past 14 days
- c. If yes → refer to #3 below

3. *For detainees with recent relevant travel history and symptoms of respiratory illness:*

- a. Place a tight-fitting surgical mask on the detainee
- b. Promptly consult with a medical provider, preferably the Clinical Director or designee
- c. 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
- d. Implement airborne and contact precautions, including use of eye protection
- e. Call the local and/or state health department for notification and to request guidance on medical evaluation and testing; currently, all testing is only available through coordination between the local health department and the CDC
- f. 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
- g. Promptly notify the facility’s staff responsible for infection prevention and control (e.g., in ICE Health Service Corps 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
- h. Facilities without ICE Health Service Corps medical staffing should notify their assigned Field Medical Coordinator
- i. ICE Health Service Corps Infection Prevention Officers, Facility Healthcare Program Managers, Field Medical Coordinators, or designees should notify the Regional Infection Prevention Supervisory Nurse immediately. Detainees in

isolation for respiratory illness and relevant recent travel history should wear a tight-fitting surgical mask when outside of the room under airborne and contact precautions

4. Infectious disease public health actions:

- a. 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 from the most recent symptom onset)
- b. Monitor cohorted detainees daily to observe for fever and symptoms of respiratory illness
- c. Refer exposed detainees with new onset respiratory illness to a medical provider for evaluation
- d. Report cohorting through routine ICE Health Service Corps cohort reporting protocols
- e. Recommend to ICE Enforcement and Removal Operations that cohorted detainees not be transferred or transported
- f. If a cohorted detainee must be released in the U.S., notify the local health department including of the intended address and telephone numbers
- g. Discontinue cohorting when:
 - i. The index patient receives an alternate diagnosis that excludes 2019-nCoV, or
 - ii. A 14-day incubation period completes with no new cases

¹Per CDC 2019-nCoV 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**

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
05-06	Infectious Disease Public Health Actions Directive	Policy
05-06 G-01	Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigation Guide	Guide
05-06 G-02	Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms	Guide
05-06 G-03	Infectious Disease Public Health Actions Guide: Surveillance and Reporting	Guide

- [Novel Coronavirus 2019, Wuhan, China | CDC](#)
- [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

- [ICE Health Service Corps Staff](#): Regional Infection Prevention Supervisory Nurses, PHSP Unit Senior Public Health Analyst, PHSP Unit Chief
- [Facilities without ICE Health Service Corps Medical Staffing](#): Assigned Field Medical Coordinators
- [Public health agencies](#): IHSC_InfectionPrevention@ice.dhs.gov



Interim Reference Sheet on Novel Coronavirus, Wuhan, China

ICE Health Service Corps

Version 1.0, January 22, 2020 4:30 pm EST

Situation Summary

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

While most of the people identified with 2019-nCoV have association with Wuhan City, there have been a few people identified with 2019-nCoV in other countries in Asia. On January 21, 2020, the CDC announced that an individual was identified in the U.S. with confirmed 2019-nCoV with recent travel from Wuhan City.

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 Chinese national detainees if they have traveled from or through China in the past 14 days
- b. If yes → ask detainee if they have been in Wuhan City in the past 14 days (i.e., recent relevant travel history)
- c. If yes → for IHSC-staffed medical clinics, add note in electronic health record “yellow sticky note” area that states, “*Intake travel history includes Wuhan City, China. The last reported day in Wuhan City was mm/dd/yyyy*”
- d. For detainees with recent, relevant travel history, and symptoms of respiratory illness → refer to #3 below
- e. For detainees with recent, relevant travel history, and no symptoms of respiratory illness → observe for 14 days; house in a single cell room if available. If a single cell room is not available, staff should accommodate social distancing to the extent feasible

- i. If detainee is housed in a facility without ICE Health Service Corps medical staffing, medical staff should notify their assigned ICE Health Service Corps Field Medical Coordinator
- ii. Request a medical hold in following usual protocols stating that “the detainee is under observation through mm/dd/yyyy due to recent travel from or through Wuhan, China.” Release the medical hold at the completion of the 14-day observation period
- iii. If an asymptomatic detainee under observation with a relevant recent travel history must be released in the U.S., notify the local health department including of the intended address and telephone number

