

### Appendix: Key Documents

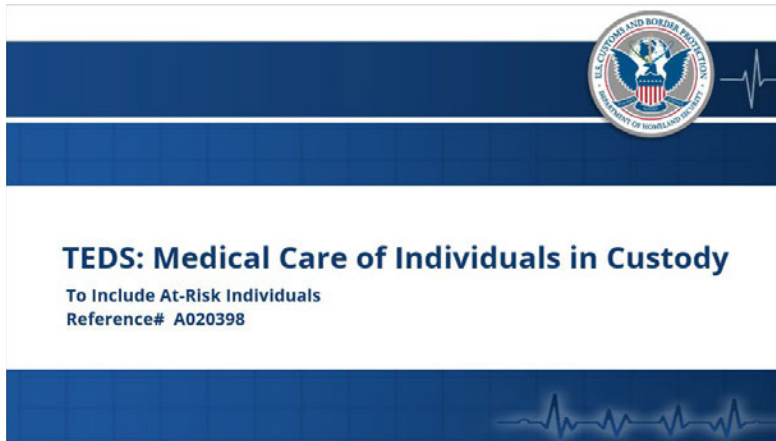
Document	Description
<b>A</b>	TEDS: Medical Care of Individuals in Custody PowerPoint
<b>B</b>	TEDS: Duration, Conditions, and Monitoring of Individuals in CBP Custody PowerPoint
<b>C</b>	U.S. Customs and Border Protection, Alien Initial Health Interview Questionnaire, Form 2500
<b>D</b>	Loyal Source Communications: CBP Reply to EMR Inputs from Loyal Source – January 11, 2021
<b>E</b>	Loyal Source Communications: Medical Processing Issues – January 29, 2021
<b>F</b>	Loyal Source Communications: EMR Issues – February 9, 2021
<b>G</b>	Loyal Source Communications: Inability to Perform Medical Chart Previews – February 11, 2021
<b>H</b>	Loyal Source Health Evaluation SOP – April 17, 2023
<b>I</b>	Memo from Herbert O. Wolfe, Acting Chief Medical Officer to Troy Miller, Acting CBP Commissioner, <i>Initial Observations and Recommended Medical Improvement Actions for Care of Individuals in CBP Custody</i> – June 8, 2023
<b>J</b>	U.S. Customs and Border Protection, Office of the Chief Medical Officer, Medical Process Guidance – June 2023
<b>K</b>	CBP “Cure Notice” to Loyal Source Government Services – August 10, 2023
<b>L</b>	U.S. Customs and Border Protection, Office of the Chief Medical Officer, Medical Process Guidance, Annex A: Elevated in-Custody Medical Risk (ECMR) – October 2023
<b>M</b>	U.S. Customs and Border Protection, Office of the Chief Medical Officer, Management of Sentinel Event – December 28, 2023
<b>N</b>	Contractor Performance Assessment Report Rating Inconsistencies, Response from Dr. Eastman, Acting CMO, to James W. McCament, Chief Operating Officer, CBP – February 12, 2024
<b>O</b>	List of CBP facilities where Loyal Source Government Services is providing medical care – July 2, 2024
<b>P</b>	U.S. Customs and Border Protection Office of the Chief Medical Officer, Border Health System Briefing PowerPoint – August 1, 2024
<b>Q</b>	CBP response to request from Chairman Durbin regarding video surveillance at CBP facilities – August 20, 2024
<b>R</b>	CBP response to request from Chairman Durbin regarding medical guidance and staffing policies – September 24, 2024
<b>S</b>	U.S. Department of Homeland Security, Office of Health Security, PowerPoint Briefing – September 27, 2024

# **Key Document A**

# TEDS Medical Care of Individuals in Custody

## 1. Introduction

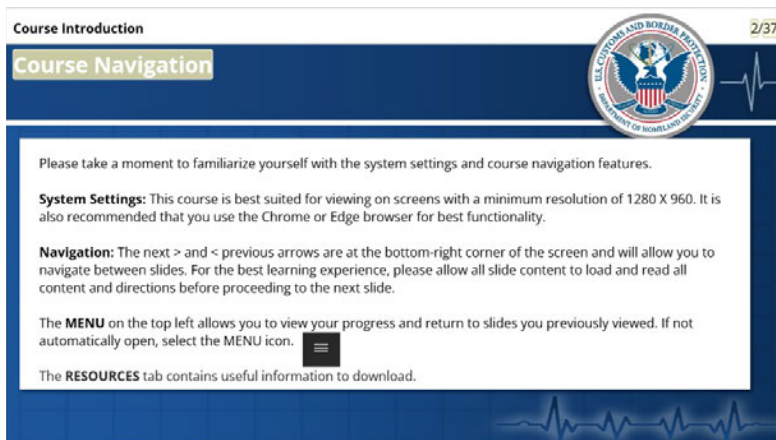
### 1.1 TEDS: Medical Care of Individuals in Custody




The slide features a dark blue header with a white border at the top. On the right side of the header is the seal of the U.S. Customs and Border Protection, Department of Homeland Security, and a white ECG line graphic. Below the header, the title "TEDS: Medical Care of Individuals in Custody" is displayed in a bold, dark blue font. Underneath the title, the text "To Include At-Risk Individuals" and "Reference# A020398" is shown in a smaller, dark blue font. The slide has a white background with a dark blue footer containing a white ECG line graphic.

Notes:

### 1.2 Course Navigation



The slide is titled "Course Introduction" in the top left corner and "2/37" in the top right corner. The main title "Course Navigation" is highlighted in a yellow box. The slide content includes:

- Please take a moment to familiarize yourself with the system settings and course navigation features.
- System Settings:** This course is best suited for viewing on screens with a minimum resolution of 1280 X 960. It is also recommended that you use the Chrome or Edge browser for best functionality.
- Navigation:** The next > and < previous arrows are at the bottom-right corner of the screen and will allow you to navigate between slides. For the best learning experience, please allow all slide content to load and read all content and directions before proceeding to the next slide.
- The **MENU** on the top left allows you to view your progress and return to slides you previously viewed. If not automatically open, select the MENU icon. 
- The **RESOURCES** tab contains useful information to download.

The slide features a dark blue header with a white border at the top, containing the U.S. Customs and Border Protection seal and an ECG line graphic. The slide has a white background with a dark blue footer containing a white ECG line graphic.

## 1.3 Overview

Course Introduction


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Overview

**Welcome**

The safety of CBP employees, individuals in our custody, and the public is the top priority during all aspects of CBP operations.

This course is designed to provide general knowledge of CBP officers'/agents' roles and responsibilities related to the care of individuals in CBP custody to include identifying those individuals considered "at risk" and applying the multi-tiered approach (3 R's) for those who may be experiencing medical distress (recognize, respond, refer) upon arrival or during duration of time in CBP custody.



### Notes:

Audio Narration:

Welcome to the Medical Care of Individuals in Custody course. This course is one in a series of specialized courses focused on the TEDS Policy, as established by CBP, focused on the transport, escort, detention and search of individuals in CBP's custody.

The safety of CBP employees, individuals in our custody, and the public is the top priority during all aspects of CBP operations.

As CBP officers or agents, you may not always be on the frontlines of tasks of transporting of individuals, overseeing holding facilities, or administration of medical care, but your ethical responsibility is pivotal. Due to the stress and complexities surrounding individuals entering CBP custody, we must maintain vigilance and speak out when something seems awry, advocating for the well-being of our CBP staff and those temporarily in our care. This course is designed to provide general knowledge of CBP officers' and agents' roles and responsibilities related to the care of individuals in CBP custody, to include identifying those at higher risk, and applying the multi-tiered approach (3 R's) for those who may be experiencing medical distress (recognize, respond, refer) upon arrival, or during duration of time in CBP custody.




## 1.4 Course Objectives

Course Introduction 4/37

**Course Objectives**

**Course Objective:**

After completion of this course, you should be able to ensure necessary medical care and support is provided to juveniles, adults, and at-risk individuals in CBP custody.



Additionally, you should be able to:

- Follow the CBP medical support process.
- Apply the three R's process regarding individuals experiencing medical distress.

## 1.5 Important Definitions

Introduction 5/37

**Important Definitions**

Select each term and view definition and/or explanation.


**At-Risk Populations**

**Elevated In-Custody Medical Risk (ECMR)**

**Medical Encounter**

**United States Citizen (USC) Newborn**

**Pregnant, Postpartum, Nursing, and Infants (PPNI)**





Additional references that support many of these terms can be found in the **RESOURCES** tab.

**Notes:**

## At Risk Populations (Slide Layer)

Introduction 5/37

**Important Definitions**



<b>At-Risk Populations</b>
<b>Elevated In-Custody Medical Risk (ECMR)</b>
<b>Medical Encounter</b>
<b>United States Citizen (USC) Newborn</b>
<b>Pregnant, Postpartum, Nursing, and Infants (PPNI)</b>

**At-Risk Populations**



At-risk individuals in CBP custody who require additional care and oversight, include but are not limited to:

- Individuals with a chronic illness
- Infants, juveniles, or elderly
- Minors with an acute injury
- Medical or mental health condition
- Pregnant women or post-partum mothers
- Individuals who have defined mental, physical, or developmental disabilities
- Individuals of any age with a known or reported contagious disease, illness, and/or injury and/or who have been isolated/ quarantined within a CBP facility

## ECMR (Slide Layer)

Introduction 5/37

**Important Definitions**



<b>At-Risk Populations</b>
<b>Elevated In-Custody Medical Risk (ECMR)</b>
<b>Medical Encounter</b>
<b>United States Citizen (USC) Newborn</b>
<b>Pregnant, Postpartum, Nursing, and Infants (PPNI)</b>



**Elevated In-Custody Medical Risk (ECMR)**

Acute or chronic medical condition(s) which may elevate risk of deterioration while in custody or pose risk to the congregate population.

## Medical Encounter (Slide Layer)

Introduction 5/37

**Important Definitions**



<b>At-Risk Populations</b>
<b>Elevated In-Custody Medical Risk (ECMR)</b>
<b>Medical Encounter</b>
<b>United States Citizen (USC) Newborn</b>
<b>Pregnant, Postpartum, Nursing, and Infants (PPNI)</b>


**Medical Encounter**

An interaction in which medical personnel conduct an evaluation of a potential medical issue of concern and take additional steps as appropriate, including treatment or referral and medical disposition.

## USC Newborns (Slide Layer)

Introduction 5/37

**Important Definitions**



**At-Risk Populations**

**Elevated In-Custody Medical Risk (ECMR)**

**Medical Encounter**

**United States Citizen (USC) Newborn**

**Pregnant, Postpartum, Nursing, and Infants (PPNI)**

**United States Citizen (USC) Newborn**


A child born in the United States while his/her mother is in CBP custody and/or at a CBP facility.

See **CBP DIRECTIVE NO. 2210-005** located in the RESOURCES tab for more information.

## PPNI (Slide Layer)

Introduction 5/37

**Important Definitions**



**At-Risk Populations**

**Elevated In-Custody Medical Risk (ECMR)**

**Medical Encounter**

**United States Citizen (USC) Newborn**

**Pregnant, Postpartum, Nursing, and Infants (PPNI)**

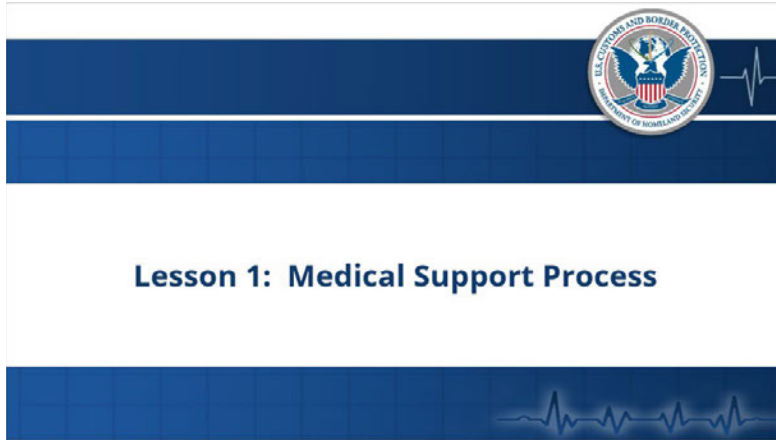
**Pregnant, Postpartum, Nursing, and Infants (PPNI)**

- **Pregnant** - Known or reported to be pregnant individual.
- **Postpartum** - Describing persons who have given birth in the last six months, whether in CBP custody or at another location.
- **Nursing** - Describes a person who is actively nursing/ breastfeeding.
- **Infants** - A child under the age of 1 year

Individuals covered under the PPNI policy/directive are also considered "at risk" and are cared for the same as any at-risk individuals.

## 2. Lesson 1: Medical Support Process

### 2.1 Lesson 1: Medical Support Process



### 2.2 Lesson 1 Introduction


Lesson 1: Medical Support Process 7/37

#### Lesson 1 Introduction

CBP places the highest priority on the health and well-being of persons in custody.

CBP takes a multi-tiered approach to identify and address medical issues of concern. The first phase to identify and address medical issues starts in the field with CBP officers, agents, and processing coordinators observing and identifying potential medical issues for all individuals in CBP custody.

In this lesson, we will further discuss your role and responsibilities in the CBP medical support process, so that you have a better understanding of the important role you play and the various situations that may be encountered during the transport, escort, search, and detention of individuals in CBP custody.



#### Notes:

#### Audio Narration:

CBP takes a multi-tiered approach to identify and address medical issues of concern. The first phase to identify and address medical issues starts in the field with CBP officers, agents, and processing coordinators observing and identifying potential medical issues for all individuals in CBP custody.

In this lesson, we will further discuss your role and responsibilities in the CBP medical support process, so that you have a better understanding of the important role you play and the various situations that may be encountered during the transport, escort, search, and detention of individuals in CBP custody.

## 2.3 Lesson 1 Objective


Lesson 1: Medical Support Process 8/37

### Lesson 1 Objective

The medical support process outlined in this lesson will enable you to:

- Identify the responsibilities of officers/agents with regards to medical care of individuals in custody.
- Identify roles and responsibilities within the medical support process.
- Assess the medical condition of individuals in custody using CBP's multi-tiered approach.
  - Identify those individuals considered at risk.
  - Identify potential medical issues for all individuals in CBP custody.
  - Notify your supervisor if anything seems awry.
- Document observations and individuals injuries/ illnesses in the electronic system of record.

**Lesson 1 Objective:**  
After completion of this lesson, you should be able to follow the CBP medical support process.



## 2.4 Medical Assessments - Purpose

Lesson 1: Medical Support Process 9/37

### Medical Assessments - Purpose


A medical assessment helps to identify those individuals coming into CBP custody who are considered at risk, as well as assist in early detection of individuals that may be sick or in medical distress.

Medical assessments are typically performed (or supervised) by medical providers that are contracted to support CBP at priority locations.

As the third phase of the multi-tiered approach, the medical assessment will generally be performed on:

- Juveniles
- Any person with a positive response on the health intake interview (CBP Form 2500)
- Any other person in custody with known or reported medical concerns

*Specific technical considerations for juveniles will be discussed in more detail later in this course.*



### Notes:

Audio Narration:

A medical assessment helps to identify those individuals coming into CBP custody who are considered at risk, as well, as assist in early detection of individuals that may be sick or in medical distress.

Medical assessments are typically performed (or supervised) by medical providers that are contracted to support CBP at priority locations.

As the third phase of the multi-tiered approach you reviewed in lesson one, the medical assessment will generally be performed on juveniles, any person with a positive response on the health intake interview (CBP Form 2500), or any other person in custody with known or reported medical concerns.

## 2.5 Roles and Responsibilities

Lesson 1: Medical Support Process 10/37

**Roles and Responsibilities**





Select each item to view defined roles.

- Agents and Officers
- CBP Medical Providers & CBP EMTs/ Paramedics
- CBP Contracted Medical Providers
- Local EMS/Health Care Systems

### CBP Medical Providers (Slide Layer)

Lesson 1: Medical Support Process 10/37

**Roles and Responsibilities**



**CBP Medical Providers & CBP EMTs/Paramedics**

Provide emergency medical assessment, treatment, referral in the field or at CBP facilities as appropriate.

- Agents and Officers
- CBP Medical Providers & CBP EMTs/ Paramedics
- CBP Contracted Medical Providers
- Local EMS/Health Care Systems

### Contracted Medical Providers (Slide Layer)

Lesson 1: Medical Support Process 10/37

**Roles and Responsibilities**



**CBP Contracted Medical Providers**

Provide onsite medical support at CBP facilities including medical assessments, onsite treatment, referrals to the local health system, and follow-up care as appropriate.


- Agents and Officers
- CBP Medical Providers & CBP EMTs/ Paramedics
- CBP Contracted Medical Providers
- Local EMS/Health Care Systems



## Agents and Officers (Slide Layer)

Lesson 1: Medical Support Process 10/37

### Roles and Responsibilities



- Agents and Officers
- CBP Medical Providers & CBP EMTs/ Paramedics
- CBP Contracted Medical Providers
- Local EMS/Health Care Systems

**Agents and Officers**

- **RECOGNIZE** potential medical distress.
- **RESPOND** with immediate life-saving actions when possible.
- **REFER** to medical providers.

## Local EMS Health Care Systems (Slide Layer)

Lesson 1: Medical Support Process 10/37

### Roles and Responsibilities



- Agents and Officers
- CBP Medical Providers & CBP EMTs/ Paramedics
- CBP Contracted Medical Providers
- Local EMS/Health Care Systems

**Local EMS/Health Care Systems**

Provide advanced medical assessment and support.

- Local EMS/911 response
- Local medical facilities or hospitals

## 2.6 Multi-Tiered Approach

Lesson 1: Medical Support Process 11/37

### Multi-Tiered Approach



The multi-tiered approach is used to identify potential medical issues in persons you may encounter, including persons in custody, and to avoid any single point of failure.

*Select each tier to view descriptions and how the medical support roles apply.*

- Tier 1: Recognize Red Flags for Response and Referral
- Tier 2: Health Intake Interviews
- Tier 3: Medical Assessments

## Tier 1 (Slide Layer)

Lesson 1: Medical Support Process 11/37

**Multi-Tiered Approach**

**Tier 1: Recognize Red Flags for Response and Referral**

At initial encounter, officers and agents recognize and report any potential red flags of medical distress, illness, or injury to their supervisor for persons they may encounter, including those in custody.

After recognizing the red flags, officers and agents should respond by contacting EMS/911 or refer the individual to an appropriate medical professional. Only if an officer or agent is comfortable enough and trained to administer care should they provide emergency life-saving measures, as appropriate.

Officers and agents shall refer individuals with non-urgent medical issues to contract medical providers for medical assessments or to the local health system for evaluation when contract medical services are not available.

Further information on possible "red flags" will be discussed in Lesson 2. Close

## Tier 1 - Close (Slide Layer)

Lesson 1: Medical Support Process 11/37

**Multi-Tiered Approach**

**Tier 1: Recognize Red Flags for Response and Referral**

At initial encounter, officers and agents recognize and report any potential red flags of medical distress, illness, or injury to their supervisor for persons they may encounter, including those in custody.

After recognizing the red flags, officers and agents should respond by contacting EMS/911 or refer the individual to an appropriate medical professional. Only if an officer or agent is comfortable enough and trained to administer care should they provide emergency life-saving measures, as appropriate.

Officers and agents shall refer individuals with non-urgent medical issues to contract medical providers for medical assessments or to the local health system for evaluation when contract medical services are not available.

Further information on possible "red flags" will be discussed in Lesson 2. Close

## Tier 2 (Slide Layer)

Lesson 1: Medical Support Process 11/37

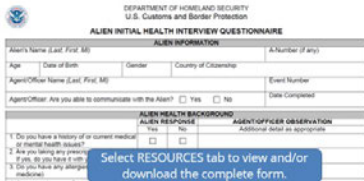
**Multi-Tiered Approach**

**Tier 2: Health Intake Interviews**

Health intake interviews:

- May be completed by officers, agents, or CBP medical service contractors.
- Intake interview shall be conducted on, at minimum, all individuals in custody under age 18.
- All pregnant women will receive a health intake interview, and offered a medical assessment (onsite or offsite) if potential medical issue is identified during health interview.

Positive responses are referred for a medical assessment. Close



The screenshot shows the 'ALLEN INITIAL HEALTH INTERVIEW QUESTIONNAIRE' form. It includes fields for Alien Name, Date of Birth, Gender, Country of Citizenship, Agent/Officer Name, and Email Number. There are checkboxes for 'Alien Health Background' and 'Alien Response'. A blue box at the bottom of the form reads: 'Select RESOURCES tab to view and/or download the complete form.'



## Tier 2 - Close (Slide Layer)

Lesson 1: Medical Support Process 11/37

**Multi-Tiered Approach**

**Tier 2: Health Intake Interviews**

Health intake interviews:

- May be completed by officers, agents, or CBP medical service contractors.
- Are conducted on persons in custody as directed upon arrival at a CBP facility.

Positive responses are referred for a medical assessment.

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

**ALIEN INITIAL HEALTH INTERVIEW QUESTIONNAIRE**

ALIEN INFORMATION			
Alien's Name (Last, First, MI)	A-Number (if any)		
Age	Date of Birth	Gender	Country of Citizenship
Agent/Officer Name (Last, First, MI)	Event Number		
Agent/Officer: Are you able to communicate with the Alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Data Completed	

ALIEN HEALTH BACKGROUND		AGENT/OFFICER OBSERVATION	
ALIEN RESPONSE	Yes	No	Additional detail as appropriate
1. Do you have a history of or current medical or mental health issues?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you taking any prescription medications? If yes, do you have it with you?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have any allergies? (e.g. food, medicines)	<input type="checkbox"/>	<input type="checkbox"/>	

[Close](#)

## Tier 3 (Slide Layer)

Lesson 1: Medical Support Process 11/37

**Multi-Tiered Approach**

**Tier 3: Medical Assessments**

Medical assessments:

- Are conducted (or supervised) by medical providers.
- Target history, physical exam, review of systems.
- Are generally required for:
  - Juveniles
  - Any person with positive response on health intake interview - CBP Form 2500
  - Any other person in custody with known or reported medical concerns

*More information about the medical assessment process will be discussed in Lesson 2.*

[Close](#)

## Tier 3 - Close (Slide Layer)

Lesson 1: Medical Support Process 11/37

**Multi-Tiered Approach**

**Tier 3: Medical Assessments**

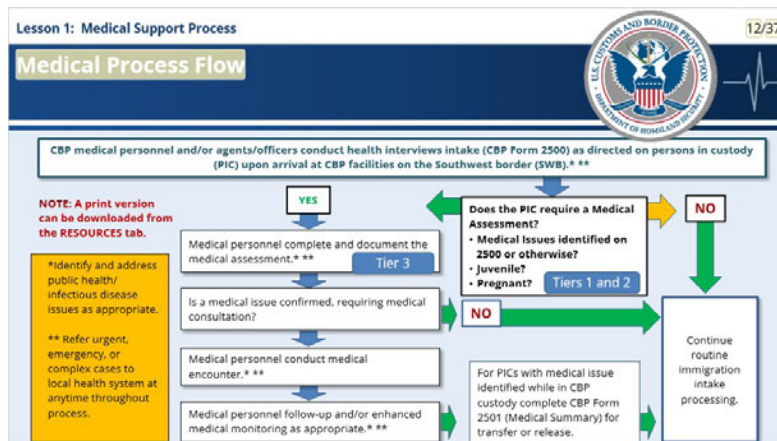
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- Are generally required for:
  - Juveniles
  - Any person with positive response on health intake interview - CBP Form 2500
  - Any other person in custody with known or reported medical concerns

*More information about the medical assessment process will be discussed in Lesson 2.*

[Close](#)

## 2.7 Medical Process Flow



### Notes:

Audio Narration:

Contract medical personnel, and CBP agents or officers, conduct Health Intake Interviews (CBP Form 2500), on persons in custody upon arrival at a CBP facility, as directed by local leadership. At this time, public health or infectious disease issues will be addressed as appropriate, and any urgent, emergent, or complex cases, will be referred to the local health system, or 9 1 1 will be activated as appropriate. Persons with a medical issue identified during the health intake interview, and juveniles, will also receive a medical assessment by contract medical personnel. Pregnant women will also be offered a medical assessment. Persons with medical issues confirmed on the medical assessment, will receive a medical encounter by contract medical personnel. Persons without medical issues identified during the health intake interview, or medical assessment, will continue routine processing. Persons receiving medical encounters will be treated on site, or referred to a local health facility, and will receive follow-up care, and/or enhanced medical monitoring as appropriate. Persons in custody with medical issues identified, or addressed in CBP custody, will have a Medical Summary Form,(CBP Form 2501) completed upon transfer or release.

## 2.8 Knowledge Check 1 of 5


(Multiple Choice, 10 points, 1 attempt permitted)

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**Knowledge Check 1 of 5**

Which option below best describes the roles of agents and officers in CBP's medical support process?  
Select the check mark to submit your answer.

- Conduct follow up care for persons in custody.
- Provide treatment for acute medical issues.
- Perform advanced medical assessment and support.
- Recognize, respond, and refer persons in medical distress.



Correct	Choice
	Conduct follow up care for persons in custody.
	Provide treatment for acute medical issues.
	Perform advanced medical assessment and support.
X	Recognize, respond, and refer persons in medical distress.

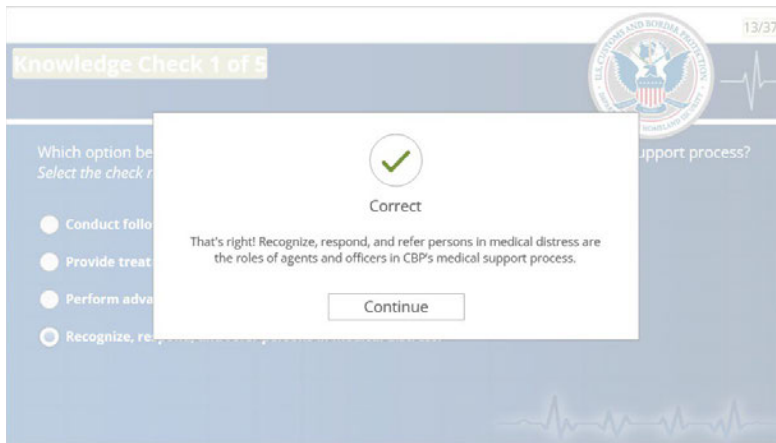
**Feedback when correct:**

That's right! Recognize, respond, and refer persons in medical distress are the roles of agents and officers in CBP's medical support process.

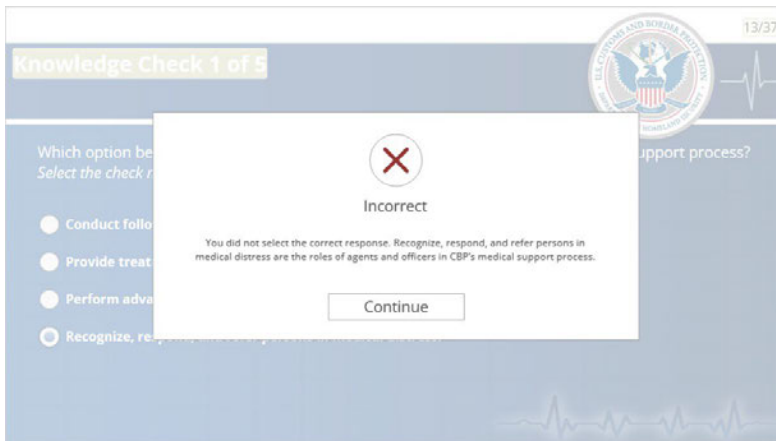
**Feedback when incorrect:**

You did not select the correct response. Recognize, respond, and refer persons in medical distress are the roles of agents and officers in CBP's medical support process.

## Correct (Slide Layer)



## Incorrect (Slide Layer)



## 2.9 Knowledge Check 2 of 5

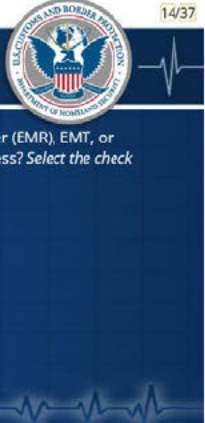
*(Multiple Choice, 10 points, 1 attempt permitted)*

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**Knowledge Check 2 of 5**

If an agent or officer is also a medical provider, Emergency Medical Responder (EMR), EMT, or paramedic, what additional role do they have in CBP's medical support process? *Select the check mark to submit your answer.*

- Conduct follow-up care for persons in custody.
- Treat for acute medical issues within their scope.
- Perform advanced medical assessment and support.
- Recognize, respond, and refer persons in medical distress.



Correct	Choice
	Conduct follow-up care for persons in custody.
X	Treat for acute medical issues within their scope.
	Perform advanced medical assessment and support.
	Recognize, respond, and refer persons in medical distress.

**Feedback when correct:**

That's right! Treat for acute medical issues within their scope is an additional role for agents or officers who are also medical providers in CBP's medical support process.

**Feedback when incorrect:**

You did not select the correct response. Treat for acute medical issues within their scope is an additional role for agents or officers who are also medical providers in CBP's medical support process.

## Incorrect (Slide Layer)

The screenshot shows a digital interface for a knowledge check. At the top right, there is a logo for the "FEDERAL BUREAU OF INVESTIGATION" and a page number "14/37". The main header reads "Knowledge Check 2 of 5". On the left, a question is partially visible: "If an agent or of paramedic, wha mark to submit y". Below the question are four radio button options: "Conduct follo", "Treat for acut", "Perform adva", and "Recognize, re". A central white pop-up box displays a red "X" icon, the word "Incorrect", and a message: "You did not select the correct response. Treat for acute medical issues within their scope is an additional role for agents or officers who are also medical providers in CBP's medical support process." A "Continue" button is located at the bottom of the pop-up.

## Correct (Slide Layer)

This screenshot is identical to the one above, but the central white pop-up box displays a green checkmark icon, the word "Correct", and a message: "That's right! Treat for acute medical issues within their scope is an additional role for agents or officers who are also medical providers in CBP's medical support process." The "Continue" button remains at the bottom of the pop-up.

## 2.10 Knowledge Check 3 of 5

*(Multiple Choice, 10 points, 1 attempt permitted)*



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**Knowledge Check 3 of 5**

What is the purpose of the multi-tiered approach in CBP's medical support process? *Select the check mark to submit your answer.*

- The purpose of the multi-tiered approach is to ensure all required documentation is captured per directive.
- The multi-tiered approach identifies potential levels of care that must be administered and documented during CBP's medical support process to avoid liability.
- The purpose of the multi-tiered approach is to identify the different types of medical distress.
- The multi-tiered approach identifies potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

Correct	Choice
	The purpose of the multi-tiered approach is to ensure all required documentation is captured per directive.
	The multi-tiered approach identifies potential levels of care that must be administered and documented during CBP's medical support process to avoid liability.
	The purpose of the multi-tiered approach is to identify the different types of medical distress.
X	The multi-tiered approach identifies potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

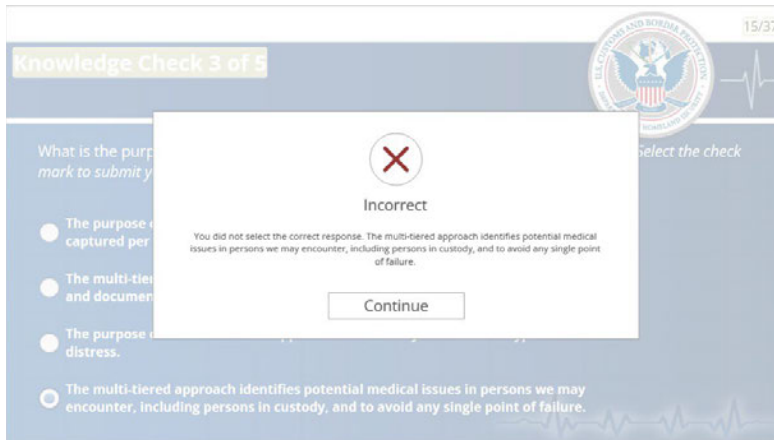
**Feedback when correct:**

That's right! The multi-tiered approach identifies potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

**Feedback when incorrect:**

You did not select the correct response. The multi-tiered approach identifies potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

## Incorrect (Slide Layer)



The screenshot shows a "Knowledge Check 3 of 5" interface. A central white box with a red 'X' icon and the word "Incorrect" is overlaid on the question. The question asks for the purpose of a multi-tiered approach. The correct answer is selected, but the user chose a different option. The feedback text states: "You did not select the correct response. The multi-tiered approach identifies potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure." A "Continue" button is at the bottom of the feedback box. The background shows a list of four radio button options, with the first one selected.

