June 20, 2025

SENT VIA EMAIL (cbpfoiapublicliasion@cbp.dhs.gov) :

U.S. Customs and Border Protection
Freedom of Information Act Office
1300 Pennsylvania NW, Mail Stop 1181
Washington, DC 20229

Re: FOIA Request Related to CBP's Identification, Documentation, Custody and Treatment of Pregnant, Postpartum, and Lactating Individuals and Their U.S. Citizen Newborn Children

Dear Freedom of Information Officer:

This letter constitutes a request pursuant to the Freedom of Information Act, 5 U.S.C. § 552 (FOIA) submitted on behalf of the Women's Refugee Commission (WRC) (Requester). The Requester also requests a fee waiver, pursuant to 5 U.S.C. § 552(a)(4)(A)(iii) and 6 C.F.R. § 5.11(k), and expedited processing, pursuant to 6 C.F.R. § 5.5(d) and 5 U.S.C. § 552(a)(6)(E). The justifications for the fee waiver and expedited processing are set out in detail following the request.

THE REQUESTER

The Women's Refugee Commission (WRC) was founded in 1985 as a non-governmental, non-profit organization that works to identify gaps, research solutions, and advocate for change to improve the lives of migrant and displaced women and children. WRC is a leading expert on the needs of refugee women and children, and the policies that can protect and empower them. For more than two decades, WRC's Migrant Rights and Justice program has monitored immigration detention facilities and migrant children's facilities operated by Immigration and Customs Enforcement (ICE), Customs and Border Protection (CBP), and the Office of Refugee Resettlement (ORR). It has conducted extensive research and published numerous reports on the conditions of migrant women and migrant children in federal immigration custody, including reporting about the policies, practices, and conditions of custody.

REQUEST FOR INFORMATION

Requester seeks any and all records[1] that were prepared, received, transmitted, collected and/or maintained by the U.S. Customs and Border Protection (CBP) that describe, refer or relate to policies, guidelines, or procedures regarding the identification, documentation, detention and treatment of pregnant, postpartum, and nursing individuals in CBP custody and the identification of and documentation of the length of time in CBP custody of U.S. citizen newborns.[2] We request the specified records below from August 18, 2021 to the present (unless otherwise noted). Additionally, please construe this as an ongoing FOIA request, so that any records that come within the possession of the agency prior to your final response to this FOIA request should also be considered within the request's scope. Where available, we request that records responsive to this request be produced in the original electronic format with all metadata and load files. We ask that any records produced in PDF, TIFF, or other image formats be produced in full, uncompressed form; please do not compress images or downsample the resolution, as this interferes with their legibility. To facilitate a speedy response, we ask that records responsive to this request be produced on a rolling basis.

For purposes of this request, the documents referenced herein are defined as follows:

- "2021 Pregnancy Directive" means the Policy Directive issued by U.S. Customs and Border Protection entitled "U.S. Customs and Border Protection Policy Statement and Required Actions Regarding Pregnant, Postpartum, Nursing Individuals, and Infants in Custody" issue date November 20, 2021. For reference, the 2021 Pregnancy Directive is attached as Exhibit A.
- "EMS Directive" refers to CBP Directive No. 2210-004, Enhanced Medical Support Efforts, dated December 30, 2019. " For reference, the EMS Directive is attached as Exhibit B.
- "EMS Supplemental Directive" refers to CBP DIRECTIVE NO. 2210-004 Enhanced Medical Support Efforts, issue date May 21, 2024. For reference, the EMS Supplemental Directive is attached as Exhibit C.
- "Significant Incidents Directive" refers to CBP Directive No. 3340-025F, Reporting Significant Incidents to U.S. Customs and Border Protection WATCH, issue date November 2, 2021."SER Reporting Directive" refers to CBP Directive No. 3340-026, Significant Event Reporting, issue date May 11, 2021.

Specific records requested:

1. Any and all records stored or maintained by CBP Office of the Commissioner, Office of Field Operations (OFO), Border Patrol (BP), Office of the Chief

[1] The term "records" as used herein includes, but is not limited to: communications, correspondence, directives, documents, data, videotapes, audiotapes, e-mails, faxes, files, guidance, guidelines, standards, evaluations, instructions, analyses, memoranda, agreements, notes, orders, policies, procedures, protocols, reports, rules, manuals, technical specifications, training materials, and studies, including records kept in written form, or electronic format on computers and/or other electronic storage devices, electronic communications and/or videotapes, as well as any reproductions thereof that differ in any way from any other reproduction, such as copies containing marginal notations.

[2] This includes custody and detention by CBP in any of the following settings: all sector border stations, border processing stations and operational facilities, all prior or existing soft-sided facilities that hold individuals, all ports of entry facilities, Air and Marine Operations Service Centers and any other facilities, including short-term holding facilities and hold rooms where individuals may be held by CBP that are not specifically mentioned in the aforementioned description.

Medical Officer (OCMO) or other CBP component "regarding all individuals known or reported to be pregnant and have identified medical concerns or are in their last trimester, postpartum or have recently experienced a pregnancy loss, in active labor, and nursing detained in CBP custody" as noted in Section D of the 2021 Pregnancy Directive including, but not limited to, any and all data that can be exported in electronic form in spreadsheet format (e.g., *.XLSX or *.CSV formats).

2. Any and all records relating to or embodying any amendments, modifications, additions, deletions, or other changes to the 2021 Pregnancy Directive.
3. Any and all records including communications such as grievances and requests received by CBP from persons in CBP custody relating to pregnancy, postpartum, active labor, recent pregnancy loss and lactation including medical and custody concerns related to pregnancy, active labor, postpartum, and lactating individuals.
4. Any updates, amendments and attachments to 2021 Pregnancy Directive, EMS Directive, EMS Supplemental Directive and any and all other CBP or CBP component office policies regarding the provision of medical care to women in CBP custody. This includes all versions of such policy that were or are still in effect during the request period.
5. Any updates, amendments and attachments to Significant Incidents Directive, CBP Directive No. 3340-025F and SER Reporting Directive, CBP Directive No. 3340-026, regarding the documentation and identification of live births and miscarriages in CBP custody.
6. From August 18, 2021 to the date this request is fulfilled, any databases, spreadsheets, lists, and other data compilations including individual level data which includes anonymized unique identifiers reflecting the following:
    a. The total number of individuals CBP has identified as pregnant while in CBP custody, broken down by month and CBP facility and individuals anonymized through unique identifiers;
    b. The total number of incidents of miscarriages and live births in CBP custody broken down on a monthly basis by Border Patrol sector and port of entry, individuals anonymized through unique identifiers;
    c. The total number of US Citizens newborns held in CBP custody and the length of time they were held broken down by month and CBP facility, with each US Citizen newborn anonymized through unique identifiers;
    d. For each person identified or known to be pregnant, postpartum, and lactating in CBP custody, the following data:
        i. The total time period they remained in CBP custody, including the initial date of apprehension, date of release and any transfers between CBP facilities or to Immigration and Customs Enforcement (ICE);
        ii. For each person released from CBP custody, information indicating whether the person was released on a grant of parole, bond, recognizance, an order of supervision,