2. *During sick call, physical examinations, or other clinical encounter in which a detainee presents with or complains of respiratory illness, or is observed with signs of respiratory illness:*

- a. Ask the detainee if they have traveled from or through China in the past 14 days
- b. If yes → ask detainee if they have been in Wuhan City in the past 14 days
- c. If yes → refer to #3 below

3. *For detainees with recent relevant travel history and symptoms of respiratory illness:*

- a. Place a tight-fitting surgical mask on the detainee
- b. Promptly consult with a medical provider, preferably the Clinical Director or designee
- c. 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
- d. Implement airborne and contact precautions, including use of eye protection
- e. Call the local and/or state health department for notification and to request guidance on medical evaluation and testing; currently, all testing is only available through coordination between the local health department and the CDC
- f. 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
- g. Promptly notify the facility’s staff responsible for infection prevention and control (e.g., in ICE Health Service Corps 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
- h. Facilities without ICE Health Service Corps medical staffing should notify their assigned Field Medical Coordinator
- i. ICE Health Service Corps Infection Prevention Officers, Facility Healthcare Program Managers, Field Medical Coordinators, or designees should notify the Regional Infection Prevention Supervisory Nurse immediately. Detainees in

isolation for respiratory illness and relevant recent travel history should wear a tight-fitting surgical mask when outside of the room under airborne and contact precautions

4. Infectious disease public health actions:

- a. 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 from the most recent symptom onset)
- b. Monitor cohorted detainees daily to observe for fever and symptoms of respiratory illness
- c. Refer exposed detainees with new onset respiratory illness to a medical provider for evaluation
- d. Report cohorting through routine ICE Health Service Corps cohort reporting protocols
- e. Recommend to ICE Enforcement and Removal Operations that cohorted detainees not be transferred or transported
- f. If a cohorted detainee must be released in the U.S., notify the local health department including of the intended address and telephone numbers
- g. Discontinue cohorting when:
 - i. The index patient receives an alternate diagnosis that excludes 2019-nCoV, or
 - ii. A 14-day incubation period completes with no new cases

¹Per CDC 2019-nCoV 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.

POCs for questions:

ICE Health Service Corps Staff: PHSP Unit Chief and Regional Infection Prevention Supervisory Nurses
Facilities without ICE Health Service Corps Medical Staffing: Assigned Field Medical Coordinators
 Public health agencies: IHSC_InfectionPrevention@ice.dhs.gov



Interim Reference Sheet on 2019-Novel Coronavirus (2019-nCoV)

ICE Health Service Corps (IHSC)

Version 2, January 31, 2020 1700 EST

What's New

- Updates to patient identification have been made based on revised guidance and definitions issued by the Centers for Disease Control and Prevention.
- IHSC recommends screening all detainees for any travel from or through mainland China.
- The screening algorithm was updated and added as an appendix.
- An appendix has been added for screening questions that can be used during intake medical screenings or other relevant medical visits.

Situation Summary

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

While most of the people identified with 2019-nCoV have association with Hubei Province, there have been a few people identified with 2019-nCoV throughout mainland China and in other countries, including the United States.

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 2019-nCoV in the past 14 days**
 - i. If yes, assess for symptoms of fever or respiratory illness.
 - a. If detainee has a fever or symptoms of respiratory illness, refer to #3 below
 - b. If the detainee does not have fever or respiratory illness, observe for 14 days; house in a single cell room if available; if a single cell room is not available, house detainees as a cohort for 14 days.
 - c. For IHSC-staffed medical clinics, add a Global Alert / Medical Alert in the electronic health record that states, “*Contact with laboratory-confirmed 2019-nCoV. The last reported date of contact was mm/dd/yyyy.*” Click [here](#) for the eCW guide for adding a Global Alert.
- b. **Ask all detainees if they have traveled from or through mainland China in the past 14 days**
 - i. If yes → for IHSC-staffed medical clinics, add a Global Alert / Medical Alert in the electronic health record that states, “*Intake travel history includes mainland China. The last reported day in China was mm/dd/yyyy.*” Click [here](#) for the eCW guide for adding a Global Alert.
 - c. For detainees with recent, relevant travel history, and fever and/or symptoms of respiratory illness → refer to #3 below
 - d. For detainees with recent, relevant travel history, and no fever or symptoms of respiratory illness → observe for 14 days; house in a single cell room if available. If a single cell room is not available, house detainees as a cohort for 14 days.
 - i. If detainee is housed in a facility without IHSC medical staffing, medical staff should notify their assigned IHSC Field Medical Coordinator.
 - ii. 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 observation period.
 - iii. If an asymptomatic detainee under observation with a relevant recent travel history must be released in the U.S., notify the local health department including the intended address and telephone number of the detainee’s intended destination.