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Knowledge Check 3 of 5

What is the purpose of a multi-tiered approach to identifying potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure?

The purpose of a multi-tiered approach is to identify potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

The multi-tiered approach identifies potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

The purpose of a multi-tiered approach is to identify potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

The multi-tiered approach identifies potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

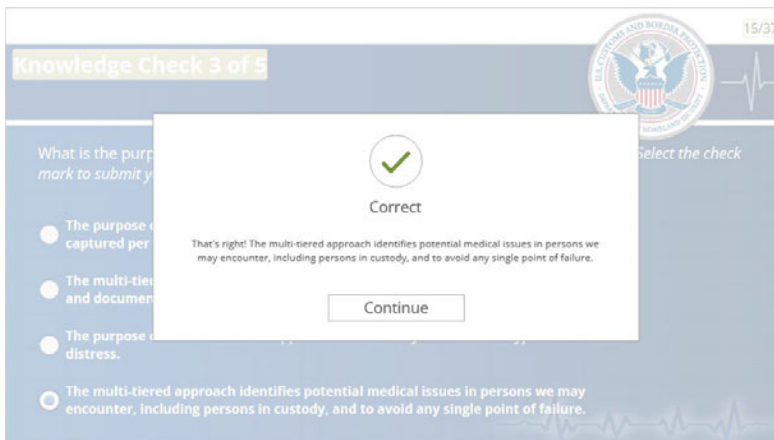
Select the check

Incorrect

You did not select the correct response. The multi-tiered approach identifies potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

Continue

## Correct (Slide Layer)



The screenshot shows the same "Knowledge Check 3 of 5" interface. A central white box with a green checkmark icon and the word "Correct" is overlaid on the question. The feedback text states: "That's right! The multi-tiered approach identifies potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure." A "Continue" button is at the bottom of the feedback box. The background shows the same list of four radio button options, with the second one selected.

15/37

Knowledge Check 3 of 5

What is the purpose of a multi-tiered approach to identifying potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure?

The purpose of a multi-tiered approach is to identify potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

The multi-tiered approach identifies potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

The purpose of a multi-tiered approach is to identify potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

The multi-tiered approach identifies potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

Select the check

Correct

That's right! The multi-tiered approach identifies potential medical issues in persons we may encounter, including persons in custody, and to avoid any single point of failure.

Continue


## 2.11 Knowledge Check 4 of 5

(Multiple Choice, 10 points, 1 attempt permitted)



16/37

**Knowledge Check 4 of 5**



Which of the options below is the best description of Tier 1 actions from the multi-tiered approach?  
Select the check mark to submit your answer.

- Complete Medical Summary Form 2501.
- Conduct medical assessments.
- Recognize red flags for response and referral.
- Conduct health intake interviews using CBP Form 2500.

Correct	Choice
	Complete Medical Summary Form 2501.
	Conduct medical assessments.
X	Recognize red flags for response and referral.
	Conduct health intake interviews using CBP Form 2500.

**Feedback when correct:**

That's right! Recognize red flags for response and referral is the action conducted in tier one.

**Feedback when incorrect:**

You did not select the correct response. Recognize red flags for response and referral is the action conducted in tier one.

## Incorrect (Slide Layer)

The screenshot shows a digital learning interface for a knowledge check. At the top right, the text '16/37' is visible. Below it, the title 'Knowledge Check 4 of 5' is displayed. On the left side, there is a question: 'Which of the options is the correct approach?' followed by the instruction 'Select the check response'. Below the question are four radio button options: 'Complete Me...', 'Conduct med...', 'Recognize red...', and 'Conduct heal...'. A central white pop-up box with a red 'X' icon indicates an incorrect answer. The text inside the box reads: 'Incorrect. You did not select the correct response. Recognize red flags for response and referral is the action conducted in tier one.' A 'Continue' button is located at the bottom of the pop-up box. The background features a blue gradient with a faint ECG line and a circular logo for 'THE COLLEGE AND BOARD OF NURSING'.

## Correct (Slide Layer)

This screenshot is identical to the one above, but the central white pop-up box now features a green checkmark icon. The text inside the box reads: 'Correct. That's right! Recognize red flags for response and referral is the action conducted in tier one.' The 'Continue' button remains at the bottom of the pop-up box. The background elements, including the question, options, and logos, are the same as in the previous image.

## 2.12 Knowledge Check 5 of 5

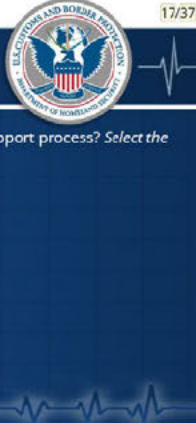
*(Multiple Choice, 10 points, 1 attempt permitted)*

17/37

**Knowledge Check 5 of 5**

What occurs during tier two of the multi-tiered approach of CBP's medical support process? *Select the check mark to submit your answer.*

- Complete Medical Summary Form 2501.
- Conduct medical assessments.
- Recognize red flags for response and referral.
- Conduct health intake interviews using CBP Form 2500.



Correct	Choice
	Complete Medical Summary Form 2501.
	Conduct medical assessments.
	Recognize red flags for response and referral.
X	Conduct health intake interviews using CBP Form 2500.

**Feedback when correct:**

That's right! Conduct health intake interviews using CBP Form 2500 is the action conducted in tier two.

**Feedback when incorrect:**

You did not select the correct response. Conduct health intake interviews using CBP Form 2500 is the action conducted in tier two.

**Notes:**

## Incorrect (Slide Layer)

17/37

Knowledge Check 5 of 5

What occurs during a health intake interview? Select the correct response. Check mark to select the correct response.

Complete Medical Assessment

Conduct medical intake interviews using CBP Form 2500

Recognize red flags

Conduct health intake interviews using CBP Form 2500

**Incorrect**

You did not select the correct response. Conduct health intake interviews using CBP Form 2500 is the action conducted in tier two.

Continue

## Correct (Slide Layer)

17/37

Knowledge Check 5 of 5

What occurs during a health intake interview? Select the correct response. Check mark to select the correct response.

Complete Medical Assessment

Conduct medical intake interviews using CBP Form 2500

Recognize red flags

Conduct health intake interviews using CBP Form 2500

**Correct**

That's right! Conduct health intake interviews using CBP Form 2500 is the action conducted in tier two.

Continue

## 2.13 Lesson 1 Summary

Lesson 1: Medical Support Process

18/37

Lesson 1 Summary

CBP utilizes a multi-tiered medical support process for persons in custody to ensure appropriate medical support with no single point of failure.

- CBP agents/officers in the field recognize, respond, and refer medical distress as appropriate.
- CBP agents/officers or medical personnel at CBP facilities conduct health intake interviews (CBP 2500) to identify "at-risk" individuals and any other potential medical issues.
- Medical personnel at CBP facilities conduct medical assessments as appropriate to identify and address medical issues of concern.

**Lesson 1 Objective:**

After completion of this lesson, you should be able to follow the CBP medical support process.

**Notes:**

Audio Narration:

As we conclude this lesson, where we reviewed the medical support process, remember that – although others may have direct responsibilities in responding to an individual needing medical attention, your ethical responsibility as a CBP employee remains. You play a key role in recognizing and ensuring the health and safety of individuals in CBP custody. This is CBP's highest priority.

### 3. Lesson 2: The 3 R's Process

#### 3.1 The 3 R's Process



#### 3.2 Lesson 2 Objective

Lesson 2: The 3 R's Process 20/37

**Lesson 2 Objective**

Conduct medical assessment for early detection of individuals that may be sick or in medical distress.

**Apply the following 3 R's to those individuals in medical distress:**


- Recognize the red flags for possible medical distress.
- Respond with immediate life-saving actions, when possible.
- Refer individuals to medical professionals for follow-on care in a timely manner.

Identify and address medical concerns of persons in custody, and take appropriate precautions.

Provide necessary medical care and support to juveniles, adults, and at-risk individuals in CBP custody.

**Lesson 2 Objectives:**

After completion of this lesson, you should be able to apply the 3 R's process regarding medical distress.




### 3.3 RECOGNIZE Medical Distress

Lesson 2: The 3 R's Process 21/37

#### RECOGNIZE Medical Distress

Red flags of medical distress may include:

- Altered consciousness (unconscious/disoriented/confused)
- Obvious trauma/injury, such as major bleeding or newly broken bones
- Having difficulty or Inability to breathe
- Inability to walk, talk, or move a body part
- Reported pain
- Suicidal comments or behaviors



The image shows a young man with a distressed expression, holding both hands to his forehead. A small red flag icon is positioned in the top left corner of the photo, symbolizing a red flag of medical distress.

#### Notes:

Audio Narration:

As we discussed in lesson one, in the multi-tiered approach, Tier 1 is Recognizing Red Flags for Response and Referral. Here are some of the possible red flags that indicate possible medical distress.


### 3.4 RESPOND to Medical Distress Red Flags

Lesson 2: The 3 R's Process 22/37

#### RESPOND to Medical Distress Red Flags

**Take life-saving measures!**

- Provide immediate action! (Call 911 or medical personnel)
- If needed, and trained to do so, provide immediate lifesaving care (CPR or bleeding control).
- Use examination gloves and masks/personal protective equipment (PPE).
- Agents and officers should constantly be vigilant of potential signs of medical distress. An individual's condition can change quickly.
- Monitor the individual throughout the time that they are in CBP custody, control, or inspection.





The image depicts two individuals in uniform, likely law enforcement or border patrol, providing medical aid to a person lying on the ground. A red heart with a white exclamation mark is overlaid on the image, signifying a critical response to medical distress.

### 3.5 REFER to Medical Provider

Lesson 2: The 3 R's Process 23/37

#### REFER to Medical Provider



If a person shows signs of medical distress at any time, medical personnel should be contacted.

Medical personnel can decide if additional treatment is indicated.

Any individual requesting medical care, even if no signs of distress are observed, should be referred to medical personnel for evaluation.

Err on the side of safety.

#### Notes:

Audio Narration:



If a person shows signs of medical distress at any time, medical personnel should be contacted. But let's not forget our shared ethical responsibility. Despite not being directly involved in the medical assessment process, each one of us as CBP employees has an obligation to ensure procedures are followed and that individuals are treated timely, and with respect and care.

If you see something, it's better to err on the side of safety, and say something – to your supervisor or a medical provider.

### 3.6 Refusal of Care

Lesson 2: The 3 R's Process 24/37

#### Refusal of Care



**Refusal of Care Against Medical Advice (AMA):**

- Juveniles in CBP custody may not refuse:
  - 1) medical care if immediate medical care is required for life or safety;
  - 2) medical assessment; or
  - 3) referral to a higher level of care if warranted based on a medical assessment or CBP personnel judgement.
- Adults in CBP custody may refuse care onsite, but they may not refuse transport to a medical facility.
- Any juvenile or adult determined to refuse medical care or assessment will be transported to a medical provider or medical facility to validate or confirm the refusal.
- Any refusal of care should be documented in the appropriate system of record.
- Parents/legal guardians can refuse care for their children, but they may not refuse transport to a medical facility.

#### Notes:

Audio Narration:



Juveniles in CBP custody may not refuse medical care, if it's required for life or safety. They do not have the right to refuse that.

They cannot refuse a medical assessment and they cannot refuse referral to a higher level of care, if warranted, based on your judgment in the field.

Adults, on the other hand, may refuse care on site, but they may not refuse transport to a medical facility. Therefore, any juvenile or adult determined to require medical care, or further assessment will be transported to a medical provider on site for a medical determination of the requirement for care, and any refusal of care considerations. You do not have to address that in the field.

You should transport them to a medical provider, or a medical facility, where those issues can be addressed.

### 3.7 Guidance/Precautions

Lesson 2: The 3 R's Process 25/37

#### Guidance/Precautions

**Illness and Injuries**

- Younger juveniles, especially infants, should generate a higher index of suspicion for illness or injury and a lower threshold for referral. It is harder for them to communicate problems, and harder for observer to identify problems and refer as appropriate.
- If officers/agents suspect that an individual in CBP custody has an observed or reported medical condition, such as a contagious disease, appropriate protective precautions must be taken and any required notifications made according to the operational office's policies and procedures.

#### Notes:

Audio Narration:

In general, it's important for CBP agents and officers to understand that they should err on the side of caution. At any time if there is any concern for an urgent or emergent illness or injury, they should activate nine one one, or transport, or refer the juvenile to the local healthcare system.

Younger juveniles, especially infants, should generate a higher index of suspicion for illness or injury, and have a lower threshold for referral. We need to be very vigilant about the unique circumstances of children.

It can be harder for them to communicate problems. It can also be harder for the observer to identify problems, and referring as appropriate.



### 3.8 Guidance/Precautions (Cont'd)

Lesson 2: The 3 R's Process 26/37

**Guidance/Precautions (Cont'd)**

**Medical Care**

- Once an individual in CBP custody is at a medical facility, medical providers make all medical decisions, which may include medical release or fitness for travel. Officers/agents have no authority over the individual's medical treatment, but remain responsible for enforcement decisions regarding the individual.
- Except for assistance with lifesaving emergency medical care, which they feel comfortable rendering and are trained to render, officers/agents will not administer medical techniques, medications, or preparations unless they are qualified emergency medical technicians or paramedics rendering care.
- Medication prescribed in the United States, validated by a medical professional if not U.S. prescribed, or in the individual in CBP custody's possession during general processing in a properly identified container with the specific dosage indicated, must be self-administered under the supervision of an officer/agent or contracted medical personnel. If a individual in CBP custody is unable to self-administer their medications due to age or disability, officers/agents or contracted medical personnel may assist the individual. All individuals in CBP custody refusals of prescribed medication or medical assistance must be noted in the appropriate electronic system(s) of record.

#### Notes:

Audio Narration:

In general, it's important for CBP EMTs to understand that they should err on the side of caution, if directed to conduct medical assessments.

At any time if there is any concern for an urgent or emergent illness or injury, the EMT should activate nine one one, or transport, or refer the juvenile to the local healthcare system.

Younger juveniles, especially infants, should generate a higher index of suspicion for illness or injury, and have a lower threshold for referral. We need to be very vigilant about the unique circumstances of children.

It can be harder for them to communicate problems. It can also be harder for the observer to identify problems, and referring as appropriate.

### 3.9 Guidance/Precautions (Cont'd)

Lesson 2: The 3 R's Process 27/37

**Guidance/Precautions (Cont'd)**

**During a Search**

- **Injuries:** Seek medical care for an individual's injury detected during a search.
- **Medical Emergencies:** Officers/agents have a responsibility to safeguard individuals in CBP custody during a search. If there is any observed or reported indication that the individual is injured or in any way may require medical treatment, appropriate medical care must be provided or sought in a timely manner.

#### Notes:

Audio Narration:

In general, it's important for CBP EMTs to understand that they should err on the side of caution, if directed to conduct medical assessments.  
At any time if there is any concern for an urgent or emergent illness or injury, the EMT should activate nine one one, or transport, or refer the juvenile to the local healthcare system.  
Younger juveniles, especially infants, should generate a higher index of suspicion for illness or injury, and have a lower threshold for referral. We need to be very vigilant about the unique circumstances of children.  
It can be harder for them to communicate problems. It can also be harder for the observer to identify problems, and referring as appropriate.

### 3.10 Guidance/Precautions (Cont'd)

Lesson 2: The 3 R's Process 28/37

#### Guidance/Precautions (Cont'd)

**Prior to Transport/Escort**

Officers/agents must conduct (or support) completion of a transport assessment to evaluate:

- The safety of each individual in custody
- Any known or reported medical or mental health issues
- Level of risk to themselves, other individuals in custody, and staff based on the information available at the time of the assessment

Officers/agents assigned transport or escort duties must be informed of any known adverse assessment pertaining to the individuals being transported or escorted. Likewise, communicate to the transporting officer any known adverse assessments of an individual prior to transport/escort.

#### Notes:

Audio Narration:

In general, it's important for CBP EMTs to understand that they should err on the side of caution, if directed to conduct medical assessments.  
At any time if there is any concern for an urgent or emergent illness or injury, the EMT should activate nine one one, or transport, or refer the juvenile to the local healthcare system.  
Younger juveniles, especially infants, should generate a higher index of suspicion for illness or injury, and have a lower threshold for referral. We need to be very vigilant about the unique circumstances of children.  
It can be harder for them to communicate problems. It can also be harder for the observer to identify problems, and referring as appropriate.

### 3.11 Guidance/Precautions (Cont'd)

Lesson 2: The 3 R's Process 29/37

**Guidance/Precautions (Cont'd)**

**During Transport/Escort:**

- In addition to verbal communication, officers/agents must be alert to nonverbal cues exhibited by individuals being transported or escorted that might indicate that the individual is in mental or physical distress. This might include expressions of suicidal thoughts, hallucinations, or other signs of disorientation.
- Ensure individual's medical summary (CBP Form 2501) accompanies him/her upon transfer or repatriation.

#### Notes:


Audio Narration:

In general, it's important for CBP EMTs to understand that they should err on the side of caution, if directed to conduct medical assessments. At any time if there is any concern for an urgent or emergent illness or injury, the EMT should activate nine one one, or transport, or refer the juvenile to the local healthcare system. Younger juveniles, especially infants, should generate a higher index of suspicion for illness or injury, and have a lower threshold for referral. We need to be very vigilant about the unique circumstances of children. It can be harder for them to communicate problems. It can also be harder for the observer to identify problems, and referring as appropriate.

### 3.12 Recognize Medical Distress

Lesson 2: The 3 R's Process 30/37

**Recognize Medical Distress**



For medical complaints, the majority of information leading to the cause of the condition comes from questions you ask the individual or their travel companions and your own observations.

Be sure to document your observations and information gathered from questioning into the appropriate electronic system of record.

**"Please, tell me what happened."**

#### Notes:

Audio Narration:

For medical complaints, the majority of information leading to the cause of the condition comes from questions you ask the individual or their travel companions and your own observations.

### 3.13 Lesson 2 Summary

Lesson 2: The 3 R's Process 31/37

**Lesson 2 Summary**

**Remember the 3 R's.**

1. Recognize the red flags of potential medical distress.
2. Respond with immediate life-saving actions when possible.
3. Refer to medical providers.

**Lesson 2 Objective:**

You should now be able apply the 3 R's process regarding medical distress.

The slide features a female CBP officer in uniform standing in front of a blue background. To her right is a diagram consisting of a central circle with an arrow pointing right, surrounded by three concentric circles, with a white medical stethoscope graphic overlaid on the diagram. The top right corner of the slide contains the CBP seal and the text '31/37'. A white box on the left contains the 'Remember the 3 R's' list. A white box on the right contains the 'Lesson 2 Objective' text.

Notes:

## 4. Scenarios

### 4.1 Scenarios

The slide features a blue header and footer with a white central area. The header contains the CBP seal and the text '31/37'. The central area contains the word 'Scenarios' in a bold, dark blue font. The footer contains a white medical stethoscope graphic. The slide is titled 'Scenarios' in the center.

## 4.2 Scenarios

Scenarios

U.S. CUSTOMS AND BORDER PROTECTION  
DEPARTMENT OF HOMELAND SECURITY

33/37

At-Risk Individuals in CBP Custody

Infectious Disease

Medical Emergencies

Select each scenario. The Next arrow will activate once all are viewed.

### Notes:

### At-Risk Individuals in CBP Custody (Slide Layer)

Scenarios

U.S. CUSTOMS AND BORDER PROTECTION  
DEPARTMENT OF HOMELAND SECURITY

33/37

At-Risk Individuals in CBP Custody

What are your responsibilities?


U.S. Border Patrol agents respond to a request for help early Monday morning when a group of migrants called 911 to say they are lost near Tecate Peak. Upon locating the group, agents conduct a visual inspection of the migrants for any signs of medical distress. Agents also ask if anyone has any medical issues/complaints. One migrant, a 16-year-old female Mexican national, states that she is pregnant. The migrant is pulled to the side, and after additional questioning, she states that she has been having severe abdominal cramping for the past four hours.

Next

## At-Risk Responsibilities (Slide Layer)

33/37

Scenarios



**At-Risk Individuals in CBP Custody (Cont'd)**

**Your responsibilities:**

- Assess any individual taken into custody for signs of medical distress.
- Use the 3 R's (Recognize, Respond and Refer) if medical distress is identified.
- Activate a medical response if the situation requires it (CBP medical providers, local EMS or contracted medical support).
- Support medical provider, as necessary, according to local or DHS medical treatment protocols.
- Ensure that any identified pregnant female is offered a medical assessment; ensure the migrant's response to the offer is documented in the appropriate system of record.
- Document any transfer of care or hospitalization of individuals in CBP custody in appropriate electronic system of record.
- Notify a shift supervisor of any medical emergencies, and document in the appropriate system of record.


At-risk individuals are individuals in the custody of CBP who may require additional care or oversight. Pregnant women are considered at-risk individuals.

Next

## At-Risk Responsibilities - Copy (Slide Layer)

33/37

Scenarios



**++ Special Exemptions - Transport/Custody**

Allow parent and minor child(ren) to accompany mothers in labor to the hospital, if:


- CBP personnel/contractors are assigned hospital watch.
- Permitted by the hospital.
- There are no other public safety and/or security concerns pertaining to the parent(s).

Close

## Infectious Disease (Slide Layer)

33/37

Scenarios



**Infectious Disease**

**What are your responsibilities?**


At the Nogales Port of Entry, three individuals have been searched and placed in a holding area to await processing after contraband was discovered in the vehicle they were traveling in. The CBP officer assigned to monitor them notices that one of the individuals has been coughing continuously, has flushed/sweaty skin, and appears to be not breathing.

Next

## Infectious Disease Responsibilities (Slide Layer)

33/37

Scenarios



**Infectious Disease (Cont'd)**

**Your responsibilities:**


- Assess any individual taken into custody for signs of medical distress.
- Use the 3 R's (Recognize, Respond and Refer) if medical distress is identified.
- Activate a medical response if the situation requires it (CBP Medical providers, local EMS, or contracted medical support).
- Ensure the appropriate personal protection equipment (PPE) is donned.
- After donning PPE, use local protocols dealing with infectious disease, to include isolation of individuals with potential infectious disease.
- Notify a shift supervisor of any medical emergencies, and document in the appropriate system of record.

Close

## Medical Emergencies (Slide Layer)

33/37

Scenarios



**Medical Emergencies**

**What are your responsibilities?**


U.S. Border Patrol agents assigned to a processing facility are approached by a female migrant carrying her 4-year-old daughter. The migrant states that while eating some fruit, her daughter began coughing, appears not to be breathing, and is turning blue.

Next

## Medical Emergencies (Cont'd) (Slide Layer)

33/37

Scenarios



**Medical Emergencies (Cont'd)**

**Your responsibilities:**

- Assess any individual in custody for signs of medical distress.
- Use the 3 R's (Recognize, Respond and Refer) if medical distress is identified.
- Activate a medical response (CBP medical providers, local EMS, or contracted medical support).
- *Be prepared to provide CPR if required.*
- Notify a shift supervisor of any medical emergencies, and document in the appropriate system of record.

Close



## 5. Course Summary

### 5.1 Course Summary



### 5.2 Course Summary

A slide titled "Course Summary" with a dark blue background. At the top right is the official seal of the U.S. Customs and Border Protection, Department of Homeland Security, and the page number "35/37". A white ECG line graphic runs horizontally across the top and bottom of the slide. The text "Course Summary" is in a yellow box at the top left. The slide is divided into three main sections: a "Course Objective" box on the left, a photo of a CBP officer in the center, and a "You should now be able to:" box on the right.

**Course Objective:**  
Congratulations! You should now be able to ensure necessary medical care and support is provided to juveniles, adults, and at-risk individuals in CBP custody.

**You should now be able to:**


- Follow the CBP medical support process.
- Apply the Three R's Process regarding individuals experiencing medical distress.



## 5.3 Acknowledgements

Course Summary 36/37


**Acknowledgements**



**Course Sponsor:** Office of the Chief Medical Officer  
Operations Support  
Immediate Office of the EAC

**Course Development:** CBP Office of Training & Development  
Distance Learning Center  
Harpers Ferry, West Virginia 25425

For technical questions or concerns, please contact:  
The Technology Service Desk (TSD) at [CBP\\_TECHNOLOGY\\_SERVICE\\_DESK@cbp.dhs.gov](mailto:CBP_TECHNOLOGY_SERVICE_DESK@cbp.dhs.gov)  
or submit feedback through the [Service Portal \(Service Now\) link](#).





### Notes:

## 5.4 End of Course


Course Summary 37/37

**End of Course**



**How did you like the course?**  
Please complete the survey, and tell us what you think.  
After the survey, please select the **EXIT COURSE** button to receive credit for this course.  
For directions on printing diplomas/transcripts or viewing course completions, refer to the [Acadis User Guide](#).

[Complete Survey](#)

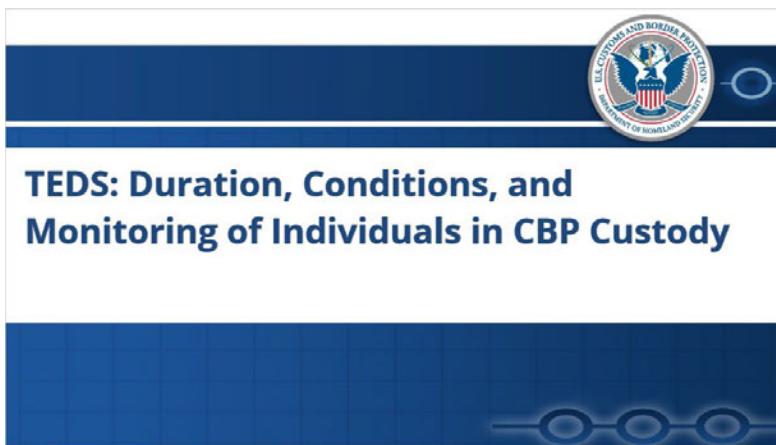


# **Key Document B**

# TEDS: Duration, Conditions, and Monitoring of Individuals in CBP Custody

## 1. Course Introduction

### 1.1 TEDS: Duration, Conditions, and Monitoring of Individuals in CBP Custody




#### Audio:

Welcome to the Duration, Conditions, and Monitoring of Individuals in CBP Custody course, a part of our series on the TEDS Policy of CBP. As CBP officers or agents, you may not always be on the frontlines of tasks like the initial medical assessment, transportation, or direct medical care, but your ethical responsibility is pivotal. Due to the stress and complexities surrounding individuals entering CBP custody, we must maintain vigilance and speak out when something seems awry, advocating for the well-being of our CBP staff and those temporarily under our supervision. Select the **NEXT** button to begin the course.

## 1.2 Course Navigation

Course Introduction 2/36

### Course Navigation



Please take a moment to familiarize yourself with the system settings and course navigation features.

**System Settings:** This course is best suited for viewing on screens with a minimum resolution of 1280 X 960. It is also recommended that you use the Chrome or Edge browser for best functionality.


**Navigation:** The NEXT> and <PREV buttons are at the bottom-right corner of the screen and will allow you to navigate between slides. For the best learning experience, please allow all slide content to load and read all content and directions before proceeding to the next slide.

The **MENU** tab on the top left expands to provide you with a course structure. The **RESOURCES** tab on the top right provides a list of important resources and documents related to this topic.

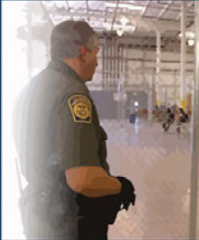
## 1.3 Course Introduction

Course Introduction 3/36

### Course Introduction




This course summarizes the requirements for the conditions of all CBP detention, and holding facilities including the standards for duration, hygiene, amenities, meals, and overall environment. This training will also cover the monitoring requirements for individuals in such facilities, as outlined in the National Standards on Transport, Escort, Detention, and Search (TEDS), as well as the Flores Settlement Agreement.



## 1.4 Course Objectives


Course Introduction 4/36

### Course Objectives



At the end of this training, you will be able to:

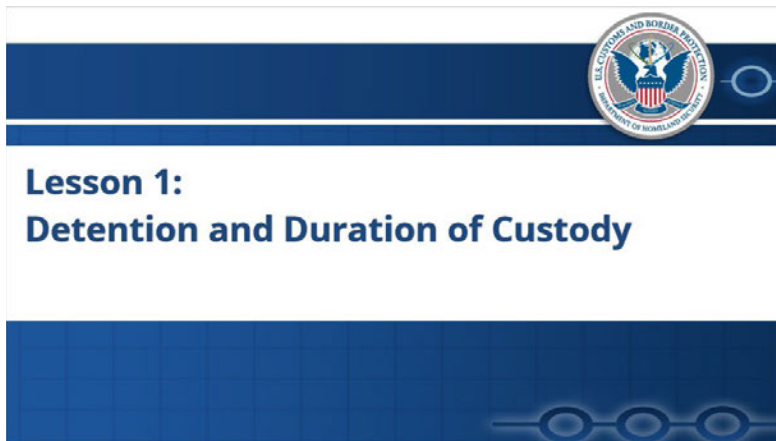
- Discuss CBP policies related to detention and duration of custody.
- Identify hold room standards for CBP detention and holding facilities.
- Discuss requirements for monitoring of hold rooms.



## 2. Detention and Duration of Custody

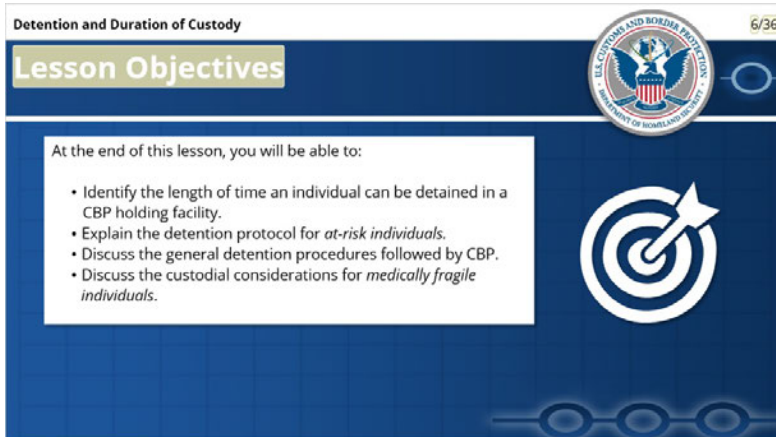
### 2.1 Lesson 1:

#### *Detention and Duration of Custody*



The slide features a dark blue header with the U.S. Customs and Border Protection seal on the right. Below the header, the text "Lesson 1: Detention and Duration of Custody" is displayed in a bold, dark blue font. The background of the slide is white with a dark blue footer containing a decorative graphic of three circles connected by lines.

### 2.2 Lesson Objectives



The slide has a dark blue header with the U.S. Customs and Border Protection seal on the right and the page number "6/36" in the top right corner. Below the header, the text "Lesson Objectives" is displayed in a bold, dark blue font. The main content area is white and contains the following text:

At the end of this lesson, you will be able to:

- Identify the length of time an individual can be detained in a CBP holding facility.
- Explain the detention protocol for *at-risk individuals*.
- Discuss the general detention procedures followed by CBP.
- Discuss the custodial considerations for *medically fragile individuals*.

To the right of the text is a white target icon with an arrow hitting the bullseye. The background of the slide is dark blue with a decorative graphic of three circles connected by lines at the bottom.

## 2.3 Duration of Detention

Detention and Duration of Custody 7/36

### Duration of Detention

There are several provisions in TEDS that relate to the length of time an individual should be in our facilities. It is important to note that although CBP is committed to an effective, efficient process, TEDS does recognize that operational issues may arise.

- Every effort must be made to promptly transfer, transport, process, release, or repatriate individuals in custody as appropriate according to each operational office's policies and procedures, and as operationally feasible.
- Individuals in custody should generally not be held for longer than **72 hours** in CBP hold rooms or holding facilities.

## 2.4 Assessing At-Risk Individuals


Detention and Duration of Custody 8/36

### Assessing At-Risk Individuals

Before placing any individuals together in a hold room or holding facility, officers/agents shall assess the information before them to determine if the person may be considered an At-Risk Individual, or PPNI.