detention, and/or placed into an ICE alternative to detention program or ICE detention facility;

iii. Information indicating whether and the number of times each person was transferred to an external medical facility such as a hospital, emergency room or other medical care facility for medical care or treatment associated with the pregnancy and the date of such transfer.

FEE WAIVER

Requester asks for a total waiver of document search, review, and duplication fees on the grounds that disclosure of the requested records is in the public interest and because disclosure "is likely to contribute significantly to the public understanding of the activities or operations of the government and is not primarily in the commercial interest of the requester." 5 U.S.C. § 552(a)(4)(A)(iii). *See also* 6 C.F.R. § 5.11(k).[3]

The detention and treatment of pregnant, postpartum, and nursing women in federal immigration custody is of great concern to the public. The Government Accountability Office (GAO) found that between 2016 and 2018, ICE detained pregnant women more than 4,600 times,[4] and 4,400 of the 4,600 detentions of pregnant women in ICE custody from that time resulted from CBP arrests.[5] The report captured a sustained increase in the detention of pregnant women that generated significant public interest and concern[6]and resulted in continued Congressional inquiry.[7] In July 2021, the Department of Homeland Security (DHS) Office of Inspector General (OIG) issued a report (OIG 2021 Report) on childbirth at the Chula Vista Border Patrol station that occurred in 2020.[8] The OIG 2021 report found: (1) Border Patrol (BP) did not have full visibility into the number of pregnant women it detains nor the childbirths that occur in BP custody; and (2) BP occasionally held U.S. citizen newborns for days and did not take prompt measures to release.[9] In November 2021, CBP issued the 2021 Pregnancy Directive, which required further data collection and specific care in custody policies regarding pregnant, postpartum,

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[3] In the alternative, Requester asks for a limitation on fees pursuant to 6 C.F.R. § 5.11(d).

[4] United States Government Accountability Office, Immigration Detention: Care of Pregnant Women in DHS Facilities (Mar. 24, 2020), *available at* https://www.gao.gov/products/gao-20-330#:~:text=What%20GAO%20Found,percent%20resulting%20from%20CBP%20arrests.

[5] *Id.* at 21. Furthermore, the report found that OFO held over 3,900 pregnant women from March 2018- September 2019 at ports of entry and that in the only two Border Patrol sectors that tracked pregnant women in custody, over 750 women alone were documented to be held in custody from March 2017- March 2019.

[6] *See, e.g.* Abigail Abrams, *ICE Will Now Detain Pregnant Women Because of President Trump's Executive Order*, Time, Mar. 30, 2018, *available at* http://time.com/5221737/ice-detain-pregnant-immigrants-donald-trump/; Alan Gomez, *ICE to Hold More Pregnant Women in Immigration Detention*, USA Today, Mar. 30, 2018, *available at* https://www.usatoday.com/story/news/nation/2018/03/29/ice-hold-more-pregnant-women-immigration-detention/469907002/; Elise Foley & Roque Planas, *ICE Ends Policy of Presuming Release For Pregnant Detainees*, Huff Post, Mar. 29, 2018, *available at* https://www.huffingtonpost.com/entry/immigration-customs- enforcement-pregnant-women_us_5abd07d7e4b03e2a5c7a4262; Rafael Bernal, *ICE Will Detain Pregnant Women, Ending Previous Policy*, The Hill, Mar. 29, 2018, *available at* http://thehill.com/latino/380827-ice-will-detain- pregnant-women-ending-previous-policy.

[7] *See, e.g.* Senator Wyden Demands Answers on Treatment of Pregnant Migrants in ICE, CBP Custody, February 3, 2020 available at https://www.wyden.senate.gov/news/press-releases/wyden-demands-answers-on-treatment-of-pregnant-migrants-in-ice-cbp-custody

[8]Department of Homeland Security Office of Inspector General, Review of the February 16, 2020 Childbirth at the Chula Vista Border Patrol Station OIG-21-49 - Review of the February 16, 2020 Childbirth at the Chula Vista Border Patrol Station, July 20, 2021, available at OIG-21-49 - Review of the February 16, 2020 Childbirth at the Chula Vista Border Patrol Station.

[9] *Id.*

nursing individuals and U.S. citizen children in CBP custody.[10] In May 2025, CBP leadership revoked a number of policies related to care for vulnerable groups in CBP custody, including the processing of pregnant, postpartum noncitizens and infants.[11]

Pregnant, postpartum, and lactating women are a highly vulnerable group in the detention system. They face considerable stress including the inability to access necessary medical care and support, separation from family and the uncertainty of immigration proceedings. Many of the women detained by the Department of Homeland Security are survivors of abuse seeking protection in the United States. Many others experience sexual assault on the journey to the United States, and arrive at the border with urgent sexual and reproductive healthcare needs.

Medical experts recognize that the "conditions in DHS facilities are not appropriate for pregnant women or children."[12] As noted above, the conditions in CBP custody continued to be of concern to Congressional lawmakers and also to oversight bodies. Although the 2021 Pregnancy Directive heralded significant improvements for the care of pregnant, postpartum, and lactating women in ensuing years, recent policy changes including the effective closure of the DHS Office for Civil Rights and Civil Liberties and the Office of the Immigration Detention Ombudsman,[13] and CBP's rescission of several care and custody policies applicable to pregnant, postpartum, and lactating women[14] augur potential changes in this trend. These changes alone will leave pregnant, postpartum, and lactating women vulnerable to longer detention and deteriorating conditions to the detriment of their fundamental health and safety and that of their families and communities.