2. *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 the detainee if they have traveled from or through China in the past 14 days or if they have had close contact¹ with a person with laboratory-confirmed 2019-nCoV or their respiratory secretions in the past 14 days**
- b. If yes → refer to #3 below

3. *For detainees with fever and/or symptoms of respiratory illness and recent relevant travel history or close contact¹ with a person with laboratory-confirmed coronavirus or their respiratory secretions in the past 14 days:*

- a. Place a tight-fitting surgical mask on the detainee
- b. Promptly consult with a medical provider, preferably the Clinical Director or designee
- c. 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
- d. Implement standard, airborne and contact precautions, including use of eye protection
- e. Call the local and/or state health department for notification and to request guidance on medical evaluation and testing; currently, all testing is only available through coordination between the local health department and the CDC
- f. 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
- g. 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
- h. Facilities without IHSC medical staffing should notify their assigned Field Medical Coordinator
- i. IHSC Infection Prevention Officers, Facility Healthcare Program Managers, Field Medical Coordinators, or designees should notify the Regional Infection Prevention Supervisory Nurse immediately. Detainees in isolation for respiratory illness and relevant recent travel history should wear a tight-fitting surgical mask when outside of the room under airborne and contact precautions

4. *Infectious disease public health actions:*

- a. 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 last exposure to the ill detainee)
- b. Monitor cohorted detainees daily to observe for fever and symptoms of respiratory illness
- c. Refer exposed detainees with new onset respiratory illness to a medical provider for evaluation
- d. Report cohorting through routine IHSC cohort reporting protocols
- e. Document any ill detainee who is suspected of having 2019-nCoV on the [Lower Respiratory Illness Tracking Tool](#)

- f. Document any asymptomatic meeting the criteria for observation on the Lower Respiratory Illness Tracking Tool
- g. Recommend to Field Office Director or designee that detainees cohorted due to known exposure to an ill person not be transferred or transported.
- h. 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.
- i. Discontinue cohorting when:
 - i. The index patient receives an alternate diagnosis that excludes 2019-nCoV, or
 - ii. A 14-day incubation period completes with no new cases

¹Per CDC 2019-nCoV 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
05-06	Infectious Disease Public Health Actions Directive	Policy
05-06 G-01	Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigation Guide	Guide
05-06 G-02	Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms	Guide
05-06 G-03	Infectious Disease Public Health Actions Guide: Surveillance and Reporting	Guide

- [Novel Coronavirus 2019, Wuhan, China | CDC](#)
- [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