**Whenever operationally feasible, at-risk individuals will be expeditiously processed to minimize the length of time in CBP custody.**

Hover over the underlined terms for a definition. Click the button below to review a list of important items to consider when assessing at-risk individuals.



At-Risk Assessment

## Assessment (Slide Layer)

Detention and Duration of Custody 8/36

### Assessing At-Risk Individuals

**At-Risk Assessment of Individuals in CBP Custody:**

- Whether the individual has or demonstrates a mental, physical, or developmental disability;
- Whether the individual has an observed or reported serious physical/mental injury or illness;
- The age of the individual;
- Whether the individual is pregnant or nursing;
- The physical build and appearance of the individual;
- The individual's own stated concerns about his or her physical safety;
- Whether the individual has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the individual has self-identified as having previously experienced sexual victimization;
- The individual's risk of being sexually abused by other individuals in the holding facility;
- Whether an individual may be sexually abusive toward other individuals in the facility; and
- Whether the individual has previously been incarcerated or detained (this should include the nature of the individual's criminal or violent history, and/or gang affiliation, and whether the individual has any convictions for sex offenses against an adult or child).



## At-Risk Individuals (Slide Layer)

Detention and Duration of Custody 8/36



### Assessing At-Risk Individuals

Before placing any individuals together in a hold room or holding facility, officers/agents shall assess the information before them to determine if the person may be considered an [At-Risk Individual](#), or [PPNI](#).

**At-Risk Individuals:** Individuals in the custody of CBP who may require additional care or oversight to include: juveniles; UC (unaccompanied children); pregnant individuals; those known to be on life-sustaining or life-saving medical treatment; those at higher risk of sexual abuse (including but not limited to gender nonconforming, intersex, and transgender); reported victims of sexual abuse; those who have identified mental, physical, or developmental disabilities; those of advanced age; or family units.

Additionally, individuals of any age with a known or reported contagious disease, illness, and/or injury and/or who have been isolated/quarantined within a CBP facility are also considered at-risk individuals.

*CBP staff will treat all at-risk populations with dignity, respect, and special concern for their particular vulnerability.*



## PPNI (Slide Layer)

Detention and Duration of Custody 8/36

### Assessing At-Risk Individuals



Before placing any individuals together in a hold room or holding facility, officers/agents shall assess the information before them to determine if the person may be considered an [At-Risk Individual](#), or [PPNI](#).

*Whenever operationally feasible, at-risk individuals will be expeditiously processed.*

**PPNI:**

- **Pregnant** – Known or reported to be a pregnant individual.
- **Postpartum** – Individuals who have given birth in the last six months, whether in CBP custody or at another location.
- **Nursing** – An individual who is actively nursing/breastfeeding.
- **Infant** – A child under the age of 1 year.

At-Risk Assessment



## 2.5 Medically Fragile Individuals

Detention and Duration of Custody 9/36


### Medically Fragile Individuals

**Medically fragile individuals** should be expeditiously processed to minimize the length of time in CBP custody. While such individuals are in our custody, it is imperative to ensure **timely medical assessments, recurring wellness checks, and follow-up assessments by medical providers** are conducted pursuant to CBP policies and documented via appropriate systems.

It is appropriate for CBP to take steps to consider the impact of custodial conditions, including the length of time in custody, the number of individuals in custody, and medical issues for individuals in its custody.

*Hover over the underlined term for a definition. Click on the button below for directions for custodial considerations for medically at-risk individuals*

Directions for Custodial Considerations for Medically Fragile Individuals





## Medically Fragile (Slide Layer)

Detention and Duration of Custody 9/36

### Medically Fragile Individuals

**Medically fragile individuals** should be expeditiously processed to minimize the length of time in CBP custody. While such individuals are in our custody, it is imperative to ensure **timely medical assessments** occur. **Medical providers** are conducted.

It is appropriate for CBP to consider the health condition of individuals in its custody, including the length of time they spend in custody and individuals with a disabling mental disorder.

Hover over the underlined term for a definition. Click on the button below for directions for custodial considerations for medically at-risk individuals.

**Directions for Custodial Considerations for Medically Fragile Individuals**

## Directions (Slide Layer)

Detention and Duration of Custody 9/36

### Medically Fragile Individuals

**Directions for Custodial Considerations for Medically Fragile Individuals:** All sectors and field offices are directed to:

1. Ensure that at-risk or medically fragile individuals in CBP custody, as determined in consultation with medical providers, are considered for processing or reprocessing for a Notice to Appear (NTA).
2. Ensure that individuals in CBP custody for whom extended time in custody may have greater adverse impacts, such as family units containing minors under the age of 12, pregnant individuals, or the elderly have been considered for processing via a pathway that appropriately limits the amount of time they may spend in custody. Such individuals should not be processed in a pathway where their time in custody may exceed 120 hours. CBP will continue to follow the requirements of the Flores Settlement Agreement.

**Directions for Custodial Considerations for Medically Fragile Individuals**

## 2.6 Special Exceptions - I

Detention and Duration of Custody 10/36

### Special Exceptions - I

There are special exceptions when processing at-risk individuals, as outlined below:

- **Ensure prioritized processing of:**
  - Mothers that have given birth in the U.S. in CBP custody and/or CBP facility
  - Parents and accompanying minor children
  - Unaccompanied children
- **Allow parent and minor child(ren) to accompany mothers in labor to hospital if:**
  - CBP personnel/contractors are assigned hospital watch.
  - Permitted by hospital.
  - There are no other public safety and/or security concerns pertaining to the parent(s).
- **Limit amount of time the USC (United States Citizen) newborn is physically apart from one of more of the parent(s) in CBP custody.**
- **Follow all medical instructions upon discharge, while mother and USC newborn remain in CBP custody.**
- **Provide mother the original copy of any medical records and any instructions in CBP's possession upon release from custody.**

## 2.7 Special Exceptions - II

Detention and Duration of Custody 11/36

### Special Exceptions - II

**Mobile Processing:**

- Utilize all available mobile processing capabilities to process the parent(s) and any minor child(ren) at the hospital; or
- Prepare all documents in order to expeditiously process the individuals upon return to CBP facility from the hospital:
  - Within 12 hours.
  - Upon discharge with infant or not.

## 2.8 General Detention Procedures

Detention and Duration of Custody 12/36


### General Detention Procedures

Click on each of the buttons below to review the individual detention procedures followed by CBP.

Medical Issues    Medical Precautions    Search

Gender of Searching Officer/Agent    Safety and Security Reporting    Gender Segregation

Juvenile/Adult Segregation    Family Units    Evacuation Plan



### Medical Issues (Slide Layer)

Detention and Duration of Custody 12/36

### General Detention Procedures

Click on each of the buttons below to review the individual detention procedures followed by CBP.

Medical Issues    Medical Precautions    Search

Gender of Searching Officer/Agent    Safety and Security Reporting    Gender Segregation

Juvenile/Adult Segregation    Family Units    Evacuation Plan

**Medical Issues:**

Upon an individual's entry into any CBP hold room, officers/agents must ask the individuals about and visually inspect for any sign of injury, illness, or physical or mental health concerns and question the detainee about any prescription medications. Observed or reported injuries or illnesses should be communicated to a supervisor, documented in the appropriate electronic system(s) of record, and appropriate medical care should be provided or sought in a timely manner.

## Medical Precautions (Slide Layer)

Detention and Duration of Custody 12/36

### General Detention Procedures

Click on each of the buttons below to review the individual detention procedures followed by CBP.

**Medical Precautions:** ✕

If officers/agents suspect that an individual in custody has an observed or reported medical condition, such as a contagious disease, appropriate protective precautions must be taken and any required notifications made according to the operational office's policies and procedures.

**Buttons:** Medical Issues, Medical Precautions, Search, Gender of Searching Officer/Agent, Safety and Security Reporting, Gender Segregation, Juvenile/Adult Segregation, Family Units, Evacuation Plan

## Search (Slide Layer)

Detention and Duration of Custody 12/36

### General Detention Procedures

Click on each of the buttons below to review the individual detention procedures followed by CBP.

**Search:** ✕

Individuals must be searched for weapons and contraband prior to being placed in a CBP hold room.

**Buttons:** Medical Issues, Medical Precautions, Search, Gender of Searching Officer/Agent, Safety and Security Reporting, Gender Segregation, Juvenile/Adult Segregation, Family Units, Evacuation Plan

## Gender Search (Slide Layer)

Detention and Duration of Custody 12/36

### General Detention Procedures

Click on each of the buttons below to review the individual detention procedures followed by CBP.

**Gender of Searching Officer/Agent:** ✕

Whenever operationally feasible, officers/agents conducting a search or that are present at a medical examination must be of the same gender, gender identity, or declared gender as the detainee being searched. Cross-gender strip searches or cross-gender visual body cavity searches must not be conducted except in exigent circumstances including consideration of officer/agent safety, or when performed by medical practitioners.

**Buttons:** Medical Issues, Medical Precautions, Search, Gender of Searching Officer/Agent, Safety and Security Reporting, Gender Segregation, Juvenile/Adult Segregation, Family Units, Evacuation Plan

## Safety and Security Reporting (Slide Layer)

Detention and Duration of Custody 12/36

### General Detention Procedures

Click on each of the buttons below to review the individual detention procedures followed by CBP.

**Safety and Security Reporting:** ✕

During shift change, officers/agents must convey all known information of vulnerabilities, escape risks, criminal background or involvement, and/or violence to oncoming officers/agents.

Medical Issues    Medical Precautions    Search

Gender of Searching Officer/Agent    Safety and Security Reporting    Gender Segregation

Juvenile/Adult Segregation    Family Units    Evacuation Plan

## Gender Segregation (Slide Layer)

Detention and Duration of Custody 12/36

### General Detention Procedures

Click on each of the buttons below to review the individual detention procedures followed by CBP.

**Gender Segregation:** ✕

Male and female adult detainees will be segregated at all times when in hold rooms. Particular care should be afforded to at-risk populations, including transgender and intersex detainees. Exceptions may be made on a case-by-case basis, based on family unity.

Medical Issues    Medical Precautions    Search

Gender of Searching Officer/Agent    Safety and Security Reporting    Gender Segregation

Juvenile/Adult Segregation    Family Units    Evacuation Plan

## Juvenile Segregation (Slide Layer)

Detention and Duration of Custody 12/36

### General Detention Procedures

Click on each of the buttons below to review the individual detention procedures followed by CBP.

**Juvenile/Adult Segregation:** ✕

Individuals under the age of 18 years will not be held with adult detainees, unless the adult is an immediate relative or legal guardian responsible for the care and custody of the juvenile, and no other adult detainees are present in the area. Exceptions may be made on a case-by-case basis, based on family unity.

Medical Issues    Medical Precautions    Search

Gender of Searching Officer/Agent    Safety and Security Reporting    Gender Segregation

Juvenile/Adult Segregation    Family Units    Evacuation Plan



## Family Units (Slide Layer)

Detention and Duration of Custody 12/36

### General Detention Procedures

Click on each of the buttons below to review the individual detention procedures followed by CBP.

**Family Units:**

Generally, family units with juveniles should not be separated. When it is necessary to separate juveniles from the parent(s) and/or legal guardian(s), officers/agents must follow their operational office's policies and procedures and appropriate legal requirements. In circumstances where family units must be separated due to different immigration dispositions, such separation must be documented in the appropriate electronic system(s) of record.

Buttons: Medical Issues, Medical Precautions, Search, Gender of Searching Officer/Agent, Safety and Security Reporting, Gender Segregation, Juvenile/Adult Segregation, Family Units, Evacuation Plan

## Evacuation Plans (Slide Layer)

Detention and Duration of Custody 12/36

### General Detention Procedures

Click on each of the buttons below to review the individual detention procedures followed by CBP.

**Evacuation Plan:**

Every CBP facility will have an evacuation plan that is posted in the processing area. The supervisor is responsible for ensuring that all staff members are familiar with evacuation procedures.

Buttons: Medical Issues, Medical Precautions, Search, Gender of Searching Officer/Agent, Safety and Security Reporting, Gender Segregation, Juvenile/Adult Segregation, Family Units, Evacuation Plan

## 2.9 Scenario


Detention and Duration of Custody 13/36

### Scenario

Upon arrival at the facility, a 26-year-old female citizen of Venezuela complained about pain and cramping in her abdominal area and states that she is pregnant. She is initially seen by medical personnel who medically evaluate her and find her to be in stable condition. Once the female is placed in a hold room, she again complained about pain and cramping to Agents Ortiz and Bennet. Agent Ortiz is finishing his shift and does not report anything. Agent Bennet presumed that Agent Ortiz had followed procedures and did not assist the detained individual.

**What errors have Agents Ortiz and Bennet made in this situation? Click the button below to review the answer.**

Review Answer



## Answer (Slide Layer)

Detention and Duration of Custody 13/36

### Scenario

**Answer:**

It was quite obvious during the at-risk assessment of the individual that the individual was pregnant and in distress. Both the agents were aware of this and should have promptly taken action to properly accommodate the individual. At-risk or medically fragile individuals must be expeditiously processed to minimize time in holding. Agent Ortiz should have checked in with the individual every 15 minutes to see if pain and cramping had subsided and promptly obtained medical attention if needed. He should have taken additional steps to ascertain appropriate, and if possible, separate holding space for the individual and to minimize processing time and the time that the individual would have to spend at the facility.

Moreover, agent Bennet's decision to knowingly ignore his colleague's oversight would have put the individual at further risk of added distress, medical trauma, or additional health complications.

**Always remember: Each one of us as CBP employees has a moral obligation to uphold the standards of care and process adherence, ensuring the dignity and safety of those in our care.**

Review Answer


## 2.10 Lesson Conclusion

Detention and Duration of Custody 14/36

### Lesson Conclusion

You have completed the **Detention and Duration of Custody** lesson and should now be able to:

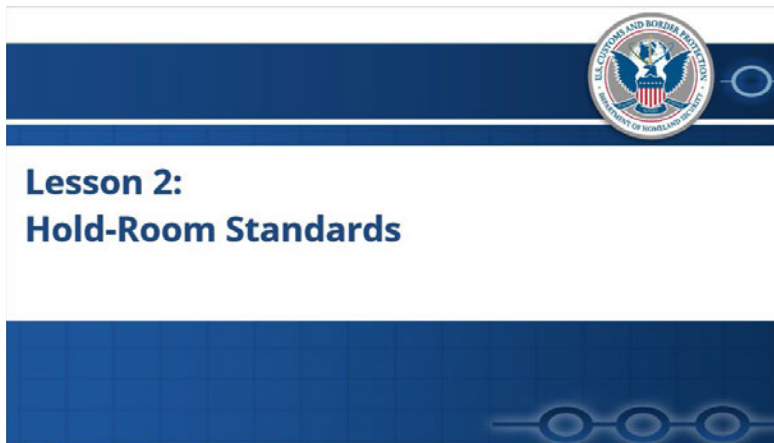
- Identify the length of time an individual can be detained in a CBP holding facility.
- Explain the detention protocol for *at-risk individuals*.
- Discuss the general detention procedures followed by CBP.
- Discuss the custodial considerations for *medically fragile individuals*.



## 3. Hold-Room Standards

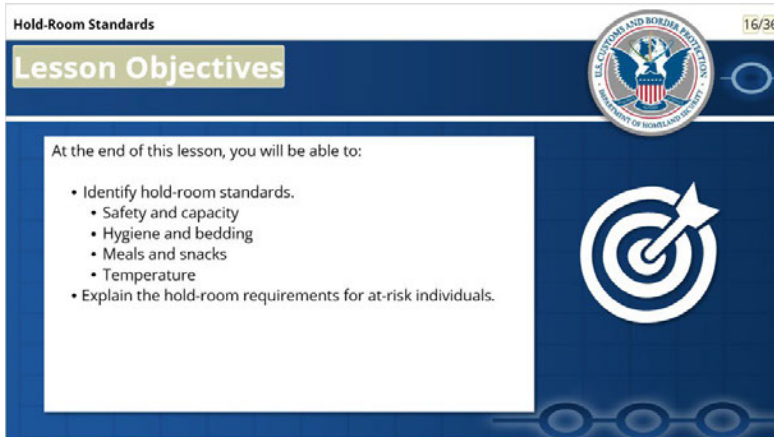
### 3.1 Lesson 2:

#### *Hold-Room Standards*



A presentation slide with a dark blue header and footer. The header contains the U.S. Customs and Border Protection seal on the right and a small white circle on the left. The main content area is white and features the text "Lesson 2: Hold-Room Standards" in a bold, dark blue font. The footer is dark blue with a white graphic of three circles connected by lines.

### 3.2 Lesson Objectives



A presentation slide with a dark blue header and footer. The header contains the U.S. Customs and Border Protection seal on the right, the text "Hold-Room Standards" on the left, and the page number "16/36" on the far right. Below the header is a white box with the title "Lesson Objectives" in a dark blue font. To the right of the white box is a white target icon with an arrow in the center. The main content area is white and contains the text "At the end of this lesson, you will be able to:" followed by a bulleted list of objectives. The footer is dark blue with a white graphic of three circles connected by lines.

Hold-Room Standards 16/36

#### Lesson Objectives

At the end of this lesson, you will be able to:

- Identify hold-room standards.
  - Safety and capacity
  - Hygiene and bedding
  - Meals and snacks
  - Temperature
- Explain the hold-room requirements for at-risk individuals.



### 3.3 Hold-Room Standards

Hold-Room Standards 17/36

## Hold-Room Standards

All CBP hold rooms, including juvenile priority facilities and medical priority facilities, must comply with the policies and procedures of the operational office and adhere to the following standards of safety, nutrition, hygiene, and temperature.

Hover over the underlined terms for their definitions.

We will review these hold-room standards in the next few slides.



#### Juvenile Priority Facility (Slide Layer)

Hold-Room Standards 17/36

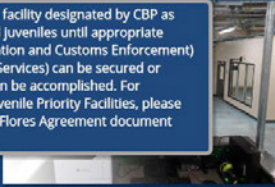
## Hold-Room Standards

All CBP hold rooms, including juvenile priority facilities and medical priority facilities, must comply with the policies and procedures of the operational office and adhere to the following standards of safety, nutrition, hygiene, and temperature.

Hover over the underlined terms for their definitions.

We will review these hold-room standards in the next few slides.

A juvenile priority facility is a facility designated by CBP as being the first option to hold juveniles until appropriate placement with ICE (Immigration and Customs Enforcement) or HHS (Health and Human Services) can be secured or release from CBP custody can be accomplished. For additional information on Juvenile Priority Facilities, please review the Summary of CBP Flores Agreement document from the RESOURCES tab.



#### Medical Priority Facility (Slide Layer)

Hold-Room Standards 17/36



## Hold-Room Standards

All CBP hold rooms, including juvenile priority facilities and medical priority facilities, must comply with the policies and procedures of the operational office and adhere to the following standards of safety, nutrition, hygiene, and temperature.

Hover over the underlined terms for their definitions.

We will review these hold-room standards in the next few slides.

Medical priority facilities are any CBP facility with contracted medical personnel. All juvenile priority facilities will be medical priority locations.



### 3.4 Basic Hold-Room Requirements

Hold-Room Standards 18/36


#### Basic Hold-Room Requirements

Hold rooms for UC must provide the following:

- Toilets and sinks
- Professional cleaning and sanitizing at least once per day
- Drinking fountains or clean drinking water along with clean drinking cups
- Adequate temperature control and ventilation
- Clean bedding

For additional juvenile or at-risk individual hold-room requirements, click the button below.

[Juvenile Priority Facility Requirements](#)



### Juveniles (Slide Layer)

Hold-Room Standards 18/36

#### Basic Hold-Room Requirements

**Juvenile Priority Facility Requirements:**

- All juvenile priority facilities shall be designated as medical priority facilities.
- CBP juvenile priority facilities will have 24/7 access to contracted onsite medical support.
- All reasonable efforts shall be made to keep juveniles in juvenile priority facilities while in CBP custody.
- Juvenile priority facilities shall work to reduce the use of fencing and enclosures that are not needed for security reasons.
- Juvenile priority facilities, to the extent possible, shall have areas that provide the least restrictive setting for juveniles appropriate to their age and special needs.
- These settings will be consistent with the need to ensure safety and security of everyone within the facility.

[Juvenile Priority Facility Requirements](#)


### 3.5 Safety and Capacity

Hold-Room Standards 19/36

#### Safety and Capacity

Every effort must be made to ensure that hold rooms house no more detainees than prescribed by the operational office's policies and procedures. Capacity may only be exceeded with supervisory approval. However, under no circumstances should the maximum occupancy rate, as set by the fire marshal, be exceeded.



Regular hold-room checks should be conducted and recorded to ensure proper occupancy levels, safety, hygiene, and the availability of drinking water. Such checks should be recorded in the appropriate electronic systems of record as soon as practicable.



### 3.6 Nutrition - I

Hold-Room Standards 20/36

**Nutrition - I**



Food and water should never be used as a reward or withheld as punishment. Food provided must be in edible condition (not frozen, expired, or spoiled).

Individuals in custody, whether in a hold room or not, will be provided with food and/or snacks at regularly scheduled meal times.

When an adult requests a snack or food before the next food service, officers/agents may grant the request on the basis of the circumstances.

Officers/agents should remain cognizant of an individual's religious or other dietary restrictions.


Clean drinking water should be available at all times to all individuals.

Additionally, at-risk and PPNI individuals should be afforded regular access to snacks, milk and juice.

### 3.7 Nutrition - II

Hold-Room Standards 21/36

**Nutrition - II**



Additionally, the following guidelines are to be followed for the provision of meals and snacks for individuals in custody:

All individuals in custody are to be provided with a meal/snack as scheduled and as outlined below:

- Upon arrival
- Every 6 hours for juveniles or other at-risk individuals
- Every 8 hours for adults



All meals should be in edible condition with hot meals being served twice a day or as appropriate for at-risk individuals.

Officers/agents must document meals and snacks in the appropriate electronic system(s) of record. Depending on circumstances, requests for additional meals/snacks must be granted, and all at-risk detainees should be afforded easy and regular access to snacks, water, milk, and juice.

### 3.8 Hygiene - I

Hold-Room Standards 22/36

**Hygiene - I**



Individuals in custody must be provided with basic personal hygiene items, consistent with short-term detention and safety and security needs. Families with small children will also have access to diapers and baby wipes.


Reasonable efforts will be made to provide showers, soap, and a clean towel to individuals who are approaching 72 hours in custody. Individuals using the restroom will have access to toiletry items, such as toilet paper and sanitary napkins.

Whenever operationally feasible, soap may be made available.

### 3.9 Hygiene - II

Hold-Room Standards 23/36

#### Hygiene - II



Restroom accommodations will be available to all individuals in custody, and a reasonable amount of privacy will be ensured. If the individual is suspected of being an internal carrier, restroom use must be monitored. If restrooms are not available in the secure area, supervisors must ensure that an officer/agent is within visible or audible range of the secure area to allow the individuals to access restrooms upon request. Officers/agents must make a reasonable effort to afford privacy to all individuals of the opposite gender consistent with the prohibition on voyeurism.

Clean bedding must be provided to juveniles. When available, clean blankets must be provided to adults upon request.


Click on the buttons below for specific hygiene and sanitation requirements for hold rooms with juveniles or at-risk individuals and PPNI individuals.

[Requirements for Hold Rooms With Juveniles](#) [Requirements for Hold Rooms PPNI](#)

### Juveniles (Slide Layer)

Hold-Room Standards 23/36

#### Hygiene - II



**Requirements for Hold Rooms With Juveniles:**

Juveniles will be given access to basic hygiene articles and clean bedding. When available, juveniles will be provided clean and dry clothing. Officers/agents may give access to these provisions to any juvenile at any time. Reasonable efforts will be made to provide showers, soap, and a clean towel to juveniles who are approaching 48 hours in detention.

CBP facilities will have diapers, baby wipes, and infant formula available for infants. Infant formula must be inspected on a regular basis to ensure it has not reached or surpassed its expiration date.


**Transgender or Intersex Individuals:** Whenever showers are provided, transgender and intersex individuals will be given the opportunity to shower separately from other individuals in custody.

[Requirements for Hold Rooms With Juveniles](#) [Requirements for Hold Rooms PPNI](#)

### PPNI (Slide Layer)

Hold-Room Standards 23/36

#### Hygiene - II



**Requirements for Hold Rooms With PPNI:**

PPNI individuals should be provided accommodation within holding facilities with the following additional provisions:

- Appropriate space to sit/rest/sleep
- Privacy for nursing
- Diapers/wipes/infant formula
- Safe and secure sleeper/basinet for USC newborns

**Officers/agents must perform welfare checks on PPNI or medically fragile individuals every 15 minutes.**


[Requirements for Hold Rooms With Juveniles](#) [Requirements for Hold Rooms PPNI](#)



### 3.10 Temperature

Hold-Room Standards 24/36


## Temperature



When it is within CBP control, officers/agents should maintain hold-room temperature within a reasonable and comfortable range for both, individuals in custody and officers/agents. Under no circumstances will officers/agents use temperature controls in a punitive manner.

Facilities shall closely monitor and record ambient temperatures via digital displays or a temperature reading device.

Click the button below for additional requirements for juveniles or at-risk individuals.




Requirements for Juveniles or At-Risk Individuals

### Juveniles (Slide Layer)


Hold-Room Standards 24/36

## Temperature



**Requirements for Juveniles or At-Risk Individuals:**

- The temperature range inside facilities shall be no less than 69°F and no more than 83°F.
- Agents shall record the temperature in the appropriate electronic system of record at appropriate intervals, no less than twice per day.
- If juveniles' clothing is wet or soiled, they shall be provided clean, dry clothing.
- If juveniles have their own warm clothing at the time of apprehension, they shall generally retain possession of it unless it poses a health or safety risk.
- Additional blankets shall be available upon request for the juvenile, their parents, or other accompanying family member.
- Juveniles shall be provided blankets or extra clothing for adequate warmth upon request or upon expressing general discomfort from cold or when observed shivering or huddling for warmth.




Requirements for Juveniles or At-Risk Individuals

### 3.11 Lesson Conclusion


Hold-Room-Standards 25/36

## Lesson Conclusion



You have completed the **Hold-Room Standards** lesson and should now be able to:

- Identify hold-room standards.
  - Safety and capacity
  - Hygiene and bedding
  - Meals and snacks
  - Temperature
- Explain the hold-room requirements for at-risk individuals.



Requirements for Juveniles or At-Risk Individuals

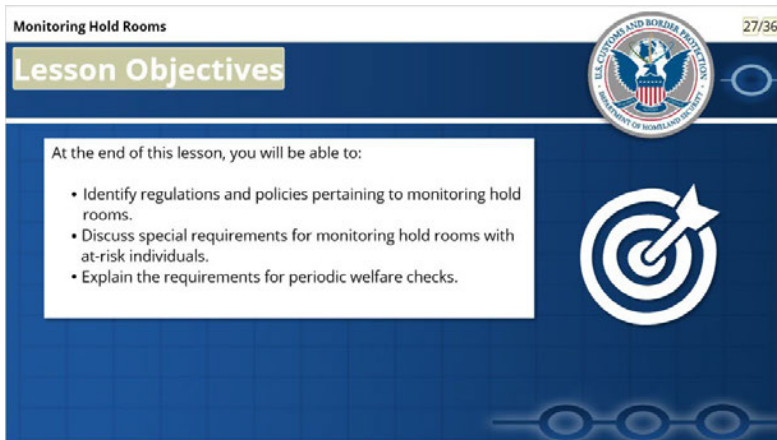
## 4. Monitoring Hold Rooms

### 4.1 Lesson 3:



The slide features a dark blue header with the U.S. Customs and Border Protection seal on the right. Below the header, the text "Lesson 3: Monitoring Hold Rooms" is displayed in a bold, dark blue font. The background of the slide is white with a dark blue grid pattern at the bottom.

### 4.2 Lesson Objectives



The slide features a dark blue header with the U.S. Customs and Border Protection seal on the right and the text "Monitoring Hold Rooms" on the left. Below the header, the text "Lesson Objectives" is displayed in a bold, dark blue font. The background of the slide is white with a dark blue grid pattern at the bottom. A white box contains the following text:

At the end of this lesson, you will be able to:

- Identify regulations and policies pertaining to monitoring hold rooms.
- Discuss special requirements for monitoring hold rooms with at-risk individuals.
- Explain the requirements for periodic welfare checks.

A target icon with an arrow is located to the right of the text box.



## 4.3 Hold Room Monitoring

Monitoring Hold Rooms 28/36

### Hold Room Monitoring

Officers/agents must closely supervise hold rooms when in use. Monitoring must occur in a regular and frequent manner. In hold rooms with visual limitations, a physical check is required. Direct supervision and control of individuals in custody must be maintained at all facilities that do not have secure areas.

Officers/agents of the opposite gender will announce their presence when entering an area where individuals are likely to be showering, performing bodily functions, or changing clothing, except in exigent circumstances or when such viewing is incidental to routine cell checks.



## 4.4 Hold Room Checks and Inspections

Monitoring Hold Rooms 29/36



### Hold Room Checks and Inspections

Officers/agents will physically check hold rooms on a regular and frequent manner, according to each operational office's policies and procedures. Physical inspections must be recorded in the appropriate electronic system(s) of record as soon as practicable.

Hold rooms will be regularly inspected for evidence of tampering and must be cleared of all items that could be used to facilitate an escape or as a weapon to do bodily harm to the individual or others.

It is critical that all monitoring systems in holding facilities used for at-risk individuals, such as closed-circuit television and incident driven video recording systems, are fully functioning and used appropriately to enhance transparency and documentation of events.

All facilities or hold rooms used to hold individuals in custody must be regularly and professionally cleaned and sanitized. Officers/agents or individuals in custody will not be expected nor required to perform such tasks.



## 4.5 At-Risk and Medically Fragile Individuals



Monitoring Hold Rooms 30/36

### At-Risk and Medically Fragile Individuals

Hold rooms are required to be monitored **on a regular and frequent manner**. Individuals of any age held in a CBP facility with a known or reported contagious disease, illness, and/or injury, and/or who have been isolated/quarantined are required to be checked at least once every 15 minutes.

At-risk and medically fragile individuals are required to be given welfare checks at least once **every 15 minutes** and all such welfare checks must be documented in the appropriate electronic system of record.

Officers/agents shall refer juveniles with medical concerns to contracted medical personnel or to the local health system, as appropriate, and shall conduct regular welfare checks to include observation for medical concerns.







## 4.6 Access to Medical Care

Monitoring Hold Rooms 31/36

### Access to Medical Care

Any physical or mental injury or illness observed by or reported to an officer/agent should be reported to a supervisor, and appropriate medical care should be provided or sought. Emergency services will be called immediately in the event of a medical emergency. Officers/agents must notify the shift supervisor of all medical emergencies as soon as possible after contacting emergency services and document the incident in the appropriate electronic system(s) of record.





## 4.7 Privacy

Monitoring Hold Rooms 32/36

### Privacy

Officers/agents will enable individuals in custody to shower (where showers are available), perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement (MBM) under medical supervision.

**Officers/agents must not engage in any act of voyeurism.**




## 4.8 Scenario

Monitoring Hold Rooms 33/36


### Scenario

Agent Hollinger is aware that an individual currently in custody is prone to seizures. Agent Hollinger, as assigned, has been checking on this individual periodically. During one of his checks, he noticed that the individual appeared to have bruised himself, and his clothing was in disarray. However, he was standing upright and appeared dazed when the agent questioned him. Agent Hollinger was aware that a medical visit was due later that evening and decided that he did not need to take any further action, especially because he was at the end of his shift anyway.



**What did Agent Hollinger do wrong? Click the button below to review the answer.**

[Review Answer](#)



## Answer (Slide Layer)

Monitoring Hold Rooms 33/36



**Scenario**

**Answer:**

Agent Hollinger was aware that the individual in the hold room was prone to seizures and was considered medically fragile. By ignoring to take prompt action, Agent Hollinger did not follow proper hold room monitoring guidance. Upon noticing the new bruises and the disheveled condition of the individual, Agent Hollinger should have immediately notified a supervisor, and appropriate medical care should have been promptly provided or sought.