The Requester is not filing this Request to further a commercial interest. The requesting organization is a 501(c)(3) nonprofit organization with the ability to widely disseminate the requested information through a variety of sources including reports, backgrounders, news briefings, guides, and other materials that are disseminated to the public. These materials are widely available to the public at no cost through a variety of sources including the organization's website, blogs and social media sites.

Specifically, the requesting organization has a longstanding practice of disseminating information obtained through FOIA to further the public's understanding of immigration laws and policy. In October 2017, the Women's Refugee Commission published a report on the detention of immigrant women in ICE custody, analyzing data obtained from ICE through FOIA to show the number of and shift in the detention of women in ICE custody over time.[15]

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[10] "U.S. Customs and Border Protection Policy Statement and Required Actions Regarding Pregnant, Postpartum, Nursing Individuals, and Infants in Custody issue date November 20, 2021.

[11] CBP Acting Commissioner Pete Flores, Memo on the Rescission of Legacy Policies Related to Care and Custody May 5, 2025, available at https://www.cbp.gov/sites/default/files/2025-05/intc-45073_-_ac1_signed_distribution_memo_5.5.25.pdf. Recission Memo rescinds a number of policies regarding care in CBP custody, including: Processing of Pregnant, and Postpartum Noncitizens and Infants, January 28, 2022.

[12] Letter from American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians to ICE Opposing Inhumane Detention Policies for Pregnant Women, March 29, 2018, *available at* http://www.aila.org/infonet/medic-professionals-against-ice-deten-policies?utm_source=aila.org&utm_medium=InfoNet%20Search.

[13] *See* n.6, *supra*; *see also* Zolan Kanno-Youngs et al, "Trump shuts down 3 watchdog agencies overseeing immigration crackdown," N.Y. Times (Mar. 21, 2025), *available at* https://www.nytimes.com/2025/03/21/us/politics/trump-civil-rights-homeland-security-deportations.html.

[14] Memorandum, Pete Flores, Acting Commissioner, U.S. Customs and Border Protection, "Rescission of Legacy Policies Related to Care and Custody," May 5, 2025, *available at* https://www.cbp.gov/sites/default/files/2025-05/intc-45073_-_ac1_signed_distribution_memo_5.5.25.pdf.

[15] Women's Refugee Commission, *Prison for Survivors: The Detention of Women Seeking Asylum in the United States* (2017), *available at* https://www.womensrefugeecommission.org/rights/resources/1528-prison-for-survivors- women-in-us-detention-oct2017.

Thus, a fee waiver would fulfill Congress's legislative intent in amending the FOIA. *See Judicial Watch, Inc. v. Rossotti*, 326 F.3d 1309, 1312 (D.C. Cir. 2003) ("Congress amended FOIA to ensure that it be liberally construed in favor of waivers for noncommercial requesters" (internal quotation marks omitted)). *Citizens for Responsibility and Ethics in Washington v. U.S. Dept. of Educ*., 593 F. Supp. 2d 261, 268 (D.D.C. 2009) ("[FOIA's] purpose . . . is to remove the roadblocks and technicalities which have been used by . . . agencies to deny waivers") (internal quotation marks and citation omitted)).

EXPEDITED PROCESSING

We request Track 1 expedited treatment for this FOIA request, which qualifies for expedited treatment pursuant to 6 C.F.R. § 5.5(e) and 5 U.S.C. § 552(a)(6)(E). There exists a clear "urgency to inform the public concerning actual or alleged Federal Government activity," and the Requester is "primarily engaged in dissemination of information." 5 U.S.C. § 552(a)(6)(E)(v)(II); *see also* 6 C.F.R. § 5.5(e)(1)(ii) (expedited processing is warranted where there is "[a]n urgency to inform the public about an actual or alleged federal government activity.").

As set forth in the numerous cites *supra* in the fee waiver section, the treatment of pregnant, postpartum, and nursing women and their U.S. citizen newborn children in CBP custody is a matter of widespread media and public interest, and the requested records will inform the public concern of this activity by CBP. 5 U.S.C. § 552(a)(6)(E)(i)(I). The urgency to inform the public goes beyond the general public interest in government transparency—it responds to ongoing serious concerns from Congress and the public, and will answer specific questions that have very recently been raised regarding the impact on pregnant, postpartum, and lactating of CBP's recent recission of care in custody policies. The records will also respond to urgent concerns arising from: (1) DHS's decision to effectively eliminate the two main avenues for pregnant, postpartum and lactating persons to seek recourse for conditions or detention decisions threatening their health and safety in its effective closure of the Office for Civil Rights and Civil Liberties and Office of the Immigration Detention Ombudsman; and (2) CBP's rescission of critical policies protecting the basic health and safety of medically at-risk and pregnant and postpartum individuals and infants in custody.

The Requester is primarily engaged in the dissemination of information. As described *supra*, our organization produces reports, news briefings, educational backgrounders and guides, and other materials that are distributed to the public. As mentioned *supra*, the requesting organization will likely distribute the information obtained through this FOIA request through these as well as other means available to us.

Furthermore, there is a "compelling need" for expedited processing. 5 U.S.C. § 52(a)(6)(E)(i)(I). Denial of expedited disclosure of records revealing information about detention and treatment of pregnant, postpartum, and nursing women could "reasonably be expected to pose an imminent threat to the life or physical safety of an individual." 5 U.S.C. § 552(a)(6)(E)(v)(I); 6 C.F.R. § 5.5(d)(1)(i).

As noted *supra*, our organization documented many cases in which pregnant women were not receiving adequate medical care and suffered extreme physical and mental harm. Some women experienced miscarriages while in DHS custody. Delay in the disclosure of information about the treatment of pregnant, postpartum, and lactating persons in CBP custody could prevent abuses from coming to light and being corrected, thereby increasing the chances of avoidable injuries or even deaths in the future.

Pursuant to 6 C.F.R. § 5.5(d)(3), the undersigned certifies that the information provided above as the basis for requesting expedited processing is true to the best of their knowledge and belief.

* * *

Thank you for your consideration of this request. If this Request is denied in whole or in part, we ask that you justify all deletions by reference to specific exemptions of the FOIA. We expect the release of all

segregable portions of otherwise exempt material. We reserve the right to appeal a decision to withhold any information or deny a waiver of fees. We expect your reply to this Request within twenty (20) business days, as required under 5 U.S.C. § 552(a)(6)(A)(I).