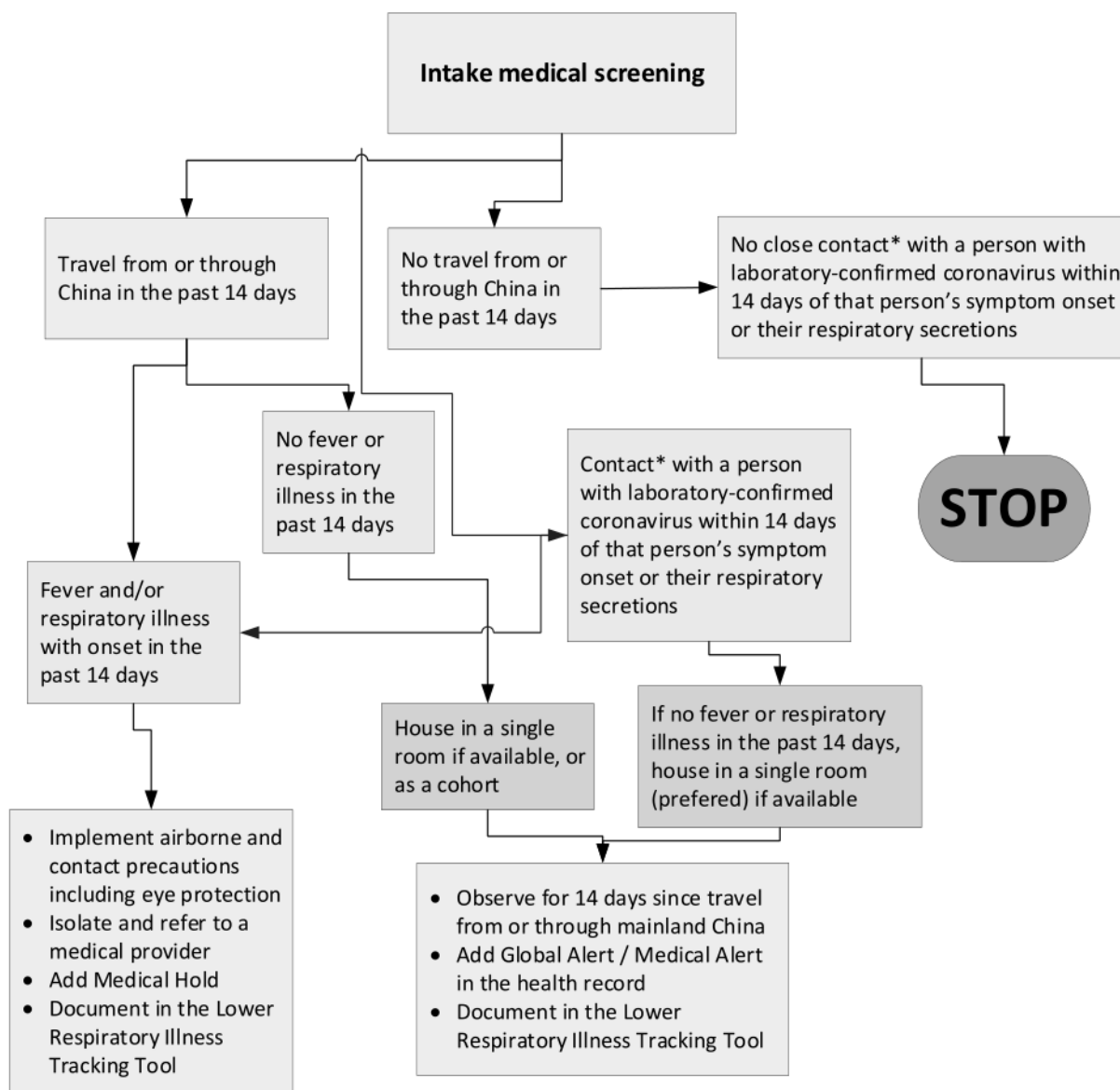
- **IHSC Staff:** Regional Infection Prevention Supervisory Nurses, PHSP Unit Senior Public Health Analyst, PHSP Unit Chief
- **Facilities without IHSC Medical Staffing:** Assigned Field Medical Coordinators
- **Public health agencies:** IHSC_InfectionPrevention@ice.dhs.gov

Appendix A: Screening Questions

- Have you been in mainland China in the past 14 days?
 - If yes:
 - Last date in mainland China:
 - Have you had a fever or respiratory symptoms in the past 14 days? (nurse also screens for current objective/subjective signs)
 - If yes, admit to the MHU
 - If no, add Global Alert/Medical Alert and place in single room, if available, or cohort for observation for 14 days
- Have you been in close contact with a person with laboratory-confirmed coronavirus within 14 days of that person's symptom onset?
 - If yes:
 - What date did they develop fever or symptoms, if you know?
 - Last date you had contact with that person:
 - Have you had a fever or respiratory symptoms in the past 14 days? (nurse also screens for current objective/subjective signs)
 - If yes, admit to the MHU and complete work-up for nCoV
 - If no, add Global Alert/Medical Alert and admit to the MHU or other single cell room and monitor for 14 days after last contact with the ill person.