*Always remember: Each one of us as CBP employees has a moral obligation to uphold the standards of care and process adherence, ensuring the dignity and safety of those in our care.*

Review Answer





## 4.9 Lesson Conclusion

Monitoring Hold Rooms 34/36

**Lesson Conclusion**

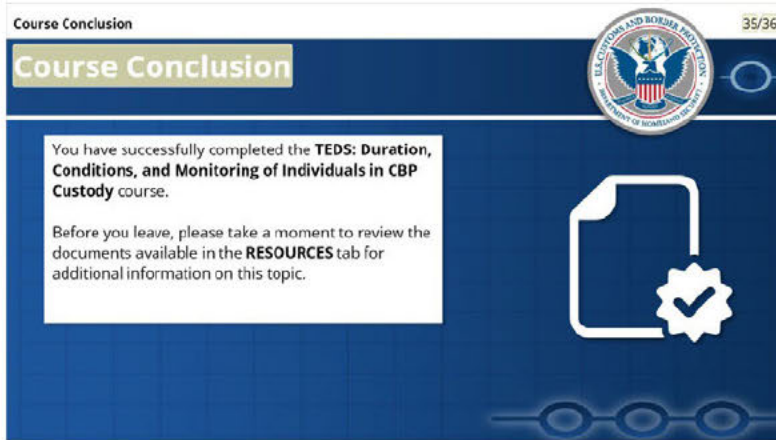
You have completed the **Monitoring Hold Rooms** lesson and should now be able to:

- Identify regulations pertaining to monitoring hold rooms.
- Discuss special requirements for monitoring hold rooms with at-risk individuals.
- Explain the requirements for periodic welfare checks.



## 5. Course Conclusion

### 5.1 Course Conclusion




Course Conclusion 35/36

**Course Conclusion**

You have successfully completed the **TEDS: Duration, Conditions, and Monitoring of Individuals in CBP Custody** course.

Before you leave, please take a moment to review the documents available in the **RESOURCES** tab for additional information on this topic.

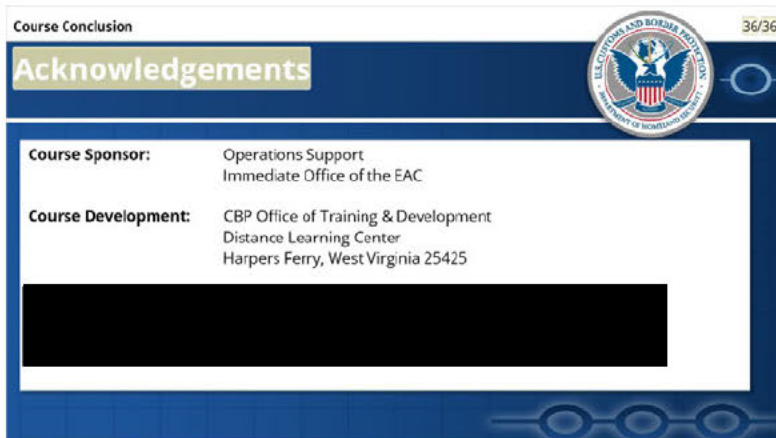


The slide features a dark blue background with a white text box on the left and a document icon with a checkmark on the right. The top right corner shows the slide number 35/36. The title 'Course Conclusion' is in a yellow box at the top left. The CBP seal is in the top right corner.

### Audio:

In summarizing today's exploration of the Duration, Conditions, and Monitoring of Individuals in CBP Custody course, let's not forget our shared ethical responsibility. Despite not being directly in charge of specific responsibilities outlined within this course, each one of us as CBP employees has a moral obligation to uphold the standards of care and process adherence, ensuring the dignity and safety of those in our care.

### 5.2 Acknowledgements




Course Conclusion 36/36

**Acknowledgements**

**Course Sponsor:** Operations Support  
Immediate Office of the EAC

**Course Development:** CBP Office of Training & Development  
Distance Learning Center  
Harpers Ferry, West Virginia 25425



The slide features a dark blue background with a white text box containing the acknowledgements. The top right corner shows the slide number 36/36. The title 'Acknowledgements' is in a yellow box at the top left. The CBP seal is in the top right corner. A large black redaction box covers the bottom portion of the text box.

# **Key Document C**



DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

**ALIEN INITIAL HEALTH INTERVIEW QUESTIONNAIRE**

**ALIEN INFORMATION**

Alien's Name ( <i>Last, First, MI</i> )			A-Number (if any)
Age	Date of Birth	Gender	Country of Citizenship
Agent/Officer Name ( <i>Last, First, MI</i> )			Event Number
Agent/Officer: Are you able to communicate with the Alien?      Yes      No			Date Completed

**ALIEN HEALTH BACKGROUND**

	ALIEN RESPONSE		AGENT/OFFICER OBSERVATION
	Yes	No	Additional detail as appropriate
1. Do you have a history of or current medical or mental health issues?			
2. Are you taking any prescription medications? If yes, do you have it with you?			
3. Do you have any allergies? (e.g. food, medicine)			
4. Are you a drug user?			

**FEMALES ONLY**

5. Are you pregnant? If yes, how many months?			
6. Are you nursing?			

**ALIEN HEALTH INTERVIEW**

If answered or observed "Yes" to any of the health interview questions below, then refer for a medical assessment.	ALIEN RESPONSE		AGENT/OFFICER OBSERVATION
	Yes	No	Additional detail as appropriate
7. Are you currently ill or injured or do you have significant pain?			
8. Do you have a skin rash?			
9. Do you have a contagious disease?			
10. Are you thinking about hurting yourself or others?			
11. Do you feel feverish or do you feel that you have a fever?			
12. Do you have a cough or difficulty breathing?			
13. Do you have nausea, vomiting, or diarrhea?			

**ADDITIONAL AGENT/OFFICER OBSERVATIONS**

Are there any other observations or concerns? Examples are: disorientation, bruising/bleeding, yellow eyes/skin, environment-related illness (heat stroke, hypothermia, severe dehydration)

**MEDICAL ASSESSMENT REFERRAL**

Was the alien referred for a Medical Assessment?      Yes      No
---

# **Key Document D**



---

**From:** [REDACTED]  
**Sent:** Wednesday, May 31, 2023 11:49 AM  
**To:** [REDACTED]  
**Subject:** FW: EMR Inputs from LSGS - [REDACTED]

[Categorization](#) | [Private](#)

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Monday, January 11, 2021 5:27 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: EMR Inputs from LSGS - [REDACTED]

I had the team review all of your concerns and here are the responses. You will see there were numerous items that were fixed or addressed in subsequent versions. Some were addressed while we were in RGV in 1.0.1 and others the next week in 1.0.2.

Some are good points that we can talk about in the RMWG.

**Main View**

Need to be able to search by encounters or JIMAs.

**This is a Phase 3 requirement with reporting and QA items to be discussed during the RWG meetings**

Medication “Active” reverts to “N/A” when viewed. Should stay as “Active”

**You are correct and this issue is being addressed in the current (1.0.5) Sprint**



Every time I view a record no matter where it was in the cue (according to date) it pops to the top of the cue with the latest time I looked at it. Should be cued by time of last signature, not when someone last viewed it. We can look to address this issue, however this path was selected to show “last time updated (last view) because the last signature date isn’t placed on the main record to be sorted by and this would require significant effort. Is there a priority/need for this feature?

## **Demographics**

Hitting ENTER kicks you out when filling in data blocks

Completed in V1.0.2 and V1.0.3 Fixes

Location unable to enter data

This is working as designed. These fields should be filled by UIP.

Won’t let me save and record without a Sub Id number or one that I enter.

This is correct if they select a facility type. This method prevents blank and duplicate records. A subject without an ID can currently be entered if you do not select BP or OFO

Gender is the only info item displayed when updating record

Completed in the V1.0.1 Fix

Business Rule for Biological Sex?

Completed and was made a required field in V1.0.2 after RGV discussion with Dr. Tarantino. Manually entered in each case

When sorting by name, only lasts for a couple of seconds....doesn’t isolate to user?

Working as designed. Use search feature to filter results by subject name.

When updating demographics, if UIP is the gold standard, why allow this option?

This is needed because staff need the ability to correct Subject ID, Civilian ID, and Biological Sex if incorrectly entered.

Should be able to hit enter on subj id to GET the record

We have this on our list of items to do, and will be addressed in future updates.

## **Individual Information**

Why print this page?

This is a default in Web EOC applications allowing all pages to be printed. Working as designed. It can be removed, but it was deemed very low priority to remove an existing capability.

## **Medical Assessment**

Why First name in capitals

This is how the name is provided by UIP and is standard for all portions of the name.

When I type in vital sign and then click on next box, it doesn’t save the number I typed

If typing in vitals, you have to press enter or select the value in the list to get it to save.

“?” after HEENT

Was fixed in V1.0.3

Hitting ENTER when I'm writing in the text box in the review of systems kicks me out  
This was fixed in V1.0.3

Patient Information should include "Sex"

Can be added. Please provide requirements (Gender or Biological Sex) and priority

When printing out, the PDF should be a more useable form (e.g., "Admission/Disposition" repeated, Addendums shouldn't be listed if there are none, Should just have provider's name and title not everything else,

Currently we have not seen any requirements on how this page should be printed. If there need to be changes to how it looks when printed, please provide requirements.

No date/time on print out of Assessment

We have no print requirements except for the 2501 which has a signature date/time. Please elaborate the specific requirement and priority.

Is location important on this form (question to CBP)

It was removed V1.0.2

"(Select Weight)" can be selected in the Weight data box, it should not

Fixed in 1.0.4

"Negative" cannot be a checked box. "Normal" should be used instead. Should discuss if that is what we want to do, Normal vs actually typing in normals.

This is based on the LSGS form. We can change to normal if it is a requirement.

Why Assessment Comments? Need to get rid of.

This was left for any notes that provider or support wanted to make about the assessment that did not fit anywhere else on the assessment form. We can remove it.

Why "History" hot link in Addendum when you have an addendum?

This was removed during V1.0.2

### **Encounter Form**

Vital Sign lay out different from Assessment; SYS and DIA far apart; Kg/Lb separate from weight a bit  
We are looking to address this in a current sprint (1.0.5)

No date/time on print out of encounter form

There are no requirements for this, Open for requirements discussion

No date/time on form when viewing it on screen

There are no requirements for this, Open for requirements discussion .

In PE free text box. Hitting ENTER does nothing. Cannot do lists...everything runs together  
Shifting the style of these controls to add a full range of entry in 1.0.5.



Need “Neuro” section added

Was added in V1.0.2

Will save whatever is typed in DIAGNOSIS section; prefer “Other” selection and then free text box.

Working as designed. Is there a reason to add an additional step?

NO sex on demographics in view mode or with print out

Can be added. Please provide requirements (Gender or Biological Sex)

Spacing very wide on print out of all data

No printing requirements have been made for this form. Open for requirements discussion

“Diagnosis Selection” printed again in view and print form in DIAGNOSIS

Correcting in version 1.0.5

DIAGNOSIS section titled “Diagnosis Selection” should just be Diagnosis

Correcting in version 1.0.5

No LMP information in view form: People are writing it in under “Other” in the PE section

This has been added in Version 1.0.3

### **Medication and Enhanced Monitoring**

Selecting “Other” just puts Other...no text box

Any text can be entered in this control. We can remove “Other” if it is confusing. All changes held over to Phase 3

Will save whatever typed....same above

Working as designed, as the list is not fully loaded with all medications available for use. Planned feature for Phase 2.0

“Show More” green button probably should be “Add another med” or something like that

Working as designed, as the list is not fully loaded with all medications available for use. Planned feature for Phase 2.0

### **Medical Summary Form**

“Exposures Identified” after Title

Was fixed in V1.0.2

Summary information is repetitive – look at form

Was fixed in V1.0.2

No date and time on form when printed

Was Fixed in V1.0.2

Form Title on printed form should probably be changed

If this is related to the file name, was fixed in 1.0.4. If related to the form itself, fixed 1.0.2

Medical Summary conducted at location isn't very user friendly for those outside of CBP

This is required based on the original document. We are required to document where the CBP 2501 (Medical Summary Form) was conducted and filled out.

"Referred to another facility" repeated; Not sure why this is separately listed

This was fixed in V1.0.2

Wording for "Referred to Medical Facility Description"...drop description

This was fixed in V1.0.2

Repeat wording after Medications Prescribed

This was fixed in V1.0.2

Unnecessary "Medications Prescribed" section

This is required based on the original document. We are required to document where the CBP 2501 (Medical Summary Form) was conducted and filled out.

Should only have Name and title of person signing form. Does it have to be wet signature?

Fixed in V1.0.2

Wet signatures are still required at this time until a MOU is made with partners and stakeholders.

We can set up a meeting to discuss prioritization of outstanding items for the upcoming updates. I hope we were able to answer your concerns. Please feel free to contact us if we can help clarify any responses.

V/R

[Redacted]

[Redacted]

Program Manager  
Electronic Medical Records  
Office of Chief Medical Officer  
US Customs and Border Protection

[Redacted]

From: [Redacted]

Sent: Wednesday, January 6, 2021 12:29

[Redacted]

Subject: EMR Inputs from LSGS [Redacted]

**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.

These are the inputs that I have written out and submitted this past year. Some of the items have been addressed, some have not. I have seen no adjudication on any items. I don't need to be or want to be the quality reviewer of the system. There are issues that need to be addressed, in my opinion, that would enhance

usability, decrease confusion, and meet regular medical record standards. If you do not want my input or don't agree, I'm okay with that, but if you are interested in LSGS's input on the EMR, then I'm the mouthpiece for now. Some of the items listed are pretty straight forward, some may require some discussion to understand fully the issue. I have found some other issues as I have worked in the system since November, but have not listed them yet. I will set aside some time to generate another list by the middle of next week.



LoyalSource  
Government Services

Supporting the US Customs and Border Protection (CBP)  
1300 Pennsylvania Ave  
Washington, DC 20004



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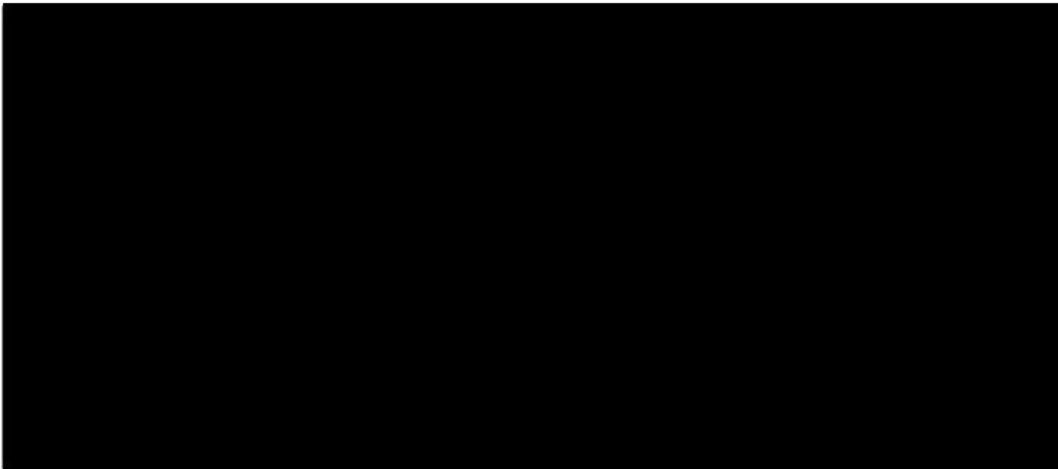
# **Key Document E**



---

**From:** [REDACTED]  
**Sent:** Wednesday, May 31, 2023 11:10 AM  
**To:** [REDACTED]  
**Subject:** FW: EMR Medical Processing Issues

[Categorization | Private](#)



---

**From:** [REDACTED]  
**Sent:** Friday, January 29, 2021 9:48 AM  
**To:** [REDACTED]  
[REDACTED]  
**Subject:** FW: EMR Medical Processing Issues

Team,

Here's the input from the provider at McAllen Station yesterday and just for your situational awareness. We're encouraging member to submit these topic points directly through the PMO help desk or survey. Yesterday, we informed the receiving facilities to completed the JIMA and any encounter notes that may have been missed at the McAllen Station. Glad to see the awareness of the CBP process and impacts to the EMR from the PMO on the call but we'll work through the issues - together.

We'll continue to advocate complete use of the EMR system and revert back to paper at the direction of CBP leadership- preferably in writing. Thanks team and let me know if you have any questions or need clarification. RP

---

1. System is redundant in windows when printing out one clearance form and requires navigation through several individual windows of several different programs in order to print a singal clearance form, let alone 30 or 40 of them. Example: Time required for several manifest of 20, 10, and 30 all leaving at the same time is an exceedingly large amount of time.



2. The ability to do intake screening with this EMR is contingent on CBP placing scannable bracelets on detainees wrist, this is sometimes postponed due to other steps/procedures that cbp needs to manage first. This is completely understandable, but nevertheless this situation leads to falling further behind on Juvenile Intake Medical Assessments (JIMA) and becomes very difficult to catch up; leading ultimately to some juveniles being overlooked in regards to documentation or being transferred prior to medical staff having the opportunity to perform JIMA paperwork.

3. Internet further prolongs time required to carry out EMR documentation by lagging and taking long to load pages leading to freezing or requiring refresh of screen (this will sometimes cause all information on current form to be deleted).

These small hinderences when multiplied by the hundreds of bodies moving in and out of the station daily become more problematic and increasingly more time consuming, leading to entire workload not being able to be completed. Pending workload is then passed on to next shift further placing them behind and making it more difficult to catch up , if not impossible (all the while, we are seeing patients for sick visits and administering medications to patients currently on our tracking board.)

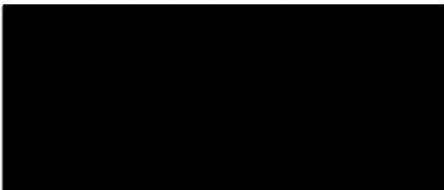
RP

Best,



LoyalSource  
Government Services

Supporting the US Customs and Border Protection (CBP)  
12612 Challenger Parkway Suite 365  
Orlando, Florida 32826



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# **Key Document F**

---

**From:** [REDACTED]  
**Sent:** Wednesday, May 31, 2023 11:06 AM  
**To:** [REDACTED]  
**Subject:** FW: EMR ISSUES

[Categorization](#) | [Private](#)

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Tuesday, February 9, 2021 12:37 PM  
**To:** [REDACTED]  
**Subject:** RE: EMR ISSUES

Was calling to let you know that we're sending out mass communication to reinforce the need to use the help line in real time. [REDACTED]

---

**From:** [REDACTED]  
**Sent:** Tuesday, February 9, 2021 12:01 PM  
**To:** [REDACTED]  
**Subject:** RE: EMR ISSUES

Agree and yes! We are working on the amendment we're proposing to the SOW currently and it will include SOPs from the EMR team – of course these will have to be shared with LSGS, negotiated etc.

Thanks for collaborating with us on this!

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Tuesday, February 9, 2021 11:52 AM  
**To:** [REDACTED]  
**Subject:** RE: EMR ISSUES

Thanks [REDACTED] and perfect feedback – now we can go back and continue to reinforce using the helpdesk in real-time with our employees. Also illustrates the need for an SOP, user manual and business rules. There’s no feedback-loop so we don’t know how to communicate this information to all sectors/stations currently using the EMR.

I don’t send this emails to highlight short-comings or deficiencies but more to ensure the information is being shared with the EMR PMO team. We all want this to succeed but let us know how best to communicate these concerns with systems and technology.

Would you be interested in a call with yourself, [REDACTED] and I to have a quick huddle to layout an interim process for us to officially respond to give and receive feedback. We want to do it in a way that is collaborative in nature and not put anyone on defense. Thoughts?

---

**From:** [REDACTED]  
**Sent:** Tuesday, February 9, 2021 11:39 AM  
**To:** [REDACTED]  
**Subject:** FW: EMR ISSUES  
**Importance:** High

FYSA

---

**From:** [REDACTED]  
**Sent:** Tuesday, February 9, 2021 11:13 AM  
[REDACTED]  
**Subject:** RE: EMR ISSUES  
**Importance:** High

[REDACTED]

Reading through all of this, it appears to be a technology issue and not a CBP EMR issue.

The scanners need to be plugged into the computer that they are using, if the scanner is not plugged in it will not work for that computer. Using the back button on the browser and not the return button will cause the issue described below. When they upload, they need to click “ADD” then click “BROWSE” and select the file. Using the browser’s back button and not the buttons with in the program will cause this issue.

Also any issues arising from the computer itself, the scanner or any of the equipment and not the software should be reported to the local OIT Field Technology Officer. The EMR Support Team can attempt to help, but most likely will refer to FTO.

And the only reason if defaulted to HRL was because the other positions were not available. Now that it is available, it defaults alphabetically to the top, i.e. Brownsville. This is due to LSGS management wanting all area employees to have access to all locations in the area. The system does not allow for a default position to be set, it automatically goes to the beginning of the alphabet.

And just as a side note, none of these issues have been raised to the EMR Support Team whether via EMR Support Website, the EMR Support Phone Number, or the Technology Service Desk. We have been trying to push the Support System, however there are users that are still going up the chain before even reaching out, thus causing what appears to be “Concern” with the system. Most of the “issues” that are getting reported turn out to be user error and/or technology issues and not specifically related to the CBP EMR software.



Thanks,

[REDACTED]  
Office of the Chief Medical Officer  
US Customs and Border Protection  
[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Tuesday, February 9, 2021 10:00 AM

[REDACTED]  
**Subject:** FW: EMR ISSUES

Good morning EMR team,  
Pls see the issues identified below for follow up as required.  
Thanks  
[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Tuesday, February 9, 2021 10:46 AM

[REDACTED]  
**Subject:** FW: EMR ISSUES

**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.

Team,

Forwarding feedback from the staff at the Harlingen Station to the LSGS PM, [REDACTED] Can you please share with the EMR Team. We'll get through this, together.

Thanks [REDACTED]

---

**From:** [REDACTED]  
**Sent:** Sunday, February 7, 2021 4:23 PM

[REDACTED]  
**Subject:** EMR ISSUES

Hello Good afternoon [REDACTED]  
This is the medical staff from Harlingen Station. We are having these issues with our EMR system, at times when documents are being uploaded the page will glitch and a info box will come out saying to reload the page but that the info will be lost and we have to reupload. Not a big issue but an issue nonetheless. Also our scanners are at times not connecting to the computers and we have to switch computers and hope it will work. Today we had to try three

different computers and two scanners, at the end it worked. It's just frustrating having to switch around trying to find something that works correctly. Also when we first sign onto the EMR system it will automatically show up in Brownsville. It used to show up automatically with our current station but after an update that changed. Altogether there are not too many issues on our end with the EMR, we also don't have as much traffic as other stations, averaging 3 detainees daily and those detainees do not always have medications to administer. Currently we have 3 detainees in house. It's possible if there is more traffic we would be able to identify more issues with the EMR. If there are any questions or we are missing anything please let us know.

Thank you



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# **Key Document G**

---

**From:** [REDACTED]  
**Sent:** Wednesday, May 31, 2023 10:33 AM  
**To:** [REDACTED]  
**Subject:** FW: Inability to perform Medical Chart Reviews at locations with the EMR

[Categorization | Private](#)

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Thursday, February 18, 2021 3:33 PM  
[REDACTED]  
**Subject:** RE: Inability to perform Medical Chart Reviews at locations with the EMR

Not in writing but verbally gave a 10-4 to [REDACTED] in his meeting yesterday. [REDACTED] was also there and concurred.

---

**From:** [REDACTED]  
**Sent:** Thursday, February 18, 2021 1:55 PM  
[REDACTED]  
**Subject:** RE: Inability to perform Medical Chart Reviews at locations with the EMR

[REDACTED] was there a reply from [REDACTED] in ref to this?

VR  
[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Thursday, February 11, 2021 8:13 AM  
**To:** [REDACTED]  
**Subject:** FW: Inability to perform Medical Chart Reviews at locations with the EMR

**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.

Just keeping you in the loop.

---

**From:** [REDACTED]

**Sent:** Thursday, February 11, 2021 8:52 AM

**Subject:** Inability to perform Medical Chart Reviews at locations with the EMR

[REDACTED]  
Just wanted to make sure that we were on the same page about the Medical Chart Reviews at the locations that have rolled out the EMR.

LSCS is unable to complete Medical Chart reviews at the locations that have the EMR running due to the inability to access charts from the previous month at these locations.

As we discussed, there are multiple issues and multiple possible solutions.

IPC was going to work the issue and then get back with us, correct?

As always, LSCS is ready and willing to assist where we can to reach a rapid solution.

# **Key Document H**



ORG	CBP MED	Effective Date	04.17.2023	Email	
Version	02	Contact		Phone	

## HEALTH EVALUATION SOP

### PURPOSE

The purpose of this SOP is to inform the LSGS medical staff of the required intake medical evaluations, interim medical care processes, exit assessments, to identify documentation requirements for patients in the Medical Units, to outline the Medical Unit Scope of Care as well as to provide clarification regarding Electronic Medical Record (EMR) use and documentation.

### SCOPE

This SOP applies to all providers and staff working in the CBP Medical Units.

### PROCEDURES

- 1) All detainees must be cleared and searched for weapons by the CBP or contract security agents prior to an interview, assessment, and treatment by LSGS Medical Staff. The CBP or designated agent will screen patient's property for medications or other medical devices and medical information.
- 2) *For safety reasons, LSGS staff members will NOT remain alone with a patient without a CBP Agent in the line of sight during the evaluation and treatment (includes the medical unit, shower, cell, or anywhere else).*
- 3) All medical actions will conform to the approved Medical Unit Scope of Care (ATCH 2).
- 4) Support staff will not perform medical assessments except for, according to CBP protocol, EMTs working without an APP).
- 5) **Intake Health Interview** will be conducted in the Sally-Port area (prior to entering the facility). and will include the following:
  - a) Review 13 scripted questions (ATCH 1) with each detainee.
    - i) Adults presenting **without** signs/symptoms AND with negative responses to the last 7 of the 13 questions shall be referred to the CBP for continued processing. Otherwise, refer to the APP for further evaluation.
    - ii) Any patient in the 1<sup>st</sup> or 2<sup>nd</sup> trimester of pregnancy, will be offered a medical assessment. If they decline the medical assessment, they continue their processing with the CBP.
  - b) Skin & Scabies Assessment: Perform a visual inspection of arms, stomach, back, and legs, and assess for any rashes and injuries.
  - c) Lice Assessment: Perform visual inspection of head, hairline, and crown.
  - d) Once the Intake Interview in the Sally Port area is complete, ANY required Medical Assessment or Encounter will be conducted as indicated in the next section.
    - i) Patients requiring **Medical Assessments** always include juvenile patients less than 12 years of age, juvenile patients between the ages of 12 and 18 when operationally feasible, and pregnant patients (3<sup>rd</sup> trimester required; 1<sup>st</sup> and 2<sup>nd</sup> trimester if requested by patient).
    - ii) Patients requiring **Encounters** will include patients who answer **yes** to any of the last 7 of the 13 questions (ATCH 1), who are currently taking medication, and/or have a medical complaint.





ORG	CBP MED	Effective Date	04.17.2023	Email	
Version	02	Contact		Phone	

e) Additional intake requirements, **as directed** by the provider, for enhanced medical monitoring during specific upticks in prevalence of communicable disease (e.g., temperature, Influenza like Illness (ILI) or COVID-19 Like Illness (CLI) questions) may be required.

6) Initial Assessment & Evaluation

a) Advanced Practice Provider (APP)

- i) Perform Medical Assessments as required (in the EMR or on Form 002 if the EMR is down).
- ii) Perform Encounter as required to include Medical Assessments that reveal any clinical concerns (EMR or Form 001 if the EMR is down).

b) Support Staff

(1) With APP Present:

- (a) Complete Lice & Scabies Encounter forms as needed
- (b) Document vital signs, complete allergies and demographic information as needed
- (c) Perform medication observation duties
- (d) Follow the guidance of the APP on all clinical matters

(2) With APP Absent

- (a) Perform all steps annotated in sections 5. a-c (above)
- (b) Call Physician (supervising physician / pediatric advisor) for any clinical issues. Any discussion with the physician, any emergency response, and any referral to the ER will be documented in the EMR Medical Encounter (or on Form 001 if EMR is down).
- (c) May recommend direct referral to the ER and document on the medical encounter form. Always maintain a low threshold for referral to ER/advanced levels of care
- (d) Notify the CBP of all patients requiring Medical Assessments.
- (e) Solo Support Staff will not:
  - (i) Do Not administer medications without direction from a physician. (physician only or APP too)
  - (ii) Do Not determine continued use of foreign medication without direction from a physician.
  - (iii) Do Not perform any treatments other than Lice & Scabies protocols or BLS without direction from a physician
  - (iv) Do Not perform Medical Assessments (except for EMTs when APP is absent, See ATCH 4 for EMT Assessment Guidance/Protocol).

7) Interim Healthcare Provision:

- a) Perform Encounters on any patient requesting medical attention (sick call). All Encounters will be documented in the EMR (or Form 001 if the EMR is down).





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- b) Perform medication observation and document via the EMR “Med App” (Medication Observation Log (MOL) if EMR is down). Clinical assessments/actions (i.e., vital signs, asking about symptoms, wound eval, etc.) will not be performed during medication observation. Any clinical assessments/actions deemed necessary will be referred to the MU for a Medical Encounter.
- c) Perform any enhanced medical monitoring required per protocol.
- d) Any patient returning from the ER / hospital will be evaluated and a completed Medical Encounter in EMR (or Form 001 if EMR is down).

**8) Exit Health Interview & Assessment:**

When notified by the CBP agents that patients are being transferred out of the facility, LSGS medical staff MUST complete an Exit Health Interview and include the following:

- i) Review the 13 scripted questions (ATCH 1) as required with each patient.
- ii) Check for any patient medications (review Med App, MOLs) and notify the CBP Agents to help avoid patients departing without their medications.
- iii) Completion of the Medical Summary Form 2501 in the EMR or Medical Summary (Form 009) if documenting on paper.
  - (1) Document all other information as directed by the CBP to assist with the placement, expedited removal, or outside agency requirements.
  - (2) If notified that a patient is being transferred to another station where we have an LSGS Medical Team, LSGS staff at the sending station will call the receiving station provider and provide a verbal report on all patients with significant follow-up care requirements as well as any significant medical concerns.

**ROLES AND RESPONSIBILITIES**

Responsible	Accountable	Consulted	Informed
All Medical Staff	[REDACTED], National Program Director	Chief Physician, Health Quality and Education Manager, Chief Nurse	All CBP Medical & Management Staff

**DEFINITIONS**

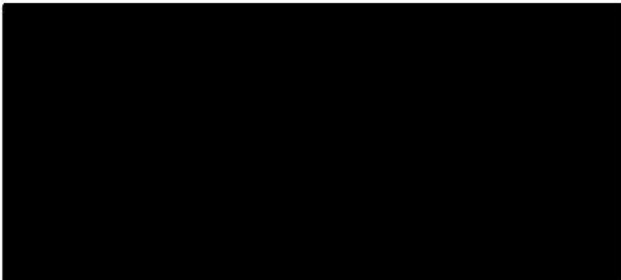
<b>APP:</b> Advanced Practice Provider
<b>BLS:</b> Basic Life Support
<b>CLI:</b> Covid-19 like illness
<b>EMR:</b> Electronic Medical Record
<b>Encounter:</b> A medical form within the EMR that is completed when a provider or staff member determines a patient needs treatment, continued monitoring, and or medications.
<b>ILI:</b> Influenza like illness
<b>Med App:</b> Medication Application located within the EMR
<b>Port of Entry:</b> POE



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### REFERENCES/LINKS

13 Scripted Questions for Patient Intake
Medical Unit Scope of Care
Electronic Medical Record Requirements
EMT Assessment Guidance/Protocol
Form 001
Form 002
Form 003
Form 009
Form 2501



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## ATTACHMENT 1



### 13 Scripted Questions for Detainee Intake

1. Do you have a history of current medical or mental health issues?  
Tiene o ha tenido problemas medicos o condiciones de enfermedad mentales?
2. Are you taking any medications (prescription or OTC)? If yes, do you have it with you?  
Esta tomando medicamento recetadas?
3. Do you have any allergies (food or medicine)?  
Tiene alergias a cualquier medicamento o comida?
4. Are you a drug user?  
Usa drogas?
5. (If female) Are you pregnant? If yes, how many months?  
Esta embarazada? Cuantos meses/semanas?
6. (If female) Are you nursing?  
Estas amamantando?
7. Are you currently injured or do you have significant pain?  
Esta erido or tiene dolor en algun lugar?
8. Do you have a skin rash?  
Tiene una condicion en la piel?
9. Do you have a contagious disease?  
Tiene una enfermedad contagiosa?
10. Are you thinking about hurting yourself or others?  
Esta pesando lastimarte a ti mismo o algien mas?
11. Do you feel feverish or do you feel that you have a fever?  
Te sientes febril o tiene fiebre?
12. Do you have a cough or difficult breathing?  
Tiene toz o problemas respirando?
13. Do you have nausea, vomiting, or diarrhea?  
Tiene nausea, vomitos or diarea?