Please provide all responsive records to:

Zain Lakhani,
Director, Migrant Rights and Justice
Women's Refugee Commission
1012 14th Street NW, Suite 1100
Washington, DC 20005

Thank you for your attention to this request.

Sincerely,

ZAIN LAKHANI
WOMEN'S REFUGEE COMMISSION
1012 14th Street NW, Suite 1100
Washington, DC 20005
Tel: (202) 492-4451
zainl@wrcommission.org

U.S. Customs and Border Protection
Policy Statement and Required Actions Regarding
Pregnant, Postpartum, Nursing Individuals, and Infants in Custody

A. Policy Statement

Persons who are pregnant, postpartum, or nursing may have humanitarian or public health needs that should be considered and appropriately addressed while they are in CBP custody. Similarly, infant children, whether born in CBP custody or encountered by CBP as infants, have unique medical and other care in custody needs that must be accounted for. This overarching policy addresses the needs of these vulnerable populations and supplements the following policies and directives related to persons in CBP custody.

- CBP Directive No. 3340-030B, *Secure Detention, Transport, and Escort Procedures at Ports of Entry*, dated August 8, 2008.
- CBP Directive No. 2210-004, *Enhanced Medical Support Efforts*, dated December 30, 2019.
- CBP Directive No. 3340-025F, *Reporting Significant Incidents to U.S. Customs and Border Protection WATCH*, dated November 2, 2021.
- CBP Directive No. 3340-026, *Significant Event Reporting*, dated May 11, 2021.
- CBP Policy Document, *National Standards on Transport, Escort, Detention, and Search*, dated October 2015.
- U.S. Border Patrol Policy No. 08-11267, *Hold Rooms and Short Term Custody*, dated January 31, 2008.
- CBP Policy Memorandum, *Clarification of At-Risk Population and Hold Room Monitoring Provisions in the CBP National Standards on Transport, Escort, and Detention*, dated May 24, 2019.
- CBP Policy Memorandum, *Pregnancy and Childbirth Guidance*, dated August 18, 2021.

B. Required Implementation Actions

Within 45 days of the CBP Commissioner's approval of this policy, the Office of Field Operations (OFO) and the United States Border Patrol (USBP) must submit their respective policy implementation plans to the Office of the Commissioner for approval prior to field-level dissemination and implementation. These plans must describe how each office will implement the provisions listed below. The plans submitted by OFO and USBP may differ based on each component's unique operational environments and funding considerations, but both plans must address and fully implement the care, custody, and documentation requirements in this policy statement. Likewise, any resulting local policies must adhere to the minimum standards and requirements outlined in this policy statement and may exceed those requirements as appropriate.

C. Definitions

The terms and definitions below apply for the purposes of this policy statement.

- Infant: A child under one year of age.
- Postpartum: Describing persons who have given birth in the last six months, whether in CBP custody or at another location.
- Pregnancy Loss: Examples include stillbirths and miscarriages.
- Health Interview: A standardized medical questionnaire (administered/documented via CBP Form 2500) for persons in CBP custody, completed by CBP employees, Federal, State, or Local government employees assigned to work with CBP, or contracted medical personnel.
- Medical Assessment: An evaluation of a person used to assess medical status conducted by a health care provider.
- 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.

D. Identification

For the purposes of this policy statement and the requirements set forth below, the term "covered individuals" refers to persons who are:

- Known or reported to be pregnant and have identified medical concerns.
- Known or reported to be pregnant and in their third trimester.
- In active labor or nursing.
- Known or reported to be postpartum or have recently experienced a pregnancy loss.
- Infants.

CBP personnel may consider all available information within the scope of their operations (including observation, self-reporting, self-referral, and referral by family members or companions) when determining if a person is pregnant, postpartum, or nursing, and when determining whether a child is an infant.

E. Medical Care

CBP places the highest priority on the health and well-being of persons in custody, including for covered individuals. Pursuant to existing CBP policy and procedures, CBP takes a multi-phased approach to identifying and addressing medical issues of concern. The first phase of efforts to identify and address medical issues starts in the field with agents and officers observing and identifying potential medical concerns for all persons in custody, including covered individuals, and notifying a CBP Emergency Medical Technician and/or Emergency Medical Services/911 as appropriate. For the second phase, CBP conducts initial health interviews on persons in custody at CBP facilities, including covered individuals, to identify medical issues of concern. For the third phase, subject to availability of resources and operational feasibility, CBP will ensure a medical

assessment is conducted on juveniles and persons with an identified medical concern, including covered individuals with an identified medical concern.

- At CBP facilities with onsite medical support on the Southwest Border, CBP offers a medical assessment to any reported or identified pregnant person, regardless of whether a medical issue of concern has been identified.[1] If the offer is accepted, the pregnant person receives a medical assessment and further disposition, as appropriate, according to existing CBP policies and procedures.
- At facilities without onsite medical support, pregnant persons will continue to receive initial health interviews and will receive a medical assessment if a potential medical issue of concern is identified.
- Persons, including covered individuals, with an identified medical issue of concern will receive a medical encounter onsite (at facilities where medical personnel are onsite) to directly address the medical issue if appropriate, or will be referred to the local health system for more definitive diagnosis and treatment.
- Persons, including covered individuals, returned to CBP custody from a local health system will receive appropriate follow-up care and final medical disposition.

F. Care in Custody

- Covered individuals are required to be given welfare checks at least once every 15 minutes.
    - CBP personnel must accurately document all welfare checks in the appropriate electronic system(s) of record.
    - Supervisors must validate that documentation is occurring in a timely and complete manner during each shift.
- Covered individuals must be made aware that they have regular access to snacks, water, milk, and juice.
- Covered individuals should be placed in the least restrictive setting possible, given facility and operational constraints.
- Every effort should be made to ensure that all covered individuals are not required to stand for long periods of time and are provided appropriate space to sit/rest/sleep.
- In cases where a covered individual has given birth in a medical facility and is returned to CBP custody, all medical discharge instructions should be followed by medical personnel to the greatest extent operationally feasible.

G. Care for Infants in CBP Custody

In addition to the requirements listed above in Section F, the following requirements apply to infants:

- Infants, whether born in CBP custody or prior to being taken into CBP custody, should be treated in accordance with all applicable legal requirements and CBP policies and procedures related to juveniles.

[1] Effective August 18, 2021, CBP began offering a medical assessment to any reported or identified pregnant person in CBP custody. *See* CBP Policy Memorandum, *Pregnancy and Childbirth Guidance*, dated August 18, 2021.