Appendix B: Intake Screening Algorithm

ICE Health Service Corps Interim Recommendations for Screening and Early Management for 2019 Novel Coronavirus (2019-nCoV) Version 2.0 January 31, 2020



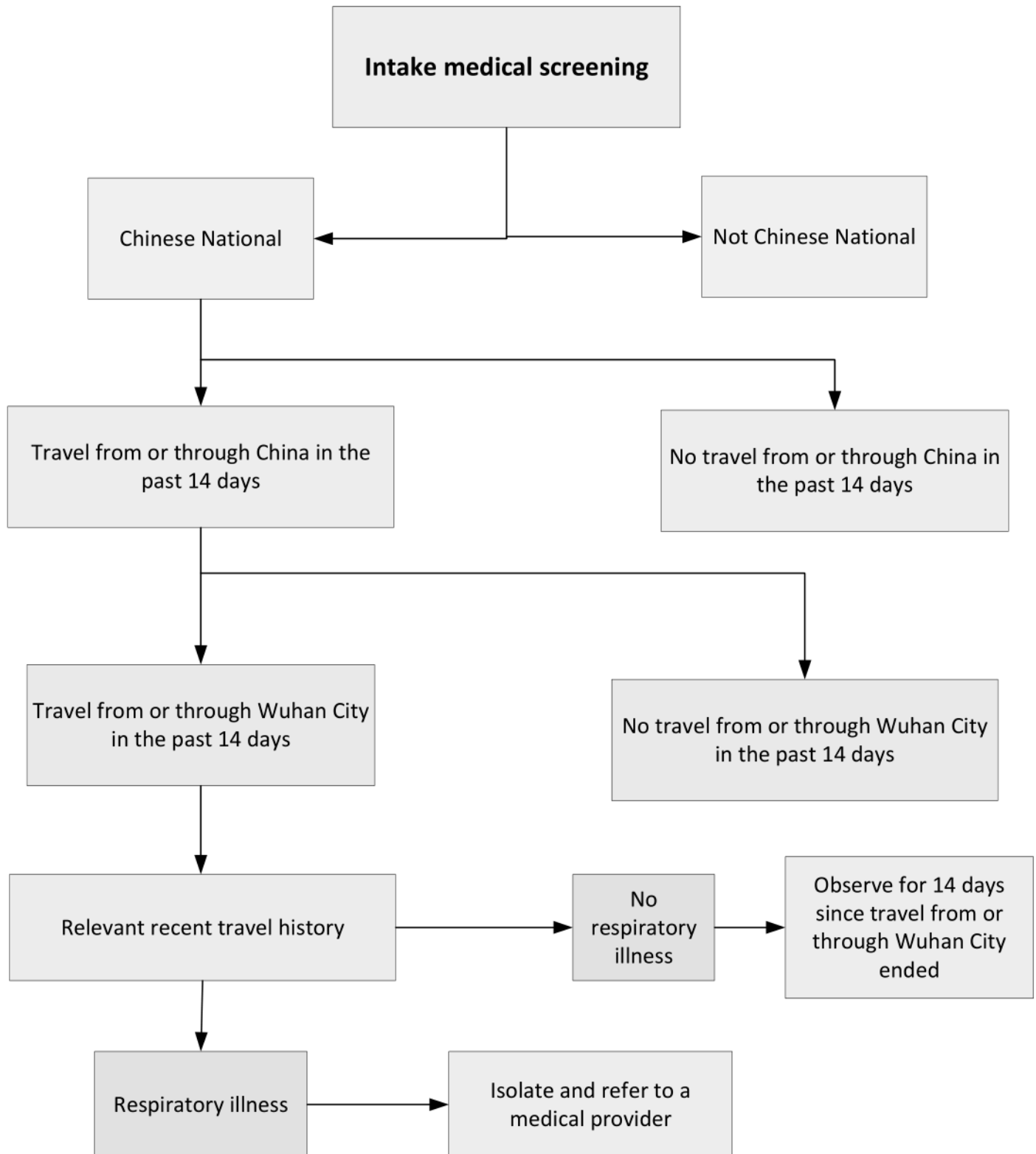
***Close contact is defined as —**

a) being within approximately 6 feet (2 meters), or within the room or care area, of a 2019-nCoV 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 2019-nCoV case — or —