## ATTACHMENT 2

### Medical Unit Scope of Care

Each medical specialty has its own “Scope of Practice”, many of which are managed by individual State Boards. Defining the Medical Unit Scope of Care ensures all LSGS Medical Team Members understand our constraints as we operate in the CBP MEDICAL UNIT, and under the auspices of the contract Loyal Source Government Services has with the U.S. Customs and Border Protection.

Our **Scope of Care** is limited to Public Health Assessments, Limited Acute/Chronic Care, and Basic First Aid and Life Support.

1. **Public Health Assessments:** Nurse Practitioners, Physicians Assistants (hereafter referred to as APPs) and trained Support Staff (CNAs, CMAs, EMTs, paramedics) can participate in basic Public Health assessments to identify vectors or diseases that could pose a public health threat. Assessments are accomplished using a standardized tool for questions, visualizing skin on arms, legs, abdomen and back for rashes or injuries, and checking hair around the neckline, ears, and crown for presence of lice. Various “enhanced medical monitoring” items (e.g., temperature, ILI, CLI questions) may be required based on disease surveillance trends.
  - a. Standing orders are published for treatment of lice and scabies. All support staff shall successfully complete skills verification assessments (signed off by Patient Safety RNs or APPs) on lice and scabies identification & treatment prior to working alone.
  - b. Detainees with positive responses to the standardized questions shall be evaluated by an APP. If support staff is working without an Advanced Practice Provider, the support staff will notify the supervising physician to receive instructions for care or referral to the Emergency Room (ER) or Urgent Care. Solo support staff may also refer to the ER prior to calling a supervision physician. Loyal Source maintains a low threshold for referral to advanced levels of care.
2. **Limited Acute Care:** The MEDICAL UNITS do not have access to routine laboratory, radiology diagnostic or confirmatory tools. We provide acute care for limited diagnoses, chronic illnesses, and minor injuries. Assessments are largely based on clinical judgment vs. confirmatory lab tests. Patients with illnesses or injuries that require advanced diagnostic tools will be referred to ER or Urgent Care. Most of the ailments we manage can be treated with OTC medications or limited prescription medications. Evaluating chronic medications, and continuing them if no additional labs are required, falls within our scope. Examples of care **outside the scope of the MEDICAL UNIT** include:
  - a. Injections (other than epi pens and sub-q insulin)
  - b. IVs
  - c. Suturing
  - d. Incision & drainage
  - e. Prescribing narcotics or scheduled medications
  - f. Nebulizer treatments
  - g. Oxygen therapy



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Any clinical questions should be directed to Supervising Physicians, Pediatric Advisors or Patient Safety RNs who are available at each sector for consultation.

- 3. Basic First Aid and Life Support:** All employees are expected to be certified in Basic Life Support (BLS). During emergencies, our role is to provide BLS functions and respond to any "life, limb or eyesight" emergency within the CBP or Port of Entry (POE) station assigned. Our scope includes calling 911 and keeping the patient stable following BLS tenants until the emergency response team arrives. AEDs and Airway Bags are available for emergency response.



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### ATTACHMENT 3

#### All LSGS Medical Staff:

Please review the requirements below. Some deal solely with the use of Electronic Medical Record (EMR) and others pertain to all locations with or without the EMR.

Effective as of January 2021:

**DO NOT** upload any documents into the EMR other than those documents that come with the detainee from the ER/Hospital and Medication Observation Log (MOL) (if used) after detainee is discharged.

The **ONLY** items required for entry into EMR are the Intake Medical Assessment (IMA), the Encounter Form, and the Medical Summary Form (Use the EMR for these forms as if you would on the paper version)

Temperatures taken during initial intake screening and outbound screening are NOT entered into the EMR.

#### Remember:

1. All patients under the age of 18 (not including 18) and all third (3<sup>rd</sup>) trimester pregnant patients require a medical assessment to be filled out.
2. All orders for medications or monitoring will be entered into the Medication Application (Med App) on the EMR with the corresponding encounter note that adequately describes why the medication is ordered.

Ensure that all the patients on the whiteboard (hanging whiteboard or within the EMR) have an encounter form in the EMR or in the File Folders that gives a reason and an order for what is reflected on the whiteboard.





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## ATTACHMENT 4

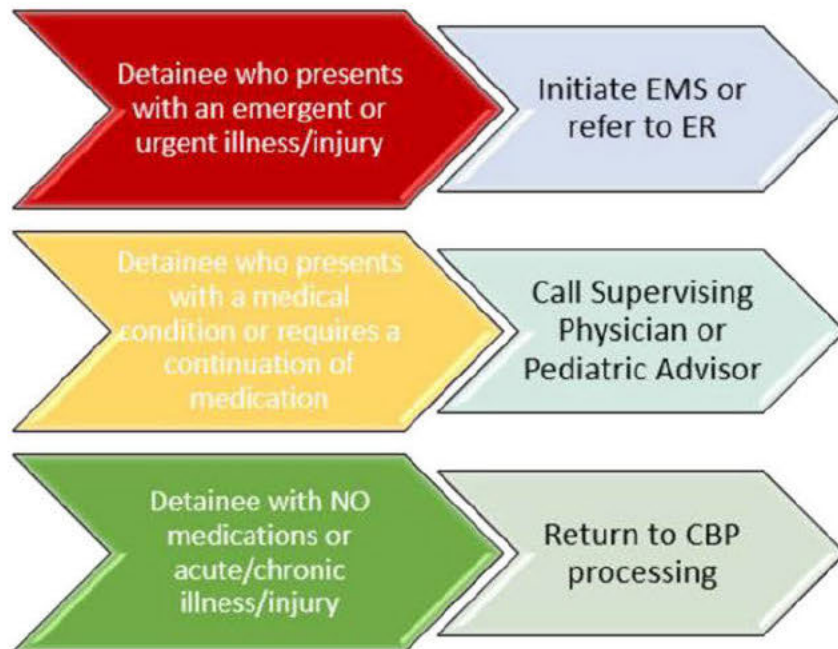
### EMT Assessment Guidance/Protocol (Working as Solo Support Only)

1. In general, EMTs/paramedics should err on the side of caution when conducting medical assessments. EMTs/paramedics can call a supervising physician, sector Pediatric Advisor for pediatric patients, or the medical director for medical direction. If at any time, there is any concern for urgent or emergent illness or injury, the EMT/paramedic should activate EMS, recommend transport or refer the detainee to the local health system.

2. Tender age patients, especially infants, should generate a higher index of suspicion for illness or injury and a lower threshold for referral.

3. Medical Assessment should consist of:

- i. Vital signs
- ii. Chief Complaint/History/Review of Systems
- iii. Physical Examination
- iv. Disposition (see Flow-Chart)





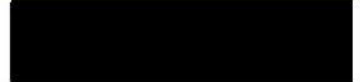
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#### 4. Referral for Significant Findings

1. A patient found to have any significant subjective or objective assessment findings will be referred to local ER/Hospital for further evaluation. Significant assessment findings are as follows (**CAUTION:** this is not an all-inclusive list):

##### Significant Assessment Findings

- Fever (>100.4 degrees Fahrenheit or reliable history of fever in past 3 days)
- Disorientation/Confusion/Altered mental status
- Muscle weakness or paralysis
- Other abnormal vital signs
- Abnormal physical examination
- Apparent physical injury
- Adult with chest pain
- Cough or difficulty breathing
- Nausea/Vomiting/Diarrhea
- Any indication of potential harm to self or others
- Any indication of a communicable illness
- Unusual rash
- History of significant illness without proper/current treatment or medications

# **Key Document I**



**Homeland  
Security**

PRE-DECISIONAL / DELIBERATIVE

June 08, 2023

MEMORANDUM

TO: Troy Miller  
Acting Commissioner  
U.S. Customs and Border Protection  
Department of Homeland Security

FROM: Herbert O. Wolfe  
Acting Chief Medical Officer  
Acting Director, Office of Health Security  
Department of Homeland Security

SUBJECT: **Initial Observations and Recommended Medical Improvement  
Actions for the Care of Individuals in CBP Custody**

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The health and safety of individuals in the care and custody of the Department of Homeland Security (DHS), our employees, and the public are of paramount importance. Following the in-custody death of an eight-year-old child in U.S. Customs and Border Protection (CBP) custody in Harlingen, Texas, Acting Commissioner Miller requested a review of CBPs medical care practices by DHS's Office of Health Security (OHS).<sup>1</sup> In response to this request and pursuant to OHS oversight authority<sup>2</sup>, OHS conducted an in-person site visit to evaluate medical care, practices, and procedures at multiple CBP facilities in the RGV Sector. As Acting Chief Medical Officer, and Acting Director of OHS, I directed and participated in this Rio Grande Valley (RGV) Sector evaluation along with the OHS Senior Medical Officer for Operations (Dr. Alexander L. Eastman), staff from CBP's Office of the Chief Medical Officer (OCMO), and the court-appointed Juvenile Care Monitor (JCM) overseeing CBP's compliance with the *Flores* Settlement Agreement for RGV and El Paso Sectors (Dr. Paul H. Wise).

The purpose of this site visit was to make initial observations on the delivery of medical care, practices, and procedures inside CBP's facilities in the RGV Sector. The following recommended medical improvement actions were directly informed by these initial observations.

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<sup>1</sup> [Statement from CBP Acting Commissioner Troy Miller on the Investigation of the in-custody death of a child | U.S. Customs and Border Protection.](#)

<sup>2</sup> DHS Delegation 26000, *Delegation to the Chief Medical Officer/Director of the Office of Health Security*, issued December 14, 2022, delegates, in relevant part, the CMO the authority to "[o]verse all medical, public health, and workforce health and safety activities of the Department of Homeland Security" (section II.A.1.), and "[s]erve as the senior medical review authority for determinations regarding whether the standard of care for individuals in DHS custody has been met when there are claims or allegations of improper or substandard healthcare against the Department or any of its Components, employees, detailees, or contractors" (section II.C.2.).

## PRE-DECISIONAL/DELIBERATIVE

Each of these recommended medical improvement actions is critical to ensuring that individuals in CBP custody receive safe, effective, and humane medical care while in DHS custody, and that such care is well-documented.

### 1) Medical Risk Reduction

**Observations:** Average family unit time in custody exceeded established standards.<sup>3</sup> Processes to identify and communicate the presence of medically at-risk individuals (to include children) did not appear to be in place to enable CBP awareness of the presence of medically at-risk individuals in their facilities.

#### **Recommended Medical Improvement Action:**

Ensure that medically at-risk individuals in CBP custody, as determined in consultation with the medical services contract providers, with oversight<sup>4</sup> from CBP OCMO, and in accordance with Acting Commissioner Miller's Memorandum on *Custodial Considerations for Medically At-Risk Individuals*<sup>5</sup>, are expeditiously processed to minimize the length of time in CBP custody.

### 2) Contract Management and Operations

#### **Observations:**

CBP's management of the current CBP Medical Services Contract (MSC) is leading to unsafe medical care delivery conditions and the increased likelihood for preventable harm. Unable to verify that sentinel event reviews<sup>6</sup> are being conducted and/or documented. Lack of CBP visibility regarding contract supervising physician's role, involvement, and presence as well as clinical guidance standard operating procedures (SOPs).

#### **Recommended Medical Improvement Actions:**

CBP should improve awareness of day-to-day clinical operations. Subject to the federal acquisition regulation, CBP should review the current MSC to determine what improvements to the monitoring of contractor delivered care are required or should be implemented, which should include but are not limited to:

- A) Providing OHS a list of all sentinel events reviewed over the past twenty-four (24) months.
- B) Establishing a sentinel event review process in accordance with DHS Medical Quality Management (MQM) policies<sup>7</sup>, and contract requirements.

### 3) Enhanced Medical Monitoring (EMM)

#### **Observations:**

Lack of implemented objective utilization criteria, clinical guidance, protocols, and procedures led to the inadequate use of EMM in the RGV Sector. The CBP electronic medical record (EMR) system was not properly utilized; specifically, medical care provided to individuals in the Harlingen Isolation Unit was either inadequately documented or, in other instances, not documented at all.

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<sup>3</sup> CBP's Transport, Escort, Detention and Search (TEDS) standards state that detainees generally should be held in custody for no more than 72 hours.

<sup>4</sup> See section 4.B. below for Recommended Medical Improvement Actions related to Clinical Care Communication and Documentation.

<sup>5</sup> Memorandum, *Custodial Considerations for Medically At-Risk Individuals*, from Acting Commission, Troy A. Miller, dated May 19, 2023.

<sup>6</sup> DHS Directive 248-01, *Medical Quality Management*, dated October 02, 2009, and DHS Instruction 248-01-001, Revision 01, *Medical Quality Management*, dated September 10, 2012.

<sup>7</sup> *Id.*

## PRE-DECISIONAL/DELIBERATIVE

The supervising physician contact roster was out of date, and in addition, the MSC providers and support staff neither contacted nor consulted the supervising physicians or on-call pediatric advisors.

### **Recommended Medical Improvement Actions:**

- A) Ensure all individuals placed in isolation have an EMR-documented consultation with the supervising physician and/or a pediatric advisor. This may occur during their initial medical assessment or a subsequent encounter where the decision to place in isolation is made.
- B) Supervising physician and/or pediatric advisor should also be contacted for any potential referral to emergency or outside healthcare resources. [Note: Under medical emergency conditions, if time and clinical conditions do not permit notification prior to transfer, notification should be made to the supervising physician as soon as possible.]
- C) Publish updated EMM guidance in consultation with OHS, to include directing the use of the EMR EMM module within seven (7) days of the issuance of this memorandum.
- D) Update the EMM guidance and revise the MSC to ensure that EMR-documented clinical assessments be conducted every four (4) hours for all juveniles in isolation, every twelve (12) hours for all adults in isolation, and daily for any individuals seen for a medical complaint and considered to have elevated in-custody medical risk.

#### 4) Clinical Care Communication and Documentation

##### **Observations:**

Critical clinical information, including medical history, was initially documented in the EMR by medical providers but was not reviewed by the medical providers responsible for subsequent care while in isolation. Requests for medical care were not consistently documented. Clinical interactions, medical assessments, and encounters were documented inaccurately within the EMR, not documented in the EMR, and/or not shared with subsequent medical service providers. The current EMR lacks functionality to facilitate continuity of care between shift providers or easily produce a complete care-in-custody summary. There was no documented communication between the custodial and medical personnel regarding awareness of at-risk individuals or acute medical care issues.

### **Recommended Medical Improvement Actions:**

- A) Update the EMR to include near-term functionality to comprehensively document all clinical history (including but not limited to at-risk designation and acute medical care issues), medical findings, and medical care provided by CBP's contract medical staff for individuals in CBP custody.
- B) Ensure information sharing and accountability at shift change for medically at-risk individuals in CBP custody to include musters with operational, medical, and support staff across the CBP facility. This information sharing and accountability must be electronically documented.
- C) Develop and provide to all individuals, to include both verbal instructions and visible posting in isolation areas, the procedures for requesting medical attention and for escalation.
- D) Improve the transfer of medical information to U.S. Immigration and Customs Enforcement (ICE) and to the U.S. Department of Health and Human Services' (HHS) Office of Refugee Resettlement (ORR), with a specific focus on those who are at elevated in-custody medical risk and/or who had medical assessments and encounters



## PRE-DECISIONAL/DELIBERATIVE

during their time in CBP custody, to ensure the accurate and timely official transfer of chronic and acute medical condition information.

E) Producing a CBP Medical Care Manual, inclusive of SOPs, within ninety (90) days.

### 5) USBP Isolation Unit Operations

#### **Observations:**

Medical care at the USBP Harlingen Isolation Facility was inadequate and lacked sufficient medical engagement and accountability to ensure safe, effective, humane, and well-documented medical care of individuals who were placed in medical isolation.

#### **Recommended Medical Improvement Actions:**

- A) Cease utilization of the Harlingen Isolation Unit and transition operations to the Donna Processing Center designated isolation pod.
- B) Establish a process that requires consultation with OHS prior to the establishment of any new isolation unit(s).
- C) Develop and publish written guidance, in consultation with OHS, for Isolation Unit standards and operating procedures within thirty (30) days.

Lastly, pursuant to the Department's May 21, 2023, request for assistance to HHS, the United States Public Health Service (USPHS) have deployed a cadre of USPHS uniformed clinicians to multiple CBP sites starting this week. These USPHS Commissioned Corps clinicians will work for up to 30 days, under the immediate direction of Dr. Eastman, and in close collaboration with CBP, to provide additional medical recommendations, guidance, and oversight capability as you implement the above recommended medical improvement actions. We are continuing our evaluation of medical care, practices, and procedures inside CBP's facilities.

# **Key Document J**



# U. S. Customs and Border Protection Office of the Chief Medical Officer

## Medical Process Guidance

June 2023

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

# Background

CBP places the highest priority on the health and well-being of persons in CBP custody. To address this and to keep pace with increasing operational tempo and migrant flows over recent years, CBP has significantly enhanced its medical support efforts in scope and scale. CBP has developed a robust, trauma-informed, front-line medical support system for persons encountered and in custody along the Southwest border.

CBP’s medical support system is designed to complement CBP’s operational mission. It is the responsibility of each component to establish an operational workflow to ensure that all medical needs for persons in custody are coordinated with and complement existing policies and procedures.

The following medical process guidance supports CBP policy including the National Standards on Transport, Escort, Detention, and Search (TEDS) and the Enhanced Medical Support Efforts Directive 2210-004, and the Pregnancy and Childbirth Guidance memo dated 8/18/21. This medical process guidance is intended to facilitate coordination and execution of medical support efforts by CBP contract medical personnel and CBP operational personnel as appropriate. It does not replace or supersede existing policy.

CBP medical support is designed to provide health interview, medical assessment, medical care, and referral of persons in CBP custody, in support of and in accordance with CBP operational requirements. As always, emergent, and life-threatening medical needs should be immediately referred to the local health system by activating 911 or other emergency transport methods.

## CBP Medical Process & Forms

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## I. Health Intake Interview (CBP 2500)

This tool is known as Alien Health Intake Interview Questionnaire CBP 2500 in the enforcement system (e3/USEC) and as the Health Intake Interview in the CBP Electronic Medical Record (EMR) used by Medical Service Contractors (MSC). The tool is used by CBP personnel (BP Agents or CBP Officers) and/or MSC personnel to record the observation and identification of potential medical issues for persons in custody (PIC) upon initial entry to a CBP facility.

### **When to use it-**

1. Where contract medical personnel are available, **all** persons brought into custody, will have an initial (first phase) Health Intake Interview conducted by MSC medical personnel upon initial arrival at a CBP facility. The first phase is the verbal administration of the health interview questions in the 2500 form to identify persons with potential medical issues.
2. If operationally feasible, this will occur prior to entry into the general population of the facility (e.g., in the Sally Port).
3. If contract medical personnel are not available, then CBP personnel will conduct and document CBP 2500s on all persons as operationally feasible. At minimum, CBP personnel will conduct and document a CBP 2500 for all juveniles and any person identified with a potential health issue of concern brought into custody in a CBP facility.
4. The Health Intake Interview will be utilized to document and identify:
  - a. Any person with an urgent/emergent medical condition requiring immediate external medical referral, transport, and/or activation of 911/EMS.
  - b. Juveniles who will be referred for a medical assessment.
  - c. Any person with a potential illness, injury, medication requirement, or other medical issue to be referred to onsite MSC personnel for a medical assessment.
  - d. Pregnant females, who will be offered a medical assessment.
5. Health Intake Interviews (second phase)-will be conducted and documented by MSC personnel for the persons identified in 4.b.c.d. above at the time of the medical assessment. The second phase is the formal completion of the health interview with documentation in the EMR.
6. Health intake interviews will be conducted as appropriate and documented by MSC (or CBP) personnel but will be repeated and documented for juveniles every 5<sup>th</sup> day while in CBP custody. CBP will monitor juveniles' time in custody



and will escort juveniles to the Medical Unit as needed. (NOTE: See Assessment section for additional requirements for tender age juveniles (12 and under) and Noncitizen Unaccompanied Children (NUCs) in custody for 5 or more days).

7. Persons in custody who are transferred from other CBP facilities may receive an additional health interview upon arrival at the receiving CBP facility. A health interview is required upon arrival at a CBP facility if there was significant distance or time in transport – greater than 12 hours – or the individual's medical condition is known or reported to have changed during transport. CBP will notify the MSC of any person in custody that meets this requirement.

**Who can do it-**

1. The Health Intake Interview will be conducted by MSC personnel and/or by CBP personnel where MSC personnel are not available, as appropriate. Appropriate translation services should be utilized in compliance with applicable policy. (CBP Language Access Directive 2130-031)

**Where to Record It-**

1. Health Intake Interviews for all juveniles and persons with affirmative responses (requiring a medical assessment) will be documented by MSC personnel in the CBP EMR (where available) either directly upon conduct of the initial (first phase - verbal) health intake interview or during the second-phase health intake interview at the time of the medical assessment.
2. If no MSC personnel are available (or where the EMR is not available) CBP personnel will document the completed CBP 2500 in the enforcement system of record.

## II. Medical Assessment

A medical assessment is a structured tool used by medically trained personnel to assess and confirm potential medical issues in juveniles, pregnant females, or any persons in custody identified with potential medical issues during the CBP Health Intake Interview as part of initial intake processes at CBP facilities.

### **When to use it-**

Medical assessments will be conducted by MSC personnel on all juveniles, anyone with a potential medical issue identified by the Health Intake Interview/CBP 2500, or otherwise identified with a potential injury, illness, medication requirement, or other medical issue. Medical assessments will also be offered to all pregnant females.

1. Medical assessments, as required, will be conducted as expeditiously as possible upon arrival at a CBP facility for processing, in accordance with other law enforcement requirements, at a minimum within 24 hours of arrival.
2. Medical assessments:
  - a. Will be conducted on all juveniles (see below for additional detail)
  - b. Will be conducted on anyone with a potential medical issue identified by the Health Intake Interview/CBP 2500 or otherwise identified with a potential injury, illness, medication requirement, or medical issue.
  - c. Will be offered to all pregnant females.
3. In the above situations, related to initial medical intake, medical assessments will be conducted in addition to a medical encounter, if required.
  - a. Medical issues identified during custody after initial medical intake may be addressed directly through medical encounters without medical assessments.
4. It is expected that **all** juveniles have a medical assessment conducted.
  - a. In rare situations where operational dynamics and/or lack of medical resources make medical assessments of all juveniles not feasible, then medical assessments on non-tender age juveniles may be temporarily paused to focus limited medical resources on tender age juveniles and persons with identified medical issues.
  - b. A pause as described in (a) above requires written approval by Facility leadership and OCMO and should cease as soon as operationally possible.

- c. There are no exceptions to the requirement of tender-age juveniles receiving a medical assessment. If MSC personnel are not on-site, the juvenile will be referred to a local healthcare facility for a medical assessment.
5. Pregnant females in custody will be offered a medical assessment.
  - a. All pregnant females who refuse the offer of a medical assessment, will be documented in the assessment section of the CBP EMR by MSC personnel and in e3/USEC by CBP personnel.
6. Following completion of medical assessments, for individuals identified as requiring additional medical evaluation or treatment, MSC personnel or CBP personnel shall make the appropriate disposition, based on the circumstances and medical recommendations.
  - a. For example: BPA/CBPO and medical personnel may activate 911/EMS; refer/transport to local health system; or conduct medical encounter/treatment onsite.
7. Medical assessments will be repeated every 5<sup>th</sup> day for tender age juveniles and for Noncitizen Unaccompanied Children (NUCs) in custody.

**Who can do it-**

The assessment will be conducted by MSC advanced practice providers (APP), when available. In the absence of an APP on shift, an MSC EMT or Paramedic may perform the assessment with appropriate remote supervision. If MSC personnel are not available, persons in custody may be referred to the local health system for a medical assessment, as appropriate.

**Where to Record It-**

The medical assessment will be documented in the CBP EMR by MSC personnel. MSC medical support personnel can initiate and input objective data in the record, but only a MSC APP can complete the assessment and sign and record it in the CBP EMR.

- An MSC EMT or Paramedic can sign the record when no MSC APP is staffed at the facility, with appropriate remote supervision.

### **III. Medical Encounter**

A medical encounter is a structured medical interaction conducted or supervised by MSC APPs for evaluation, treatment, disposition, and follow-up of medical issues identified in the Health Intake Interview, Medical Assessment, or throughout the time in custody.

#### **When to use it-**

1. Medical encounters will be conducted to address medical issues identified through initial intake processing (Health Intake Interviews, Agent/Officer interviews, Medical Assessments).
2. Medical encounters will be conducted to address medical issues that arise or are identified throughout the time in custody.
3. Medical encounters will be conducted for persons returning from referral to a medical facility – to review the findings and disposition and to ensure appropriate follow-up care.
4. NOTE: Medical encounters are not intended to substitute for immediate/emergent activation of 911/EMS and/or transport to medical facility

#### **Who can do it-**

MSC medical APPs can conduct medical encounters. In limited circumstances, subject to appropriate protocols and medical supervision, MSC EMT/Paramedics may conduct pre-designated, supervised medical encounters, such as routine lice and/or scabies treatments.

#### **Where to Record It-**

The medical encounter will be documented in CBP EMR by the MSC provider. MSC medical support personnel can initiate and input objective data in the record, but only a MSC APP can complete the encounter and sign and record it in the CBP EMR.

- In limited circumstances, per above, medical encounters conducted by remote MSC EMT/Paramedics with medical supervision, may be documented in the EMR by MSC EMT/Paramedics, with appropriate medical supervision and review.

## **IV. Medication Application (Med App)**

An application in the CBP EMR and in the e3/USEC enforcement systems that monitors and documents MSC or CBP personnel supervision of medication self-administration by persons in custody.

### **When to use it-**

1. The application is used when a person requires medication, either prescription or over the counter, while in CBP custody.
2. The medication may be prescribed by a MSC APP or may have arrived with the person.
3. MSC personnel (or CBP personnel if no MSC personnel available) document the observation of self-administration of required medication by entering each instance into the medication application.

### **Who can use it-**

1. Only a MSC APP can prescribe medication or recommend the continued administration of medication in the persons possession.
2. MSC support personnel or CBP personnel can observe the self-administration of medication per the medication application and must document each instance as described in the section above.

### **Where to record it-**

1. MSC personnel will document the date, time, medication, dosage, etc. in the Medication Application (Med App).
2. When no MSC personnel are available, CBP personnel will document each observation of medication self-administration in the Med App portion of the Enforcement System (E3 and USEC).

**When the MSC APP (or local healthcare facility provider) prescribes a medication, CBP will ensure that every effort is made to fill the prescription as soon as possible.**

If the person is transferred or released from the CBP facility prior to the receipt of a medication, the written prescription should accompany the person's transfer or release paperwork and be documented on the Medical Summary Form which should also accompany them. It is the MSC provider's responsibility to communicate the need for a prescription on CBP's behalf.



- **Any medication belonging to a person in custody being transferred should be identified and provided to CBP upon transfer or to the individual upon release.**
- The MSC APP may assess medications (including foreign) in the person's possession, determining whether the medication is clinically indicated and appropriate for the person's illness or condition.
  - If the MSC APP identifies no issues or concerns with the medication, then its usage may be continued and documented in the CBP EMR.
  - If the medications packaging, label, or contents do not seem verifiable or appropriate (i.e., loose pills in an unlabeled bag), the MSC APP should prescribe the proper medication to be obtained by CBP.

## V. Medical Outtake Process

The Medical Outtake Process ensures medical issues are addressed by MSC and CBP personnel during out-processing for transfer or release from CBP custody, including, as appropriate, the CBP Medical Summary Form (CBP 2501), provision of medications or prescriptions, provision of external medical discharge forms.

**Medical Summary Form (CBP 2501)** – The Medical Summary Form is a tool used by MSC personnel to provide a summary of medical issues identified or addressed in CBP custody, including disposition, medication, and follow-up care requirements. The Medical Summary Form will accompany the persons in custody upon travel, transfer, or release from CBP custody and identify medical issues addressed or observed while in CBP custody.

1. Medical Summary Forms will be completed for persons with medical issues identified or addressed in CBP custody upon transfer to a non-CBP facility or release. Medical Summary Forms may be required by external agencies even if no medical issues were observed while in CBP custody.
2. If a person is being transferred from one CBP facility to another CBP facility, a Medical Summary Form (CBP 2501) is not required.

### **Who can do it-**

Medical summary forms can be filled out by MSC personnel only.

### **Where to record it-**

1. The Medical Summary Form will be documented in the CBP EMR by the MSC and should include the name of the hospital if the person was referred.
  - a. For transfers - a hard-copy will be included by CBP in the transfer file.
  - b. For releases – a hard copy will be provided by CBP to the person upon release from custody.

### **Additional Requirements**

1. Medications/Prescriptions
  - b. Prior to transfer or release, persons in custody will be provided medications or prescriptions, as appropriate.
  - c. The medication or prescription will be documented on the Medical Summary Form by the MSC.
2. External Medical Documentation

- a. Prior to transfer or release from custody, persons will be provided any external medical documentation (e.g., hospital discharge summaries) that were provided to CBP.
  - For transfers - the documentation will be placed by CBP with the person's transfer paperwork
  - For releases – the documentation will be provided by CBP to the person upon release from custody.

## **VI. EMR Outages/Use of Paper Medical Records**

During emergent situations or CBP EMR outages, paper documentation may be necessary and required to meet timelines and support decompression efforts. If the need arises to pause the use of the CBP EMR, the local Patrol Agent in Charge (PAIC) or Port Director (PD), or their designee, will decide whether to allow this pause in coordination with the CBP Office of the Chief Medical Officer (OCMO) Program Manager (PM) or his/her designee. The coordination and agreement will be made in writing.

1. Any paper documentation must be entered into the CBP EMR by the MSC by the end of their shift, if possible. If not possible, then it should be completed within 24 hours after they are instructed to begin using the CBP EMR again.
2. When paper medical records have been entered electronically into the CBP EMR, the paper document should be disposed of in accordance with CBP records management policy (within a CBP locked shred bin or shredder).

# **Key Document K**



**U.S. Customs and Border  
Protection**  
6650 Telecom Drive Suite 100  
Indianapolis, IN 46278

**Department of Homeland  
Security**

August 10, 2023

Brian Moore  
Chief Executive Office  
Loyal Source Government Services  
12612 Challenger Parkway | Suite 365  
Orlando, FL 32826

SUBJECT: Request to Cure Deficiencies of Task Order (TO) 70B03C23F00000272

Mr. Moore:

United States Customs and Border Protection (CBP) is sending this Cure Notice to Loyal Source Government Services (LSGS) in accordance with Federal Acquisition Regulation (FAR) Subpart 12.403, for deficient performance of Task Order 70B03C23F00000272, medical support services. The noted areas of concern below are endangering Task Order performance and require immediate corrective action by LSGS.

LSGS' performance under the Task Order show deficiencies in the following tasks within the Task Order Statement of Work (SOW) and Appendix B: CBP Medical Services Contract Deliverables:

**Task Category 2 – SOW Section 3.5.6 and Service Performance Measure 2 & 8 - Appendix B**

- **Business Management Practices:**
  - Inadequate shift fill rate at several medical units. Staff shift fill rates have not reached 95% required by the SOW for all sites (there is an allowance of 5% for absenteeism).
  - Cost Management – contract travel cost increases are excessive and continue to be a concern.

**Task Category 3 – SOW Section 3.3.9 and Service Performance Measure 2 & 8 - Appendix B**

- **Ineffective Staffing:**
  - Each weekly sync specifically details staffing gaps and specific MUs with subpar shift fill rates.
    - On-Going discussions between Office of the Chief Medical Officer (OCMO) and LSGS regarding recruitment, retention, and strategies for shifting staff to priority sites have not yielded the desired SOW results.
  - Week ending July 22, 2023 – 24 of 86 MUs with less than 69% of provider shifts filled.
    - Each weekly sync between OCMO and LSGS specifically details staffing gaps and specific MUs with subpar staffing fill rates.