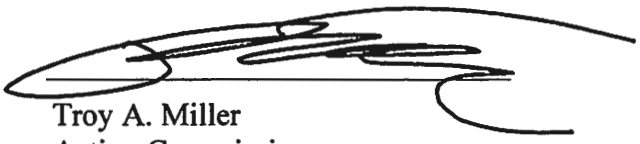
- If a mother chooses to breastfeed, every reasonable effort must be made to provide the mother with privacy while breastfeeding in an area that is not a bathroom.
- CBP facilities will have diapers, baby wipes, and infant formula available for infants. Infant formula must be inspected on a regular basis to ensure it has not reached or surpassed its expiration date.
- Within six months of implementation plans being issued, CBP facilities located within 100 miles of the Southwest Border (including forward operating bases), or where family units and children are regularly encountered, shall have a minimum of one Diaper Changing Station (DCS). The DCS must be easily accessible to family units and children. OFO and USBP shall provide certification of compliance to the Office of Facilities and Asset Management (OFAM). The DCS must be constructed of a material that is easily cleaned and sanitized, and CBP personnel shall ensure that they are regularly sanitized. Additionally, OFO and USBP will also work toward having a minimum of one DCS installed at all CBP facilities within one year of their respective implementation plan.
- Within six months of implementation plans being issued, CBP facilities located within 100 miles of the Southwest Border (including forward operating bases), or where family units and children are regularly encountered, shall have a minimum of one safe and secure sleeper/bassinet in which infants can sleep. All Centralized Processing Centers shall have a minimum of five secure sleepers/bassinets. Additionally, OFO and USBP must develop contingency plans for additional flat and roll-resistant sleeping arrangements in the event the number of infants exceeds the number of sleepers/bassinets. OFO and USBP shall provide certification of compliance to OFAM. The sleepers/bassinets must be constructed of a material that is easily cleaned and sanitized, and CBP personnel shall ensure they are regularly sanitized. OFO and USBP will also work towards having these items in all CBP facilities within one year of implementation of their respective plans.

H. Documentation Requirements

- CBP personnel must document all relevant interactions and care provided to covered individuals in the appropriate system(s) of record.
- OFO and USBP must establish a comprehensive, searchable process for documenting all known and reported pregnancies in the appropriate system(s) of record, as well as childbirths, in CBP custody, whether within a CBP facility (including vehicles) or at an external medical facility when the individual receiving care is still in CBP custody.
- Every childbirth in CBP custody is considered a significant incident and will be reported through the procedures established under CBP Directive No. 3340-025F, *Reporting Significant Incidents to U.S. Customs and Border Protection WATCH*, dated November 2, 2021.

I. No Private Right of Action

This is a CBP internal policy statement. It is not intended to, does not, and may not be relied upon to create any right or benefit, substantive or procedural, enforceable at law by any party in any administrative, civil, or criminal matter.



Troy A. Miller
Acting Commissioner
U.S. Customs and Border Protection

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

CBP DIRECTIVE NO. 2210-004 **DATE: December 30, 2019**

ORIGINATING OFFICE: Office of the Commissioner
SUPERSEDES: 2210-003
DATE: December 30, 2019

Enhanced Medical Support Efforts

1. **PURPOSE.** This directive directs U.S. Customs and Border Protection's (CBP) deployment of enhanced medical support efforts to mitigate risk to, and sustain enhanced medical efforts for persons in CBP custody along the Southwest Border (SWB). This Directive shall be executed in compliance with all applicable statutes, regulations, and U.S. Department of Homeland Security (DHS) policies regarding medical support for those in CBP custody. This Directive replaces the *CBP Interim Enhanced Medical Efforts Directive* signed on January 28, 2019.

2. **SCOPE.** This Directive applies to the provision of enhanced medical support for individuals in CBP custody along the SWB. This Directive applies to CBP steady-state and surge operations and includes crisis-level operations as delineated in the "Responsibilities" section. In the event of major surge/crisis-level operations, additional approaches and interagency resources and support will be required and pursued. This Directive supplements all existing local policies and CBP's national policies and directives administering medical support to individuals in CBP's custody, including the 2015 National Standards on Transport, Escort, Detention, and Search (TEDS); Secure Detention Directive, Directive No. 3340-030B, August 8, 2008; and the United States Border Patrol, Medical Program (2010).

3. **POLICY.** It is the policy of CBP that all individuals in custody will receive appropriate medical support in accordance with applicable authorities, regulations, standards, and policies. Consistent with short-term detention standards and applicable legal authorities, individuals will not be detained in CBP facilities for the sole purpose of completing non-emergency medical tasks. Specific implementation details of this Directive shall be determined by the operational components, as identified in the "Procedures" section below.

4. **AUTHORITIES.**

4.1 6 U.S.C. § 321e(c)(3)-(5)

4.2 Delegation of Authority to the Commissioner of U.S. Customs and Border Protection,

DHS Delegation 7010.3 (May 11, 2006).[1]

4.3 U.S. Customs and Border Protection National Standards on Transport, Escort, Search, and Detention (TEDS)

5. DEFINITIONS.

5.1 CBP Emergency Medical Services (EMS) Personnel – An employee of CBP who is an Emergency Medical Technician (EMT) or Paramedic, who has received certification from the National Registry of Emergency Medical Technicians, and who has completed the DHS EMS provider credentialing process with their CBP component office.

5.2 Health Care Provider – A medically credentialed person who delivers authorized health care in a systematic way to individuals or groups in need of health care services, including any employees assigned to provide professional or para-professional healthcare services as part of their DHS duties. This also applies to authorized individuals from other federal agencies (including detailees) and contractors whenever the purpose of the detail/contract includes performance of healthcare services.

5.3 Health Interview – The standardized medical questionnaire (CBP Form 2500) for individuals in CBP custody, completed by CBP employees, Federal, State, or Local government employees assigned to work with CBP, or contracted medical personnel.

5.4 Medical Assessment – An evaluation of an individual to assess medical status, conducted by a health care provider.

5.5 Personally Identifiable Information (PII) – Any information that permits the identity of an individual to be directly or indirectly inferred, including any other information that is linked or linkable to that individual regardless of whether the individual is a United States citizen, legal permanent resident, or a visitor to the United States.

5.6 Sensitive PII, including medical information, is PII which, if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual.