b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

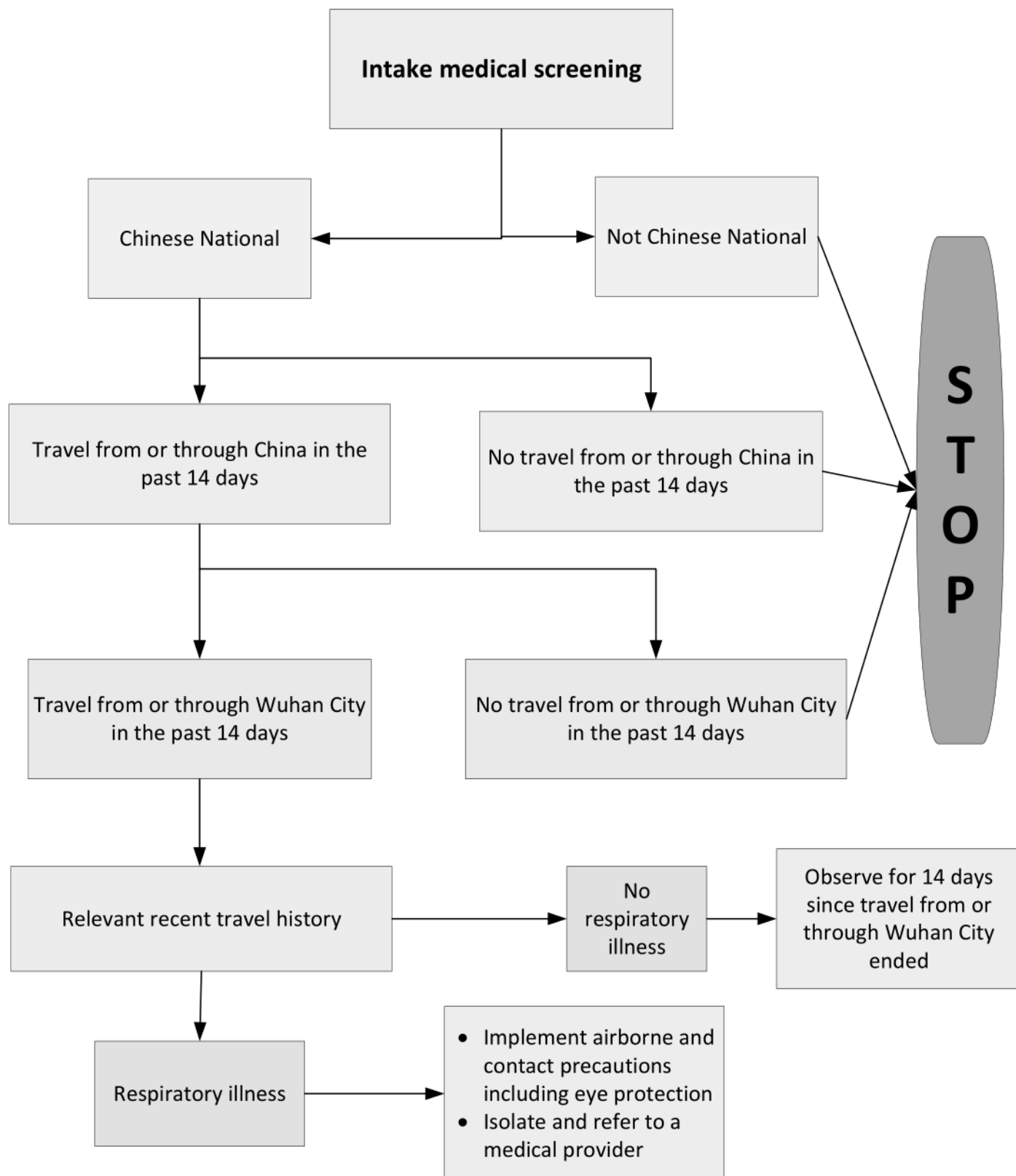
DHS-PRIV-00033012/14/2020

ICE Health Service Corps Interim Recommendations for Intake Screening for 2019-nCoV Version 1.0 January 22, 2020