**Task Category 4 – SOW Section 3.4 and Service Performance Measure 4, 5 & 7 – Appendix B**

- **Safety and Quality of Care:**
  - Incorrect and absent reporting on deliverable reports and medical encounters are not being input into the Electronic Medical Records.
  - Non-compliance with SOW MQM requirements (i.e., patient chart reviews).
  - Staff are failing to escalate care and consult physicians.
- **Safety and Quality of Care:**
  - Incorrect and absent reporting:
    - LSGS reported medical interactions average 19% to 40% higher than documented in the EMR.
    - QA project report submitted by LSGS showed multiple data collection errors contributing to errors in reporting.
    - No Performance Improvement plans were developed or initiated, and therefore there has been no change in the percentage of data reporting errors.
  - LSGS infectious disease (to include Flu Response Plan); Quarantine and Isolation Plan; Respiratory Protection Plan) weekly report with significant errors in 42% of reports.
    - LSGS was informed of the root cause of the errors, no corrective action has been presented to OCMO to show how LSGS will prevent repeated errors that continue to occur.
  - Sentinel Event Reporting.
    - LSGS reports reviewing zero sentinel events during this bridge contract period of performance, however, there have been at least 2 sentinel events.
  - LSGS Staff continue to site HIPAA when asked for information about migrants in their care.
    - HIPAA does not apply to providing information to CBP for persons within CBP custody; emails and EMR banners are being ignored by LSGS staff.
- **Non-compliance with SOW MQM requirements:**
  - Updated MQM Program Guidance released February of 2023 and LSGS has not adopted.
  - Lack of Ongoing Professional Performance Evaluation Standards. Specifically, including chart reviews of provider peers.
    - LSGS indicates that to follow the MQM program guidance as issued February 2023, additional administrative support staff would be required to focus on this task alone.
    - Noncompliance with multiple sections of the SOW related to MQM (SOW Sections – 2.1.5, 3.3.16, 3.4.1, and 3.4.6).
- **Failure to Escalate Care and Consult Physicians:**
  - Identified as significant deficiency by external stakeholders in publicly filed reports as discussed in multiple meetings.
  - Contract modification P00002, Supplemental SOW, addressed the failure to escalate care and consult physicians, as it was identified as an immediate need by the DHS/OHS team investigating recent death in custody.
  - A recent quality assurance chart review was completed by the OCMO to ascertain if contract modification P00002, effective May 30, 2023, was being



**Source Selection Information/Disclosure Restricted**

followed in accordance with section 3.1.12. The results of the QA project revealed that physician consultation remains below 10% of indicated.

- No corrective action plan identified by LSGS to date.

This letter serves as a formal cure notice in accordance with Federal Acquisition Regulation 52.212-4 Contract terms and Conditions – Commercial Items and the terms and conditions set forth in Task Order 70B03C23F00000272 and its supporting Statement of Work. Loyal Source Government Services is hereby notified that the Government considers your performance under the subject task order to be unsatisfactory. Therefore, Loyal Source Government Services has 10 days to provide a corrective action plan to address the stated deficiencies after receipt of this notice.

Please promptly acknowledge receipt of this Notice via reply e-mail.

Sincerely,



Digitally signed by

Date: 2023.08.10  
18:40:51 -04'00'

Contracting Officer

# **Key Document L**



# U. S. Customs and Border Protection Office of the Chief Medical Officer

## Medical Process Guidance

### Annex A

### Elevated in-Custody Medical Risk (ECMR)

October 2023

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

## Background

The following contains supplemental guidance on specific actions and timelines for implementation of the recommended medical intervention actions referenced in Department of Homeland Security (DHS) Office of Health Security (OHS) Memorandum dated June 08, 2023, and Acting commissioner Troy Miller's response dated June 09, 2023, which states, in part, *“At-risk or medically fragile individuals, which includes but is not limited to individuals with a chronic illness; infants or elderly; minors with an acute injury, medical or mental health condition; pregnant women or post-partum mothers with complications; and individuals with a disabling mental disorder, should be expeditiously processed to minimize the length of time in CBP custody. While such individuals are in our custody, it is imperative to ensure timely medical assessments, recurring wellness checks, and follow up assessments by medical providers are conducted pursuant to CBP policies and documented via appropriate systems.”*

The CBP Chief Medical Officer has implemented the following protocol to identify and categorize persons in custody according to the medical risk indicators.

## Definitions

APP	Advanced Practice Provider (Nurse Practitioner/Physician Assistant)
BHS	Border Health System
CBP EMR	CBP Electronic Medical Record
MSC	Medical Services Contract
PIC	Persons in Custody

### I. Elevated In-Custody Medical Risk (ECMR)

Elevated medical risk may result from a condition itself, from the risk for sudden worsening or decompensation, or due to the complexities of medical care required to effectively stabilize and treat the condition when the medical needs reasonably exceed the CBP facility's capabilities.

The CBP Health Intake Interview (CBP 2500), a 13-question medical screening tool is used to identify individuals with a medical condition and in need of additional evaluation.

A subsequent Medical Assessment is then performed as the first contact with CBP Border Health System (BHS) qualified providers. This is designed to assess individuals quickly yet comprehensively for current and past medical diagnoses/conditions that may place the individual at elevated risk for deterioration while in custody. Acute medical needs will be addressed and appropriate consultations with physicians made. Individuals determined to be at elevated in-custody medical risk (ECMR) during the medical assessment and/or medical encounter will be identified using the below listed category definitions.

## II. ECMR Category Definitions:

When a PIC is medically assessed and found to have an elevated medical risk (ECMR), the color category is determined by the diagnosis selected in the CBP EMR.

The following categories define different levels of in custody medical risk:

- **Green** – PIC with no known/indicated medical issues based on responses to the Health Intake Interview
- **Yellow** – PIC has a medical condition identified based on responses to the Health Intake Interview and/or was determined that the PIC's condition has been well-controlled, is able to be managed while in CBP Custody, and presents low risk in-custody medical risk based on the Medical Assessment or Medical Encounter.
- **Orange** – PIC has a medical condition identified based on responses to the initial health interview and/or was determined that the PIC's condition presents moderate in-custody medical risk and requires treatment and enhanced medical monitoring while in CBP Custody based on the Medical Assessment or Medical Encounter.
- **Red** –PIC has a medical condition based on responses to the Health Intake Interview (CBP 2500) and/or was determined to present high in-custody medical risk while in CBP Custody and requires enhanced medical monitoring while in CBP Custody based on the Medical Assessment or Medical Encounter. These specific conditions are outlined in the document below.

## III. ECMR Process Requirements:

- **Green** –
  - Does not require further action unless the PIC presents later in custody with a new medical issue or concern. A Medical Encounter shall be performed as per policy and a color designation change should be clearly documented in the CBP EMR.
- **Yellow** –
  - Must be annotated in the CBP EMR
- **Orange** –
  - must be annotated in the CBP EMR,
  - the PIC should be placed in the Enhanced Medical Monitoring (EMM) protocol receiving checks every 12 hours at a minimum.
  - The PIC should be evaluated for medical isolation (see list of isolatable conditions below).

- **Red-**

**Acute Medical Distress (including but not limited to, increased work of breathing/retractions, somnolence/agitation, inability to hydrate, decreased urine output, and abnormal vital signs based on age) requires *immediate hospital referral*; do not delay for physician consult.**

- must be annotated in the CBP EMR
- PIC shall be evaluated by the Advanced Practice Provider (APP) who then **must** consult with a supervising physician or pediatric advisor\* within 20 minutes of initial evaluation to determine the treatment plan--*including the potential need for immediate medical transport for outside care.*
- Consultation information (name, date, time, reason, and outcome) shall be annotated in the CBP EMR in either the Medical Assessment or Medical Encounter section, dependent upon the medical action being taken.
- PIC shall be placed in the Enhanced Medical Monitoring protocol and monitored in custody every 4 hours at a minimum.
- PIC shall be evaluated for medical isolation (see list of isolatable conditions).
- PIC's condition shall be communicated to CBP for consideration for expedited processing.
- A red wristband will be placed on the PICs left wrist for identification while in CBP custody. This colored wristband is in addition to the APIP wristband, if used.

*\*For juveniles, if the pediatric advisor is not available, then the supervising physician must be contacted.*

#### **IV. ECMR Medical Process Guidance**

##### **A. Medical Services Contractor**

- a. Clinical Staff shall complete a medical encounter within the CBP Electronic Medical Records (EMR) system.
  - i. ECMR At Risk Category is based on the following criteria:
    1. Age of patient.
    2. Pregnancy Status if, person in custody is a biological female.
    3. Diagnoses selected.
  - ii. If the patient is classified as RED, a consult with the Supervising Physician or Pediatric Advisor is required and notation of the interaction is required.
  - iii. Enhanced Medical Monitoring action is automatic for 4-hour follow-up
  - iv. If the patient in custody requires medical isolation, the CBP EMR will automatically select Medical Isolation disposition.



- b. When clinical staff sign and record the Medical Encounter, the following process will happen:
  - i. A pop-up will appear to inform the clinical staff of the patients At Risk category, isolation status, and provide further instructions.
  - ii. If a patient is classified as RED, it will send an update to the Enforcement System and mark the patient as “*At-Risk*” and set a predefined comment that is automatically generated by the CBP EMR.
- c. When the clinical staff returns to the whiteboard, they will see the ECMR category color to the far-left side of the row.
  - i. The ECMR category color is based on the most recent Medical Encounter.
  - ii. If a subsequent Medical Encounter results in a lesser category color (non-Red), the provider will need to ensure that the prior, more acute diagnosis is entered into the current Encounter if it is still relevant.

## **B. CBP Agents/Officers**

- a. PICs categorized as ECMR Red are of the highest vulnerability within CBP custody. These PICs should be expeditiously processed to minimize the length of time in CBP custody per the memo.
- b. If CBP Agents/Officers notice any medical changes in conditions of a PIC, it shall be reported to the MSC clinical staff immediately for evaluation. Any change requiring hospitalization shall be taken seriously and immediate transport (by ambulance or CBP vehicle) shall occur within in a reasonable time.
- c. The MSC will use a red wristband on the PICs left wrist to signal that they are *At-Risk*. This is in addition to the APIP wristband if used. *Any use of red wristbands for reasons other than ECMR should be ceased.*
- d. USBP PIC designated as an ECMR Red will automatically be enrolled in *At-Risk* status checks within the e3 Detention Module and USBP will comply with TEDS *At-Risk* hold room monitoring standards.
- e. OFO PIC designated as an ECMR Red will not be automatically enrolled in any status checks due to pending integration between USEC and the CBP EMR system. OFO Officers shall select the “Medical/Risk Summary” link within the Custody section of the Traveler Details Page to update the “Risk Indicator” to “High” when the Medical Services Contractor indicates that the subject has a medical condition that is considered an “Elevated” medical risk (RED).
- f. The MSC providers are responsible for 4 hour-medical checks for PIC identified as ECMR Red status.

## **V. Diagnoses/Conditions of ECMR RED**

### **A. Juvenile ECMR RED category includes (but not limited to):**

Medical Providers are encouraged to consult with pediatric advisors and/or supervising physicians if/when they are concerned about medical status of a juvenile in their care even in the absence of an identifiable medical diagnosis/condition.

### **General Considerations:**

- Juveniles with acute or chronic medical conditions that:
  - require medication to maintain daily function.
  - require intensive management by a sub specialist.
  - require durable medical equipment, specialty diet, intensive OT/PT/rehab to maintain daily function.
  - impact daily function.
- Juveniles with significant developmental delays and/or requiring special needs care.
- Infants less than 12 weeks old.
- Juveniles placed in medical isolation or quarantine (see below for more detail).
- Juveniles with congenital syndromes and anomalies, especially when requiring ADL assistance (cerebral palsy, etc.)

### **Specific Clinical Conditions:**

- Congenital heart disease (especially if surgical repair was required, attempted, or recommended)
- Sickle cell disease
- Infectious Disease
  - Including possible or confirmed measles, malaria, Dengue, COVID-19, influenza, varicella
  - Infants < 12 weeks old with fever *must* be referred to ED
- Oropharyngeal conditions
  - Including laryngomalacia, tracheomalacia
- Structural lung disease
  - Including asthma, bronchomalacia, pulmonary dysplasia, cystic fibrosis
- Hematologic conditions
  - Including cancer, all anemias including sickle cell-associated, thalassemia, blood dyscrasias [Von Willebrand Disease/hemophilia]
- Endocrine conditions
  - Including insulin-dependent diabetes, adrenal insufficiency
- Neurologic conditions
  - Including epilepsy, seizure disorder, cerebral palsy
- Sexual Assault allegation

## **B. Adult ECMR RED category includes (but not limited to):**

### **General considerations**

- Need for medication(s), medical equipment and/or interventions which exceed a facility's medical support capability, including:
  - specialized or intra-venous medication, feeding tubes, ostomy care, specialized diets, recurrent seizures, risk for injury to self/others due to behavior, ongoing complex wound care
  - requires assistance with activities of daily living (ADL); precludes living independently.
- Condition limiting communication and/or mobility.

## **Specific clinical conditions**

### **Cardiovascular:**

- Cardiac dysfunction, including but not limited to congenital heart disease, cardiomyopathy, congestive heart failure, prior myocardial infarction with active symptoms (chest pain, dyspnea, palpitations, syncope), exertional or at-rest chest discomfort/dyspnea, aortic disease, valvular disease, dysrhythmia
- Elevated blood pressure
  - Asymptomatic + SBP > 180 and/or DBP 120 a physician consult at minimum
  - Symptomatic + SBP > 180 and/or DBP 120 a physician consult or immediate referral
- Signs or symptoms suggestive of possible end organ dysfunction, including but not limited to, chest pain, syncope, headache, acute vision change, dyspnea, decreased urination/hematuria/dark urine
- Evidence of peripheral vascular disease including but not limited to, extremity pain, pallor, abnormal/absent peripheral pulses, non-healing wounds

### **HEENT: (Head, Eyes, Ears, Nose, Throat)**

- Need for daily prescription eye or ear drops
- Acute change in visual acuity, visual field deficit, monocular/binocular vision loss, flashes/floaters, blurred vision
- Eye pain with extra-ocular motion
- Periorbital swelling and/or erythema
- Advanced periodontal disease with active infection (abscess, bleeding, severe inflammation), especially when associated with difficulty swallowing
- Neck swelling, difficulty swallowing
- Pharyngitis associated with difficulty swallowing or breathing

### **Dermatology:**

- Skin condition placing individual or population at risk, cutaneous abscess, cellulitis/erysipelas, denuded skin (including mucus membrane lesions), untreated burn
- Acute rash plus fever or other symptoms of acute, systemic infection

### **Endocrine:**

- Hyperglycemia
  - Asymptomatic + point of care blood glucose > 200 mg/dL a physician consult
  - Point of care blood glucose > 500 mg/dL a physician consult or immediate referral
- Endocrine condition (e.g., diabetes mellitus, thyroid disorder, etc.) with abnormal vital signs or acute symptoms (e.g., mental status change, N/V, abdominal pain, etc.)

**Environmental:**

- Hypothermia <95 degrees Fahrenheit
- Hyperthermia (Note: prioritize the clinical status more than absolute temperature)
- Heat stroke symptoms (T>101.5, combined with hot/red/dry skin, nausea, weakness/passing out, confusion, altered mental status)

**Gastrointestinal:**

- Recent upper or lower GI bleed (< 30 days)
- Intractable nausea, vomiting, abdominal pain, and/or diarrhea
- History of cirrhosis or other chronic liver disease in the context of abdominal pain/distension, mental status change and signs/symptoms suggestive of GI bleeding

**Immunologic:**

- Conditions impacting immune function (Cystic Fibrosis, Sickle Cell Disease, cancer, HIV, post-splenectomy)
- Regular and/or daily use of immunosuppressive medications or immunomodulatory medications

**Hematologic:**

- Chronic anemias associated with acute symptoms or requiring treatment within the last 30 days
- Acute anemia associated with chest pain, shortness of breath, persistent dizziness
- Congenital conditions including but not limited to sickle cell disease, thalassemia, blood dyscrasias [Von Willebrand Disease/hemophilia), especially when associated with acute symptoms

**Infectious Disease:**

- Communicable diseases of public health/congregate setting significance (including measles, polio, active tuberculosis, mumps, pneumonic plague, SARS, viral hemorrhagic fevers)
- Any concern for meningitis (constellation of two or more of the above: headache, fevers, stiff neck, nausea, vomiting, change in mental status)
- Any concern for sepsis including, but not limited to, hyperthermia or hypothermia in the context of any combination of elevated heart rate (>100 beats/min), elevated respiratory rate (>20 breaths/min), low blood pressure (systolic BP < 100mmHg) plus clinical concern for an infectious source.

**Neurologic:**

- Seizure disorder requiring daily medication with acute seizure, seizure within last 7 days, or recent missing or underdosed seizure medications
- Stroke or stroke-like event (transient ischemic event, etc.) within last 30 days
- Baseline cognitive deficit that precludes performance of activities of daily living

- Movement disorder with Impaired mobility or fall risk (Parkinson's Disease, Alzheimer's Dementia)
- Impaired communication ability (hearing, vision, or speech impaired)
- Acute neurologic symptoms, including sudden/maximal onset headache, focal motor weakness, generalized weakness/gait instability, monocular/binocular vision loss, visual field deficit, flashes/floaters, decreased visual acuity from baseline with corrective lenses (where applicable)

**Behavioral Health and Substance Abuse:**

- PIC having ANY behavioral health condition which may place the individual or population at risk (delusional behavior, dementia, chronic psychosis/schizophrenia, anorexia/bulimia, etc.)
- History of active substance abuse of any kind with:
  - last use equal to/less than 14 days
  - risk for acute withdrawal (especially alcohol and benzodiazepines) or prior withdrawal syndrome episodes (e.g., seizure, delirium tremens, hospitalization requirement)

**Pulmonary:**

- Emphysema, asthma, COPD/chronic bronchitis, or other structural lung conditions with active symptoms (shortness of breath, cough, wheezing, chest pain, etc.)
- Medically dependent upon supplemental oxygen, mechanical ventilator, or continuous positive airway pressure (CPAP)

**Renal:**

- Acute renal failure or chronic kidney disease, including requirement for hemodialysis or peritoneal dialysis
- Flank pain suggestive of acute pyelonephritis (urinary tract infection symptoms associated with fevers, nausea, vomiting)

**Trauma:**

- Acute or chronic traumatic injury requiring on-going treatment, including wound/burn care, splints/casts, assistive devices (brace, crutches, wheelchair)
- Evidence of wound infection or non-healing wounds
- Any injury requiring frequent follow-up care (surgery, physical therapy, occupational therapy, wound care)

### **C. Women's Health ECMR RED category includes (but not limited to):**

Medical providers should utilize the following criteria when providing additional care to women with obstetric or gynecologic conditions.

- Pregnant female above 20 weeks of gestation.
- Vaginal bleeding/discharge and/or pelvic/abdominal pain during pregnancy
- Pre- or post-partum mothers with the following complications/symptoms:
  - Abdominal/pelvic pain
  - Vaginal bleeding, discharge, or leak of fluid
  - Fever/other symptoms of infection
  - Intractable vomiting that has not responded to anti-emetic therapy with difficulty hydrating/nourishing
  - Change in fetal movement
  - Elevated blood pressure or other abnormal VS for stage of pregnancy
  - New onset headache or other neurological symptoms
- Vaginal bleeding/discharge beyond routine menses and/or pelvic/abdominal pain (not in the setting of known/documented pregnancy)
- General medical distress with any abnormal vital signs, including tachycardia, tachypnea, hypotension/hypertension, and/or hypoxia.

### **VI. Medical Conditions That Require Medical Isolation:**

- COVID-19
- Influenza
- Influenza Exposure
- Influenza - Confirmed (via point of care test or referral)
- COVID - Confirmed (via point of care test or referral)
- Respiratory Pathogen - Other confirmed (e.g., RSV) via referral
- Lice (During treatment)
- Measles
- Meningitis
- Mumps
- Scabies (During treatment)
- Varicella
- Varicella Exposure



# **Key Document M**

**U.S. Customs and Border Protection  
Office of the Chief Medical Officer**

**OCMO Policy No. 0001-01**

**DATE: December 28, 2023**

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**ORIGINATING DIVISION:**  
Quality Division  
**SUPERSEDES:** Not applicable  
**DATE:** Not applicable

**MANAGEMENT OF SENTINEL EVENT**

1. **PURPOSE.** This policy governs the Office of the Chief Medical Officer (OCMO) development of processes and procedures to properly manage Medical Sentinel Events (SE). This policy shall be executed in compliance with all applicable statutes, regulations, and U.S. Customs and Border Protection (CBP) and U.S. Department of Homeland Security (DHS) policies.
2. **SCOPE.** This policy is applicable to all Medical Sentinel Events that require actions from OCMO.
3. **POLICY.**
  - 3.1 OCMO ensures safety and quality of all medical services provided to all authorized recipients.
  - 3.2 OCMO develops and implements processes and procedures to manage Medical Sentinel Events.
    - 3.2.1 Processes include Sentinel Event Review, Root Cause Analysis, Death in Custody Mortality Review.
    - 3.2.2 Procedures include all sequence of steps or work instructions to complete all major activity or tasks within each of the processes mentioned above.
  - 3.5 OCMO establishes and follows reporting requirements as directed by the OCMO Chief Medical Officer (CMO) or higher authority.
  - 3.6 OCMO reviews and updates this policy annually and reviews and updates processes and procedures as needed.
4. **AUTHORITIES.**
  - 4.1 42 U.S.C. §13727(a)
  - 4.2 DHS Directive No. 248-01, Medical Quality Management (May 11, 2009)
  - 4.3 U.S. Customs and Border Protection National Standards on Transport, Escort, Search, and Detention (TEDS)

- 4.4 CBP Directive No. 2210-004, Enhanced Medical Support Efforts (December 30, 2019)
- 4.5 U.S. Customs and Border Protection Notification and Review Procedures for Certain Deaths and Death in Custody, (May 26, 2021)

**5. DEFINITIONS.**

- 5.1 Medical Sentinel Event - an unexpected occurrence involving a person in custody who experiences death or serious physical and/or psychological injury or illness, not related to the natural course of their illness or condition. The event may be associated with health care that was or was not provided. The term sentinel refers to an issue that may result in similar events in the future, or risk thereof, warranting immediate further investigation and/or root cause analysis. Below are examples of Medical Sentinel Events.
  - 5.1.1 Unexpected outcome of a medical interaction including medication error, or other medical care delivery error.
  - 5.1.2 Suicide and/or suicide attempts resulting in injury or the need for higher level of care for evaluation of need for inpatient psychiatric admission.
  - 5.1.3 Any patient death, paralysis, coma, or other major loss of function associated with a medication error, or other medical care delivery error.
  - 5.1.4 A fall, or other accident involving a person in custody that results in death or major permanent loss of function as a direct result of injuries sustained in the fall.
- 5.2 Death in Custody – the death of a person meeting the details outlined below:
  - 5.2.1 Detained, under arrest, or is in the process of being arrested by any officer of such Federal law enforcement agency (or by any State or local law enforcement officer while participating in and for the purposes of a federal law enforcement operation, task force, or any other Federal law enforcement capacity carried out by such Federal law enforcement agency); or
  - 5.2.2 In route to be incarcerated or detained or is incarcerated or detained at (A) any facility (including any immigration or juvenile facility) pursuant to a contract with such Federal law enforcement agency; (B) any State or local government facility used by such Federal law enforcement agency; or (C) any Federal correctional or Federal pre-trial detention facility located within the United States.
- 5.3 Root Cause Analysis – a process for identifying the basic or contributing causal factor(s) associated with adverse outcome and/or sentinel event.
- 5.4 Corrective Action – an action taken to improve clinical performance, delivery of care, and reduce medical risk based on the findings of the root cause analysis, level of relative harm, and likelihood of occurrence and/or recurrence.

**6. RESPONSIBILITIES.**

- 6.1 The CBP Deputy Chief Medical Officer (DCMO) will provide overall direction and oversight in the implementation and compliance to this policy.
- 6.2 The Quality Management Officer will:
  - 6.2.1 Develop and maintain processes and procedures to properly manage Medical Sentinel Events.
  - 6.2.2 Facilitate the implementation and compliance to this policy.
  - 6.2.3 Coordinate with other OCMO Divisions and external OCMO stakeholders to facilitate the implementation and compliance to this policy to properly manage Medical Sentinel Events.
- 6.3 All OCMO Divisions will support the Quality Management Division in the implementation and compliance to this policy to properly manage Medical Sentinel Events.

**7. APPROVAL.**

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Alexander L. Eastman  
Acting Chief Medical Officer  
Office of the Chief Medical Officer

# **Key Document N**



## U.S. Customs and Border Protection

February 12, 2024

MEMORANDUM FOR: James W. McCament  
Chief Operating Officer

THROUGH: Casey Durst  
Executive Assistant Commissioner  
Operations Support

FROM: Alexander L. Eastman, MD, MPH, FACS, FAEMS  
Acting Chief Medical Officer  
U.S. Customs and Border Protection

SUBJECT: Contractor Performance Assessment Report Rating Inconsistencies

The Contractor Performance Assessment Report (CPAR) rating filed by the CBP Office of Acquisitions (OA) on January 17, 2024, does not accurately rate nor reflect contractor performance on task order 70B03C20F00001383 for the period of performance of September 30, 2021, through March 29, 2023, does not accurately reflect the assessments jointly performed by OA and Office of the Chief Medical Officer (OCMO) for the period of performance and misrepresents or is lacking key data provided.

CBP's OCMO serves as the Program Management Office of Record (PMO) for the CBP Medical Services Contract (MSC) and has served that role since February 14, 2022. As such, and at the request of OA, OCMO submitted a CPAR rating for the period of performance (POP) of September 30, 2021, through March 29, 2023. The CPAR rating was discussed, drafted, reviewed, and submitted to the OA Contracting Officer (CO) on July 14, 2023. A team consisting of the Office of Chief Counsel (OCC), the OCMO Contracting Officer's Representatives (CORs) and the OCMO PMO worked in concert to submit an accurate, legally defensible, and unbiased CPAR rating on August 23, 2023.

On January 18, 2024, OCMO was called to meet with representatives from Enterprise Services executive leadership, and the CBP Component Acquisition Executive Assistant Commissioner. During this meeting, OCMO was informed that material changes had been made to the CPAR by the CO and that the CPAR had been filed officially the day prior to the meeting.



Of specific concern, the jointly crafted CPAR submitted on August 24, 2023, made clear that the incumbent contractor should not be considered eligible for similar assignments in the future and stated:

*Given what I know today about the contractor's ability to perform in accordance with this contract or order's most significant requirements, I **would not** recommend them for similar requirements in the future.*

The final version of the CPAR, which was submitted and signed by the Rating Official and the Reviewing Official on January 17, 2024, stated:

*Given what I know today about the contractor's ability to perform in accordance with this contract or order's most significant requirements, I **would** recommend them for similar requirements in the future.*

### **CPAR**

The chart below represents a summary of the changes made to the jointly crafted CPAR that was originally filed. These changes were made without input from the OCMO PMO and a final version was filed prior to notification or discussion with the OCMO PMO.

<b>EVALUATION AREA</b>	<b>Submitted CPAR rating</b>	<b>ORIGINAL JOINT RATING</b>
<b>Quality</b>	SATISFACTORY	MARGINAL
<b>Schedule</b>	SATISFACTORY	MARGINAL
<b>Cost Control</b>	SATISFACTORY	MARGINAL
<b>Management</b>	SATISFACTORY	MARGINAL
<b>Small Business Subcontracting</b>	N/A	N/A
<b>Regulatory Compliance</b>	SATISFACTORY	MARGINAL

In a six-month period between September 2022 and March 29, 2023, the Juvenile Court Monitor made five site visits and noted two specific cases of juvenile migrants with chronic medical issues who were not assessed by contract medical personnel and did not have their chronic medical issues documented or communicated to CBP Officers and agents. Further critical documentation failures during this period of performance led to the transfer of an unaccompanied child to Health and Human Services Office of Refugee Resettlement (HHS/ORR) with inaccurate documentation and the child subsequently perished. The joint team that authored the original CPAR did not concur with the assertion that the incumbent contractor made sufficient changes to remedy this issue. Despite that, the CPAR filed does not reflect the above assessment nor the marginal performance.

The assertion that we are unable to determine a single point of failure in the form of CBP Form 2501 is incorrect. Neither CBP nor the US Border Patrol (USBP) personnel have electronic access to the CBP Electronic Medical Record (EMR). The EMR is the System of Record where medical information obtained during the CBP Medical Assessment is documented. This information is then used to populate the CBP 2501. While the CPAR obfuscates this fact, the

CBP 2501 can only be generated in the EMR by contracted medical staff. Any errors or incompleteness would be solely the result of actions (or inaction) from MSC personnel. Several times during the period of performance, as documented in weekly quality meetings with the incumbent contractor, recurrent staffing failures impacted this critical process.

MSC scheduling and staffing, has been the subject of many inquiries, requests for information and audits. While staffing rates briefly improved at the end of this period of performance, it was not satisfactory, and deficiencies have both persisted and worsened recently. During the period of performance, the contractor provided the PMO and the CO a staffing report outlining the percentage of shifts covered on a weekly basis. In June 2022, the incumbent contractor staffed 60.46% of shifts and in July 2022 the contractor staffed 64.56% of shifts. The Statement of Work (SOW) target for satisfactory performance was 95%. Profound staffing shortages persisted during the period of performance referenced by the CPAR in question and continue to the present day. These deficiencies persist today and resulted in a recent letter issued to the incumbent contract that was cosigned by the acting CMO and the current CO.

Travel by contracted medical support personnel went beyond contractually approved levels. From September 2022 through March 2023, more than \$5M was added to the MSC to cover unanticipated and elevated travel expenses. Due to the profound budgetary impact, as well as discrepancies noted in invoicing, CBP Operations Support formed a “tiger team” to specially examine this issue. Additionally, the SOW required the incumbent contractor to notify the CO and CORs when they surpassed, invoiced, or executed 25%, 50%, 75% and 85% of their travel budget. These notifications were never made, and this failure was documented by the CORs while also being discussed with the CO yet is not mentioned in the CPAR rating.

During the period of performance, the management of contracted medical support personnel and the execution of the contract by the contractor was a documented topic of concern during multiple bi-weekly sync meetings. The original, jointly crafted CPAR outlined the following concerns:

- non-cleared incumbent contractor personnel working on federal property
- personnel not completing required CBP training
- contract personnel not having a PIV card as required
- EMR not being used by contract personnel as required by contract
- Several breaches in CBPs policies and procedures for handling Personally Identifiable Information (PII)

All the above contributed to the jointly OCMO/CO filed CPAR rating of MARGINAL however none of them are mentioned in the final CPAR.

Regulatory compliance was also a regular topic discussed during the biweekly regulatory, quality improvement and contractor review meetings that occurred throughout the referenced period of performance. Areas for compliance improvement were identified as required from the CORs, including sharing results of audits from regulatory agencies and assessments conducted by the OCMO PMO. All findings were shared with the contractor verbally and/or in writing at multiple times during the period of performance. As a part of the jointly filed CPAR, the OCMO PMO and CORs provided examples of compliance deficiencies including:

- a lack of adherence to the Foreign Medication Guidance
- lack of follow through with the MQM program guidance
- nonadherence to schedules
- inaccurate invoices submitted by the contractor
- PII / data integrity issues, and
- lack of follow through on the USBP Implementation Plan for Enhanced Medical Efforts Directive.

The CPAR rating filed on January 18, 2024, is inaccurate, deviates from the jointly authored and edited version filed on August 24, 2023, and does not adequately reflect incumbent contractor performance during this period of performance. Improving the performance of the MSC is of paramount importance to CBP. This must be based on accurate data and a forthright assessment of performance that can be used as the foundation for improvement. The CPAR fails to achieve those fundamental goals and is not supported by the Acting CMO or MSC experts from CBP OS/OCMO.

Attachment  
LSGS CPARS ratings

# **Key Document O**

List of CBP facilities where Loyal Source Government Services is providing medical care as of July 2, 2024.