6. RESPONSIBILITIES.

6.1 The Chief of the U.S. Border Patrol (USBP) and the Executive Assistant Commissioner of the Office of Field Operations (OFO), or their designees will:

6.1.1 Ensure execution of the provisions detailed in the "Procedures" section.

6.1.2 Coordinate with the relevant CBP supporting offices to ensure that all contractual needs for implementation of this Directive are met, contingent upon the availability of appropriations and budgetary resources, including those to support

[1] http://dhsconnect.dhs.gov/Policy/delegations

automated systems requirements.

6.1.3 Within 90 days of the effective date of this policy, develop detailed implementation plans for this Directive, and ensure the phased execution of their respective component's plan.

6.1.3.1 Implementation plans will include surge medical support and crisis-level medical support.

6.1.4 Develop government requirements for medical services, define annual budgetary needs, set measurable performance standards, and manage required life-cycle activities to ensure that policy and operational objectives are achieved for CBP medical support.

6.1.5 Utilize an operational risk management methodology to identify and establish appropriate scope and scale of contracted medical support, to include potential surge medical support.

6.1.6 Coordinate required support from contracted medical staff for individuals in custody along the SWB, as appropriate.

6.1.7 Coordinate with other Federal, State, Local, or Tribal agencies and medical providers deployed to support the healthcare of individuals in CBP custody, as appropriate; and

6.1.8 Facilitate requests for information, demonstrations, site visits, and documentation reviews as appropriate.

6.2 The CBP Executive Director for the Privacy and Diversity Office will:

6.2.1 Ensure appropriate collection, storage, maintenance, and dissemination of PII and sensitive PII collected in the course of a health interview or medical assessment performed pursuant to this Directive and consistent with Agency and Departmental policies and guidance.

6.2.2 Conduct any privacy compliance documentation (such as a Privacy Threshold Analysis or Privacy Impact Assessment) relevant to PII associated with this Directive.

6.3 The CBP Chief Medical Officer (CMO)[2] will:

6.3.1 Provide medical direction and oversight for medical support efforts required by this Directive.

[2] Until such time as CBP has appointed a CMO, the role of the CMO under this directive shall be fulfilled by the Senior Medical Advisor.

6.3.2 Consult with DHS Office of the Chief Human Capital Officer (OCHCO) and DHS Chief Medical Officer (CMO) to ensure the CBP Medical Quality Management (MQM) process is consistent with DHS MQM requirements.

6.3.3 Consult with DHS CMO to ensure CBP medical support efforts are coordinated with relevant stakeholders and include consideration of medical program administration, disease reporting, public health measures, and electronic medical data management.

6.4 CBP Office of Accountability

6.4.1 The Management Inspections Division, working with the impacted program offices, will develop a method to ensure compliance with this directive.

6.4.2 CBP Juvenile Coordinator will work with the CBP CMO to incorporate review of CBP medical support efforts into ongoing compliance monitoring efforts related to the care and custody of juveniles.

6.5 CBP Office of Finance will:

6.5.1 Ensure appropriate CBP budgetary action, based on inputs from USBP and OFO, regarding funding requirements for CBP medical support efforts required by this directive.

7. PROCEDURES.

7.1 CBP will utilize a phased approach to the identification of potential medical issues in persons in custody.

7.2 For the first phase, USBP agents and OFO officers will observe and identify potential medical issues for all persons in custody upon initial encounter.

7.2.1 Persons brought in to custody will be advised to alert CBP personnel or medical personnel of medical issues of concern

7.2.2 Persons identified with medical issues of concern will receive a health interview or medical assessment or be referred to the local health system for evaluation

7.3 For the second phase, USBP and OFO must ensure that a health interview is conducted on, at a minimum, all individuals in custody under the age of 18, utilizing CBP Form 2500.

7.4 For the third phase, subject to availability of resources and operational requirements, USBP and OFO will ensure a medical assessment is conducted on, at a minimum, the following categories of detainees:

- All tender-age children (ages 12 and under) held in CBP custody along the

following categories of detainees:

- All tender-age children (ages 12 and under) held in CBP custody along the SWB
- Any person who has a positive (mandatory referral) response on the CBP 2500 questionnaire.
- Any other person in custody with a known or reported medical concern.

7.5 Where available, medical assessments will be conducted by CBP contracted health care providers. Where contracted health care providers are not available, individuals in custody may be referred to the local health system or other available health care providers for medical assessment as appropriate. In exigent circumstances and based on operational requirements, CBP EMS Personnel may conduct medical assessments under the medical direction of the CBP CMO.

7.6 Subject to the availability of resources, operational requirements, and where contracted or federal health care providers are available, basic, acute medical care, referral, and follow up may be conducted onsite as directed by the associated contract Statement of Work or other contract requirements document or within the scope of practice for federal providers.

7.7 USBP and OFO will coordinate with the CBP CMO to develop an appropriate MQM process.

7.8 USBP and OFO will ensure that all health information obtained is handled in accordance with CBP PII and sensitive PII safe handling guidance, all contracts governing the CBP contracted health care providers include necessary privacy clauses, and all PII and sensitive PII is stored in an Office of Information Technology accredited Information Technology system.

8. IMPLEMENTATION REQUIREMENTS

8.1 Implementation of this directive is contingent upon available funding and necessary resources for contracted medical support and for dedicated internal CBP medical direction, coordination, and oversight.

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10. APPROVAL.

(b) (6)

Mark A. Morgan
Acting Commissioner
U.S. Customs and Border Protection

U.S. DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Office of the Chief Medical Officer

CBP DIRECTIVE NO. 2210-004 *Enhanced Medical Support Efforts*

DATE: May 21, 2024

SUPPLEMENTAL GUIDANCE

1. **BACKGROUND.** The CBP Directive "*Enhanced Medical Support Efforts"* (2210-004) was issued on December 30, 2019, and provided direction regarding CBP's medical care for all persons in CBP custody along the Southwest Border (SWB). This directive was issued to supplement existing policy and directives regarding administering medical support to individuals in CBP's custody found in the 2015 National Standards on Transport, Escort, Detention, and Search (TEDS); Secure Detention Directive (3340-030B); Hold Rooms and Short-Term Custody Policy (08-11267). Subsequently, CBP has issued additional policy guidance including CBP Policy Guidance *"Pregnancy and Childbirth Guidance"* (August 18, 2021); CBP Policy Statement "P*regnant, Postpartum, Nursing Individuals, and Infants in Custody"*(November 23, 2021).