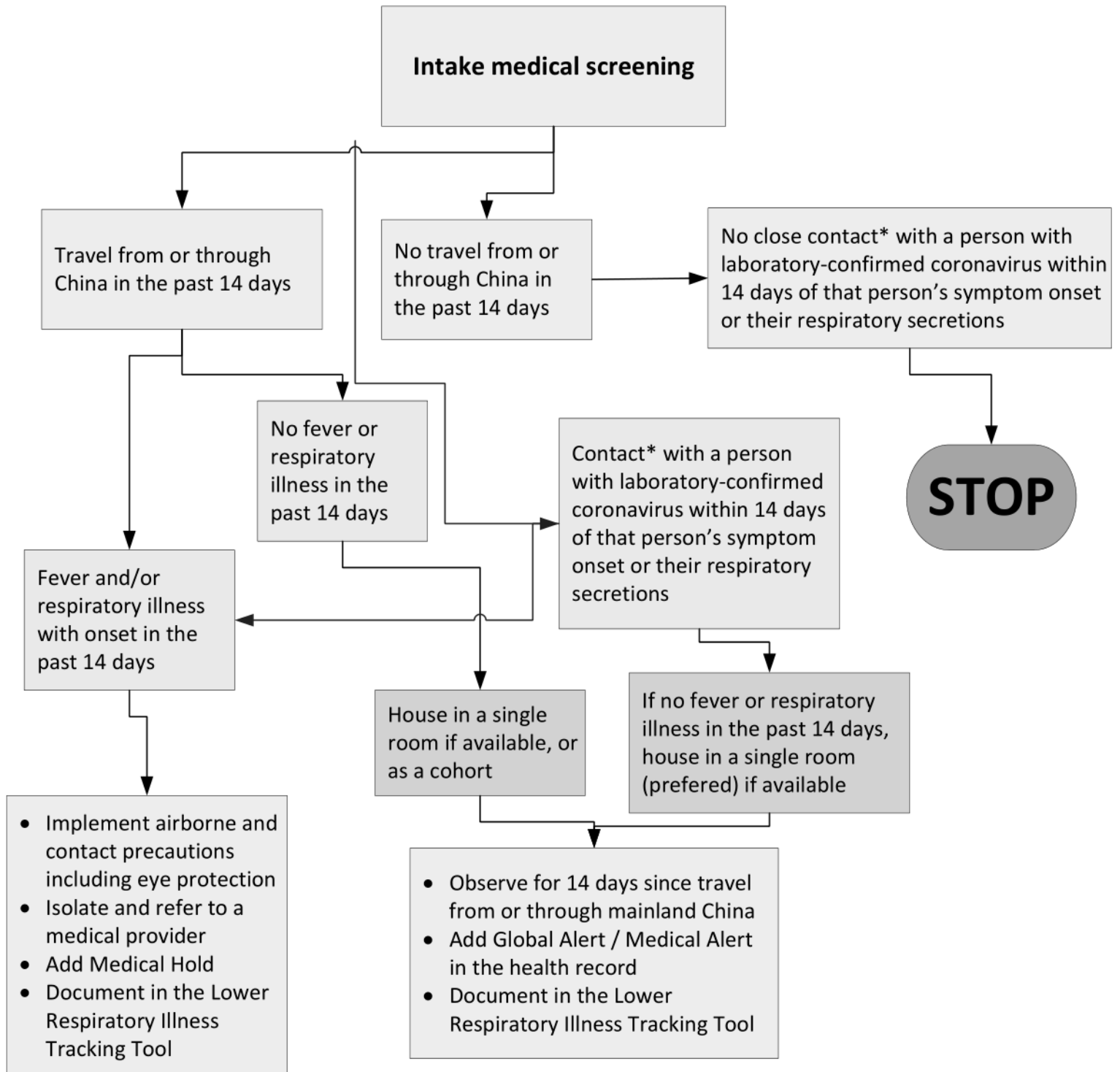


DHS-PRIV-00033112/14/2020

ICE Health Service Corps Interim Recommendations for Intake Screening for 2019-nCoV Version 1.1 January 24, 2020



**ICE Health Service Corps Interim Recommendations for Screening
and Early Management for 2019 Novel Coronavirus (2019-nCoV)
Version 2.0 January 31, 2020**