Description of frontline medical staff roles and responsibilities. Frontline medical staff, consisting of the provider and support positions, provide medical services to persons in CBP custody. Frontline medical services includes: initial health interview, initial triage, conducting medical assessments, onsite basic diagnosis, treatment of basic medical conditions, conducting medical encounters, conducting enhanced medical monitoring, referring complex, urgent or emergency medical conditions to the local health system, conducting follow-up care, public health infectious disease support, and providing medical summaries.

Provider: advanced practice providers, consisting of nurse practitioners and physician assistants, who are trained, licensed and credentialed to provide basic assessment and treatment for persons in CBP custody.

Support: medical support personnel, consisting of emergency medical technicians, certified medical assistants, certified nursing assistants, licensed vocational nurses, and licensed practical nurses, who are trained, licensed and credentialed to provide assessment and treatment for persons in CBP custody.

CBP Facility	Address of Facility	Daily Hours of Operation	Providers Required Per Shift	Support Required Per Shift
Presidio Port of Entry	Border Station Highway 67 Presidio, TX 79845	24	0	1
Alpine Station	3003 West Highway 90 Alpine, TX 79830	24	1	1
Presidio Station	Highways 170 and 67 Presidio, TX 79845	24	1	1
Sanderson Station	Hwy 90 West Sanderson, TX 79848	24	0	1
Sierra Blanca Station	900 Aztec Drive Sierra Blanca, TX 79851	24	1	1
Van Horn Station	500 Laurel Street Van Horn, TX 79855	24	0	1
Del Rio Port of Entry	3140 Spur 239 International Bridge Del Rio, TX 78840	24	0	1
Eagle Pass Port of Entry	160 Garrison St. Eagle Pass, TX 78852	24	1	2
Brackettville Station	802 W. Spring St. Brackettville, TX 78832	24	1	1
Carrizo Springs Station	1868 Hwy 85 East Carrizo Springs, TX 78834	24	1	1
Comstock Station	27685 Highway 90 West Comstock, TX 78837	24	1	1
Del Rio Station	2300 Highway 90 East Del Rio, TX 78840	24	2	3
Eagle Pass South Station	4156 El Indio Highway Eagle Pass, TX 78852	24	1	2
Del Rio Sector North Processing Facility	Fire Fly Lane Eagle Pass, TX 78852	24	10	18
Uvalde Station	#30 Industrial Park Uvalde, TX 78801	24	1	2
Calexico Port of Entry	200 East First Street Calexico, CA 92231	16	1	1
San Luis Port of Entry	Highway 95 & International Border San Luis, AZ 85349	24	1	1
Calexico Station	1150 Birch Street Calexico, CA 92231	24	0	1
El Centro Station	221 West Aten Road Imperial, CA 92251	24	1	3
Wellton Station	10888 Avenue 31E Wellton, AZ 85356	24	0	1
Yuma Station	4151 S. Avenue A Yuma, AZ 85365	24	1	1
Yuma Sector Centralized Processing Center	4151 S. Avenue A Yuma, AZ 85365	24	5	12
Bridge of the Americas Port of Entry	3600 E. Paisano El Paso, TX 79905	24	1	1
Columbus Port of Entry	State Highway 11 Mile Marker 0 Columbus, NM 88029	16	0	1
Paso Del Norte Port of Entry	1000 South El Paso Street El Paso, TX 79901	24	1	1
Santa Teresa Port of Entry	170 Pete Domenici Hwy Santa Teresa, NM, 88008	16	0	1
Tornillo Port of Entry	1400 Lower Island Rd. Tornillo, TX 79853	16	0	1
Ysleta Port of Entry	797 South Zaragoza Road El Paso, TX 79927	24	1	1
Clint Station	13400 Alameda Ave Clint, TX 79836	24	0	1

Deming Station	3300 J Street SE Deming, NM 88030	24	1	1
El Paso Sector Modular Centralized Processing Center	9201 Gateway South Boulevard El Paso, TX 79924	24	1	1
El Paso Sector Hardened Facility	12501 Patriot Freeway El Paso, TX 79934	24	12	23
Fort Hancock Station	828 South HWY 1088 Fort Hancock, TX 79839	24	1	1
Lordsburg Station	26 Pipeline Road Lordsburg, NM 88045	24	1	1
El Paso Station Paso Del Norte Texas Processing Center	1000 South El Paso Street El Paso, TX 79901	24	2	3
Santa Teresa Station	1005 NM Highway 9 Santa Teresa, NM 88008	24	1	2
Ysleta Station	12245 Pine Springs Drive El Paso, TX 79936	24	2	3
Laredo Gateway to the Americas International Bridge	100 Convent Ave. Laredo, TX 78040	24	1	2
Cotulla Station	3423 Interstate Highway 35 Cotulla, TX 78014	24	0	1
Hebbronville Station	34 East Highway 359 Hebbronville, TX 78361	24	1	1
Laredo North Station	11119 McPherson Road Laredo, TX 78045	24	1	1
Laredo South Station	9001 San Dario Avenue Laredo, TX 78045	24	1	1
Laredo Sector Centralized Processing Center	7210 Highway 83 Laredo, TX 78046	24	4	7
Laredo West Station	202 State Highway 255 Laredo, TX 78045	24	0	1
Dania Beach Station	1800 NE 7th Avenue Dania Beach, FL 33004	12	0	1
Marathon Station	3770 Overseas Highway Marathon, FL 33050	12	1	0
West Palm Beach Station	3301 Lake Shore Drive Riviera Beach, FL 33404	12	0	1
Brownsville Port of Entry	1500 W. University Blvd Brownsville, TX 78520	24	1	4
Hidalgo Port of Entry	1023 International Blvd. Hidalgo, TX 78557	24	1	3
Brownsville Station	940 N. FM 511 Olmite, TX 78575	24	1	2
Rio Grande Valley Sector Donna Processing Facility	1414 S FM493 Donna, TX 78537	24	13	20
Falfurrias Station	933 County Road 300 Falfurrias, TX 78355	24	1	1
Fort Brown Station	3305 S. Expressway 83 Brownsville, TX 78521	24	1	2
Harlingen Station	3902 S. Expressway 77 Harlingen, TX 78552	24	1	1
McAllen Station	3000 West Military Highway McAllen, TX 78503	24	0	1
Rio Grande Valley Sector Central Processing Center	3700 W. Ursula Ave. McAllen, TX 78503	24	4	7
Rio Grande City Station	730 Border Patrol Lane Rio Grande City, TX 78582	24	1	1
Weslaco Station	1501 E. Expressway 83 Weslaco, TX 78559	24	1	1
Otay Mesa Port of Entry	9777 Via De La Amistad San Diego, CA 92154	24	1	1
San Ysidro Port of Entry	720 East San Ysidro Blvd San Ysidro, CA 92173	24	1	2
Boulevard Station	2463 Ribbonwood Rd. Boulevard, CA 91905	24	1	3
Brown Field Station	7560 Britannia Ct. San Diego, CA 92154	24	1	2
Campo Station	32355 Old Highway 80 Pine Valley, CA 91962	24	1	2
Chula Vista Station	311 Athey Ave San Ysidro, CA 92173	24	1	2
Campo Station Forrest Gate Facility	799 Forest Gate Road Campo, CA 91906	24	0	1
Imperial Beach Station	1802 Saturn Blvd. San Diego, CA 92154	24	1	3



Newton & Azrak Station	25762 Madison Avenue Murrieta, CA 92562	24	1	1
San Clemente Station	I-5 N Bound Mile Marker 67.5 San Clemente, CA 92673	24	1	1
San Diego Sector Pogo Row Soft-Sided Facility	7685 Pogo Row San Diego, CA 92154	24	2	5
Douglas Port of Entry	First Street and Pan American Avenue	24	0	1
Nogales Port of Entry	9 North Grand Ave. Nogales, AZ 85621	24	1	1
Ajo Station	850 North Highway 85 Why, AZ 85321	24	2	6
Brian A. Terry Station	2136 South Naco Highway Bisbee, AZ 85603	24	1	1
Casa Grande Station	396 Camino Mercado Casa Grande, AZ 85122	24	1	1
Douglas Station	1608 S. Kings Highway Douglas, AZ 85607	24	1	2
Nogales Station Nogales Processing Facility	1500 West La Quinta Road Nogales, AZ 85621	24	3	6
Sonoita Station	3225 Highway 82 Sonoita, AZ 85637	24	1	1
Tucson Sector Tucson Coordination Center	2430 S. Swan Road Tucson, AZ 85711	24	1	2
Tucson Sector Soft-Sided Facility West	4550 East Los Reales Rd. Tucson, AZ 85711	24	3	3
Tucson Sector Soft-Sided Facility East	4550 East Los Reales Rd. Tucson, AZ 85711	24	6	10
Three Points Station San Miguel FOB	Federal Route 19, Milepost 2 San Miguel, AZ 85639	24	1	1
Willcox Station	200 South Rex Allen Jr. Road Willcox, Arizona 85643	24	1	1

# **Key Document P**

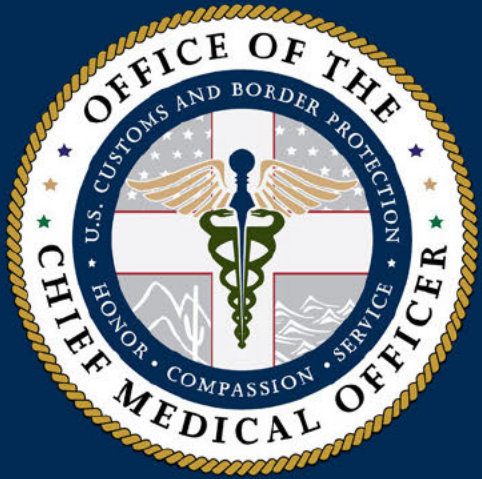


# Border Health System

## Briefing August 1, 2024

U.S. Customs and Border Protection  
Office of the Chief Medical Officer





Alexander L. Eastman, MD, MPH, FACS, FAEMS  
Chief Medical Officer (A)

# Who We Are | Office of the Chief Medical Officer (OCMO)

## OCMO MISSION STATEMENT

We vigilantly safeguard those entrusted to our care, while countering health security threats at our nation's borders.

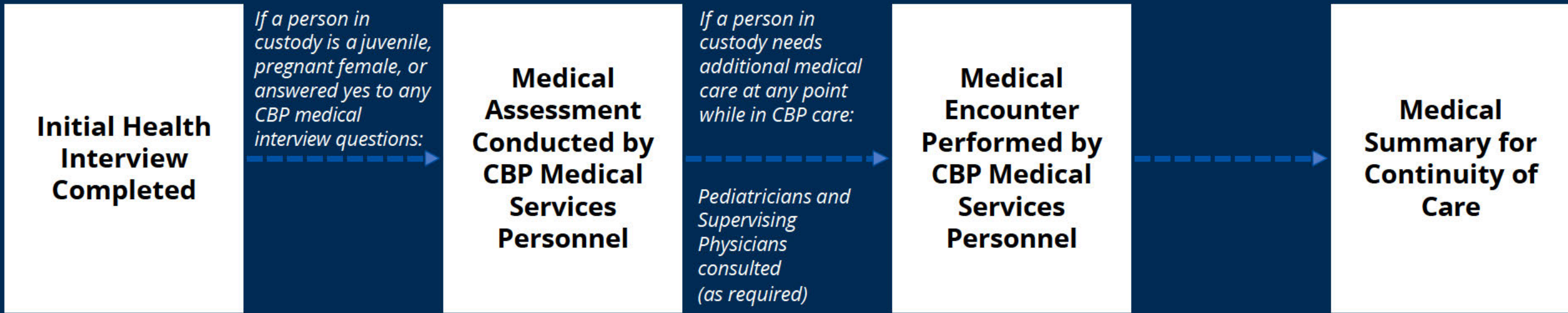
## OCMO VISION STATEMENT

To be at the forefront of border health security.



# Our Processes | Medical Support Provided to Persons in Custody

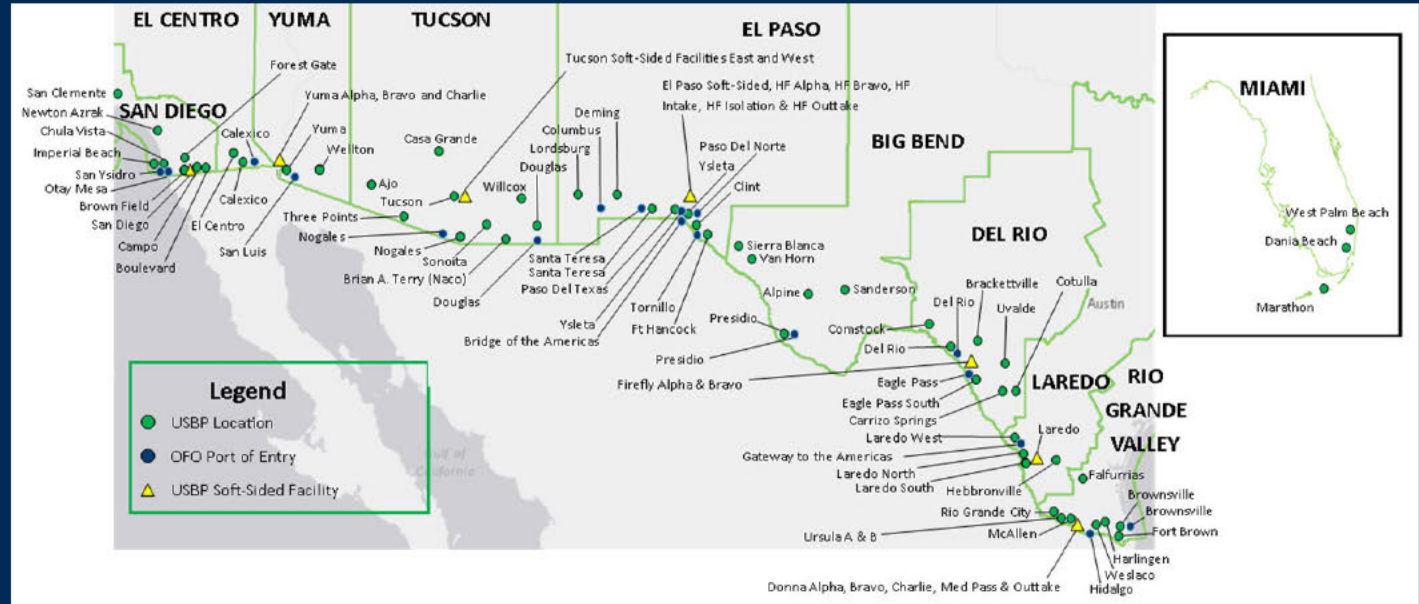
This process highlights the health interview, medical assessments, and medical care provided to individuals while they are in CBP custody.





# Our Capabilities | By the Numbers

As of 7/31/2024,  
**93** Active Medical Units at  
**82** Locations including:



At Peak Flow, in one September 2023 week\* CBP...



Performed **49,241** medical interviews



Performed **10,614** medical encounters



Initiated **483** hospital referrals

Now, in one July 2024 week\*\*, CBP...

Performed **9,948** medical interviews

Performed **4,071** medical encounters

Initiated **200** hospital referrals

\*Based on CBP Electronic Medical Record Data - Sept. 17-23, 2023  
\*\*from July 21-27, 2024



# Our Capabilities | Medical Service Contractor Structure

The Office of the Chief Medical Officer employs contracted medical services personnel to provide care to persons in CBP lawful custody.



## Advanced Practice Providers (APPs)

- Nurse Practitioners
- Physician Assistants



## Support Personnel

- EMT/B
- Paramedics
- CNA
- CMA
- LVNs



## Advisory Staff

- Patient Safety Risk Monitor
- Supervising Physicians
- Pediatric Advisors

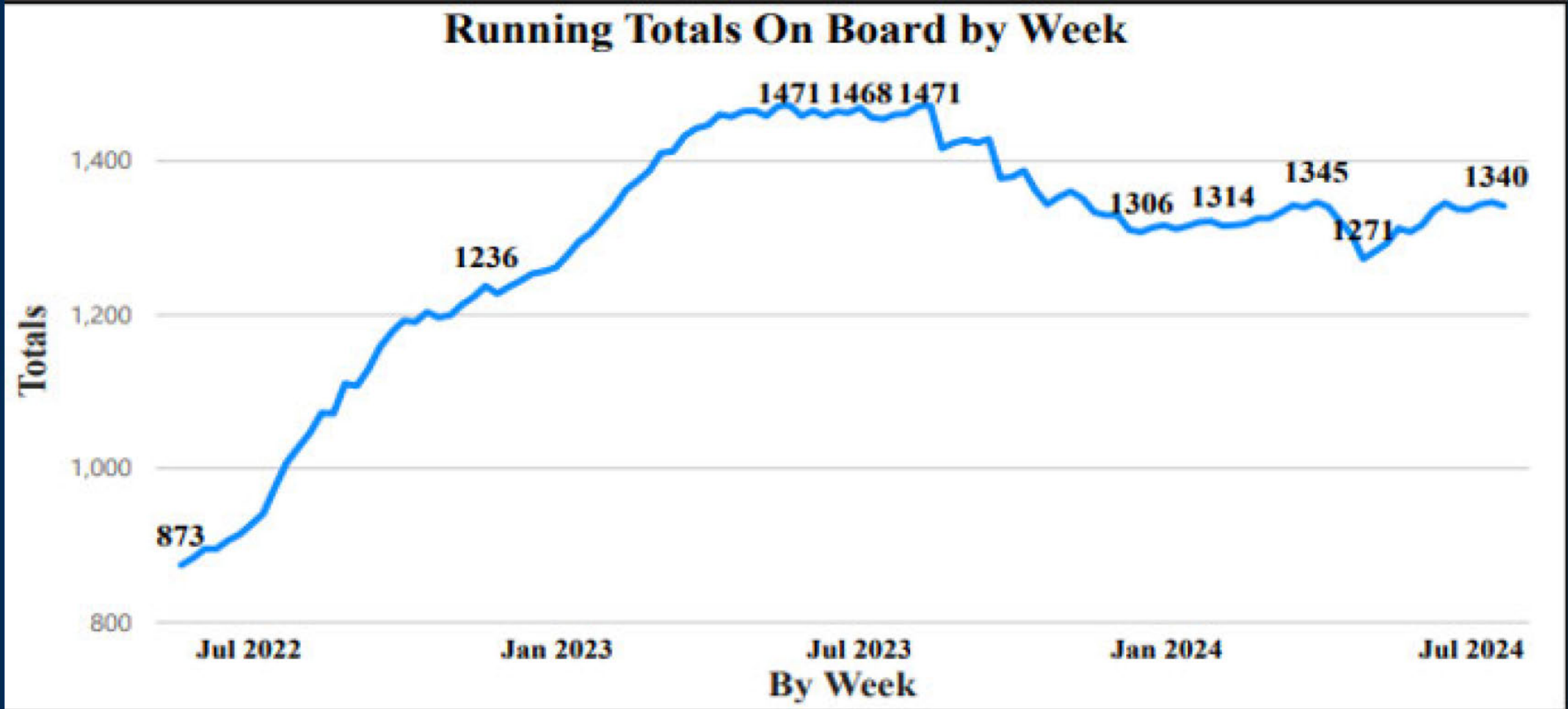


## Program Manager by Region

- Program Manager
- Deputy Program Manager

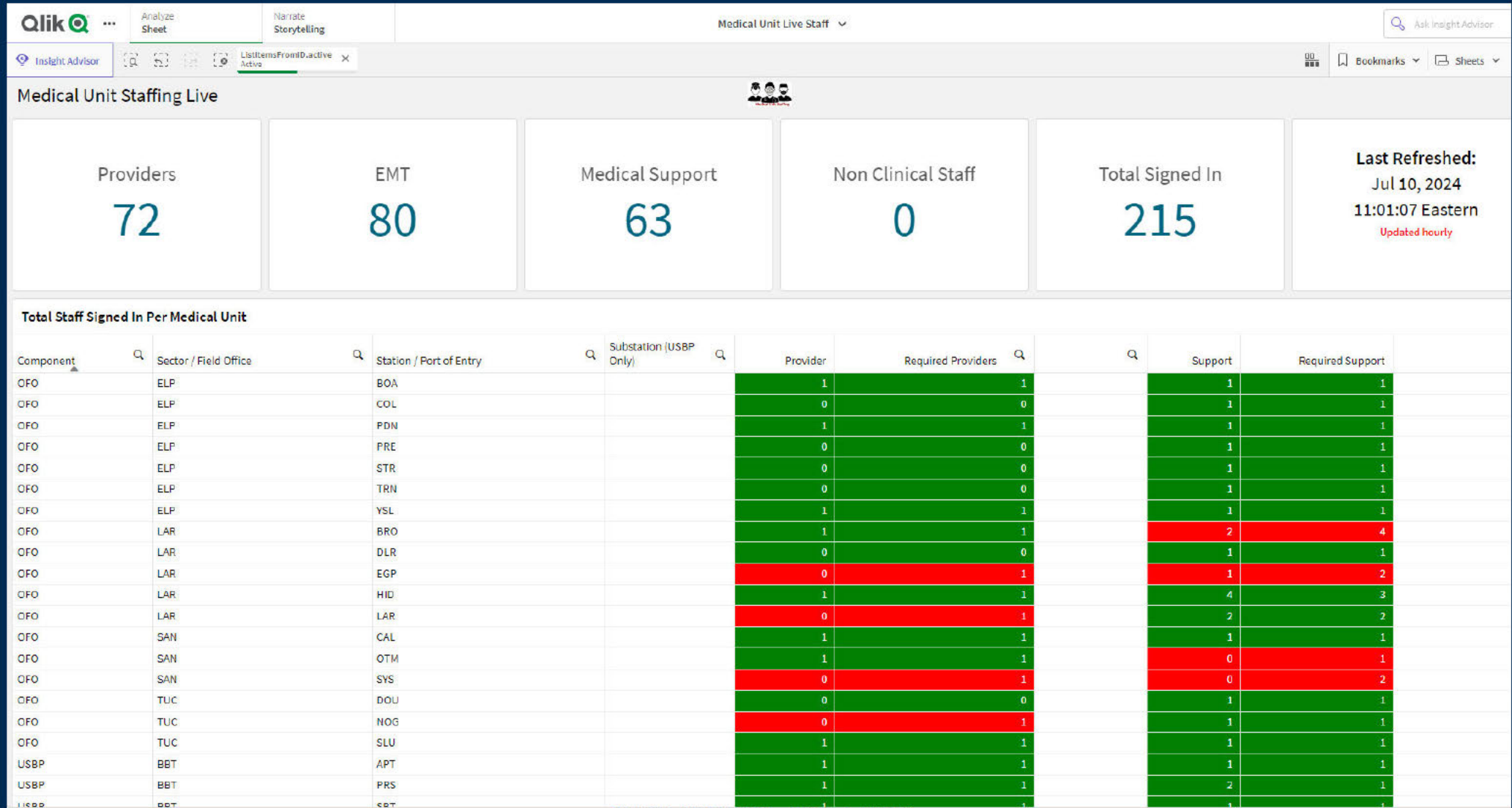


# MSC Staffing |





# MSC Staffing |



# MSC Staffing |

Operational Area	Provider Shifts Required Per Week	Support Shifts Required Per Week	Provider Shifts Filled Last Week	Support Shifts Filled Last Week	Total Shifts Filled Last Week	MPF Provider Weekly Fill Rate	MPF Support Weekly Fill Rate	MPF Total Weekly Fill Rate	Total Health Interactions Completed in Last 7 Days	Provider Workload Status: Average # of MIs Completed by 1 Provider Per Shift in Last 7 Days	Support Workload Status: Average # of MIs Completed by 1 Support Person in Last 7 Days	MPF Operational Status
San Diego, CA	154	322	137.00	301.25	438.25	88.96%	93.56%	92.07%	18608	16.64	61.77	Green
El Centro, CA Yuma, AZ	119	273	80	266.50	346.25	67.02%	97.62%	88.33%	6027	20.11	22.62	Green
Tucson, AZ	308	504	182.50	338.25	520.75	59.25%	67.11%	64.13%	18265	21.35	54.00	Green
El Paso, TX	336	567	180.50	411.50	625.00	53.72%	72.57%	69.21%	15561	23.42	37.82	Green
Big Bend, TX	42	84	35.00	73.50	108.50	83.33%	87.50%	86.11%	300	1.71	4.08	Green
Del Rio, TX	252	434	104.00	318.50	422.50	41.27%	73.39%	61.59%	9137	14.64	28.69	Green
Laredo, TX	112	196	66.00	189.75	255.75	58.93%	96.81%	83.04%	3403	13.61	17.93	Green
Rio Grande Valley, TX	378	686	350.50	661.75	1,012.25	92.72%	96.47%	95.14%	13357	9.56	20.18	Green
Miami, FL	7	14	7.00	12.00	19.00	100.00%	85.71%	90.48%	55	6.43	4.50	Green



# Our Capabilities | Our Scope of Care

Customs and Border Protection has limited capabilities in the medical care we can provide to persons in custody.

## The care we provide

- Health interviews/screenings
- Medical assessments
- Medical encounters
- Medication prescriptions and distributions
- Medical summaries
- Hospital referrals
- Elevated In-Custody Medical Risk (ECMR) monitoring, processing, and alerts

## The care we provide in a limited capacity

- Basic care
- Wound care
- Very limited point of care testing capabilities
- Pharmaceuticals

## The care we can not provide

- Cardiac testing
- IV therapy
- Oxygen
- Imaging or laboratory capabilities
- Durable medical equipment
- Suicide watch/monitoring





# Our Capabilities | Elevated In-Custody Medical Risk (ECMR)

## ECMR OVERVIEW

CBP employs an **Elevated in-Custody Medical Risk monitoring and processing system** to proactively identify, monitor, and expedite the processing of persons in CBP custody who may be at elevated risk for deterioration while in our custody.

### ECMR CATEGORIZATION



- Persons in custody who have medical needs or diagnoses that **exceed the capabilities** of the medical unit are given a **red determination**
- Persons with a red determination are **not automatically referred** to a hospital unless their condition can not be treated in the CBP facilities

### ENHANCED MEDICAL MONITORING



- Monitoring checks include (at minimum) obtaining vital signs and a review of symptoms
- Worsening medical status in a person with ECMR requires:
  - Immediate physician consultation and/or
  - Immediate hospital referral

### EXPEDITED PROCESSING



- Due to CBP's limited scope of care capabilities, CBP will expedite the processing of individuals with a red determination to expedite moving these individual out of CBP custody



# Our Capabilities | Public Health at the Southwest Border



## INFECTIOUS DISEASE INTELLIGENCE & ANALYSIS

- Support public health incident investigations for local health officials
- Conduct ongoing surveillance of infectious disease case rates within facilities



## PUBLIC HEALTH SITUATIONAL AWARENESS

- Monitor global infectious disease trends and outbreaks
- Develop situational awareness reporting on public health and infectious disease concerns
- Empower CBP personnel and providers with knowledge to identify and respond to health threats



## MEDICAL COUNTERMEASURES

- Ensure facilities have adequate inventory for emergency response
- Coordinate regular emergency response preparedness exercises to ensure facilities are prepared for incidents such as anthrax attacks





# Our Capabilities | Isolation Procedures in CBP Facilities

## CDC RING

CBP follows the standard CDC RING (Recognize, Isolate, Notify, Give Support) protocol format at all facilities where persons are held in custody.

### RECOGNIZE

- Providers are trained to recognize isolatable conditions, such as tuberculosis or measles
- Providers receive guidance from CBP on recognizing emerging health threats

### ISOLATE

- Individuals immediately receive a surgical mask and are moved to a designated isolation space
- Asymptomatic close contacts are given masks

### NOTIFY

- Local public health authorities, and in some cases, the CDC are notified
- The receiving healthcare facility is notified prior to transport of the individual (if needed)

### GIVE SUPPORT

- Individuals in isolation receive enhanced medical monitoring
- CBP coordinates with local health officials to transport individuals to a local health facility (if needed)

Updated isolation guidance and quick reference guides were provided to facilities in 2024.

FOR OFFICIAL USE ONLY



## Our Capabilities | Behavioral Health Interventions

- CBP has limited capabilities to engage in interventions with migrants with behavioral health concerns.
- Many cases requiring behavioral health intervention require an outside care referral, per ECMR policy.
- Facilities triage and refer out individuals requiring immediate attention per ECMR policy, such as suicidal ideation, suicide attempt, etc.
- CBP does **not** have the capability to provide 24/7 monitoring for individuals at risk of harming themselves.



**All agents are required to complete annual training on Medical Care of Individuals in CBP Custody to recognize, respond, and refer persons in medical distress, including behavioral health distress.**





## CBP Electronic Medical Record (EMR) (Current)

- FY2020, Congress passed the Consolidated Appropriations Act which required all DHS components who hold person in custody to create or procure an electronic medical record keeping system. The CBP EMR was created using an existing WebEOC platform and approved by the DHS CMO.
- Multiple enhancements have subsequently been made to the current CBP EMR, but it lacks the ability to provide clinical decision support features, which is an EMR/EHR industry standard. The current EMR would require an integration package to provide this function.

**Upgrading to  
Cloud Based  
Service**

**24/7  
Technical  
Support**

**CBP Systems  
Interoperability**

**6 Major Release Updates  
33 Minor Release Updates**



# Enhancing the EMR System

EMR enhancements to improve documentation and medical quality data collection include



## Enhanced Diagnosis Options & Automatic ECMR Selection

Expanded diagnoses pick list and automated ECMR status based on selected diagnosis, ensuring immediate identification of high-risk PIC to promote quality care.



## Documentation of Supervising Physician Consultation

Implemented mandatory consultations with supervising physicians or pediatric advisors based on PIC status to promote appropriate clinical oversight.



## Whiteboard for EMM tracking

Introduced whiteboard feature for EMM tracking, enhancing visibility to promote timely interventions for these PIC.



## New Clinical Note Function

Improved clinical note function to enable precise tracking of patient interactions and quality of care.



## Enhanced Staffing Tracking

Utilized sign-in data to monitor staffing compliance, enabling real-time tracking and better visibility.



## Automated importing of Medical Summary Information

Automated 2501 Form for information sharing with HHS and ICE to improve interagency coordination and continuity of care.





# Electronic Health Records (HER) Replacement Initiative

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- An EHR Alternative Analysis was conducted to evaluate the effectiveness of the current CBP EMR versus a new Commercial Off the Shelf (COTS) product.
- CBP received information from 20 potential vendors, who were scored and categorized.
- The decision was made to proceed with procurement of a COTS product to replace the CBP EMR and improve medical capabilities.