   In 2021, the Department of Homeland Security (DHS), Office of the Inspector General (OIG) conducted an audit of CBP's medical efforts for persons in CBP custody (OIG Report 21-48). As part of that audit, OIG recommended that CBP provide clarifying guidance on the following areas:

   - Clearly define at-risk populations
   - Establish set times for frequency of welfare checks
   - Ensure completion of medical assessments on all juveniles
   - Ensure rescreening of migrants after detainment exceeds guidelines

   CBP concurred with this recommendation and this guidance is provided to satisfy this recommendation. This guidance is directed to frontline agents and officers.

2. **DEFINITIONS**

   2.1. **At Risk Populations (as defined in TEDS)** – Individuals in the custody of CBP who may require additional care or oversight, who may include: juveniles; 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.

2.2. **Elevated In-Custody Medical Risk (ECMR)** – Individuals in CBP custody who have been identified as having an elevated medical risk. 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. Elevated medical risk may be identified and an ECMR designation made at any point in the medical operation process while in custody, including during the Health Intake Interview, Medical Assessment, and/or Medical Encounter.

2.2.1. The following categories define different levels of in-custody medical risk (which is denoted in the Electronic Medical Record (EMR) and may be identified during Medical Encounters and indicated by the medical diagnosis):

2.2.1.1. **Green (no risk)** – Persons in Custody (PIC) with no known/indicated medical issues. May be upgraded if medical issues that were not previously identified arise while in custody.

2.2.1.2. **Yellow (low risk)** – PIC has a medical condition identified, but the 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. May be upgraded if medical issues that were not previously identified arise while in custody.

2.2.1.3. **Orange (at risk)** – PIC has a medical condition identified and it is determined, based on the Medical Assessment or Medical Encounter, that the PIC's condition presents moderate in-custody medical risk and requires treatment and/or enhanced medical monitoring (EMM) while in CBP Custody. May be elevated if condition worsens or new medical issues that were not previously identified arise while in custody.

2.2.1.4. **Red (high risk)** – PIC has a medical condition that is determined, based on the Medical Assessment or Medical Encounter, to present high in-custody medical risk while in CBP Custody and requires EMM while in CBP Custody.

2.3. **Medical Screening** – A screening is a visual exam of an individual that occurs during the intake process for persons entering CBP custody, for symptoms (e.g., rash) of infectious diseases or conditions (e.g., lice, scabies, measles, mumps, etc.) in accordance with current CBP public health guidance. A medical screening may be conducted by contracted medical personnel or any CBP employee in accordance with the infectious disease guidance to CBP personnel provided by OCMO.

2.4. **Health Interview** – A health interview is a verbal encounter guided by the CBP-2500 during the initial intake process and may be referred to during rescreening, when appropriate. A CBP-2500 (Initial Health Interview) should be completed on all persons entering CBP custody during the intake process. The CBP-2500 can be

completed by CBP officers/agents or by certified medical professional (CBP employee or contract personnel) that are on-site at the CBP location.

2.5. **Medical Assessment** – A head-to-toe visual inspection of the individual, obtaining basic vital signs, and gathering of past medical history (to include current medications). A medical assessment must be completed by a health care provider, as defined in CBP Directive 2210-004, and should be conducted for any person who has a positive response to one of the questions on the CBP-2500, during the initial intake process.

2.5.1. A medical assessment is also required for all juveniles (at a minimum, anyone under the age of 14[1]), pregnant females (observed or stated) and in accordance with CBP Policy Guidance on pregnant females, anyone indicating they have a communicable disease, anyone with a current skin rash (observed or reported), and anyone who indicates they are thinking about hurting themselves or others.

2.5.2. In extenuating circumstances (migrant surge, severe overcrowding, or severe shortage of contract medical personnel) a medical assessment may be completed by licensed CBP medical personnel (e.g., EMT, Paramedic) under the medical direction of the CMO, in accordance with CBP Directive 2210-004, Section 7.5.

2.6. **Medical Encounter** – An exam conducted by contracted medical personnel on a PIC when the PIC has identified a need for medical care or has been observed by CBP personnel to be in need of medical care. A Medical Encounter is specific to the current medical issue/complaint and is conducted after the individual has completed the initial intake process. A Medical Encounter may be completed at any time while an individual is in CBP custody and should be completed if/when an individual returns to a CBP location after receiving medical care at a local hospital.

2.7. **Rescreening** – A Medical Encounter, which may include a full medical screening if appropriate, with the PIC once they have exceeded 72 hours in custody, which will be completed by contracted medical personnel or, if operationally indicated, licensed CBP medical personnel in accordance with CBP Directive 2210-004, Section 7.5. The rescreening shall include a review, with the PIC, of the initial CBP-2500 and confirmation they are still in good health (including no worsening of previously identified medical issues) and do not have any new medical issues that need to be addressed. Any changes to their answers must be annotated on the CBP-2500. Additionally, any current medical complaints that the individual has at that time (e.g., new cough that is persistent, new rash, new fever, etc.) must be appropriately documented in the CBP EMR. Any new medical complaints or any

[1] When operationally feasible, it is recommended that all juveniles under the age of **18** receive a medical assessment. The requirement for juveniles under the age of **14** remains in place for all situations. This guidance supersedes the provisions in CBP Directive 2210-00 related to children under the age of 12.

new positive responses to the questions on the CBP-2500 will require a medical assessment, and appropriate medical care, be completed as soon as possible.

2.8. **Medical Monitoring Checks** – A check, completed by contracted medical personnel, on an individual who has an elevated medical risk or requires ongoing medication for a medical condition, in coordination with CBP staff to facilitate the movement of the PIC, as appropriate.

2.9. **Welfare Checks –** A visual check on an individual, which includes making note of any observations, particularly including any negative change in appearance (e.g., rash, change in skin color, etc.). If a PIC is observed as having a negative change in their condition/appearance, or if the individual expresses a medical concern, a follow-up verbal interaction is required by the personnel conducting the welfare check and may necessitate a new medical assessment be completed by a certified medical professional. Welfare checks should be conducted in accordance with current policy and guidance (TEDS, Medical Process Guidance, etc.), to ensure that a CBP Officer/Agent has early recognition of an individual's change in their medical status. All welfare checks must be documented in the appropriate system of record.