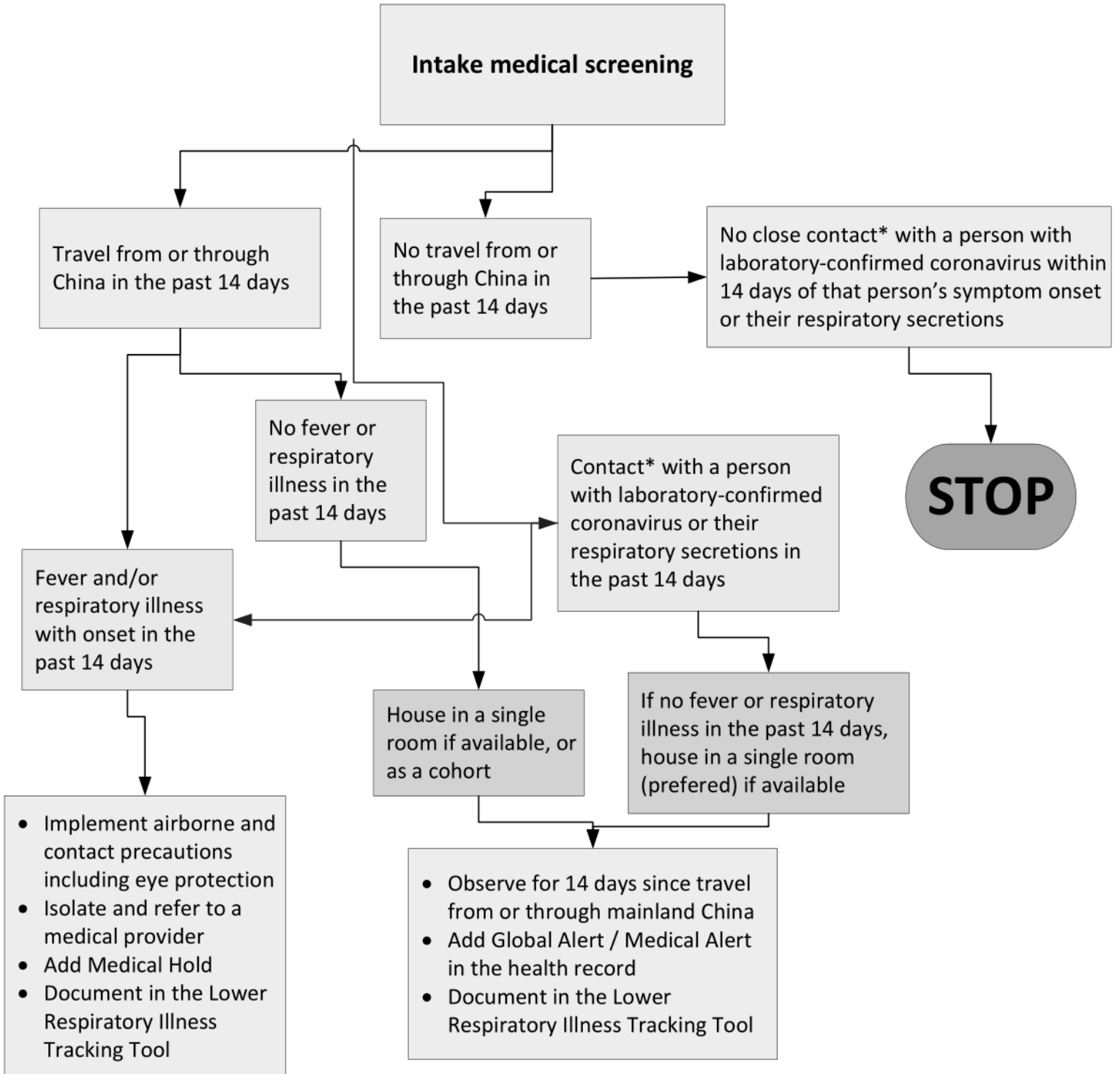


***Close contact is defined as—**

a) being within approximately 6 feet (2 meters), or within the room or care area, of a 2019-nCoV 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 2019-nCoV case – or –

b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

**ICE Health Service Corps Interim Recommendations for Screening
and Early Management for 2019 Novel Coronavirus (2019-nCoV)
Version 2.0 February 4, 2020**



***Close contact is defined as—**

a) being within approximately 6 feet (2 meters), or within the room or care area, of a 2019-nCoV 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 2019-nCoV case – or –

b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

MULTI-DHS-ICE-20-0602, 20-0607, 20-0612-A-000333

ICE Health Service Corps Interim Recommendations
For 2019 Novel Coronavirus (2019-nCoV) Risk | Isolation, Assessment, and Early Management
Version 1.0 February 10, 2020