**Estimated Cost in FY 25 is \$5.89M**

**86% Effectiveness Score**



# Market Analysis Schedule

Electronic Health Records Program High Level Schedule									
	11/16/2023								
Events	FY2023			FY2024					
	Q4			Q1			Q2		
	July	August	September	October	November	December	January	February	March
<b>Phase 1: Planning and Requirements Definition</b>									
Requirements Development/Approval		9/1	9/14						
Analysis Methodology		9/1		10/10					
Rio Grande Valley Site Visit		8/28	8/31						
<b>Phase 2: Analysis</b>									
RFI Development		8/15	9/19						
RFI			9/20	10/20					
Define Alternatives			10/1				11/20		
Metric Weighting				10/15			11/20		
Cost / Effectiveness Analysis				10/21			11/16		
Complete Analysis							11/16	11/30	
<b>Phase 3: Final Report</b>									
Develop courses of action							11/15	12/1	
Leadership Briefings							12/1	12/15	

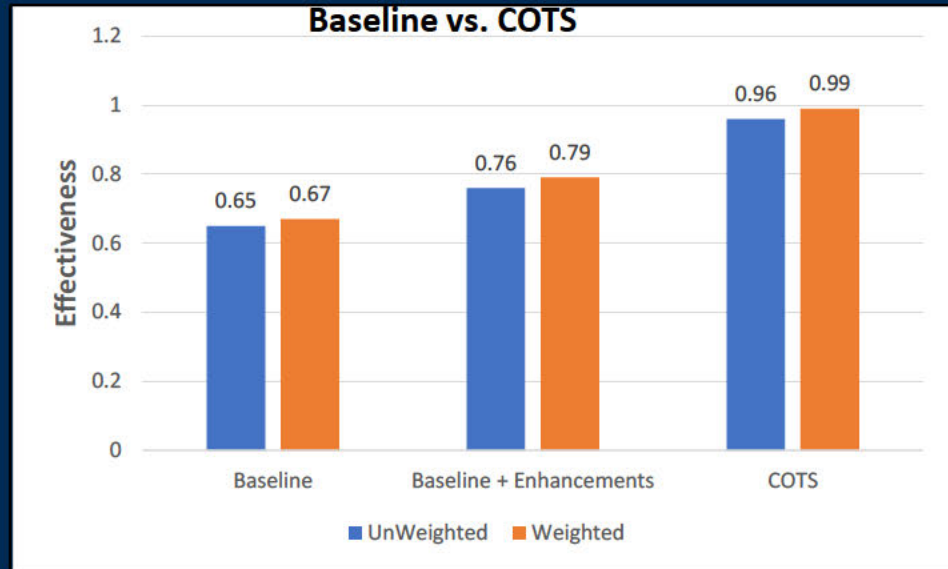
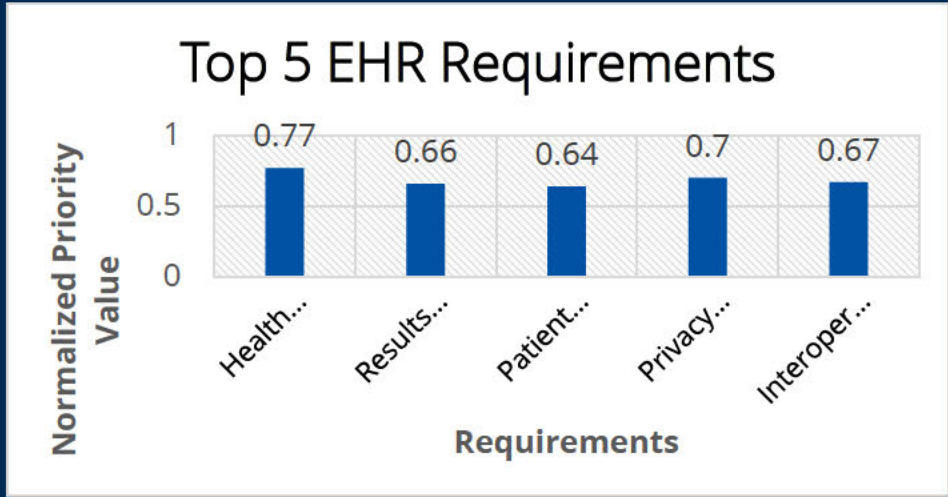


# Concept Diagram for Federated Model of DHS Medical Record Systems

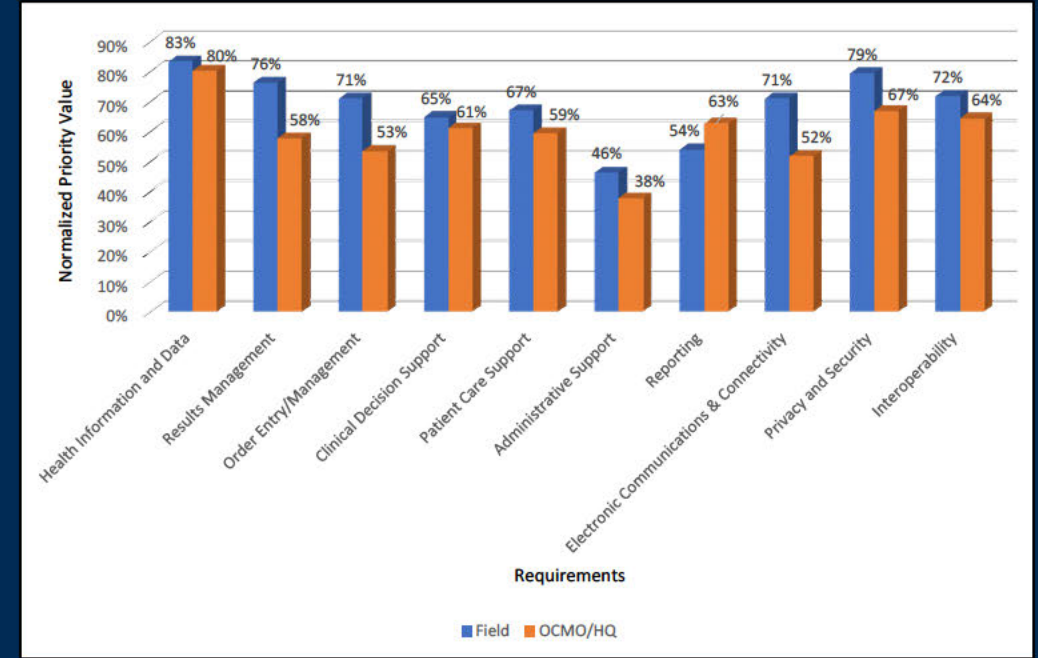




# Sensitivity Analysis



- Results informed by 25 stakeholder survey responses
- Based on relative importance of operational requirements to stakeholders



- COTS alternatives had 20% higher effectiveness than the Baseline + Enhancements alternative
- A comparison of the survey data illustrates the level of importance between Field Users and OCMO/HQ Personnel
  - Field Users: Nurse Practitioners, Medical Assistants, EMTs, Physician Assistants, Registered Nurses
  - OCMO/HQ: Management, Physicians, Medical Officers and Program Managers
- The data is extracted from 25 survey responses and is raw/unweighted



# Overview of DHS CMO Findings & Recommendations

The CBP Office of the Chief Medical Officer (OCMO) has taken actions to improve the quality of medical care provided in response to the May 2023 pediatric death in custody and the June 2023 DHS CMO Memorandum.

## Five Focused Medical Improvement Areas:

1. Contract Management and Operations
2. Medical Risk Reduction
3. Enhanced Medical Monitoring
4. Clinical Care Communication and Documentation
5. USBP Isolation Unit Operations

Enhancement across these five medical improvement areas have enriched **quality management**, improved **risk identification** and **informed leadership decision-making**.





# How We Work With Hospitals


## Medical Information Requests & HIPAA Considerations

### CBP Medical Information Request Form

- Where possible, CBP will provide a referral form along with the individual if they have already been seen by a contracted CBP medical services provider.
- Upon patient discharge, hospitals provide CBP with a summary of care using the **CBP Medical Information Request Form**.
  - This can be a clinical summary printed from the EMR.
- Facilities that do not provide this form **may not be reimbursed for services** through MedPar.

### HIPAA EXCEPTION

- Covered entities may disclose requested health information to CBP pursuant to the Health Insurance Portability and Accountability act of 1996 (HIPAA), **without the authorization or agreement of the patient.**
- This health information is **necessary for CBP to provide health care to patients in custody** and for the safety, security, and good order of the CBP holding facilities. (See 45 CFR 164.512 (k)(5)).



DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

INFORMATION REQUEST FOR CONTINUITY OF CARE

Name (Last, First, Middle Initial): \_\_\_\_\_

Alien Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Subject ID/Civilian ID: \_\_\_\_\_

Referred from CBP Location: \_\_\_\_\_

Name of Hospital/Clinic referred to: \_\_\_\_\_

This patient is anticipated to return to the lawful custody of CBP with contract medical staff. The information below is necessary to provide health care to the individual in CBP's custody and for the administration of the safety, security, and good order of the CBP holding facility after discharge from your medical treatment facility (MTF).

Chief Complaint at MTF: \_\_\_\_\_

Discharge Diagnosis/Diagnoses: \_\_\_\_\_

Pertinent clinical findings at MTF (history, exam, etc.): \_\_\_\_\_





# Overview of Response and Improvements

Since May 2023, CBP OCMO has taken specific improvement actions.

## Death In Custody Immediate Response

May 2023



- Pediatric death in custody occurs on May 17<sup>th</sup>.
- CBP ceased Harlingen Station Isolation Unit Operations.
- DHS deploys United States Public Health Service (USPHS) uniformed clinicians to locations across the Southwest Border.

## Immediate Improvements

June 2023



- DHS issues memo detailing necessary medical process improvements.
- OCMO modifies Medical Services Contract (MSC) oversight to more effectively mitigate risks.

## Near Term Enhancements

July 2023 – February 2024



- OCMO implemented improvements for Medical Risk Reduction, Contract Management and Operations, Enhanced Medical Monitoring, Clinical Care Communication and Documentation, and USBP Isolation Unit Operations.



# Modifying the Medical Services Contractor (MSC) SOW

CBP has taken additional steps to improve oversight of the MSC, modifying the Statement of Work (SOW) with additional requirements for the competitive procurement award expected in 2024.

## 1. Assessment for Elevated In Custody Medical Risk

- Requires use of standardized protocols to identify and document individuals with elevated medical in-custody risk.

## 2. Physician Consultation for Red ECMR Status

- Requires documented consultation with a physician for any individual classified with a red ECMR status or diagnosed with a condition requiring isolation.

## 3. Documentation of Enhanced Medical Monitoring Actions

- Requires detailed documentation of all medical monitoring actions performed during an individual's time in custody and communication with CBP staff.

### KEY CHANGES

### IMPACT

- Enables **proactive risk identification and management** for medical risk in custody.

- Ensures **timely medical interventions**, ensuring care decisions are well-informed.

- Supports **oversight of medical care quality and continuity of care** for those at risk.





# Implementing the ECMR Protocol

ECMR status is automatically determined by the CBP Electronic Medical Record based on the age, pregnancy status, and diagnosis identified during the medical assessment.

ECMR Status	Definition	Risk	Treatment*
Yellow	PIC with well-controlled medical conditions able to be managed while in CBP Custody	Low	<ul style="list-style-type: none"> <li>As needed based on condition</li> </ul>
Orange	PIC with medical needs that require treatment, but can be managed in CBP Custody	Moderate	<ul style="list-style-type: none"> <li>Treatment as required by the condition</li> <li>Enhanced medical monitoring every 12 hours</li> </ul>
Red	PIC with medical needs that exceed the capabilities of the medical unit	High	<ul style="list-style-type: none"> <li>Consultation with Supervising Physician or Pediatric Advisor</li> <li>Evaluation for isolation based on condition</li> <li>Enhanced medical monitoring every 4 hours</li> <li>Verbal notification to CBP and use of red wristband to notify others within the facility of condition</li> <li>Expedited CBP enforcement processing to reduce time the PIC spends in CBP custody</li> </ul>



## Looking Ahead

In addition to ensuring the improvements made in the past six months are enduring and continue to uphold the high standard of care to all migrants CBP encounters, OCMO priorities for the next six months:

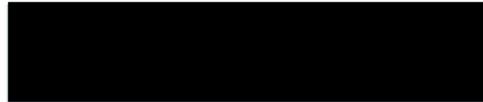
- **Border Health System Operations**
  - Implementing automated monitoring systems that communicate with CBP custodial systems.
- **Deployment of enhanced medical services contract oversight team**
  - CBP-employed, OCMO-assigned leads in select USBP SWB Sectors
- **Replacement of the current CBP Electronic Health Record System**
  - Joint endeavor with OIT, OA



# Thank You

**Alexander L. Eastman, MD, MPH, FACS, FAEMS**

Acting Chief Medical Officer



# **Key Document Q**



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**From:** [REDACTED]

**Sent:** Tuesday, August 20, 2024 9:39 AM

**To:** [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Subject:** RE: Follow-up to 39027 Signed Response from CBP - Chairman DURBIN

[REDACTED]

Please see the cleared response below regarding the station cameras – thanks [REDACTED]:

1. System upgrade: Following the two death-in-custody incidents in 2023 at the Harlingen, TX US Border Patrol Facility, the video surveillance system (VSS) was updated with the installation of the AirShip™ Fly-Away Kit, Video Surveillance System, installed by the USBP BORTAC team. .
  - a. Description: The Airship Fly-Away Kit shall be a self-contained, rugged, portable solution featuring a federated, scalable, secure video and data management platform, comprised of edge hardware and software, core and cloud hardware and software, and downstream data visualization software offerings optimized to support the unique requirements of CBP. The platform shall be radio and sensor agnostic.
  
2. Status (USBP, Harlingen Station):
  - a. As of August 19, 2024, the AirShip™ system is fully operational.
  - b. The Harlingen Station has experience little to no lapse in coverage for the migrant holding and processing areas. (A power outage for the facility caused a temporary lapse in video coverage.)
  - c. The quality of the video (resolution, color, clarity, night vision capability) are adequate to meet the basic needs of the USBP Station in the migrant holding and processing areas.
  - d. Video records for 30+ days are available for download locally.
  - e. This system is only accessible locally although can be upgraded for cloud storage through Wi-Fi connection.
  
3. Camera outage tracking:
  - a. Tracking and reporting of system outages are currently being updated to include outages for: cameras, recording devices (DVR/NVR), network/encoders, monitors/laptops/CPU.

- b. Any component outage over 24 hours will be reported to the CBP WATCH as a Serious Incident Report (SIR).
  - c. Current reporting format track camera and DVR/failure, of which weekly reports are archived.
  - d. Current outage report does not identify failure in video recording capability and is being modified to include this criteria.
-

# **Key Document R**

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: Follow-up to 39027 Signed Response from CBP - Chairman DURBIN  
**Date:** Tuesday, September 24, 2024 9:56:11 AM

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[REDACTED]

I wanted to share responses to your additional questions:

1. We have reviewed the Sentinel Event policy. Are there any additional policies/procedures accompanying that policy?
  - a. Additionally, we want to confirm that all the guidance the Committee has been sent is the most updated guidance.

The Sentinel Event policy that was previously shared is the most updated guidance and there are no additional policies that accompany what was provided.

2. How is the fill rate determined under the current Loyal Source contract?
  - a. We know this was covered in the briefing on August 1st, but we would appreciate a written response.

In relation to the Loyal Source (LSGS) contract staffing, OCMO undertakes an evidence-based analysis of Medical Priority Facility (MPF) workload to determine the staffing requirements of each MPF. The required number of shifts is determined by the number of shifts/days at each location multiplied by the staffing requirement/shift. The number of shifts filled each week is provided to OCMO as a deliverable from LSGS. The fill rate is the ratio of the number of shifts filled by the contractor and the required number of shifts and is expressed as a percentage.

3. We did receive medical guidance on the 2500 form, but not the form itself. Can we be provided with the form as soon as possible?

The current CBP Form 2500 is being presented in .pdf format for reference, but the form is officially part of the CBP enforcement systems (e3 Detention Module and Unified Secondary-USEC) so it may appear in a different format when reviewing records. A revised CBP 2500 is expected at the beginning of FY25 that will include additional questions that will identify chronic conditions and assist Health & Human Services (HHS) Office of Refugee Resettlement (ORR) in determining placement of Unaccompanied Children (UC).

Please let me know if you have any other questions.

Thanks,

[REDACTED]

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# **Key Document S**





# Office of Health Security

OHS is the principal medical, workforce health and safety, and public health authority for DHS.

Briefing for Senate Judiciary – Majority

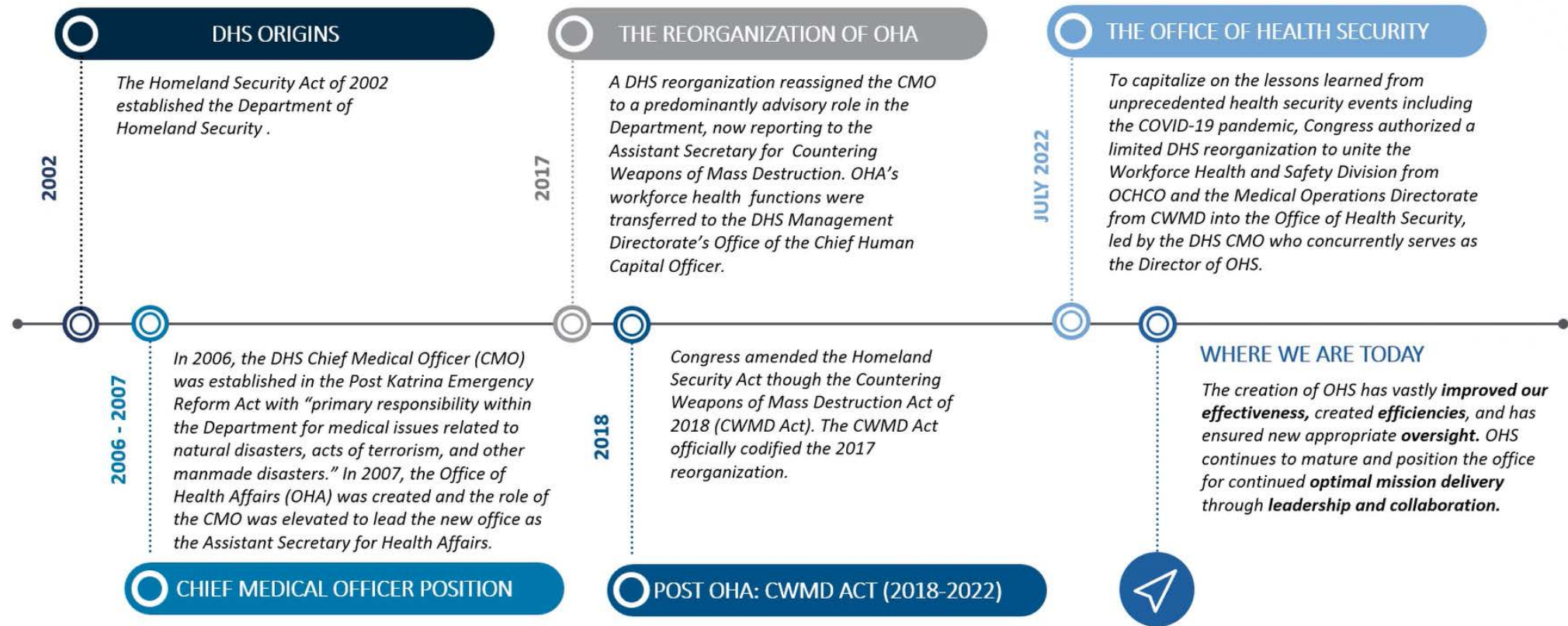
*September 27, 2024*

*This document is incomplete without accompanying discussion.*



# Evolution of the DHS Chief Medical Officer

Since the inception of the Department of Homeland Security (DHS), health security has been foundational to the execution of DHS's mission. However, DHS's previous structure prevented organizational efficiencies and did not allow for adequate and appropriate oversight of DHS health activities. OHS best positions the Department for a proactive and agile response to the evolving health security landscape.



# OHS's Mission & Lines of Effort

*OHS achieves its mission by leading and supporting the DHS enterprise through five lines of effort to deliver broader, more holistic value to the DHS workforce, individuals in DHS's care and custody, and the Nation.*

**Our Mission** We strengthen the Nation's health security through leadership and partnership, a safer and healthier DHS workforce, and optimal care for those entrusted to us.

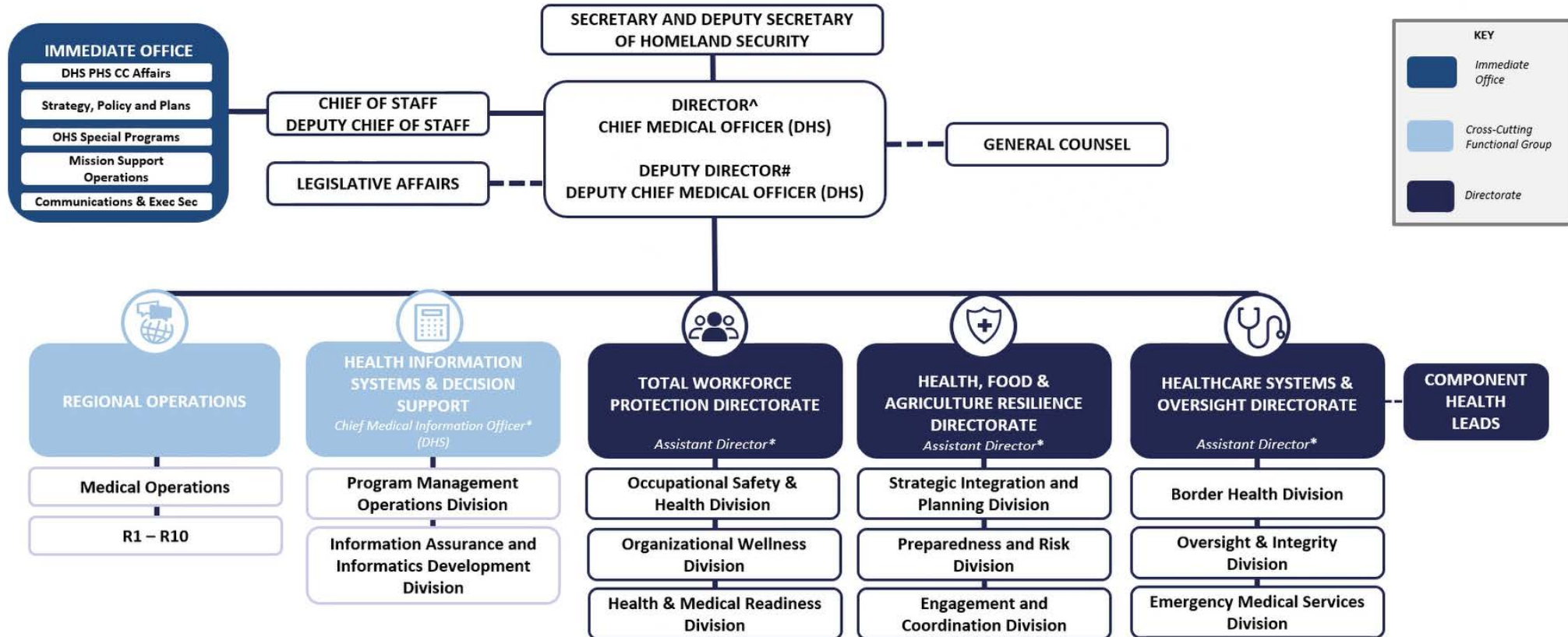
**Our Role** Led by the Chief Medical Officer, OHS is the principal medical, workforce health and safety, and public health authority for DHS. OHS leads and coordinates efforts to prepare for an ever-expanding, dynamic, and complex health security landscape.





# OHS's Organizational Structure

Each directorate serves a unique function within the office, working closely with our partners as DHS's principal health security advisor and an interagency collaborator in response to the changing health security landscape.



# Spotlight: OHS's Special Programs

*OHS Special Programs is an incubator for new programs – prioritizing them within the Immediate Office for development. Once matured, these programs are realigned into a permanent positioning within a Directorate or Unit.*

## Spotlight on OHS Special Programs

### What is OHS Special Programs?

OHS Special Programs is a unit within the Immediate Office which serves as the **incubator for new programs**. Leadership leverage this proximity to **confirm appropriate staffing, define goals and objectives, and set the direction for the program**. Once each program is adequately established and ready for implementation, **program management will move to the appropriate OHS Directorate or Unit**.

### CASE STUDY: Child Well-Being (CWB) Program



The CWB Program is a new program established by the FY22 Appropriations Act to enhance the well-being of children in DHS's care.



Currently, OHS is building the team of federal program management cohort, has recently procured our services contract (SEP 2024), and is implementing the program with a high level of support from OHS and CBP leadership.



In FY25, the CWB Program will transfer to the Border Health Division within the Healthcare Systems and Oversight Directorate.



Serving as an **incubator for new programs**, the OHS Special Programs structure **enables growth and allows for close leadership guidance** as new programs respond to the **evolving health security landscape**.



# Child Well-Being Program Locations Map

OHS will deploy Child Well-Being Specialists across all USBP Sectors along the Southwest Border.

The scope of the Child Well-Being Program covers the entire Southwest Border in steady-state, crisis, surge, and mass migration conditions. CWB Specialists will deploy to each U.S. Border Patrol Sector along the Southwest Border, serving at USBP facilities with UCs and families. Additionally, CWB federal staff will be located at DHS Headquarters and various locations along the Southwest Border to support the program and coordinate with CBP.

## Child Well-Being Specialists

Contracted CWB Specialists will be available to all nine USBP Sectors along the Southwest Border, providing support to children, Agents, and staff within USBP facilities.

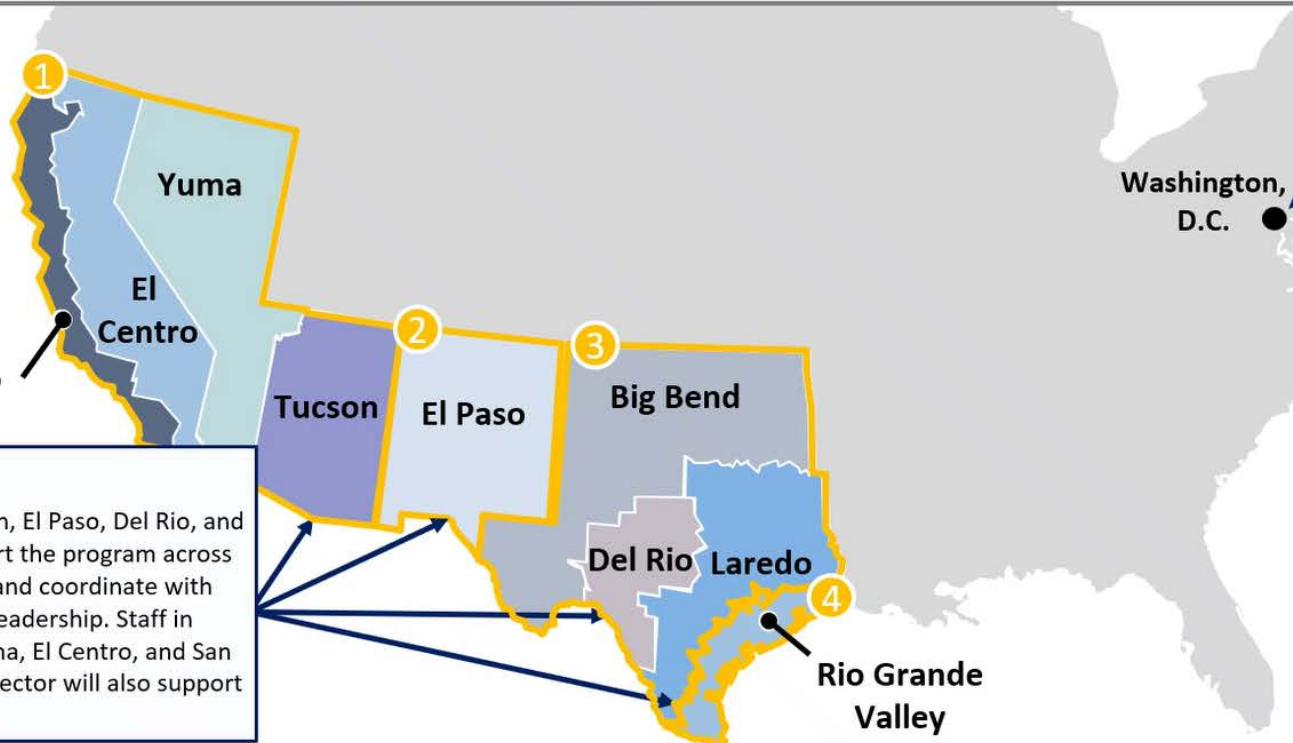
## Headquarters Office

The Child Well-Being Program will have a Headquarters Office dedicated to planning and administrative support, under the Office of Health Security.

San Diego

## Regional Leads

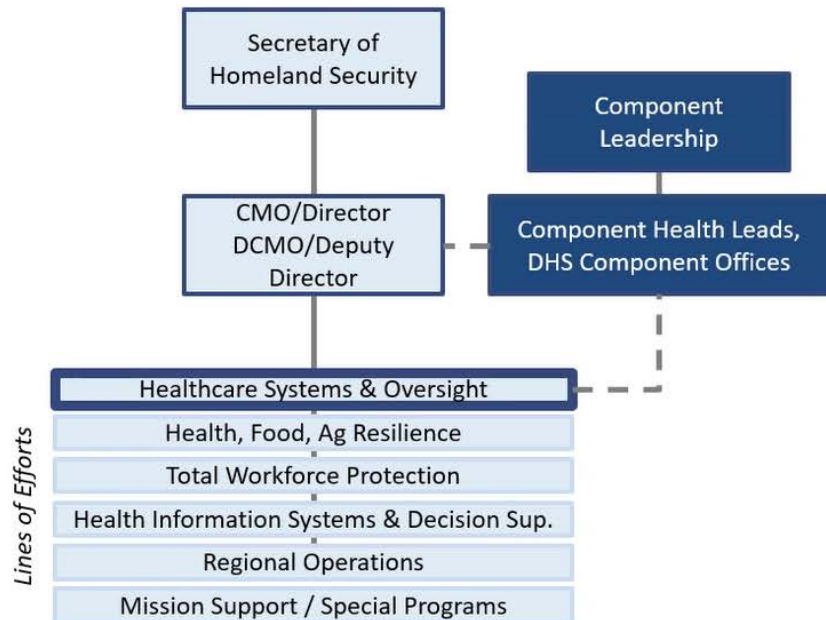
Federal Staff will be based in Tucson, El Paso, Del Rio, and Rio Grande Valley Sectors to support the program across the field, liaise with headquarters, and coordinate with USBP Sector and OFO Field Office Leadership. Staff in Tucson Sector will also support Yuma, El Centro, and San Diego Sectors, and staff in Del Rio Sector will also support Big Bend and Laredo Sectors.



# How OHS Conducts Appropriate Oversight

*OHS enhances DHS's ability to consistently deliver the highest quality medical care and health practices to DHS employees, those in our care and custody, and all others who we serve.*

## Indirect Oversight Model



## What is Different?

Components and Offices retain administrative and operational control of CHLs. OHS provides indirect oversight of CHLs through input into CHL performance plans/appraisals, serving on relevant hiring panels, providing medical contract reviews, setting department-wide policy, and reviewing all policies/procedures related to medical care, public health and workforce health and safety.

## What are the Benefits?

- ✓ Enables a “One DHS Health” approach
- ✓ Establishes a centralized policy-making process
- ✓ Promotes efficiencies by harnessing the availability of specialized expertise to all Components and Offices
- ✓ Encourages compliance with Departmental standards and protocols

As an oversight authority for medical quality management, OHS supports CBP/OPR on their investigations. OHS also coordinates with other DHS HQ oversight authorities such as CRCL, including through the DHS Detention Investigations Leadership Group (DILG).

The Indirect Oversight Model is currently implemented at OHS and elsewhere in DHS (e.g., Chief Procurement Officer) and is the preferred model based on engagement with DHS Components.

## Medical Improvement Actions and Coordination with CBP (May 2023 Pediatric Death)

- The OHS team, led by the DHS Chief Medical Officer (A), visited Harlingen TX in the days following the death as part of the Department's standard medical quality management processes and oversight.
- The DHS Chief Medical Officer (A) issued an analysis of findings and medical improvement actions to CBP following the pediatric death in custody (May 2023). The memorandum focused on five medical improvement areas:
  1. Contract Management and Operations
  2. Medical Risk Reduction
  3. Enhanced Medical Monitoring
  4. Clinical Care Communication and Documentation
  5. USBP Isolation Unit Operations
- OHS has coordinated with CBP's Office of the Chief Medical Officer on enhancement across these five medical improvement areas that enrich quality management, improve risk identification and inform leadership decision-making.
- OHS coordination and oversight with CBP is frequent and enduring.



# OHS Program Highlight: Medical Information Exchange (MIX) Portfolio

*The Medical Information Exchange (MIX) system is DHS's solution for better integration of electronic health record (EHR) systems – through a federated model.*

## Overview

The Medical Information eXchange (MIX) – which is a portfolio of programs – will be the next-generation information technology backbone for a DHS-wide EHR to create **interoperability across Components'** individual EHR systems and fill gaps in medical information systems in DHS.

## Collaboration with CBP

- Pursuant to DHS Delegation 26000, OHS is responsible for oversight of all DHS-wide EHR programs and activities.
- OHS has coordinated closely with CBP since 2020 on the development of the current CBP Electronic Health Record (EMR). In recognition of evolving requirements related to EMR capabilities, OHS continues to work with CBP on the design, development, and procurement of current and future technological capabilities related to collection, storage, and management of patient records.
- Clinical Decision Support: While low-level alerts such as medical interactions are widely available in commercial off-the-shelf platforms, enhanced support such as that available in hospital settings requires significant resources to establish and maintain – particularly in the unique operating environment of CBP.
- OHS has participated in the prior CBP Request for Information (RFI) and will be participating in the Request for Proposal (RFP) process.

## Intended Impact

MIX will fulfill the mandate as a platform to **enable information sharing and analysis across the extended medical and public health community**. This system will assist OHS in oversight responsibilities to further facilitate outbreak response, disease surveillance, and national health security and provide data-driven decision support.