2.9.1. **Red- Refer to 2.2.1.4. for definition.**

***NOTE (for CBP personnel awareness and medical contractor action)* A PIC in 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. In coordination with CBP personnel, ensure hospital transport is not delayed.**

2.9.1.1. For all other non-acute medical issues, if PIC meets the criteria of "Red" as defined in 2.2.1.4., the following must be completed by the medical contractor.

2.9.1.2. PIC shall be evaluated by the contracted, on-site, 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.*

2.9.1.2.1. If there is no contracted, on-site, APP then the PIC must be referred to the local healthcare system for expedited evaluation.

2.9.1.3. 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.

2.9.1.4. PIC shall be placed in the EMM protocol and monitored in custody every 4 hours, at a minimum.

2.9.1.5. PIC shall be evaluated for medical isolation.

2.9.1.6. PIC's condition shall be communicated to CBP for consideration for expedited processing.

2.9.1.7. A red wristband, which indicates the PIC has an elevated medical risk, will be placed on the PIC's wrist for identification while in CBP custody. This colored wristband is in addition to the Amenities, Property, and Identification Program (APIP) wristband, if used.

2.9.2. **Orange** – Refer to 2.2.1.3. for definition. If PIC meets these criteria, the following must be completed by the medical contractor.

2.9.2.1. Must be annotated in the CBP EMR.

2.9.2.2. The PIC should be placed in the EMM protocol, receiving checks every 12 hours, at a minimum.

2.9.2.3. The PIC should be evaluated for medical isolation.

2.9.3. **Yellow** – Refer to 2.2.1.2 for definition. IF PIC meets these criteria, the following must be completed by the medical contractor.

2.9.3.1. Must be annotated in the CBP EMR.

2.9.3.2. The PIC may be placed in the EMM protocol, receiving checks at least daily or as needed for prescription medication.

3. CARE OF JUVENILES IN MEDICAL ISOLATION

3.1. Medical contract personnel are responsible for the medical monitoring of juveniles in medical isolation.

3.2. Medical monitoring checks (which are separate from welfare checks required by TEDS) shall be conducted every 4 hours for juveniles in isolation locations.

3.3. Medical monitoring checks should be documented as an EMM action, including a notation of the health status, therefore creating a 4-hour alert.

3.3.1. Medical monitoring checks shall include, at a minimum, obtaining vital signs and a review of symptoms.

3.3.2. Providers shall assess the juvenile for any signs and symptoms of deterioration of their health.

3.3.3. If the juvenile's health status has worsened, a MSC Pediatric Advisor or MSC Supervising Physician (if Pediatric Advisor is not available) consultation is required.

3.3.4. Immediate Hospital Referral is required if a Pediatric Advisor or Supervising Physician is not available within 20 minutes.

3.3.5. All consultations and hospital referrals require documentation as a separate Medical Encounter.

4. CARE OF ADULTS IN MEDICAL ISOLATION

4.1. Medical contract personnel are responsible for the medical monitoring of adults in medical isolation.

4.2. Medical monitoring checks (which are separate from welfare checks required by TEDS) shall be conducted every 4 hours for adults in isolation locations.

4.3. Medical monitoring checks should be documented as an EMM action, including a notation of the health status, therefore creating a 4-hour alert.

4.3.1. Medical monitoring checks shall include, at a minimum, obtaining vital signs and a review of symptoms.

4.3.2. Providers shall assess the adult for any signs and symptoms of deterioration of their health.

4.3.3. Consultation with a Supervising Physician is required if the adult's health status has worsened.

4.3.3.1. If a Supervising Physician is not available within 30 minutes, immediately refer the adult PIC to the local hospital.

5. RESPONSIBILITIES

5.1. Chief of the U.S. Border Patrol (USBP) and the Executive Assistant Commissioner of the Office of Field Operations (OFO) – shall ensure that this supplemental guidance is disseminated to field personnel along the SWB, and that all local guidance is updated, as needed, to ensure full implementation.

5.2. CBP Chief Medical Officer (CMO) – shall provide appropriate medical direction and oversight for medical support efforts identified in this supplemental guidance.

5.3. Medical Service Contractor – shall conduct all requirements in the Statement of Work and ensure all medical documentation is entered into the CBP electronic medical record system.

5.3.1. When clinical staff sign and record a Medical Encounter in EMR, the following process will happen:

5.3.1.1. A pop-up will appear in EMR to inform the clinical staff of the individual's "At-Risk" category, isolation status, and provide further instructions.

5.4. CBP Agents/Officers

5.4.1. A USBP PIC designated as an ECMR Red will automatically be enrolled in At-Risk status checks within the e3 Detention Module and will require welfare checks be conducted and documented in the e3 Detention Module.

5.4.1.1. For USBP, if a patient is classified as RED, EMR will send an update to the e3 Enforcement System and annotate the PIC record to indicate they are "At-Risk" and set a predefined comment that is automatically generated by the CBP EMR.

5.4.2. A OFO PIC designated as an ECMR Red will not be enrolled in any status checks automatically due to pending integration between OFO and the CBP EMR system. Anticipated completion is in Fiscal Year 2024. OFO Officers shall update the OFO processing system records to reflect that the PIC is classified as AT-RISK.

6. PROCEDURES

6.1. **Local Guidance** – shall be updated to include the information contained within this document and ensure that all appropriate personnel are informed of the supplemental requirements.

6.2. **Medical Assessments** – shall be conducted by CBP contracted medical professionals (as stated above) but, if contracted medical professionals are not available, at-risk populations requiring a medical assessment will be referred to the local medical system for evaluation. During surge events, or other exigent circumstances, currently licensed CBP EMS (EMT or higher) personnel may be utilized to conduct medical assessments under the medical direction of the CBP CMO. Additionally, other medical professionals from other federal agencies (e.g., Health and Human Services, U.S. Coast Guard, etc.) may be utilized to complete the medical assessments if deployed to assist with border surge events or other emergency situations.

6.3. **Documentation** – All completed CBP-2500 forms, medical assessment forms, and CBP-2501 forms shall be entered into the CBP EMR database. These documents may be directly entered into the EMR database by personnel who have the appropriate access or paper forms completed by others may be scanned into the EMR database by personnel with the appropriate access.

7. **IMPLEMENTATION**. Appropriate procedures and updates shall be implemented within 30 days of the effective date of this guidance.

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